



Western Cape
Government



Department of Health

USER ASSET MANAGEMENT PLAN

2022/23



**Western Cape
Government**

FOR YOU

HEALTH

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Dear Dr Buthelezi

2022/23 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 of 2021 and the Health Facility Revitalisation Grant Framework, I hereby submit the Western Cape Government Health's 2022/23 User Asset Management Plan (U-AMP). The U-AMP outlines the plan for the delivery of health infrastructure in the Western Cape in 2022/23 and beyond.

Yours sincerely

Digitally signed
by Dr Keith Cloete
Date: 2022.03.01
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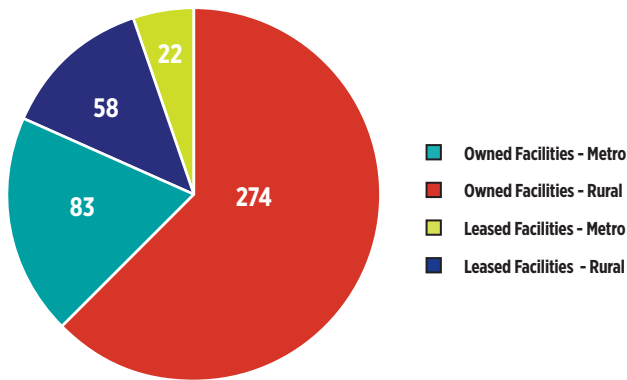
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DATE: 1 MARCH 2022

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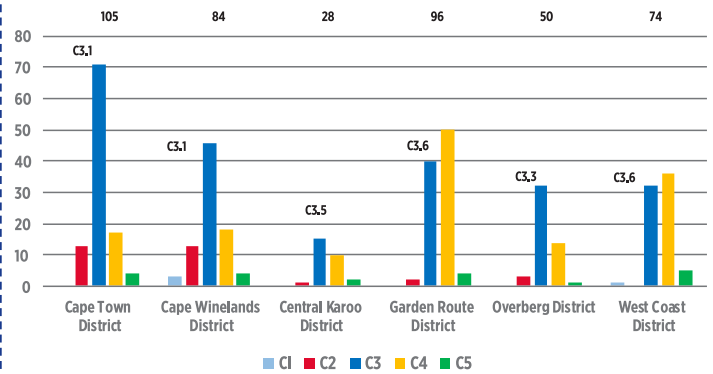
2022/23 User Asset Management Plan: An Overview



CURRENT FACILITIES - OWNED AND LEASED



HEALTH FACILITIES CONDITION ASSESSMENT RATING (AVERAGE = C3.3)



NUMBER OF HEALTH FACILITIES



Current / Future (2030) M = Metro | R = Rural



*Includes FPLs, Nursing Colleges etc.

5Ls AGENDA



PRIORITIES

- Develop and implement an integrated replacement strategy for ageing service-critical medical equipment (high-value items in particular);
- Strengthen and improve the PHC infrastructure and health technology in all Districts with specific focus on Metro integration;
- Strengthen the intermediate care platform;
- Modernise emergency centres (ECs) at hospitals;
- Provide or upgrade acute psychiatric units at hospitals;
- Implement the Tygerberg Hospital Maintenance and Remedial Works Programme, while the redevelopment strategy for this hospital is further developed and resourced;
- Focus on maintenance and fire compliance at existing health facilities; and
- Improve water and energy efficiency.

VALUE OF INFRASTRUCTURE PORTFOLIO AND BACKLOG AS AT FEBRUARY 2022

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

WCGH VISION

Access to person-centred quality care

WCGH 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

WCGH VALUES



SOCIAL MANDATE

- 27.(1) **Everyone has the right to have access to (a) health care services**, including reproductive health care.
(2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.
(3) No one may be refused emergency medical treatment.

Extract from the Constitution of the Republic of South Africa Act 108 of 1996



81. The Western Cape government must adopt and implement policies to actively promote and maintain the welfare of the people of the Western Cape, including policies aimed at achieving the following –

(h) **realising the right of access to –**

(ii) **Health care services;**

Extract from the Constitution of the Western Cape, Act 1 of 1998



4.3.2 ... In drawing up their service delivery programmes, national and provincial departments must develop strategies to eliminate the disadvantages of distance; for example, by setting up mobile units, and redeploying facilities and resources closer to those in greatest need. Another significant factor is the lack of infrastructure, which exacerbates the difficulties of communication with and travel to remote areas.

Service delivery programmes should therefore **specifically address the need to progressively redress the disadvantages of all barriers to access.**

BATHO PELE - White Paper on transforming Public Service delivery 18 September 1997



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Qualifications

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

- The outbreak of the international COVID-19 pandemic has had a significant impact on the prioritisation, planning and delivery of infrastructure.
- 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.
- 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.
- 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 were reconciled during December 2021 with the lease register of Western Cape Government Transport and Public Works and a list of discrepancies was 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.
- The User Asset Management Plan is prepared from an infrastructure perspective and may, therefore, not include reference to all service mandatory documents.

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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

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
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
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
WCGH	Western Cape Government Health
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 (WCGH) 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 WCGH'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 WCGH 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 WCGH'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 WCGH, 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 whilst Sub-programme 7.2 is responsible to render routine, day-to-day and emergency maintenance service to buildings, engineering installations and health technology.

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 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. 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 WCGH. 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 limited information on Non-profit Organisation facilities.

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:

- All State-owned health facilities which have been rated "C" in terms of suitability will be replaced / consolidated, namely Helderberg Hospital, Gugulethu CHC, Elsies River CHC, Hornlee Clinic and Salt River FPL. The Elsies River CHC replacement is currently in design and the new Observatory FPL, which will replace the Salt River FPL, is scheduled to be completed and handed over by mid-2022.

- The two leased health facilities rated “C” namely Hanover Park CHC and Knysna FPL are being replaced. The Hanover Park CHC replacement is currently in detailed design and the Knysna FPL replacement under construction.

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	252	22	35	17	8	32	247
EMS (Ambulance stations, Control Centres, Disaster management, Workshop and College)	8.2	59	1	6	7	1	5	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	2	4	17
Intermediate Care Facilities*	8.4	1	0	0	0	0	0	1
Regional Laundry and on-premises laundries	8.6	2	0	0	0	0	1	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 hostels)		430	27	50	33	24	56	436

* This analysis excludes the Brackengate Hospital of Hope, as it is only a temporary COVID-19 Intermediate Care Facility

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	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	R
2022/2023	34 950 000 000	253 474 000	253 474 000	34 696 526 000
2023/2024	34 696 526 000	375 328 000	628 802 000	34 321 198 000
2024/2025	34 321 198 000	359 509 000	988 311 000	33 961 689 000

Notes:

- ^a Includes NHI Indirect Grant funded projects and cost of replacing Tygerberg Hospital
- ^b Excludes annual budget allocations for NHI Indirect Grant funded posts (allocations still to be confirmed)
- ^c Estimated total backlog excludes approximately R1 billion for Health Technology (HT)

Estimated Capital Infrastructure Backlog for all WCGH facilities

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 2022 and increased year-upon-year as result of backlogs not addressed
	R	R	R	R	R
2022/2023	64 100 987 250	64 100 987 250	2 243 534 554	698 042 000	1 545 492 554
2023/2024	64 100 987 250	70 511 085 975	2 467 888 009	790 851 000	3 222 529 563
2024/2025	70 511 085 975	77 562 194 573	2 714 676 810	884 440 000	5 052 766 373

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 WCGH 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 2022 Division of Revenue Bill (the 2022 DoRA is still to be enacted) the Performance-based Incentive (PBI) Process for the HFRG. Allocations are determined in terms of planning principles and expenditure patterns. WCGH received a PBI allocation in 2020/21 totalling R58.8 million, R63.3 million in 2021/22, and R65.4 million in 2022/23. It is anticipated that WCGH will again receive an allocation in 2023/24 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	2021/22 R'000		MTEF Allocation R'000		
			2022/23	2023/24	2024/25
	Main Appropriation	Adjusted Allocation (Nov)*	Total Preliminary Allocation*	Total Preliminary Allocation	Total Preliminary Allocation
Engineering					
Compensation of Employees	58 943	58 943	61 402	55 018	55 974
Operational Cost*	33 176	33 176	34 881	34 881	35 155
Total Engineering	92 119	92 119	96 283	89 899	91 129
Health Technology (Clinical Engineering)					
Compensation of Employees	13 036	13 036	14 181	13 197	13 437
Operational Cost*	18 021	18 021	19 307	19 307	19 489
Total Health Technology (Clinical Engineering)	31 057	31 057	33 488	32 504	32 926
GRAND TOTAL	123 176	123 176	129 771	122 403	124 055

*Includes Goods and Services, Transfers and Capital

WCGH Sub-programme 7.2: Engineering Services – 2022 MTEF Allocation

Funding Source	2021/22* R'000		MTEF Allocation R'000		
	Main Appropriation	Adjusted Allocation (Nov)	2022/23	2023/24	2024/25
			Total Preliminary Allocation	Total Preliminary Allocation	Total Preliminary Allocation
Health Facility Revitalisation Grant**					
Capital	307,587	172,343	313,443	524,559	564,001
<i>New Infrastructure Capital</i>	113,097	79,976	135,284	150,412	178,300
<i>Refurb & Rehab Capital</i>	129,773	72,062	102,530	192,912	257,700
<i>Upgrade & Additions Capital</i>	64,717	20,305	75,629	181,235	128,001
Maintenance – WCGTPW	101,849	77,548	105,698	124,627	144,821
Maintenance – WCGH	13,750	50,096	21,800	-	-
Health Technology, Organisational Development (OD) and Quality Assurance (QA)	242,830	365,266	304,859	104,216	68,763
Capacitation, Commissioning and Project Support	58,849	49,612	50,790	51,701	52,638
Total Health Facility Revitalisation Grant	724,865	714,865	796,590	805,103	830,223
PES: Infrastructure					
Capital - <i>New Infrastructure Capital</i>		958	31,225	1,500	-
Maintenance – WCGH	116,508	134,255	128,523	126,170	153,936
Maintenance – WCGTPW	18,675	17,518	14,855	10,289	5,517
Capacitation, Commissioning and Project Support	41,273	14,183	22,458	39,501	41,555
Total PES: Infrastructure	176,456	166,914	197,061	177,460	201,008
PES: Tygerberg					
Capital	48,532	41,176	50,528	141,836	155,459
<i>Refurb & Rehab Capital</i>	25,550	19,584	39,192	99,655	102,251
<i>Upgrade & Additions Capital</i>	22,982	21,592	11,336	42,181	53,208
Maintenance – WCGH	68,976	75,355	49,522	-	20,953
Maintenance – WCGTPW	102,522	85,049	82,892	90,574	50,853
Health Technology	2,666	2,001	-	-	-
Total PES: Tygerberg	222,696	203,696	182,942	232,410	227,265
TOTAL	1,124,017	1,085,475	1,176,593	1,214,973	1,258,496
TOTAL EXCLUDING HT, OD & QA, Capacitation, Commissioning and Project Support	778,399	654,298	798,486	1,019,555	1,095,540

* Includes Performance-based Incentive Grant allocation

** Includes Budget Facility for Infrastructure allocation

WCGH Programme 8: Health Facilities Management – 2022 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 R260 million in 2023/24 and R275 million in 2024/25 – 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 2022/23 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 due to 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 of the Western Cape Government Health (WCGH), or U-AMP, is the primary infrastructure planning document utilised by WCGH to inform 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 National Treasury Instruction No 3 of 2019/2020, including the *Framework for Infrastructure Delivery and Procurement Management* – 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 2022/23, following from, and improving on previous versions.

1.2 PURPOSE OF THE U-AMP

As is noted above, the ultimate objective of the WCGH U-AMP is to ensure optimal delivery of provincial health infrastructure facilities in the Western Cape. More specifically, its purpose is to:

- Identify, present and prioritise the WCGH'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 WCGH 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 WCGH's mandate with respect to infrastructure management.
- Demonstrate responsible management.

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 Module 6 of the One IDMS (Infrastructure Delivery Management System), refers to the U-AMP as the Infrastructure Asset Management Plan. The One IDMS is currently in draft but is proposed to be followed in future once finalised.

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.

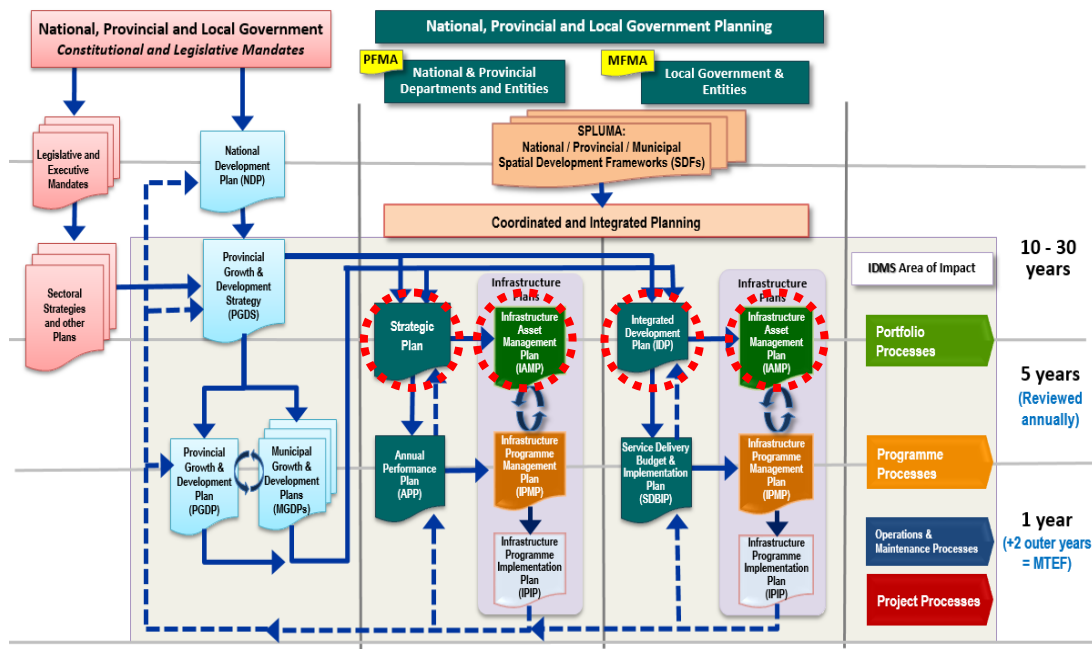


Figure 1: The U-AMP in relation to other Strategic and Operational Documents²

1.4 PORTFOLIO OF IMMOVABLE ASSETS

1.4.1 IMMOVABLE ASSETS CURRENTLY UTILISED AND MANAGED BY WCGH – CATEGORIES

The following are the main categories of immovable assets with facility types currently utilised and managed by WCGH, 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 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 hostels
 - 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
Community Day Centre (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
Community Health Centre (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
Forensic Pathology Laboratory	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 AND REGULATIONS

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 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.

2.1.4 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.

2.1.5 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.

2.1.6 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.

2.1.7 DISASTER MANAGEMENT ACT (NO 57 OF 2002) AND REGULATIONS REGARDING COVID-19

This act provides for an integrated and coordinated disaster management policy in South Africa that focuses on preventing and reducing the risk of disasters, mitigating the severity of disasters, emergency preparedness, rapid and effective response to disasters and post-disaster recovery. It regulates the establishment of national, provincial and municipal disaster management centres.

2.1.8 DISASTER MANAGEMENT ACT (NO 57 OF 2002): AMENDED STATE OF NATIONAL DISASTER REGULATIONS (GOVERNMENT NOTICE NO. 318 AS AMENDED BY GOVERNMENT NOTICES R.398, R.419, R.446 AND R465)

These regulations are in response to the outbreak of the COVID-19 virus. Government must, for the duration of the declared national state of disaster, within its available resources play an important role in the fight against the virus. These regulations directs the nation with respect to the required response to deal with the virus.

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 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.

2.1.12 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.

2.1.13 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.

2.1.14 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.

2.1.15 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.

2.1.16 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.

2.1.17 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.

2.1.18 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.

2.1.19 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.

2.1.20 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.

2.1.20.1 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.

2.1.20.2 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.

2.1.20.3 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.

2.1.21 NATIONAL HEALTH INSURANCE

The NDoH released the White Paper on National Health Insurance for South Africa towards Universal Health Coverage (UHC) on 01 December 2015. The National Health Insurance (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: National Health Insurance Policy: Towards universal health coverage was published on 30 June 2017 and the National Health Insurance Bill issued for further public comment on 6 September 2019.

2.1.22 NATIONAL TREASURY INSTRUCTION NO. 3 OF 2019/2020

This Treasury Instruction prescribes minimum requirements for the implementation of the IDMS through the Framework for Infrastructure Delivery and Procurement Management (FIDPM).

The FIDPM, which came into effect on 1 October 2019, replaces the SIPDM (Standard for Infrastructure Procurement and Delivery Management) 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 National Treasury Regulations
- Recognition of one institutional Supply Chain Management system with differentiated procurement processes as opposed to two Supply Chain Management systems.
- Role of independent reviewers in relation to the ultimate accountability of Bid Committees as prescribed by the National Treasury Regulations.
- Alignment of the Preferential Procurement Point System (Method 4) to the Preferential Procurement Policy Framework Act and its related regulations.

2.1.23 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.

2.1.24 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.

2.1.25 PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT (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. In line with this act, Government Gazette No 40553 of 20 January 2017 promulgated the Preferential Procurement Regulations, 2017 and Government Gazette No 40919 of 15 June 2017 provides recognition of categories of institutions to which this Act applies.

2.1.26 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.

2.1.27 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.

2.1.28 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.

2.1.29 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.

2.1.30 WHITE PAPER ON THE TRANSFORMATION OF THE PUBLIC SERVICE (BATHO PELE WHITE PAPER, OCTOBER 1997)

To provide a policy framework and a practical implementation strategy for the transformation of Public Service Delivery. Primarily the emphasis is on striving towards excellence in service delivery, putting people first and improving the efficiency and effectiveness of the way in which services are delivered by means of eight principles.

2.1.30.1 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.

2.1.30.2 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;*
- 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.

The publishing of National Treasury Instruction No. 3 of 2019/20 (see paragraph 2.1.22 above) – including the FIDPM – has necessitated changes to the procedures for implementing the IDMS, both within the province and within WCGH specifically.

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 address three additional interconnected elements of sustainable development:

- Economic growth
- Social inclusion
- 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;
- Continue to promote mental health; and ensuring universal access to sexual and reproductive health care; and
- Strengthening the provincial health system towards achieving UHC.

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

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>

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



Figure 2: Alignment between Sustainable Development Goals and National Development Plan

2.4.1.2 POLITICAL DECLARATION OF THE UNITED NATIONS HIGH-LEVEL MEETING ON UNIVERSAL HEALTH COVERAGE (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. While reaching the SDG goals and targets is considered critical for the attainment of a healthier world for all, with a focus on health outcomes throughout 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.

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 the National Department of Health (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.

WCGH 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.

Both Metro (2016/17 assessment) and Rural District Health services – Cape Winelands (2017/18) indicated the top 20 worst performing elements. For purposes of this document, only elements that have direct or indirect infrastructure reference / implications are indicated:

Element No.	Worse performing element
1.	All external signage is in place
7.	Building is compliant with safety regulations
8.	Facility information board reflecting the facility name, service hours, physical address, contact details for facility and emergency service and service package details is visibly displayed at the entrance of the premises
10.	Clinic space accommodates all services and staff
17.	There is access for people in wheelchairs

Table 2: Ideal Clinic 2016/17 Assessment – Worse performing elements

According to the WCGH Strategic Plan 2020-2025, "... aging infrastructure as well as the impact of population growth and the burden of disease on the need for infrastructure remains a reality for the Department". This statement sheds light on the outcomes of some of the above-mentioned elements. One of the priorities of the Department remains maintaining existing facilities.

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.

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.

WCGH has adopted the National IPC Strategic Framework as a local guiding document and will implement this framework with effect from 1 April 2022.

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.

2.4.3 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 Provincial Health Departments. 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 municipalities⁹. 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, in particular, 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) approved and adopted its Municipal Spatial Development Framework (MSDF) on 25 April 2018 after an extensive compilation and participation process.

It was noted during that process, that the CoCT would have to undertake a review of its District Spatial Development Frameworks (DSDFs) in order to ensure alignment between these strategic documents and how they manage and coordinate urban growth in the city for the foreseeable future.

The CoCT began the review of the DSDFs in 2019 and in 2021 conducted public participation for their draft technical reports, implementation plans and technical annexures that make up the DSDFs and Environmental Management Frameworks for each of the eight planning districts across the Metro. These are currently being updated based on feedback received and will be further updated to align with the new Integrated Development Planning term of office and the MSDF review which was initiated in 2021.

The draft DSDFs and Environmental Management Frameworks set the planning and spatial vision for the City's eight planning districts 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 WCGH, through participation in forums – such as the City of Cape Town – Western Cape Government Spatial Development & Infrastructure Support (SDIS) Committee – and processes established and facilitated by WCG Environmental Affairs and Development Planning (WCGEADP) has, together with other provincial government departments, provided input into the draft DSDFs, in particular the District Plans, from an infrastructure planning perspective. The Department will continue to do so in order to ensure alignment between its spatial development planning and that of the City 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 Municipal Spatial Development Framework 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 WCGH with a roll-out plan for the abovementioned programme, and WCGH 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 (JDA) 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.

WCGH 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 SDF 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.

WCGH 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.

WCGH 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 SPATIAL DEVELOPMENT FRAMEWORK (APRIL 2019)

The proposed National Spatial Development Framework, 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 Spatial Development Framework'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.

WCGH supports the vision and mission of this draft document, namely:

Vision:

"All Our People Living in Shared and Transformed Places in an Integrated, Inclusive, Sustainable and Competitive National Space Economy"

Mission:

"Making our Common Desired Spatial Future Together Through Better Planning, Investment, Delivery and Monitoring"

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. 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 MTSF AND NDP IMPLEMENTATION PLAN 2019-2024

The NDoH has proposed four goals (with 10 strategic objectives) for the 5 year Medium Term Strategic Framework (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 THE MEDIUM TERM STRATEGIC FRAMEWORK: 2019-2024

The 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. An improved life expectancy of 70 years is the other big priority, specifically the aspiration to reduce maternal and child mortality. Women, the youth and disabled people are identified as cross-cutting focus areas, the desired impact being, that 'all women, girls, the youth and people with disabilities enjoy good quality health care and better life opportunities'. The identified outcome for these cross-cutting focus areas is, 'improved educational and health outcomes and skills development for all women, girls, youth and persons with disabilities'.

3.1.2.2 NATIONAL DEVELOPMENT PLAN 2030

In 2012, the National Cabinet adopted the National Development Plan 2030: Our Future – Make it Work (NDP), 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
- 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

The South African Government adopted a National Infrastructure Plan (NIP) in 2012 that intends to transform the country's economic landscape while simultaneously creating significant numbers of new jobs, and to strengthen the delivery of basic services. The document sets out the challenges and enablers which South Africa needs to respond to in planning and developing enabling infrastructure that fosters economic growth. In order to address these challenges and goals, Cabinet established the Presidential Infrastructure Coordinating Committee. Under their guidance, 18 strategic integrated projects (SIPs) have been developed.

Each SIP comprises a large number of specific infrastructure components and programmes. WCGH ensures alignment with the National Infrastructure Plan in so far as the planning and implementation of health facility projects in the Western Cape are concerned by taking cognisance of the following SIPs:

- SIP 5: Saldanha – Northern Cape development corridor;
- SIP 7: Integrated urban space and public transport programme;
- SIP 12: Revitalisation of public hospitals and other health facilities; and
- SIP 15: Expanding access to communication technology.

On 10 August 2021, via Government Gazette No. 44951, the National Department of Public Works and Infrastructure (NDPWI) published the draft NIP 2050 for public comment.

The draft NIP 2050, which was prepared by Infrastructure South Africa (ISA), provides a strategic vision that links the NDP objectives to actionable steps and intermediate outcomes. It aims to increase infrastructure investment, create new jobs through bankable infrastructure projects, and improve governance frameworks that leverage private investment in the development and financing of critical economic infrastructure. Furthermore, it addresses institutional blockages and weaknesses that hinder success over the longer term and guides the way to building stronger institutions that can deliver on NDP aspirations.

Phase 1 of the plan focuses on critical economic network infrastructure in the energy (specifically electricity), digital communications, freight transport and water sectors. Phase 2 will focus on distributed infrastructure and related municipal services.

Working with project owners, the ISA will be responsible for monitoring the implementation of the NIP 2050 once finalised.

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”, 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 WCGH 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 province. 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 PROVINCIAL SPATIAL DEVELOPMENT FRAMEWORK (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 upcoming 2022 census data would be utilised for a more robust assessment of the evolving provincial context.

3.2.4 WHOLE-OF-SOCIETY APPROACH

The WCG is committed to improving people's lives and has opted to move from a "Whole-of-Government" approach to a "Whole-of-Society" approach (WoSA). The WoSA approach is built on partnerships with citizens, civil society, business, and other spheres of government in the province and beyond.

WCGH 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 WCGH 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 WCGH approach in terms of infrastructure planning.

3.2.5 WESTERN CAPE INFRASTRUCTURE FRAMEWORK (MAY 2014)

WCGTPW developed the Western Cape Infrastructure Framework, which is currently being updated; WCGH participates in this initiative. Changes have occurred since the publishing of the said document such as shifts in both the nature of infrastructure (to include hybrid digital infrastructure) as well as in the needs and expectations of a wide range of the WCGTPW stakeholders. WCGTPW recognised that the human-centric, citizen focused approach to the provision and maintenance of infrastructure, necessitates engagement with all key stakeholders to ensure that all views, perspectives and insights inform the update. WCGTPW appointed the University of Stellenbosch, represented by the Institute for Futures Research and C-Institute (Pty) Ltd, to update the latest version and the outcome will be a 2022 publication.

Against this background, the WCGH has given practical support e.g. in Vredenburg where the placement of the new CDC has been decided upon in liaison with WCGTPW and the local municipality. This placement is linked to access roads, other government service areas (National, Provincial and Local) but mostly within accessible distance of the dependant population.

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 improve 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. WCGH 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, dated March 2021, was prepared because of the deep, overwhelmingly negative effects COVID-19 has had on the economic and social life of the Western Cape. This has been described by Premier Alan Winde as the “second pandemic of unemployment, hunger and poverty”⁸.

This plan is a recognition of, and response to, these dual pandemics. It identifies the problems that require an urgent, Whole-of-Society response in order to create jobs, foster safe communities, and promote the well-being of all the residents of the Western Cape. It will be pursued with the same energy and collaborative approach that created the coalition that came together to fight the virus.

The Recovery Plan reflects the latest research on the impact of COVID-19 and the state of the economy and society, and it prioritises interventions outlined in the Provincial Strategic Plan, to make the maximum amount of impact on crucial matters affecting Western Cape residents. It also draws out the lessons learnt and which will be put to good use.

There are two compelling reasons for developing a Recovery Plan:

- In the context of limited resources, prioritisation of Provincial Strategic Plan interventions is required
- Implementation has been improved under COVID-19 and learnings need to be institutionalised

The overall conceptual approach cited four themes of the Recovery Plan, namely:

- COVID RECOVERY: The pandemic is still with us; existing health measures must continue, and new ones put in place, and we must also deal with the secondary impacts of COVID-19 on the delivery of health services.
- JOBS: The economic impact of COVID-19 has been severe. Recovery is only possible if the economy grows and our citizens generate income.

⁸ Alan Winde (2020), Statement by Alan Winde, Western Cape Premier, Press statement <https://coronavirus.westerncape.gov.za/news/media-release-premier-alan-winde-his-weekly-digital-press-conference-20-august>

- SAFETY: This is the overarching theme for the Provincial Strategic Plan, and it is equally relevant going forward. It is inextricably linked with Well-being, as Safety cannot be achieved if basic human needs are not met.
- WELL-BEING: Government must ensure that the basic human needs of our citizens are realised, as guaranteed in the Constitution.

A concept that is central to the above themes is dignity. The citizen is at the centre of everything that government does, and what it delivers and how it delivers it must uphold the dignity of every individual, household, and community.

This Recovery Plan commenced implementation while it was being designed and continued throughout 2021/22 and implementation will further be monitored and documented in the Recovery Implementation Plan.

3.3 WESTERN CAPE GOVERNMENT HEALTH

3.3.1 BUILDING FORWARD FROM COVID-19 – RESURGENCE, RECOVERY AND RESET STRATEGY⁹

This plan describes how the Department intends to build forward as the health system recovers from the various waves of COVID-19 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 the lessons learnt are embedded, building forward towards a more resilient provincial health system.

In the coming year, the focus will be on recovery and resurgence as comprehensive care provisioning, in the context of managing an active pandemic, is re-established. The Department has identified 6 strategies for action over the 2022 MTEF which includes three recovery strategies and three resurgence strategies. Recovery centres around service re-design with a focus on non-communicable diseases and mental health; governance re-design with the expressed purpose of enhancing the Department's ability to govern for health; and 'healthy' public policy which targets psychosocial well-being and violence and injury prevention in the province. Resurgence strategies include surveillance to enable proactive responsiveness to ensuing waves of the COVID-19 pandemic; agile health platform able to manage an active pandemic in the context of the existing burden of disease; and vaccination as the main strategy to minimise the socio-economic risks of the pandemic.

The six strategies for action outlined below should not be viewed in isolation as there is a dynamic interplay between them. The recovery strategies are informed by the lessons learnt from the pandemic, in particular the Department's resurgence response, with a commitment to building back a more resilient health system. Surveillance is key to tracking the emergence and confirmation of the endemic phase of COVID-19. It provides the foundation for the health system's ability to be responsive to changing health needs as recovery takes place.

⁹ WCGH Annual Performance Plan 2022/23

3.3.1.1 RECOVERY

Strategy 1: Service re-design

Service re-design is focussed on making health services person-centric with greater capability for health promotion and prevention, delivered by interdisciplinary teams, responsible for a defined geographic area. Placing people at the heart of the health system requires a human-centred service design approach that should drive improvements in effectiveness, quality, efficiency, and equity while optimising care where people live, learn, work, socialise and access services. Area-based partnerships will deliver person-centred care by joining up and coordinating services around people's needs. This will particularly focus on understanding how care pathways are experienced from a person perspective instead of an organisational perspective. These insights can play an important role in driving the development of new care delivery models, to respond to the changing priorities and needs of the local population, supporting the shift to person-centric and preventative approaches to care. Innovative technology and telehealth modalities will be leveraged to do business differently including improve access and delivering care beyond the walls of our health facilities.

The first 1000 days is an apex priority of the Provincial Strategic Plan 2019-2024 as it is a cross cutting priority, with particular implications for the safety and well-being components of the provincial recovery plan. The nurturing care framework grounds first 1000 days initiatives in the province with a focus on nutrition, responsive caregiving and opportunities for early learning. Specific activities include conducting a baseline stunting survey, a parent / caregiver package of support, and a series of interventions to support early childhood development initiatives, in local communities.

Poor mental well-being, highlighted by the COVID epidemic, is not limited to people with a psychosocial disability, anyone can experience poor mental health when stressors become overwhelming. WCGH's response needs to shift from pathologising or over-medicalising what we mean by mental health and recognise the need for both medical and community approaches to protect and nurture our psychosocial well-being. There is a need to build the resilience of people, both those with existing mental health challenges and those without, to live well in times of high stress. This calls for the re-design of mental health services not only within the health system but also the broader social care system.

Other key efforts for the safety component of the provincial recovery plan includes an integrated law enforcement and violence prevention response; a geographical hot spot approach; and data led, evidence informed decision-making. The intention is to accelerate the roll-out and implementation of the Hospital & Emergency Centre Tracking Information System (HECTIS), an electronic tool to track the number and movement of patients through the Emergency Centre. The triage functionality in HECTIS is the most effective way to assess people entering the emergency units across the province using the same criteria, irrespective of funding capability or type of emergency. It also helps to prioritise treatment and distribute the workload for better use of resources. The interoperability and effective information sharing functionalities play a pivotal role with decision support during the patient's journey.

In summary, the key priorities with respect to service re-design are as follows:

- The mental health service, both health and social care networks to address the broader societal drivers of psychosocial wellbeing
- Re-introduction of comprehensive care provisioning in the context of COVID-19 likely becoming endemic and addressing backlogs
- Re-design of intermediate care platform based on the lessons learnt from the pandemic
- Community orientated primary care (COPC) approach to the home and community-based care platform
- Build on COVID-19 community behaviour change to enhance healthy lifestyle choices for better health outcomes
- Safeguarding the workforce centred around improved and strengthened Occupational Health & Safety and employee support, including counselling, for sustainable psychosocial wellbeing
- Enhance the design of infection prevention control mechanisms in provincial health facilities
- Embed information and communication technology (ICT) innovations
- Build the capability for strategic purchasing to enable more affordable 'model of care' designs.

Strategy 2: Governance re-design

It is important to pay attention to both the structural and relational dimensions of governance as the health system's ability to learn, to inspire trust, to cope with uncertainty and to manage interdependence; is primarily dependent on what happens between people. Good governance is reliant on the existence of a reasonable level of public trust in the system, which is created through the relationships involved in the governance processes for health and the debates around how it operates. Governance re-design is thus focussed on building legitimate institutions that are socially relevant and contextually adaptable.

Health outcomes are influenced by social, political, cultural, environmental, economic, and demographic factors as well as the community dynamics and networks where we live. Local characteristics that will influence the health status of those that live and work in an area include factors such as social capital, physical infrastructure, basic services, overcrowding, safety & security, deprivation, unemployment, age, ethnicity, and gender. Multi-agency partnerships involving a broad range of stakeholders will be able to draw on a wider range of levers to influence health outcomes in local areas.

Strategy 3: 'Healthy' public policy

Advocating for 'healthy' public policies in the province requires an investment in the health promotion capability of the health system and the stewardship capability of leaders at every level of the health system. For health to become everybody's business the whole of government needs to understand the intrinsic link between health and the broader socio-economic factors that drive sustainable development. 'Healthy' public policy initiatives will be primarily focused on evidence-informed policy levers, to address the key social determinants of health (both proximal and distal), as it relates to the quadruple burden of disease. The more distal, the more common the underlying root causes are, and the more fundamental the policy reforms to address societal inequalities.

The data collected via HECTIS will be incorporated into the Cardiff Violence Prevention Model and will assist the province to gain a clearer indication of where violence is occurring by combining and mapping both hospital and law enforcement agency data. This will inform interventions and violence prevention strategies including the titration of law enforcement capacity to hotspot areas. A dedicated Violence Prevention Unit will be established and be responsible for identifying and designing interventions to reduce violence in communities through evidence-based public health strategies. We will leverage the whole of society approach to implementing these initiatives.

In building forward, it is essential to leverage off the lessons learnt from COVID-19 about how to enhance WCGH's responsiveness to the mental health needs of the people it serves. The necessary interventions to positively influence the environmental and personal drivers of poor mental health, including amongst others hunger, food insecurity and unemployment, cannot be addressed by the health system alone, they require a whole of government response. It calls for an integrated, joined up, collaborative whole of government, whole of society approach. Exploring how government has coped, found meaning and connection during the pandemic may help it to find new ways to build collective resilience.

3.3.1.2 RESURGENCE

Effectively managing ensuing COVID-19 surges in the context of the quadruple burden of disease is contingent on adequate vaccination coverage as it mitigates against severe disease and the consequent inpatient care pressures. This coupled with surveillance and a health system which by design is agile, allows for a more nuanced titration in future waves, without the need to down-scale other essential services.

Strategy 4: Surveillance

Surveillance enables a better understanding of infection risk, likelihood of a resurgence (based on regional baseline seroprevalence after the most recent wave) and potential impact on the health service platform in the presence of rising COVID-19 admissions. Effective surveillance allows for rapid detection, testing, appropriate escalation, and management of high-risk cases; guidance of implementation and adjustment of targeted control measures, while enabling safe resumption of economic and social activities. The surveillance strategy has shifted from containment to a mitigation paradigm. This involves close epidemic surveillance of hospital pressures such as the 7-day moving average of hospital admissions and the percentage increases in hospital oxygen use, as indicators of resurgence and the start of a new wave. Central to this is genomic surveillance to identify new variants which could possibly drive a new wave. An agile system of surveillance huddles that connect the centre with the local sub districts, districts and hospitals to sustain a robust system of vigilance will be maintained.

Strategy 5: An agile health platform

A health platform that is agile and able to expand and contract in line with the COVID-19 care demand will be strengthened. This means that at times of high COVID-19 demand other health services might have to be scaled down; this is particularly true in the context of hospital bed availability. This agility is enabled not only by flexible infrastructural arrangements but also by evidence-informed, data-led decision-making at the clinical coalface. The Department has embraced a geographic based approach and the COVID-19 care continuum is thus organised accordingly with aligned governance arrangements.

Strategy 6: Vaccination programme

Vaccination against COVID-19 is a key lever in the fight against the pandemic. Vaccines protect against severe disease, hospitalisation, and death due to COVID-19 and are therefore pivotal in mitigating against the negative effects on the health care system, the economy and society. The vaccination programme has a three-pronged approach, namely promoting equity (through increasing access to vaccination sites); creating vaccine demand (through countering misinformation and focussing on vulnerable groups); and having a targeted approach focussing on areas and age categories where uptake is low (through tailoring modes of delivery to meet the needs of communities).

3.3.2 HEALTH IS EVERYBODY'S BUSINESS: A FRAMEWORK FOR ACTION OVER THE 2022 MTEF¹⁰

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

¹⁰ WCGH Annual Performance Plan 2022/23

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, directs developments over the next 10 years and is focused on enhancing the health systems responsiveness to people's needs and expectations; with careful consideration of person-centredness, integrated care provisioning, continuity of care and the life course approach. Healthcare 2030 provides a strong strategic grounding as the Department moves towards achieving UHC in fulfilling our constitutional mandate to progressively realise the right health care for the residents of the province. It similarly provides grounding to move forward after COVID-19. Healthcare 2030 is aligned to the NDP – see Figure 5.

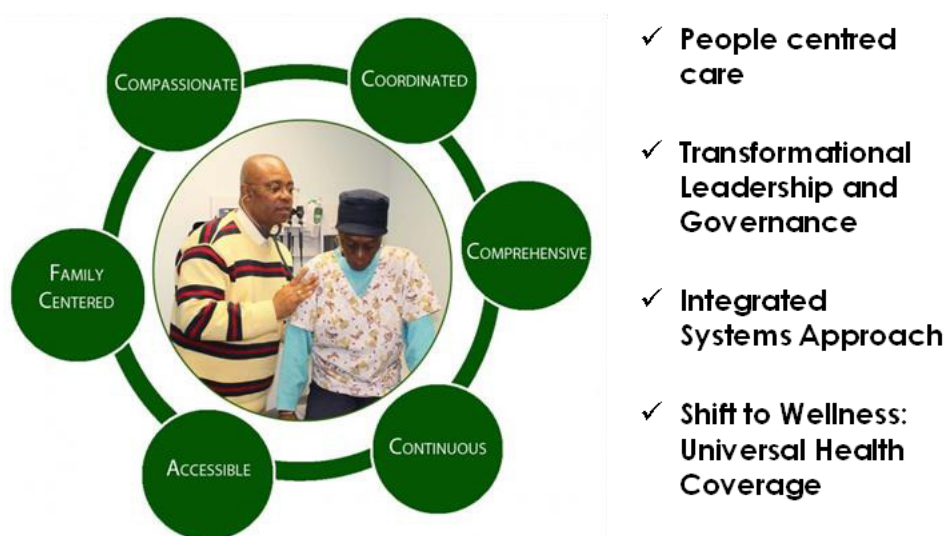


Figure 5: Healthcare 2030 alignment to National Development Plan

WCGH's Top Executive Committee (TEXCO) noted the need for long-term scenario planning that will impact the bed planning for the Province, which in turn will impact on long-term infrastructure planning.

Factors such as the change in burden of disease, population growth, the NHI policy, amongst others, has necessitated an urgent review of Healthcare 2030.

A team has liaised with WCGTPW and the Futures Group at Stellenbosch University in this regard and private hospitals will also be taken into consideration.

3.3.4 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

3.3.5 UNIVERSAL HEALTH COVERAGE 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 20/25 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, 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 Community Oriented Primary Care (COPC) approach. Both this approach and WoSA necessitate the redefining of key health actor relationships, consequently UHC 20/25 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.

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

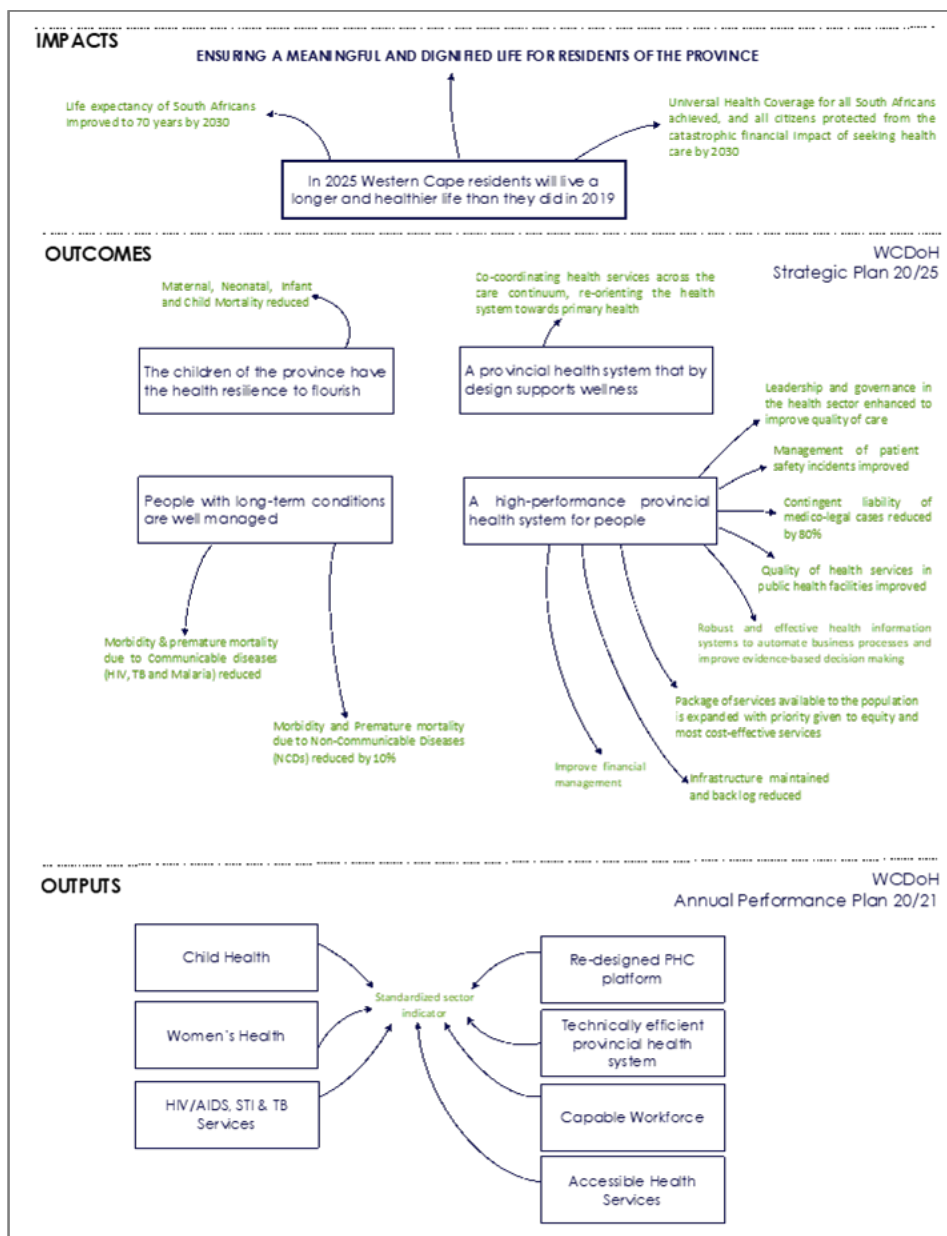


Figure 6: Mapping the journey to a healthier Western Cape and ultimately a healthier South Africa in 2025

3.3.7 SERVICE TRANSFORMATION

Service Design

WCGH 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 WCGH 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 WCGH 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.

Community Oriented Primary Care (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
- The need to reflect on meaningful community engagement & 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 WCGH 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 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.

In addition, the following are some of the awards that have been bestowed on CD: FIM and WCGH:

- In November 2020, CD: FIM was awarded the CESA (Consulting Engineers South Africa) Aon Engineering Excellence Award for Visionary Client of the Year for the incredible innovation it displayed during the planning and successful delivery of COVID-19 infrastructure.
- In June 2021, CD: FIM was awarded Gold in the 2020 Service Excellence Awards Category: Team Ground Breaker / Innovation for its COVID-19 infrastructure response.
- WCGH, as a member of Global Green and Healthy Hospitals (GGHH), has participated in the GGHH 2020 Health Care Climate Challenge and won various leadership and other awards over the last five years.

3.3.9 OBJECTIVE OF THE WCGH 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 Agenda¹¹:

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

¹¹ Sir Alex Gordon RIBA President coined the 3Ls Agenda – Low Energy, Loose Fit, and Long Life – in 1971

3.3.10 RESPONSIVENESS OF WCGH 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
- 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
- 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 WCGH facilities with that of other Public and Private facilities (Weltevreden CDC).

- **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
- 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 WCGH 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, which concluded the MEAP process. Flowing from this, the Micro Design Process was embarked on in April 2021. This project, which investigates the micro level functional alignment and business processes to give effect to the new Macro Structure, is planned to be concluded in March 2022.
- The Department continues with staff development with programmes such as Learning Colab, listen like a leader, and the weekly strategic huddle keeping managers informed in terms of COVID developments throughout 2021.

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 WCGH 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.

3.4 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, WCGH 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, WCGH 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 annually entered into between WCGH and WCGTPW or, upon agreement, automatically extended. Currently WCGTPW is WCGH's preferred Implementing Agent (IA), as reflected in the WCG Cabinet resolution of 02 December 2009.

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 WCGH – 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 WCGH 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 National Treasury (NT) prescripts, Capital infrastructure projects are limited to the following three categories:

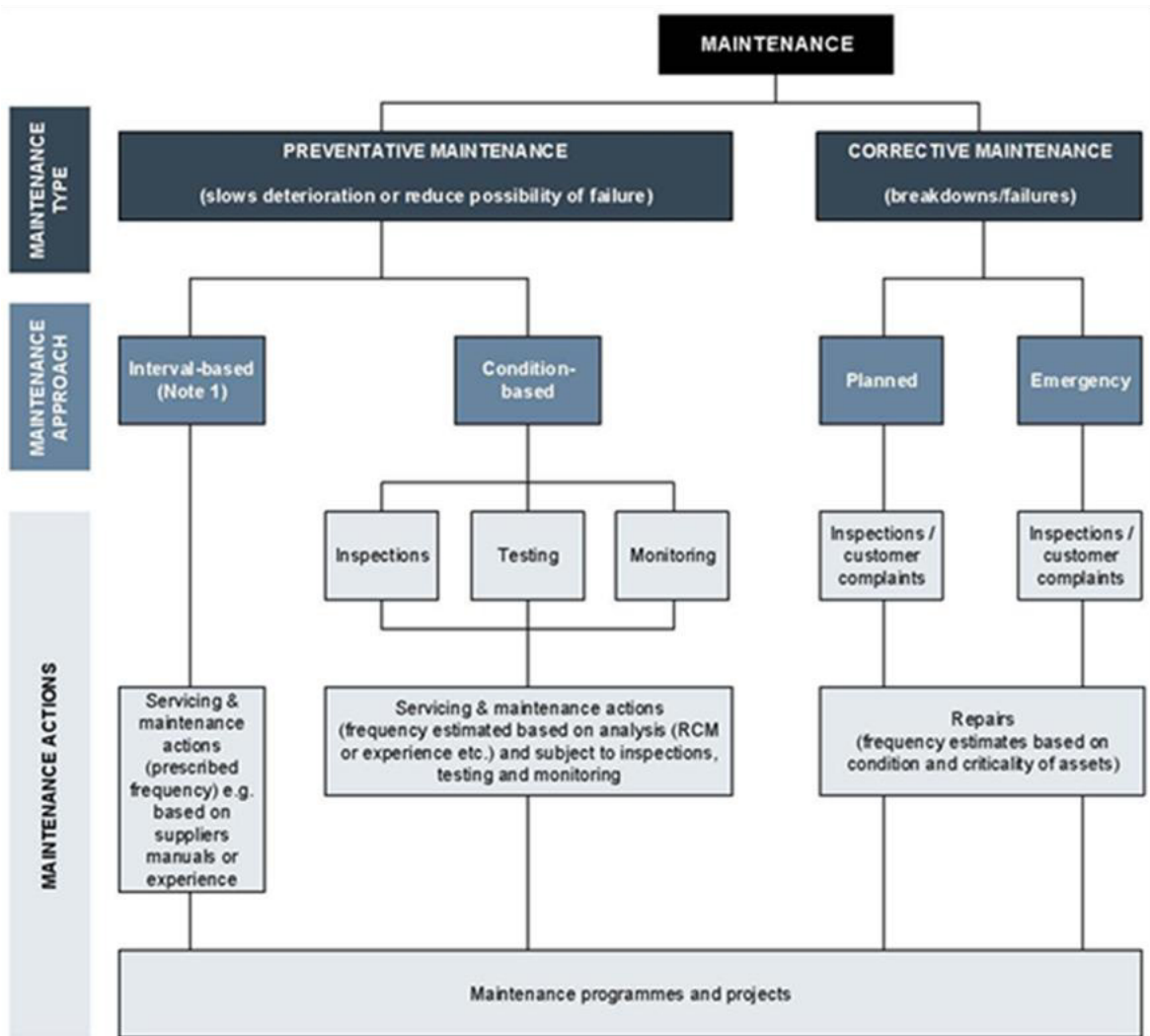
- New or Replaced infrastructure assets i.e. "Expenditure used to create new assets", as above.
- Upgrade and Additions i.e. "Expenditure used to increase the capacity of existing assets beyond their original design capacity or service potential", as above

- 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 2022/23 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 WCGH implemented maintenance will be in alignment with the Hub and Spoke Maintenance Delivery Model – phased implementation will continue in 2022/23 – 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 WCGH will be as follows:
 - By the WCGH 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 WCGH 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 WCGH 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
- Submission Guideline 2021/22: Day to Day Maintenance issued 20 November 2020 – a Standard Operating Procedure for the Day to Day maintenance programme for 2021-22 financial year
- Draft Implementation Guidelines for Health Infrastructure Asset Care (Renewal and Maintenance Projects) – to be issued during 2021/22.



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 WCGH is managed under two separate programmes as described below¹².

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 WCGH'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 WCGH 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: WCGH 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 priorities have been identified:

- Develop and implement an integrated replacement strategy for ageing service-critical medical equipment (high-value items in particular);
- Strengthen and improve the PHC infrastructure and health technology in all Districts with specific focus on Metro integration;
- Strengthen the intermediate care platform;
- Modernise emergency centres (ECs) at hospitals;

¹² 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).

- Provide or upgrade acute psychiatric units at hospitals;
- Implement the Tygerberg Hospital Maintenance and Remedial Works Programme, while the redevelopment strategy for this hospital is further developed and resourced;
- Focus on maintenance and fire compliance at existing health facilities; and
- Improve water and energy efficiency.

The following have been identified as the primary challenges for the planning, delivery and maintenance of health infrastructure through Programme 8:

- The infrastructure budget allocation (excluding the Performance-based Incentive (PBI) allocation) has continuously been reducing over the past few years, which necessitates the ongoing reprioritisation of projects; and
- Scarcity of skilled human resources and expertise.

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 Lentegeur 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 & 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.

In order to improve service efficiency and better utilisation of scarce skills in the delivery of maintenance services, Maintenance Hub and Spoke Blueprints¹³ 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 Health Technology Hub and Spoke, planned to commence in 2021, will continue in 2022.

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

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
- 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 Health Technology 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).

¹³ 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.

4. ORGANISATIONAL AND SUPPORT PLAN – STRUCTURES AND SYSTEMS

4.1 LEADERSHIP AND CULTURE TRANSFORMATION

In 2015 the Department embarked on a MEAP process. The MEAP specifically focussed on gaining efficiencies and re-aligning the Macro level of the Department, resulting in functional, structural and role changes. Following the Macro Structure implementation in March 2021, the MEAP has been concluded. A TEXCO decision was taken to commence an investigation into micro level functional alignment and business processes to give effect to the new Macro Structure. This project is known as the Micro Design Process.

As stated earlier, the Micro Design Process was embarked on in April 2021 and is planned to reach conclusion in March 2022.

4.2 ORGANISATIONAL STRUCTURE – CHIEF DIRECTORATE: FACILITIES AND INFRASTRUCTURE MANAGEMENT

The revised organisational structure for the Chief Directorate: Infrastructure and Technical Management, resulting from the *Infrastructure Delivery Management System Capacitation Framework* study, was approved in August 2012. The establishment of the new structure began on 01 October 2012. Giving effect to the Department's Transformation Strategy the name of this Chief Directorate changed to Chief Directorate: Facilities and Infrastructure Management (or as stated before, CD: FIM) with effect from 01 April 2018. The approval of the abovementioned Macro Structure saw the addition of a new directorate to CD: FIM, namely Directorate: Facilities Management.

The implementation of the Provincial 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 January 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 are in line with 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, health technology and facilities management service in support of departmental strategies and policies.

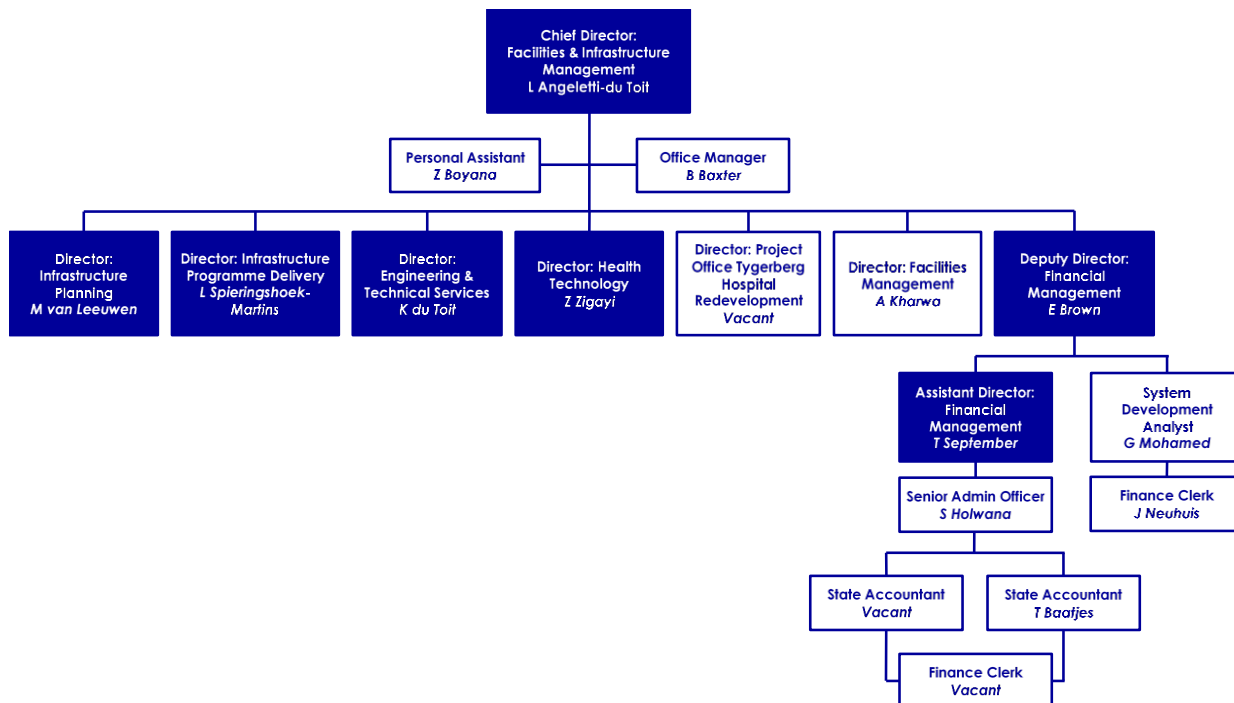


Figure 8: Organogram – Chief Directorate: Facilities and Infrastructure Management

Functions of CD: FIM include:

1. Optimise and expand the health infrastructure portfolio via long and short term capital infrastructure and maintenance plans.
2. Oversee the delivery of Capex building projects as well as building maintenance work outsourced to public works and other implementing agents.
3. Provide a departmental building maintenance plan and service.
4. 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.

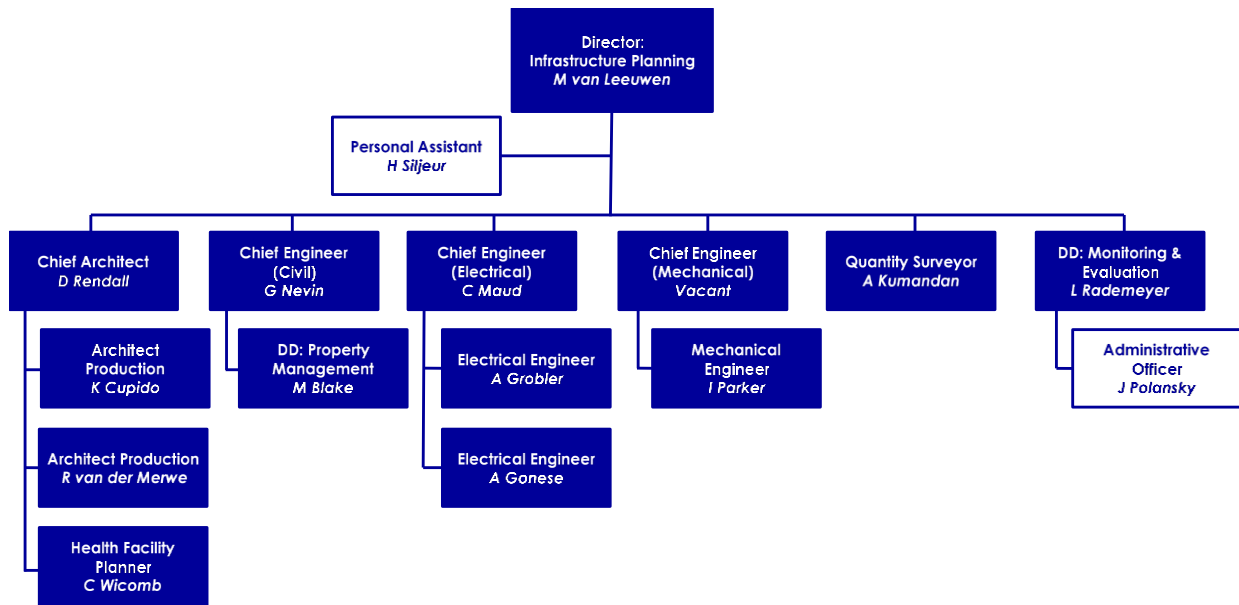


Figure 9: Organogram – Directorate: Infrastructure Planning

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.

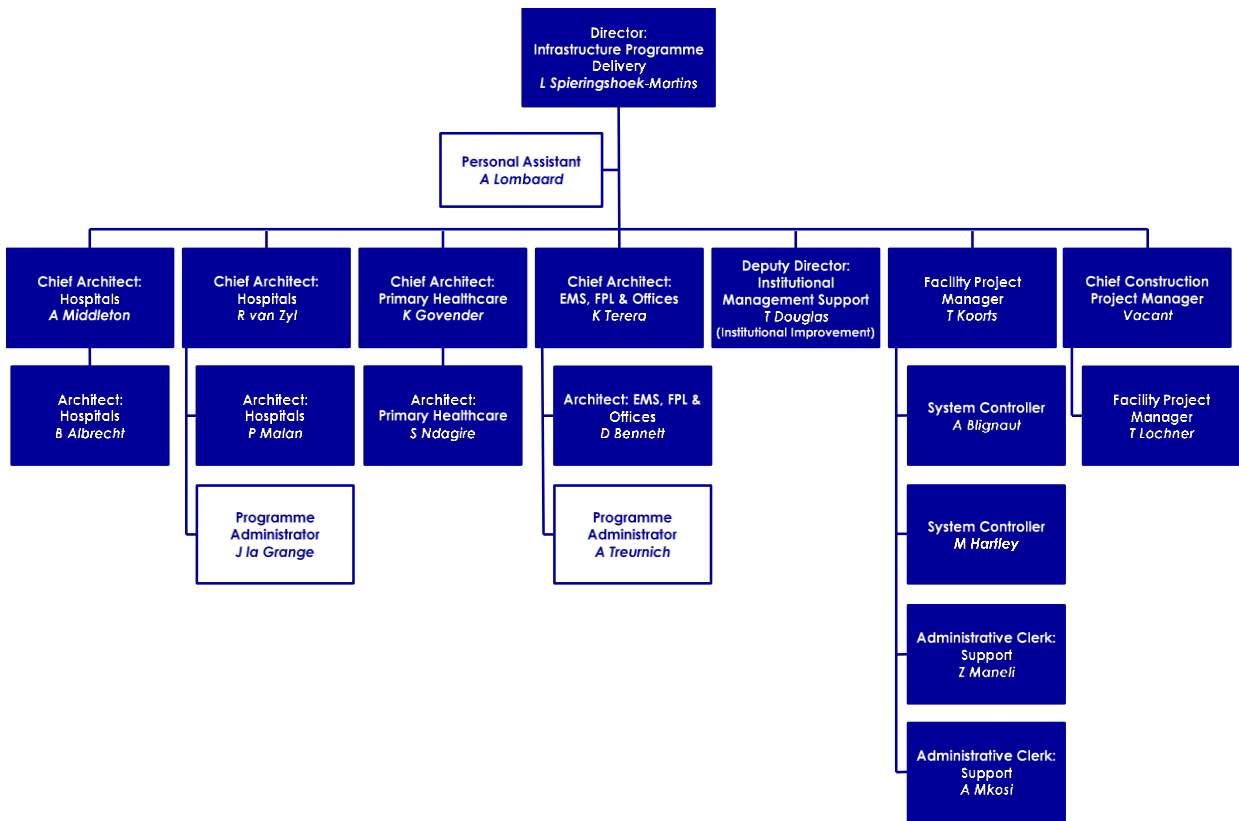


Figure 10: Organogram – Directorate: Infrastructure Programme Delivery

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 WCGH 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 Service Delivery Agreement (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) Supply Chain Management Committee 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.

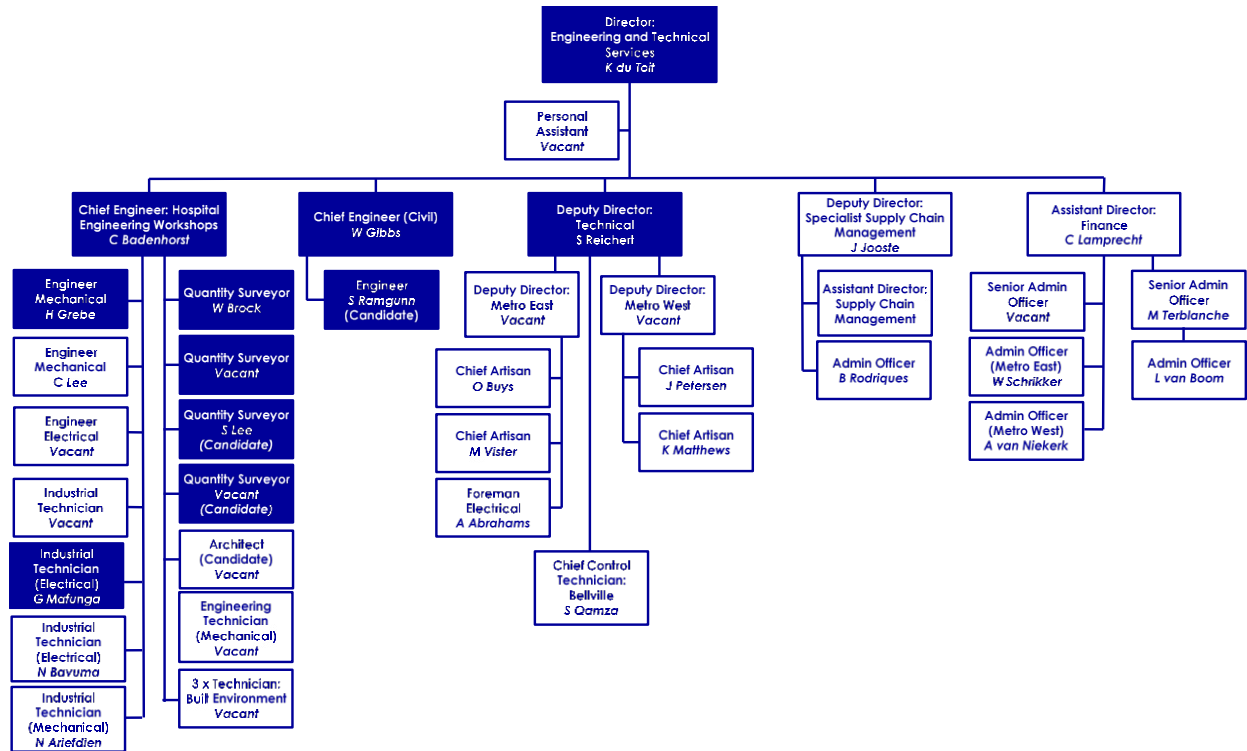


Figure 11: Organogram – Directorate: Engineering and Technical Services

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 / 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 / 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: HEALTH TECHNOLOGY

The purpose of the Directorate: Health Technology 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.

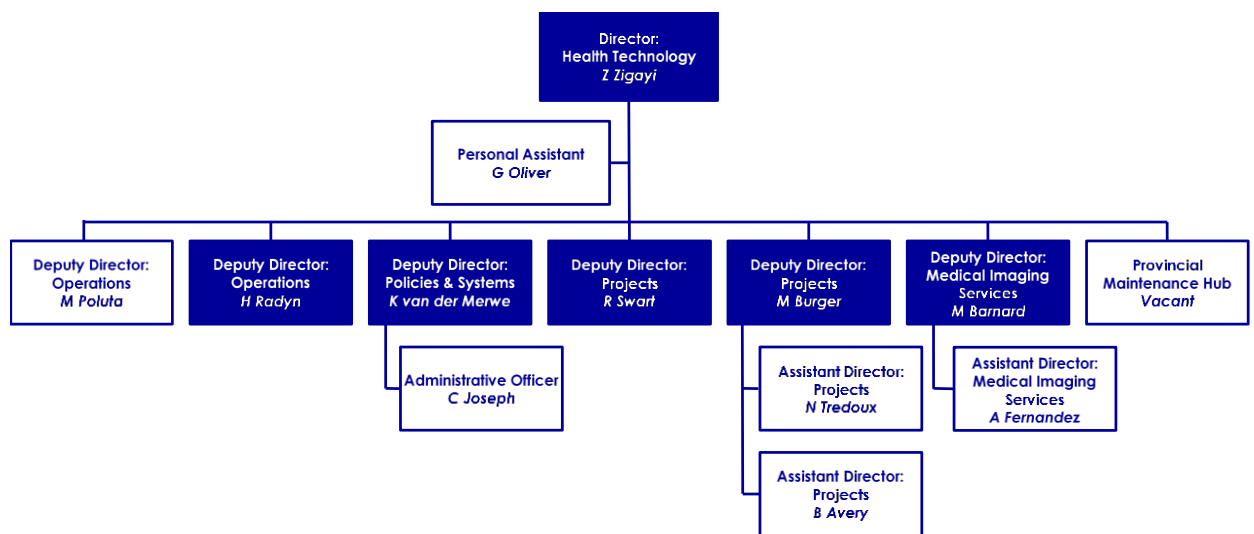


Figure 12: Organogram – Directorate: Health Technology

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 health technology, 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 Redevelopment¹⁴ 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.

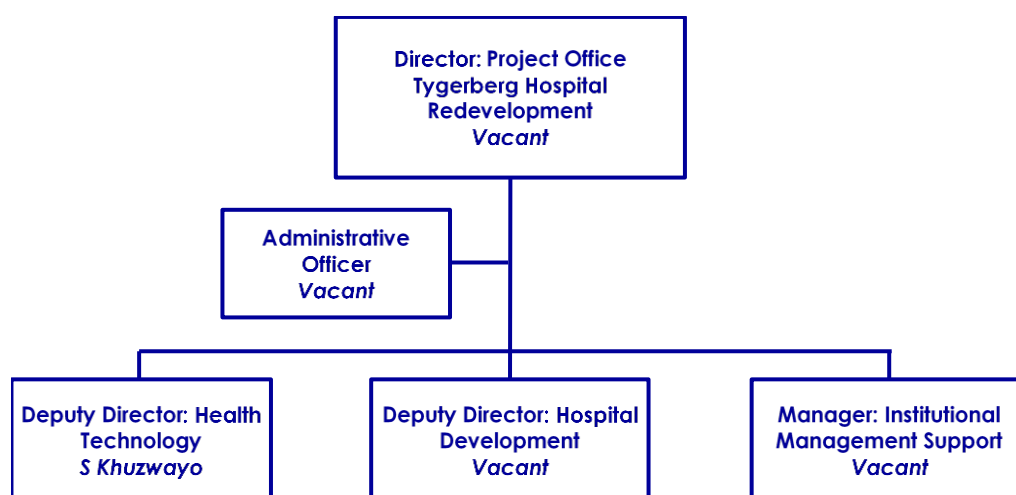


Figure 13: Organogram – Directorate: Project Office Tygerberg Redevelopment

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 WCGH 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 WCGH 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;

¹⁴ 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 WCGH.

4.2.6 DIRECTORATE: FACILITIES MANAGEMENT

The purpose of the Directorate: Facilities Management is: To lead, align and oversee the implementation of strategic objectives with regard to 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 MEC for Health in December 2020 and the organogram for this Directorate is currently being developed. The interim organogram is reflected below.

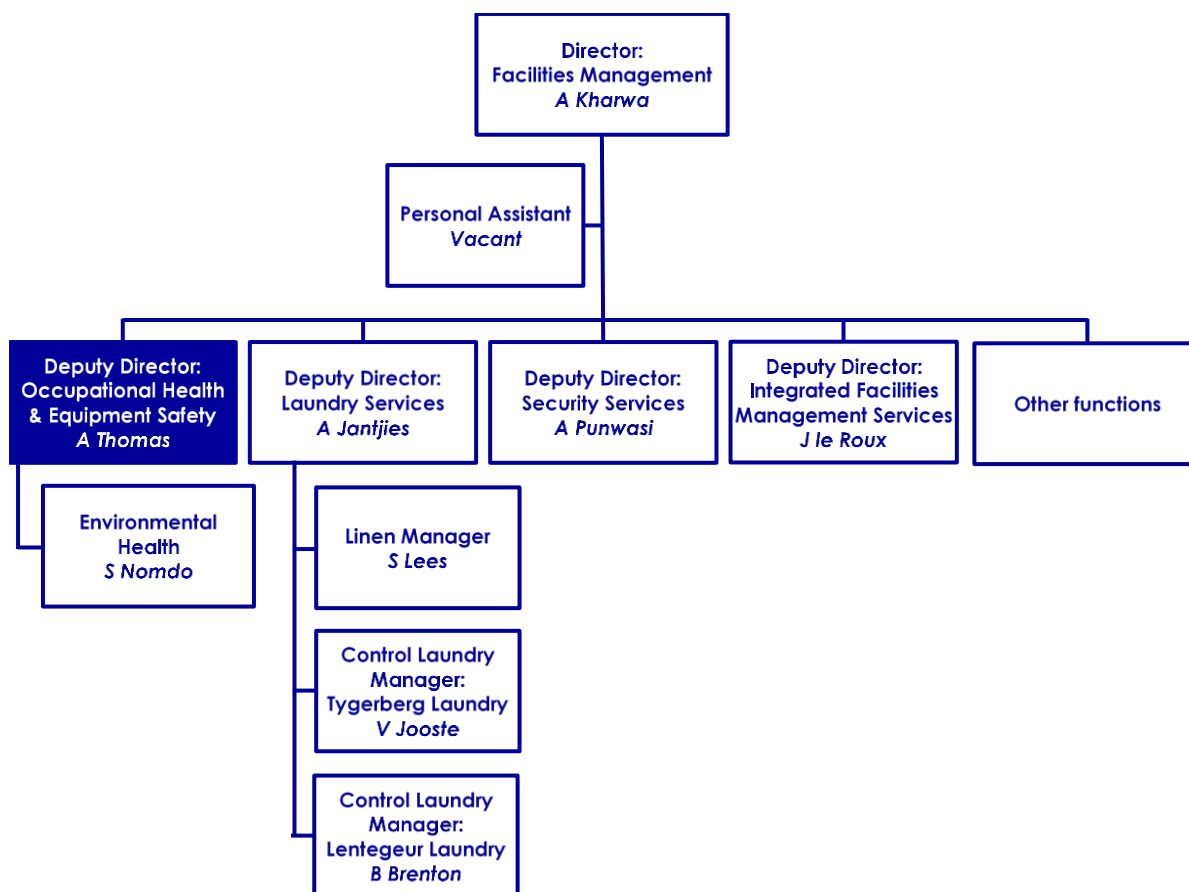


Figure 14: Interim Organogram - Directorate: Facilities Management

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, Porter, 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 2022/23 cashflow projection for the posts to be funded under the HFRG is reflected in the table below.

Category	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Proj Exp
Salaries and Wages	3 402	3 463	3 463	3 540	3 591	3 591	3 591	3 591	3 590	3 667	3 738	3 760	42 987
Social Contributions	473	481	480	490	500	500	500	500	500	509	518	513	5 964
Total	3 875	3 944	3 943	4 030	4 091	4 091	4 091	4 091	4 090	4 176	4 256	4 273	48 951

Including Capacitation, Supply Chain Management Support, Commissioning Support and Project Support

Table 4: 2022/23 Establishment – HFRG Cashflow projection

4.4 INFRASTRUCTURE MANAGEMENT SYSTEMS

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

4.4.1 PROGRAMME MANAGEMENT INFORMATION SYSTEM

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. WCGH 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 INFRASTRUCTURE REPORTING MODEL

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 National Treasury via both Provincial Treasury and NDoH for resolution.

Since the 2021 MTEF, National Treasury requires that the B5 be generated from the IRM, which requires that information correctly pulls through from the PMIS to the IRM. Challenges in this regard are being addressed with both National and Provincial Treasuries.

4.4.3 BASIC ACCOUNTING SYSTEM

The Basic Accounting System (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 department to monitor the spending on capital and current projects that are unique to the department. WCGH adheres to the requirement of utilising BAS.

4.4.4 LOGISTICAL INFORMATION SYSTEM

The Logistical Information System (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 supply chain management. 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 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. Work is currently underway whereby WCGH will be alerted on the PMIS when project documents have been uploaded to MyContent, where after WCGH users manually need to download documents from MyContent and upload it to the PMIS. WCGH is investigating, as a long-term plan, the possibility to develop an integration between MyContent and the PMIS to facilitate documents pulling through to the PMIS automatically.

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 2022 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 and Health Technology; modernisation of ECs at hospitals; Acute Psychiatric Units at hospitals; and reduce the health infrastructure carbon footprint.
- NDoH's Ten Year Infrastructure Plan for Health Facilities in South Africa (for the period 2015 to 2025). WCGH 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
- 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.

WCGH 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.

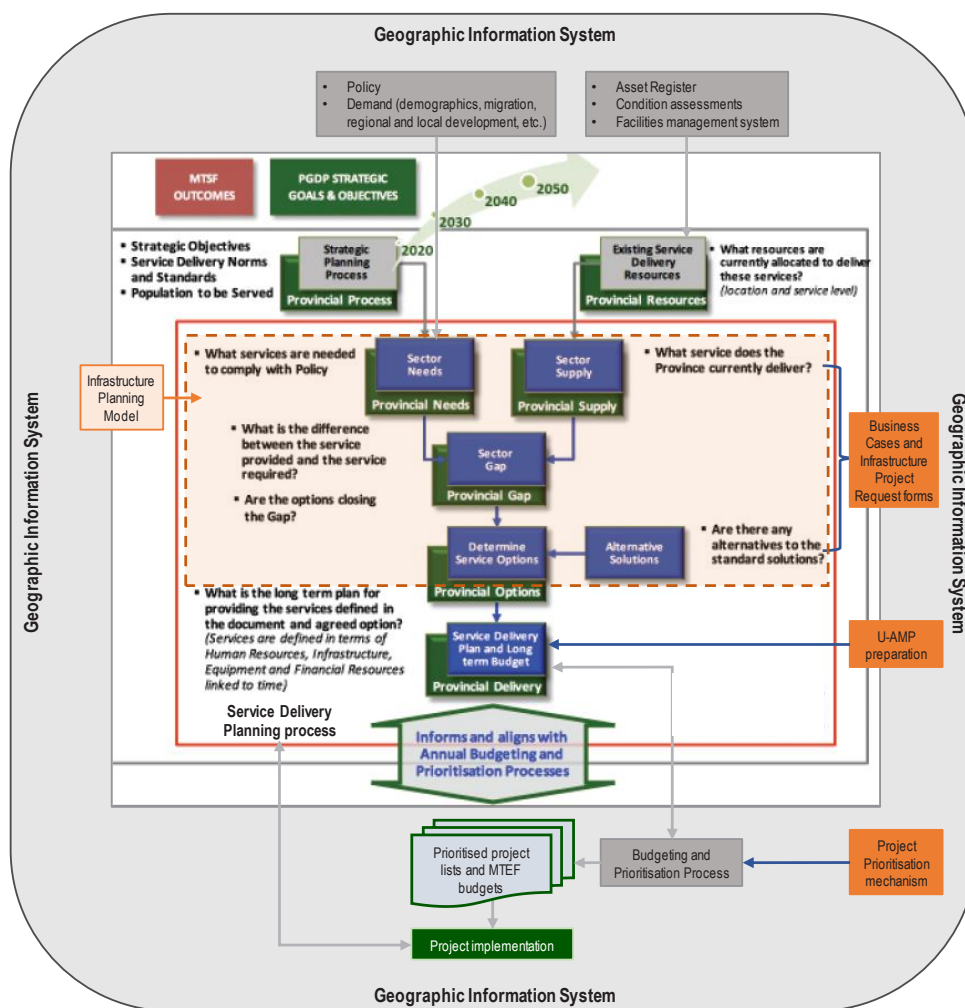


Figure 15: WCGH Infrastructure Integrated Planning Process

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 Health Care 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
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)
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
 - 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	Unsignliness, 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, WCGH 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 2022/23, 2023/24 and 2024/25 have been set at R50.291 million, R52.304 million and R54.396 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 projects¹⁵, 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, Rehabilitation, Renovations & Refurbishments 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
- 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.

¹⁵ 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 34 and Table 43 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 2022 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 2022 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 48 and

Funding Source	2021/22* R'000		MTEF Allocation R'000		
	Main Appropriation	Adjusted Allocation (Nov)	2022/23	2023/24	2024/25
			Total Preliminary Allocation	Total Preliminary Allocation	Total Preliminary Allocation
Health Facility Revitalisation Grant**					
Capital	307 587	172,343	313,443	524,559	564,001
<i>New Infrastructure Capital</i>	113,097	79,976	135,284	150,412	178,300
<i>Refurb & Rehab Capital</i>	129,773	72,062	102,530	192,912	257,700
<i>Upgrade & Additions Capital</i>	64,717	20,305	75,629	181,235	128,001
Maintenance – WCGTPW	101,849	77,548	105,698	124,627	144,821
Maintenance – WCGH	13,750	50,096	21,800	-	-
Health Technology, Organisational Development (OD) and Quality Assurance (QA)	242,830	365,266	304,859	104,216	68,763
Capacitation, Commissioning and Project Support	58,849	49,612	50,790	51,701	52,638
Total Health Facility Revitalisation Grant	724,865	714,865	796,590	805,103	830,223
PES: Infrastructure					
Capital - <i>New Infrastructure Capital</i>		958	31,225	1,500	-
Maintenance – WCGH	116,508	134,255	128,523	126,170	153,936
Maintenance – WCGTPW	18,675	17,518	14,855	10,289	5,517
Capacitation, Commissioning and Project Support	41,273	14,183	22,458	39,501	41,555
Total PES: Infrastructure	176,456	166,914	197,061	177,460	201,008

Funding Source	2021/22* R'000		MTEF Allocation R'000		
	Main Appropriation	Adjusted Allocation (Nov)	2022/23	2023/24	2024/25
			Total Preliminary Allocation	Total Preliminary Allocation	Total Preliminary Allocation
PES: Tygerberg					
Capital	48,532	41,176	50,528	141,836	155,459
<i>Refurb & Rehab Capital</i>	25,550	19,584	39,192	99,655	102,251
<i>Upgrade & Additions Capital</i>	22,982	21,592	11,336	42,181	53,208
Maintenance – WCGH	68,976	75,355	49,522	-	20,953
Maintenance – WCGTPW	102,522	85,049	82,892	90,574	50,853
Health Technology	2,666	2,001	-	-	-
Total PES: Tygerberg	222,696	203,696	182,942	232,410	227,265
TOTAL	1,124,017	1,085,475	1,176,593	1,214,973	1,258,496
TOTAL EXCLUDING HT, OD & QA, Capacitation, Commissioning and Project Support	778,399	654,298	798,486	1,019,555	1,095,540

* Includes Performance-based Incentive Grant allocation

** Includes Budget Facility for Infrastructure allocation

Table 49. 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
2022/2023	2 258 145 480	698 042 000	1 560 103 480
2023/2024	2 393 634 208	790 851 000	1 602 783 208
2024/2025	2 537 252 261	884 440 000	1 652 812 261

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 WCGH'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 supply change management processes.

WCGH 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
5. Reduce reliance on external service providers

To date it has been agreed that a standard layout should be replicated for satellite clinics, clinics, rural ambulance stations and small forensic pathology facilities. The same approach will also be applied to smaller 'components' such as ambulance station wash bays. WCGH is currently also applying the 'replication' approach to Acute Mental Health inpatient units at Metro Hospitals in order to accelerate their delivery.

WCGH acknowledges that this approach is only feasible if the nature of the site procured for each facility accommodates the agreed standard layout without significantly compromising the facility functionality.

As previously noted, WCGH has moved away from the traditional single storey approach for large PHC facilities and multi-storey facilities are now the preferred standard, particularly where Metro based facilities are concerned. WCGH currently has designs for two CDCs in the Metro at an advanced stage of resolution and it is the intention to agree on a benchmark design informed by these layouts for future new or replacement CDCs.

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 set in the 2022/23 financial year. 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



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.

14.1 OBJECTIVES

- 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).

14.2 GUIDANCE FOR IMPLEMENTATION

- Facilities and institutions should be located in the following SPCs:

Settlement

Agriculture

Buffer 2

- Where ever practical, community facilities should be located in settlements. Location within the rural landscape may be required in exceptional cases when travel distances are too far or rural population concentrations justifies the location of community facilities in rural areas.
- In extensive agricultural areas, it is preferable to locate rural community facilities and institutions in Buffer 2 SPCs, and along regional accessible roads.
- In instances where community facilities are justified "on-farm", existing farm structures or existing footprints should be utilised, with local vernacular informing the scale, form and use of materials.
- Facilities to be located on disturbed areas and areas of low agricultural potential.
- The nodal clustering of community facilities in service points should be promoted, with these points accommodating both mobile services and fixed community facilities (e.g. health, pension payments). The scale and frequency of services provided will be as per departmental specifications (e.g. Health, Education, Social Development, etc.)
- Education facilities should be established in accordance with departmental specifications, including crèches and sport fields.

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 Council for Scientific Industrial Research (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
- 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
- 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 Transhex development area.

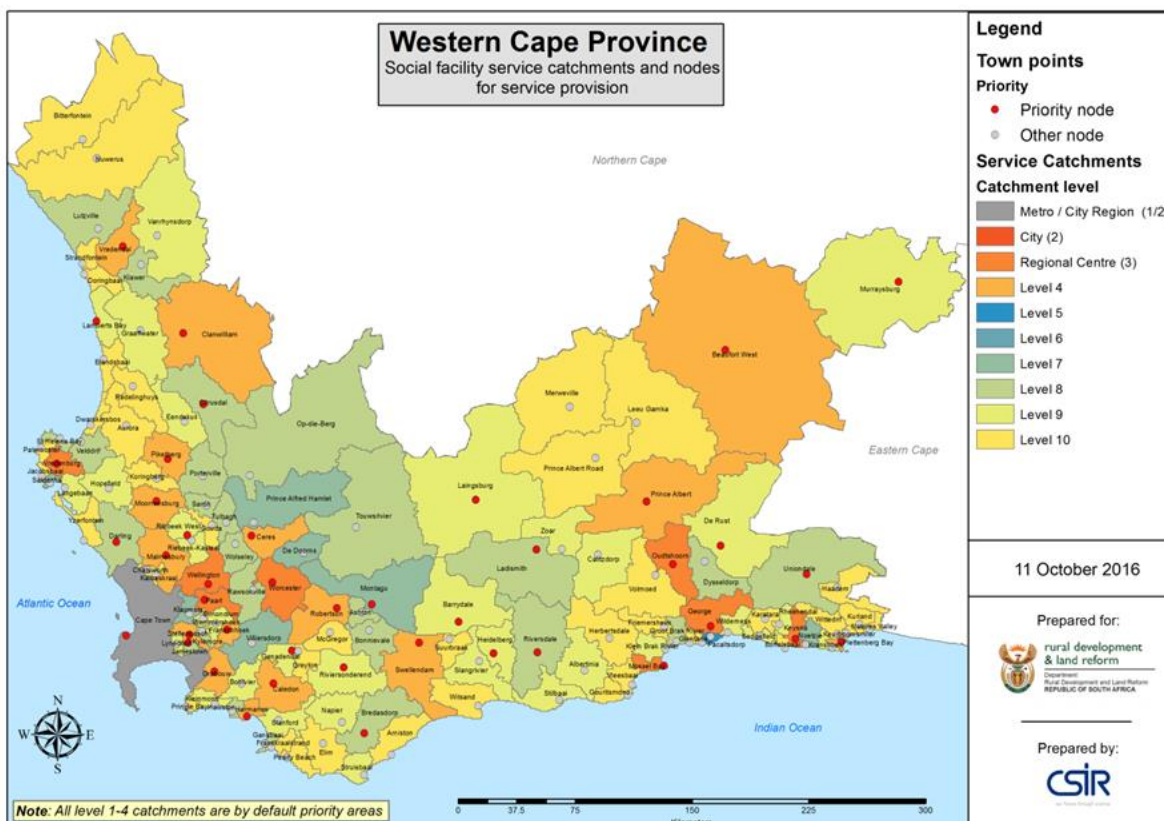


Figure 17: Western Cape – Service Catchment Areas and Levels

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, SWELLENBAM, 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, JONGENFONTEIN, GOURITSMOND, KLIPRAND, ETC.)	< 1 000

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

WCGH 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, WCGH 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. WCGH'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 Development¹⁶ 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.

5.8 PLANNING INFORMATION AND SUPPORTING INITIATIVES

5.8.1 EMERGENCY MEDICAL SERVICES 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.

¹⁶ 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.

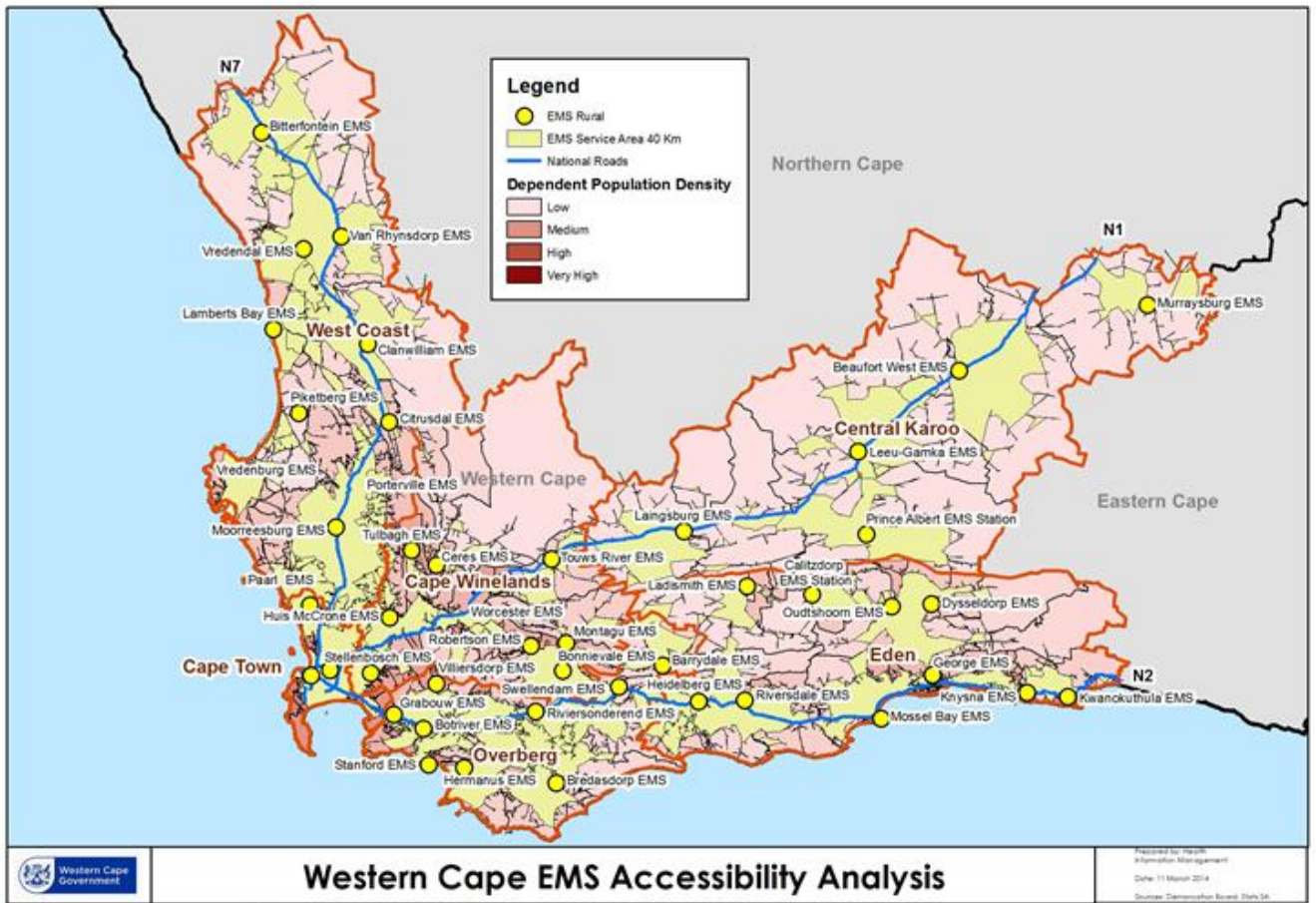


Figure 19: Western Cape EMS Accessibility Analysis

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

The WCGH, 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;
- 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
- 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
 - Sustainable agriculture
- In terms of human settlements:
 - Smart growth, densification etc.
 - Preservation of sense of place
 - Resource efficiency
 - Ecological infrastructure
 - Improved climate change adaptation

5.8.3 WCGH OFFICE ACCOMMODATION STEERING COMMITTEE

The Department has established a WCGH 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. The Committee will also suggest planning principles for WCGH to be approved by WCGH's Corporate Executive Management Committee and to be tabled at TEXCO. These signed off principles together with a proposed draft Master accommodation plan was forwarded to IAM for their consideration and implementation together with the signing off of the structures to be relocated from Norton Rose House (currently identified as not compliant in terms of OHS standards).

It is expected that the WCGTPW master accommodation plan will consider the input from this Committee in terms of improved spatial allocation and shifting from rented to owned accommodation.

5.8.4 INTEGRATED PLANNING INITIATIVES

WCGH recognises that integrated planning is critical with respect to future health facilities and services. This is aligned to the province's "Whole-of-Society" approach, 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:

- 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, WCGH 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 WCGH 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. The integrated approach included collaboration with respect to funding, timelines, planning and accountability.
- 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, WCGH 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. WCGH considers it imperative to participate in this process.

Furthermore, the WCGH 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, 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. These frameworks are reflected in the table below.

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

Most recent WCGH input into the above frameworks include presentations to the respective Steering Committees dealing with the review of the Mossel Bay, George, Hessequa and Beaufort West MSDFs. These presentations submitted in 2021/22 provided information on WCGH 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.

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.
- 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 WCGH'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. WCGH 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 population estimates for the Western Cape have been updated using the latest data available from Statistics South Africa (Stats SA) based on the 2019 MYPE series. According to this data, the projected population in the Western Cape for 2022/23 is approximately 7 243 521, an increase of about 2 per cent per annum from the 2011 census population estimate of 5 822 734. It is estimated that 11.7 per cent of South Africa's population resides in the Western Cape. The province is expected to experience rapid growth of approximately 16.5 per cent for the period 2021-2030, reaching a projected figure of approximately 8 292 909 by 2030, owing largely to immigration 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.

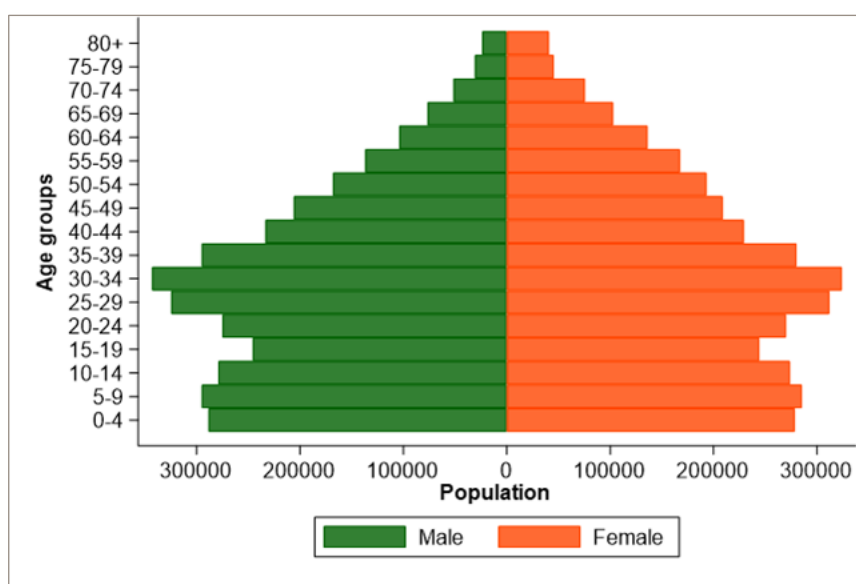


Figure 20: Western Cape Population by Age

The Demographics are as follows:

Demographic Data	Western Cape	Unit of Measure
Geographical area	129 462	km ²
Total population for 2022/23	7 243 521	Number
Population density	56	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 21, Figure 22 and Figure 23 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.

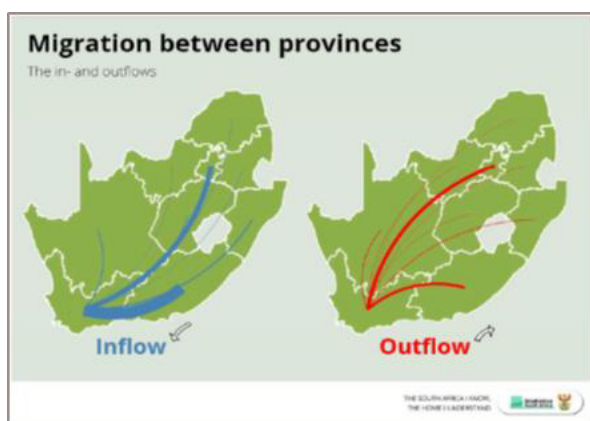


Figure 21: Western Cape Migration – In and Out Flow

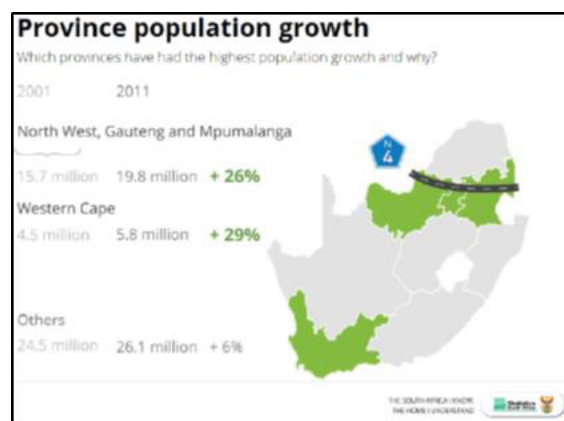


Figure 22: Province Population Growth

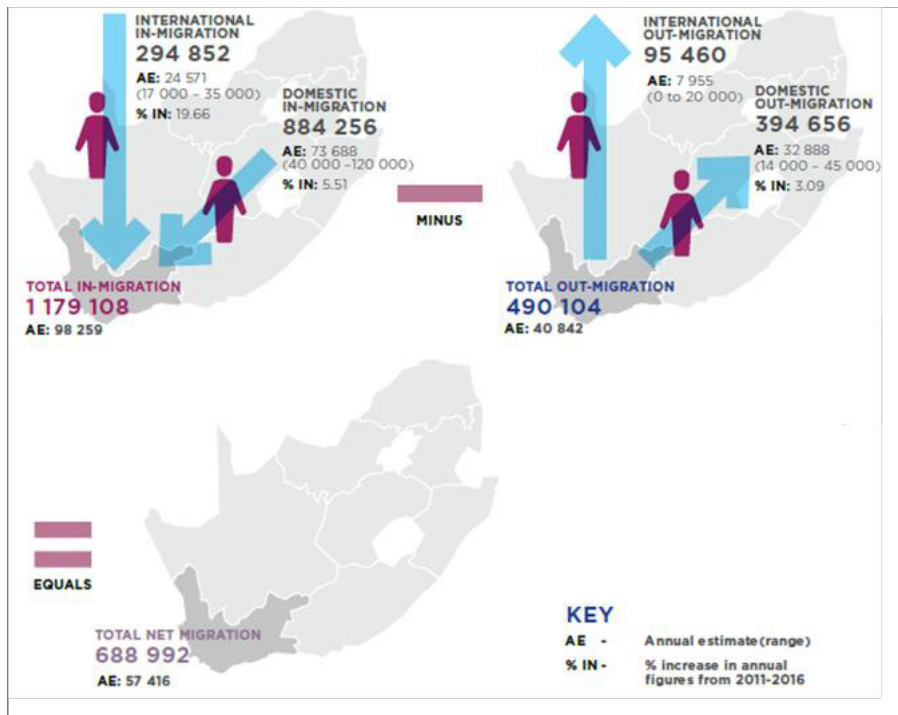


Figure 23: Estimated Migration Flows in the Western Cape for period 2018 to 2030¹⁷

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

Figure 24 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 five, which shrinks by 2.6%, and the 5-14 age cohort is expected to grow by a relatively modest 2.8%. 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 24: Population forecasts by age group in the Western Cape¹⁸

The current (Census 2011) and projected future (2040) population density in the Western Cape is reflected in Figure 25 and Figure 26 respectively.

¹⁸ Source: Planning for the Journey – Forecasting migration-led population change to 2030 with a case study on education spending (August 2018)

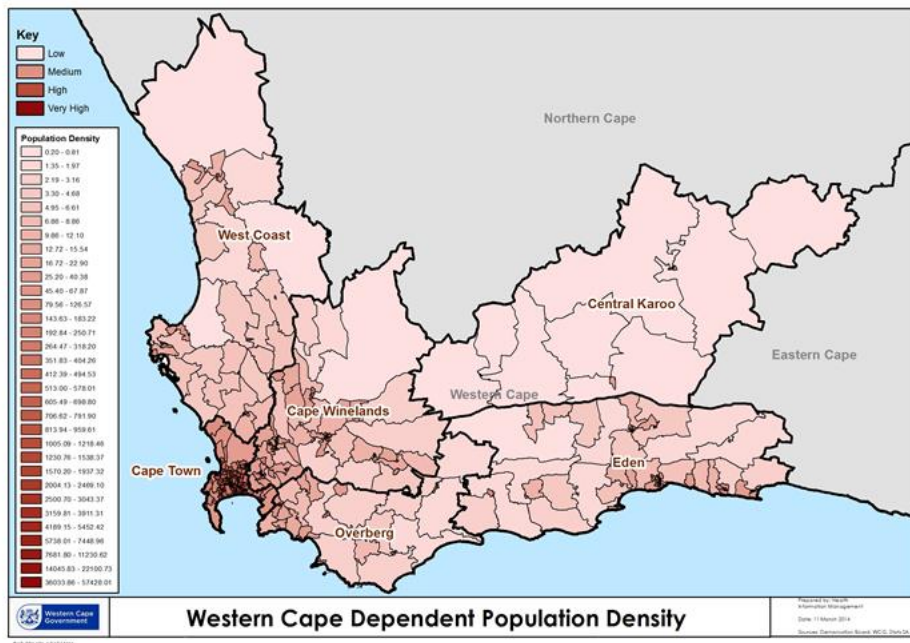


Figure 25: Western Cape Population Density

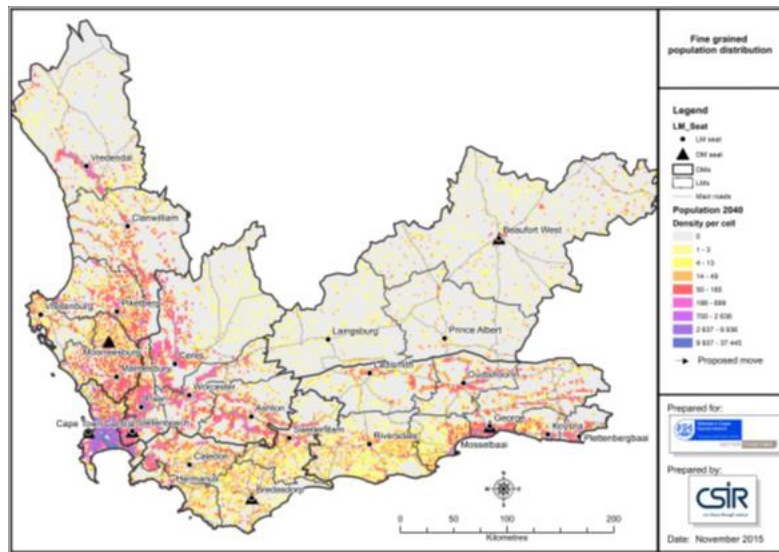


Figure 26: Western Cape 2040 Population Density based on Fine Grained Grid¹⁹

¹⁹ Source: CSIR, 2015

Figure 27 below indicates the highest populated areas within the Metro area. Current planning of health facilities is based on this demographic reality.

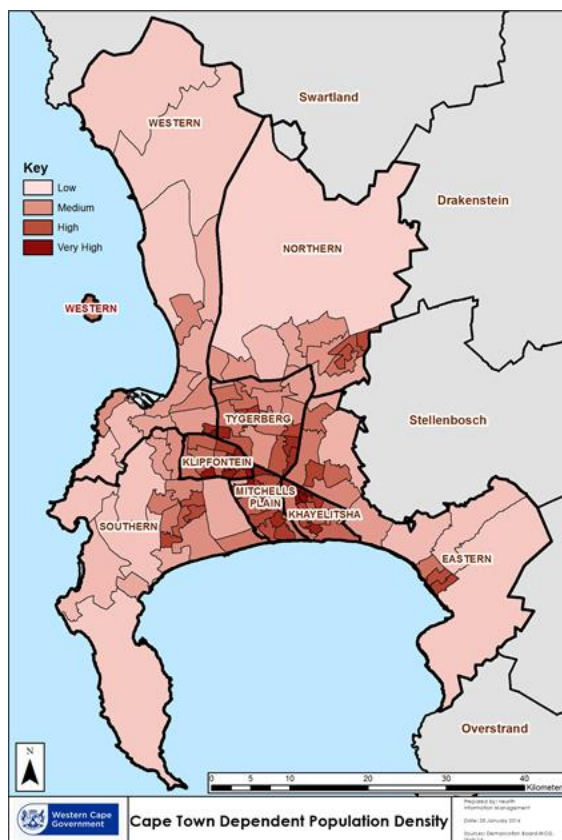


Figure 27: Cape Town Dependent Population Density

Figure 25 and Figure 27 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 has led to increased levels of unemployment, food insecurity and hunger. This results in spending pressures for the WCG. The pandemic has 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

Constituted from 61 public authorities into a single Metropolitan authority in 2000, the Cape Town Metropolitan region is a sprawling (2 359 km²), low-density (1 520 people per km²) and spatially fragmented city of 3.74 million persons (Census 2011)²⁰.

It should be noted, however, that according to WCGH's latest population estimates (see Table 10 below):

²⁰ Source: CoCT's BEPP 2015/16

- The population of the CoCT is currently estimated at 4.69 million people, which represents a growth of 25% since 2011; and
- Is expected to reach a figure of approximately 5.52 million people by 2030 i.e. a growth of 48% from 2011 and 25% from 2018.

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 1.8 million, or 46%, 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 WCGH for the purposes of planning (refer Circular H 161 / 2020²¹) are contained in Table 10. To determine the uninsured / dependant population, the figures in the table would need to be adjusted to 75.2% as per Circular H 11 / 2018²².

DISTRICT	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31
Cape Town	4 686 518	4 776 501	4 867 551	4 959 960	5 053 676	5 148 376	5 243 609	5 338 170	5 432 592	5 515 774

Table 10: Population Estimates for the Metro

Table 11 provides population projections and growth rates for the subdistricts in the Metro based on the data provided with Circular H 161 / 2020. 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	518 696	726 150	937 454	3.17%	Faster
Khayelitsha	398 619	447 112	490 437	1.10%	Slower
Klipfontein	389 680	412 384	433 001	0.56%	Slower
Mitchells Plain	519 063	625 598	716 390	1.71%	Slower
Northern	371 118	479 079	588 056	2.45%	Faster
Southern	526 991	604 688	678 869	1.34%	Slower
Tygerberg	609 688	743 136	867 625	1.88%	Slower
Western	479 687	648 372	803 942	2.76%	Faster
Eastern	518 696	726 150	937 454	3.17%	Faster
Total: Metro	3 813 542	4 686 519	5 515 774	1.96%	

Table 11: Population Projections for Subdistricts in the Metro

²¹ Circular will be updated pending conclusion of 2022 Census

²² Applicable until 2022 Census

6.1.1.1 SOCIO-ECONOMIC INDEX: CITY OF CAPE TOWN

Figure 28 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
- 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.




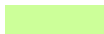

	Very needy	from 0.641 to 1.000
	Needy	from 0.461 to 0.640
	Average	from 0.341 to 0.460
	Good	from 0.151 to 0.340
	Very good	from 0.000 to 0.150

Table 12: Sub-place categories

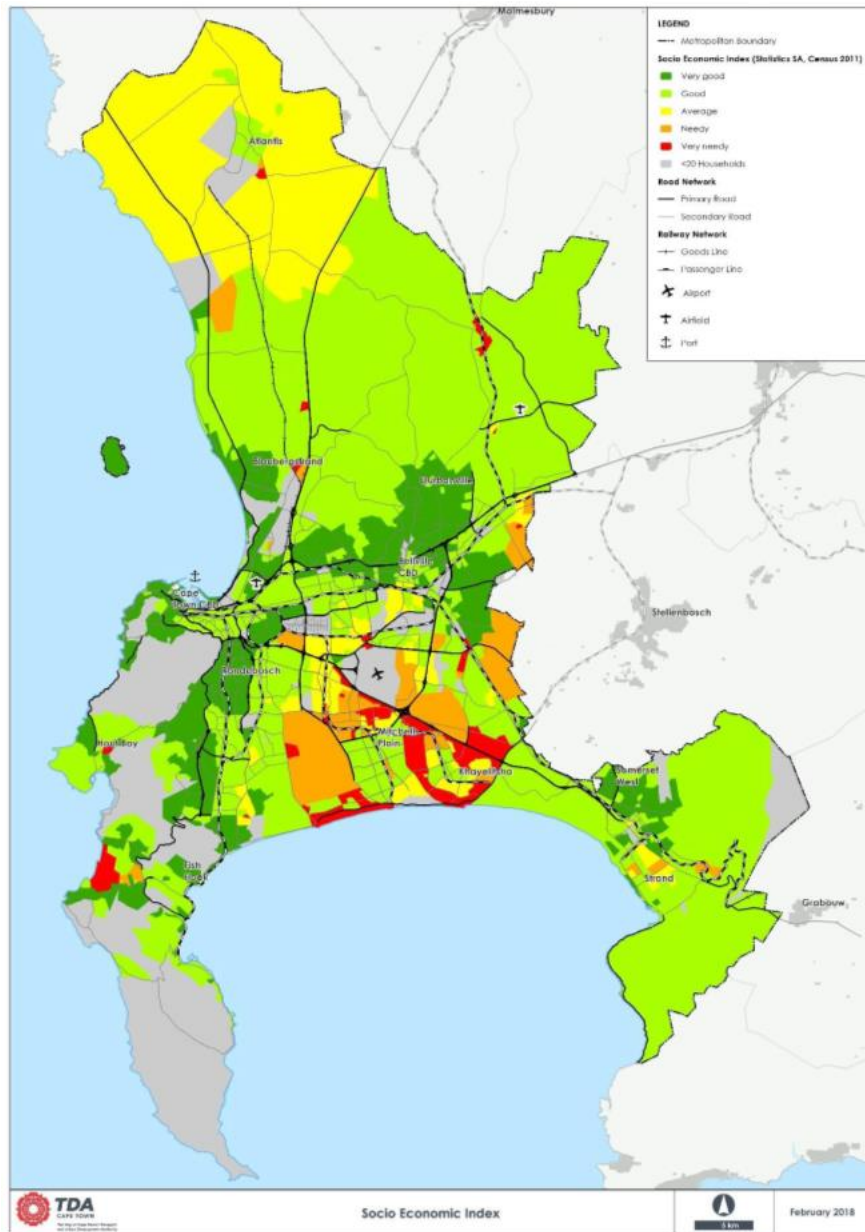


Figure 28: City of Cape Town – Socio-economic Index²³

²³ Source: CoCT's BEPP 2019/20

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 Municipal Spatial Development Framework 2018, is depicted in Figure 29 below.

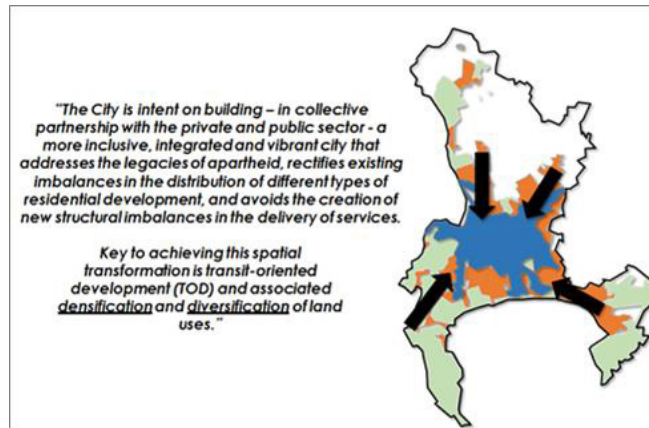


Figure 29: CoCT's Municipal Spatial Development Framework 2018 – Spatial Vision

According to the CoCT's Built Environment Performance Plan (BEPP) 2019/20, in support of this spatial vision, Spatial Transformation Areas e.g. Urban Inner Core have been conceptualised in the MSDF to provide the basis for spatial targeting. 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 approved MSDF. See Figure 30 and Figure 31 below.

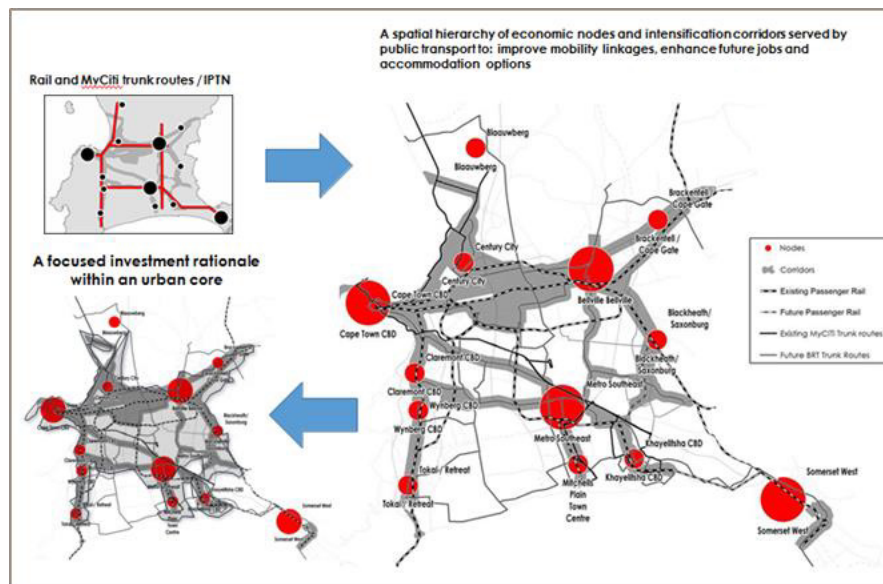


Figure 30: Spatially Framing the City's Urban Inner Core²⁴

²⁴ Source: CoCT's BEPP 2019/20

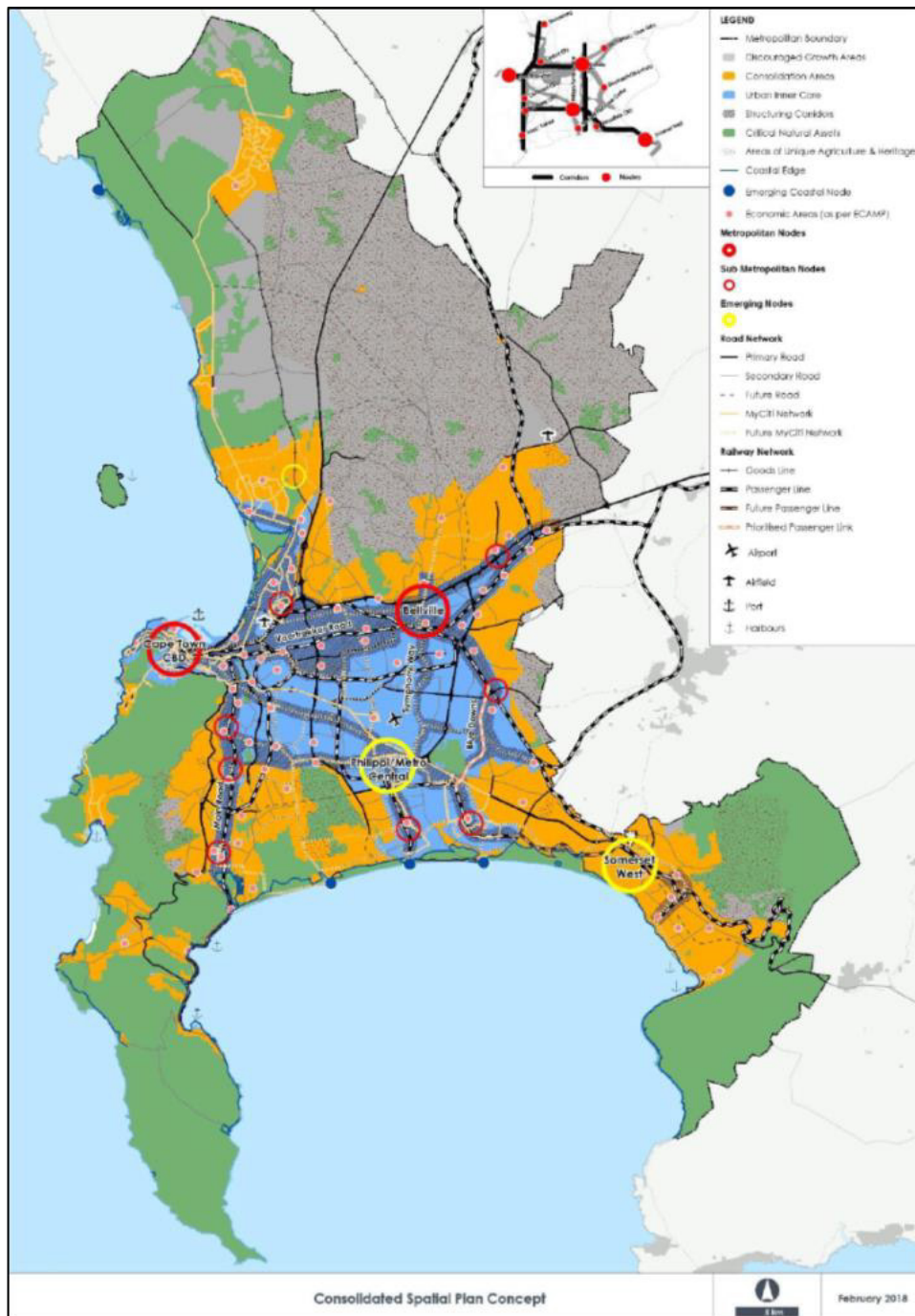


Figure 31: City's Consolidated Spatial Plan Concept (including Spatial Transformation Areas)²⁵

Housing developments and certain spatial targeting and strategic implementation focus by CoCT, as identified in their recent 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.

²⁵ Source: CoCT's BEPP 2019/20

Figure 32 indicates the City's spatial targeting with respect to informal settlements and housing projects, while Figure 33 and Figure 34 show where human settlements and housing developments have been approved for implementation.

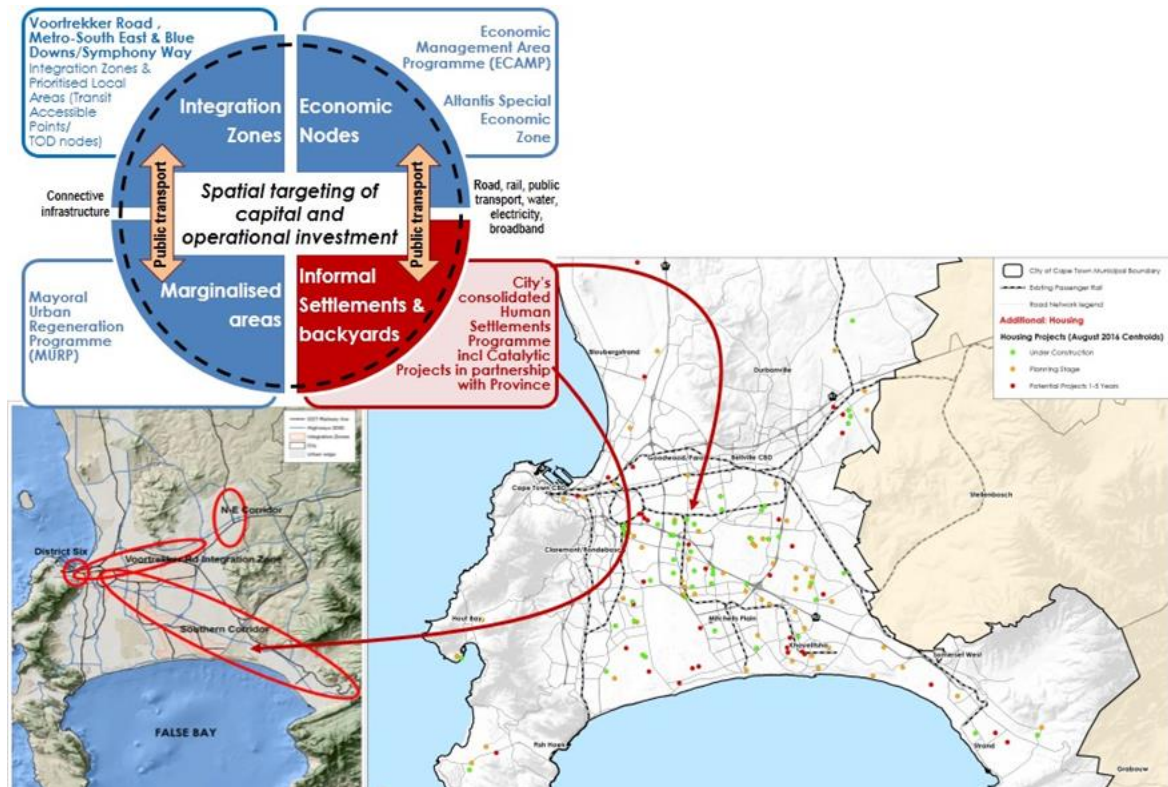


Figure 32: CoCT Spatial Targeting – Informal Settlements and Housing Projects

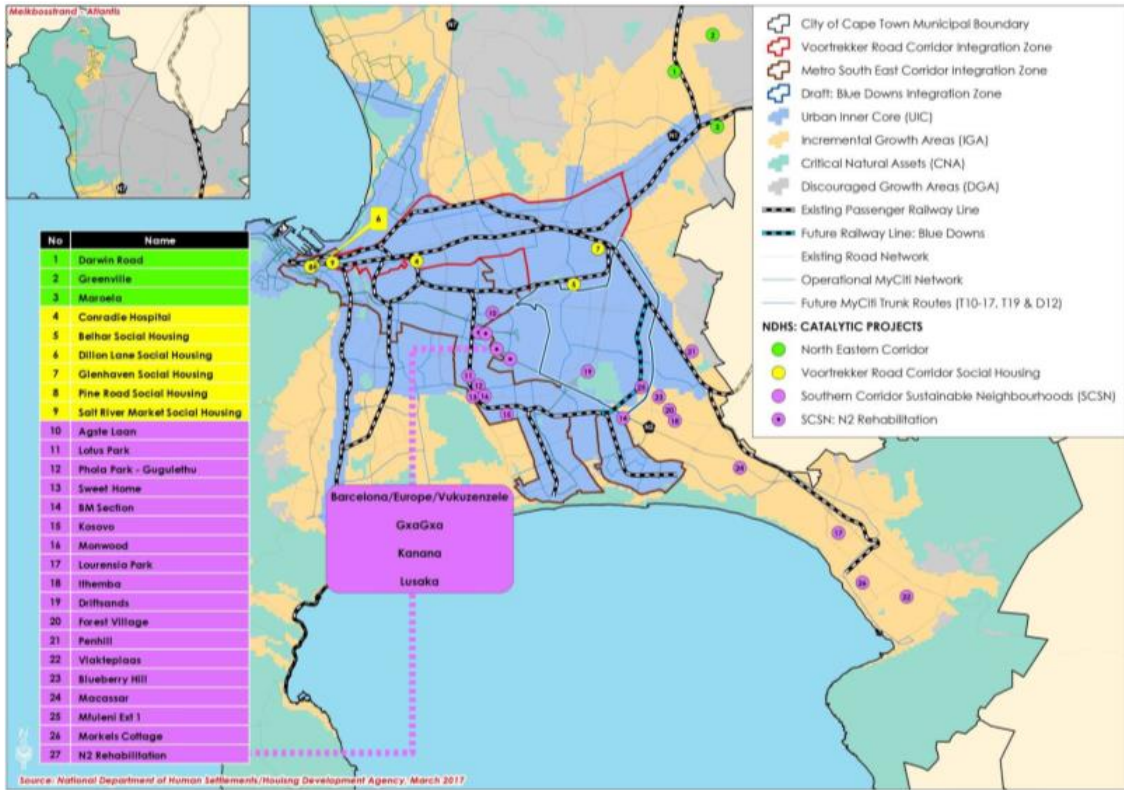


Figure 33: Spatial Location of Human Settlement Catalytic Projects²⁶

²⁶ Source: CoCT's 2018/19 BEPP

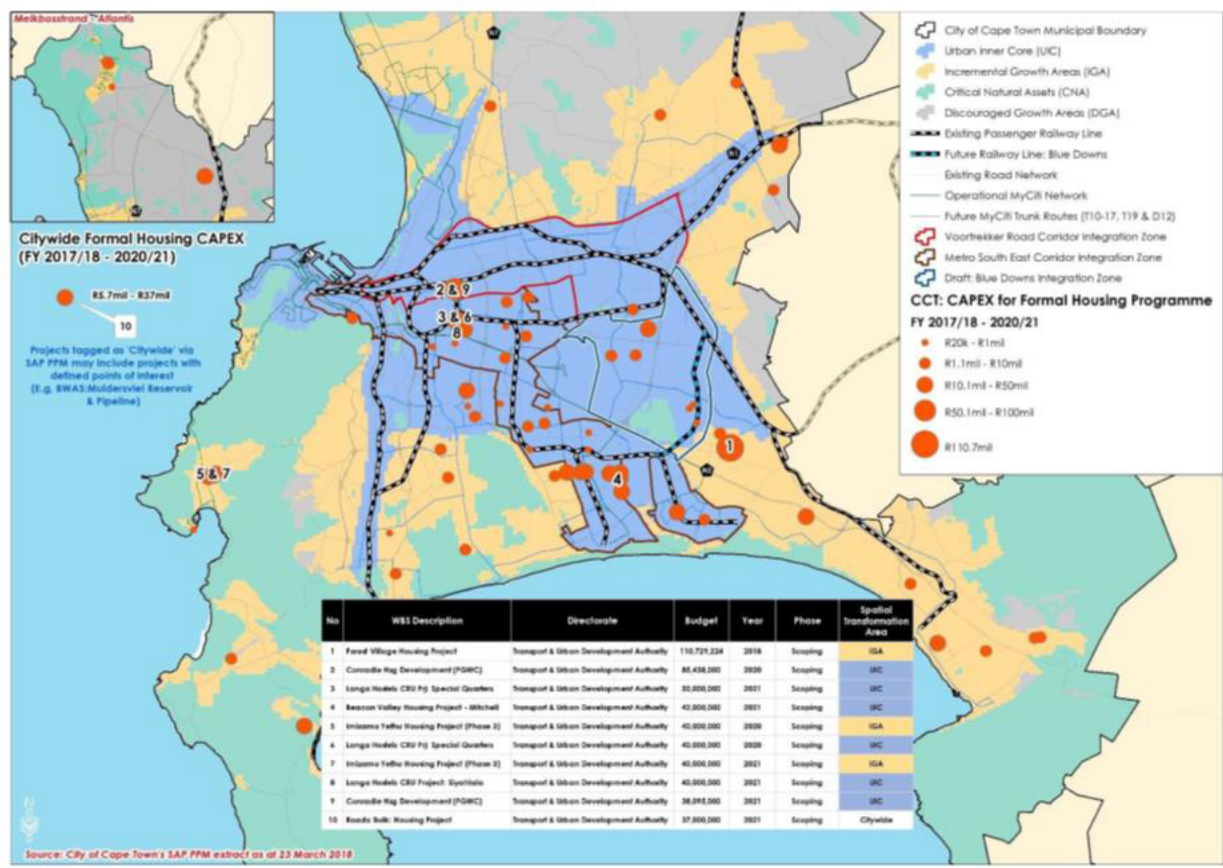


Figure 34: CoCT's Capex Budget – Formal Housing Programme (2017/18 to 2020/21)²⁷

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 35. The location and extent of planned upgrades to informal settlements and backyards during the period 2017/18 – 2020/21 are indicated in Figure 36.

²⁷ Source: CoCT's 2018/19 BEPP

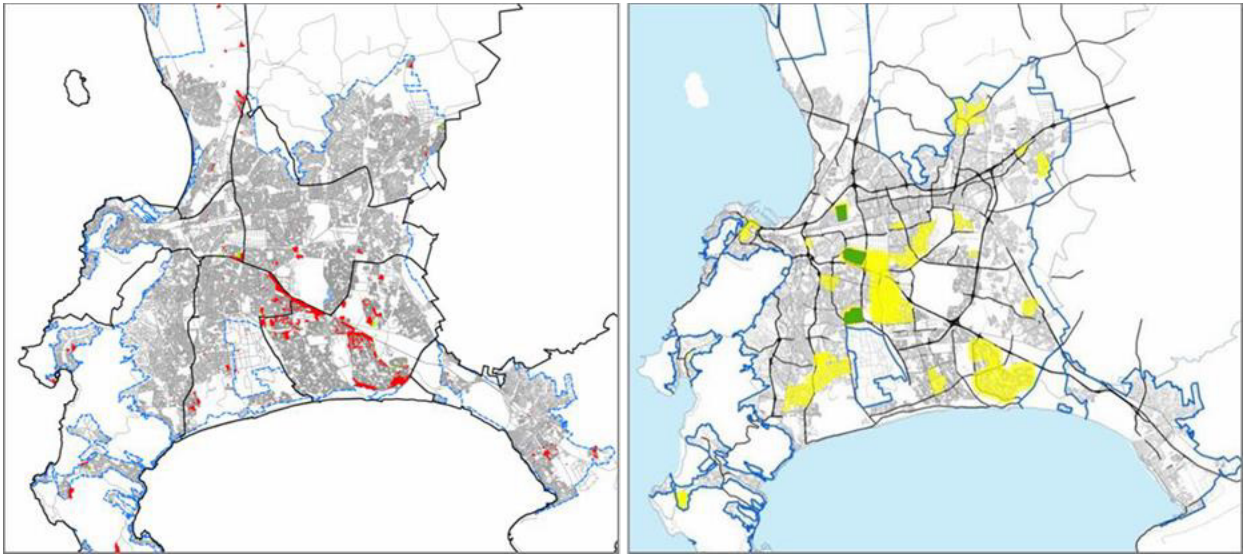


Figure 35: Location of Informal Settlements (Left: Comprising over 141 000 Households) and Backyard Priority Areas (Right: Comprising over 41 000 Households)

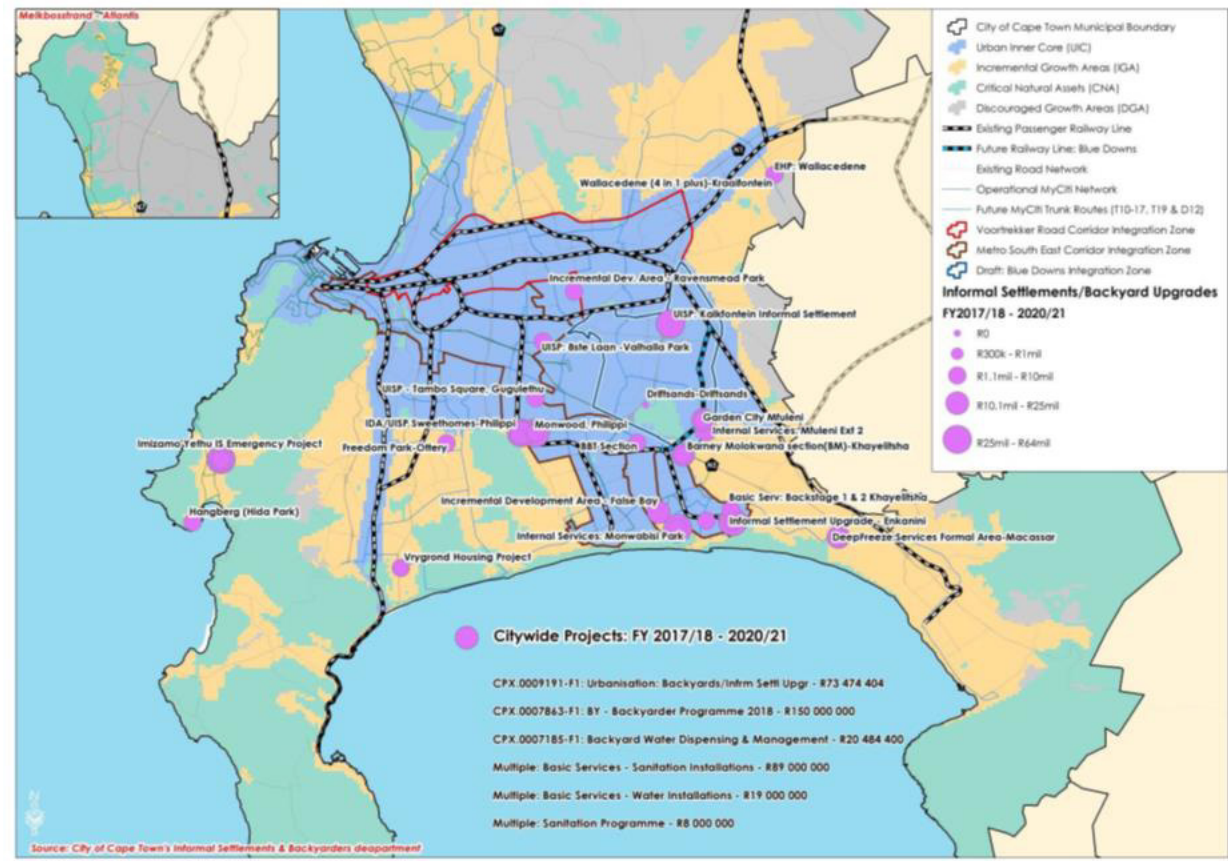


Figure 36: Spatial Location of Urban Settlements Development Grant Funded Informal Settlements and Backyard Upgrades (2017/18 to 2020/21)²⁸

²⁸ Source: CoCT's 2018/19 BEPP

The CoCT has also determined spatial targeting with respect to marginalised areas as indicated in Figure 37. The Mayoral Urban Regeneration Programme is an example of a key initiative – in which the WCGH is involved – being implemented in response to a marginalised area in need of social facilities.

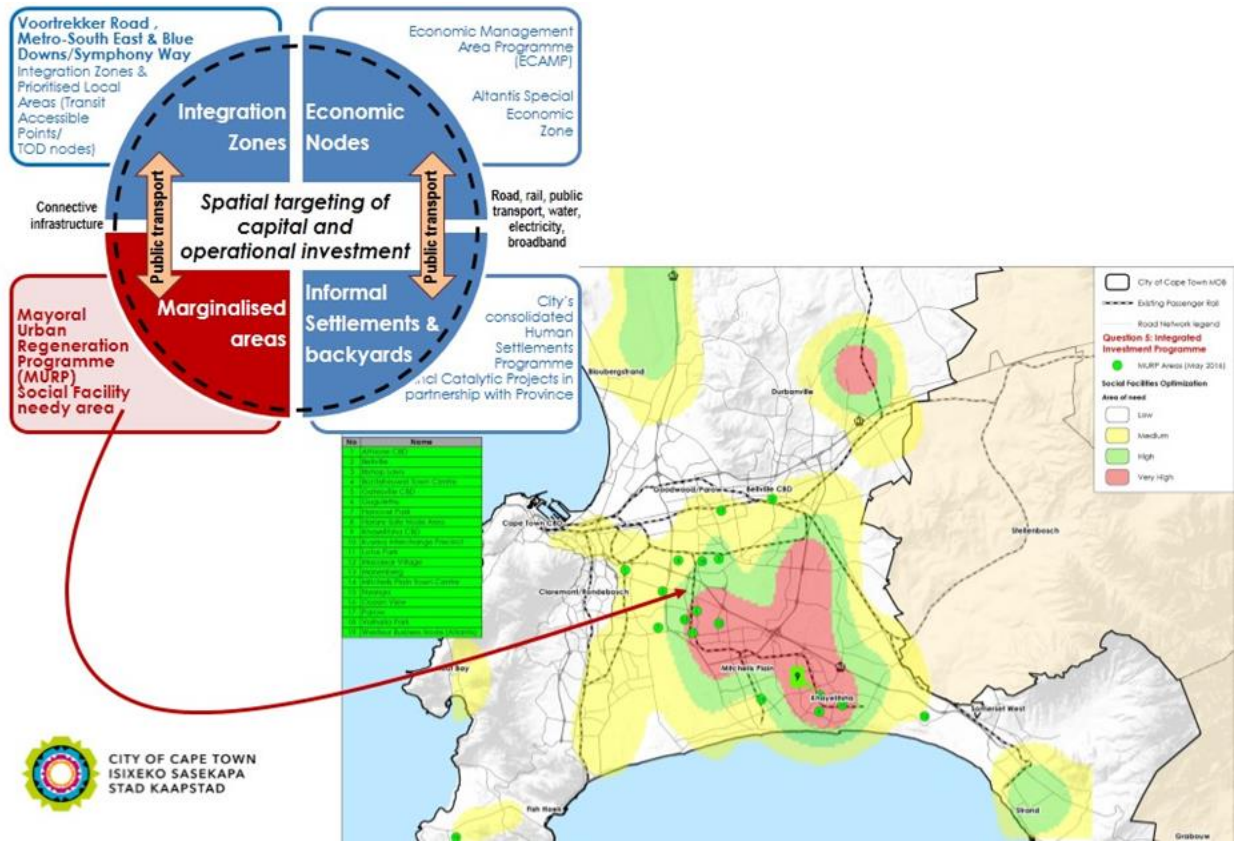


Figure 37: CoCT Spatial Targeting – Marginalised Areas

Figure 38 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.

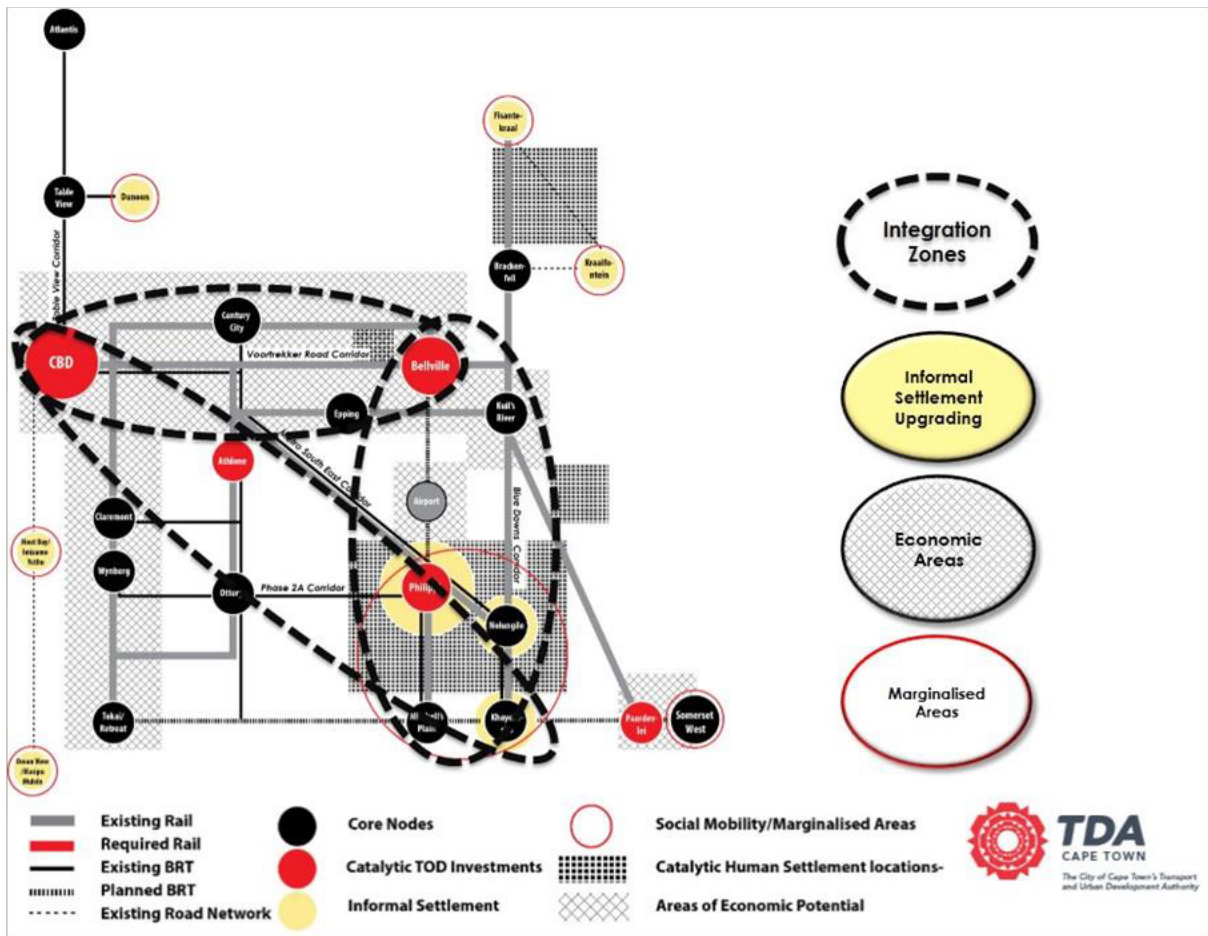


Figure 38: CoCT's Implementation Focus

The current MyCiTi bus and commuter rail services is provided in Figure 39. 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.

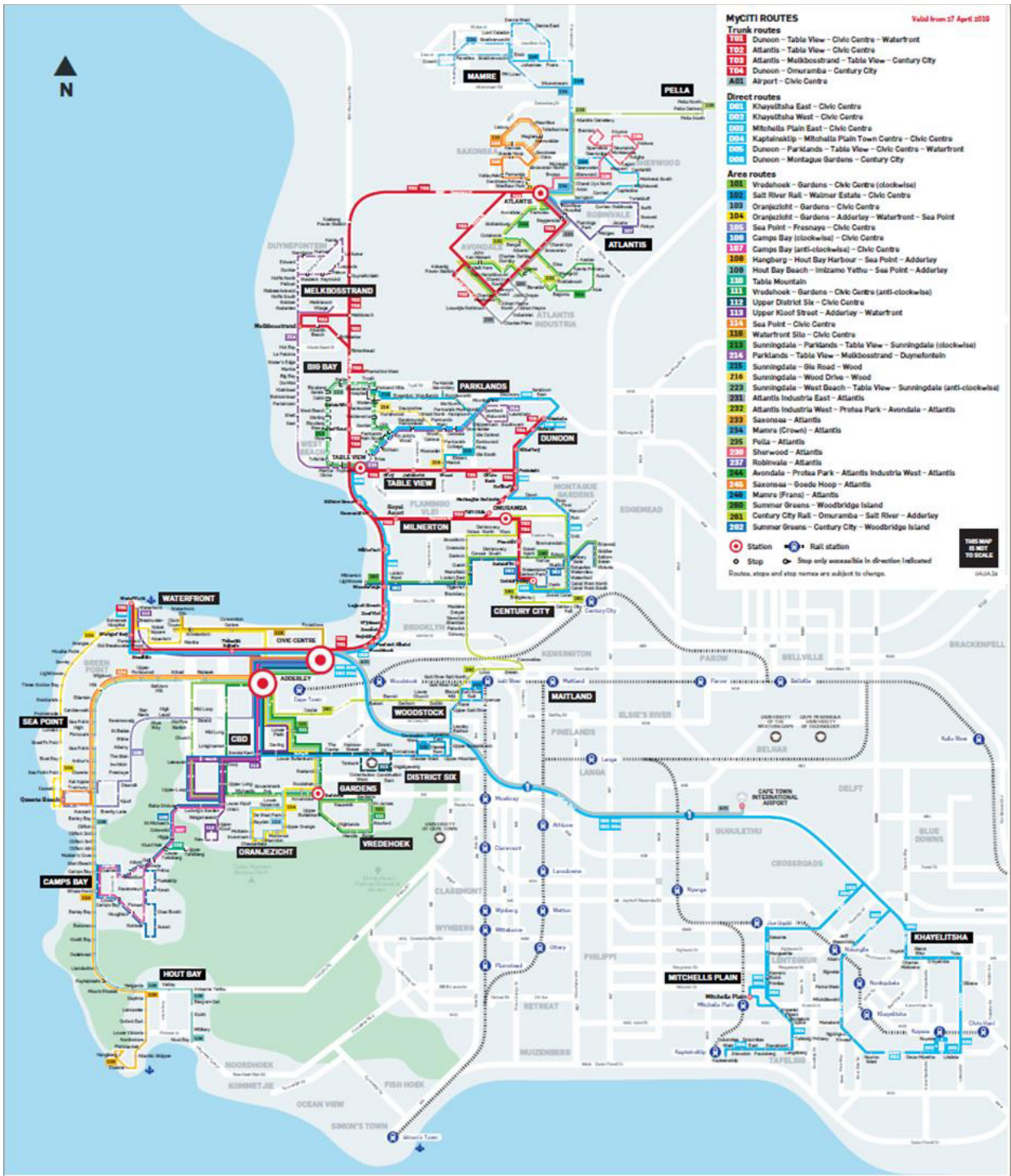


Figure 39: Current Public Transport²⁹

²⁹ 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
- 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 WCGH 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 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% 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 40 below.

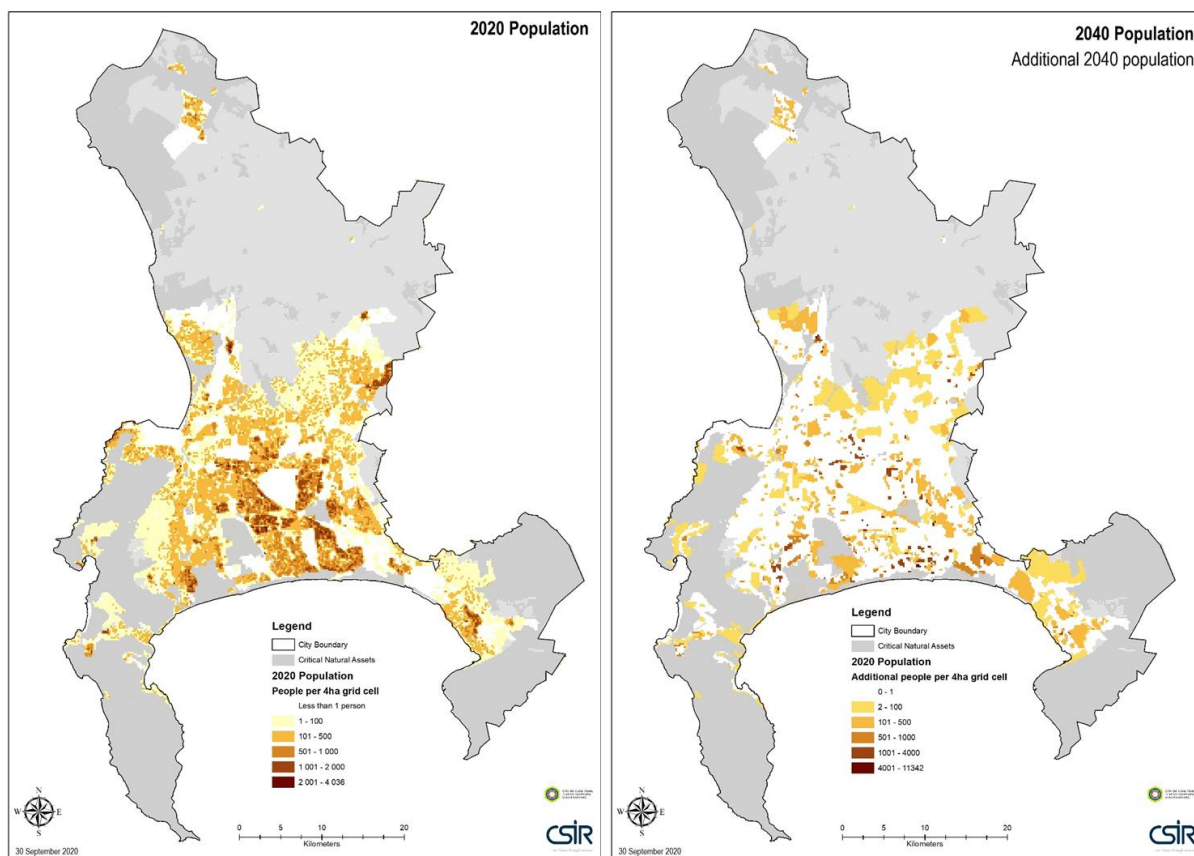


Figure 40: City of Cape Town – 2020 Population vs 2040 Population³⁰

The travel distance map with respect to PHC, provided in Figure 41, 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.

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

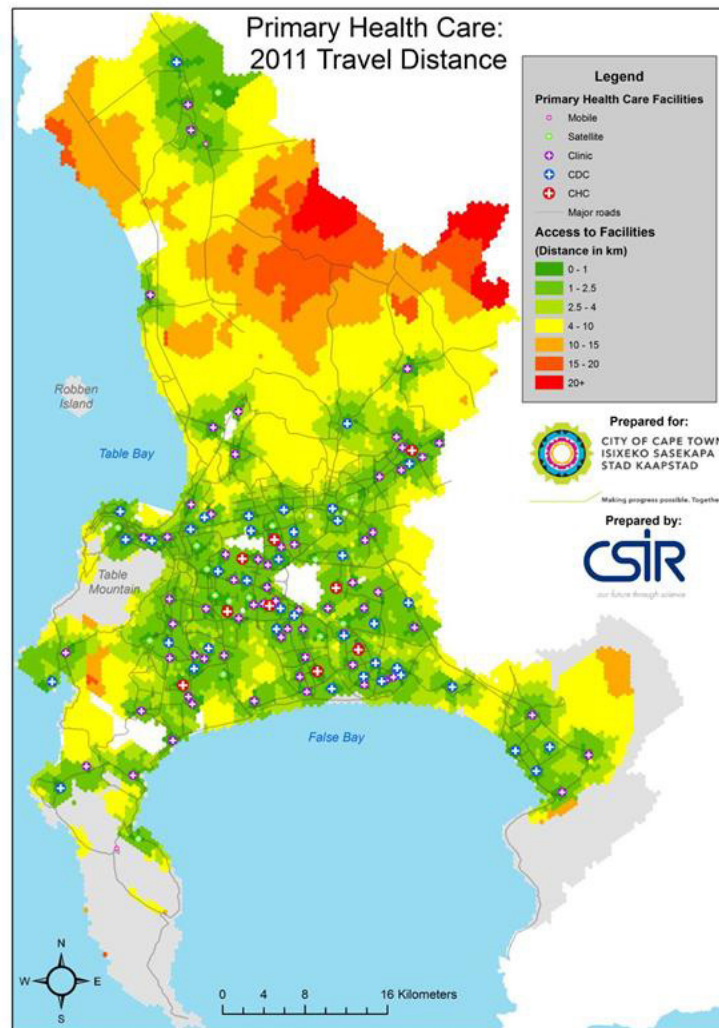


Figure 41: PHC – 2011 Travel Distance Map (CoCT)

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 42. Conversely, the areas that will likely be insufficiently supplied, are indicated in Figure 43.

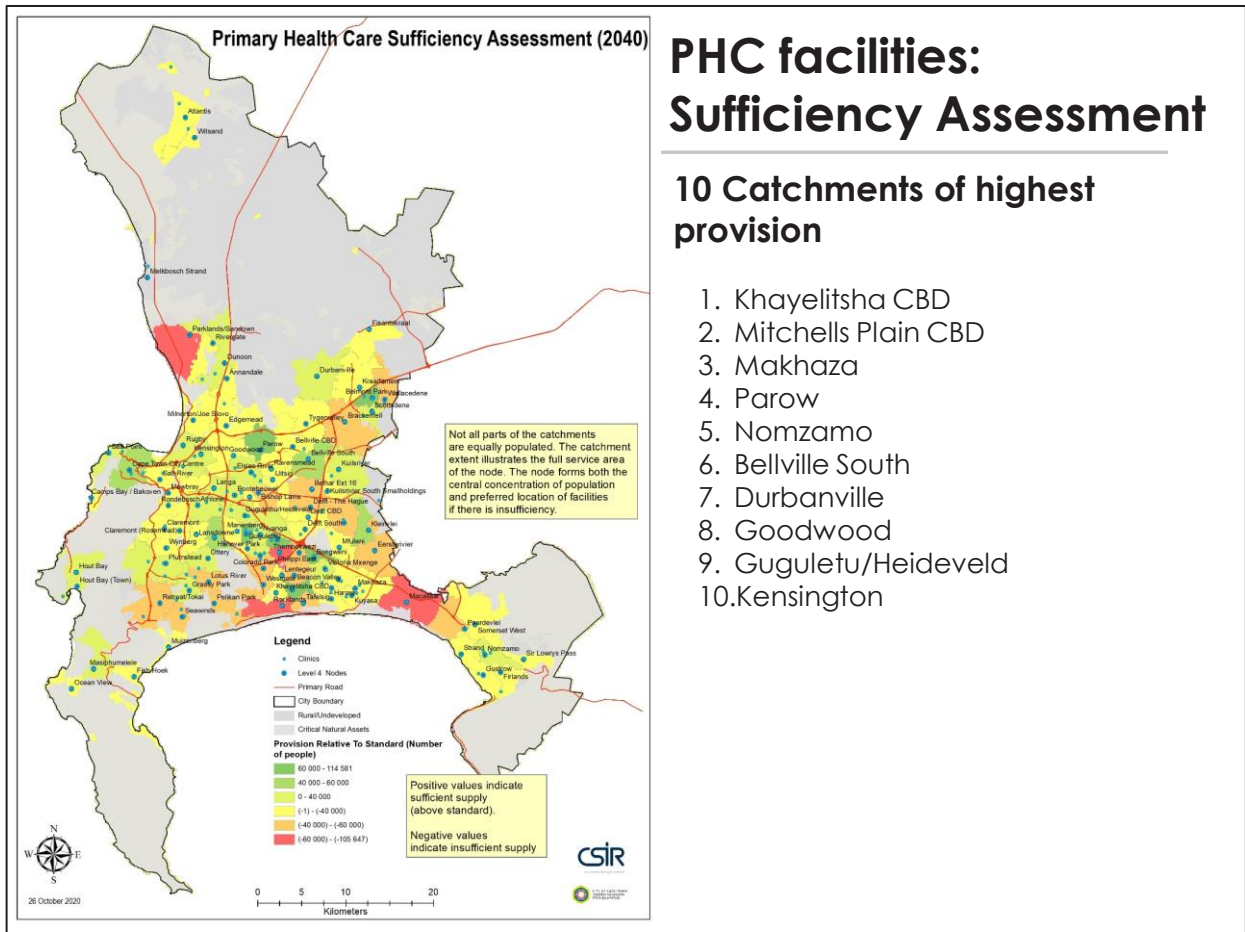


Figure 42: PHC facilities – Areas of sufficient supply (2040)³¹

The catchment areas highlighted in the three shades of green on the map in Figure 42 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.

³¹ Source: Forward Planning 2040: Community Facilities and Service Points in Cape Town (CSIR, 2020)

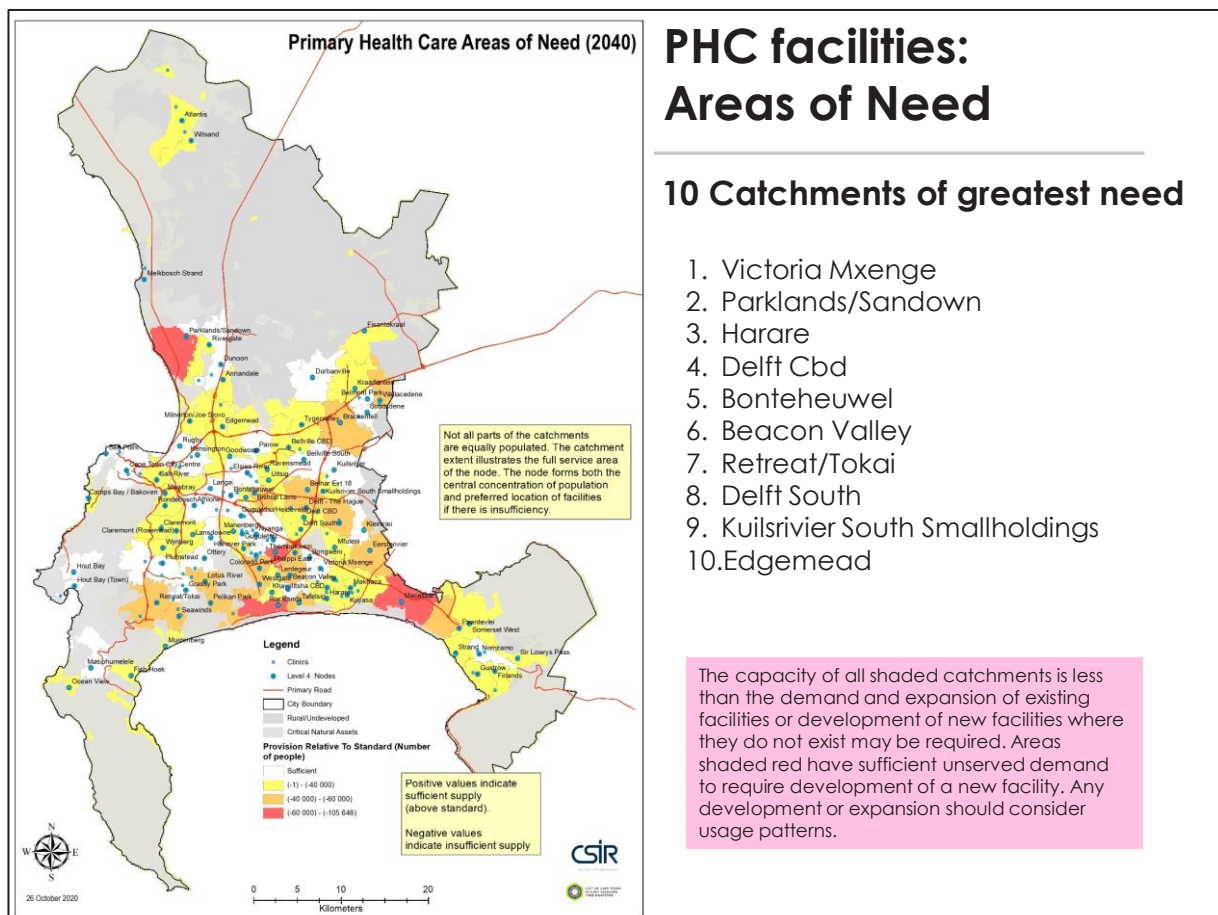


Figure 43: PHC facilities – Areas of need / insufficient supply (2040)³²

All the highlighted areas on the map in Figure 43 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.

³² 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 43) in order to meet the identified need. The WCGH 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 44, 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).

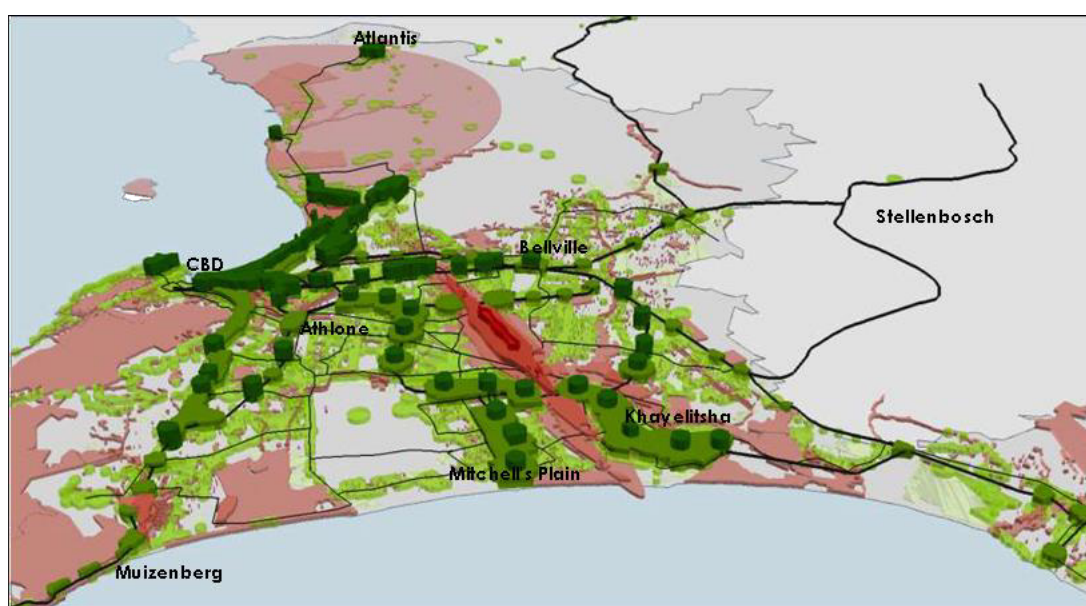


Figure 44: Land Suitability – Combined Perspective

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 WCGH for the purposes of planning (refer Circular H 161 / 2020) are contained in Table 13. To determine the uninsured / dependant population, the figures in the table would need to be adjusted to 75,2% as per Circular H 11 / 2018³³.

³³ Applicable until 2022 Census.

DISTRICT	2021/22	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31
Cape Winelands	958 400	974 747	991 111	1 007 637	1 024 338	1 041 265	1 058 490	1 076 035	1 093 996	1 113 780
Central Karoo	74 348	74 441	74 631	74 874	75 167	75 511	75 926	76 316	76 716	76 995
Garden Route	623 512	628 219	633 015	637 937	642 988	648 212	653 822	659 459	665 148	673 479
Overberg	305 201	310 663	316 173	321 755	327 434	333 193	339 082	345 086	351 232	359 987
West Coast	471 047	478 965	487 117	495 543	504 221	513 126	522 238	531 394	540 609	552 894
Total: Rural Districts	2 432 508	2 467 035	2 502 047	2 537 746	2 574 148	2 611 307	2 649 558	2 688 290	2 727 701	2 777 135

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 161 / 2020.

Districts and Local Municipalities	2011	2021	2030	Growth Rate	Growth Comparison
Cape Winelands	796 783	958 399	1 113 788	1.78%	Faster
Breede Valley	168 783	188 023	204 435	1.02%	Slower
Drakenstein	253 997	314 023	374 799	2.07%	Faster
Langeberg	98 713	114 797	129 985	1.46%	Slower
Stellenbosch	157 585	195 318	232 617	2.07%	Faster
Witzenberg	117 705	146 238	171 952	2.02%	Faster
Central Karoo	71 824	74 343	76 994	0.37%	Slower
Beaufort	50 184	50 500	50 937	0.08%	Slower
Laingsburg	8 346	9 140	9 885	0.90%	Slower
Prince Albert	13 294	14 703	16 172	1.04%	Slower
Garden Route	569 201	623 514	673 531	0.89%	Slower
Bitou	48 557	68 724	88 568	3.22%	Faster
George	192 103	211 578	227 740	0.90%	Slower
Hessequa	52 112	53 810	55 773	0.36%	Slower
Kannaland	24 619	22 254	20 936	-0.85%	Slower
Knysna	67 882	77 456	85 211	1.21%	Slower
Mossel Bay	88 450	95 865	102 186	0.76%	Slower
Oudtshoorn	95 478	93 827	93 117	-0.13%	Slower
Overberg	251 246	305 201	359 983	1.91%	Faster
Cape Agulhas	32 021	38 134	44 722	1.77%	Faster
Overstrand	77 404	104 992	132 252	2.86%	Faster
Swellendam	35 027	42 717	50 880	1.98%	Faster
Theewaterskloof	106 794	119 358	132 129	1.13%	Slower
West Coast	389 766	471 059	552 979	1.86%	Faster
Bergrivier	61 378	71 281	81 272	1.49%	Slower
Cederberg	49 435	54 838	60 009	1.03%	Slower
Matzikama	66 748	71 822	76 723	0.74%	Slower
Saldanha Bay	98 982	120 819	141 620	1.91%	Faster
Swartland	113 223	152 299	193 355	2.86%	Faster
Total: Rural Districts	2 078 820	2 432 516	2 777 275	1.54%	

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	Emalaheni	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	Ekurthuleni	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%. 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 WCGH, has embarked on a Cape Winelands Urbanisation Study which looks at the pressures put on WCGH 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. WCGH is currently evaluating the inputs and findings of the study as well as reviewing WCGH'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 45 below:

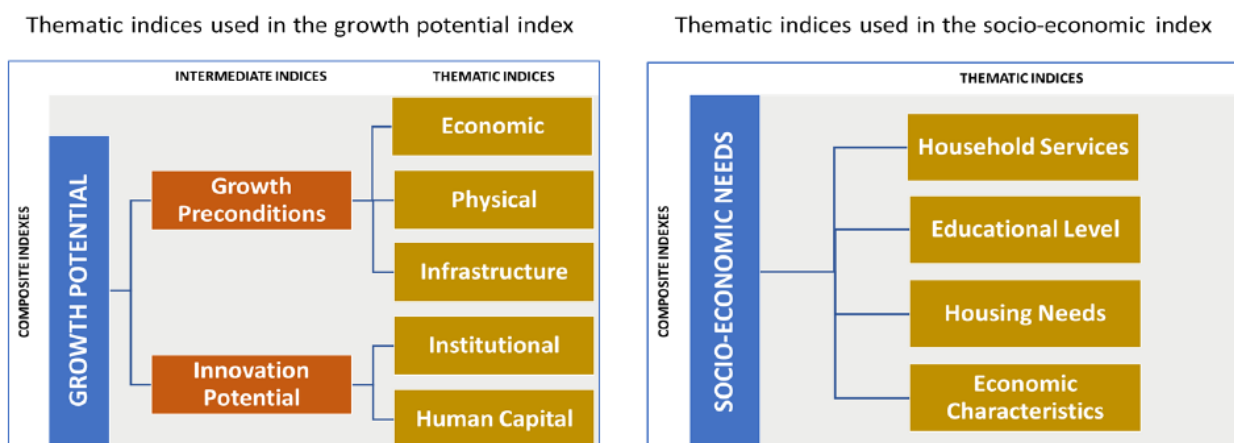


Figure 45: Indexes for quantitative and qualitative analysis (GPS13)

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 46 below depicts a translation of the GPS18 Development Potential Score100 results into a Jenks³⁴ scale, from very low to very high Development Potential.

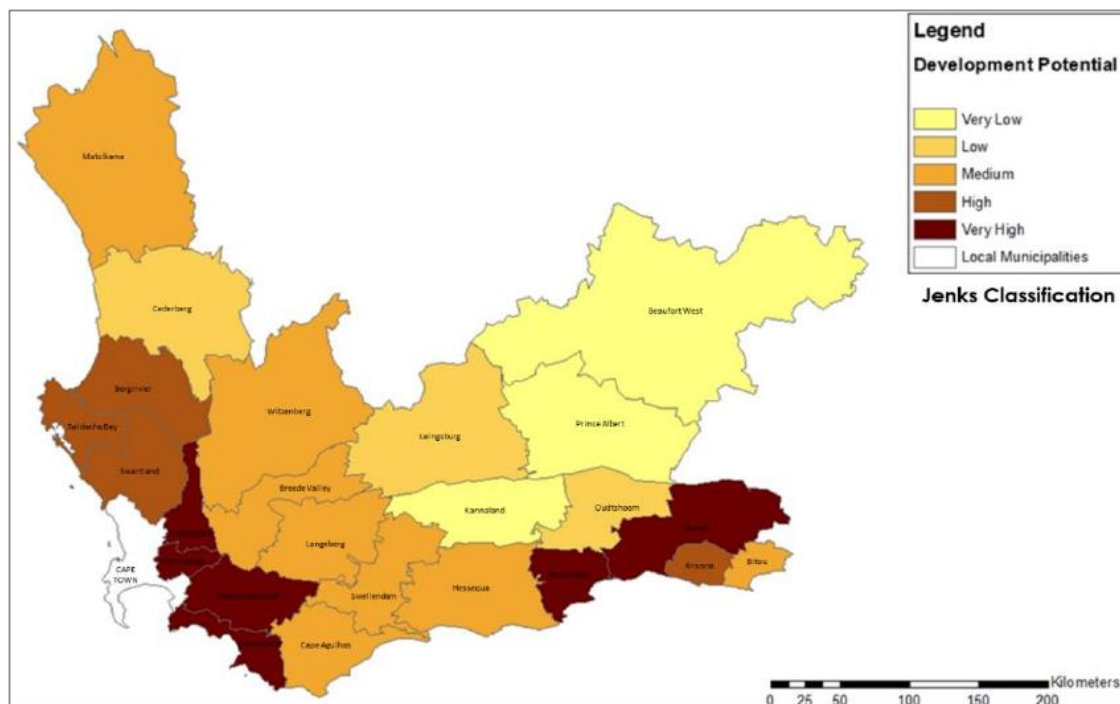


Figure 46: Development Potential Jenks ranking for Municipalities in the Western Cape

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 Witzenberg;
- 3 Municipalities are classified as “low”, Cederberg, Oudtshoorn, and Laingsburg; and
- 2 Municipalities are classified as “very low”, Prince Albert and Beaufort West.

³⁴ 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”;
- 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”, and
- Knysna from “very high” to high”.

Figure 47 below illustrates a breakdown of “Score100” and Jenks results across the Province.

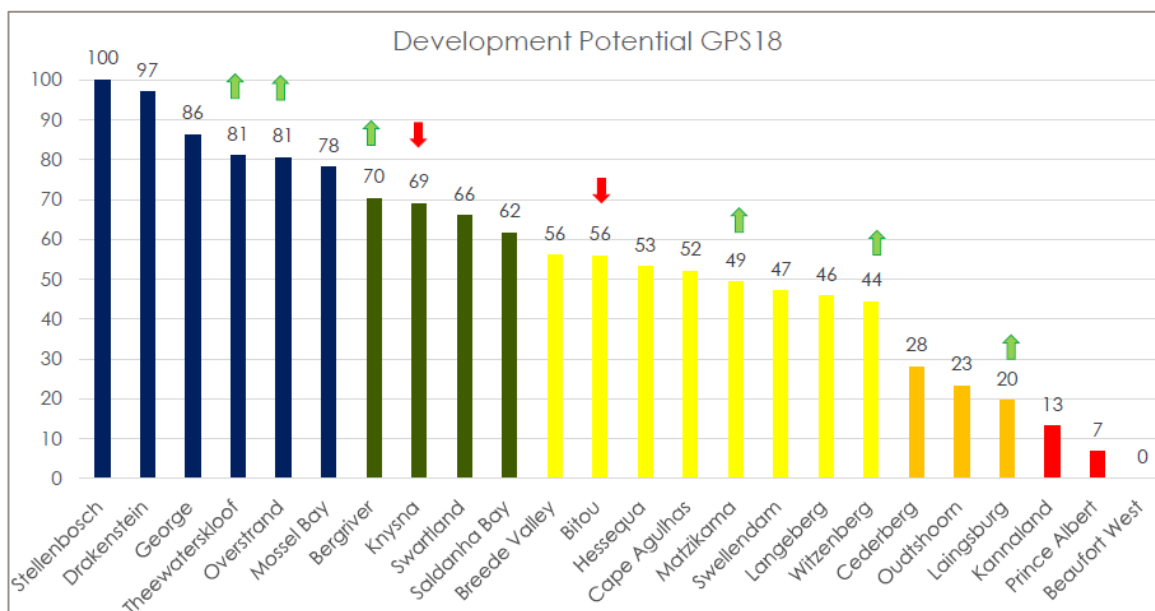


Figure 47: Development Potential Score ranking for Municipalities in the Western Cape

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 48 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.

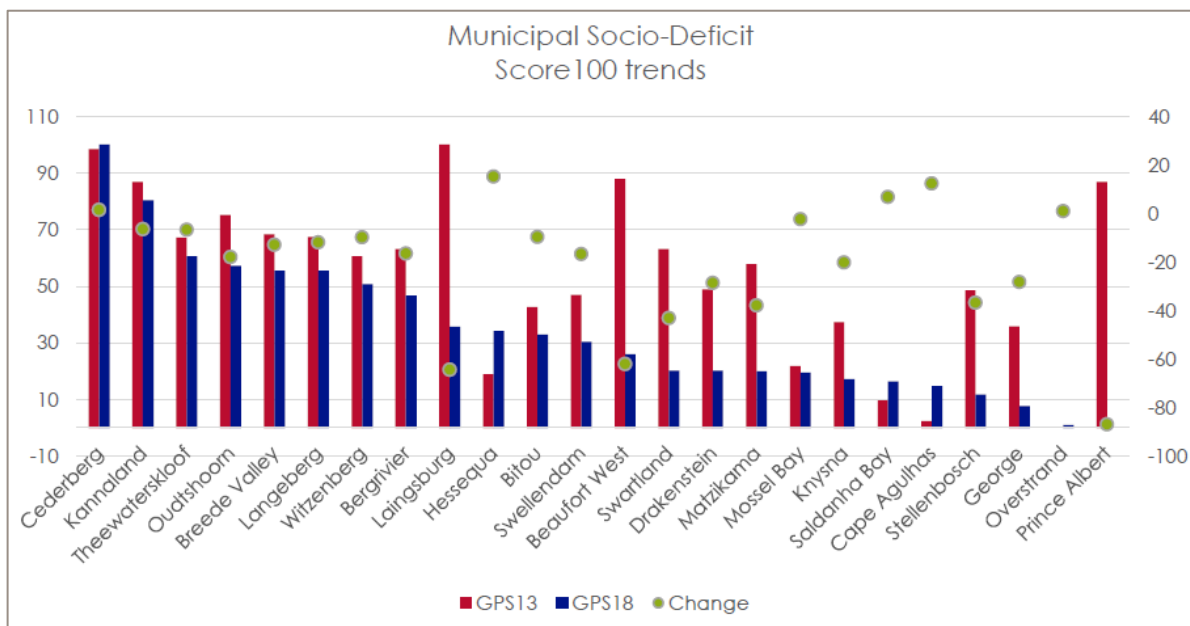


Figure 48: Socio-Deficit Score trends

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 WCGH'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% 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% 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 annum) or very high growth (3% or more) include Bergrivier 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%.

- The Cape Winelands District's total population for 2016 = 2.8% 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, eNduli, the remaining Witzenberg urban areas and a very high growth rate of 6.2% 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% for Witzenberg, 3.82% for Drakenstein, and 3.72% for Langeberg.
- In Overberg the total population for 2016 = 3.50% 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% 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% (or 4 385 people). Oudtshoorn Municipality was underestimated with about 1.65% (1 583 people), George with 0.6% (1 238 people) but Mossel Bay was overestimated with 2.5% (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 Thembaletu, 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% and 1.4% per annum for the foreseeable future, and the underestimation of the population size for the municipality is 5.88% (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% growth in population during the period 2020 to 2030, are highlighted. Similar predictions are evident in Table 14 and Table 15 above. WCGH 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, Saxonsea, 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 Places³⁵

WCGHS already has some projects progressing in the PSHDAs, and these projects will continue. Similarly, WCGH 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 Middelpoos / Diazville areas and the construction of a new CDC is in progress.

³⁵ Source: Government Gazette No 43316 of 15 May 2020

The implementation of the rest of the WCGHS projects (those already in planning or still in the pre-planning phase), will be addressed in their 2022/23 Business Plan and the implications thereof on Health infrastructure will have to be unpacked and projects aligned where necessary.

6.5 NHI INITIATIVE

6.5.1 UNIVERSAL HEALTH COVERAGE STRATEGY

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

In developing the 2020-2025 Strategic Plan, WCGH 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.
- 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, infection prevention and control).
- 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 WCGH 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 WCGH 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 WCGH and WCGTPW in February 2022. NDoH still has to sign the new protocol. The outstanding package of projects will be undertaken within WCG.

A draft briefing document for Mfuleni CDC was submitted to NDoH in 2020 but will now be issued to WCGTPW in 2022.

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 Disease³⁶ there was a 23% increase in the population from 2009 to 2019. The report further stated that early deaths increased by 17% 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. The re-purposing of existing facilities (such as the Brackengate Covid Hospital and a portion of Sonstraal Hospital) to provide dedicated intermediate care services is also under considered.

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).
- Putting the comprehensive needs of people and communities, not only diseases, at the centre of health systems.

³⁶ 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 49).



Figure 49: Top Ten Global Risks as identified by the World Economic Forum

The Western Cape is already experiencing the impacts of climate change and these are 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 emissions province by 2050. This strategy 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.

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

The Department has formally registered climate change as a strategic risk and endorsed the forming of a climate change committee to oversee its mitigation strategies. The strategies would include both mitigation to reduce the Department's carbon emissions as well as adaptation strategies to address the adverse population impact of climate change including disaster preparedness and emergency services. The committee works in partnership with HEIs and other partners like WCGEADP.

In February 2022, the GGHH Network recognised over 50 institutions and spread over 14 countries, as the 2021 Climate Champions of the Health Care Climate Challenge. WCGH takes pride in being awarded:

- Greenhouse Gas Reduction Energy – Silver; and
- Climate Leadership – Gold.

Various initiatives have been identified, some implemented with others underway, to conserve resources. The Department will continue with these in 2022/23, the most notable of which are:

- 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;
- 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; and
- Finalise the implementation of cost effective treated groundwater installations³⁷ as well as smart water meters at provincial hospitals.
- Partake in the ESCo contract to reduce electrical and water consumption at existing health facilities

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.

- A selective implementation of solar photovoltaic (renewable) installations to augment power supply will commence in 2022/23, 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.
- 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.

WCGH, as part of its application to ISA for financial support in the implementation of strategic projects, Belhar and Klipfontein Regional Hospitals and Tygerberg Hospital PPP, applied for a 15% extra cost for obtaining Zero CO₂ emissions and towards achieving other Net Zero targets.

6.8 ENSURING FIRE SAFETY

The WCGH'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.

WCGH 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
- Facilities where no major upgrade or replacement has taken place for one calendar year.

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 WCGH
- 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.

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 cost-effective 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.

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%) 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;
- 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, the WCGH intends focussing on the following three priorities during 2022, i.e.:

- Service design;
- Strategic Purchasing; and
- Stewardship.

This can be defined as enabling good governance in leading, managing, financing and coordinating public health services; enhancing equity in the distribution of resources, increasing efficiency, managing expenditure growth and promoting quality in health service delivery; and to plan and implement change to improve a service's quality.

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. During 2018, WCGH in liaison with WCGTPW, verified the allocation and utilisation of approximately 85% of the State-owned health facilities against WCGTPW's Immovable Asset Register. WCGH could, however, not continue with this verification as an updated Immovable Asset Register is not available from WCGTPW. Subsequently, WCGH submitted its latest property information from Templates 2.1.1 and 2.2.1 to WCGTPW during November 2020 for reconciliation with their Immovable Asset Register, and updating of records where necessary. The outcome of this reconciliation is awaited.

In line with Section 42 of the PFMA and NT's Sector Guide, WCGH 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 have to be sourced. IAM is still in the process of registering Maitland Cottage as well as Uniondale, Prince Albert and Murraysburg Hospitals in the name of the WCG. The Harry Comay State Aided Hospital is situated on land that belongs to George Municipality and they have indicated that they are not willing to transfer such. Ongoing consultation with CoCT regarding property-related matters, where services are rendered by both WCGH and CoCT from shared premises, continues. The transfer, in the long term, of all PHC functions in the Metro from CoCT to WCGH is being investigated. If implemented, some of the immovable assets may be transferred together with the functions. In mid-June 2021 the CoCT provided IAM with a list of facilities it is prepared to transfer to WCG at this time. WCGH is considering the offer in consultation with IAM.

The table below provides a summary of State-owned and leased health facilities currently occupied by WCGH (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.

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)	252	191	61
Intermediate Care Facility	2	1	1
EMS (Ambulance stations, Control Centres, Disaster management, Workshop and College)	59	49	10
FPLs	18	14	4
Nursing Colleges (Residential accommodation)	2	1	1
Nursing Colleges (Training facilities)	4	3	1
Residential accommodation	18	17	1
Sub-district Offices	10	10	0
Regional Laundries	2	2	0
Workshops and other	18	17	1
Totals	437	357	80

Table 18: Accommodation Currently Occupied by WCGH

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, rural municipal facilities (which are in the process of being transferred to WCG as per the signed SALGA agreement), and those which are in the process of being transferred from NDPWI e.g. FPLs.

The transfer of rural municipal facilities is progressing slowly due to the lengthy disposal process followed by municipalities; no end date has been provided by the Custodian for the finalisation of this process. For instance, within the George municipal area, there are seven PHC facilities (namely Blanco, Conville, Haarlem, Lawaai kamp, Parkdene, Rosemore and Uniondale Clinics) which the Municipality would not transfer (despite the SALGA agreement) unless WCG provides them with some prime WCG land in return. These negotiations were revived and as a result, the Municipality has agreed to WCGH remaining functional in the current George Central Clinic.

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

The status of the 108 facilities that could be / have been transferred is indicated in Table 19 below. Unfortunately, there are still some problematic cases which must be resolved. Currently, the transfer of 83 facilities has been completed.

Status	No.
Transfer completed	83
Problematic cases with State Attorney	6
In ongoing negotiations with Municipalities	13
Awaiting transfer from NDPWI / Private	2
Transfer pending finalisation of subdivision / amendment of erf boundary	2
Property transfer subject to outcome of land claims	1
Property relinquished	1

Table 19: Status of facilities for transfer

Co-ordination of health services is being addressed with CoCT. Structured arrangements are in place to work with the CoCT to co-ordinate and jointly manage the service in the Cape Town Metro. In the interim, attempts are being made to negotiate a third-party Memorandum of Agreement for those PHC facilities in the City where the service is rendered by WCGH; WCGTPW is following up on lease agreements and transfers, where appropriate. These are reflected on the leased health facilities templates.

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 but jointly operated
- Health facilities owned by the CoCT but operated by WCGH exclusively
- Health facilities owned by WCG but operated by the CoCT
- Health facilities owned by WCG and operated by WCGH

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.

With respect to TB hospitals, Sonstraal Hospital (located in Paarl in the Cape Winelands District and managed under West Coast District) has been extended to provide additional COVID-19 beds.

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 WCGH 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 WCGH allocated State-owned facilities operated by NPOs. WCGH, 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 WCGH 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 specifies the roles and responsibilities in terms of maintenance, operational costs etc. were approved by the WCGH's Chief Financial Officer on 19 July 2019. These clauses will be implemented with the renewal of existing NPOs' service terms and incorporated for all new cases. This process will be used as an interim measure to regularise the use of provincial property until such time that WCGTPW issues a Practice Note in this regard.

In addition, the WCGH 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 WCGH 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 WCGH is reflected in Annexure C.

Apart from those listed in Annexure C, there are also NPOs providing supplementary services to WCGH 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 service level agreements 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 2022. This replacement cost considers current bed numbers at existing facilities but excludes cost of health technology, 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 2022	Building replacement cost ^a Rand Value as at February 2022	No.
Regional Hospitals	1 438	6 375 207 294	5
George Hospital	275	1 257 844 393	
Mowbray Maternity Hospital	205	917 192 470	
Paarl Hospital	331	1 422 285 656	
New Somerset Hospital	352	1 546 239 490	
Worcester Hospital	275	1 231 645 285	
Central Hospitals	2 657	13 328 271 820	3
Tygerberg Hospital (Level 3 includes 702 Level 2 beds)	1 384	6 785 244 121	
Red Cross War Memorial Children Hospital (Level 3 includes 55 Level 2 beds)	282	1 494 684 318	
Groote Schuur Hospital (Level 3 includes 275 Level 2 beds)	991	5 048 343 382	
Psychiatric Hospitals	1 827	4 060 661 495	4
Alexandra Hospital	300	732 179 580	
Lentegeur Hospital	690	1 570 750 140	
Stikland Hospital	423	851 841 079	
Valkenberg Hospital	414	905 890 696	
Rehabilitation Hospital	156	389 707 355	1
Western Cape Rehabilitation Centre	156	389 707 355	
TB Hospitals	983	3 368 457 083	6
Brewelskloof Hospital	199	658 368 339	
Brooklyn Chest Hospital	306	1 072 746 746	
DP Marais Hospital	194	829 530 375	
Harry Comay Hospital	85	314 972 422	
Malmesbury Infectious Diseases Hospital	49	181 572 339	
Sonstraal Hospital	150	311 266 863	
Grand Total	7 061	27 522 305 047	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 20: Building Replacement Costs of All Hospitals (excluding District Hospitals and Associated Nursing Accommodation)

District Hospitals	No. of Actual beds as at January 2022	Building replacement cost ^a Rand Value as at February 2022
Alan Blyth Hospital	30	161 251 015
Beaufort West Hospital	57	271 755 386
Caledon Hospital	50	238 381 917
Ceres Hospital	86	410 016 899
Citrusdal Hospital	34	162 099 705
Clanwilliam Hospital	50	238 381 917
Eerste River Hospital	150	578 927 512
False Bay Hospital	76	345 086 204
Helderberg Hospital	181	673 095 199
Hermanus Hospital	71	328 830 829
Karl Bremer Hospital	311	1 364 198 110
Khayelitsha Hospital	340	1 166 297 909
Knysna Hospital	90	416 827 811
Ladismith (Alan Blyth) Hospital	30	161 251 015
Laingsburg Hospital	20	95 352 766
LAPA Munnik Hospital	10	47 676 384
Mitchell's Plain Hospital	395	1 617 968 193
Montagu Hospital	26	154 948 246
Mossel Bay Hospital	90	429 087 452
Murraysburg Hospital	14	66 746 936
Otto Du Plessis Hospital	30	161 251 015
Oudtshoorn Hospital	123	498 456 588
Prince Albert Hospital	29	155 875 980
Radie Kotze Hospital	31	166 626 049
Riversdale Hospital	50	238 381 917
Robertson Hospital	50	233 707 762
Stellenbosch Hospital	85	385 951 676
Swartland Hospital	84 ^b	241 876 522
Swellendam Hospital	51	231 571 006
Uniondale Hospital	13	61 979 299
Victoria Hospital	203	683 770 735
Vredenburg Hospital	112	523 505 388
Vredendal Hospital	75	340 545 597
Wesfleur Hospital	50	233 707 762
Grand Total	3 097	13 085 388 703

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)

^b Beds reinstated after the fire therefore now back at full capacity (i.e. not aligned to actual bed numbers as per Sinjani as at January 2022)

Table 21: 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. Where health facilities share space on the same health premises, for example hospital administration and a specific district or sub-district office, the office space will resort under Template 2.1.1. The parameters which will separate the responsibilities between WCGTPW and WCGH have, however, not been agreed between WCGTPW and WCGH. In terms of prioritisation, the WCGH Office Accommodation Steering Committee (as reflected in paragraph 5.8.3) is mandated to determine office priorities to inform the Custodian Asset Management Plan (C-AMP) in a more structured manner. A draft office accommodation plan has been prepared by Directorate: Infrastructure Planning and now needs to be consulted within the Department.

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 also includes the private and Local Government properties being leased temporarily in response to the COVID-19 pandemic (Local Government property has a zero rental amount).

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 Service Delivery Agreement 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 WCGH and any alternatives identified by the Custodian to utilise available buildings within the Custodian's bigger portfolio will be considered. Investigations are underway for the possible relocation of staff from Norton Rose House to Atterbury House. This, together with the Overberg District Office, remain the highest priorities and should receive special consideration in the C-AMP.

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 at 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 WCGH to better determine the condition of facilities. WCGH 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 Realization and Maintenance Programme assessments are ongoing at the respective facilities. According to the Cape Metro District Health Plan 2021/2022-2023/2024, the COVID -19 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 22: 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)
 - 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 23: 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	18	5%	1	1%
C4	120	33%	25	32%
C3	192	54%	44	56%
C2	24	7%	8	10%
C1	3	1%	1	1%

Table 24: 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 are three health facilities with a C1 rating viz. Clanwilliam Hospital (upgrading and maintenance currently taking place at the facility), De Doorns Clinic (upgrade and additions project being implemented) and Orchard Clinic (general maintenance project being implemented).

Nine of the State-owned health facilities rated C2 are earmarked for replacement³⁹ or relinquishment, while the remaining fifteen 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 WCGH as there has not been sufficient time for WCGH to undertake the planning at the facilities where WCGTPW indicated that they will no longer undertake maintenance. In a letter to WCGH 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. WCGH 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 2022.

It is essential to note that WCGH 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 25: 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 (planned to be replaced by 2032) and the Overberg District (to be accommodated in future Provincial shared services building).

Both, State-owned and leased facilities, are on average rated "accessible" to "fairly accessible".

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 26 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	10% - Most of these 36 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	53.7% - 192 facilities fairly accessible.	39% - 31 facilities fairly accessible.
A3	33% - 117 facilities accessible.	38% - 30 facilities accessible.
A2	3% - Most of these 11 facilities will be replaced, e.g. Gugulethu CHC, Elsies River CHC and Ladismith Clinic.	20.4% - 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.	1.3% - This 1 facility viz. Knysna FPL is being replaced – new facility currently under construction with anticipated completion in 2023.

Table 26: 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 27: Suitability Rating Index

The following should be noted:

- All State-owned health facilities which have been rated “C” will be replaced / consolidated, namely Helderberg Hospital, Gugulethu CHC, Elsies River CHC, Hornlee Clinic and Salt River FPL. The Elsies River CHC replacement is currently in design and the new Observatory FPL, which will replace the Salt River FPL, is scheduled to be completed and handed over by mid-2022.
- The two leased health facilities rated “C” namely Hanover Park CHC and Knysna FPL are being replaced. The Hanover Park CHC replacement is currently in detailed design and the Knysna FPL replacement 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 28: Operating Performance Index

The following should be noted:

- 14% of State-owned health facilities do not meet the expected functional and operational requirements, whilst 39% meet the expected functional and operational requirements and 47% exceed the requirements.
- 9% of leased health facilities do not meet the expected functional and operational requirements (the majority of these have been earmarked for replacement), whilst 39% meet the expected functional and operational requirements and 52% 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 29: Functional Performance Index

Index	Description	State-owned Facilities		Leased Facilities	
		No.	%	No.	%
A1	Operating optimally and is fully suitable for its required function	113	32%	31	39%
A2	Meets minimum operating criteria and is fully suitable for its required function	104	29%	10	13%
A3	Does not meet the minimum operating requirements but is fully suitable for its required function	22	6%	2	3%
B1	Meets the optimal operating requirements but only meets the minimum suitability criteria for its required function	27	8%	10	13%
B2	Meets the minimum operating and suitability criteria for its required function	62	17%	20	25%
B3	Does not meet the minimum operating criteria but meets the minimum suitability criteria for its required function	24	6.7%	4	5%
C1	Operating optimally but does not meet the minimum suitability criteria	0	0%	0	0%
C2	Meets the minimum operating criteria but does not meet the minimum suitability criteria	1	0.3%	1	1%
C3	Does not meet the minimum operating criteria and does not meet the minimum suitability criteria	4	1%	1	1%

Table 30: Current Functional Performance Indices for Health Facilities

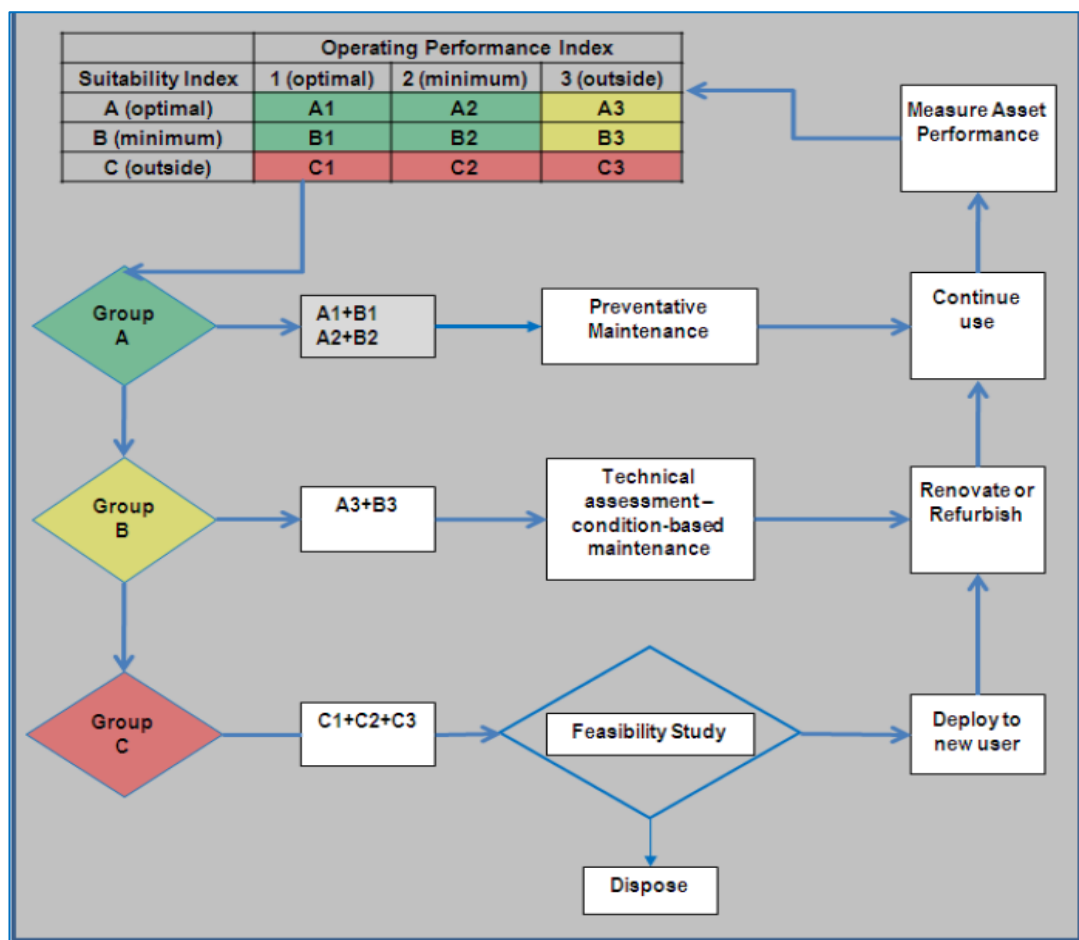


Figure 50: Decision Framework based on Condition Assessment of Immovable Assets

Figure 50 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.

WCGH consulted widely and investigated various options in terms of utilisation of Provincially-owned facilities. The upgrading of the Worcester Erika Hostel, now being used as nurses' accommodation facilities, as well as the upgrading of clinic buildings for dual use as an ambulance station and clinic at both Bot River and Wellington, are examples of results of such investigations. In terms of land availability, WCGH proactively investigates possible utilisation of existing government-owned land in liaison with the Custodian and CoCT. Acquisition of four properties was promoted to the Custodian, which resulted in the acquisition of the accommodation at about 25% of the facility development cost. Further options in terms of office accommodation in Cape Town and nurses residential accommodation in George are being explored.

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 31).

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 31: 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. Furthermore, the impact of COVID-19 has led to lower utilisation rates.

Current Utilisation Level	State-owned Facilities		Leased Facilities	
	No.	%	No.	%
Extensive	18	5%	1	1%
High	54	15%	17	22%
Medium	182	51%	30	38%
Low	103	29%	31	39%

Table 32: 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	286	80%	57	72%
Shortage accommodation	63	18%	22	28%

Table 33: 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 34 were determined.

Utilisation Improvement Action to be taken	State-owned Facilities		Leased Facilities	
	No.	%	No.	%
Relinquish	15	4%	12	15%
Replace	29	8%	23	29%
Upgrade and Additions	49	14%	7	9%
Maintain	241	68%	37	47%
R, R & R	23	6%	0	0%

Table 34: 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 WCGH 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 WCGH 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 51 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.

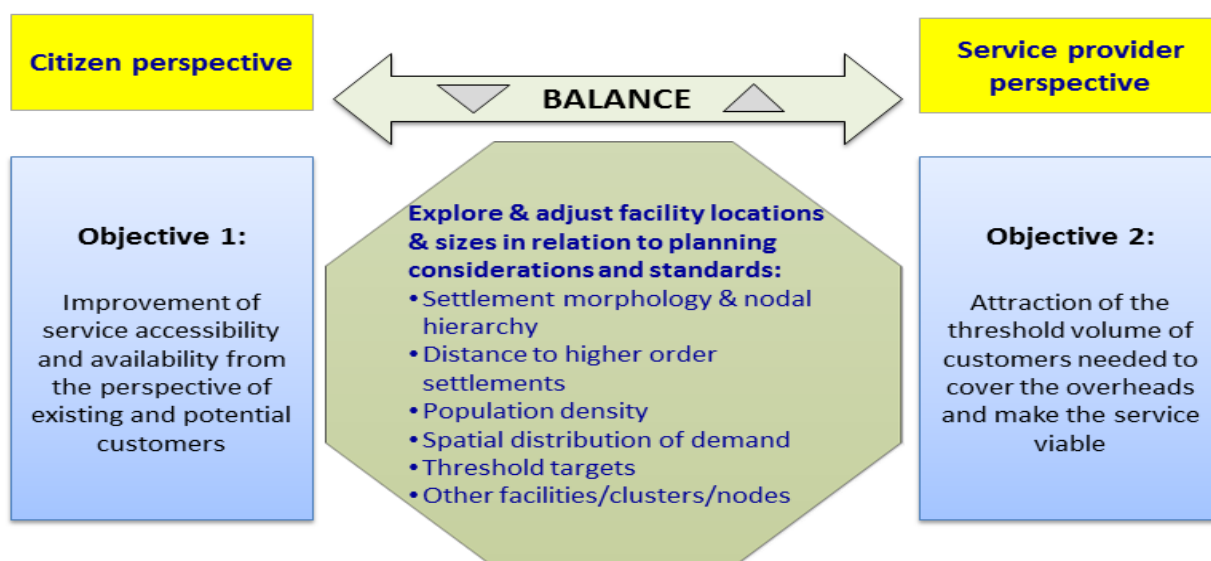


Figure 51: Basic Principles of Facility Planning⁴⁰

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 required 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.

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

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

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

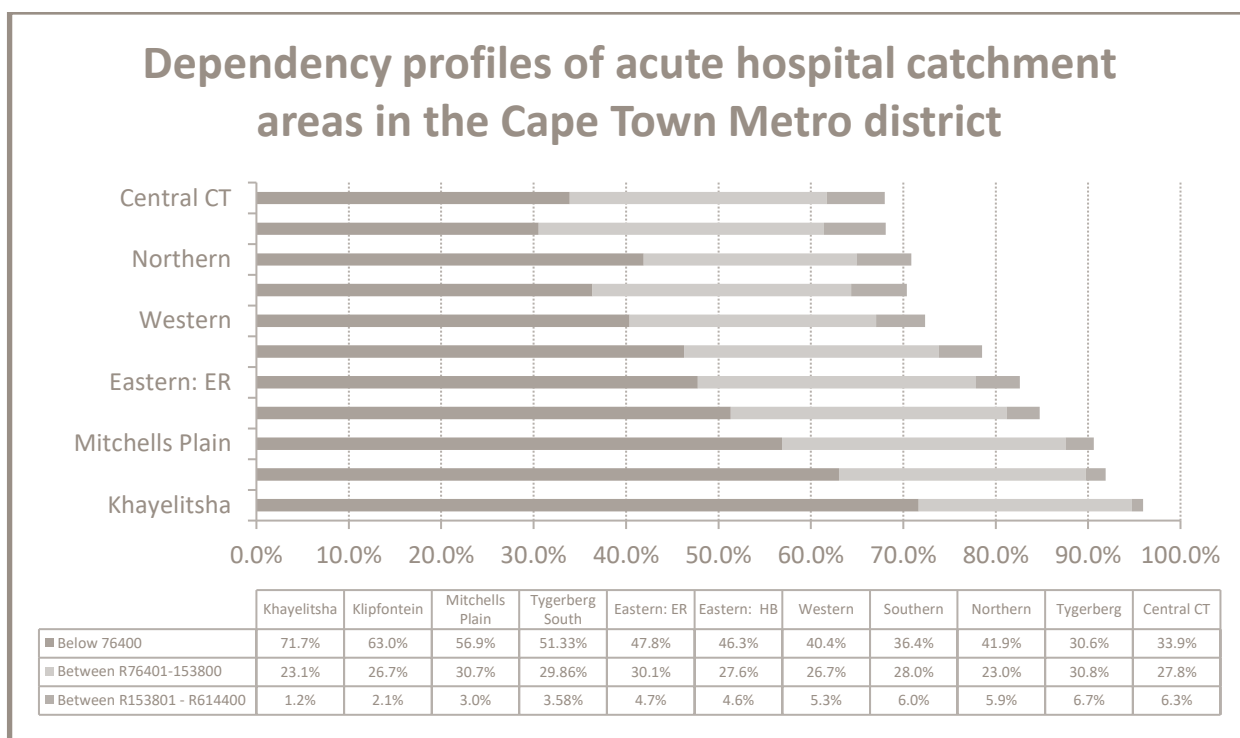


Figure 52: Dependency Profiles of the Acute Hospital Catchment Areas in the Metro

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% 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 35 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 WCGH 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 35: Bed Configuration in Metro District Hospitals

As indicated in Table 36, 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 37 below.

Hospitals in Cape Town Metro District	Future Hospital Level	Beds required by 2030	Actual beds (January 2022)
Hospitals in Metro East			
Belhar Regional Hospital	Regional	550	-
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
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

* Currently operating as a District Hospital

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

Table 36: Summary – Acute Beds in District and Regional Hospitals in the Cape Town Metro District

Central and Tertiary Hospitals	Hospital Level	Beds required by 2030	Actual beds (January 2022)
Tygerberg Hospital	Central	1 100	1 384
Groote Schuur Hospital	Central	1 000	991
Red Cross War Memorial Children Hospital	Tertiary	290	282
Total		2 390	2 657

Table 37: Summary – Acute Beds in Central and Tertiary Hospitals in the Western Cape Province

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.

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 38 and Table 39 below for details.

Geographic area	District Hospital	Actual beds as at January 2022	Proposed allocation of beds				
			District beds: Full package	District beds: Low acuity	Beds added: Regional beds	Inter-mediate care beds	Recommended Infrastructure 2030
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
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

Geographic area	District Hospital	Actual beds as at January 2022	Proposed allocation of beds				
			District beds: Full package	District beds: Low acuity	Beds added: Regional beds	Intermediate care beds	Recommended Infrastructure 2030
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 38: Summary – District Hospitals per Rural District

Regional hospital	Actual beds as at January 2022	Proposed allocation of beds		
		District beds	Regional beds	Infrastructure 2030
Paarl Hospital	331	90	210	300
Worcester Hospital	275	125	155	280
George Hospital	275	75	190	265
Regional Total	881	290	555	845

Table 39: 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 taken into account 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 2019)	Review points (Feb 2020)	Review points (Feb 2021)	Review points (Feb 2022)
Klipfontein Hospital (Regional)	640	83	86	82	82
Belhar Hospital (Regional)	594	76	79	78	78
Helderberg Hospital (Regional)	360	71	67	66	70
Swartland Hospital (District)	150	70	68	68	68
Victoria Hospital (District)	260	61	50	72	68
Northern Hospital (District)	150	72	70	65	58
Wesfleur Hospital (District)	150	50	42	60	53
New Somerset Hospital (Regional)	330	55	57	54	52
Cape Town Hospital (District)	200	50	50	45	45

Table 40: 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. Further detail on this 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.

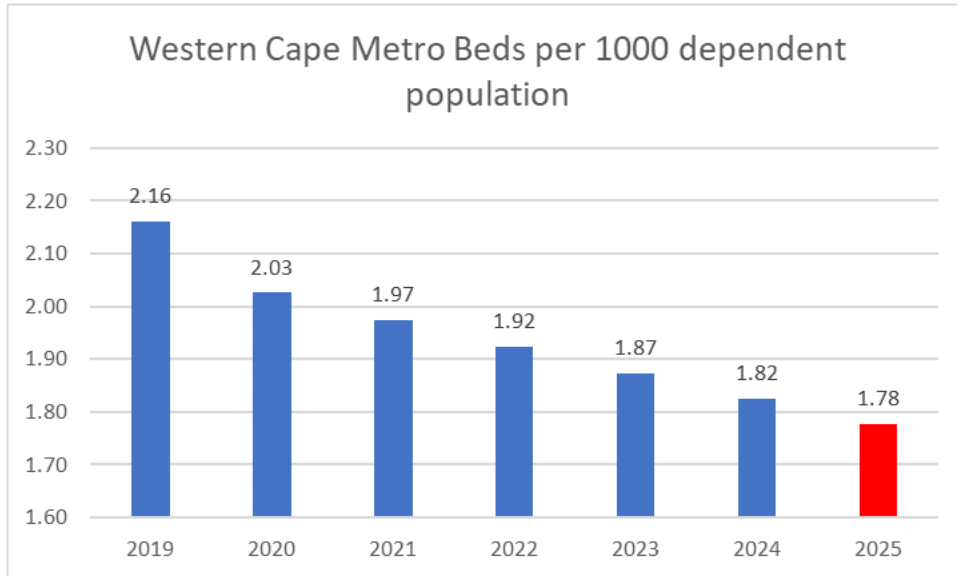


Table 41: Western Cape number of beds per 1 000 dependent population against population growth in future years

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.

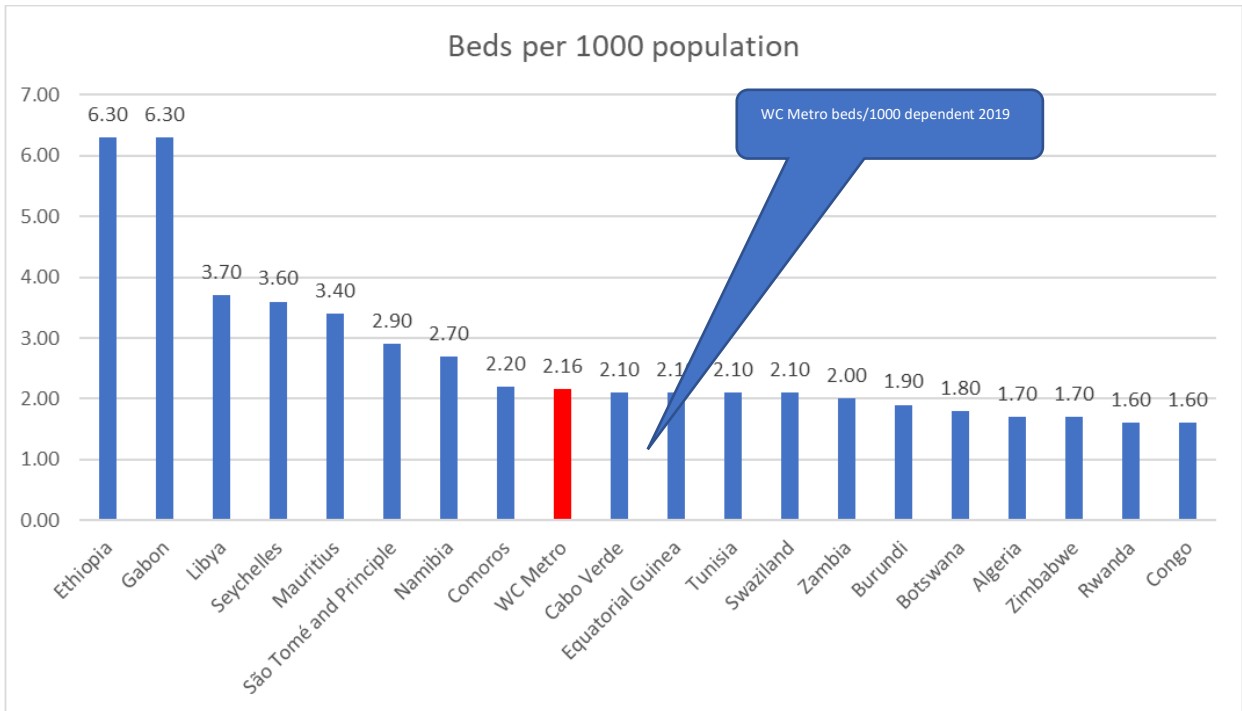


Table 42: Current rating of beds per 1 000 population in Western Cape against beds in Africa⁴²

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 WCGH initiated an investigation of innovative approaches to procurement, one of which is a Public Private Partnership (PPP).

Under this scenario, the WCGH would procure a suitable private partner to finance, design and build 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 WCGH 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 Feasibility Study was submitted to NT in July 2018 for consideration in terms of Treasury Approval-1 and the Budget Facility for Infrastructure (BFI) guideline for mega projects.

Following receipt of comments from NT, WCGH has refined the proposal and is in the process of updating the Feasibility Study and consulting stakeholders. BFI funding submission may be submitted 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 800 beds (with the possibility to expand to 1 100 beds); and
- A new 550-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 Regional Hospital. Allocations have been made that will enable implementation to begin in 2022/23. Preparation of a Clinical and Technical Brief is underway.

Further plans for procurement and implementation of the Central Hospital component are dependent on the outcome of NT's response to the updated Feasibility Study.

10.2.1.6.2 MAINTENANCE AND REMEDIAL WORKS PROGRAMME

Due to the current poor state of Tygerberg Hospital's infrastructure, and the uncertainty of whether funding would become available for a redevelopment project, 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 project list comprised a range of high priority projects targeting bulk engineering services, fire safety and security, and rehabilitation of selected high priority wards.

Unfortunately, some projects had to be reprioritised due to the impact of COVID-19.

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 53 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 54), 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

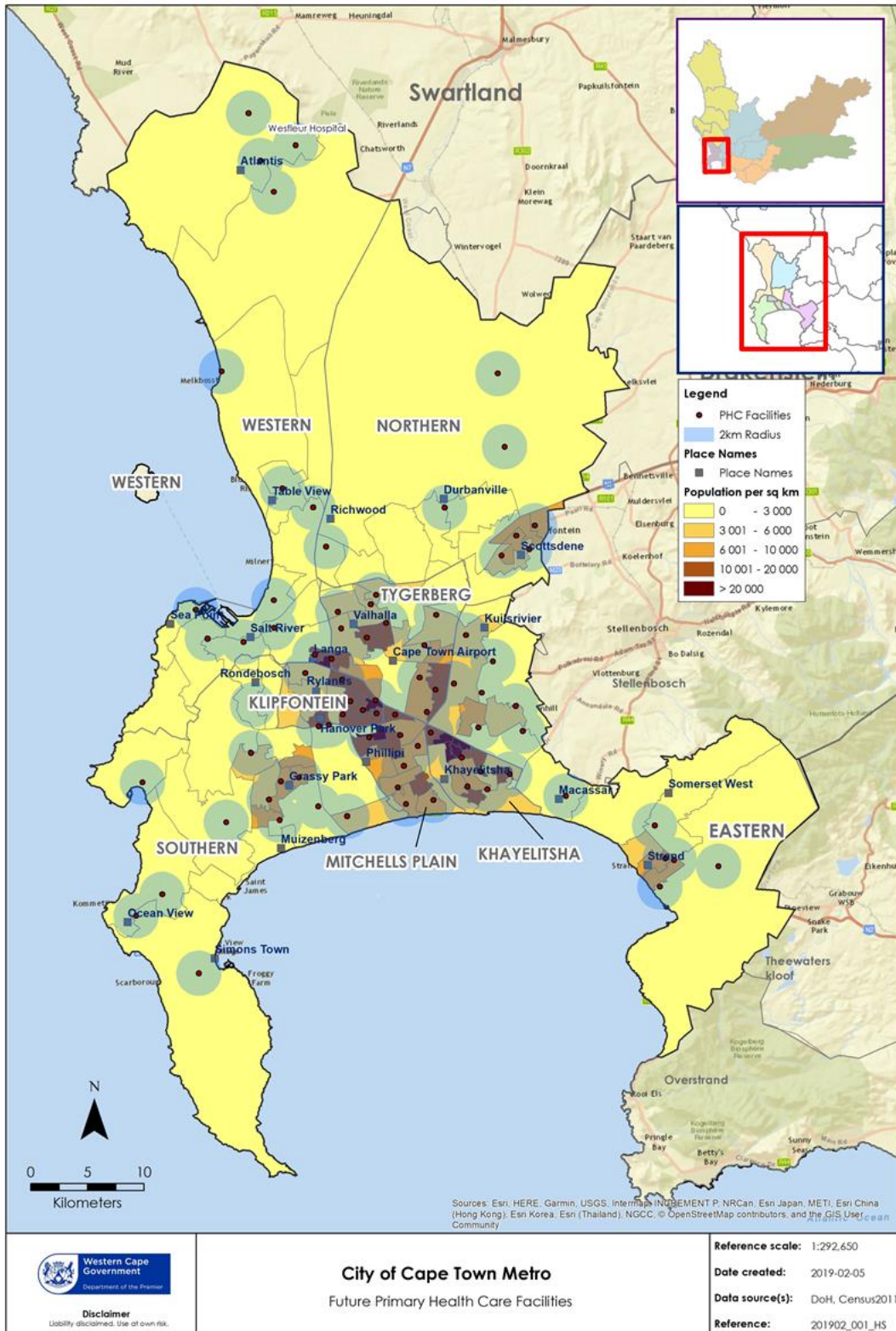


Figure 53: PHC – Future Facilities (Metro)

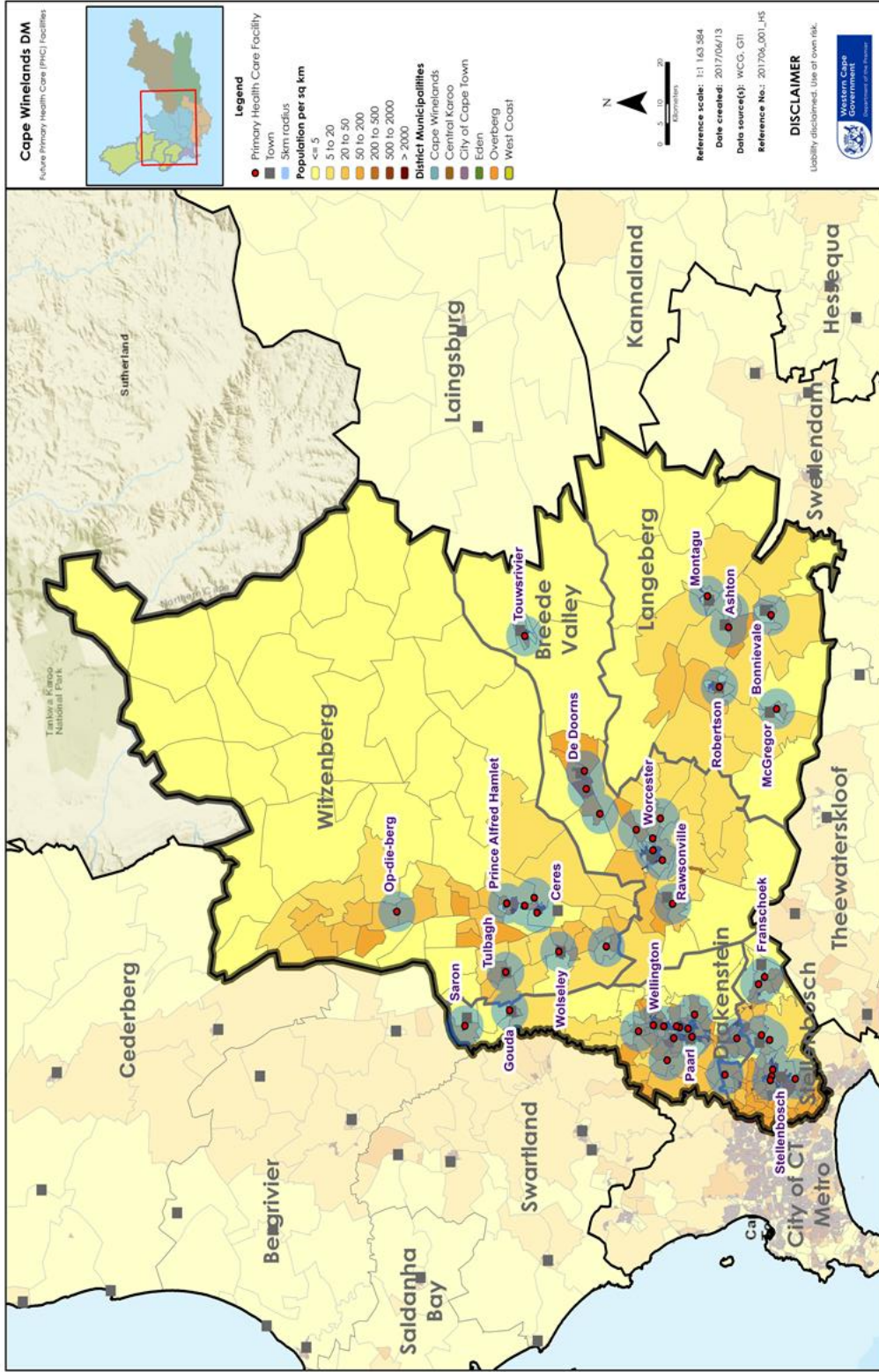


Figure 54: PHC – Future Facilities (Cape Winelands)

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 WCGH. 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.

WCGH's response and most important recommendations to the Draft Ten-Year Health Infrastructure Plan 2015-2025 are stated below:

10.2.2.1.1 PRIMARY HEALTH CARE

WCGH takes note of the recommendations reflected in the Ten Year Infrastructure Plan for Health Facilities but believes that the PHC analysis undertaken and reflected in this U-AMP is more comprehensive and the latter is therefore utilised for purposes of prioritisation.

10.2.2.1.2 RECOMMENDATIONS FOR LEVELS 1 AND 2 HOSPITAL INFRASTRUCTURE

WCGH is in agreement that the building of the Klipfontein Hospital in Manenberg (i.e. replacement of the GF Jooste Hospital) is one of the highest priorities. Although not listed as a priority in the draft NDoH Ten Year Plan, the building of Belhar Regional Hospital is also one of WCGH's highest priorities (see paragraph 10.2.1.6).

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 WCGH for the next 19 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 6 additional facilities will be required by 2040 i.e. a net increase from the current 430 facilities to the required 436 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 83, whilst 56 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 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	252	22	35	17	8	32	247
EMS (Ambulance stations, Control Centres, Disaster management, Workshop and College)	8.2	59	1	6	7	1	5	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	2	4	17
Intermediate Care Facilities*	8.4	1	0	0	0	0	0	1
Regional Laundry and on-premises laundries	8.6	2	0	0	0	0	1	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 hostels)		430	27	50	33	24	56	436

* This analysis excludes the Brackengate Hospital of Hope, as it is only a temporary COVID-19 Intermediate Care Facility

Table 43: 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 WCGH to reduce personal interaction at institutions / offices / between patients during the pandemic, were the mobile dispensing of chronic medication to patients and allowing staff to work from home.

COVID-19 demonstrated that effective mobile service delivery and virtual meetings are possible. As a result, future space savings / solutions such as flexible office space, co-working space and remote working on a permanent basis will be investigated.

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, WCGH 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 55 below.



Figure 55: Vaxi-Taxi pop-up vaccine

- The VECTOR (Virtual Emergency Care Tactical Operation) project was a telemedicine initiative, which used data-driven insights, to provide care to high-risk patients during the COVID-19 pandemic. This initiative moved healthcare from a passive receiver of late-presenting patients to an active actor in reaching patients before they deteriorate.

- The WCGH 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 WCGH 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.
- ECM (Enterprise Content Management) – a tool for managing patient information and personnel records etc. is being implemented across the WCGH. 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 WCGH 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 during 2022/23 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 WCGH. 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 44 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 44: 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, WCGH 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 land.

This includes the analysis of the health sector demand and needs against departmental strategic and service level requirements (see Section 3, paragraphs 5.4, 0 and 5.7.3 and Sections 6 and 7), whilst taking cognisance of the backlog (see paragraphs 11.1 and 0), 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, WCGH cannot move forward without the assistance 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 rehabilitation, renovation, refurbishment, 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 45 below.

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
2022/2023	34 950 000 000	253 474 000	253 474 000	34 696 526 000
2023/2024	34 696 526 000	375 328 000	628 802 000	34 321 198 000
2024/2025	34 321 198 000	359 509 000	988 311 000	33 961 689 000

Notes:

^a Includes NHI Indirect Grant funded projects and cost of replacing Tygerberg Hospital

^b Excludes annual budget allocations for NHI Indirect Grant funded posts (allocations still to be confirmed)

^c Estimated total backlog excludes approximately R1 billion for HT

Table 45: Estimated Capital Infrastructure Backlog for all WCGH Facilities

The need for additional accommodation is also being alleviated by means of placement of pre-fabricated 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 a potential 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, extensions to Alma CDC and D'Almeida Clinic (Petro SA), Groote Schuur Hospital Neonatal and Neuroscience Centre and Asla Park Clinic are examples of this. In some instances, the institutions donate a newly built structure and / or WCGH contributes towards the construction of health facilities.

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% of health technology 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 WCGH'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 amounts to approximately R500 million, while only R114 million or 25% was available for allocation and with the total requested for the next five financial years i.e. 2022/23 to 2026/27, amounts 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: Rehabilitation, renovations and refurbishments projects
- Template 7.3: Upgrading and additions projects
- 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.

⁴⁴ WCGTPW must budget for the projects listed in Template 7.4 and should indicate in the C-AMP how this will be funded.

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 One Cape 2040 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 construction of the new facility to commence. 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
- Status C list: Identified as high priority but site still to be confirmed with owner
- 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 construction will be taking place soon 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 WCGH and WCGTPW.

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.

⁴⁵ Rural facilities which are to be transferred are not included in this list

11.4 NEW OFFICE ACCOMMODATION REQUIRED (TEMPLATE 6.3)

WCGTPW is responsible to undertake and fund new office accommodation projects for WCGH, and the C-AMP must indicate how this will be carried out. WCGH 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.

Unfortunately, due to budget constraints, WCGTPW has not allocated any funding for WCGH's office accommodation needs, and therefore the priorities remain the same as in the previous financial year. Should this trend continue, WCGH will have to reprioritise projects to include urgent maintenance work.

The highest priority for replacement of Metro: Head Office accommodation thus remains the relocation from Norton Rose House due to the building's non-compliance with the OHS Act. Alternative accommodation at Atterbury House has been identified and relocation is imminent. Suitable office accommodation for SCM offices also remains a priority and the possible relocation to Tygerberg Estate Protea Court and CDU building (WCGH Warehouse) have been implemented or is still being investigated. Stikland Hospital Old Nurses Home may also possibly be used to relocate further components.

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.

It is furthermore desirable to replace 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. In terms of ensuring the safety and well-being of WCG staff, it is important to take note of the new / replacement office accommodation reflected in Template 6.3.

The WCGH Office Accommodation Steering Committee will review policy issues which will guide the current Metro and Rural office accommodation priorities. The impact of MEAP on the Meso structures have not been finalised.

11.5 LEASES REQUIRED (TEMPLATE 6.4.1 & 6.4.2)

It is preferred that new facilities are constructed, however, where this will not be practical or where sufficient funding is not available, new facilities will be rented. In the case of temporary accommodation being required during the construction of new facilities, or during the decanting process, 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 WCGH. 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 Uniondale, it is difficult to find suitable leased accommodation due to the very limited property market. In other instances, such as Grabouw Ambulance Station and Betty's Bay Satellite Clinic, WCGH (via WCGTPW) negotiates with Local Authorities for leased space in Municipal buildings.

Additional accommodation is required for nursing students in George and WCGH has requested investigations into long term solutions to consolidate leased premises. For 2022, the current leased accommodation is not sufficient, and approval is awaited for the temporary lease of the MC Stander Hostel in George as an interim measure.

11.6 ACCOMMODATION IDENTIFIED FOR DISPOSAL / DEMOLITION

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. It has been proposed that Wards 17 & 18 be used for Head Office accommodation for the Pinelands EMS relocation. Also to be 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 WCGH site to provide access to the portion proposed to be relinquished. Access arrangements / possible location for a servitude must be confirmed and provided to IAM.
Groote Schuur Hospital – Residential accommodation	Rochester House will be relinquished in turn for the utilisation of Clarendon House. The proposed date for Final Handover of the building was 30 June 2021 but process was delayed due to COVID-19. Negotiations are ongoing.
Hanover Park CHC	Design of replacement facility underway. Once constructed, the current facility (categorised as a State Domestic Facility on Municipal land) will be relinquished. Relinquishment is expected in the medium term.
Helderberg Hospital	Replacement of the Helderberg Hospital is one of the highest WCGH priorities. This process has been initiated and, when finalised, the site of the existing hospital will be relinquished to WCGTPW. In the interim, notice of relinquishment of the undeveloped land adjacent to the hospital was issued to the Custodian in May 2019. The area has subsequently been fenced off, and the final As-built drawings were submitted to IAM for take-over.
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.
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, only expected after July 2022.
Touwsriver Clinic and EMS portion of site	Official hand over date to be arranged with IAM.

Facility / Asset description	Comment
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. WCGH 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.
Gouda Clinic	Replacement clinic in construction.
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.
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.
Lotus River CDC	Replacement facility. Strategic Brief is planned to be issued in 2022.
Long term: 2027 and beyond	
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.
Swartland Hospital (excluding EMS, FPL and District Office)	Due to fire incident, replacement of hospital 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. Tenants within Sarleigh Dollie need to receive notice in terms of vacating in order to accommodate Disaster Management Centre and EMS training.
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 complete in 2030.
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.
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	Disa Court to be demolished first and approval to be obtained. Leasing out termination notice to be given by IAM. Disaster Management Centre to follow. Details to be workshopped.

Table 46: 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; and
- Requirements emerging from the Cape Town City Regeneration Project (managed by WCGTPW).
- Where the Service has to scale down operations due to economic constraints.

11.6.2 LEASED (TEMPLATE 8.2)

25 lease agreements have been identified for termination during the period 2021 to 2030, as indicated in Template 8.2. The lease agreements for Abbotsdale Clinic and Caledon Oral Health Centre were terminated and the buildings handed back to the Municipality during 2020/21. Construction of the new De Doorns Ambulance Station was completed and the leased municipal building was handed back during 2021/22.

Reasons for termination of leases, as indicated in this template, are as follows:

- Facilities to be replaced;
- Transfer of function;
- Facilities to be consolidated with other facilities; and
- Facilities no longer required.

11.7 MAINTENANCE: SCHEDULED AND ROUTINE MAINTENANCE REQUIREMENTS (TEMPLATES 9.1 & 9.2)

Calculations for the total maintenance backlog for all WCGH 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 2022 and increased year-upon-year as result of backlogs not addressed
2022/2023	64 100 987 250	64 100 987 250	2 243 534 554	698 042 000	1 545 492 554
2023/2024	64 100 987 250	70 511 085 975	2 467 888 009	790 851 000	3 222 529 563
2024/2025	70 511 085 975	77 562 194 573	2 714 676 810	884 440 000	5 052 766 373

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 47: Estimated Maintenance Backlog for all WCGH facilities

While the above figures are only estimations, they do indicate a sharp increase in the maintenance budget required by WCGH 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 underway, 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 WCGH 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 2022/23 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 2022 MTEF allocation for Sub-programme 7.2 and Programme 8 is summarised in the tables below.

Sub-programme 7.2: Engineering Services	2021/22 R'000		MTEF Allocation R'000		
			2022/23	2023/24	2024/25
	Main Appropriation	Adjusted Allocation (Nov)*	Total Preliminary Allocation*	Total Preliminary Allocation	Total Preliminary Allocation
Engineering					
Compensation of Employees	58 943	58 943	61 402	55 018	55 974
Operational Cost*	33 176	33 176	34 881	34 881	35 155
Total Engineering	92 119	92 119	96 283	89 899	91 129
Health Technology (Clinical Engineering)					
Compensation of Employees	13 036	13 036	14 181	13 197	13 437
Operational Cost*	18 021	18 021	19 307	19 307	19 489
Total Health Technology (Clinical Engineering)	31 057	31 057	33 488	32 504	32 926
GRAND TOTAL	123 176	123 176	129 771	122 403	124 055

*Includes Goods and Services, Transfers and Capital

Table 48: WCGH Programme 7.2: Engineering Services – 2022 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
- DoRA: HFRG

As in previous years, NT included in the 2022 Division of Revenue Bill (the 2022 DoRA is still to be enacted) 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 2022/23 funding, referred to as the PBI allocation. The bidding process, as outlined in the NT Guidelines for the performance-based incentive 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 communicated to Provinces early in December.

WCGH received a PBI allocation in 2020/21 totalling R58.8 million, R63.3 million in 2021/22, and R65.4 million in 2022/23. It is anticipated that WCGH will again receive an allocation in 2023/24 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	2021/22* R'000		MTEF Allocation R'000		
	Main Appropriation	Adjusted Allocation (Nov)	2022/23	2023/24	2024/25
			Total Preliminary Allocation	Total Preliminary Allocation	Total Preliminary Allocation
Health Facility Revitalisation Grant**					
Capital	307,587	172,343	313,443	524,559	564,001
<i>New Infrastructure Capital</i>	113,097	79,976	135,284	150,412	178,300
<i>Refurb & Rehab Capital</i>	129,773	72,062	102,530	192,912	257,700
<i>Upgrade & Additions Capital</i>	64,717	20,305	75,629	181,235	128,001
Maintenance – WCGTPW	101,849	77,548	105,698	124,627	144,821
Maintenance – WCGH	13,750	50,096	21,800	-	-
Health Technology, Organisational Development (OD) and Quality Assurance (QA)	242,830	365,266	304,859	104,216	68,763
Capacitation, Commissioning and Project Support	58,849	49,612	50,790	51,701	52,638
Total Health Facility Revitalisation Grant	724,865	714,865	796,590	805,103	830,223
PES: Infrastructure					
Capital - <i>New Infrastructure Capital</i>		958	31,225	1,500	-
Maintenance – WCGH	116,508	134,255	128,523	126,170	153,936
Maintenance – WCGTPW	18,675	17,518	14,855	10,289	5,517
Capacitation, Commissioning and Project Support	41,273	14,183	22,458	39,501	41,555
Total PES: Infrastructure	176,456	166,914	197,061	177,460	201,008
PES: Tygerberg					
Capital	48,532	41,176	50,528	141,836	155,459
<i>Refurb & Rehab Capital</i>	25,550	19,584	39,192	99,655	102,251
<i>Upgrade & Additions Capital</i>	22,982	21,592	11,336	42,181	53,208
Maintenance – WCGH	68,976	75,355	49,522	-	20,953
Maintenance – WCGTPW	102,522	85,049	82,892	90,574	50,853
Health Technology	2,666	2,001	-	-	-
Total PES: Tygerberg	222,696	203,696	182,942	232,410	227,265
TOTAL	1,124,017	1,085,475	1,176,593	1,214,973	1,258,496
TOTAL EXCLUDING HT, OD & QA, Capacitation, Commissioning and Project Support	778,399	654,298	798,486	1,019,555	1,095,540

* Includes Performance-based Incentive Grant allocation

** Includes Budget Facility for Infrastructure allocation

Table 49: WCGH Programme 8: Health Facilities Management – 2022 MTEF Allocation

It is noted in the table above that the total 2021/22 Adjusted Appropriation shows a reduction in allocation, largely due to the delay in appointment of PSP for phase 1 of the replacement of Klipfontein Regional Hospital. The subsequent earmarked funds had to be returned to funder. Due to delayed programme performance, reductions had to be made to the Equitable Share funds. Although returning these funds to the WCGPT, it has been requested to set aside these funds within the provinces Asset Reserve Fund, which will be used in future as co-payment for the capital portion related to the Tygerberg PPP.

With respect to the 2022 MTEF, specific infrastructure Earmarked Funding received as reflected in Table 49 include:

- A total of R1.176 billion in 2022/23, R1.215 billion in 2023/24 and R1.258 billion in 2024/25. Of this total, R182.942 million in 2022/23, R232.410 million in 2023/24 and R227.265 million in 2024/25 have been prioritised for capital and maintenance at Tygerberg Hospital.
 - Of which 82.892 million in 2022/23, R90.574 million in 2023/24 and R50.853 million have specifically been earmarked for maintenance at Tygerberg Hospital.
- Also included in the total infrastructure prioritisation is R796.590 million in 2022/23, R805.103 million in 2023/24 and R830.223 million in 2024/25 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 45 and Table 47). The Department will request additional funding in the amount of R260 million in 2023/24 and R275 million in 2024/25 – 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 “Renovations, rehabilitation or refurbishments”, 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.

WCGH continues to utilise only one IA (WCGTPW) to assist in the delivery of its capital and scheduled maintenance projects. Day-to-day, Emergency and Routine Maintenance is managed by the institutions and by Directorate: Engineering and Technical Services; a Management Contractor, once appointed by WCGH, will be utilised to implement specific Day-to-day Maintenance projects as well as ad hoc projects in unforeseen circumstances and WCGTPW’s Management Contractor will continue to mainly assist with the implementation of Tygerberg Hospital projects.

The infrastructure budget is mainly spent in addressing the following overarching priorities:

- Maintenance.
- PHC and health technology.
- Modernisation of ECs at hospitals.
- Acute Psychiatric Units at hospitals.
- Reduce the health infrastructure carbon footprint.

The following new / replacement mega projects have been prioritised:

- Klipfontein Regional Hospital – new regional hospital.

- Swartland Hospital – replacement district hospital.
- Belhar Regional Hospital – new regional hospital.
- Helderberg Hospital – new regional hospital.
- Tygerberg Central Hospital – replacement hospital.

Klipfontein and Belhar Regional Hospitals are being co-funded by NT as part of a pipeline of major infrastructure projects.

The aim is to spend 59% of the total infrastructure allocation on maintenance, (including Rehabilitation, Renovations and Refurbishments) in 2022/23.

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%) has also affected the provision of acute psychiatric units, which created a shift in priorities. Furthermore the 2019 rapid review of the WC 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 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 mega-project with NT. In the absence of funding allocation for this mega project, it has now become a matter of 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 Framework Agreement for maintenance will continue to assist expenditure in 2022/23.

Capital projects to be accelerated, other than those mentioned before, include Valkenberg Hospital rehabilitation / upgrade and additions as well as the provision of new / replacement PHC facilities such as Hanover Park, Elsies River, Maitland, Diazville, Vredenburg and Weltevreden to name but a few. 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, and with respect to the NHI Indirect Grant funded projects.

11.8.1 PRIVATE SECTOR FUNDING

During 2021, several private donors approached the WCGH with offers of funding to enhance public health facilities and improve service delivery. These include:

Facility	Project	Donor
Bergsig Clinic	Construction of a car port & paving to provide covered protection for patients.	Robertson Quarry
Eerste River Hospital	Provision of a new Patient Records area in the form of a Kwickspace. Upgrading of patient ablution facilities. Refurbishment of old medical records to additional consulting rooms.	Gift of the Givers
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
Still Bay Clinic	Patient Shelter.	Still Bay Lions
Victoria Hospital	Upgrade of Paediatric Out-patients Department.	Children's Hospital Trust
Heideveld Clinic	Manenberg Thuthuzela centre	NACOSA
Mitchell's Plain Hospital	Thuthuzela centre / Clinical Forensics Unit	NACOSA
Ruiterbosch Clinic	Construction of a new clinic	Transand (Pty) Ltd and Buyline Trading (Pty) Ltd

Table 50: Private Sector Funding to enhance public health facilities and improve service delivery

The above projects are in various stages of planning and approval for construction during 2022/23.

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 WCGH 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. NHI District of Garden Route for the 2016 MTEF on 29 September 2016. Further information is provided in paragraph 6.5.

The three parties entered into a second protocol intending to extend the co-operation beyond the initial pilot district.

In the Metro, replacement facilities have been prioritised where:

- the current service is under pressure;
- the condition of the buildings is no longer conducive to newly legislated requirements of Ideal Clinic standards and integrated service delivery requirements; and
- assistance is required to support decanting strategies for facilities that must be replaced but where no replacement sites are available.

The rural facilities were similarly identified, namely in terms of:

- growth areas; and
- the condition of existing facilities.

The total value of projects under the second protocol is not clear due to the fact that WCGH is still awaiting feedback from NDoH on the continuation of this protocol.

12. IMPROVEMENT OF INFRASTRUCTURE PLANNING PROCESS

WCGH 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) as part of an ongoing and continuous process. Recent, current and future planned improvements are detailed below.

It needs to be emphasised that the COVID-19 pandemic has had a serious impact on the Department's ability to implement the previously planned improvements to its infrastructure planning process and the U-AMP itself.

The roll-out of the vaccination programme dominated infrastructure requirements during 2021 and reprioritisation in terms of infrastructure requirements took place on a daily basis.

12.1 RECENT IMPROVEMENTS

12.1.1 PREPARATION OF U-AMP

- 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.
- Improvement of the U-AMP's flow and content in line with the proposed future format for the U-AMP i.e. Draft Infrastructure (User) Asset Management Plan Template Guide (version 1 of November 2020), for instance:
 - The addition of paragraph 1.4 which describes the current portfolio of Immovable Assets;
 - Expanding on the organisational and support plan (Section 4); and
 - Outlining the infrastructure desired levels of service (Section 7).

- Continued consultation with WCGTPW as Custodian and the incorporation of their recommendations to address further improvements to the U-AMP.
- 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

- Embracing the WoSA principles through 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.
- Continued implementation of the provisions contained in National Treasury Instruction No. 03 of 2019/2020: Framework for Infrastructure Delivery and Procurement Management as required.
- Implementation of a process to regularise the approval and implementation of donor-funded extensions and construction of infrastructure at WCGH facilities in compliance with the relevant sections of the PFMA and NT Regulations (refer Circular H 183 of 2021).

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 the amended User Asset Management Guidelines and new U-AMP templates, once approved by the Minister and Members of the Executive Council, 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 and NT.
- 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.
- 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 WCGH with maintenance plans for newly completed facilities, as required in terms of the handover process for projects.
- Unpacking the details and 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 2021/22).
- In collaboration with IAM, continuing with the process of verifying the NPOs occupying State-owned facilities allocated to WCGH. This will be followed by WCGTPW concluding lease agreements where no SLAs are in place i.e. in instances where NPOs do not receive state subsidies and, in the longer term, by an exercise of assessing and optimising NPOs' use of available space at facilities (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: Framework for Infrastructure Delivery and Procurement Management as required.
- Continue liaison with private health facilities in view of future co-operation towards achieving UHC.
- Continued partnering with the private sector to obtain additional resources such as private hospital beds, testing services and funding in the combat against COVID-19.

12.3 INFRASTRUCTURE PLANNING CAPACITATION

The Directorate: Infrastructure Planning is fully capacitated.

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.

To exacerbate this situation, the unprecedented outbreak of the international COVID-19 pandemic placed an additional burden on resources already stretched to the limit. However, the mobilisation and quick action of CD: FIM in providing the necessary infrastructure, bears witness to the readiness of this unit to support the Department in such an emergency.

Despite this challenge, 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 very first requirement in a hospital is that it should do the sick no harm."

Florence Nightingale



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		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.</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>WCGH utilises office accommodation for the office of the MEC, head office, including satellites, regional offices and respective district and sub-district offices, as well as for overall management and administrative support staff for the Department, including training venues.</p> <p>The SMS structure of MEAP has been signed off by the MEC in December 2020. Details still need to be finalised on the remainder of the structure as well as the impact that COVID-19 had on working remotely and increasing the number of hot desks in lieu of office space plus the reduction of meeting rooms. WCGTPW's modernisation process of head office accommodation in 4 Dorp Street is not yet finalised but Floor 13 has been identified as the next floor to undergo modernisation but HR withdrew confirmation to proceed. Components of Strategy, FIM, CSS and ECSS are accommodated in leased accommodation of which Norton Rose House, Floor 1 (part of lease) is not Health and Safety compliant, and alternative accommodation in The Luna building (The Box) is under planning and it is expected that the move can take place in 2022. Floor 2 was vacated at the end of August 2021 for WCGTPW to relinquish the lease.</p> <p>Stores and warehouses that primarily serve the service is considered as part of health services. 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 WCGH has been signed and implementation is taking place.</p> <p>Accommodation Steering Committee established within WCGH in 2020. Refer to Templates 2.1.2, 2.2.2, 4.1.2, 4.2.2, 6.3 and 6.4.2 for detailed requirements which need to be met by WCGTPW but, after having received a letter from WCGTPW that they will no longer be attending to some of the office accommodation, it had to be updated.</p> <p>It should be noted that some of the sub-district offices are accommodated on hospital grounds and are therefore not reflected as separate office accommodation facilities.</p> <p>The highest priority for office accommodation, other than Head Office and specifically provision of accommodation for OH&S offices (planned to be accommodated in Disa Court), is that of the Overberg District Office in Caledon, which is not conducive to effective operations; construction of a new shared services centre by WCGTPW is awaited but seems unlikely to be realised.</p> <p>Most staff members have worked remotely from March 2020 and, where staff worked in office, the occupancy was reduced as per the recommendation at any given time and in terms of office work requirements to ensure that business continues during Covid-19 stages.</p> <p>Western Cape Warehouse for the storage component has been completed and in the light of consolidation and WCGTPW no longer taking responsibility for office accommodation, WCGH will have to upgrade the accommodation to ensure that open plan offices can also be accommodated here.</p> <p>A brief has been issued to WCGTPW for the relocation of head office of the Pinelands EMS Head Office to Wards 17 and 18 on Alexandra Hospital site.</p>

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>The district hospitals play a pivotal role in delivering healthcare at the appropriate level to the people of the Western Cape. 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. A large number of these facilities remain to be transferred to the Province and this situation complicates the management of these facilities. Facilities which are not conducive to rendering a service where needed most, will steadily be replaced with PHC facilities at points of highest burden of disease and uninsured population. WCGH, in liaison with NDOH, is working towards providing the Ideal Clinic size and staffing. In the spirit of co-operative governance and in line with a service level agreement with the City of Cape Town, provincial healthcare services are being rendered in City of Cape Town facilities and vice versa. The regularisation of the utilisation of infrastructure, managed by WCGTPW, remains urgent. At a practical level, the roll-out of the provision of services by a single authority has been promoted at some facilities. COVID-19 resulted in severe strain on the Programme 2 platform and this is continuing with the roll-out of vaccines. Supplementary accommodation requirements for COVID-19 purposes, both temporary and permanent, are being identified and FIM is trying to address this as best as possible. Temporary accommodation is not reflected in the templates. The Acute Hospital Bed Plan identifies the future bed numbers required for acute 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. 247 total PHC facilities are required in the Western Cape whilst 36 district hospitals are required, which includes four new facilities and three replacement facilities, to meet the demand. The decrease in the number of PHC facilities from 252 to 247 is due to consolidation of some facilities as well as replacement of others with larger facilities within the Metro to ensure a leaner management process. Although the Rural PHC 2030 detailed planning, results have been incorporated in the 2022/23 U-AMP, increased population growth, sometimes in specific pockets, necessitates the annual updating of requirements. The level of utilisation is thus analysed yearly. In line with UHC Strategy 2020/25 a number of interventions will be pursued to enhance efficiencies and access to care.</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. A total of 65 EMS facilities (including current facilities) are anticipated to be used in the future. A briefing document for the consolidation of EMS in the Metro has been prepared but funding is awaited before it can be issued.</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. Infrastructure must be improved, increased and revitalised across all spheres in order to meet the healthcare requirements of the people of the Western Cape. 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 care facilities have been identified as a priority and details must be provided (Brackengate facility 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 Klipfontein, Belhar and Helderberg Regional Hospitals are the highest priorities for WCGH and these are well-advanced in terms of planning and site approvals. BFI budget allocations for Klipfontein and Belhar 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 will be sourced including through ISA. However, as funding for the replacement of this facility has not been finalised, WCGPT in November 2018 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 Groote Schuur Hospital (R, R & R). The aim is to ensure that these facilities remain fully operational, whilst the condition thereof is improved. The partnership with the Childrens Hospital Trust continues to attend to the highest priorities at Red Cross War Memorial Children Hospital, as defined in the Masterplan or changes thereto. New rental agreement to be signed for Groote Schuur Hospital and relationship between Academic institutions and WCGH to be defined.</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 Winelands / 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 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. Possible request for proposals to be developed for this need, following on approval of residential accommodation policy being developed by FM.</p>

CORPORATE OBJECTIVES	OUTCOMES	OPTIMAL SUPPORTING ACCOMMODATION
<p>Programme 7: Health Care Support Services</p> <p>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 WCGH with this function, still need replacement. Knysna FPL will be replaced in 2022/23 and the Observatory FPL will replace the Salt River FPL in 2022 when full commissioning is envisaged. 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 Thomton will receive fire safety upgrade, whilst the Business Case for the replacement of the facility at Lenteguur has been finalised and the briefing document must be prioritised. Additional accommodation as well as upgrade and additions for future hub and spoke centres will be required.</p>
<p>Programme 8: Health Facilities Management</p> <p>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 service 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 WCGH 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 (M ²)	LAND EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2022 x R1 000	LATITUDE	LONGITUDE	OWNERSHIP STATUS
1	Aan Het Pad Clinic	Stellenbosch	Long Street, Cloeteville	Clinic	Cape Wineands	Stellenbosch	Wineands / Overberg	6651	1 027	7 308	25 675	-33.911430	18.855000	WCG
2	Abbotsdale Satellite Clinic	Abbotsdale	Darling Street, Abbotsdale, Malmesbury	Satellite Clinic	West Coast	Swartland	West Coast	973	200	1 002	5 000	-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	-33.48708	21.26907	WCG
4	Albertinia Clinic	Albertinia	Station Street, Albertinia	Clinic	Garden Route	Hessequa	Garden Route / Central Karoo	973 & 974	574	5 330	14 350	-34.204709	21.584543	WCG
5	Alexandra Hospital	Maitland	Alexandra Road, Maitland	Psychiatric Hospital	Western	City of Cape Town	Metro West	24280, 24324, 24323, 24288, 24322	35 224	54 954	1 444 184	-33.929580	18.484680	WCG
6	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
7	Amalienstein Clinic	Zoar	Hoof Street, Zoar	Clinic	Garden Route	Kannaland	Garden Route / Central Karoo	Farm 64	146	1 200	3 650	-33.486660	21.464980	WCG
8	Asia Clinic	Mossel Bay	C/o Adriaan Avenue & Croz Street, Asia Park, Mossel Bay	Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	6227	850	3 334	21 250	-34.180977	22.071619	WCG
9	Aurora Satellite Clinic	Aurora	School Street, Aurora	Satellite Clinic	West Coast	Bergriver	West Coast	167	170	1 487	4 250	-32.707400	18.484680	WCG
10	Avian Park Clinic	Worcester	C/o Pelikaan & Albatros Streets, Avian Park, Worcester	Clinic	Cape Wineands	Breede Valley	Wineands / Overberg	24637	957	11 223	23 925	-33.666712	19.434846	WCG
11	Barrydale Ambulance Station	Barrydale	On clinic site, 22 Tinley Street, Barrydale	EMS	Overberg	Swellendam	Wineands / Overberg	1289	100	2 974	2 500	-33.906121	20.722125	WCG
12	Barrydale Clinic	Barrydale	22 Tinley Street, Barrydale	Clinic	Overberg	Swellendam	Wineands / Overberg	1289	380	2 974	9 500	-33.908330	20.730190	WCG
13	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
14	Beaufort West Ambulance Station	Beaufort West	Traffic Centre Building, New Street, Beaufort West	EMS	Central Karoo	Beaufort West	Garden Route / Central Karoo	8327	750		18 750	-32.330289	22.591045	Shared WCG
15	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
16	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	681	Part of hospital site	17 025	-32.352778	22.607500	WCG
17	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
18	Bella Vista Clinic	Ceres	Krisente Street, Bella Vista, Ceres	Clinic	Cape Wineands	Witzenberg	Wineands / Overberg	3604	356	13 800	8 900	-33.333000	19.320000	To be transferred

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	DISTRICT / SUB-DISTRICT	LOCAL MUNICIPALITY	GEOGRAPHIC SERVICE AREA	ERF NO	BUILDING EXTENT (M ²)	LAND EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2022 x R1 000	LATITUDE	LONGITUDE	OWNERSHIP STATUS
19	Belville Engineering Workshop	Belville	C/o Mike Plenaar 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	18.609167	WCG
20	Belville South CDC	Belville	Kasselsvlei Road, Belville South	CDC	Tygerberg	City of Cape Town	Metro East	14134-RE	750	4 508	25 500	-33.91484	18.644161	To be transferred as part of 9 priority sites
21	Bergsig Clinic	Robertson	Wesley Street, Bergsig, Robertson	Clinic	Cape Winelands	Langeberg	Winelands / Overberg	4851	401	1 327	10 025	-33.790740	19.891220	WCG
22	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
23	Blanco Clinic	George	3 George Road, Blanco, George	Clinic	Garden Route	George	Garden Route / Central Karoo	47	293	2 496	7 317	-33.943420	22.412850	To be transferred
24	Bongolethu Clinic	Oudtshoorn	18th Avenue, Bongolethu, Oudtshoorn	Clinic	Garden Route	Oudtshoorn	Garden Route / Central Karoo	11227	710	1 674	17 750	-33.606570	22.238380	To be transferred
25	Bonnievale Ambulance Station	Bonnievale	C/o Myrtle Rigg & Forrest Streets, Bonnievale	EMS	Cape Winelands	Langeberg	Winelands / Overberg	2637	165	997	4 125	-33.932680	20.095850	WCG
26	Bothasig CDC	Bothasig	C/o De Grendel Ave & Swellengrebel Ave, Bothasig	CDC	Northern	City of Cape Town	Metro West	32713	800		27 200	-33.858548	18.540799	City
27	Botrivier Ambulance Station	Botrivier	C/o Fontein & Heide Streets, Botrivier	EMS	Overberg	Theewaterskloof	Winelands / Overberg	1806	528	1 850	13 200	-34.230932	19.198402	WCG
28	Botrivier Clinic	Botrivier	C/o Fontein & Heide Streets, Botrivier	Clinic	Overberg	Theewaterskloof	Winelands / Overberg	1806	528	5 735	13 200	-34.231066	19.198211	WCG
29	Bredasdorp Ambulance Station	Bredasdorp	C/o Albert Myburg Hostel & Golf Street, Bredasdorp	EMS	Overberg	Cape Agulhas	Winelands / Overberg	2136	223	±1700m ² Part of stand	5 575	-34.529770	20.048520	WCG
30	Bredasdorp Clinic	Bredasdorp	C/o Long & Recreation Street, Bredasdorp	Clinic	Overberg	Cape Agulhas	Winelands / Overberg	1922	683	22 335	17 075	-34.535840	20.047730	To be transferred
31	Breede Valley Sub-district Office	Worcester	Brewskloof Hospital, Haarlem Street, Worcester	Sub-district Office	Cape Winelands	Breede Valley	Winelands / Overberg	4771	1 000	174 347	25 000	-33.621111	19.456944	WCG
32	Brewskloof Hospital	Worcester	19 Haarlem 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
33	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
34	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	18.486680	City
35	Buffelagstevier Clinic	Buffelagstevier	C/o Olivevale & Stout Lane, Buffelagstevier	Clinic	Overberg	Swellendam	Winelands / Overberg	332	315	799	7 875	-34.045970	20.528120	WCG
36	Caledon Ambulance Station	Caledon	N2, Caledon Hospital, Caledon	EMS	Overberg	Theewaterskloof	Winelands / Overberg	1085	824	90 225	20 600	-34.225217	19.436217	WCG
37	Caledon Clinic	Caledon	Bredasdorp Road, Caledon	Clinic	Overberg	Theewaterskloof	Winelands / Overberg	2663	339	2 893	8 475	-34.237300	19.428412	WCG
38	Caledon Hospital	Caledon	Next to N2 Highway, Caledon	District Hospital	Overberg	Theewaterskloof	Winelands / Overberg	1085	5 815	90 225	215 155	-34.224329	19.432824	WCG
39	Caledon Hospital Residential	Caledon	Next to N2 Highway, Caledon	Residential accommodation	Overberg	Theewaterskloof	Winelands / Overberg	1085	962	On Hospital site	24 050	-34.224604	19.433150	WCG

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40	Calitzdorp Ambulance Station	Calitzdorp	29 Voortrekker Road, Calitzdorp	EMS	Garden Route	Kannaland	Garden Route / Central Karoo	461, 474	200	±1000	5 000	-33.530390	21.692370	WCG
41	Calitzdorp Clinic	Calitzdorp	Voortrekker Street, Calitzdorp	Clinic	Garden Route	Kannaland	Garden Route / Central Karoo	1002	708	3 729	17 700	-33.530620	21.691620	WCG
42	Ceres Ambulance Station	Ceres	On hospital ground, Rivierkant Street, Ceres	EMS	Cape Wineands	Witzenberg	Wineands / Overberg	2589	1 200	35 381	30 000	-33.362880	19.299590	WCG
43	Ceres FPL	Ceres	11 Trichard Street, Ceres	Forensic Pathology Laboratory	Cape Wineands	Witzenberg	Wineands / Overberg	9589	330	845	8 250	-33.374529	19.308392	WCG
44	Ceres Hospital	Ceres	C/O Rivierkant & Theron Streets, Ceres	District Hospital	Cape Wineands	Witzenberg	Wineands / Overberg	2589	6 790	35 381	251 230	-33.362900	19.301050	WCG
45	Ceres Hospital Residential	Ceres	C/O Rivierkant & Theron Streets, Ceres	Residential accommodation	Cape Wineands	Witzenberg	Wineands / Overberg	2589	200	On Hospital site	5 000	-33.362900	19.301050	WCG
46	Chatsworth Satellite Clinic	Malmesbury	C/O Hutchison Street and 3rd Avenue, Chatsworth, Malmesbury	Satellite Clinic	West Coast	Swartland	West Coast	806	200	496	5 000	-33.547990	18.584070	WCG
47	Citrusdal Ambulance Station	Citrusdal	On hospital ground, Vrede Street, Citrusdal	EMS	West Coast	Cederberg	West Coast	1435 & 1603	160	57 853	4 000	-32.599010	19.017412	WCG
48	Citrusdal Clinic	Citrusdal	Bohemia Street, Citrusdal	Clinic	West Coast	Cederberg	West Coast	1698 & 1699	400	3 508	10 000	-32.581760	19.008500	WCG
49	Citrusdal Hospital	Citrusdal	Vrede Street, Citrusdal	District Hospital	West Coast	Cederberg	West Coast	1435 & 1603	2 353	57 853	87 061	-32.599910	19.017360	WCG
50	Clanwilliam Clinic	Clanwilliam	1 Cyprus Avenue, Clanwilliam	Clinic	West Coast	Cederberg	West Coast	3943	450	720	11 250	-32.186340	18.891450	WCG
51	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
52	Cloetsville CDC	Stellenbosch	Tennantville Street, Cloetsville, Stellenbosch	CDC	Cape Wineands	Stellenbosch	Wineands / Overberg	7600	1 146	10 063	38 964	-33.922440	18.857010	WCG
53	Cogmanskoof Clinic	Ashton	C/O Jakaranda & Coronation Avenues, Ashton	Clinic	Cape Wineands	Langeberg	Wineands / Overberg	548	320	1 839	8 000	-33.833270	20.046090	WCG
54	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
55	Crags Clinic	Plettenberg Bay	Geelhout Street, Crags	Clinic	Garden Route	Bitou	Garden Route / Central Karoo	126	159	632	3 975	-33.951170	23.492090	WCG
56	Crossroads CDC	Crossroads	C/O Intsikzi Street & Gwavi Street, Crossroads	CDC	Mitchell's Plain	City of Cape Town	Metro West	2324	2 283	6 032	77 622	-33.997780	18.597510	WCG
57	D'Almeida CDC	Mossel Bay	Strand Street, D'Almeida, Mossel Bay	CDC	Garden Route	Mossel Bay	Garden Route / Central Karoo	15972	907	4 218	22 675	-34.176490	22.116970	WCG
58	Dalvale Clinic	Paarl	Symphony Avenue, Mbekweni, Paarl	Clinic	Cape Wineands	Drakenstein	Wineands / Overberg	16813	414	1 935	10 350	-33.702280	18.991650	WCG
59	Dana Bay Satellite Clinic	Dana Bay	Distans Street, Dana Bay	Satellite Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	21130	62	1 153	1 550	-34.193860	22.046010	WCG
60	Darling Clinic	Darling	Fabriek Street, Darling	Clinic	West Coast	Swartland	West Coast	1009	376	3 578	9 400	-33.370400	18.386890	WCG
61	De Doorns Ambulance Station	De Doorns	Voortrekker Street, De Doorns	EMS	Cape Wineands	Breedte Valley	Wineands / Overberg	6163 (portion of Erf 254)	339	4 198	8 475	-33.477133	19.663134	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 (M ²)	LAND EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2022 x R1 000	LATITUDE	LONGITUDE	OWNERSHIP STATUS
62	De Doorns Clinic	De Doorns	Wige Street, De Doorns	Clinic	Cape Winelands	Breedevlei Valley	Winelands / Overberg	1903	819	4 122	20 475	-33.481430	19.671840	WCG
63	De Rust Clinic	De Rust	Blommek Street, De Rust	Clinic	Garden Route	Oudshoorn	Garden Route / Central Karoo	315	346		8 660	-33.49801	22.518291	To be transferred
64	Delft CHC	Delft	C/o Main & Voorbrug Roads, Delft	CHC	Tygerberg	City of Cape Town	Metro East	8571	4 679	12 054	163 768	-33.974300	18.641950	WCG
65	District Six CDC	Cape Town	C/o Caledon & Primrose Streets, Cape Town	CDC	Western	City of Cape Town	Metro West	176310	5 201	6 634	176 834	-33.929390	18.425570	WCG
66	Doringbaai Satellite Clinic	Doringbaai	Seeweg, Doringbaai	Satellite Clinic	West Coast	Matzikama	West Coast	120	82	495	2 050	-31.816462	18.236725	To be transferred
67	DP Marais Hospital	Retreat	White Road, Retreat	TB Hospital	Southern	City of Cape Town	Metro West	83385	9 782	57 821	401 062	-34.062800	18.460250	WCG
68	Dr Abdurahman CDC	Athlone	C/o Eland & Dr Abdurahman Avenue, Kawtown, Athlone	CDC	Klipfontein	City of Cape Town	Metro West	107892	1 328	2 213	45 152	-33.958730	18.518150	To be transferred
69	Du Noon CHC	Du Noon	Poisdam Road, Du Noon	CHC	Western	City of Cape Town	Metro East	236	5 020	11 000	175 700	-33.827254	18.529301	WCG
70	Durbanville CDC	Durbanville	De Villiers Street, Durbanville	CDC	Northern	City of Cape Town	Metro East	4783 and possibly 8451	1 056		35 904	-33.82990	18.654581	To be transferred as part of 9 priority sites
71	Dysseisdorp Ambulance Station	Dysseisdorp	Bokkraal Road, Dysseisdorp	EMS	Garden Route	Oudshoorn	Garden Route / Central Karoo	2262	100	18 405	2 500	-33.575400	22.439590	To be transferred
72	Dysseisdorp Clinic	Dysseisdorp	Bokkraal Road, Dysseisdorp	Clinic	Garden Route	Oudshoorn	Garden Route / Central Karoo	2262	864	18 405	21 600	-33.575450	22.439460	To be transferred
73	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
74	Elands Bay Clinic	Elands Bay	Main Road, Elands Bay	Clinic	West Coast	Cederberg	West Coast	705	201	630	5 025	-32.312840	18.346900	WCG
75	Elsies River CHC	Elsies River	C/o 29th Avenue & Halt Road, Elsies River	CHC	Tygerberg	City of Cape Town	Metro East	11718, 11720-21, 11723-25 & 11731	3063	10 681	107 205	-33.931800	18.577490	WCG
76	Empilsweni Clinic	Worcester	Maynjana Avenue, Zweletemba, Worcester	Clinic	Cape Winelands	Breedevlei Valley	Winelands / Overberg	12453	950	3 660	23 750	-33.644270	19.491500	WCG
77	EMS Head Office	Cape Town	Alexandra Road, Pinelands	Office	Western	City of Cape Town	Metro West	RE/103659	3869		96 725	-33.935718	18.490196	To be transferred from City
78	Eyethu Clinic	Mossel Bay	TN Ndanda Street, Joe Slovo Village, Mossel Bay	Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	14470	223	1 178	5 574	-34.171310	22.113060	WCG
79	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
80	False Bay Hospital Nurses Home	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
81	Friemersheim Satellite Clinic	Friemersheim	School Street, Friemersheim	Satellite Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	6271	170	1 000	4 250	-33.953110	22.144130	WCG
82	Gansbaai Clinic	Gansbaai	Main Street, Gansbaai	Clinic	Overberg	Overstrand	Winelands / Overberg	3893	906	5 000	22 660	-34.590251	19.350498	To be registered
83	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	22.451570	WCG

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84	Genadendal Clinic	Genadendal	Stydorn Avenue, Genadendal	Clinic	Overberg	Theewaterskloof	Wineands / Overberg	527	211	944	5 275	-34.036609	19.561179	WCG
85	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	36 100	-33.953840	22.451570	WCG
86	George Central Clinic	George	C/o Gale and Progress Street, George	Clinic	Garden Route	George	Garden Route / Central Karoo	1285	300		7 500	-33.960560	22.453540	To be transferred
87	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
88	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
89	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
90	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
91	George Stores	George	Wiffontein Street, George	Workshop	Garden Route	George	Garden Route / Central Karoo	6417	811	5 287	20 275	-33.978958	22.471089	WCG
92	George Sub-district Office	George	Nelson Mandela Boulevard Road, George	Sub-district Office	Garden Route	George	Garden Route / Central Karoo	464	100	In Harry Comay Hospital	2 500	-33.980210	22.472570	To be transferred
93	Goodwood CDC	Goodwood	Dirkie Uys Plein, Goodwood	CDC	Tygerberg	City of Cape Town	Metro East	7025	1 043	1294ha	35 462	-33.91058	18.550381	To be transferred as part of 9 priority sites
94	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
95	Gouda Clinic	Gouda	Roos Street, Gouda	Clinic	Cape Wineands	Drakenstein	Wineands / Overberg	778 & 779	160	800	4 000	-33.292670	19.045700	To be transferred.
96	Graafwater Clinic	Graafwater	313 Cedar Street, Graafwater	Clinic	West Coast	Cederberg	West Coast	313	154	3 490	3 850	-32.159410	18.605660	WCG
97	Grabouw Ambulance Station	Grabouw	Old Cape Road, Grabouw	EMS	Overberg	Theewaterskloof	Wineands / Overberg	7202	50	On CHC Site	1 250	-34.152936	19.010824	WCG
98	Grabouw CHC	Grabouw	Old Cape Road, Grabouw	CHC	Overberg	Theewaterskloof	Wineands / Overberg	7202	2 592	4 000	90 720	-34.153007	19.010521	WCG
99	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
100	Great Brak River Ambulance Station	Great Brak River	7 Station Road, Great Brak River	EMS	Garden Route	Mossel Bay	Garden Route / Central Karoo	Plm 231 of Farm 255	115	707	2 875	-34.042500	22.223878	WCG
101	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	11 600	-34.040080	22.222460	WCG
102	Green Point CDC	Green Point	Block B, Old City Hospital Complex, Portsworld Road, Green Point	CDC	Western	City of Cape Town	Metro West	1955	893	Part of larger site	30 362	-33.906220	18.415200	WCG

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103	Greyton Satellite Clinic	Greyton	Park Street, Greyton	Satellite Clinic	Overberg	Theewaterskloof	Wineands / Overberg	704	228	1 180	5 700	-34.050190	19.606270	To be transferred
104	Groendal Clinic	Franschhoek	Stiebeul Street, Groendal, Franschhoek	Clinic	Cape Wineands	Stellenbosch	Wineands / Overberg	738	551	5000 Part of a larger site	13 775	-33.894990	19.101170	WCG
105	Groote Schuur Hospital	Observatory	1 Main Road, Observatory, Cape Town	Central Hospital	Western	City of Cape Town	Meito West	27665-67, 27992-93, 116370-71, 27995-96	365 210	370 485	14 973 610	-33.941111	18.461667	WCG
106	Groote Schuur Hospital Creche	Observatory	C/o George & William Streets, Observatory, Cape Town	Creche	Western	City of Cape Town	Meito West	28044	2 833	370 485	70 825	-33.941111	18.461667	WCG
107	Gugulethu CHC	Gugulethu	C/o NY3, NY77, Gugulethu	CHC	Klipfontein	City of Cape Town	Meito West	5600	3 912	8 327	136 920	-33.989360	18.572070	To be confirmed
108	Haarlem Clinic	Haarlem	1 Berg Street, Haarlem	Clinic	Garden Route	George	Garden Route / Central Karoo	99	256	±900	6 400	-33.734630	23.333800	To be transferred
109	Hanna Coetzee Clinic	Vredenburg	Kootjeskloof Street, Louwville, Vredenburg	Clinic	West Coast	Saldanha	West Coast	16253	250	2 268	6 250	-32.915950	18.009870	WCG
110	Happy Valley Clinic	Bonnievale	Sultana Avenue, Happy Valley, Bonnievale	Clinic	Cape Wineands	Langeberg	Wineands / Overberg	2642	323	1 133	8 075	-33.936200	20.077290	WCG
111	Harry Comay Hospital	George	Nelson Mandela Boulevard, George	TB Hospital	Garden Route	George	Garden Route / Central Karoo	464	5 529	24 000	226 689	-33.980210	22.472570	To be transferred
112	Hartenbos Satellite Clinic	Mossel Bay	Miwaterstrand Road, Hartenbos	Satellite Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	6271 (portion of 4940)	97	945	2 425	-34.122450	22.110130	To be transferred
113	Hawston Clinic	Hawston	79 George Viljoen Street, Hawston	Clinic	Overberg	Overstrand	Wineands / Overberg	2203	282	1 354	7 050	-34.385915	19.132503	WCG
114	Heidelberg Ambulance Station	Heidelberg	Haig Street (next to clinic), Heidelberg	EMS	Garden Route	Hessequa	Garden Route / Central Karoo	3256	503	2 311	12 575	-34.101900	20.963190	WCG
115	Heidelberg Clinic	Heidelberg	Hospital Street, Heidelberg	Clinic	Garden Route	Hessequa	Garden Route / Central Karoo	1955	811	3 964	20 275	-34.102120	20.962650	WCG
116	Heideveld CDC	Athlone	Heideveld Road, Athlone	CDC	Klipfontein	City of Cape Town	Meito West	101671	5 927	20 000	201 518	-33.966950	18.548330	WCG
117	Heidelberg Hospital	Somerset West	Hospital Road, Somerset West	District Hospital	Eastern	City of Cape Town	Meito East	2421-22, 2363 & 7664	7 246	32 747	268 102	-34.076040	18.856230	WCG
118	Herbertsdale Satellite Clinic	Mossel Bay	Herbert Street, Herbertsdale	Satellite Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	333	257	1 100	6 425	-34.017850	21.762150	WCG
119	Hermanus Ambulance Station	Hermanus	On hospital ground, Hospital Street, Hermanus	EMS	Overberg	Overstrand	Wineands / Overberg	5393	651	On Hospital site	16 275	-34.422932	19.228236	WCG
120	Hermanus CDC	Hermanus	Swartdam Road, Hermanus	CDC	Overberg	Overstrand	Wineands / Overberg	11446	2 687	1 500	91 358	-34.425606	19.219188	WCG
121	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	19.228056	WCG
122	Hermanus Hospital	Hermanus	Hospital Street, Hermanus	District Hospital	Overberg	Overstrand	Wineands / Overberg	5393	7 266	47 264	268 805	-34.422417	19.227705	WCG
123	Hermanus Hospital Residential	Hermanus	Hospital Street, Hermanus	Residential accommodation	Overberg	Overstrand	Wineands / Overberg	5393	400	47 264	10 000	-34.422417	19.227705	WCG

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124	Hessequa Sub-district Office	Riversdale	1 Hospital Street, Riversdale	Sub-district Office	Garden Route	Hessequa	Garden Route / Central Karoo	3832	100	In Riversdale Hospital	2 500	-34.093490	21.254840	WCG
125	Hillside Clinic	Beaufort West	C/o Eric Louw Street & 4th Avenue, Hillside, Beaufort West	Clinic	Central Karoo	Beaufort West	Garden Route / Central Karoo	6068	1 045	11 772	26 125	-32.352219	22.572541	WCG
126	Hornlee Clinic	Knysna	Chapel Street, Hornlee, Knysna	Clinic	Garden Route	Knysna	Garden Route / Central Karoo	18841	485	572	12 125	-34.048530	23.097630	WCG
127	Huis McCrone Ambulance Station	Wellington	First floor of clinic building, C/o Lombard & Swartz Street, Wellington	EMS	Cape Winelands	Drakenstein	Winelands / Overberg	558	768	On Clinic site	19 200	-33.639062	18.999039	WCG
128	Huis McCrone Clinic	Wellington	C/o Lombard & Swartz Street, Wellington	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	558	919	16 136	22 975	-33.639210	18.998580	WCG
129	Idas Valley Clinic	Stellenbosch	Heishoogte Road, Idas Valley, Stellenbosch	Clinic	Cape Winelands	Stellenbosch	Winelands / Overberg	16432	839	3000 Part of larger Site	20 975	-33.925370	18.874970	WCG
130	Inzame Zabantu CDC	Philippi	Msingezane Street, Philippi	CDC	Michell's Plain	City of Cape Town	Metro West	2498 & 2499	1 358	5 503	46 172	-34.011130	18.577720	WCG
131	Kalbasakraal Satellite Clinic	Kalbasakraal	C/o Essesnout & Bloekom Streets, Kalbasakraal, Malmesbury	Satellite Clinic	West Coast	Swartland	West Coast	389	120	617	3 000	-33.575120	18.646700	WCG
132	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
133	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
134	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
135	Kayamandi Clinic	Stellenbosch	C/o Bassi & Setona Street, 10C Kayamandi, Stellenbosch	Clinic	Cape Winelands	Stellenbosch	Winelands / Overberg	3099	503	1 714	12 575	-33.919230	18.846490	WCG
136	Khayelethu Clinic	Knysna	Chungwa Street, Khayelethu, Knysna	Clinic	Garden Route	Knysna	Garden Route / Central Karoo	18840	457	2 361	11 425	-34.038221	23.063055	WCG
137	Khayelitsha (Site B) CHC	Khayelitsha	Sulami Drive, Site B, Khayelitsha	CHC	Khayelitsha	City of Cape Town	Metro East	13423	5 826	16 758	203 910	-34.028750	18.665391	Unregistered - Municipal
138	Khayelitsha Ambulance Station	Khayelitsha	On hospital ground, C/o Walter Sisulu & Steve Biko Drive, Khayelitsha	EMS	Khayelitsha	City of Cape Town	Metro East	19176	1 060	4363 Part of larger Site	26 500	-34.051927	18.667877	WCG
139	Khayelitsha Hospital	Khayelitsha	C/o Walter Sisulu & Steve Biko Drive, Khayelitsha	District Hospital	Khayelitsha	City of Cape Town	Metro East	19176	23 485	121 721	868 945	-34.050240	18.673950	WCG
140	Klaarstroom Satellite Clinic	Klaarstroom	Bloekom Street, Klaarstroom	Satellite Clinic	Central Karoo	Prince Albert	Garden Route / Central Karoo	167	74	700	1 850	-33.326090	22.531180	To be transferred
141	Klapmuts Clinic	Klapmuts	342 Merchant Street, Klapmuts	Clinic	Cape Winelands	Stellenbosch	Winelands / Overberg	3630	290	1 310	7 250	-33.809600	18.863890	WCG
142	Klawer Clinic	Klawer	Newoudt Street, Klawer	Clinic	West Coast	Matzikama	West Coast	1969	300	1 508	7 500	-31.772570	18.624210	WCG
143	Klein Drakenstein Clinic	Paarl	Kaerweeder Road, Klein Drakenstein, Paarl	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	1267	346	543	8 650	-33.739200	19.024310	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 (M ²)	LAND EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2022 x R1 000	LATITUDE	LONGITUDE	OWNERSHIP STATUS
144	Kleinmond Clinic	Kleinmond	C/o Borriver Way & 15th Avenue, Kleinmond	Clinic	Overberg	Overstrand	Wineands / Overberg	8662	455	2 218	11 375	-34.340750	19.016149	WCG
145	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	38 250	-34.037640	23.059810	WCG
146	Knysna CDC	Knysna	Gujama Street, Wilkaskie, Knysna	CDC	Garden Route	Knysna	Garden Route / Central Karoo	13567	2 661	6 924	90 474	-34.028160	23.073940	WCG
147	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	23.058380	WCG
148	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
149	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
150	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
151	Knysna Sub-district Office	Knysna	Main Street, Knysna	Sub-district Office	Garden Route	Knysna	Garden Route / Central Karoo	1364, 1360, 1368	100	In Knysna Hospital	2 500	-34.038960	23.058380	WCG
152	Knysna Town Clinic	Knysna	10 Montimer Street, Knysna	Clinic	Garden Route	Knysna	Garden Route / Central Karoo	4918	241	603	6 025	-34.037980	23.047728	WCG
153	Koekenaap Satellite Clinic	Lutzville	Main Road, Koekenaap, Knysna	Satellite Clinic	West Coast	Matzikama	West Coast	685	120	2 145	3 000	-31.525830	18.289720	WCG
154	Koringberg Satellite Clinic	Koringberg	Main Street, Koringberg	Satellite Clinic	West Coast	Swartland	West Coast	451	135	2 000	3 375	-33.017600	18.677770	WCG
155	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
156	Kranshoek Clinic	Plettenberg Bay	378 van Rooyen Street, Kranshoek	Clinic	Garden Route	Bitou	Garden Route / Central Karoo	118,119	274	1 846	6 850	-34.087720	23.297100	To be transferred
157	Kuyasa (George) Clinic	George	Ohawa Street, Thembalethu, George	Clinic	Garden Route	George	Garden Route / Central Karoo	11112	600	3 200	15 000	-33.999450	22.474341	WCG
158	Kwamandlenkosi Clinic	Beaufort West	Plaza Road, Kwamandlenkosi, Beaufort West	Clinic	Central Karoo	Beaufort West	Garden Route / Central Karoo	3075	337	1 661	8 425	-32.368590	22.581230	WCG
159	Kwanokuthula Ambulance Station	Plettenberg Bay	On CDC site, Sishuba Street, Kwanokuthula	EMS	Garden Route	Bitou	Garden Route / Central Karoo	4918	1 134	20 911	28 360	-34.053571	23.319765	To be acquired
160	Kwanokuthula CDC	Plettenberg Bay	Sishuba Street, Kwanokuthula	CDC	Garden Route	Bitou	Garden Route / Central Karoo	4918	2 610	20 911	88 740	-34.052780	23.319180	To be acquired
161	Kylemore Clinic	Stellenbosch	School Street, Kylemore, Stellenbosch	Clinic	Cape Wineands	Stellenbosch	Wineands / Overberg	633	349	1 577	8 725	-33.919400	18.953170	WCG
162	Ladismith Ambulance Station	Ladismith	7 Nissen Street, Ladismith	EMS	Garden Route	Kannaland	Garden Route / Central Karoo	4,5,6	180	1 500	4 500	-33.486807	21.265297	WCG
163	Ladismith Clinic	Ladismith	Upper Hospital Street, Ladismith	Clinic	Garden Route	Kannaland	Garden Route / Central Karoo	2280	305	1000 Part of larger Hospital Site	7 625	-33.486500	21.268350	WCG
164	Lady Michaelis 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
165	Laingsburg Clinic	Laingsburg	Voorrekker Road, Laingsburg	Clinic	Central Karoo	Laingsburg	Garden Route / Central Karoo	104	1 059	8000 Part of larger Hospital Site	26 475	-33.194360	20.851120	To be transferred

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166	Laingsburg Hospital	Laingsburg	Voorrekker Road, Laingsburg	District Hospital	Central Karoo	Laingsburg	Garden Route / Central Karoo	104	1 595	58 030	59 015	-33.194430	20.850430	WCG
167	Laingsburg Residential accommodation	Laingsburg	Voorrekker Road, Laingsburg	Residential Accommodation	Central Karoo	Laingsburg	Garden Route / Central Karoo	1482	100	1 223	2 500	-33.194430	20.850430	WCG
168	Laingville Clinic	St Helena Bay	Strand Street, Laingville, St Helena Bay	Clinic	West Coast	Saldanha	West Coast	664	398	2 800	9 950	-32.787090	18.059800	WCG
169	Lalie Cleophas Clinic	Hopfield	Oaks Way, Hopfield	Clinic	West Coast	Saldanha	West Coast	1339	313	1 495	7 825	-33.065630	18.340190	WCG
170	Lamberts Bay Ambulance Station	Lamberts Bay	672 Burrels Street, Lamberts Bay	EMS	West Coast	Cederberg	West Coast	673,666	350	6 180	8 750	-32.092756	18.308289	WCG
171	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	19 500	-32.094580	18.306580	WCG
172	Langebaan Clinic	Langebaan	Antonio Siemi Street, Langebaan	Clinic	West Coast	Saldanha	West Coast	9107	282	573	7 050	-33.082660	18.035600	WCG
173	Langeberg Sub-district Office	Robertson	Van Oudishoorn Street, Robertson	Sub-district Office	Cape Winelands	Langeberg	Winelands / Overberg	225	100	In Robertson Hospital	2 500	-33.801740	19.891130	WCG
174	LAPA Munnik Hospital	Potterville	Voorrekker Street, Potterville	District Hospital	West Coast	Beirivier	West Coast	1687	1 888	72 721	69 856	-33.018255	18.994240	WCG
175	Leeu-Gamka Ambulance Station	Leeu-Gamka	Aalwyn Street, (R353/N1), Leeu-Gamka	EMS	Central Karoo	Prince Albert	Garden Route / Central Karoo	Prt 33 of 55	1 515	3 865	37 875	-32.768577	21.965763	WCG
176	Leeu-Gamka Clinic	Leeu-Gamka	C/O Duiker & Goussiom Street, Leeu-Gamka	Clinic	Central Karoo	Prince Albert	Garden Route / Central Karoo	200	190	5 241	4 750	-32.767240	21.967930	WCG
177	Leipoldville Satellite Clinic	Leipoldville	Main Road, Leipoldville	Satellite Clinic	West Coast	Cederberg	West Coast	28	100	742	2 500	-32.222209	18.481602	WCG
178	Lentegeur 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 Hospital site	45 200	-34.022591	18.616398	WCG
179	Lentegeur Hospital	Mitchell's Plain	Highlands Drive, Mitchell's Plain	Psychiatric Hospital	Mitchell's Plain	City of Cape Town	Metro West	21763	68 696	845 851	2 816 536	-34.026350	18.615230	WCG
180	Lentegeur 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 Hospital site	104 325	-34.026111	18.615833	WCG
181	Lentegeur Laundry	Mitchell's Plain	Highlands Drive, Mitchell's Plain	Provincial Laundry	Mitchell's Plain	City of Cape Town	Metro West	21763	5 597	On Hospital site	139 925	-34.026111	18.615833	WCG
182	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	18.417495	WCG
183	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	18.508030	WCG
184	Louville Clinic	Vredenburg	61 Vredenburg Road, Louville, St Helena Bay	Clinic	West Coast	Saldanha	West Coast	16610	582		14 550	-32.916800	17.999660	To be transferred
185	Lutzville Clinic	Lutzville	3 Station Road, Lutzville	Clinic	West Coast	Matzikama	West Coast	813	320	1 737	8 000	-31.554805	18.345816	WCG
186	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	18.764070	Unregistered - Municipal
187	Maitland CDC	Maitland	3 Norfolk Street, Maitland	CDC	Western	City of Cape Town	Metro West	23885	322	937	10 948	-33.922060	18.489260	WCG
188	Malmesbury Ambulance Station	Malmesbury	PG Nelson Street, Malmesbury	EMS	West Coast	Swartland	West Coast	5058	246	On Hospital site	6 150	-33.454844	18.722546	WCG

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189	Malmesbury CDC	Malmesbury	Jakaranda Street, Malmesbury	CDC	West Coast	Swartland	West Coast	7514	2 677	5 712	91 018	-33.465560	18.703530	WCG
190	Malmesbury FPL	Malmesbury	PG Nelson Street, Malmesbury (on hospital site)	Forensic Pathology Laboratory	West Coast	Swartland	West Coast	5058	1 016	On Hospital site	25 400	-33.467222	18.717500	WCG
191	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
192	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	18.477020	Unregistered - Municipal
193	Mbekweni CDC	Paarl	Mafia Street, Mbekweni	CDC	Cape Winelands	Drakenstein	Wineyards / Overberg	644	488	2 669	16 592	-33.675310	18.992900	WCG
194	McGregor Clinic	McGregor	Tindall Street, McGregor	Clinic	Cape Winelands	Langeberg	Wineyards / Overberg	1330	279	639	6 975	-33.947630	19.829060	WCG
195	Melkhoufontein Satellite Clinic	Stilbaai	Erica Crescent, Melkhoufontein	Satellite Clinic	Garden Route	Hessequa	Garden Route / Central Karoo	1450	444	1 894	11 100	-34.325860	21.419080	WCG
196	Merweville Satellite Clinic	Merweville	Hugenot Street, Merweville	Satellite Clinic	Central Karoo	Beaufort West	Garden Route / Central Karoo	519	150	9 706	3 750	-32.663740	21.514930	WCG
197	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	845 851	1 717 400	-34.026350	18.615230	WCG
198	Metropole Archive space	Stikland	De La Haye Road, Stikland	Store and other	Tygerberg	City of Cape Town	Metro East	6300	400	On Hospital site	10 000	-33.901111	18.660000	WCG
199	Metropole Satellite Office	Cape Town	Floor 11, Tygerberg Hospital, Farow	Office	Tygerberg	City of Cape Town	Metro East	14298 & 15350	4 859	On Hospital site	121 475			WCG
200	Michael Mapongwana CDC	Khayelitsha	Steve Biko Road, Harare	CDC	Khayelitsha	City of Cape Town	Metro East	40673	4 667	5 000	158 338	-34.051688	18.670466	Unregistered - Municipal
201	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	238 455	-34.046667	18.622222	WCG
202	Mitchell's Plain Hospital	Mitchell's Plain	8 AZ Berman Drive, Lenteguur, Mitchell's Plain	District Hospital	Mitchell's Plain	City of Cape Town	Metro West	21763	25 771	228 832	953 527	-34.021270	18.613120	WCG
203	Molsvlei Satellite Clinic	Molsvlei	Main Road, Molsvlei	Satellite Clinic	West Coast	Matzikama	West Coast	334	130		3 250	-30.872060	18.038340	To be transferred
204	Montagu Ambulance Station	Montagu	On hospital ground, Church Street, Montagu	EMS	Cape Winelands	Langeberg	Wineyards / Overberg	4 & 909	100	41 594	2 500	-33.798100	20.122520	WCG
205	Montagu Clinic	Montagu	Park Street, Montagu	Clinic	Cape Winelands	Langeberg	Wineyards / Overberg	5214	944	3 011	23 600	-33.782810	20.129030	WCG
206	Montagu Hospital	Montagu	C/o Hospital & Kerk Street, Montagu	District Hospital	Cape Winelands	Langeberg	Wineyards / Overberg	4 & 909	2 565	41 594	94 905	-33.797530	20.123180	WCG
207	Montagu Hospital Residential	Montagu	C/o Hospital & Kerk Street, Montagu	Residential accommodation	Cape Winelands	Langeberg	Wineyards / Overberg	4 & 909	1 036	41 594	25 900	-33.798060	20.122003	WCG
208	Moorreesburg Clinic	Moorreesburg	C/o Loop & Main Street, Moorreesburg	Clinic	West Coast	Swartland	West Coast	3713	675	2 036	16 875	-33.149820	18.664330	WCG
209	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	4 500	-34.185600	22.128130	WCG
210	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	22.127550	WCG
211	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	22.127550	WCG

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212	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	18.474730	WCG
213	Murraysburg Clinic	Murraysburg	C/o Pienaar & Graaf Streets, Murraysburg	Clinic	Central Karoo	Beaufort West	Garden Route / Central Karoo	297	250	1 860	6 250	-31.962090	23.769020	To be transferred
214	Murraysburg Hospital	Murraysburg	C/o Pienaar & Graaf Reinett Streets, Murraysburg	District Hospital	Central Karoo	Beaufort West	Garden Route / Central Karoo	297	1 041	12 000	38 517	-31.962320	23.769280	To be transferred
215	Napier Clinic	Napier	West Street, Napier	Clinic	Overberg	Cape Agulhas	Winelands / Overberg	1718	650	4 999	16 250	-34.470400	19.893120	WCG
216	Nduli Clinic	Ceres	Chris Hani Drive, Nduli, Ceres	Clinic	Cape Winelands	Witzenberg	Winelands / Overberg	5139	384	1 944	9 600	-33.356360	19.340040	WCG
217	Nelspoort Clinic	Nelspoort	Nelspoort Hospital, Nelspoort	Clinic	Central Karoo	Beaufort West	Garden Route / Central Karoo	5	100	On Hospital site	2 500	-32.088770	23.005240	WCG
218	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	22.607800	WCG
219	New Horizon Clinic	Plettenberg Bay	2249 Mimosa Street, New Horizon	Clinic	Garden Route	Bitou	Garden Route / Central Karoo	2249 & 5607	381	661	9 525	-34.052610	23.342280	WCG
220	New Somerset Hospital	Green Point	Beach Road, Green Point	Regional Hospital	Western	City of Cape Town	Metro West	1559	28 547	72 495	1 170 427	-33.906030	18.415930	WCG
221	Nieuwepark Clinic	Beaufort West	Zero Street, Nieuwepark, Beaufort West	Clinic	Central Karoo	Beaufort West	Garden Route / Central Karoo	3613	406	15 317	10 150	-32.375780	22.567150	To be transferred
222	Nieuwedrift Clinic	Paarl	R45 Boland Wynkelder Turnoff Wellington / Malmesbury Road, Nieuwedrift	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	Portion 22 of farm 486	555	2 595	13 875	-33.687790	18.963450	WCG
223	Nkqubela Clinic	Robertson	Burwana Street, Nkqubela	Clinic	Cape Winelands	Langeberg	Winelands / Overberg	56	291	354	7 275	-33.818590	19.893480	WCG
224	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
225	Nomzamo CDC	Strand	C/o Nomzamo & Solomon Streets, Nomzamo Asanda Village, Strand	CDC	Eastern	City of Cape Town	Metro East	30445	1 466	2 020	49 844	-34.112354	18.857763	WCG
226	Nyanga CDC	Nyanga	Sihandathu Avenue, Nyanga	CDC	Klipfontein	City of Cape Town	Metro West	673	1 100	8 434	37 400	-33.99188	18.58625	To be transferred from CoCT as part of 9 priority sites
227	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	-33.939069	18.464452	WCG
228	Onrus Satellite Clinic	Onrus	Roo's Street, Onrus	Satellite Clinic	Overberg	Overstrand	Winelands / Overberg	2549	169	4957	4 225	-34.412580	19.168970	WCG
229	Op die Berg Clinic	Op die Berg	C/o Sonkuin Avenue & Church Street, Op die Berg	Clinic	Cape Winelands	Witzenberg	Winelands / Overberg	417	350	1 098	8 750	-33.023880	19.310050	WCG

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230	Orchard Clinic	De Doorns	Modderdrift Road, Orchard	Clinic	Cape Winelands	Breede Valley	Winelands / Overberg	Pin 37 of farm Orchard no 119	116	1 007	2 900	-33.485400	19.624650	WCG
231	Orthotic and Prosthetic Centre	Thomton	Forest Drive Extension, Pinelands	Workshop	Western	City of Cape Town	Metro West	112656	3 270	14 803	81 750	-33.923362	18.520658	WCG
232	Otto du Plessis Hospital	Bredasdorp	C/o Van Riebeeck & Dorpsig Street, Bredasdorp	District Hospital	Overberg	Cape Agulhas	Winelands / Overberg	1393	2 290	43 795	84 730	-34.536290	20.034100	WCG
233	Oudshoorn Ambulance Station	Oudshoorn	On hospital ground, Park Road, Oudshoorn	EMS	Garden Route	Oudshoorn	Garden Route / Central Karoo	217	467	149 886	11 675	-33.594010	22.206180	WCG
234	Oudshoorn Clinic	Oudshoorn	31 Adley Street, Oudshoorn	Clinic	Garden Route	Oudshoorn	Garden Route / Central Karoo	1355	436	2 071	10 900	-33.594010	22.206180	WCG
235	Oudshoorn Hospital	Oudshoorn	Park Road, Oudshoorn	District Hospital	Garden Route	Oudshoorn	Garden Route / Central Karoo	216-17, 2964 & 3225	11 688	149 886	432 456	-33.588352	22.188840	WCG
236	Oudshoorn Hospital Residential	Oudshoorn	Park Road, Oudshoorn	Residential accommodation	Garden Route	Oudshoorn	Garden Route / Central Karoo	216-17, 2964 & 3225	2 542	149 886	63 550	-33.588760	22.188840	WCG
237	Overhex Satellite Clinic	Worcester	Main Street, Overhex	Satellite Clinic	Cape Winelands	Breede Valley	Winelands / Overberg	361/63	99		2 475	-33.66380	19.543570	To be transferred
238	Paarl Ambulance Station	Paarl	Sanddrift Street, Paarl	EMS	Cape Winelands	Drakenstein	Winelands / Overberg	15334	725	5 105	18 125	-33.720090	18.970020	WCG
239	Paarl FPL	Paarl	Broadway Street, Paarl East	Forensic Pathology Laboratory	Cape Winelands	Drakenstein	Winelands / Overberg	216-17, 2964 & 3225	1 198	43041 Part of larger Hospital Site	29 950	-33.723370	18.968060	WCG
240	Paarl Hospital	Paarl	C/o Bergriver Boulevard & Hospital Street, Paarl	Regional Hospital	Cape Winelands	Drakenstein	Winelands / Overberg	1018	31 853	43 041	1 305 973	-33.725980	18.971450	WCG
241	Paarl Hospital Residential	Paarl	Hospital Street, Paarl	Residential accommodation	Cape Winelands	Drakenstein	Winelands / Overberg	1018, 1101, 1102, 8303, 8304, 8305	3 230	43 041	80 750	-33.726389	18.970278	WCG
242	Paarl HT Maintenance Hub	Paarl	On hospital grounds & Hospital Street, Paarl	Workshop	Cape Winelands	Drakenstein	Winelands / Overberg	1018	50	43 041	1 250	-33.725980	18.971450	WCG
243	Pacaltsdorp Clinic	George	Mission Street, Pacaltsdorp, George	Clinic	Garden Route	George	Garden Route / Central Karoo	756	619	6 539	15 465	-34.016160	22.459370	WCG
244	Parkdene Clinic	George	Tourus Street, Parkdene, George	Clinic	Garden Route	George	Garden Route / Central Karoo	11424	394	2 312	9 850	-33.991740	22.486500	To be transferred
245	Parow CDC	Parow	Smith & Voortrekker Road, Parow	CDC	Tygerberg	City of Cape Town	Metro East	7362 & 7354	700	2 967	23 800	-33.90518	18.58684	To be transferred from CoCT as part of 9 priority sites
246	Paternoster Satellite Clinic	Paternoster	62 St Augustine's Road, Paternoster	Satellite Clinic	West Coast	Saldanha	West Coast	1188	140	625	3 500	-32.809650	17.889970	To be transferred
247	Patriot Plein Clinic	Paarl	Patriot Square, Derksen Street, Patriot Plein, Paarl	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	33044	453	±860	11 325	-33.732120	18.965960	WCG
248	Phola Park Clinic	Paarl	Bukanani Street, Mbekweni, Paarl	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	3352	477	2 609	11 925	-33.683920	18.990740	WCG
249	Piketberg Ambulance Station	Piketberg	Main Road, Piketberg	EMS	West Coast	Bergriver	West Coast	4410	358	4 200	8 950	-32.906881	18.762756	WCG
250	Piketberg Clinic	Piketberg	Clinic Street, Piketberg	Clinic	West Coast	Bergriver	West Coast	4415	439	1 400	10 975	-32.899640	18.761300	WCG

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251	Pinehills Ambulance Station	Pinehills	11 Alexandra Road, Pinehills	EMS	Western	City of Cape Town	Metro West	103659	4 320	24 613	108 000	-33.935942	18.490047	To be transferred
252	Plettenberg Bay Clinic	Plettenberg Bay	Marine Drive, Plettenberg Bay	Clinic	Garden Route	Bitou	Garden Route / Central Karoo	12707	947	10 188	23 675	-34.055390	23.367130	To be transferred
253	Porterville Ambulance Station	Porterville	School Street, Porterville	EMS	West Coast	Bergrievr	West Coast	1687	46	19563 Part of larger Hospital site	1 150	-33.017910	18.994500	WCG
254	Porterville Clinic	Porterville	Voorrekker Road, Porterville	Clinic	West Coast	Bergrievr	West Coast	1687	576	19563 Part of larger Hospital site	14 400	-33.017910	18.994500	WCG
255	Prince Albert Ambulance Station	Prince Albert	1 Loop Street, Prince Albert	EMS	Central Karoo	Prince Albert	Garden Route / Central Karoo	757	111	745	2 775	-33.212003	22.023557	To be transferred
256	Prince Albert Clinic	Prince Albert	Lower Market Street, Prince Albert	Clinic	Central Karoo	Prince Albert	Garden Route / Central Karoo	843	858	On Hospital site	21 450	-33.216780	22.025780	To be transferred
257	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
258	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
259	Prince Alfred Hamlet Clinic	Prince Alfred Hamlet	Voorrekker Street, Prince Alfred Hamlet	Clinic	Cape Winelands	Witzenberg	Winelands / Overberg	870	946		23 650	-33.28934	19.326781	To be transferred
260	Radio Koze Hospital	Piketberg	Church Street, Piketberg	District Hospital	West Coast	Bergrievr	West Coast	1769	2 328	17 090	86 136	-32.906881	18.762756	WCG
261	Railton Clinic	Swellendam	Resiesbaan Street, Swellendam	Clinic	Overberg	Swellendam	Winelands / Overberg	7296	770	888	19 250	-34.034400	20.444680	WCG
262	Rawsonville Clinic	Rawsonville	2 Out Street, Rawsonville	Clinic	Cape Winelands	Breede Valley	Winelands / Overberg	837	750		18 750	-33.690410	19.318140	WCG
263	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
264	Retreat CHC	Retreat	138 11th Avenue, Retreat	CHC	Southern	City of Cape Town	Metro West	110130	2 919	8 379	102 165	-34.058400	18.480610	WCG
265	Riebeek West Clinic	Riebeek West	Kachelhoffer Street, Riebeek West	Clinic	West Coast	Swartland	West Coast	1843 & 2369 (pin of 499)	207	758	5 175	-33.352330	18.874750	WCG
266	Rietpoort Satellite Clinic	Rietpoort	Main Street, Rietpoort	Satellite Clinic	West Coast	Matzikama	West Coast	296	143		3 575	-30.956730	18.041580	To be transferred
267	Riverlands Satellite Clinic	Riverlands	Waterblommejje Street, Riverlands	Satellite Clinic	West Coast	Swartland	West Coast	7911	113	1 293	2 825	-33.527760	18.598110	WCG
268	Riversdale Ambulance Station	Riversdale	On hospital ground, Hofmeyer Street, Riversdale	EMS	Garden Route	Hessequa	Garden Route / Central Karoo	3832	415	31 874	10 375	-34.094230	21.253480	WCG
269	Riversdale Clinic	Riversdale	Van Zyl Street, Riversdale	Clinic	Garden Route	Hessequa	Garden Route / Central Karoo	3832	512	31 874	12 800	-34.093168	21.254780	To be transferred
270	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
271	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
272	Riversderend Ambulance Station	Riversderend	De Kock Street, Riversderend	EMS	Overberg	Theewaterskloof	Winelands / Overberg	1704	66	2 011	1 650	-34.147303	19.909531	WCG
273	Riversderend Clinic	Riversderend	De Kock Street, Riversderend	Clinic	Overberg	Theewaterskloof	Winelands / Overberg	1704	269	2 011	6 725	-34.148550	19.919450	WCG

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274	Robertson Ambulance Station	Robertson	On hospital ground, Oudtshoorn Street, Robertson	EMS	Cape Winelands	Langeberg	Winelands / Overberg	2255	293	56637 Part of larger Hospital Site	7 325	-33.801820	19.891940	WCG
275	Robertson Hospital	Robertson	Van Oudtshoorn Street, Robertson	District Hospital	Cape Winelands	Langeberg	Winelands / Overberg	2255	3 027	58 637	111 999	-33.801740	19.891130	WCG
276	Rosemoor Clinic	George	Canary Street, Rosemore, George	Clinic	Garden Route	George	Garden Route / Central Karoo	5540	497	2 529	12 425	-33.972190	22.478120	WCG
277	Rural Health Services Patient Medical Records	Bredasdorp	C/o Van Riebeck & Dorpsig Street, Bredasdorp	Store and other	Overberg	Cape Agulhas	Winelands / Overberg	1393	98		2 450	-34.536290	20.034100	WCG
278	Ruyterwacht CDC	Goodwood	Texel Street, Ruyterwacht	CDC	Tygerberg	City of Cape Town	Metro East	3060	750		25 500	-33.923850	18.553200	WCG
279	Saldanha Clinic	Saldanha	Saldanha Road, Saldanha	Clinic	West Coast	Saldanha	West Coast	14710	484	1 048	12 100	-33.008070	17.944100	WCG
280	Saldanha Sub-district Office	Vredenburg	Voorrekker Street, Vredenburg	Sub-district Office	West Coast	Saldanha	West Coast	16632	100	In Vredenburg Hospital	2 500	-32.907130	17.992450	WCG
281	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 transferred
282	Saron Clinic	Saron	Main Road, Saron	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	534	552	5 312	13 800	-33.183810	19.007610	To be transferred
283	Scottsdale CDC	Kraaifontein	Eoan 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
284	Sedgefield Clinic	Sedgefield	Peiican Lane, Sedgefield	Clinic	Garden Route	Knysna	Garden Route / Central Karoo	2022	441	10 000	11 025	-34.020508	22.802724	WCG
285	Simondium Clinic	Paarl	Watergat Road, Simondium	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	Pt3 of farm 940	746	27 798	18 650	-33.840300	18.959210	WCG
286	Slangrivier Satellite Clinic	Slangrivier	School Street, Slangrivier	Satellite Clinic	Garden Route	Hessequa	Garden Route / Central Karoo	76	155	1 200	3 875	-34.137260	20.858470	WCG
287	Soetendal Clinic	Wellington	R44, Hermon Road, Hermon, Wellington	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	144 Pnt 4	120	2 143	3 000	-33.602929	18.983790	WCG
288	Sonskyn Vallei Satellite Clinic	Hartenbos	C/o Mancoela & Campiro Streets, Sonskyn Valley, Hartenbos	Satellite Clinic	Garden Route	Mosel Bay	Garden Route / Central Karoo	6267	158	1 000	3 950	-34.114700	22.083500	WCG
289	Sonstraal Hospital	Paarl	Meaker Street, Paarl	TB Hospital	West Coast	Swartland	West Coast	21289, 21292	4 687	547 031	192 167	-33.711579	18.986991	WCG
290	Stanford Clinic	Stanford	Mathilda May Street, Stanford	Clinic	Overberg	Overstrand	Winelands / Overberg	1779	508	2 593	12 700	-34.445685	19.453033	WCG
291	Stellenbosch Ambulance Station	Stellenbosch	On hospital ground, Merryman Street, Stellenbosch	EMS	Cape Winelands	Stellenbosch	Winelands / Overberg	6095	406	On Hospital site	10 150	-33.930640	18.870390	WCG
292	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
293	Sikiland Hospital	Sikiland	De La Haye Road, Sikiland	Psychiatric Hospital	Tygerberg	City of Cape Town	Metro East	6300	38 307	1 411 143	1 570 587	-33.902390	18.657664	WCG
294	Still Bay Satellite Clinic	Still Bay	Main Road, Still Bay	Satellite Clinic	Garden Route	Hessequa	Garden Route / Central Karoo	522	184	1 894	4 600	-34.369170	21.406360	WCG

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295	Struisbaai Clinic	Struisbaai	Deining Avenue, Struisbaai	Clinic	Overberg	Cape Agulhas	Wineands / Overberg	4089	265	265	6 625	-34.782820	20.033430	WCG
296	Suurbraak Clinic	Suurbraak	Helm Circle, Suurbraak	Clinic	Overberg	Swellendam	Wineands / Overberg	420	152	600 Part of larger Site	3 800	-34.004670	20.653460	PGWC
297	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
298	Swellendam Ambulance Station	Swellendam	6 Drosdy Street, Swellendam	EMS	Overberg	Swellendam	Wineands / Overberg	4637	235	3 725	5 875	-34.025010	20.448229	WCG
299	Swellendam Clinic	Swellendam	18 Drosdy Street, Swellendam	Clinic	Overberg	Swellendam	Wineands / Overberg	50	714	63 395	17 850	-34.024120	20.450730	WCG
300	Swellendam FPL	Swellendam	1 Von Manger Street, Swellendam	Forensic Pathology Laboratory	Overberg	Swellendam	Wineands / Overberg	992	353	519	8 825	-34.014801	20.443068	WCG
301	Swellendam Hospital	Swellendam	8 Drosdy Street, Swellendam	District Hospital	Overberg	Swellendam	Wineands / Overberg	50	3 236	63 395	119 732	-34.024250	20.449910	WCG
302	Swellendam Sub-district Office	Swellendam	8 Drosdy Street, Swellendam	Sub-district Office	Overberg	Cape Agulhas	Wineands / Overberg	50	100	In Swellendam Hospital	2 500	-34.024250	20.449910	WCG
303	Symphony Way CDC	Delft	C/o Silversands & Swellendam	CDC	Tygerberg	City of Cape Town	Metro East	26437,26438	2 588	5 300	87 992	-33.964430	18.627030	WCG
304	TC Newman CDC	Paarl	Outenikwa Roads, Delft Rosary Street & Broadway Street, Charleston Hill, Paarl	CDC	Cape Wineands	Drakenstein	Wineands / Overberg	10875	9 298	77 396	316 132	-33.723100	18.987600	WCG
305	Thembalethu CDC	George	Sandkraal Road Thembalethu George	CDC	Garden Route	George	Garden Route / Central Karoo	11118 (portion of Erf 2186)	4 500	7 979	153 000	-34.004600	22.487620	WCG
306	Toekomsrus Clinic	Oudtshoorn	52 Lupin Street, Toekomsrus, Oudtshoorn	Clinic	Garden Route	Oudtshoorn	Garden Route / Central Karoo	11494	239	457	5 987	-33.595480	22.241150	To be transferred
307	Touws River Ambulance Station	Touws River	West Street, Touws River	EMS	Cape Wineands	Breede Valley	Wineands / Overberg	927	200	10320 Part of Larger Site	5 000	-33.340686	20.028875	WCG
308	Touws River Clinic	Touws River	West Street, Touws River	Clinic	Cape Wineands	Breede Valley	Wineands / Overberg	927	394	10320 Part of Larger Site	9 850	-33.340624	20.028913	WCG
309	Tulbagh Ambulance Station	Tulbagh	3 Plain Street, Tulbagh	EMS	Cape Wineands	Witzenberg	Wineands / Overberg	2440	508	7 013	12 700	-33.284920	19.146870	WCG
310	Tulbagh Clinic	Tulbagh	Steinthal Road, Tulbagh	Clinic	Cape Wineands	Witzenberg	Wineands / Overberg	2440	721	7 013	18 025	-33.284590	19.146570	WCG
311	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	104 500	-33.911972	18.612635	WCG
312	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
313	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
314	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
315	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

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316	Tygerberg Hospital Residential	Parow	On hospital site, Franse 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
317	Tygerberg Laundry	Parow	On hospital site, Franse 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
318	Uniondale (Lyonsville) Clinic	Uniondale	Long Street, Uniondale	Clinic	Garden Route	George	Garden Route / Central Karoo	796	465		11 625	-33.662770	23.112780	To be transferred
319	Uniondale Hospital	Uniondale	Hospital Street, Uniondale	District Hospital	Garden Route	George	Garden Route / Central Karoo	1047	1 338	5 950	49 506	-33.659590	23.125440	To be transferred
320	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
321	Van Rhynsdorp Clinic	Van Rhynsdorp	Buitenkant Street, Van Rhynsdorp	Clinic	West Coast	Matzikama	West Coast	1314	235	3 181	5 875	-31.598900	18.747700	WCG
322	Van Wyksdorp Satellite Clinic	Van Wyksdorp	Voorrekker Street, Van Wyksdorp	Satellite Clinic	Garden Route	Kannaland	Garden Route / Central Karoo	114	217	1 441	5 413	-33.748860	21.460090	WCG
323	Vanguard CHC	Bonteheuwel	Candlewood Road, Bonteheuwel	CHC	Western	City of Cape Town	Metro West	100010	4 480	98 560	156 800	-33.947890	18.543460	To be transferred
324	Veldrif Clinic	Veldrif	1 Noordhoek Street, Veldrif	Clinic	West Coast	Bergriver	West Coast	452	299	1 494	7 475	-32.773760	18.165520	WCG
325	Victoria Hospital	Wynberg	Alphen Hill Road, Wynberg	District Hospital	Southern	City of Cape Town	Metro West	362, 66052, 55, 67406 & 67386	13 841	43 000	512 117	-34.011890	18.459590	WCG
326	Villiersdorp Clinic	Villiersdorp	6 Protea Street, Villiersdorp	Clinic	Overberg	Theewaterskloof	Wineands / Overberg	1480	433	1 408	10 825	-33.992015	19.284992	WCG
327	Villiersdorp Mobile Garage	Villiersdorp	Main Road, Villiersdorp	Mobile Garage	Overberg	Theewaterskloof	Wineands / Overberg	289 & 479	100		2 500	-33.992798	19.288165	WCG
328	Voorstekraal Satellite Clinic	Genaadendal	Main Street, Voorstekraal	Satellite Clinic	Overberg	Theewaterskloof	Wineands / Overberg	1319	48	647	1 200	-34.049900	19.538900	WCG
329	Vredenburg Ambulance Station	Vredenburg	Vredenburg Hospital, 123 Voorrekker Street, Vredenburg	EMS	West Coast	Saldanha	West Coast	16632	357	49 899	8 925	-32.913627	17.990788	WCG
330	Vredenburg Clinic	Vredenburg	Waterkant Street, Vredenburg	Clinic	West Coast	Saldanha	West Coast	16252	206	487	5 150	-32.913005	17.990265	WCG
331	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	PGWC
332	Vredenburg Hospital	Vredenburg	Voorrekker Street, Vredenburg	District Hospital	West Coast	Saldanha	West Coast	16632	8 034	49 899	297 258	-32.907130	17.992450	WCG
333	Vredendal Ambulance Station	Vredendal	On hospital ground, Kooperasie Street, Vredendal	EMS	West Coast	Matzikama	West Coast	507	1 176	On Hospital site	29 400	-31.668850	18.504060	WCG
334	Vredendal FPL	Vredendal	1 River Street, Vredendal	Forensic Pathology Laboratory	West Coast	Matzikama	West Coast	1268	250	800 Part of larger SAPS Site	6 250	-31.661440	18.510550	To be transferred from SAPS
335	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
336	WCCN Boland Overberg Campus - Erika Hostel	Worcester	Riebeck Street, Worcester	Nurses residential accommodation	Cape Wineands	Breede Valley	Wineands / Overberg	1722	2773		69 325	-33.644964	19.453672	WCG

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337	WCCN Central Administration	Cape Town	Klipfontein Road, Athlone	Nursing College	Klipfontein	City of Cape Town	Metro West		660		16 500	-33.969794	18.551435	WCCG
338	WCCN Metro West Campus	Athlone	Klipfontein Road, Athlone	Nursing College	Klipfontein	City of Cape Town	Metro West	101670-71	2 878	219 488	71 950	-33.969794	18.551435	WCCG
339	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	22.451517	WCCG
340	Wellington CDC	Wellington	Dr Abduraghaman Road, Wellington	CDC	Cape Winelands	Drakenstein	Winelands / Overberg	14362	1 450	45 608	49 300	-33.664550	18.995590	WCCG
341	Westfleur Ambulance Station	Atlantis	On hospital site, Westfleur Circle, Westfleur, Atlantis	EMS	Western	City of Cape Town	Metro West	11562	404	11 774	10 100	-33.564443	18.495336	WCCG
342	Westfleur Hospital	Atlantis	Westfleur Circle, Westfleur, Atlantis	District Hospital	Western	City of Cape Town	Metro West	2740	5 643	16 000	208 791	-33.564690	18.494760	WCCG
343	Western Cape Rehabilitation Centre	Mitchell's Plain	On Lentegour Hospital site, 103 Highlands, AZ Berman Drive, Mitchell's Plain	Rehabilitation Unit	Mitchell's Plain	City of Cape Town	Metro West	21763	20 659	1 078 481	516 475	-34.024587	18.619600	WCCG
344	William Slater Psychiatric OPD	Rondebosch	Milner Road, Rondebosch	Psychiatric Step down	Southern	City of Cape Town	Metro West	44892	1 500	5 433	37 500	-33.960398	18.486068	WCCG
345	Windmeul Clinic	Paarl	Plot nr 174, Windmeul, Agter Paarl	Clinic	Cape Winelands	Drakenstein	Winelands / Overberg	Ptn 20 of Farm 174	120	2000 Part of Farm	3 000	-33.670740	18.905550	WCCG
346	Wolseley Clinic	Wolseley	Eaufeels street, Wolseley	Clinic	Cape Winelands	Witzenberg	Winelands / Overberg	3184	946	5623.1	23 660	-33.413534	19.197116	WCCG
347	Worcester Ambulance Station	Worcester	10 Murray Street, Worcester	EMS	Cape Winelands	Breede Valley	Winelands / Overberg	2645	1 303	3 590	32 575	-33.644235	19.446621	WCCG
348	Worcester Ambulance Station Workshop	Worcester	84 Durban Street, Worcester	EMS Workshop	Cape Winelands	Breede Valley	Winelands / Overberg	1395	500	1 795	12 500	-33.647797	19.445866	WCCG
349	Worcester CDC	Worcester	Suggat Street, Worcester	CDC	Cape Winelands	Breede Valley	Winelands / Overberg	4029	1 200	Part of hospital site	40 800	-33.644790	19.460080	WCCG
350	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	WCCG
351	Worcester FPL	Worcester	On hospital site, C/o Fisher & Suggat Street, Worcester	Forensic Pathology Laboratory	Cape Winelands	Breede Valley	Winelands / Overberg	4029	1 405	57 585	35 125	-33.646555	19.456583	WCCG
352	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	WCCG
353	Worcester Hospital Residential	Worcester	C/O Meiring Street & Suggat Street, Worcester	Residential Accommodation	Cape Winelands	Breede Valley	Winelands / Overberg	4029	3 742	57 585	93 550	-33.645556	19.458056	WCCG
354	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	WCCG

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 (M ²)	LAND EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2022 x R1 000	LATITUDE	LONGITUDE	OWNERSHIP STATUS
355	Zoar Clinic	Oudshoorn	The Street, Zoar	Clinic	Garden Route	Kannaland	Garden Route / Central Karoo	410	263	587	6 567	-33.494930	21.446130	WCG
356	Zolani Clinic	Ashton	282 Building Road, Ashton	Clinic	Cape Winelands	Langeberg	Winelands / Overberg	1884	383	1080 Part of larger Site	9 575	-33.837530	20.086040	WCG
357	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 2.1.2:

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	Chieppini Street, Cape Town	Office	Strategic	Assurance	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	2 126	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)		Head Office	HOD office & ECSS office					
5c			4 Dorp Street, Cape Town (Floors 10, 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 14, 18, 24)		Strategic cluster	Strategic cluster					

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
6a	Metropole Regional Office	Belville	Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (4th Floor, South Block)	Office	ECSS	ECSS HO	City of Cape Town	10777		Foms part of Belville Health Park Office Complex	WCG
6b			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (3rd Floor)		ECSS	ECSS Laboratory and blood services co-ordination					
6c			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (2nd Floor, North Block)		Metro	People Management					
6d			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (1st Floor, South Block)		Metro	MHS & Northern & Tygerberg					
6e			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (2nd Floor, North Block)		Corporate Support Service	Finance Management					
6f			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (1st Floor, North Block)		Corporate Support Service	FIM Health Technology					
WCGH BUDGET RESPONSIBILITY											
1	Cape Agulhas Sub-district Office	Bredasdorp	C/o Van Riebeeck & 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	Brewskloof Hospital, Hartem Street, Worcester	Office	Rural	Cape Winelands	Breede Valley	4771	2 198	174 347	WCG
3	Cederberg Sub-district Office	Cianwilliam	Cianwilliam Hospital, Old Cape Road, Cianwilliam	Office	Rural	West Coast	West Coast	473	114	365 366	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	M4 Building, C/o Mike Pienaar Boulevard & Frans Conradie Drive, Belville	Offices	Corporate Support Service	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	1 078 481	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 Satellite Office	Stikland	De La Haye Road, Stikland	Office	Metro HO	Finance Management and People Management	City of Cape Town	6300	2 417	1 411 143	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
11b	Metro Head Satellite Office	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
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	Bosklinik 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	Sitkland	Building A, Sitkland Nurses Home, Old Paarl Road, Sitkland	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 2.2.1:

Schedule of Accommodation currently occupied:

Leased Health Facilities

**TEMPLATE 2.2.1: SCHEDULE OF ACCOMMODATION CURRENTLY OCCUPIED: LEASED HEALTH FACILITIES
(WCGTPW BUDGET RESPONSIBILITY)**

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 2022 x R1 000	LATITUDE	LONGITUDE	REGISTERED OWNER
1	Beaufort West Doctors Residences	Beaufort West	46 Kambroo Village Units, Beaufort West	Doctors Residence	Central Karoo	Beaufort West	Garden Route / Central Karoo	8349	300	7 500	-32.35310	22.60220	Kambroo Properties
2	Beilville RHC	Beilville	Tygerberg Centre, Voortrekker Road, Beilville	Reproductive Health Centre	Tygerberg	City of Cape Town	Metro East	10894	235	5 875	-33.901365	18.625232	M. Friedman - Private Owner
3	Bereaville Satellite Clinic	Bereaville	Long Street, Bereaville	Satellite Clinic	Overberg	Theewaterskloof	Wineands / Overberg	1366	167	4 175	-34.04653	19.51855	Theewaterskloof
4	Betty's Bay Satellite Clinic	Betty's Bay	Community Hall, Clarence Drive, Betty's Bay	Satellite Clinic	Overberg	Overstrand	Wineands / Overberg	2649	74	1 850	-34.35479	18.88055	Overstrand Municipality
5	Bitterfontein Ambulance Station	Bitterfontein	Kok Street, 327, Bitterfontein	EMS	West Coast	Matzikama	West Coast	327	165	4 125	-31.03749	18.26555	West Coast Municipality
6	Bitterfontein Satellite Clinic	Bitterfontein	69 Main Road, Bitterfontein	Satellite Clinic	West Coast	Matzikama	West Coast	334	87	2 175	-31.03734	18.26751	West Coast Municipality
7	Brackengate Intermediate Care	Brackenfell	5 Rubicon Blvd, Brackengate II, Brackenfell South	COVID-19 Temporary Intermediate Care Hospital	Tygerberg	City of Cape Town	Metro East	25702	5 412	135 300	-33.90301	18.67762	BIDWEST Properties (Pty) Ltd, Edeline Properties Ltd. & VDMW Brackengate2 (Pty) Ltd joint ownership
8	Brandwacht Satellite Clinic	Brandwacht	Adam Street, Brandwacht	Satellite Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	156	191	4 775	-34.05156	22.05444	Perfect Apostolic CP
9	Bredasdorp Ambulance Station Workshop	Bredasdorp	Metsy Motors Building, Bredasdorp	EMS Workshop	Overberg	Cape Agulhas	Wineands / Overberg	825-7	256	6 400	-34.53389	20.03779	Metsy Trust - Private Owner
10	Breerivier Clinic	Ceres	Waboomsriwer Road, Breerivier	Clinic	Cape Wineands	Witzenberg	Wineands / Overberg	208	234	5 850	-33.52862	19.20842	Waboom Koop Winery
11	Cape Town RHC	Cape Town	Golden Acre Building, Cape Town	Reproductive Health Centre	Western	City of Cape Town	Metro West	107746	191	4 775	-33.92247	18.42334	JHI - Private Owner
12	Ceres Clinic (former Annie Brown Clinic)	Ceres	Lyell Street, Ceres	Clinic	Cape Wineands	Witzenberg	Wineands / Overberg	5049	293	7 325	-33.37681	19.31238	Ceres Municipality
13	Cianwilliam Ambulance Station	Cianwilliam	9 Old Cape Road, Cianwilliam	EMS	West Coast	Cederberg	West Coast	3745	216	5 400	-32.18327	18.89275	Cianwilliam Welfare Organisation for the Aged - Private Owner
14	Darling Ambulance Station	Darling	Kerk Street, Darling	EMS	West Coast	Swartland	West Coast		234	5 850	-33.37119	18.38467	Municipality
15	De Wet Satellite Clinic	Nuy	PO Box 91, Worcester	Satellite Clinic	Cape Wineands	Breede Valley	Wineands / Overberg	319	100	2 500	-33.60516	19.51498	JT De Wet - Private Owner
16	Diazville Temporary Clinic	Saldanha	Good Hope Street, Diazville	Clinic	West Coast	Saldanha	West Coast	Portion of Farm 285, Portion 10	395	9 875	-33.00765	17.92214	Saldanha Bay Municipality

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 2022 x R1 000	LATITUDE	LONGITUDE	REGISTERED OWNER
17	Dirkie Uys Street Satellite Clinic	Franschhoek	Dirkie Uys Street, Franschhoek	Satellite Clinic	Cape Winelands	Stellenbosch	Wineands / Overberg		100	2 500	-33.97001	19.11996	Stellenbosch Municipality
18	Don and Pat Bilton Clinic	Jamestown	Pajero Street, Jamestown, Stellenbosch	Clinic	Cape Winelands	Stellenbosch	Wineands / Overberg	439	150	3 750	-33.97953	18.84908	Stellenbosch Municipality
19	Ebenhaezer Satellite Clinic	Ebenhaezer	118 New Station, Ebenhaezer	Satellite Clinic	West Coast	Matzkhama	West Coast	118	142	3 550	-31.56483	18.24183	Human Settlements
20	Eendekuil Satellite Clinic	Eendekuil	Main Road, Eendekuil	Satellite Clinic	West Coast	Bergriver	West Coast	65	147	3 675	-32.68981	18.88172	Bergriver Municipality
21	Elim Satellite Clinic	Elim	Die Werf, Elim, Bredasdorp	Satellite Clinic	Overberg	Cape Agulhas	Wineands / Overberg	237	65	1 625	-34.59183	19.76019	Moravian Church
22	George Ambulance Station Control Centre	George	Wifontein Street, George	EMS Control Centre	Garden Route	George	Garden Route / Central Karoo	2219	40	1 000	-33.964519	22.452721	Garden Route District Municipality
23	George Road Satellite Clinic	Mossel Bay	George Road, Mossel Bay	Satellite Clinic	Garden Route	Mossel Bay	Garden Route / Central Karoo	2819	150	3 750	-34.18022	22.13906	Mossel Bay Municipality
24	Goedverwacht Satellite Clinic	Goedverwacht	Church Street, Goedverwacht	Satellite Clinic	West Coast	Bergriver	West Coast		76	1 900	-32.86514	18.69847	Moravian Church
25	Grabouw Ambulance Station	Grabouw	Raspberry Weg, Grabouw	EMS	Overberg	Theewaterskloof	Wineands / Overberg		200	5 000			Theewaterskloof
26	Gugulethu Oral Health Centre	Gugulethu	Gugulethu Clinic, NY1 & Steve Biko Road, Gugulethu	Dental Clinic	Klipfontein	City of Cape Town	Metro West	5534	200	5 000	-33.98739	18.56591	City of Cape Town
27	Gustrouw CDC	Strand	Hassan Khan Avenue, Rusthof, Strand	CDC	Eastern	City of Cape Town	Metro East		1 064	36 176	-34.13484	18.85196	City of Cape Town
28	Hanover Park CHC	Hanover Park	C/o Surran & Hanover Park Avenue, Hanover Park	CHC	Klipfontein	City of Cape Town	Metro West	140 369	2 917	102 095	-33.993570	18.52804	CoCT
29	Herold Satellite Clinic	George	Du Toit Farm, Herolds Bay, George	Satellite Clinic	Garden Route	George	Garden Route / Central Karoo	Farm 98 Pn 1	128	3 200	-33.84049	22.44402	Du Toit Broers Boedery Trust
30	Hope Street Oral Health Service	Cape Town	8 Hope Street, Gardens, Cape Town	Dental Centre	Western	City of Cape Town	Metro West	95583	604	15 100	-33.93083	18.41833	Trust
31	Hout Bay Harbour CDC	Hout Bay	Karbonkel Road, Hout Bay	Wellness Centre	Southern	City of Cape Town	Metro West	1477	535	13 375	-34.05418	18.34103	City of Cape Town
32	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
33	Kararara Satellite Clinic	Knysna	Church Street, Kararara, Knysna	Satellite Clinic	Garden Route	Knysna	Garden Route / Central Karoo	115	218	5 450	-33.91709	22.83689	Municipality
34	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
35	Keurhoek Satellite Clinic	Rheerndal	44 Watson Street, Rheerndal	Satellite Clinic	Garden Route	Knysna	Garden Route / Central Karoo	44	253	6 325	-33.94517	22.93596	Municipality
36	Kleinvee CDC	Blackheath	C/o Albert Philander & Melkbos Street, Kleinvee	CDC	Eastern	City of Cape Town	Metro East	2084	1 248	42 432	-33.987220	18.717870	City of Cape Town

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 2022 x R1 000	LATITUDE	LONGITUDE	REGISTERED OWNER
37	Kliprand Satellite Clinic	Kliprand	1 Kokerboom Street, Kliprand	Satellite Clinic	West Coast	Matzikama	West Coast	51	27	675	-30.58970	18.68565	West Coast Municipality
38	Knysna FPL	Knysna	11 Main Road, Knysna	Forensic Pathology Laboratory	Garden Route	Knysna	Garden Route / Central Karoo	8335	300	7 500	-34.03599	23.04985	SAPS
39	Laingsburg Ambulance Station	Laingsburg	2 Van Riebeeck Street, Laingsburg	EMS	Central Karoo	Laingsburg	Garden Route / Central Karoo	1884	52	1 300	-33.19386	20.86870	Laingsburg Municipality
40	Laingsburg FPL	Laingsburg	Station Road, Laingsburg	Forensic Pathology Laboratory	Central Karoo	Laingsburg	Garden Route / Central Karoo	54	206	5 150	-33.20794	20.85907	SAPS
41	Lawaalkamp Clinic	George	C/o Stanford & Mangaliso Street, Lawaalkamp	Clinic	Garden Route	George	Garden Route / Central Karoo	16 024	411	10 275	-33.991800	22.47371	Municipality
42	Lentegeur Oral Health Service	Mitchell's Plain	Merrydale & Melkbos Street, Lentegeur	Dental Clinic	Mitchell's Plain	City of Cape Town	Metro West		100	2 500	-34.03389	18.60000	City of Cape Town
43	Maitland Oral Health Service	Maitland	3 Norfolk Road, Maitland	Dental Clinic	Western	City of Cape Town	Metro West	23685	96	2 400	-33.92194	18.48917	City of Cape Town Municipality
44	Maria Pieterse Satellite Clinic	Worcester	Van Huyssteen Avenue, Worcester	Satellite Clinic	Cape Wineands	Breede Valley	Wineands / Overberg	4277	400	10 000	-33.65460	19.45099	Breede Valley Municipality
45	Majiesfontein Satellite Clinic	Majiesfontein	Eikse Gebou, Wollie Bronkhorst Street, Laingsburg	Satellite Clinic	Central Karoo	Laingsburg	Garden Route / Central Karoo	19	50	1 250	-33.23427	20.58444	Laingsburg Municipality
46	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
47	Mitchell's Plain Oral Health Centre	Mitchell's Plain	Mitchell's Plain Campus, Kaitoring Street, Mitchell's Plain	Dental Centre	Mitchell's Plain	City of Cape Town	Metro West	4852	4 862	121 550	-34.04860	18.60569	University of Western Cape - Private Owner
48	Moorreesburg Ambulance Station Control Centre	Moorreesburg	17 Station Road, Moorreesburg	EMS Control Centre	West Coast	Swartland	West Coast	641	250	6 250	-33.15332	18.66845	West Coast Municipality
49	Mossel Bay FPL	Mossel Bay	2C George Road, Mossel Bay	Forensic Pathology Laboratory	Garden Route	Mossel Bay	Garden Route / Central Karoo		243	6 075	-34.17959	22.13745	SAPS
50	Murraysburg Ambulance Station	Murraysburg	Voortrekker Street, Murraysburg	EMS	Central Karoo	Beaufort West	Garden Route / Central Karoo	290	296	7 388	-31.962500	23.761667	Municipality
51	Nuwerus Satellite Clinic	Nuwerus	Kokerboom Street, Nuwerus	Satellite Clinic	West Coast	Matzikama	West Coast	47	79	1 975	-31.14818	18.35760	West Coast District Municipality
52	Oudtshoorn FPL	Oudtshoorn	36 Baron van Rheede Road, Oudtshoorn	Forensic Pathology Laboratory	Garden Route	Oudtshoorn	Garden Route / Central Karoo		300	7 500	-33.56897	22.20313	SAPS
53	Oudtshoorn Oral Health Service	Oudtshoorn	Seppie Greeff Building, Voortrekker Road, Oudtshoorn	Dental Clinic	Garden Route	Oudtshoorn	Garden Route / Central Karoo	1581	153	3 825	-33.58897	22.20313	Seppie Greeff
54	Parow CDC	Parow	Smith & Voortrekker Road, Parow	CDC	Tygerberg	City of Cape Town	Metro East	7352 & 7354	700	23 800	-33.90518	18.58684	City of Cape Town

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 2022 x R1 000	LATITUDE	LONGITUDE	REGISTERED OWNER
55	Pearly Beach Satellite Clinic	Pearly Beach	Main Street, Pearly Beach	Satellite Clinic	Overberg	Overstrand	Winelands / Overberg	1958	175	4 375	-34.65352	19.48712	Overstrand Municipality
56	Ravensmead CDC	Parow	Florida Street, Ravensmead	CDC	Tygerberg	City of Cape Town	Metro East		1 128	38 352	-33.92534	18.59743	To be leased as part of 9 priority sites
57	Redeingshuys Satellite Clinic	Redeingshuys	Voortrekker Street, Redeingshuys	Satellite Clinic	West Coast	Bergriver	West Coast	796	83	2 075	-32.47712	18.53707	JA Veshini and SM Joubert
58	Reed Street CDC	Belville	Reed Street, Belville	CDC	Tygerberg	City of Cape Town	Metro East	Portion of Erf 11233-RE	827	28 118	-33.90444	18.63806	City of Cape Town
59	Riebeeck Kasteel Clinic	Riebeeck Kasteel	22 Angelier Street, Riebeeck-Kasteel (Esterhof Building)	Clinic	West Coast	Swartland	West Coast	414	194	4 850	-33.38393	18.91969	VGK Riebeeck Kasteel - Private Owner
60	Robertson Oral Health Centre	Robertson	Dirkie Uys Street, Robertson	Dental Centre	Cape Winelands	Langeberg	Winelands / Overberg	1348	160	4 000	-33.81037	19.88341	Breerivier Regional Services Council
61	Sandhills Clinic	De Doorns	Water Affairs, Sandhills, de Doorns	Clinic	Cape Winelands	Breede Valley	Winelands / Overberg		122	3 050	-33.51785	19.55866	Unregistered
62	Sandy Point Satellite Clinic	St. Helena Bay	Albatros Street, Sandy Point, St. Helena Bay	Satellite Clinic	West Coast	Saldanha	West Coast	521	112	2 800	-32.74454	18.00614	Saldanha Bay Municipality
63	Silverton Oral Health Service	Athlone	Petunia Street, Silverton	Dental Centre	Klipfontein	City of Cape Town	Metro West		100	2 500	-33.96639	18.53472	City of Cape Town
64	Somersel Street Satellite Clinic	Worcester	Somersel Street, Worcester	Satellite Clinic	Cape Winelands	Breede Valley	Winelands / Overberg	4319	150	3 750	-33.64657	19.43369	Breede Valley
65	Stofkraal Satellite Clinic	Stofkraal	Centre of town, Stofkraal	Satellite Clinic	West Coast	Matzikama	West Coast		80	2 000	-30.71863	18.38124	Unknown
66	Strand CDC	Strand	Cortlandt Place, 37 Main Road, Strand	CDC	Eastern	City of Cape Town	Metro East	8480	572	19 448	-34.11703	18.83002	Heiderkorn Properties - Private Owner
67	Tesselaarsdal Satellite Clinic	Tesselaarsdal	Church Street, Tesselaarsdal	Satellite Clinic	Overberg	Theewaterskloof	Winelands / Overberg	Portion 272 of Farm 811	12	300	-34.37581	19.52585	Municipality
68	Touwsranlen Clinic	George	Bester Street, Touwsranlen	Clinic	Garden Route	George	Garden Route / Central Karoo	499	239	5 975	-33.955280	22.62070	Municipality
69	Tygerberg Oral Health Centre	Parow	Fransie van Zyl, Parow	Dental Centre	Tygerberg	City of Cape Town	Metro East		2 026	50 650	-33.90968	18.61202	University of the Western Cape
70	Villiersdorp Ambulance Station	Villiersdorp	Victoria Street, Villiersdorp	EMS	Overberg	Theewaterskloof	Winelands / Overberg	1794	197	4 925	-33.99253	19.28764	TKW Municipality
71	Vredendal Central Clinic	Vredendal	School Street, Vredendal	Clinic	West Coast	Matzikama	West Coast	203	374	9 350	-31.66484	18.50404	Matzikama Municipality
72	Vredendal North Clinic	Vredendal	Hoërskoolweg, Vredendal North	Clinic	West Coast	Matzikama	West Coast	1303	437	10 925	-31.64426	18.52782	Matzikama Municipality
73	Waenhuiskrans Satellite Clinic	Arniston	Kamp Street, Waenhuiskrans	Satellite Clinic	Overberg	Cape Agulhas	Winelands / Overberg	374	68	1 700	-34.66232	20.22873	Cape Agulhas Municipality

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 2022 x R1 000	LATITUDE	LONGITUDE	REGISTERED OWNER
74	WCCN Boland Overberg Campus	Worcester	Rainier Street, Worcester	Nursing College	Cape Winelands	Breede Valley	Winelands / Overberg	11810	811	20 275	-33.65361	19.43795	Boland College - Private Owner
75	WCCN Southern Cape Karoo Campus - Residential	George	Lily Building, 1 Herrie Street, Dormehs Drift, George	Nursing Residential	Garden Route	George	Garden Route / Central Karoo	9158	799	19 975	-33.96628	22.46124	Mystic Blue Trading 587 (Pty)Ltd
76	Westridge Oral Health Service	Mitchell's Plain	C/o Wespoort & De Duines Drive, Westridge	Dental Clinic	Mitchell's Plain	City of Cape Town	Metro West		50	1 250	-34.05167	18.60389	City of Cape Town
77	Wittedrif Satellite Clinic	Wittedrif	Rotterdam Road, Green Valley, Wittedrif	Satellite Clinic	Garden Route	Bitou	Garden Route / Central Karoo	306 portion 43	203	5 075	-34.01118	23.32834	Bitou Municipality
78	Wittewater Satellite Clinic	Wittewater	Church Street, Wittewater	Satellite Clinic	West Coast	Beigriver	West Coast	1	59	1 475	-32.91669	18.70549	Moravian Church
79	Wupperthal Clinic	Wupperthal	Die Werf, Wupperthal	Clinic	West Coast	Cederberg	West Coast	1	72	1 800	-32.27655	19.21525	Moravian Church
80	Yzerfontein Satellite Clinic	Yzerfontein	Buitekant Street, Yzerfontein	Satellite Clinic	West Coast	Swartland	West Coast	208	47	1 175	-33.34668	18.15881	Swartland Municipality

Template 2.2.2:

Schedule of Accommodation currently occupied:

Leased Office Accommodation

**TEMPLATE 2.2.2: SCHEDULE OF ACCOMMODATION CURRENTLY OCCUPIED: LEASED OFFICE ACCOMMODATION
(WCGTPW BUDGET RESPONSIBILITY)**

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	COMPONENT	DISTRICT / SUB-DISTRICT / DIRECTORATE	LOCAL MUNICIPALITY
FACILITIES							
1	Bergriver Sub-district Office	Piketberg	Montana Building, Piketberg	Offices		West Coast	Bergriver
2a	Head Office Leased Office	Cape Town	Norton Rose House, 8 Riebeeck Street, Cape Town	Offices	Corporate Support Service	Western	City of Cape Town
2b			Floor 1		ECSS	FIM	
2c			Floor 1		Service priority co-ordination		
2d			Floor 1		Head Office	HOD office (communications)	
2e			Floor 5		Strategic cluster	Health intelligence	
2f			Floor 5		ECSS	Business Development	
3	Matzikama Sub-district Office	Vredendal	Karin Building, Voortrekker Road, Vredendal	Offices		West Coast	Matzikama
REPEATER STATIONS							
1	Buffelshoek Repeater Station	Worcester	Farm Kanetvlei No. 80	Repeater Station		Cape Winelands	Bree Valley
2	Waboomsberg Repeater Station	Ceres	Farm Merino,	Repeater Station		Cape Winelands	Witzenberg
3	Boskloof Repeater Station	Caledon	Farm Boskloof 614, near Akkedisberg	Repeater Station		Overberg	Theewaterskloof
4	Soetmuisberg Repeater Station	Bredasdorp	Groenfontein	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

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	COMPONENT	DISTRICT / SUB-DISTRICT / DIRECTORATE	LOCAL MUNICIPALITY
8	Sentec Repeater sites (8 sites)		Western Cape (Beaufort West, George, Knysna, Matjiesfontein, Napier, Oudshoorn, Riversdale & Van Rhynsdorp	Repeater Station		Central Karoo Garden Route Overberg West Coast	
9	Sentec Repeater sites (4 sites)		Western Cape (Beaufort West, George, Oudshoorn & Van Rhynsdorp	Repeater Station		Central Karoo Garden Route West Coast	
10	Du Toit's Peak Repeater Station		Du Toit's Peak Mountain, Worcester	Repeater Station		Cape Winelands	Bree Valley

Templates 3.1.1 & 4.1.1:

Schedule of Functional Performance / Utilisation Improvement Plan / High Level

Life-cycle Plan:

State-owned Health Facilities

TEMPLATES 3.1.1 & 4.1.1: SCHEDULE OF FUNCTIONAL PERFORMANCE / UTILISATION IMPROVEMENT PLAN / HIGH LEVEL LIFE-CYCLE PLAN – STATE OWNED HEALTH FACILITIES (WCGTPW BUDGET RESPONSIBILITY)

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M²)	REPLACEMENT COST @ JANUARY 2022 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 BEDS (AS AT January 2022)	AVERAGE BED OCCUPANCY RATE (Jan 2021 till Dec 2021)	NO OF PATIENT VISITS PER ANNUM (Jan 2021 to Dec 2021)	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
1	Aan Het Pad Clinic Stielensbosch		Clinic	Cape Winelands	1 027	25 675	1 541	P3	C2	A3	B	3	B3	Low	Neutral	Reinquinsh			20 512	20	12 719	82.2	1.169	12 222	570	To be consolidated with Cloetesville. 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	5 000	50	P2	C5	A5	A	1	A1	Low	Neutral	Maintain		5 924	30	3 692	85.3	1.201	3 762		Completed in 2020.	YES	
3	Alan Blyth Hospital Ladismith		District Hospital	Garden Route	2 077	76 849	768	P5	C4	A3	B	2	B2	Low	Neutral	Maintain	30	52%	7 505				0		Dental and X-Ray to remain on site. NHI maintenance in 2022/23.	NO	
4	Albertinia Clinic	Albertinia	Clinic	Garden Route	574	14 350	531	P3	C3	A4	A	2	A2	Low	Neutral	Maintain		20 100	35	8 961	87.8	1.114	8 765	450	NHI work in 2022/23	NO	
5	Alexandra Hospital Maitland		Psychiatric Hospital	Western	35 224	1 444 184	53 435	P5	C3	A4	A	3	A3	Medium	Excess	Maintain	300	77%	2 602				0		Mostert's Mill discussions ongoing. Confirmation on relinquishing of buildings 31 and 32. Wards 17 & 18 to be used as office accommodation	NO	
6	Alma CDC Mossel Bay		CDC	Garden Route	1 621	55 114	2 039	P3	C3	A4	A	2	A2	Low	Neutral	Replace		48 624	30	18 744	84.3	1.240	19 593	1 500	To be replaced in future, on same site or possible site across Louis Fourie, due to it being a alternatively constructed building. Dental Unit added in 2017 by Petro SA and minor NHI upgrade.	NO	

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M²)	REPLACEMENT COST @ JANUARY 2022 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 BEDS (AS AT January 2022)	AVERAGE BED OCCUPANCY RATE (Jan 2021 till Dec 2021)	NO OF PATIENT VISITS PER ANNUM (Jan 2021 to Dec 2021)	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
7	Amalienstein Clinic	Zoar	Clinic	Garden Route	146	3 650	135	P3	C3	C3	A3	B	2	B2	High	Neutral	Maintain			11 268	77	3 449	92.3	1.047	3 333	150	Prefab added in 2018 and YES upgrade in 2022/23 designed by NHI (tender and construction by WCG). Zoar to be used for possible alternative dispensing.	
8	Asla Clinic	Mossel Bay	Clinic	Garden Route	850	21 250	213	P3	C5	C5	A5	A	1	A1	Medium	Neutral	Maintain			36 072	42	10 000	84.3	1.240	10 453	150	Completed in 2019.	NO
9	Aurora Satellite Clinic	Aurora	Satellite Clinic	West Coast	170	4 250	157	P2	C3	C3	A4	A	1	A1	Low	Neutral	Maintain			1 172	7	3 041	86.8	1.245	3 286			YES
10	Avian Park Clinic	Worcester	Clinic	Cape Winelands	957	23 925	239	P3	C5	C5	A5	A	1	A1	Low	Excess	Maintain			0	0	18 000	87.3	1.157	18 181	900	New facility currently still unoccupied. Handover and commissioning expected by April 2022.	NO
11	Barrydale Ambulance Station	Barrydale	EMS	Overberg	100	2 500	93	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain										Combined facility with clinic.	NO
12	Barrydale Clinic	Barrydale	Clinic	Overberg	380	9 500	95	P3	C4	C4	A4	A	1	A1	Low	Neutral	Maintain			1 763	5	6 577	87.5	1.175	6 762	450	Combined facility with EMS.	NO
13	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										Sub-district offices and Hospital admin situated on hospital premises. NHI lab in ex nurses home building.	NO
14	Beaufort West Ambulance Station	Beaufort West	EMS	Central Karoo	750	18 750	188	P3	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain										Part of shared services centre. Some maintenance by WCGTPW: General Infrastructure.	NO
15	Beaufort West CDC	Beaufort West	ODC	Central Karoo	862	29 308	1 084	P3	C3	C3	A4	A	2	A2	Low	Neutral	Maintain			31 214	36	10 564	90.6	1.002	9 590	900	Sufficient facilities. (4)	NO
16	Beaufort West FPL	Beaufort West	Forensic Pathology Laboratory	Central Karoo	681	17 025	630	P4	C3	C3	A5	A	2	A2	Low	Neutral	Maintain										Follow up on project request.	NO

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M²)	REPLACEMENT COST @ JANUARY 2022 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 BEDS (AS AT January 2022)	AVERAGE BED OCCUPANCY RATE (Jan 2021 till Dec 2021)	NO OF PATIENT VISITS PER ANNUM (Jan 2021 to Dec 2021)	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	
17	Beaufort West Hospital	Beaufort West	District Hospital	Central Karoo	5 456	201 872	2 019	P5	C4	C1	A4	A	2	A2	High	Neutral	Upgrade & additions	57	85%	19 521				0		Rationalisation to take place. Brief issued in 2018. Clinical areas to be prioritised. Area to be checked in 2022 as area per bed over norm	NO	
18	Bella Vista Clinic	Ceres	Clinic	Cape Winelands	356	8 900	534	P3	C2		A3	B	3	B3	High	Neutral	Maintain			22 047	62	18 985	89.5	1 269	21 563	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 MTEF.	YES
19	Belville Engineering Workshop	Belville	Workshop	Tygerberg	2 400	60 000	2 220	P2	C3	C3	A4	A	1	A1	High	Shortage	Upgrade & additions							0		Prefab where CBPW staff is must be demolished after staff have been relocated and store room constructed	YES	
20	Belville South CDC	Belville	CDC	Tygerberg	750	25 500	944	P3	C3		A4	A	2	A2	Medium	Neutral	Upgrade & additions			32 538	43			0			NO	
21	Bergsig Clinic	Robertson	Clinic	Cape Winelands	401	10 025	100	P3	C4	A4	A4	A	1	A1	High	Shortage	Replace			30 732	77	21 970	89.4	1 145	22 489	950	New CDC required for Robertson. Short term extensions / prefab/donation	YES
22	Bishop Lavis CDC	Bishop Lavis	CDC	Tygerberg	4 209	143 106	5 295	P3	C3	C3	A4	A	2	A2	Low	Neutral	Maintain	15	39%	112 974	29			0	4 000	MOU heads to move to Elises River CHC in future - date still to be confirmed by Service.	NO	
23	Blanco Clinic	George	Clinic	Garden Route	293	7 317	271	P3	C3	C3	A4	A	2	A2	High	Shortage	Upgrade & additions			18 714	64	7 724	84.4	1 206	7 862	615	NH project and extensions in 2022/23. Update area in 2022.	NO
24	Bongolethu Clinic	Oudtshoorn	Clinic	Garden Route	710	17 750	178	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain			32 561	46	15 253	88.3	1 000	13 469	615	NH project in 2019. Washbay added and maintenance in 2019/20. Area updated and station compliant.	NO
25	Bonnevale Ambulance Station	Bonnevale	EMS	Cape Winelands	165	4 125	41	P3	C4	A4	A4	A	1	A1	Medium	Neutral	Maintain							0			YES	

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M²)	REPLACEMENT COST @ JANUARY 2022 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 BEDS (AS AT January 2022)	AVERAGE BED OCCUPANCY RATE (Jan 2021 till Dec 2021)	NO OF PATIENT VISITS PER ANNUM (Jan 2021 to Dec 2021)	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	
26	Bothasig CDC	Bothasig	GDC	Northern	800	27 200	1 006	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Upgrade & additions			33 909	42				0	1 200	MCG operated from 2016 and brief submitted in 2017. Project in planning.	NO	
27	Botriver Ambulance Station	Botriver	EMS	Overberg	528	13 200	132	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain								0		R, R & R completed in 2016. Area to be confirmed.	NO	
28	Botriver Clinic	Botriver	Clinic	Overberg	528	13 200	488	P3	C3		A4	A	2	A2	Low	Neutral	Maintain			17 062	32	8 585	89.6	1.199	9 223	450	R, R & R completed in 2016. Area to be confirmed.	NO	
29	Bredasdorp Ambulance Station	Bredasdorp	EMS	Overberg	223	5 575	206	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain								0		Metsy motors to close down and workshop to be relocated to hospital site	NO	
30	Bredasdorp Clinic	Bredasdorp	Clinic	Overberg	683	17 075	632	P3	C3		A4	A	2	A2	High	Neutral	Maintain			41 135	60	17 696	85.6	1.141	17 284	650	In Brewelskloof Hospital.	NO	
31	Brede Valley Sub-district Office	Worcester	Sub-district Office	Cape Winelands	1 000	25 000	925	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain								0				NO
32	Brewelskloof Hospital	Worcester	TB Hospital	Cape Winelands	9 858	404 178	14 955	P4	C3		A4	A	2	A2	Low	Neutral	Maintain		199	345					0				NO
33	Bridgeton CDC	Oudtshoorn	GDC	Garden Route	796	27 064	1 001	P3	C3	C3	A3	B	2	B2	Medium	Neutral	Replace			40 448	51	18 948	88.3	1.000	16 731	1 500	To be replaced on a portion of Aerial building site (Erf 3631). Site assessment report from MCGTPW/HH received. NHI maintenance done in 2018. Replacement not high priority.	NO	
34	Brooklyn Chest Hospital	Brooklyn	TB Hospital	Western	14 857	609 137	22 538	P4	C3		A4	A	2	A2	Medium	Neutral	Maintain		306	647	0				0		Possible amalgamation with DP Marais. Awaiting finalisation of BC from Service.	NO	
35	Buffeljagsrivier Clinic	Buffeljagsrivier	Clinic	Overberg	315	7 875	79	P3	C4		A3	B	1	B1	Low	Neutral	Maintain			8 500	27	3 652	87.5	1.175	3 755	250			YES
36	Caledon Ambulance Station	Caledon	EMS	Overberg	824	20 600	762	P3	C3	C3	A5	A	2	A2	Medium	Neutral	Maintain								0		Communication centre extended as part of EMS in 2020.	NO	
37	Caledon Clinic	Caledon	Clinic	Overberg	339	8 475	314	P3	C3	C2	A3	B	2	B2	High	Shortage	Replace			25 827	76	17 438	89.6	1.199	18 734	900	BC received for briefing document in 2022	YES	

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M²)	REPLACEMENT COST @ JANUARY 2022 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 BEDS (AS AT January 2022)	AVERAGE BED OCCUPANCY RATE (Jan 2021 till Dec 2021)	NO OF PATIENT VISITS PER ANNUM (Jan 2021 to Dec 2021)	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
38	Caledon Hospital	Caledon	District Hospital	Overberg	5 815	215 155	2 152	P5	C4		A4	A	2	A2	Extensive	Neutral	R, R & R	50	98%	18 510				0		Theatre to be upgraded and Acute Psychiatric Unit to be accommodated. Dental service moved to hospital temporary until it can be consolidated with future clinic.	NO
39	Caledon Hospital Residential	Caledon	Residential accommodation	Overberg	962	24 050	890	P3	C3	C3	A4	A	2	A2	Low	Neutral	Maintain							0		Only part of building used as residential. Possible use of building for district. Master plan to be done in 2022.	NO
40	Callitxorp Ambulance Station	Callitxorp	EMS	Garden Route	200	5 000	50	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain							0			YES
41	Callitxorp Clinic	Callitxorp	Clinic	Garden Route	708	17 700	655	P3	C3	C3	A3	B	2	B2	Low	Neutral	Maintain			17 064	24	7 581	1,047	7 326	450	Condition good but further compliance work in 2022/23 by WCG taking over from NHI	NO
42	Ceres Ambulance Station	Ceres	EMS	Cape Winelands	1 200	30 000	1 110	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain							0			NO
43	Ceres FPL	Ceres	Forensic Pathology Laboratory	Cape Winelands	330	8 250	305	P4	C3	C3	A4	A	2	A2	Medium	Neutral	R, R & R							0		Moved from Wolseley in 2018. Dissecting area required.	YES
44	Ceres Hospital	Ceres	District Hospital	Cape Winelands	6 790	251 230	9 296	P5	C3		A4	A	3	A3	Extensive	Neutral	Upgrade & additions	86	99%	30 658				0		APU will add to the current hospital area as well utilisation of the ex CDC area.	NO
45	Ceres Hospital Residential	Ceres	Residential accommodation	Cape Winelands	200	5 000	185	P3	C3		A4	A	2	A2	Low	Neutral	Maintain							0		Check residential area.	YES
46	Chatsworth Satellite Clinic	Malmesbury	Satellite Clinic	West Coast	200	5 000	50	P2	C4		A5	A	1	A1	Low	Neutral	Maintain			7 501	38	2 347	1,201	2 404		Completed in 2021	YES
47	Citrusdal Ambulance Station	Citrusdal	EMS	West Coast	160	4 000	40	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain							0			YES

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48	Citrusdal Clinic	Citrusdal	Clinic	West Coast	400	10 000	100	P3	C4	A4	A	A 1	A1	High	Neutral	Upgrade & additions			25 631	64	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
49	Citrusdal Hospital	Citrusdal	District Hospital	West Coast	2 363	87 061	3 221	P5	C3	C3	A4	A 3	A3	Medium	Neutral	Maintain	34	66%	8 992				0		Maintained in 2016. Laundry to be electrified.	NO	
50	Clanwilliam Clinic	Clanwilliam	Clinic	West Coast	450	11 250	113	P3	C4	A4	A	A 1	A1	High	Neutral	Maintain			30 023	67	15 987	90.7	1.180	17 110	615	Possible extend clinic in future to include the dental clinic if it will not remain on hospital site.	YES
51	Clanwilliam Hospital	Clanwilliam	District Hospital	West Coast	2 731	101 047	6 063	P5	C1	A4	A	A 3	A3	Low	Neutral	Maintain	50	58%	14 009				0		APU construction started in 2020 but not yet completed. Check whether residential building to be separated from hospital in 2021.	NO	
52	Cloetesville CDC	Stellenbosch	CDC	Cape Winelands	1 146	38 964	1 442	P3	C3	A4	A	A 2	A2	Low	Neutral	R, R & R			33 799	29	21 199	82.2	1.169	20 371	900	Consolidate Aan-het-Pad Clinic. Available space. If combined then facility should be around 1,250m².	NO
53	Cogmansklouf Clinic	Ashton	Clinic	Cape Winelands	320	8 000	296	P3	C3	A4	A	A 2	A2	Medium	Neutral	Maintain			17 767	56	4 758	89.4	1.145	4 871	450	Link to prefab by Directorate. Check if done	YES
54	Conville CDC	George	CDC	Garden Route	1 120	38 080	1 409	P3	C3	C3	A3	B 2	B2	Medium	Neutral	Replace			59 148	53	24 414	84.4	1.206	24 850	1 500	Replacement indicated on Harry Comay site	NO
55	Crags Clinic	Plettenberg Bay	Clinic	Garden Route	159	3 975	40	P3	C4	A4	A	A 1	A1	High	Neutral	Maintain			13 164	63	4 923	88.6	1.328	5 792	450	Prefab provided in 2019 for storage and NHI upgrade in 2019/20.	YES
56	Crossroads CDC	Crossroads	CDC	Mitchell's Plain	2 283	77 622	2 872	P3	C3	A3	B	B 2	B2	Medium	Neutral	Maintain			96 578	42				0	2 000	Check condition.	NO
57	D'Almeida CDC	Mossel Bay	CDC	Garden Route	907	22 675	227	P3	C4	A4	A	A 1	A1	Medium	Neutral	Maintain			45 606	50	17 580	84.3	1.240	18 377	650	Extended by Petro SA and NHI.	NO

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58	Davale Clinic	Paarl	Clinic	Cape Winelands	414	10 350	621	P3	C2	A3	B	3	B3	Extensive	Shortage	Reimquish			42 233	102	14 922	81.1	1.168	14 135	615	High volume. To be replaced in future with Paarl CDC. On MTEF project list but least amount of work to be done due to relinquishing when Paarl CDC constructed.	NO
59	Dana Bay Satellite Clinic	Dana Bay	Satellite Clinic	Garden Route	62	1 550	16	P2	C4	A4	A	1	A1	Low	Neutral	Maintain			2 240	36	863	84.3	1.240	903	150		YES
60	Darling Clinic	Darling	Clinic	West Coast	376	9 400	348	P3	C3	A4	A	2	A2	High	Shortage	Upgrade & additions			23 763	63	15 997	85.3	1.201	16 388	615	WCGTPW project in 2022	NO
61	De Doorns Ambulance Station	De Doorns	EMS	Cape Winelands	339	8 475	85	P3	C5	A4	A	1	A1	Medium	Neutral	Maintain								0		Construction completion early 2021.	YES
62	De Doorns Clinic	De Doorns	Clinic	Cape Winelands	819	20 475	1 229	P3	C1	A4	A	3	A3	High	Shortage	Upgrade & additions			50 888	62	14 962	87.3	1.157	15 113	900	Approval for R25m project given in 2019. Service requested replacement for future. On project list for MTEF.	NO
63	De Rust Clinic	De Rust	Clinic	Garden Route	346	8 650	87	P3	C4	A3	B	1	B1	Low	Neutral	Maintain			12 236	35	9 030	88.3	1.000	7 973	400	NHI extended facility in 2019.	YES
64	Delft CHC	Delft	CHC	Tygerberg	4 679	163 765	6 059	P4	C3	A5	A	2	A2	Medium	Shortage	Maintain		18	48%	194 246	46			0	4 000	Additional facility required in the area of high growth.	NO
65	District Six CDC	Cape Town	CDC	Western	5 201	176 834	1 768	P3	C5	A5	A	1	A1	Low	Neutral	Maintain			7 731	1				0		New. Commissioned in 2018. Parking part of square meter area. Separate out parking area from CDC area and reflect only CDC area	NO
66	Doringbaai Satellite Clinic	Doringbaai	Satellite Clinic	West Coast	82	2 050	21	P2	C4	A4	A	1	A1	Medium	Neutral	Maintain			3 924	48	1 494	87.5	1.180	1 543	150		YES
67	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	66%	4 282					0		Bed no's to be confirmed for future. Check area, R & R in 2022/3/4. Kitchen to be upgraded by engineering. On project list for MTEF.	NO

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68	Dr Abdurahman CDC	Athlone	GDC	Klipfontein	1 328	45 152	2 709	P3	C2	Public Works FCA 2019/20	A4	A	3	A3	Medium	Neutral	Upgrade & additions		75 430	75 430	57	57			0	2 600	Can be extended to adjacent site. Site to be visited in 2022 and R, R&R or maintenance work to be scheduled in short term if required.	NO
69	Du Noon CHC	Du Noon	CHC	Western	5 020	175 700	1 757	P4	C4		A5	A	1	A1	Low	Neutral	Maintain		177 093	177 093	35	35			0	4 000	Completed 2014. Extension by Pepfar in 2019 and containers in 2020 area not yet added.	NO
70	Durbanville CDC	Durbanville	GDC	Northern	1 056	35 904	1 328	P3	C3		A4	A	2	A2	Low	Neutral	Upgrade & additions		38 357	38 357	36	36			0	2 600	Future extension required identified to be transferred from City in 2022	NO
71	Dysseidsorp Ambulance Station	Dysseidsorp	EMS	Garden Route	100	2 500	25	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain								0		Water tower and reticulation by NHI. To check if this will happen with Blanco?	NO
72	Dysseidsorp Clinic	Dysseidsorp	Clinic	Garden Route	864	21 600	799	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain								14 024	615	Water tower and reticulation by NHI. To check if this will happen with Blanco?	NO
73	Eerste River Hospital	Eerste River	District Hospital	Eastern	8 179	302 623	11 197	P5	C3		A4	A	3	A3	Extensive	Shortage	Upgrade & additions	150	116%	71 746					0		APU in planning. Interim relief with prefab provided. Laundry upgrade brief issued in 2019. Donation request in 2022. Service to indicate if approved bed numbers to increased.	NO
74	Elands Bay Clinic	Elands Bay	Clinic	West Coast	201	5 025	50	P3	C4		A4	A	1	A1	Low	Neutral	Maintain								2 175	150	Brief issued for replacement in 2018. Interim prefab in 2019 to accommodate increased MOU functions.	YES
75	Elsies River CHC	Elsies River	CHC	Tygerberg	3063	107 205	3 967	P4	C3		A2	C	2	C2	Low	Shortage	Replace	6	90%	100 648					0	4 000	Brief issued for replacement in 2018. Interim prefab in 2019 to accommodate increased MOU functions.	NO
76	Empilisweni Clinic	Worcester	Clinic	Cape Winelands	950	23 750	879	P3	C3		A4	A	2	A2	High	Shortage	Upgrade & additions								40 481	2 000	To be extended in future. Transhex development will require new Clinic.	NO

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77	EMS Head Office	Cape Town	Office	Western	3 865	96 725	3 579	P3	C3		A3	B	2	B2	Medium	Neutral	Replace									Refer to brief completed for relocation to Alexandra hospital site wards 17 & 18. Upon completion to be moved to Office accommodation template	NO	
78	Eyetshu Clinic	Mossel Bay	Clinic	Garden Route	223	5 574	56	P3	C4		A4	A	1	A1	High	Shortage	Maintain			17 414	78	6 713	84.3	1 240	7 017	450	Utilisation of Asia Park Clinic to be monitored.	YES
79	Falaise Bay Hospital	Fish Hoek	District Hospital	Southern	7 000	259 000	2 590	P5	C4		A4	A	2	A2	Medium	Shortage	R, R & R	76	62%	87 148				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 2021.	NO	
80	Falaise Bay Hospital Nurses Home	Falaise Bay	Residential accommodation	Southern	863	21 575	798	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain							0				NO
81	Friemersheim Satellite Clinic	Friemersheim	Satellite Clinic	Garden Route	170	4 250	157	P2	C3		A4	A	1	A1	Low	Neutral	Replace			4 466	26	2 485	84.3	1 240	2 598	150	Prefab structure. To be replaced on same site in future.	YES
82	Gansbaai Clinic	Gansbaai	Clinic	Overberg	906	22 650	227	P3	C5		A4	A	1	A1	Low	Neutral	Maintain			31 795	35	12 041	84.7	1 305	13 309	615	Capital project to be completed in 2022. Airtaf to confirm if area has been updated	NO
83	Garden Route Conference Centre - Dept of Health	George	Store and other	Garden Route	500	12 500	125	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain							0				NO
84	Genadendal Clinic	Genadendal	Clinic	Overberg	211	5 275	195	P3	C3		A4	A	2	A2	Low	Neutral	Maintain			8 170	39	5 754	89.6	1 199	6 182	350	U & A in 2021. Area and condition to be confirmed	YES
85	George Ambulance Station	George	EMS	Garden Route	1 444	36 100	361	P3	C4		A3	B	1	B1	Medium	Neutral	Maintain							0				NO

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86	George Central Clinic	George	Clinic	Garden Route	300	7 500	278	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain		16 242	16 242	54	7 534	84.4	1 206	7 668	615	Facility to remain as clinic. IAM confirmed in meeting. Check if complete building being used for clinic.	YES
87	George FPL	George	Forensic Pathology Laboratory	Garden Route	968	24 200	242	P4	C4		A4	A	1	A1	Medium	Neutral	Maintain			0	0			0			NO	NO
88	George Hospital	George	Regional Hospital	Garden Route	29 214	1 197 774	11 978	P5	C4		A4	A	2	A2	Medium	Neutral	Upgrade & additions	275	79%	90 959				0			Investigate possibility to combine Regional and District Hospitals. Stores to be extended. Masterplan to be undertaken. Requested National Public Works site for amalgamation of future hospital.	NO
89	George Hospital Residential	George	Residential accommodation	Garden Route	2 515	62 875	629	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain			0				0			NO	NO
90	George HT Maintenance Hub	George	Workshop	Garden Route	75	1 875	69	P2	C3		A4	A	1	A1	Medium	Neutral	Maintain			0				0			Functioning as full HT workshop.	YES
91	George Stores	George	Workshop	Garden Route	811	20 275	750	P2	C3		A3	A	1	A1	Medium	Neutral	Maintain			0				0			Laundry converted into stores and EMS.	NO
92	George Sub-district Office	George	Sub-district Office	Garden Route	100	2 500	25	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain			0				0			Sub-district offices situated on Harry Comay Hospital and integrated with Hospital admin.	NO
93	Goodwood CDC	Goodwood	GDC	Tygerberg	1 043	35 462	1 312	P3	C3		A4	A	2	A2	Low	Neutral	Maintain			35 013	34			0	1 300	One of 9 functions to be transferred to WCGH	NO	NO
94	Goodwood Clinical Engineering Workshop	Goodwood	Workshop	Tygerberg	2 079	51 975	1 923	P2	C3		A4	A	1	A1	High	Shortage	R, R & R			0				0			Interim maintenance by Engineering	NO
95	Gouda Clinic	Gouda	Clinic	Cape Winelands	160	4 000	240	P3	C2		A3	B	3	B3	High	Shortage	Replace			14 411	90	4 734	81.1	1 168	4 484	400	Construction in 2022/23 for replacement.	YES
96	Graafwater Clinic	Graafwater	Clinic	West Coast	154	3 850	142	P3	C3		A4	A	2	A2	High	Neutral	Maintain			11 523	75	5 627	90.7	1 180	400		YES	YES

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97	Grabouw Ambulance Station	Grabouw	EMS	Overberg	50	1 250	46	P3	C3		A3	B	2	B2	Medium	Neutral	Maintain								0		EMS used by clinic. In rented space and new EMS is being constructed. Use washbay on site only.	NO
98	Grabouw CHC	Grabouw	CHC	Overberg	2 592	90 720	907	P4	C4		A4	A	1	A1	Medium	Neutral	R, R & R	4	52%	98 588	40	44 785	89.6	1.199	48 113	2 000	CHC using EMS area. EC fitted out in 2019 and records room and admission area to be extended as priority. Brief issued in 2019.	NO
99	Grassy Park CDC	Grassy Park	CDC	Southern	1 914	65 076	651	P3	C4		A5	A	1	A1	Low	Neutral	Maintain			54 150	28				0	1 500	Storage required.	NO
100	Great Brak River Ambulance Station	Great Brak River	EMS	Garden Route	115	2 875	29	P3	C4		A4	A	1	A1	Medium	Neutral	Upgrade & additions								0		Washbay will be required in future.	YES
101	Great Brak River Clinic	Great Brak River	Clinic	Garden Route	464	11 600	429	P3	C3		A3	B	2	B2	Medium	Neutral	Maintain			21 010	45	11 833	84.3	1.240	12 389	615	In flood area. Future Replacement must be in correct area for future planning. Upgraded in 2019/20/21 from NHI funding.	YES
102	Green Point CDC	Green Point	CDC	Western	893	30 362	1 123	P3	C3		A3	B	2	B2	Low	Neutral	R, R & R			34 175	38				0	2 600	Top floor used by Ivan Toms Mens4Health center. Brief issued in 2019 for rehabilitation. Replacement subject to confirmation by Regem.	NO
103	Greyton Satellite Clinic	Greyton	Satellite Clinic	Overberg	228	5 700	57	P2	C4		A4	A	1	A1	Medium	Neutral	Maintain			9 534	42	3 961	89.6	1.199	4 255	250	Check visits	YES
104	Groendal Clinic	Franschoek	Clinic	Cape Wimelands	551	13 775	510	P3	C3		A4	A	2	A2	Low	Shortage	Upgrade & additions			3 434	6	16 687	82.2	1.169	16 035	650	Require store facilities.	NO
105	Groote Schuur Hospital	Observatory	Central Hospital	Western	365 210	14 973 610	554 024	P5	C3		A4	A	3	A3	High	Neutral	Upgrade & additions	991	84%	286 497					0		EC extension construction work in 2024 onwards.	NO

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106	Groote Schuur Hospital Creche	Observatory	Creche	Western	2 833	70 825	2 821	P3	C3	C3 A4	A	2	A2	Low	Excess	Maintain									Part of site let out to private sector. Serious structural damage to repaired as emergency but still outstanding work to make it safe to be done via management contractor	NO
107	Gugulethu CHC	Gugulethu	CHC	Klipfontein	3 912	136 920	8 215	P4	C2	A2	C	3	C3	Medium	Shortage	Replace	11	64%	153 695	42			0	4 500	Additional Gugulethu CDCNO 2 planned. MOU to be moved. Brief issued in 2021. Brief issued for maintenance and R R & R.	NO
108	Haarlem Clinic	Haarlem	Clinic	Garden Route	256	6 400	237	P3	C3	C3 A4	A	2	A2	Low	Neutral	Maintain			9 347	37	4 432	1.206	4 511	250		YES
109	Hanna Coetzee Clinic	Vredenburg	Clinic	West Coast	250	6 250	231	P3	C3	A4	A	2	A2	Extensive	Shortage	Relinquish			25 321	101	13 041	1.308	14 192	900	Brief issued for new CDC in Vredenburg to replace Hanna Coetzee.	YES
110	Happy Valley Clinic	Bonnievale	Clinic	Cape Winelands	323	8 075	299	P3	C3	A3	B	2	B2	High	Shortage	Upgrade & additions			23 667	73	15 790	1.145	16 163	615	Investigate what is possible on site for interim.	YES
111	Harry Comay Hospital	George	TB Hospital	Garden Route	5 529	226 689	2 267	P4	C4	A4	A	1	A1	Low	Neutral	R, R & R	85	55%	943				0		Kitchen needs extension for R, R and R. BC required. Extra ward added in 2020.	NO
112	Hartenbos Satellite Clinic	Mossel Bay	Satellite Clinic	Garden Route	97	2 425	24	P2	C4	A3	A	1	A1	Medium	Neutral	Maintain			5 189	53	1 846	1.240	1 930	945	As at February 2021, the registration and transfer of 6271 (portion of 4940) is still awaited. Matter with State Attorney.	YES
113	Hawston Clinic	Hawston	Clinic	Overberg	282	7 050	261	P3	C3	A3	B	2	B2	High	Shortage	Upgrade & additions			24 431	87	15 234	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
114	Heidelberg Ambulance Station	Heidelberg	EMS	Garden Route	503	12 575	126	P3	C5	A5	A	1	A1	Medium	Neutral	Maintain							0			NO

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115	Heidelberg Clinic	Heidelberg	Clinic	Garden Route	811	20 275	750	P3	C3	C3	A3	B	2	B2	Low	Neutral	Maintain			29 024	36	9 654	87.8	1.114	9 443	450	NO	NO	
116	Heideveld CDC	Athlone	GDC	Klipfontein	5 927	201 518	2 015	P3	C4	C4	A4	A	1	A1	Low	Neutral	Maintain		83 382	14					4 500	Temporary EC on site.	NO		
117	Heidelberg Hospital	Somerset West	District Hospital	Eastern	7 246	288 102	9 920	P5	C3		A2	C	3	C3	Medium	Shortage	Relinquish	181	75%	76 594							EC project in 2019 and R & R brief issued in 2018. To be replaced as a Regional Hospital.	NO	
118	Herbertsdale Satellite Clinic	Mossel Bay	Satellite Clinic	Garden Route	257	6 425	64	P2	C4	C3	A4	A	1	A1	Low	Neutral	Maintain			3 061	12	1 538	84.3	1.240	1 608	150	Service requested closure of steep	YES	
119	Hermanus Ambulance Station	Hermanus	EMS	Overberg	651	16 275	163	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain											NO	NO
120	Hermanus CDC	Hermanus	GDC	Overberg	2 687	91 368	914	P3	C4		A5	A	1	A1	Low	Neutral	Maintain			100 248	37	33 466	84.7	1.305	36 991	1 500	Container toilets added in 2020 for Covid-19.	NO	
121	Hermanus FPL	Hermanus	Forensic Pathology Laboratory	Overberg	810	20 250	203	P4	C4		A4	A	1	A1	High	Shortage	Upgrade & additions										Feasibility study to assist user with BC. A/leaf to visit site and ascertain shortcomings.	NO	NO
122	Hermanus Hospital	Hermanus	District Hospital	Overberg	7 265	288 805	9 946	P5	C3		A3	B	3	B3	Medium	Neutral	Maintain	71	75%	28 488							Ongoing maintenance and specific electrical upgrade in 2021/22. Basement converted into ward for Covid-19.	NO	
123	Hermanus Hospital Residential	Hermanus	Residential accommodation	Overberg	400	10 000	370	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain											YES	YES
124	Hessequa Sub-district Office	Riversdale	Sub-district Office	Garden Route	100	2 500	93	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain										Sub-district offices situated on Riversdale Hospital premises. Separate building.	YES	
125	Hillside Clinic	Beaufort West	Clinic	Central Karoo	1 045	26 125	261	P3	C4	C4	A5	A	1	A1	Low	Neutral	Maintain			34 392	33	7 530	90.6	1.002	6 836	450		NO	

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126	Hornlee Clinic	Knysna	Clinic	Garden Route	485	12 125	728	P3	C2	A1	C	3	C3	Medium	Shortage	Replace			25 925	53	10 853	85.2	1.168	10 800	615	To be replaced in 2023/24. Taxi rank site to be rented and clinic to be replaced via management contractor. Management brief to be issued in 2022. Draft layout provided to District for comment. Interim changes by NHI for compliance issues.	YES	
127	Huis McCrone Ambulance Station	Wellington	EMS	Cape Winelands	768	19 200	710	P3	C3	A3	B	2	B2	Medium	Neutral	Maintain											NO	
128	Huis McCrone Clinic	Wellington	Clinic	Cape Winelands	919	22 975	850	P3	C3	A3	B	2	B2	Low	Neutral	Maintain			25 230	27	22 851	81.1	1.168	21 645	950	Building also to be used for meetings for sub-district. Urgent structural work in 2019.	NO	
129	Idas Valley Clinic	Stellenbosch	Clinic	Cape Winelands	839	20 975	210	P3	C4	A3	B	1	B1	Low	Neutral	Maintain			19 302	23	16 959	82.2	1.302	18 150	650		NO	
130	Inzame Zabantu CDC	Philippi	CDC	Mitchell's Plain	1 358	46 172	1 708	P3	C3	A3	B	2	B2	Medium	Neutral	Maintain			69 213	51					4 000		NO	
131	Kaibaskraal Satellite Clinic	Kaibaskraal	Satellite Clinic	West Coast	120	3 000	111	P2	C3	A4	A	1	A1	Low	Neutral	Replace			4 305	36	2 440	85.3	1.201	2 500	150	Prefab building.	YES	
132	Kannaland Sub-district Office	Ladismith	Sub-district Office	Garden Route	100	2 500	93	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain											Sub-district offices situated in Alan Blythe main hospital building with stores on premises (one adjacent to hospital and one (milkbank) at Nurses home).	NO
133	Karl Bremer Hospital	Belville	District Hospital	Tygerberg	26 315	973 655	36 025	P5	C3	A4	A	3	A3	Extensive	Shortage	Upgrade & additions	311	100%	72 950							APU planned as well as replacement of OPD. R & R to be done over a number of years.	NO	

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134	Karl Bremer Hospital Residential	Belville	Residential accommodation	Tygerberg	9 033	225 825	8 356	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain									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	
135	Kayamandi Clinic	Stellenbosch	Clinic	Cape Winelands	503	12 575	465	P3	C3		A3	B	2	B2	High	Shortage	Upgrade & additions			46 959	93	33 918	82.2	36 301	2 000	U & A brief to be issued in 2022. Site issues to be resolved re illegal structures. Additional facility will be required for area due to population growth.(Watergang).	NO	
136	Khayelithu Clinic	Knyasa	Clinic	Garden Route	457	11 425	114	P3	C4	C3	A3	B	1	B1	Medium	Neutral	Maintain			22 153	48	9 274	85.2	9 229	615	NHI extension in 2019/20 Check area.	YES	
137	Khayelitha (Site B) CHC	Khayelitha	CHC	Khayelitha	5 826	203 910	7 545	P4	C3		A5	A	2	A2	Medium	Shortage	Upgrade & additions		20	55%	288 487	54			4 500	Ubuntu building replaced with prefabs. Received BC for extensions but verification by end Jan 2022. Additional facility in Zakhele required.	NO	
138	Khayelitha Ambulance Station	Khayelitha	EMS	Khayelitha	1 060	26 500	265	P3	C5		A5	A	1	A1	Medium	Neutral	Maintain											NO
139	Khayelitha Hospital	Khayelitha	District Hospital	Khayelitha	23 485	888 945	8 689	P5	C4		A5	A	2	A2	Extensive	Shortage	Upgrade & additions		340	117%	79 689					APU in 2021/22/23.	NO	
140	Klaarstroom Satellite Clinic	Klaarstroom	Satellite Clinic	Central Karoo	74	1 850	68	P2	C3		A4	A	1	A1	Low	Neutral	Maintain			2 143	29	884	90.3	936	150	Built in 2013.	YES	
141	Klapmuts Clinic	Klapmuts	Clinic	Cape Winelands	290	7 250	268	P3	C3		A4	A	2	A2	Extensive	Shortage	Upgrade & additions			31 623	109	24 220	82.2	25 921	950	Acquisition in process. Brief in 2022. BC required. Prefab on site.	YES	
142	Klawer Clinic	Klawer	Clinic	West Coast	300	7 500	75	P3	C4		A4	A	1	A1	High	Shortage	Upgrade & additions			26 750	89	10 793	87.5	11 144	570	Prefabs from Vredenburg for interim. Container erected on site for Covid-19 in 2020.	YES	

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143	Klein Drakenstein Clinic	Paarl	Clinic	Cape Winelands	346	8 650	320	P3	C3	C3	A3	B	2	B2	Medium	Neutral	Maintain		15 403	45	5 442	81.1	1.168	5 155	350	J & A requested by District but this to be verified.	YES
144	Kleinmond Clinic	Kleinmond	Clinic	Overberg	455	11 375	421	P3	C3	C3	A4	A	2	A2	High	Neutral	Maintain		27 778	61	7 128	84.7	1.305	7 879	450	Container erected for Covid-19 in 2020.	YES
145	Knysna Ambulance Station	Knysna	EMS	Garden Route	1 530	38 250	1 415	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain							0		Additional parking required.	NO
146	Knysna CDC	Knysna	CDC	Garden Route	2 661	90 474	905	P3	C4	C4	A4	A	1	A1	Low	Neutral	Maintain		38 793	15	16 240	85.2	1.168	16 161	900	Built in 2012.	NO
147	Knysna Hospital	Knysna	District Hospital	Garden Route	9 500	351 500	3 515	P5	C4	C4	A4	A	2	A2	Medium	Neutral	Maintain	90	72%	33 644				0		Conditions after upgrade taking place. Dental component to be moved. Other houses also being managed by Hospital.	NO
148	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
149	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
150	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
151	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
152	Knysna Town Clinic	Knysna	Clinic	Garden Route	241	6 025	60	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain		13 874	58	5 808	85.2	1.168	5 700	350	NHI upgraded clinic in 2019/20.	YES
153	Koekenaap Satellite Clinic	Lutzville	Satellite Clinic	West Coast	120	3 000	111	P2	C3	C3	A3	A	1	A1	Medium	Neutral	Maintain		5 101	43	1 000	87.5	1.180	1 033	150		YES
154	Koringberg Satellite Clinic	Koringberg	Satellite Clinic	West Coast	135	3 375	34	P2	C4		A4	A	1	A1	Medium	Neutral	Maintain		5 356	40	3 956	85.3	1.201	4 053	150		YES
155	Kraaifontein CHC	Kraaifontein	CHC	Northern	2 360	82 600	4 956	P4	C2		A4	A	3	A3	High	Shortage	Maintain	10	97%	141 789	67			0	2000	Additional facility required in the area of high growth. R & R brief issued in 2019. On project list for IMTEF.	NO
156	Kranshoek Clinic	Plettenberg Bay	Clinic	Garden Route	274	6 850	69	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain		13 655	50	7 372	88.6	1.328	8 674	450	NHI maintenance in 2019.	YES

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157	Kuyasa (George) Clinic	George	Clinic	Garden Route	600	15 000	150	P3	C4	C4	A5	A	1	A1	Medium	Neutral	Maintain			33 473	56	13 129	84.4	1 206	13 364	570	Build in 2018.	NO	
158	Kwamandlenkosi Clinic	Beaufort West	Clinic	Central Karoo	337	8 425	84	P3	C5	C5	A3	B	1	B1	Medium	Neutral	Maintain			15 451	46	5 229	90.6	1 002	4 747	450	Rehabilitation in 2020/21.	YES	
159	Kwanokuthula Ambulance Station	Plettenberg Bay	EMS	Garden Route	1 134	28 350	284	P3	C4	C4	A5	A	1	A1	Medium	Neutral	Maintain								0			NO	
160	Kwanokuthula CDC	Plettenberg Bay	CDC	Garden Route	2 610	88 740	3 283	P3	C3	C3	C3	A5	A	2	A2	Low	Neutral	Maintain			43 271	17	17 229	88.6	1 328	20 271	900		NO
161	Kyemore Clinic	Stellenbosch	Clinic	Cape Winelands	349	8 725	323	P3	C3	C3	A3	B	2	B2	Medium	Neutral	Upgrade & additions			16 973	48	9 987	82.2	1 302	10 689	570	Need store facilities?	YES	
162	Ladismith Ambulance Station	Ladismith	EMS	Garden Route	180	4 500	167	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0		Also include residential accommodation. To be listed separately in future.	YES	
163	Ladismith Clinic	Ladismith	Clinic	Garden Route	305	7 625	282	P3	C3	C3	C3	A2	B	2	B2	High	Shortage	Replace			21 288	70	10 789	92.3	1 047	10 426	570	Site-33,49&826, 21,271920. Construction in 2022/23.	YES
164	Lady Michaelis CDC	Plumstead	CDC	Southern	3 966	134 504	1 345	P3	C4	C4	A3	B	1	B1	Low	Neutral	Maintain			39 280	10				0	2 600	Maintenance in 2020/21.	NO	
165	Langsburg Clinic	Langsburg	Clinic	Central Karoo	1 059	26 475	265	P3	C5	C2	A3	B	1	B1	Low	Neutral	Maintain			15 257	14	7 323	90.5	1 020	6 760	450	J & A completed in 2021.	NO	
166	Langsburg Hospital	Langsburg	District Hospital	Central Karoo	1 595	59 015	2 184	P5	C3	C3	A3	B	3	B3	Low	Neutral	Maintain		20	4 923					0		State Attorney attending to transfer.	NO	
167	Langsburg Residential accommodation	Langsburg	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	
168	Langville Clinic	St Helena Bay	Clinic	West Coast	398	9 950	100	P3	C4	C2	A3	B	1	B1	Medium	Neutral	Maintain			16 236	41	7 447	83.2	1 308	8 105	450	Check if extensions with latest project. Lean to roof donation to proceed.	YES	
169	Lalie Cleophas Clinic	Hopefield	Clinic	West Coast	313	7 825	78	P3	C4	C4	A3	B	1	B1	Medium	Neutral	Maintain			15 840	51	7 302	83.2	1 308	7 946	450		YES	
170	Lamberts Bay Ambulance Station	Lamberts Bay	EMS	West Coast	350	8 750	88	P3	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain								0			YES	
171	Lamberts Bay Clinic	Lamberts Bay	Clinic	West Coast	780	19 500	195	P3	C4	C4	A4	A	1	A1	Low	Neutral	Maintain			18 872	24	7 027	90.7	1 180	7 521	450	Maintained in 2019/20.	NO	
172	Langebaan Clinic	Langebaan	Clinic	West Coast	282	7 050	71	P3	C4	C4	A3	B	1	B1	Medium	Neutral	Maintain			13 645	48	9 299	83.2	1 308	10 120	450	No place for extension.	YES	

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173	Langeberg Sub-district Office	Robertson	Sub-district Office	Cape Winelands	100	2 500	93	P3	C3		A4	A 2	A2	Medium	Neutral	Maintain								0	0	Sub-district offices situated on Robertson Hospital premises.	NO
174	LAPA Munnik Hospital	Porterville	District Hospital	West Coast	1 888	69 856	2 585	P5	C3		A4	A 3	A3	Extensive	Neutral	Maintain		10	123%	6 759				0	0	Area may include clinic.	NO
175	Leeu-Gamka Ambulance Station	Leeu-Gamka	EMS	Central Karoo	1 515	37 875	379	P3	C4		A5	A 1	A1	Medium	Neutral	Maintain								0	0		NO
176	Leeu-Gamka Clinic	Leeu-Gamka	Clinic	Central Karoo	190	4 750	48	P3	C4		A3	B 1	B1	Medium	Neutral	Maintain				7 663	40	3 912	1.173	4 144	150		YES
177	Leipoldville Satellite Clinic	Leipoldville	Satellite Clinic	West Coast	100	2 500	25	P2	C4		A5	A 1	A1	Low	Neutral	Maintain				1 225	12	1 000	1.180	1 070	150		YES
178	Lentegeur Ambulance Station	Mitchell's Plain	EMS	Mitchell's Plain	1 808	45 200	1 672	P3	C3		A4	A 2	A2	Medium	Neutral	Maintain								0	0		NO
179	Lentegeur Hospital	Mitchell's Plain	Psychiatric Hospital	Mitchell's Plain	68 698	2 816 536	104 212	P5	C3		A4	A 3	A3	Extensive	Neutral	Maintain		690	91%	9 629				0	0		NO
180	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	0	Master planning analysis to be done in 2022 in terms of utilisation.	NO
181	Lentegeur 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	0	Brief issued in 2019 to improve the flow.	NO
182	Long Street RHC	Cape Town	Reproductive Health Centre	Western	99	2 475	25	P3	C4		A5	A 1	A1	Low	Neutral	Maintain				240	2			0	0	Relocated by Public Works in 2018.	YES
183	Lotus River CDC	Lotus River	CDC	Southern	1 766	60 044	2 222	P3	C3		A3	B 2	B2	Low	Shortage	Replace				68 296	39			0	2 600	Prefab construction. To be replaced. Site reserved.	NO
184	Louville Clinic	Vredenburg	Clinic	West Coast	582	14 550	538	P3	C3		A3	B 2	B2	Medium	Neutral	Relinquish				27 481	47	14 191	1.308	15 443	570	May in future be used as wellness centre. Note: 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
185	Lutzville Clinic	Lutzville	Clinic	West Coast	320	8 000	80	P3	C4		A3	B 1	B1	High	Neutral	Maintain				20 983	66	15 574	1.180	16 080	615	Check if area has been increased. Maintained in 2020/21.	YES

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186	Macassar CDC	Macassar	CDC	Eastern	1 824	62 016	3 721	P3	C2	A4	A	3	A3	Medium	Shortage	Maintain	17	49%	91 977	50			0	2 000	NGO requested to use part of site. Agreement to be regularised. Site to be visited in 2022 and R, R&R or maintenance work to be scheduled in short term, if required.	NO
187	Maitland CDC	Maitland	CDC	Western	322	10 948	405	P3	C3	A3	B	2	B2	Extensive	Shortage	Replace			44 337	138			0	2 600	Briefing document for replacement issued in 2017.	YES
188	Malmesbury Ambulance Station	Malmesbury	EMS	West Coast	246	6 150	62	P3	C4	A4	A	1	A1	Medium	Neutral	Maintain							0		Built in 2012?	YES
189	Malmesbury CDC	Malmesbury	CDC	West Coast	2 677	91 018	910	P3	C4	A5	A	1	A1	Low	Neutral	Maintain			64 280	24	39 596	1.201	40 564	2 500	Built in 2012?	NO
190	Malmesbury FPL	Malmesbury	Forensic Pathology Laboratory	West Coast	1 016	25 400	254	P4	C4	A4	A	1	A1	Medium	Neutral	Maintain							0		Built in 2010	NO
191	Malmesbury ID Hospital	Malmesbury	TB Hospital	West Coast	1 096	44 936	1 663	P4	C3	A3	B	2	B2	Low	Neutral	Relinquish	49	46%	694				0		Possible consolidation with Sonstraal. Awaiting BC from Service to indicate future usage.	NO
192	Mamre CDC	Mamre	CDC	Western	336	11 424	423	P3	C3	A4	A	2	A2	Medium	Shortage	Upgrade & additions			18 318	55			0	900	Papir donation in 2019. Further prelab requested.	YES
193	Mbekweni CDC	Paarl	CDC	Cape Winelands	488	16 592	996	P3	C2	A3	B	3	B3	High	Shortage	Relinquish			42 055	86	14 860	1.168	14 076	900	To be replaced in 2023/24 by Paarl CDC. Briefing document for replacement (with Paarl CDC) issued in 2017.	YES
194	McGregor Clinic	McGregor	Clinic	Cape Winelands	279	6 975	70	P3	C4	A3	B	1	B1	Low	Neutral	Maintain			9 945	36	4 744	1.145	4 856	300		YES
195	Meikhoufontein Satellite Clinic	Silbaai	Satellite Clinic	Garden Route	444	11 100	111	P2	C5	A4	A	1	A1	Low	Neutral	Maintain			10 026	23	3 979	1.114	3 891	250	Extensions requested but to be verified.	YES
196	Meruville Satellite Clinic	Meruville	Satellite Clinic	Central Karoo	150	3 750	38	P2	C4	A3	A	1	A1	Low	Neutral	Maintain			2 377	16	2 377	1.002	2 158	150		YES
197	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		Stores based in the old kitchen building.	NO

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198	Metropole Archive Space Office	Sikiland	Store and other	Tygerberg	400	10 000	100	P3	C4		A3	B	1	B1	Medium	Neutral	Maintain									Mostly hospital files.	YES
199	Metropole Satellite Office	Cape Town	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
200	Michael Mapongwana CDC	Khayelitsha	CDC	Khayelitsha	4 657	158 338	5 859	P3	C3		A3	B	2	B2	Medium	Neutral	Maintain	12	5%	195 871	42				2 600	R, R & R in progress in 2021.	NO
201	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	16	95%	228 470	36				4 500	Theatre to be rebuild due to fire.	NO
202	Mitchell's Plain Hospital	Mitchell's Plain	District Hospital	Mitchell's Plain	25 771	953 527	35 280	P5	C3		A5	A	3	A3	High	Neutral	Maintain	395	88%	97 047						Acute Psychiatric Unit completed 2014. 19/Medical/Mental health patient beds (additional to the 395 beds) are located at Lentegour Hospital.	NO
203	Molsvlei Satellite Clinic	Molsvlei	Satellite Clinic	West Coast	130	3 250	120	P2	C3		A3	A	1	A1	Low	Neutral	Maintain			11	0	1 000	1.180	1 033	150	Area of hospital given to EMS.	YES
204	Montagu Ambulance Station	Montagu	EMS	Cape Winelands	100	2 500	93	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain										NO
205	Montagu Clinic	Montagu	Clinic	Cape Winelands	944	23 600	873	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain			51 319	54	22 329	1.145	22 857	950		NO
206	Montagu Hospital	Montagu	District Hospital	Cape Winelands	2 565	94 905	5 694	P5	C2		A3	B	3	B3	Extensive	Excess	R, R & R	26	109%	15 966						Vacant site was relinquished. Hospital to be consolidated for reduced no of beds. On project list for MTEF.	NO
207	Montagu Hospital Residential	Montagu	Residential accommodation	Cape Winelands	1 036	25 900	1 554	P3	C2		A3	B	3	B3	Medium	Neutral	Maintain									Site to be visited in 2022 and R&R or maintenance work to be scheduled in short term if required.	NO
208	Moorreesburg Clinic	Moorreesburg	Clinic	West Coast	675	16 875	624	P3	C3		A3	B	2	B2	Low	Neutral	Maintain			17 451	26	16 978	85.3	17 393	615	Internal upgrading to take place in 2020.	NO

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209	Mossel Bay Ambulance Station	Mossel Bay	EMS	Garden Route	180	4 500	167	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain									Extensions required and hospital area to be used when pharmacy moves out.	NO
210	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	71%	39 413						Brief for EC issued to Works and NHI contractor on site in 2020/21. Master plan to include FPL.	NO
211	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									Sub-district offices situated on hospital premises.	NO
212	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	86%	43 625						Feasibility study issued to service in Jan 2022	NO
213	Murraysburg Clinic	Murraysburg	Clinic	Central Karoo	250	6 250	231	P3	C3		A3	B	2	B2	Medium	Neutral	R, R & R			13 108	52	7 655	1.002	6 949	450	Usage to be considered with hospital.	NO
214	Murraysburg Hospital	Murraysburg	District Hospital	Central Karoo	1 041	38 517	1 425	P5	C3		A3	B	3	B3	Low	Neutral	R, R & R	14	46%	2 733						BC required for changes to functioning.	NO
215	Napier Clinic	Napier	Clinic	Overberg	650	16 250	163	P3	C4		A5	A	1	A1	Low	Neutral	Maintain			12 179	19	5 788	1.141	5 653	570	Completed in 2018.	NO
216	Nduli Clinic	Ceres	Clinic	Cape Winelands	384	9 600	355	P3	C3		A3	B	2	B2	High	Shortage	Upgrade & additions			24 739	64	11 904	1.269	13 520	615		YES
217	Nelspoort Clinic	Nelspoort	Clinic	Central Karoo	100	2 500	93	P3	C3		A3	B	2	B2	Medium	Neutral	Maintain			4 169	42	1 411	1.002	1 261	150	Maintenance compliance by engineering in 2022.	YES
218	Nelspoort Intermediate Care Hospital	Nelspoort	Intermediate Care Facility	Central Karoo	9 855	246 375	2 464	P4	C4		A3	B	1	B1	Medium	Excess	Maintain	92	71%	1 217						Relinquished a portion of estate. Maintenance in progress.	NO
219	New Horizon Clinic	Plettenberg Bay	Clinic	Garden Route	381	9 925	95	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain			15 631	41	6 224	1.328	7 323	450	Extensions in 2019 & 2020. Site next door to be reserved for future extensions	YES
220	New Somerset Hospital	Green Point	Regional Hospital	Western	28 547	1 170 427	70 226	P5	C2		A3	B	3	B3	High	Neutral	Upgrade & additions	352	89%	66 006						Future replacement. Brief for R, R & R to be issued in 2022.	NO

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221	Nieuveidpark Clinic	Beaufort West	Clinic	Central Karoo	406	10 150	376	P3	C3	C2	A3	B	2	B2	Medium	Neutral	Relinquish			21 892	64	7 409	90.6	1.002	6 726	450	Relinquish only when consolidated. Container added for Covid-19 in 2020.	YES
222	Nieuwedrift Clinic	Paarl	Clinic	Cape Winelands	555	13 875	513	P3	C3	C3	A3	B	2	B2	Low	Neutral	Maintain			13 516	24	4 776	81.1	1.188	4 524	400		NO
223	Mkubela Clinic	Robertson	Clinic	Cape Winelands	291	7 275	269	P3	C3	C3	A3	B	2	B2	High	Shortage	Relinquish			22 637	78	7 998	89.4	1.145	8 187	615	New Robertson CDC.	YES
224	Noungile CDC	Khayelitsha	ODC	Khayelitsha	1 579	53 686	1 986	P3	C3	C3	A4	A	2	A2	High	Shortage	Replace			110 295	70				0	4 000	R, R and R in interim. No replacement site available. Part of facilities whose function to move to WCGH in 2022	NO
225	Nomzamo CDC	Strand	ODC	Eastern	1 466	49 844	1 844	P3	C3		A5	A	2	A2	Medium	Shortage	Maintain			75 362	51	26 628			0	1 500	New facility. Commissioned in February 2016. Additions required.	NO
226	Nyanga CDC	Nyanga	CDC	Klipfontein	1 100	37 400	2 244	P3	C2		A3	B	3	B3	Medium	Neutral	Upgrade & additions			48 509	44				0	2 600	Part of 9 facilities who's function to move to WCGH in 2022. On project list for MTEF.	NO
227	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 approximately mid 2022. Separate project to address defects and further design requests.	YES
228	Onrus Satellite Clinic	Onrus	Satellite Clinic	Overberg	169	4 225	156	P2	C3		A4	A	1	A1	Low	Neutral	Maintain			4 365	26	900	84.7	1.305	995	150	The NPO has vacated and the clinic will take over the additional space.	YES
229	Op die Berg Clinic	Op die Berg	Clinic	Cape Winelands	350	8 750	88	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain			13 957	40	18 759	89.5	1.269	21 306	615		YES

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230	Orchard Clinic	De Doorns	Clinic	Cape Winelands	116	2 900	174	P3	C1	A3	B	3	B3	High	Shortage	Upgrade & additions			9 610	83	2 826	87.3	1.157	2 854	400	Maintenance Scope of Works issued in 2018. Construction 2022. On project list for MTEF.	YES	
231	Orthotic and Prosthetic Centre	Thornton	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	
232	Oto du Plessis Hospital	Bredasdorp	District Hospital	Overberg	2 290	84 730	3 135	P5	C3	A4	A	3	A3	High	Neutral	Maintain	30	85%	13 907				0			APU in 2020. Vacant building to be used by EMS for workshop. Engineering to raise roof in 2022	NO	
233	Oudtshoorn Ambulance Station	Oudtshoorn	EMS	Garden Route	467	11 675	117	P3	C4	A4	A	1	A1	Medium	Neutral	Maintain							0					NO
234	Oudtshoorn Clinic	Oudtshoorn	Clinic	Garden Route	436	10 900	109	P3	C4	A4	A	1	A1	Medium	Neutral	Maintain			19 059	44	8 928	88.3	1.000	7 884	570			YES
235	Oudtshoorn Hospital	Oudtshoorn	District Hospital	Garden Route	11 688	432 456	16 001	P5	C3	A3	B	3	B3	Medium	Neutral	R, R & R	123	79%	42 120				0			Replace prefab OPD plus prefab wards in future. Maintenance and Fire compliance in 2022/23	NO	
236	Oudtshoorn Hospital Residential	Oudtshoorn	Residential accommodation	Garden Route	2 542	63 550	636	P3	C4	A3	B	1	B1	Medium	Neutral	Maintain							0					NO
237	Overhex Satellite Clinic	Worcester	Satellite Clinic	Cape Winelands	99	2 475	92	P2	C3	A3	A	1	A1	Low	Neutral	Maintain			2 821	28.494	1 614	87.3	1.157	1 630		Owner (viz. Overhex Development Association) of building is willing to transfer erf to WCG for gratis.	YES	
238	Paarl Ambulance Station	Paarl	EMS	Cape Winelands	725	18 125	671	P3	C3	A4	A	2	A2	Medium	Neutral	Upgrade & additions							0			Washbay briefing in 2022	NO	
239	Paarl FPL	Paarl	Forensic Pathology Laboratory	Cape Winelands	1 198	29 950	300	P4	C5	A4	A	1	A1	Medium	Neutral	Maintain							0					NO

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240	Paarl Hospital	Paarl	Regional Hospital	Cape Winelands	31 853	1 305 973	13 060	P5	C4	A4	A	2	A2	Extensive	Neutral	R, R & R	331	93%	85 779					0		Additional theatre required and brief issued to Works in 2019. Hospital was built with 365 beds but operated with 311 beds prior to Swartland Hospital fire. After the fire, another 20 beds were activated. Due to COVID-19, hospital now at full capacity of 365 beds with additional 25 beds to be activated in non-clinical spaces such as tearoom and boardroom plus utilising the day ward 24 hours a day.	NO
241	Paarl Hospital Residential	Paarl	Residential accommodation	Cape Winelands	3 230	80 750	2 988	P3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0		NO	NO
242	Paarl HT Maintenance Hub	Paarl	Workshop	Cape Winelands	50	1 250	46	P2	C3	A4	A	1	A1	Medium	Neutral	Maintain								0		Currently used as a store but will be vacated in 2021 to establish small HT workshop.	YES
243	Pacaltsdorp Clinic	George	Clinic	Garden Route	619	15 465	572	P3	C3	A3	B	2	B2	High	Shortage	Upgrade & additions			52 138	84	20 450	84.4	1.206	20 816	900	NHI extensions in 2022/23	NO
244	Parkdene Clinic	George	Clinic	Garden Route	394	9 850	99	P3	C4	A3	B	1	B1	Medium	Shortage	Relinquish			21 203	54	8 752	84.4	1.206	8 908	615	Rationalisation to be considered.	YES
245	Parow CDC	Parow	CDC	Tygerberg	700	23 800	881	P3	C3	A2	B	2	B2	Medium	Shortage	Replace			33 122	47				0	2 600	Replacement site identified. Awaiting confirmation from IAW.	NO
246	Paternoster Satellite Clinic	Paternoster	Satellite Clinic	West Coast	140	3 500	35	P2	C4	A3	A	1	A1	Medium	Neutral	Maintain			6 423	46	2 357	83.2	1.308	2 565	150	Maintenance in 2020. Check area.	YES
247	Patriot Plain Clinic	Paarl	Clinic	Cape Winelands	453	11 325	113	P3	C4	A3	B	1	B1	Medium	Neutral	Maintain			20 299	45	7 172	81.1	1.168	6 794	570		YES

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248	Phola Park Clinic	Paarl	Clinic	Cape Winelands	477	11 925	441	P3	C3		A3	B 2	B2	High	Neutral	Reinquinsh			33 836	71	11 956	81.1	1.168	11 325	570	To be replaced in future with Paarl CDC.	YES
249	Piketberg Ambulance Station	Piketberg	EMS	West Coast	358	8 950	90	P3	C5	C5	A4	A 1	A1	Low	Neutral	Maintain				0	0					NO	
250	Piketberg Clinic	Piketberg	Clinic	West Coast	439	10 975	110	P3	C4		A3	B 1	B1	High	Shortage	Upgrade & additions			32 064	73	23 042	86.8	1.245	24 901	950	Extensions in interim with pre-fabs. BC to be provided if extensions required. Brief in 2022	YES
251	Pineblands Ambulance Station	Pineblands	EMS	Western	4 320	108 000	6 480	P3	C2		A4	A 3	A3	Medium	Neutral	R, R & R				0	0					To be relocated at Alexandria Hospital site. Brief to be issued for replacement in 2022.	NO
252	Plettenberg Bay Clinic	Plettenberg Bay	Clinic	Garden Route	947	23 675	237	P3	C4		A4	A 1	A1	Low	Neutral	Maintain			17 086	18	6 795	88.6	1.328	7 995	450	Do have semi theatre.	NO
253	Porterville Ambulance Station	Porterville	EMS	West Coast	46	1 150	12	P3	C4		A3	B 1	B1	Medium	Neutral	Maintain				0	0						NO
254	Porterville Clinic	Porterville	Clinic	West Coast	576	14 400	144	P3	C4		A4	A 1	A1	Low	Neutral	Maintain			17 314	30	13 592	86.8	1.245	14 688	615	Hospital in town. Maintained in 2018.	NO
255	Prince Albert Ambulance Station	Prince Albert	EMS	Central Karoo	111	2 775	28	P3	C4		A3	B 1	B1	Medium	Neutral	Maintain				0	0					Washbay constructed in 2020.	YES
256	Prince Albert Clinic	Prince Albert	Clinic	Central Karoo	858	21 450	215	P3	C4		A4	A 1	A1	Low	Neutral	Maintain			23 180	27	9 066	90.3	1.173	9 603	450	Hospital in town and combined use of some facilities.	NO
257	Prince Albert Hospital	Prince Albert	District Hospital	Central Karoo	2 012	74 444	744	P5	C4		A4	A 2	A2	Low	Neutral	Maintain		29	39%	4 228						Hospital and clinic part of one complex.	NO
258	Prince Albert Hospital Residential accommodation	Prince Albert	Residential accommodation	Central Karoo	300	7 500	278	P3	C3		A4	A 2	A2	Medium	Neutral	Maintain				0	0					Area to be checked.	YES
259	Prince Alfred Hamlet Clinic	Prince Alfred Hamlet	Clinic	Cape Winelands	946	23 650	875	P3	C3		A5	A 2	A2	Low	Neutral	Maintain			30 584	32	12 076	89.5	1.269	13 715		Completed in 2018.	NO
260	Radie Kotze Hospital	Piketberg	District Hospital	West Coast	2 328	86 136	861	P5	C4		A4	A 2	A2	Medium	Neutral	R, R & R		31	75%	11 514						Psych rooms completed in 2017. Further R, R and R in 2022/23. Urgent roof replacement due to structural pressure in 2021/22.	NO

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261	Railton Clinic	Swellendam	Clinic	Overberg	770	19 250	712	P3	C3	C3	A4	A	2	A2	Medium	Neutral	R, R & R			38 736	50	13 391	87.5	1.175	13 767	615	Extended in 2020 with prefab for Covid-19. Awaiting relocation of library in order to extend further.	NO
262	Rawsonville Clinic	Rawsonville	Clinic	Cape Winelands	750	18 750	188	P3	C4	C4	A5	A	1	A1	Low	Neutral	Maintain			23 687	32	12 166	87.3	1.157	12 288	615	Built in 2020.	NO
263	Red Cross War Memorial Children Hospital	Rondebosch	Tertiary Hospital	Southern	49 249	2 019 209	20 192	P5	C4	C4	A4	A	2	A2	Medium	Neutral	Maintain	282	74%	110 242					0		Change in master plan priority	NO
264	Retreat CHC	Retreat	CHC	Southern	2 919	102 165	3 780	P4	C3	C3	A4	A	2	A2	Medium	Shortage	R, R & R	10	107%	120 193	45				0	2 600	Rehabilitation brief issued in 2020.	NO
265	Riebeeck West Clinic	Riebeeck West	Clinic	West Coast	207	5 175	52	P3	C4	C4	A4	A	1	A1	High	Shortage	Upgrade & additions			12 641	61	7 446	85.3	1.201	7 628	450	Adjacent site acquired. Prefabs placed for interim. Adjacent site (pm of 499) registered WCG 01/11/2019.	YES
266	Rietpoort Satellite Clinic	Rietpoort	Satellite Clinic	West Coast	143	3 575	132	P2	C3	C3	A3	A	1	A1	Low	Neutral	Maintain			2 653	19	1 000	87.5	1.180	1 033	150		YES
267	Riverlands Satellite Clinic	Riverlands	Satellite Clinic	West Coast	113	2 825	28	P2	C5	C5	A5	A	1	A1	Low	Neutral	Maintain			4 409	39	2 000	85.3	1.201	2 049	150	Light weight construction.	YES
268	Riversdale Ambulance Station	Riversdale	EMS	Garden Route	415	10 375	104	P3	C4	C4	A4	A	1	A1	Medium	Neutral	Maintain								0			NO
269	Riversdale Clinic	Riversdale	Clinic	Garden Route	512	12 800	128	P3	C4	C4	A3	B	1	B1	Low	Neutral	Maintain			3 368	7	18 709	87.8	1.114	18 299	650	Check area. Hospital in town. NHI maintenance in 2022/23.	NO
270	Riversdale FPL	Riversdale	Forensic Pathology Laboratory	Garden Route	100	2 500	93	P4	C3	C3	A3	B	2	B2	Medium	Neutral	Upgrade & additions								0		On hospital site in prefabs.	NO
271	Riversdale Hospital	Riversdale	District Hospital	Garden Route	4 964	183 668	1 837	P5	C4	C3	C4	A	2	A2	Medium	Neutral	Upgrade & additions	50	61%	13 383					0		NHI/EC extensions in 2022/23.	NO
272	Riversderend Ambulance Station	Riversderend	EMS	Overberg	66	1 650	61	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0		Extended in 2015/16.	YES
273	Riversderend Clinic	Riversderend	Clinic	Overberg	269	6 725	67	P3	C4	C4	A3	B	1	B1	High	Neutral	Maintain			17 269	64	9 067	89.6	1.199	9 741	450		YES

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274	Robertson Ambulance Station	Robertson	EMS	Cape Winelands	293	7 325	271	P3	C3	A4	A 2	A2	Medium	Neutral	Maintain										Facility completed 2014.	NO
275	Robertson Hospital	Robertson	District Hospital	Cape Winelands	3 027	111 999	1 120	P5	C4	A4	A 2	A2	High	Shortage	Upgrade & additions	50%	32 015								EC and Acute Psychiatric Unit brief issued in 2018.	NO
276	Rosemoor Clinic	George	Clinic	Garden Route	497	12 425	460	P3	C3	A3	B 2	B2	Medium	Neutral	Relinquish		21 694	44	8 373	84.4	1 206	8 522	615		NHI extensions included in area. Rationalisation to be considered in future.	YES
277	Rural Health Services Patient Medical Records	Bredasdorp	Store and other	Overberg	98	2 450	91	P3	C3	A3	B 2	B2	Medium	Neutral	Maintain										Existing storage space were redeveloped into a Patient Medical Records archive to alleviate pressure on Rural Services and enable effective management.	YES
278	Ruyterwacht CDC	Goodwood	CDC	Tygerberg	750	25 500	944	P3	C3	A5	A 2	A2	Low	Neutral	Replace		29 150	39					1 500		Prefab building built in 2013.	NO
279	Saldanha Clinic	Saldanha	Clinic	West Coast	484	12 100	448	P3	C3	A3	B 2	B2	Medium	Neutral	Maintain		23 252	48	11 742	83.2	1 308	12 778	615		Increased visits due to Diazville being burnt down.	YES
280	Saldanha Sub-district Office	Vredenburg	Sub-district Office	West Coast	100	2 500	25	P3	C5	A4	A 1	A1	Medium	Neutral	Maintain										Sub-district offices situated on Vredenburg Hospital premises.	NO
281	Salt River FPL	Cape Town	Forensic Pathology Laboratory	Western	567	14 175	851	P4	C2	A2	C 3	C3	Extensive	Shortage	Relinquish										To be relinquished in 2022/23. Construction and commissioning of replacement (i.e. Observatory FPL) to be completed approximately mid 2022. Salt River FPL to remain operational in the interim.	NO
282	Saron Clinic	Saron	Clinic	Cape Winelands	552	13 800	511	P3	C3	A3	B 2	B2	Low	Neutral	Maintain		19 037	34	10 621	81.1	1 168	10 061	450		Possible rental ilo acquisition	NO
283	Scottsdale CDC	Kraaifontein	CDC	Northern	560	19 040	704	P3	C3	A4	A 2	A2	Low	Neutral	Upgrade & additions		16 822	30					2 600		One of 9 facilities where function will resort under WCGH in 2022	NO

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284	Sedgfield Clinic	Sedgfield	Clinic	Garden Route	441	11 025	408	P3	C3	C3	A3	B	2	B2	High	Neutral	Maintain			26 783	61	9 112	85.2	1.168	9 068	450	Extensions 250m ² . Further NH extensions in 2020.	YES
285	Simondium Clinic	Paarl	Clinic	Cape Winelands	746	18 650	690	P3	C3	C3	A4	A	2	A2	Low	Neutral	Maintain			18 244	24	13 922	81.1	1.168	13 188	615	Consolidation of clinics in area to be investigated. Include Wemmershoek area.	NO
286	Siangrivier Satellite Clinic	Siangrivier	Satellite Clinic	Garden Route	155	3 875	39	P2	C4		A3	A	1	A1	Low	Neutral	Maintain			5 956	38	5 051	87.8	1.114	4 940	250	Container added in 2020 for Covid-19.	YES
287	Soetendal Clinic	Wellington	Clinic	Cape Winelands	120	3 000	111	P3	C3		A3	B	2	B2	High	Shortage	Upgrade & additions			8 782	73	7 936	81.1	1.168	7 517	450	Awaiting BC.	YES
288	Sonskyn Vallei Satellite Clinic	Hartenbos	Satellite Clinic	Garden Route	158	3 950	40	P2	C4		A4	A	1	A1	Low	Neutral	Maintain			3 807	24	2 500	84.3	1.240	2 613	150	Upgrade only in future.	YES
289	Sonstraal Hospital	Paarl	TB Hospital	West Coast	4 687	192 167	7 110	P4	C3	C3	A3	B	2	B2	Low	Neutral	Maintain	150	21%	1 339					0		Additional wards added to accommodate Malmesbury ID patients (1137m ²) during Covid-19 in 2020. Confirmation of stepdown utilisation to be obtained from Service	NO
290	Stanford Clinic	Stanford	Clinic	Overberg	508	12 700	470	P3	C3	C3	A4	A	2	A2	Low	Neutral	Maintain			13 341	26	5 862	84.7	1.305	6 479	450		NO
291	Stellenbosch Ambulance Station	Stellenbosch	EMS	Cape Winelands	406	10 150	376	P3	C3	C3	A2	B	2	B2	Medium	Neutral	Replace								0		Accessibility not good to response time. Replacement to be reviewed in 2022.	NO
292	Stellenbosch Hospital	Stellenbosch	District Hospital	Cape Winelands	8 691	321 567	11 898	P5	C3	C3	A4	A	3	A3	Medium	Neutral	Maintain	85	76%	46 897					0		EC extension completed in 2018. R & R brief issued to works in 2018.	NO
293	Sikiland Hospital	Sikiland	Psychiatric Hospital	Tygerberg	38 307	1 570 587	58 112	P5	C3		A4	A	3	A3	Extensive	Excess	Maintain	423	102%	9 355					0		Ward 1 and 20 to be used for possible decanting of other areas.	NO
294	Still Bay Satellite Clinic	Still Bay	Satellite Clinic	Garden Route	184	4 600	170	P2	C3	C3	A3	A	1	A1	Low	Neutral	Maintain			4 778	26	3 979	87.8	1.114	3 891	250		YES

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295	Sruisbaai Clinic	Sruisbaai	Clinic	Overberg	265	6 625	245	P3	C3	C3	A3	B	2	B2	Low	Neutral	Upgrade & additions			10 393	39	5 140	85.6	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
296	Suurbraak Clinic	Suurbraak	Clinic	Overberg	152	3 800	141	P3	C3	C3	A3	B	2	B2	Medium	Neutral	Maintain			7 101	47	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
297	Swartland Hospital	Malmesbury	District Hospital	West Coast	5 571	206 127	7 627	P5	C3		A3	B	3	B3	Extensive	Neutral	Replace	84	110%	28 394				0		Available area to be confirmed in 2022 as well as updating areas of Hospital. Hospital utilisation indicated as extensive due to only 41 beds in 2021 but bed numbers to increase in 2022 to 84 as updated. Hospital upgraded recently.	NO	
298	Swellendam Ambulance Station	Swellendam	EMS	Overberg	235	5 875	217	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0		Washbay constructed in 2021	NO
299	Swellendam Clinic	Swellendam	Clinic	Overberg	714	17 850	179	P3	C4		A2	B	1	B1	Low	Neutral	Maintain			13 025	18	7 304	87.5	1.175	7 510	450		NO
300	Swellendam FPL	Swellendam	Forensic Pathology Laboratory	Overberg	353	8 825	327	P4	C3		A4	A	2	A2	Low	Neutral	Maintain								0		Only minimum occupation.	YES
301	Swellendam Hospital	Swellendam	District Hospital	Overberg	3 236	119 732	4 430	P5	C3	C3	A4	A	3	A3	Medium	Neutral	Maintain	51	60%	16 346					0		Acute Psychiatric Unit brief issued 2017.	NO
302	Swellendam Sub-district Office	Swellendam	Sub-district Office	Overberg	100	2 500	93	P3	C3	C3	A4	A	2	A2	Medium	Neutral	Maintain								0		Sub-district offices situated on hospital premises.	NO
303	Symphony Way CDC	Delft	ODC	Tygerberg	2 588	87 992	880	P3	C4	C3	A5	A	1	A1	Low	Neutral	Maintain			100 765	39				0	2 600	Completed in 2016.	NO

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304	TC Newman CDC	Paarl	CDC	Cape Winelands	9 298	316 132	18 968	P3	C2	C2	A4	A	3	A3	Low	Neutral	Maintain			110 752	12	39 133	81.1	1.168	37 068	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 or maintenance work to be scheduled in short term if required.	NO	
305	Thembaletu CDC	George	CDC	Garden Route	4 500	153 000	1 530	P3	C5		A5	A	1	A1	Low	Neutral	Maintain			86 679	19	33 998	84.4	1.206	34 606	2 000	Land donated to PGWC on 10 December 2020.	NO	
306	Toekomrus Clinic	Oudshoorn	Clinic	Garden Route	239	5 987	222	P3	C3	C3	A4	A	2	A2	High	Shortage	Relinquish			16 750	70	7 847	88.3	1.000	6 929	450	NHI upgraded clinic in 2019. Future consolidation of facilities.	YES	
307	Touws River Ambulance Station	Touws River	EMS	Cape Winelands	200	5 000	50	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain			23 766				0	0	Washbay constructed in 2018.	NO		
308	Touws River Clinic	Touws River	Clinic	Cape Winelands	394	9 850	364	P3	C3	C3	A3	B	2	B2	High	Neutral	Maintain				60	11 011	87.3	1.157	11 122	570		NO	
309	Tulbagh Ambulance Station	Tulbagh	EMS	Cape Winelands	508	12 700	127	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain							0	0	0		NO	
310	Tulbagh Clinic	Tulbagh	Clinic	Cape Winelands	721	18 025	1 082	P3	C2	C2	A4	A	3	A3	Low	Neutral	Maintain			24 423	34	17 008	89.5	1.259	19 317	615	Structural defects to be attended to in 2021/22/23. On project list for MTEF.	NO	
311	Tygerberg Ambulance Station	Parow	EMS	Tygerberg	4 180	104 500	6 270	P3	C2	C2	A3	B	3	B3	Medium	Neutral	Maintain							0	0	0	Site to be visited in 2022 and R, R&R or maintenance work to be scheduled in short term if required.	NO	
312	Tygerberg Disaster Management Centre	Parow	EMS Disaster Management Centre	Tygerberg	300	7 500	75	P3	C4		A4	A	1	A1	Medium	Neutral	Replace								0	0	0	Linked to PPP for Tygerberg Hospital. Used by a number of departments.	NO
313	Tygerberg EMS College	Parow	EMS College	Tygerberg	3 313	82 825	828	P3	C4	C4	A2	B	1	B1	Medium	Neutral	Replace							0	0	0	Also linked to PPP. Awaiting feedback from EMS on future.	NO	

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314	Tygerberg FPL	Parow	Forensic Pathology Laboratory	Tygerberg	3 231	80 775	2 989	P4	C3	Public Works FCA 2019/20	A4	A	2	A2	High	Neutral	Upgrade & additions								0	Interim upgrades to ventilation system. Further feasibility to be done in terms of lack of funding whether it can be extended on site.	NO
315	Tygerberg Hospital	Parow	Central Hospital	Tygerberg	268	11 014	660 862	P5	C2		A3	B	3	B3	High	Excess	Replace	1 384	82%	271 061				0	Refer to chapter on Tygerberg.	NO	
316	Tygerberg Hospital Residential	Parow	Residential accommodation	Tygerberg	1 000	25 000	925	P3	C3		A3	B	2	B2	Medium	Neutral	R, R & R							0	Part of PPP. Doctors quarters to be moved to Protea court. One block of office accommodation.	NO	
317	Tygerberg Laundry	Parow	Provincial Laundry	Tygerberg	8 477	211 925	7 841	P3	C3		A3	B	2	B2	Medium	Neutral	Maintain							0	Health technology upgrade to take place in 21/22/23.	NO	
318	Unondale (Lyonsville) Clinic	Unondale	Clinic	Garden Route	465	11 625	430	P3	C3		A3	B	2	B2	Low	Neutral	Maintain			13 798	30	10 468	1.328	12 317	450		YES
319	Unondale Hospital	Unondale	District Hospital	Garden Route	1 338	49 506	495	P5	C4		A4	A	2	A2	Low	Neutral	Maintain	13	56%	5 506				0		NO	
320	Valkenberg Hospital	Observatory	Psychiatric Hospital	Western	40 389	1 655 949	61 270	P5	C3		A3	B	3	B3	Extensive	Shortage	Upgrade & additions	414	100%	7 555				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	
321	Van Rhynsdorp Clinic	Van Rhynsdorp	Clinic	West Coast	235	5 875	59	P3	C4		A4	A	1	A1	High	Shortage	Maintain			19 033	81	8 704	1.180	8 967	450	Check area. (AK).	YES
322	Van Wyksdorp Satellite Clinic	Van Wyksdorp	Satellite Clinic	Garden Route	217	5 413	200	P2	C3		A3	A	1	A1	Low	Neutral	Maintain			3 131	14	1 000	1.047	966	150		YES
323	Vanguard CHC	Bonteheuwel	CHC	Western	4 480	156 800	5 602	P4	C3		A4	A	2	A2	Low	Neutral	R, R & R	11	70%	128 188	30			0	2 000	Paper donation in 2019. Brief to be issued in 2022. Possible use by UCT of some structures.	NO
324	Velddrif Clinic	Velddrif	Clinic	West Coast	299	7 475	277	P3	C3		A3	B	2	B2	High	Shortage	Maintain			19 894	67	12 606	1.308	13 719	615		YES

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M²)	REPLACEMENT COST @ JANUARY 2022 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 BEDS (AS AT January 2022)	AVERAGE BED OCCUPANCY RATE (Jan 2021 till Dec 2021)	NO OF PATIENT VISITS PER ANNUM (Jan 2021 to Dec 2021)	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	
325	Victoria Hospital	Wynberg	District Hospital	Southern	13 841	512 117	18 948	P5	C3	Public Works FCA 2019/20	A3	B	3	B3	High	Shortage	Replace	203	81%	63 743				0		EC extension in 2020/21 increased area by 1856m2 Future bed no's increased. Brief for Archives in 2022. OPD donation brief in 2022	NO	
326	Villiersdorp Clinic	Villiersdorp	Clinic	Overberg	433	10 825	650	P3	C2		A3	B	3	B3	High	Shortage	Replace			35 194	81	23 600	89.6	1 199	25 354	950	Clinic building to be used for EMS. Replacement clinic due for construction. On project list for MTEF. Will be used as part of future clinic -33.9933345, 19.287307.	YES
327	Villiersdorp Mobile Garage	Villiersdorp	Mobile Garage	Overberg	100	2 500	93	P3	C3		A3	B	2	B2	Medium	Neutral	Relinquish							0	0		YES	
328	Voorstekraal Satellite Clinic	Voorstekraal, Genadendal	Satellite Clinic	Overberg	48	1 200	44	P2	C3		A4	A	1	A1	Medium	Neutral	Maintain			2 335	49	1 000	89.6	1 074	150	Maintained in 2018/19.	YES	
329	Vredenburg Ambulance Station	Vredenburg	EMS	West Coast	357	8 925	330	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain							0	0		NO	
330	Vredenburg Clinic	Vredenburg	Clinic	West Coast	206	5 150	191	P3	C3		A3	B	2	B2	Medium	Shortage	Replace			9 746	47	5 019	83.2	1 308	450	New CDC to replace Hannah Coetzee, Louwville and Vredenburg for 60000.	YES	
331	Vredenburg FPL	Vredenburg	Forensic Pathology Laboratory	West Coast	88	2 200	81	P4	C3		A3	B	2	B2	Medium	Neutral	R, R & R							0	0	Acquisition in 2018. Business Case for upgrade to be provided.	YES	
332	Vredenburg Hospital	Vredenburg	District Hospital	West Coast	8 034	297 258	2 973	P5	C4		A4	A	2	A2	Medium	Neutral	Maintain	112	76%	48 564				0	0	Construction work completed in 2018/19. Follow up on total area (AK) and letting of rental unit in 2021 (MB).	NO	
333	Vredendal Ambulance Station	Vredendal	EMS	West Coast	1 176	29 400	294	P3	C4		A5	A	1	A1	Medium	Neutral	Maintain							0	0		NO	
334	Vredendal FPL	Vredendal	Forensic Pathology Laboratory	West Coast	250	6 250	231	P4	C3		A4	A	2	A2	Medium	Neutral	Maintain							0	0		YES	

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M²)	REPLACEMENT COST @ JANUARY 2022 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 BEDS (AS AT January 2022)	AVERAGE BED OCCUPANCY RATE (Jan 2021 till Dec 2021)	NO OF PATIENT VISITS PER ANNUM (Jan 2021 to Dec 2021)	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
335	Vredendal Hospital	Vredendal	District Hospital	West Coast	3 789	140 193	5 187	P5	C3		A4	A 3	A3	Extensive	Shortage	Upgrade & additions	75	96%	27 769						0		BoD high. Masterplan in terms of services to be provided. R & R brief issued in 2019. Store by Engineering. Boiler house converted to Covid-19 ward in 2020.	NO
336	WCCN Boland Overberg Campus - Erika Hostel	Worcester	Nurses residential accommodation	Cape Winelands	2 773	69 325	2 565	P3	C3	C3	A5	A 2	A2	Medium	Neutral	Maintain									0		Confirm total area (AK).	NO
337	WCCN Central Administration	Cape Town	Nursing College	Klipfontein	660	16 500	611	P3	C3		A3	B 2	B2	Medium	Neutral	Maintain									0			NO
338	WCCN Metro West Campus	Athlone	Nursing College	Klipfontein	2 878	71 950	2 662	P3	C3		A4	A 2	A2	Medium	Neutral	Maintain									0		Main campus. R, R & R brief issued.	NO
339	WCCN Southern Cape Karoo Campus	George	Nursing College	Garden Route	2 900	72 500	725	P3	C4		A4	A 1	A1	Medium	Neutral	Maintain									0		Facility not optimally used and part of building can be used for conference purposes.	NO
340	Wellington CDC	Wellington	ODC	Cape Winelands	1 450	49 300	1 824	P3	C3	C3	A4	A 2	A2	Low	Neutral	Maintain				43 688	30	39 568	81.1	1.168	37 481	2 800	Pharmacy extensions in 2017. U & A requested by service but to be verified.	NO
341	Westfleur Ambulance Station	Atlantis	EMS	Western	404	10 100	374	P3	C3	C3	A4	A 2	A2	Medium	Neutral	Maintain									0			YES
342	Westfleur Hospital	Atlantis	District Hospital	Western	5 643	208 791	7 725	P5	C3	C3	A3	B 3	B3	Medium	Shortage	Replace		50	60%	124 891					0		Stores and records departments require upgrade and extensions. Bed numbers for 2030 huge increase.	NO
343	Western Cape Rehabilitation Centre	Mitchell's Plain	Rehabilitation Unit	Mitchell's Plain	20 659	516 475	5 165	P3	C4		A4	A 1	A1	Medium	Neutral	Maintain		156	64%	2 518					0		Previously a PPP. Used to accommodate Aquarius (NGO) occupants in 2020/21.	NO
344	William Slater Psychiatric OPD	Rondebosch	Psychiatric Step down	Southern	1 500	37 500	1 388	P3	C3	C3	A3	B 2	B2	Low	Neutral	Maintain				0					0		Will be used as part of GSH Psychiatric OPD.	NO

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2022 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 BEDS (AS AT January 2022)	AVERAGE BED OCCUPANCY RATE (Jan 2021 till Dec 2021)	NO OF PATIENT VISITS PER ANNUM (Jan 2021 to Dec 2021)	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	
345	Windmeul Clinic	Paarl	Clinic	Cape Winelands	120	3 000	111	P3	C3	Public Works FCA 2019/20	A2	B	2	B2	Medium	Shortage	Upgrade & additions			6 123	51	2 163	81.1	1.168	2 049	250	Brief issued to works in 2016.	YES	
346	Wolseley Clinic	Wolseley	Clinic	Cape Winelands	946	23 650	237	P3	C5		A5	A	1	A1	Low	Neutral	Maintain			24 962	26	15 387	89.5	1.269	17 476	0	New in 2019.	NO	
347	Worcester Ambulance Station	Worcester	EMS	Cape Winelands	1 303	32 575	326	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain									Part of it used as Disaster Management Centre by Worcester. On project list for MTEF.	NO		
348	Worcester Ambulance Station Workshop	Worcester	EMS Workshop	Cape Winelands	500	12 500	750	P3	C2		A3	B	3	B3	Medium	Neutral	Maintain											NO	
349	Worcester CDC	Worcester	CDC	Cape Winelands	1 200	40 800	1 510	P3	C3		A4	A	2	A2	High	Shortage	R, R & R		10	60%	90 307	95	51 658	87.3	1.157	52 178	2 800	Avian Park will relieve pressure in future as well as portion where MOU will vacate.	NO
350	Worcester Disaster Management Centre	Worcester	EMS Disaster Management Centre	Cape Winelands	500	12 500	463	P3	C3		A4	A	2	A2	Medium	Neutral	Maintain										On project list for MTEF.	NO	
351	Worcester FPL	Worcester	Forensic Pathology Laboratory	Cape Winelands	1 405	35 125	351	P4	C4		A4	A	1	A1	Medium	Neutral	Upgrade & additions										Additional clinical space required. Requested house nearby.	NO	
352	Worcester Hospital	Worcester	Regional Hospital	Cape Winelands	29 464	1 208 024	12 080	P5	C4		A4	A	2	A2	Medium	Neutral	Maintain		275	78%	70 051						MOU to be relocated to hospital. Brief issued in Jan 2018.	NO	
353	Worcester Hospital Residential	Worcester	Residential accommodation	Cape Winelands	3 742	93 550	936	P3	C4		A4	A	1	A1	Medium	Neutral	Maintain												NO
354	Worcester HT Maintenance Hub	Worcester	Workshop	Cape Winelands	160	4 000	240	P2	C2		A4	A	2	A2	Medium	Neutral	Maintain										Will make use of house-like structure towards the back of Worcester Hospital grounds. Engineering to upgrade in 2022/23	YES	
355	Zoar Clinic	Oudtshoorn	Clinic	Garden Route	263	6 567	243	P3	C3		A3	B	2	B2	Low	Neutral	Maintain			8 011	30	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 2022 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 BEDS (AS AT January 2022)	AVERAGE BED OCCUPANCY RATE (Jan 2021 till Dec 2021)	NO OF PATIENT VISITS PER ANNUM (Jan 2021 to Dec 2021)	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
356	Zolani Clinic	Ashion	Clinic	Cape Winelands	383	9 575	96	P3	C4	A4	A	1	A1	Medium	Neutral	Maintain			20 829	54	11 915	89.4	1.145	12 196	450		YES
357	Zvaanswyk Engineering Workshop	Retreat	Workshop	Southern	2 512	62 800	2 324	P2	C3	A4	A	1	A1	Medium	Neutral	Maintain					0					Investigate possible use of DP Marais Hospital for health tech purposes.	NO

Templates 3.1.2 & 4.1.2:

Schedule of Functional Performance / Utilisation Improvement Plan:

State-owned Office Accommodation

TEMPLATES 3.1.2 & 4.1.2: SCHEDULE OF FUNCTIONAL PERFORMANCE / UTILISATION IMPROVEMENT PLAN: 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	UTILISATION IMPROVEMENT ACTION
WCGTPW BUDGET RESPONSIBILITY										
1	Cape Medical Depot	Cape Town	Chiappini Street, Cape Town	Office	Strategic	Assurance	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	Consolidate
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	Maintain
5a	Metro Head Office	Cape Town	4 Dorp Street, Cape Town (Floor 21)	Office	Head Office	Minister	City of Cape Town	Extensive	Neutral	Maintain
5b			4 Dorp Street, Cape Town (Floor 20)		Head Office	HOD office & ECSS office		Extensive	Neutral	Maintain
5c			4 Dorp Street, Cape Town (Floors 10,13,15,16,17)		Corporate Support Service	People Management		Extensive	Neutral	Rehabilitation
5d			4 Dorp Street, Cape Town (Floors 17, 23)		Corporate Support Service	Finance Management		Extensive	Neutral	Rehabilitation
5e			4 Dorp Street, Cape Town (Floors 21 - CD, 22 - Sourcing)		Corporate Support Service	Supply Change Management		Medium	Neutral	Rehabilitation
5f			4 Dorp Street, Cape Town (Floors 14, 18,24)		Strategic cluster	Strategic cluster		Extensive	Shortage	Upgrade & Additions
6a	Metropole Regional Office	Belville	Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (4th Floor, South Block)	Office	ECSS	ECSS HO	City of Cape Town	Medium	Neutral	Maintain
6b			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (3rd Floor)		ECSS	ECSS Laboratory and blood services and service priority co-ordination		Medium	Neutral	Maintain
6c			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (2nd Floor, North Block)		Metro	People Management		Medium	Neutral	Maintain
6d			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (1st Floor, South Block)		Metro	MHS & Northern & Tygerberg		Medium	Neutral	Maintain
6e			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Belville (2nd Floor, North Block)		Corporate Support Service	Finance Management		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	UTILISATION IMPROVEMENT ACTION
6f			Belville Health Park, Karl Bremer Hospital, Mike Pienaar Boulevard, Bellville (1st Floor, North Block)		Corporate Support Service	FIM Health Technology		Medium	Neutral	Maintain
WCGH 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 Conradie Drive, Bellville	Offices	Corporate Support Service	FIM Facilities Management	City of Cape Town	Medium	Neutral	Maintain
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	Medium	Neutral	Maintain
9	Klipfontein / Mitchells Plain Sub-district Office	Mitchells Plain	Lenegaur 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 Satellite Office	Stikland	De La Haye Road, Stikland	Office	Metro HO	Finance Management and People Management	City of Cape Town	Medium	Neutral	Maintain
11b	Metro Head Satellite Office	Cape Town	Groote Schuur Hospital	Office	Metro HO	IM	City of Cape Town	Low	Neutral	Maintain
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
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

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	FACILITY TYPE	COMPONENT	DISTRICT / SUB-DISTRICT / DIRECTORATE	LOCAL MUNICIPALITY	CURRENT UTILISATION LEVEL	EXCESS / SHORTAGE OF SPACE	UTILISATION IMPROVEMENT ACTION
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	Bosklinik 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	Stikland	Building A, Stikland Nurses Home, Old Paarl Road, Stikland	Office	Corporate 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 3.2.1 & 4.2.1:

Schedule of Functional Performance / Utilisation Improvement Plan /

High Level Life-cycle Plan:

Leased Health Facilities

TEMPLATES 3.2.1 & 4.2.1: SCHEDULE OF FUNCTIONAL PERFORMANCE / UTILISATION IMPROVEMENT PLAN / HIGH LEVEL LIFE-CYCLE PLAN: LEASED HEALTH FACILITIES (WCGTPW BUDGET RESPONSIBILITY)

NO	FACILITY NAME	TOWN / SUBURB	FACILITY TYPE	DISTRICT/ SUB-DISTRICT	BUILDING EXTENT (M ²)	REPLACEMENT COST @ JANUARY 2022 x R1000	LIFE CYCLE COSTING REQUIRED PER YEAR (R'000)	REQUIRED PERFORMANCE STANDARD	CONDITION RATING	ACCESSIBILITY	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 2021 to Dec 2021)	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	Beaufort West Doctors Residences	Beaufort West	Doctors Residence	Central Karoo	300	7 500	150	P3	C3 A4	A 2	A2	Medium	Neutral	Maintain			-				Only 1 residence remain?	YES	
2	Bellville RHC	Bellville	Reproductive Health Centre	Tygerberg	235	5 875	294	P3	C2 A3	B 3	B3	Medium	Neutral	Maintain		9 738	41					YES	
3	Bereaiville Satellite Clinic	Bereaiville	Satellite Clinic	Overberg	167	4 175	84	P2	C3 A4	A 1	A1	Low	Neutral	Maintain		2 303	14	1 000	89.6	1 199	1 074	YES	
4	Betty's Bay Satellite Clinic	Betty's Bay	Satellite Clinic	Overberg	74	1 850	93	P2	C2 A3	A 2	A2	Low	Shortage	Replace		244	3	2 201	84.7	1 305	2 433	New rental being fitted out in 2022.	YES
5	Bitterfontein Ambulance Station	Bitterfontein	EMS	West Coast	165	4 125	21	P3	C4 A4	A 1	A1	Medium	Neutral	Upgrade & additions			-				Investigate whether it can be relocated. Wash bay drainage required.	YES	
6	Bitterfontein Satellite Clinic	Bitterfontein	Satellite Clinic	West Coast	87	2 175	44	P2	C3 A2	B 1	B1	Low	Neutral	Replace		2 367	27	3 857	87.5	1 180	3 982	Possible relocation to Thusong Centre.	YES
7	Brackengate Intermediate Care	Brackentell	COVID-19 Temporary Intermediate Care Hospital	Tygerberg	5 412	135 300	135	P4	C5 A4	A 1	A1	Medium		Temporary Facility - Short term Lease		53					Use for COVID-19 and lease extended for 3 years. Utilization was and will remain dependant on COVID-19 requirements which cannot be predicted. Possible use as intermediate care facility going forward.	YES	
8	Brandwacht Satellite Clinic	Brandwacht	Satellite Clinic	Garden Route	191	4 775	24	P2	C4 A3	A 1	A1	Low	Neutral	Maintain		6 866	36	5 500	84.3	1 240	5 749	Part of Kleinbrak area.	YES
9	Bredasdorp Ambulance Station Workshop	Bredasdorp	EMS Workshop	Overberg	256	6 400	128	P2	C3 A3	A 1	A1	Medium	Neutral	Maintain			-				Lease in process of being terminated. With exception of some equipment, premises has been vacated by WCGH.	YES	
10	Breenriver Clinic	Ceres	Clinic	Cape Winelands	234	5 850	29	P3	C4 A3	B 1	B1	Low	Neutral	Maintain		7 792	33	4 851	89.5	1 259	5 510	Part of Wolsley area.	YES
11	Cape Town RHC	Cape Town	Reproductive Health Centre	Western	191	4 775	96	P3	C3 A4	A 2	A2	High	Neutral	Maintain		17 030	89				Only specific service.	YES	

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12	Ceres Clinic (former Annie Brown Clinic)	Ceres	Clinic	Cape Winelands	233	7 325	147	P3	C3 A3	B	2	B2	High	Neutral	Replace	21 175	72	89.5	1,269	0	0	CDC services on hospital site moved to, and consolidated with, Annie Brown Clinic in December 2020. Facility now called 'Ceres Clinic'.	YES	
13	Clanwilliam Ambulance Station	Clanwilliam	EMS	West Coast	216	5 400	27	P3	C4 A4	A	1	A1	Medium	Neutral	Maintain	-	-	-	-	-	-	Acquisition of property requested. Access problem to site to be sorted in 2022.	YES	
14	Darling Ambulance Station	Darling	EMS	West Coast	234	5 850	117	P3	C3 A2	B	2	B2	Medium	Shortage	Upgrade & additions	-	-	-	-	-	-	Wash bay to be constructed in 2022/23.	YES	
15	De Wet Satellite Clinic	Nuy	Satellite Clinic	Cape Winelands	100	2 500	50	P2	C3 A3	A	1	A1	Low	Neutral	Maintain	2 957	30	1 620	87.3	1,157	1 636		YES	
16	Diazville Temporary Clinic	Saldanha	Clinic	West Coast	395	9 875	10	P3	C5 A2	B	1	B1	High	Shortage	Replace	24 827	63	12 537	83.2	1,308	13 644	Fire in November 2018. Temporary clinic constructed on Diazville Sportsgrounds - opened in May 2020.	YES	
17	Dirkie Uys Street Satellite Clinic	Franschoek	Satellite Clinic	Cape Winelands	100	2 500	50	P3	C3 A3	B	2	B2	Medium	Neutral	Maintain	4 126	41	2 174	82.2	1,302	2 327	Population mostly not dependant.	YES	
18	Don and Pat Bilton Clinic	Jamestown	Clinic	Cape Winelands	150	3 750	75	P3	C3 A3	B	2	B2	High	Shortage	Upgrade & additions	11 625	78	12 044	82.2	1,302	12 880	Facility to be transferred to WCG and additional accommodation requested. Awaiting report on library portion.	YES	
19	Ebenhaezer Satellite Clinic	Ebenhaezer	Satellite Clinic	West Coast	142	3 550	71	P2	C3 A3	A	1	A1	Low	Neutral	Maintain	3 971	28	1 000	87.5	1,180	1 033		YES	
20	Eendekuil Satellite Clinic	Eendekuil	Satellite Clinic	West Coast	147	3 675	74	P2	C3 A4	A	1	A1	Low	Neutral	Maintain	4 495	31	5 710	86.8	1,245	6 171		YES	
21	Elm Satellite Clinic	Elm	Satellite Clinic	Overberg	65	1 625	8	P3	C4 A3	B	1	B1	High	Shortage	Maintain	4 034	62	2 421	85.6	1,141	2 365	Rehabilitation taking place in 2020/21. Area to be updated upon completion.	YES	
22	George Ambulance Station Control Centre	George	EMS Control Centre	Garden Route	40	1 000	5	P3	C4 A3	B	1	B1	Medium	Neutral	Replace	-	-	-	-	-	-	Request to be moved and site to be secured. To be investigated	YES	
23	George Road Satellite Clinic	Mossey Bay	Satellite Clinic	Garden Route	150	3 750	75	P3	C3 A4	A	2	A2	Medium	Neutral	Replace	7 497	50	2 890	84.3	1,240	3 021	Building in Mead Street available for replacement. Business Case received. May be relinquished in 2023. Work taken over by WCGTPW	YES	
24	Goedverwacht Satellite Clinic	Goedverwacht	Satellite Clinic	West Coast	76	1 900	38	P2	C3 A3	A	1	A1	Medium	Neutral	Upgrade & additions	3 476	46	1 000	86.8	1,245	1 081	Service requested U & A or replacement. To be investigated in 2022 by Architects	YES	

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25	Grabouw Ambulance Station	Grabouw	EMS	Overberg	200	5 000	100	P3	C3 A3	B 2	B2	High	Shortage	Replace			-				0	Temporary accommodation until Municipal Library building is refurbished as long term accommodation. Wash bays remain at CDC.	YES		
26	Gugulethu Oral Health Centre	Gugulethu	Dental Clinic	Klipfontein	200	5 000	100	P3	C3 A3	B 2	B2	Low	Shortage	Reinquinsh			-					Incorporate with Gugulethu 2.	YES		
27	Gustrouw CDC	Sitrand	CDC	Eastern	1 064	36 176	724	P3	C3 A3	B 2	B2	High	Shortage	Replace		76 468	72					0	Consolidate / Replace. VTU placed on site in 2020.	NO	
28	Hanover Park CHC	Hanover Park	CHC	Klipfontein	2 917	102 095	2 042	P4	C3 A2	C 2	C2	Medium	Shortage	Replace		115 867	45					0	Brief issued in 2016 for replacement on WCG site.	NO	
29	Herold Satellite Clinic	George	Satellite Clinic	Garden Route	128	3 200	16	P2	C4 A4	A 1	A1	Low	Neutral	Maintain		2 228	17	1 000	84.4	1 206	1 018		YES		
30	Hope Street Oral Health Service	Cape Town	Dental Centre	Western	604	15 100	76	P3	C4 A4	A 1	A1	Low	Neutral	Maintain		3 388	6					0	Indicated to IAM that this facility can be transferred as service will remain.	NO	
31	Hout Bay Harbour CDC	Hout Bay	Wellness Centre	Southern	536	13 375	268	P3	C3 A2	B 2	B2	Medium	Neutral	Maintain		25 508							0	Service indicated that wellness clinic will be operated from here by NGOs.	NO
32	Hout Bay Victoria Avenue CDC	Hout Bay	CDC	Southern	345	11 730	59	P2	C4 A4	A 1	A1	High	Shortage	Replace		33 118	96					0	Temporary CDC, comprising 3 medical suites and 7 basement parking bays.		
33	Kararara Satellite Clinic	Knysna	Satellite Clinic	Garden Route	218	5 450	27	P2	C4 A4	A 1	A1	Low	Neutral	Maintain		3 494	16	2 092	85.2	1 168	2 082		YES		
34	Kensington CDC	Kensington	CDC	Western	890	30 260	605	P3	C3 A4	A 2	A2	Low	Neutral	Reinquinsh		15 196	17					0	Consolidate with Matiland CDC.	NO	
35	Keurhoek Satellite Clinic	Rheerendal	Satellite Clinic	Garden Route	253	6 325	32	P3	C4 A4	A 1	A1	Medium	Neutral	Maintain		10 726	42	5 602	85.2	1 168	5 575		YES		
36	Kleinviel CDC	Blackheath	CDC	Eastern	1 248	42 432	849	P3	C3 A4	A 2	A2	High	Shortage	Replace		124 677	100					0	Additional extensions of Mother and Child Unit completed 2019.	NO	
37	Kliprand Satellite Clinic	Kliprand	Satellite Clinic	West Coast	27	675	14	P2	C3 A4	A 1	A1	Low	Neutral	Maintain		739	27	1 000	87.5	1 180	1 033		YES		
38	Knysna FPL	Knysna	Forensic Pathology Laboratory	Garden Route	300	7 500	375	P4	C2 A1	C 3	C3	High	Shortage	Replace			-						0	Replacement facility on hospital site.	YES
39	Laingsburg Ambulance Station	Laingsburg	EMS	Central Karoo	52	1 300	26	P3	C3 A2	B 2	B2	Medium	Neutral	Upgrade & additions			-						0	Wash bay brief issued in 2019.	YES
40	Laingsburg FPL	Laingsburg	Forensic Pathology Laboratory	Central Karoo	206	5 150	103	P4	C3 A4	A 2	A2	Medium	Neutral	Maintain			-						0	YES	

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41	Lawaikamp Clinic	George	Clinic	Garden Route	411	10 275	206	P3	C3 A2	B	2	B2	Low	Neutral	Reinquinsh	Reinquinsh	12 957	32	5 34984.4	1.206	5 444	Consolidation required.	YES	
42	Lentegeur Oral Health Service	Mitchell's Plain	Dental Clinic	Mitchell's Plain	100	2 500	50	P3	C3 A3	B	2	B2	Low	Neutral	Reinquinsh	Reinquinsh	2 909	29				Must be consolidated with CHC in future.	YES	
43	Maitland Oral Health Service	Maitland	Dental Clinic	Western	96	2 400	48	P3	C3 A2	B	2	B2	Low	Neutral	Reinquinsh	Reinquinsh	1 994	21				Part of CDC service but separate building.	YES	
44	Maria Pieterse Satellite Clinic	Worcester	Satellite Clinic	Cape Winelands	400	10 000	500	P2	C2 A2	B	2	B2	Low	Neutral	Reinquinsh	Reinquinsh	7 513	19	4 29987.3	1.157	4 341	To be consolidated with Avian Park Clinic in Worcester. Avian park to be completed in March 2022. Michelle to check when relinquished	YES	
45	Mattiesfontein Satellite Clinic	Mattiesfontein	Satellite Clinic	Central Karoo	50	1 250	25	P2	C3 A4	A	1	A1	Low	Shortage	Replace	Replace	1 093	22	88490.5	1.002	802	Brief issued but not priority.	YES	
46	Mfuleni CDC Temporary	Mfuleni	CDC	Eastern	1 037	35 258	176	P3	C4 A5	A	1	A1	Extensive	Shortage	Replace	Replace	112 040	108				Rental of land only. Electrical upgrade awaited.	NO	
47	Mitchell's Plain Oral Health Centre	Mitchell's Plain	Dental Centre	Mitchell's Plain	4 862	121 550	2 431	P3	C3 A3	B	2	B2	Low	Neutral	Maintain	Maintain		-					NO	
48	Moorreesburg Ambulance Station Control Centre	Moorreesburg	EMS Control Centre	West Coast	250	6 250	125	P3	C3 A4	A	2	A2	Medium	Neutral	Maintain	Maintain		-					Extension of lease confirmed for further 5 years from 2022.	YES
49	Mossel Bay FPL	Mossel Bay	Forensic Pathology Laboratory	Garden Route	243	6 075	30	P4	C4 A3	B	1	B1	Medium	Neutral	Replace	Replace		-					Replacement facility on existing hospital site.	YES
50	Murraysburg Ambulance Station	Murraysburg	EMS	Central Karoo	296	7 388	369	P3	C2 A4	A	3	A3	Medium	Shortage	Reinquinsh	Reinquinsh		-					Wash bay on hospital site - brief issued in 2019 and to move to hospital site.	YES
51	Nuwerus Satellite Clinic	Nuwerus	Satellite Clinic	West Coast	79	1 975	10	P2	C4 A4	A	1	A1	Low	Neutral	Maintain	Maintain	1 201	15	1 57287.5	1.180	1 623		YES	
52	Outshoorn FPL	Outshoorn	Forensic Pathology Laboratory	Garden Route	300	7 500	38	P4	C4 A3	B	1	B1	Medium	Neutral	Maintain	Maintain		-					On SAPS site. No pressure to relocate.	YES
53	Outshoorn Oral Health Service	Outshoorn	Dental Clinic	Garden Route	153	3 825	77	P3	C3 A3	B	2	B2	Medium	Neutral	Maintain	Maintain	6 263	41	67 92988.3	1.000	59 980	To be consolidated with new Bridgeton CDC in future.	YES	
54	Parow CDC	Parow	CDC	Tygerberg	700	23 800	476	P3	C3 A2	B	2	B2	Medium	Shortage	Replace	Replace	40 415	58					Replacement in long term. Site identified - awaiting confirmation from IAM.	NO
55	Pearly Beach Satellite Clinic	Pearly Beach	Satellite Clinic	Overberg	175	4 375	88	P2	C3 A2	B	1	B1	Low	Neutral	Maintain	Maintain	663	4	1 45984.7	1.305	1 612	Need to assess if extension required. Maintenance planned 2020.	YES	

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56	Ravensmead CDC	Parow	CDC	Tygerberg	1 128	38 352	767	P3	C3 A2	B 2	B2	Medium	Shortage	Replace	High Level Life-Cycle Analysis / Utilisation Improvement	50 963	45					Priority replacement. Site - 33-920693, 18-595833. Construction in 2021.	NO
57	Redelinghuys Satellite Clinic	Redelinghuys	Satellite Clinic	West Coast	83	2 075	10	P2	C4 A3	A 1	A1	Low	Neutral	Maintain		2 347	28	2 571 86.8	1.245	2 778			YES
58	Reed Street CDC	Bellville	CDC	Tygerberg	827	28 118	562	P3	C3 A3	B 2	B2	Medium	Neutral	Maintain		40 279	49					Service confirmed need to retain facility in the long-term. Therefore has been recommended that property be acquired/transferred from CoCT rather than continuing to lease.	NO
59	Riebeeck Kasteel Clinic	Riebeeck Kasteel	Clinic	West Coast	194	4 850	24	P3	C4 A4	A 1	A1	High	Shortage	Replace		18 630	96	8 686 85.3	1.201	8 898		Prefab from Vredenburg.	YES
60	Robertson Oral Health Centre	Robertson	Dental Centre	Cape Winelands	160	4 000	80	P3	C3 A3	B 2	B2	Low	Neutral	Relinquish			-	36 518 89.4	1.145	37 381		To be incorporated into future Robertson CDC.	YES
61	Sandhills Clinic	De Doorns	Clinic	Cape Winelands	122	3 050	153	P3	C2 A2	B 3	B3	High	Shortage	Replace		10 959	90	3 222 87.3	1.157	3 255		Subject to site availability.	YES
62	Sandy Point Satellite Clinic	St. Helena Bay	Satellite Clinic	West Coast	112	2 800	56	P2	C3 A3	A 1	A1	Low	Shortage	Replace		4 149	37	1 903 83.2	1.308	2 071		Construction in 2022/23	YES
63	Silvertown Oral Health Service	Athlone	Dental Centre	Klipfontein	100	2 500	50	P2	C3 A3	A 1	A1	Low	Neutral	Relinquish		776	8					Cannot be considered as service point. Must be consolidated with CHC.	YES
64	Somerset Street Satellite Clinic	Worcester	Satellite Clinic	Cape Winelands	150	3 750	188	P2	C1 A3	A 3	A3	Low	Neutral	Relinquish		3 762	25	2 152 87.3	1.157	2 174		Will be consolidated with Avian Park in 2022.	YES
65	Stofkraal Satellite Clinic	Stofkraal	Satellite Clinic	West Coast	80	2 000	10	P2	C4 A4	A 1	A1	Low	Neutral	Maintain		1 649	21	1 000 87.5	1.180	1 033			YES
66	Strand CDC	Strand	CDC	Eastern	572	19 448	389	P3	C3 A2	B 2	B2	High	Shortage	Relinquish		39 219	69					Consolidation with Gustrouw CDC; Rusthof.	NO
67	Tessaarsdal Satellite Clinic	Tessaarsdal	Satellite Clinic	Overberg	12	300	6	P2	C3 A4	A 1	A1	High	Neutral	Maintain		1 071	89					Health Services rendered from Community Hall - single open plan office space used for clinical purposes.	YES
68	Touwsranteen Clinic	George	Clinic	Garden Route	239	5 975	30	P3	C4 A3	B 1	B1	Medium	Neutral	Maintain		11 688	49	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.	YES
69	Tygerberg Oral Health Centre	Parow	Dental Centre	Tygerberg	2 026	50 650	1 013	P3	C3 A4	A 2	A2	Low	Neutral	Maintain		49 884	25						NO

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70	Villiersdorp Ambulance Station	Villiersdorp	EMS	Overberg	197	4 925	246	P3	C2 A2	B	3	B3	Medium	Neutral	Replace	Replace		-	-	-	-	Not suitable rental. Will move into clinic building.	YES	
71	Vredendal Central Clinic	Vredendal	Clinic	West Coast	374	9 350	187	P3	C3 A4	A	2	A2	High	Neutral	Maintain	Maintain	23 632	63	10 113 87.5	1.180	10 442	Requested transfer.	YES	
72	Vredendal North Clinic	Vredendal	Clinic	West Coast	437	10 925	55	P3	C4 A4	A	1	A1	High	Shortage	Upgrade & additions	Upgrade & additions	29 230	67	14 519 87.5	1.180	14 991	Requested transfer.	YES	
73	Waenhuiskrans Satellite Clinic	Arniston	Satellite Clinic	Overberg	68	1 700	9	P2	C4 A3	A	1	A1	Medium	Neutral	Replace	Replace	3 497	51	1 842 85.6	1.141	1 799	Need to assess if it must be extended.	YES	
74	WCCN Boland Overberg Campus	Worcester	Nursing College	Cape Winelands	811	20 275	101	P3	C4 A4	A	1	A1	Medium	Neutral	Replace	Replace		-	-	-	IAM informed on 6 February 2020 to extend lease for further 2 years.	NO		
75	WCCN Southern Cape Karoo Campus - Residential	George	Nursing Residential	Garden Route	799	19 975	100	P3	C4 A3	B	1	B1	Medium	Neutral	Replace	Replace		-	-	-	Alternative option to be explored. Letter Jan 2022	NO		
76	Westridge Oral Health Service	Mitchell's Plain	Dental Clinic	Mitchell's Plain	50	1 250	63	P3	C2 A2	B	3	B3	High	Neutral	Relinquish	Relinquish	3 737	75	-	-	-	Cannot be considered as service point. Must be consolidated with CHC.	YES	
77	Witredrif Satellite Clinic	Witredrif	Satellite Clinic	Garden Route	203	5 075	102	P2	C3 A4	A	1	A1	Low	Neutral	Maintain	Maintain	5 048	25	2 757 88.6	1.328	3 244		YES	
78	Witwatersatellite Clinic	Witwatersatellite	Satellite Clinic	West Coast	59	1 475	7	P2	C4 A4	A	1	A1	Medium	Neutral	Maintain	Maintain	2 700	46	1 000 86.8	1.245	1 081	Need to assess if it must be extended.	YES	
79	Wupperthal Clinic	Wupperthal	Clinic	West Coast	72	1 800	9	P3	C4 A4	A	1	A1	Medium	Neutral	Maintain	Maintain	3 894	54	1 000 90.7	1.180	1 070		YES	
80	Yzerfontein Satellite Clinic	Yzerfontein	Satellite Clinic	West Coast	47	1 175	24	P2	C3 A4	A	1	A1	Low	Neutral	Maintain	Maintain	64	1	1 741 85.3	1.201	1 784		YES	

Templates 3.2.2 & 4.2.2:

**Schedule of Functional Performance / Utilisation Improvement Plan
Leased Office Accommodation**

**TEMPLATES 3.2.2 & 4.2.2: SCHEDULE OF FUNCTIONAL PERFORMANCE / UTILISATION IMPROVEMENT PLAN: LEASED OFFICE ACCOMMODATION
(WCGTPW BUDGET RESPONSIBILITY)**

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	Montana Building, Piketberg	Offices		West Coast	Bergriver	High	Shortage	Replace
2a	Head Office Leased Office	Cape Town	Norton Rose House, 8 Riebeeck Street, Cape Town	Offices		Western	City of Cape Town			
2b			Floor 1		Corporate Support Service	FIM		Low		Consolidate & replace
2c			Floor 1		ECSS	Service priority co-ordination		Low		Consolidate & replace
2d			Floor 1		Head Office	HOD office (communications)		Low		Consolidate & replace
2e			Floor 5		Strategic cluster	Health intelligence		Low		Consolidate & replace
2f			Floor 5		ECSS	Business Development		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 Merino,	Repeater Station		Cape Winelands	Witzenberg			
3	Boskloof Repeater Station	Caledon	Farm Boskloof 614, near Akkedisberg	Repeater Station		Overberg	Theewaterskloof			
4	Soetmuisberg Repeater Station	Bredasdorp	Groenfontein	Repeater Station		Overberg	Cape Agulhas			
5	Rooielsberg Repeater Station - Riversdale	Riversdale	Rooielsberg, Riversdale	Repeater Station		Garden Route	Hessequa			

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
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	Senlec Repeater sites (8 sites)		Western Cape (Beaufort West, George, Knysna, Matjiesfontein, Napier, Oudtshoorn, Riversdale & Van Rhyndorp)	Repeater Station		Central Karoo Garden Route Overberg West Coast				
9	Senlec Repeater sites (4 sites)		Western Cape (Beaufort West, George, Oudtshoorn & Van Rhyndorp)	Repeater Station		Central Karoo Garden Route West Coast				
10	Du Toit's Peak Repeater Station		Du Toit's Peak Mountain, Worcester	Repeater Station		Cape Wineands	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>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 20/25 the Department is pursuing a number of interventions to enhance efficiencies and access to care.</p>	<p>The portfolio is currently hampered by the facilities that need to be transferred to WCG from Local Government. Since 2008, 19 new / replacement facilities have been constructed (two of these were temporary facilities i.e. Mfuleni and Du Noon CDCs (the latter has since been closed as the permanent facility is now operational); and the most recent three added are Abbotsdale and Chatsworth Satellite Clinics and Avian Park Clinic) and upgrading / additions projects completed at 16 facilities. In the same period 3 facilities have been purchased / acquired. Upgrading and additions projects at Laingsburg Clinic achieved in 2021/22 and with that at Gansbaai Clinic imminent. The following facilities will be in construction in 2022/23: Upgrade and additions at Blanco and Pacalldorp Clinics, new Sandy Point Satellite Clinic, and new Gouda, Villiersdorp and Ladismith Clinics, and Paarl CDC. In planning are: De Doorns and Bothasig CDCs (extensions), Diazville Clinic, Hanover Park and Elsies River CHCs, Ravensmead CDC, and Maitland CDC replacements, and new Weltevreden CDC. Dual responsibility for the service in the Metro is a further challenge to an integrated gap analysis. Replication and alternative construction methods to accelerate planning stages are being explored. Whilst 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 new normal and improved IT communications during COVID-19 have influenced the design of future facilities and this is being unpacked in terms of actual size of the facility. The principle of Wellness facilities as opposed to a clinic is being conceptualised.</p>	<p>Transfer of rural facilities from 2006 until now have been slow and is hampering the service platform. The increase in the uninsured population from 2006 to date and further estimated growth to 2030 with specific reference to Bitou (32,3%), Overstrand, Saldanha, Witzenberg, Metro and Swartland (19,4%) areas 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, Mfuleni, Paarl, Maitland and Vredenburg were secured and potential sites for replacement of Gugulethu 2 (acquisition in progress), Masiphumelele, Kleinvllei, Rushhof (Gustrouw) and Dr-Abdurahman CDCs extension have been found and these are being pursued. Land invasion remains a real problem, with Bloekombos area being invaded during COVID-19. High growth areas have been identified and are being taken into consideration in planning the size of future facilities. Hout Bay was a hot spot area and an urgent temporary replacement rental facility was found during 2019. The construction of the new Diazville Clinic was identified as priority due to a fire which destroyed the municipal building from which the clinic service was rendered and a temporary clinic was erected in 2019. The need to accelerate the Khayelitsha (Site B) CHC upgrading has been identified but the final size to be for 90 000, whilst the acquisition of a Zakhele site in Khayelitsha should be prioritised, as well as whilst the acquisition of sites for future facilities have been prioritised against budget constraints. The community of Ruitersbosch identified the need for a satellite facility. It is anticipated that the mine will donate the actual facility. 22 PHC facilities will ultimately be relinquished (excluding the City facilities currently exclusively operated by them), 35 facilities must be replaced, 32 must be upgraded or extended, 8 will have to be rehabilitated, and the need for an additional 17 new facilities has been identified.</p>

SUB-PROGRAMME	REQUIRED OUTCOMES	STATUS QUO	GAP
<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>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>Transfer of all facilities from Local Governments to WCGH by Property Management has not yet been completed. Since 2008, 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 Sedgfield, 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 Sedgfield and Stanford Ambulance Stations are being 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>A lack of funding hampers purpose-built initiatives and further acquisitions 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, are underway. 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 was vacated due to requirement for overnight EC service and an alternative site is now being used to upgrade for EMS accommodation. Seven new ambulance stations will be required for the future. In the Metro, Kraaifontein, Delft, 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 whilst 2 rural facilities were relinquished due to budget cuts. The Murraysburg EMS will move to the hospital site when accommodation has been finalised in 2022/23. Relocation of George Communications Centre will be investigated, whilst discussions wrt the Pinelands facilities are taking place.</p>
	<p>Healthnet waiting areas</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>De Doorns to include a Healthnet station.</p>
<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>At Tygerberg Hospital, Moorsburg and in Caledon. Tygerberg Communications Centre was upgraded in 2014 and Caledon in 2020.</p>	<p>No further planning anticipated for communication centres.</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. 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, Westfleur Hospital EC, Eerste River Hospital additions, Vredenburg Hospital additions, Heideveld ODC temporary EC, Victoria Hospital EC and extensive work to the fire damaged Swartland Hospital have been completed. Heideveld Hospital EC is in construction in 2020/21. False Bay Hospital rehabilitation works briefing document was issued in 2018/19. The building of APUs, attached to district hospitals, has been identified as an urgent requirement. This has been prioritised and it is expected that construction of the 32 bed unit at Khayelitsha Hospital and Eerste River Hospital will commence in 2025. Further brief for Karl Bremer Hospital will be issued in 2022. A unit has been completed at Oudtshoorn Hospital as well as at Radie Kotze Hospital in Piketberg, 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 National Health for comment/approval.</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 and replacement of Westfleur Hospital in Atlantis. Land invasion of the Northern Hospital site is, however, problematic and must be attended to, as well as the site for replacement of Westfleur 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 require upgrading and Montagu Hospital requires consolidation whilst Karl Bremer Hospital requires an APU as well as a new OPD. 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 four existing hospitals will be required for 2040 and beyond, which equates to a total of 36 hospitals. Upgrade and Additions to 10 hospitals (inclusive of new and extended areas for APUs) and Rehabilitation of 6 will be required in addition to this.</p>

SUB-PROGRAMME	REQUIRED OUTCOMES	STATUS QUO	GAP
<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>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 2024. Worcester Hospital upgrade fire compliance is currently under construction whilst the upgrade of the theatres at New Somerset Hospital is anticipated for construction in 2022/23.</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 commence in 2024 whilst master planning / suitability study of the Mowbray Maternity Hospital was completed in 2021 and must be discussed with Service. Three new regional hospitals are required i.e. Belhar Regional Hospital, the replacement of GF Jooste District Hospital (already decanted and new hospital named Kipfontein) 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>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>The current Orthotic and Prosthetic Centre is located on the Conradie site. Fire safety to be addressed in 2022/23. However, Business Case received for the replacement of the facility on the Lentegeur Hospital site as well as proposal to digitise operations.</p>	<p>Replacement facility in a more accessible position (Lentegeur Hospital) to be built in future. Rehabilitation services is being rendered on the Lentegeur Hospital site.</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>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, Stikland 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>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>Rendering a maintenance service to equipment and engineering installations, and minor maintenance to buildings.</p>	<p>Ongoing, with delegations being revised to ensure that day-to-day maintenance can take place at lowest levels.</p>	<p>Insufficient funds to undertake maintenance and address the backlog maintenance. This is reflected in the narrative.</p>	<p>Planning for the revitalisation of Valkenberg Hospital is progressing with construction of Phases 1A and 1B complete. Further roll-out of the project to take place. Master plan consolidation is being pursued for Alexandra Hospital. Major maintenance work is currently in planning stage for Alexandra and Stikland Hospitals. Fire safety contracts at these facilities are being prioritised.</p>
<p>New hospital and revamp of existing hospitals</p>	<p>PPP for Tygerberg Hospital replacement is ongoing whilst ISA funding was applied for in 2021. Major maintenance backlog at Groote Schuur Hospital and Tygerberg Hospital. EC upgrade / extension is required at Groote Schuur and Red Cross War Memorial Children Hospitals with the latter being in construction by the Children Memorial Children Hospital Trust. Although this Trust has contributed largely towards Red Cross War Memorial Children Hospital, the hospital is also in need of deferred maintenance work with specific reference to the 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>Feasibility Study for PPP project for replacement of Tygerberg Hospital has been completed and funding is required to implement the proposals. 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. Groote Schuur Hospital EC in planning stage and major upgrade of certain areas must be scoped for future projects. Fire compliance brief for Groote Schuur Hospital has been issued and the R, R and R of the OPD brief issued in 2021. A major project to attend to the AC and Ventilation at Groote Schuur Hospital will be in construction in 2022/23 for the next 3 years. Swopping of residential accommodation being negotiated with UCT. Master plan for Red Cross War Memorial Children Hospital has been completed and this is serving as guiding document for the Children Hospital Trust going forward but changes to this was discussed. Interim home for child psychiatry accommodated within service.</p>	<p>Insufficient funds to undertake maintenance and address the backlog maintenance. This is reflected in the narrative.</p>

SUB-PROGRAMME	REQUIRED OUTCOMES	STATUS QUO	GAP
<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>Current facilities within Metro East (staffing only) and West, Boland and in Southern Cape. Worcester residential accommodation has been completed as well as Stikland 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 WCGE with no success to date.</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.</p>
<p>Forensic Pathology Services.</p>	<p>Forensic Pathology Services.</p>	<p>Salt River FPL will be replaced with Observatory FPL in 2022. Knysna FPL replacement contract to be adjudicated in 2022/23. 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>Observatory FPL to be completed in 2022 and will be operationalised within next 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 Oudstroom, 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 decided that they will no longer maintain more than half of the accommodation portfolio. The Overberg District Office in Caledon, together with the rented space in Norton Rose House are the highest priorities for replacement and upgrade in the interim. Health relinquished Floor 2 of Norton Rose House and approved further plans for relocation of Floors 1 and 5; awaiting construction of work on Floor 24 of 4 Dorp Street and work on Floor 15 of The Box. WCGTPW undertook master accommodation plan which has not been implemented due to COVID-19.</p>	<p>Office accommodation within WCGH is not consolidated within components and the fractured nature is impacting on the efficiencies within the Department. Floor space in excess of 3 500m² is being rented to supplement the owned office accommodation. 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, Piketberg, Clanwilliam and Ceres. File storage for the Metro has been partly attended to with the Stikland project. A new regional office in Mossel Bay has been completed 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. Replacement of rented accommodation in Norton Rose House has reached critical proportions with interim alternative accommodation at The Box (previously known as Atterbury House) being planned for occupation in 2022. Replacement of workshops BC required. COVID-19 created further need for storage of PPE and interim accommodation was used via short term rentals and agreement with the City of Cape Town. Final destination of storage was found at the CDU building on the Tygerberg Hospital estate, which will require further upgrades as well as additional accommodation at Protea Court. Interim vaccination stations were required and "rented" during 2021.</p>
<p>Laundry services.</p>	<p>Laundry services.</p>	<p>Tygerberg and Lentegeur Central Laundries. Replacement of three laundry lines at Tygerberg Central Laundry has commenced. Briefing document for Lentegeur Laundry upgrade was issued to WCGTPW in 2019.</p>	<p>Work at Tygerberg Central Laundry commenced in 2021/22. Further upgrades to Lentegeur Laundry in planning. Business Case to be provided for prioritisation.</p>

Template 6.1:

Capital Expenditure Requirements per Sub-programme

TEMPLATE 6.1: CAPITAL EXPENDITURE (CAPEX) REQUIREMENTS PER SUB-PROGRAMME
Sub-Programme 8.1: Community Health Facilities

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIDPM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 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-25	31-Jul-27	5 000	-	-	-	108	1 409	2 483
2	C1810008	Ceres - Bella Vista Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Dec-25	31-Oct-28	10 000	-	-	-	-	216	7 784
3	C1810009	Ceres - Ceres CDC - Replacement	8.1	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	1-Jul-24	31-Mar-30	30 000	-	-	-	649	590	22 760
4	C1810314	Ceres - Ceres Clinic - Acquisition of building	8.1	Cape Winelands	PES	New infrastructure assets	N/A	1-Feb-22	20-Mar-23	13 225	13 225	-	-	-	-	-
5	C1810010	Ceres - Nduli Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Apr-24	28-Feb-27	15 000	-	-	-	1 108	10 502	390
6	C1810281	De Doorns - De Doorns CDC - Clinic replacement	8.1	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	1-May-30	31-Jan-35	-	-	-	-	-	-	40 000
7	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-23	25 600	3 297	14 734	-	940	-	-
8	C1810183	De Doorns - Orchard Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Apr-24	28-Feb-27	10 000	-	-	-	739	7 001	260
9	C1810014	De Doorns - Sandhills Clinic - Replacement	8.1	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	31-Dec-24	31-Mar-26	7 500	-	-	-	493	5 312	195
10	C1810184	Franschoek - Groendal Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Sep-23	31-May-26	8 000	-	-	526	4 586	1 080	208
11	C1810032	Gouda - Gouda Clinic - Replacement	8.1	Cape Winelands	HFRG	New infrastructure assets	Stage 5: Works	1-Mar-17	30-Apr-23	23 713	13 284	1 287	849	-	-	-
12	C1810091	Klapmuts - Klapmuts Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	31-Dec-22	31-May-26	8 000	-	331	491	5 370	1	208
13	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	-	-	-	-	-	-	4 000
14	C1810074-0001	Paarl - Paarl CDC - Enabling work incl fencing to secure new site	8.1	Cape Winelands	HFRG	Upgrades and additions	Stage 4: Design Documentation	28-Feb-17	30-Nov-22	13 316	8 690	1	462	-	-	-
15	C1810074	Paarl - Paarl CDC - New	8.1	Cape Winelands	HFRG	New infrastructure assets	Stage 4: Design Documentation	28-Feb-17	28-Feb-25	85 589	4 347	27 817	33 057	-	3 568	-
16	C1810277	Paarl - TC Newman CDC - Rehabilitation (Alpha)	8.1	Cape Winelands	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-24	31-Aug-29	-	-	-	-	1 082	984	37 934
17	C1810162	Paarl - Windmeul Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Stage 3: Design Development	1-Jun-16	31-Aug-23	6 697	370	4 436	230	-	-	-

Template 6.1: CAPEX Requirements per Sub-programme (Sub-programme 8.1: Community Health Facilities)

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
18	C1810299	Pniel - Pniel Clinic - New	8.1	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	1-Apr-25	30-Jun-29	20 000	-	-	-	433	882	14 685
19	C1810085	Robertson - Robertson CDC - New	8.1	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	31-Dec-23	28-Feb-29	70 000	-	-	1 515	1 377	4 969	48 139
20	C1810089	Stellenbosch - Cloetesville CDC - Rehabilitation (Alpha)	8.1	Cape Winelands	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Apr-24	31-Mar-27	20 000	-	-	1 315	14 166	1	520
21	C1810090	Stellenbosch - Kayamandi Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Stage 1: Initiation	31-Mar-22	30-Nov-25	20 000	-	826	488	13 178	987	520
22	C1810182	Stellenbosch - Kylemore Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-May-30	31-Oct-33	10 000	-	-	-	-	-	8 000
23	C1810250	Stellenbosch - Watergang Clinic - New	8.1	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	1-Dec-24	31-Aug-29	50 000	-	-	-	1 082	984	37 934
24	C1810185	Wellington - Soetendal Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-May-26	31-Mar-29	10 000	-	-	-	-	-	8 000
25	C1810284	Wellington - Wellington CDC - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Oct-24	31-Dec-27	10 000	-	-	-	413	326	7 261
26	C1810101	Worcester - Avian Park Clinic - New	8.1	Cape Winelands	HFRG	New infrastructure assets	Stage 5: Works	1-Jul-15	31-Mar-22	37 087	465	699	-	-	-	-
27	C1810179	Worcester - Empilisweni Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	30-Dec-24	31-May-28	8 000	-	-	-	173	353	5 874
28	C1810247	Worcester - Transhex Clinic - New	8.1	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	1-Apr-24	31-Dec-28	35 000	-	-	-	1 446	855	25 699
29	C1810003	Beaufort West - Beaufort West CDC - Upgrade and Additions (Alpha)	8.1	Central Karoo	HFRG	Upgrades and additions	Still to be initiated	1-Apr-26	31-Mar-31	10 000	-	-	-	-	-	8 000
30	C1810059	Matjiesfontein - Matjiesfontein Satellite Clinic - Replacement	8.1	Central Karoo	HFRG	New infrastructure assets	Stage 1: Initiation	19-Dec-14	30-Nov-26	6 000	-	-	108	430	4 132	130
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-23	29-Feb-28	30 000	-	-	649	590	5 294	17 467
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	20 000	-	-	-	-	-	16 000
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	1-Mar-29	100 000	-	-	-	-	5 000	95 000
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-25	31-Aug-30	40 000	-	-	-	-	866	31 134
35	C1810012	Bellville - Bellville South CDC - CoCT CDC Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-28	31-Jan-34	100 000	-	-	-	-	-	80 000

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
36	Ci810154	Blackheath - Kleinveit CDC - CoCT CDC Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Dec-23	30-Sep-28	200 000	-	-	4 329	7 841	16 278	131 562
37	Ci810170	Blue Downs - Blue Downs Clinic - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Apr-25	31-Mar-29	40 000	-	-	-	-	1 653	30 347
38	Ci810169	Blue Downs - Wesbank Clinic - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Apr-25	31-Mar-29	40 000	-	-	-	-	1 653	30 347
39	Ci810251	Bonteheuwel - Vanguard CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	30-Jun-22	31-Jan-27	25 000	-	541	958	4 153	13 829	520
40	Ci810048	Bothasig - Bothasig CDC - Upgrade and Additions	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 4: Design Documentation	26-Apr-17	30-Sep-23	19 730	3 329	6 728	511	-	-	-
41	Ci810156	Claremont - Claremont CDC - CoCT Clinic Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-28	31-Aug-34	200 000	-	-	-	-	-	160 000
42	Ci810151	Delft - Delft South CDC - CoCT Clinic Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Dec-24	30-Sep-30	250 000	-	-	-	-	1 732	62 268
43	Ci810016	Delft - Symphony Way CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 7: Close out	26-Jan-11	6-Jul-15	56 498	81	-	-	-	-	-
44	Ci810066	Durbanville - Durbanville CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Apr-25	31-Mar-29	25 000	-	-	-	-	1 033	18 967
45	Ci810149	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	-	-	-	-	-	48 000
46	Ci810021-0001	Eisies River - Eisies River CHC - Enabling work incl fencing	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 1: Initiation	1-Feb-22	31-Mar-27	2 500	1	1	-	-	-	-
47	Ci810021	Eisies River - Eisies River CHC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 2: Concept	25-May-16	31-Jul-28	213 438	4 001	5 686	-	34 060	67 606	84 758
48	Ci810163	Goodwood - Ruyterwacht CDC - Replacement (Alpha)	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-25	31-Jan-31	150 000	-	-	-	-	3 247	116 753
49	Ci810248	Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance	8.1	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	21-Dec-18	31-Oct-25	7 200	167	560	4 520	187	-	-
50	Ci810036	Green Point - Green Point CDC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-28	31-Mar-34	100 000	-	-	-	-	-	80 000
51	Ci810146-0001	Gugulethu - Gugulethu 2 CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 1: Initiation	15-Apr-22	31-Mar-27	2 500	1	1	-	-	-	-
52	Ci810146	Gugulethu - Gugulethu 2 CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Sep-22	31-May-28	200 000	-	4 329	3 934	4 883	37 520	109 333

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53	Ci810286	Gugulethu - Gugulethu CHC - MOU rehabilitation	8.1	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	30-Sep-21	31-Jan-28	32 000	-	693	1 411	2 502	11 456	9 539
54	Ci810037	Gugulethu - Gugulethu CHC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Mar-26	30-Jun-32	250 000	-	-	-	-	-	200 000
55	Ci810279	Hanover Park - Hanover Park CHC - Demolitions	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 4: Design Documentation	30-Jun-16	31-Jan-23	9 560	3 090	159	-	-	-	-
56	Ci810038	Hanover Park - Hanover Park CHC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 4: Design Documentation	30-Jun-16	31-Dec-26	233 299	6 403	1	10 000	98 018	40 974	-
57	Ci810043	Hout Bay - Hout Bay CDC - Replacement and Consolidation	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 2: Concept	21-Jun-18	30-Sep-26	74 000	-	2 916	-	10 854	33 371	9 359
58	Ci810132	Khayelitsha - Khayelitsha (Site B) CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 1: Initiation	31-May-22	31-Mar-27	45 000	-	974	1 764	5 004	20 455	7 803
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-25	31-Jan-31	50 000	-	-	-	-	1 082	38 918
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-24	31-Jan-30	200 000	-	-	-	2 165	1 967	75 868
61	Ci810045	Khayelitsha - New Way CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Jan-24	31-Oct-29	250 000	-	-	-	3 936	4 697	191 367
62	Ci810167	Khayelitsha - Nolungile CDC - CoCT CDC Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	30-Apr-33	250 000	-	-	-	-	-	200 000
63	Ci810240	Khayelitsha - Nolungile CDC - Rehabilitation (Alpha)	8.1	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	1-Mar-21	31-Dec-24	22 000	104	961	6 528	407	-	-
64	Ci810311	Khayelitsha - Zakhele CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Jun-23	30-Jun-28	200 000	-	-	25	500	1 000	198 475
65	Ci810131	Klipheuwel - Klipheuwel CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Jul-25	30-Apr-31	30 000	-	-	-	-	649	15 351
66	Ci810129	Kraaifontein - Bloekombos CHC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Jun-23	31-May-29	100 000	-	-	1 200	1 450	1 957	75 392
67	Ci810263	Kraaifontein - Scottsdene CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	30-Sep-22	30-Nov-25	20 000	-	394	1 485	12 402	1 720	-
68	Ci810114	Kraaifontein - Wallaceene CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Aug-25	31-May-31	90 000	-	-	-	-	1 191	42 809
69	Ci810164	Kulis 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	-	-	-	-	-	32 000
70	Ci810139	Langa - Langa 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	-	-	-	-	5 000	95 000

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71	C1810147	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	30-Nov-34	60 000	-	-	-	-	-	48 000
72	C1810071-0001	Lotus River - Lotus River CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	14-Apr-22	31-Aug-28	2 500	1	1	50	49	-	2 000
73	C1810071	Lotus River - Lotus River CDC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Jun-23	31-May-29	150 000	-	-	4 329	3 934	4 883	146 853
74	C1810054	Macassar - Macassar CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Dec-24	30-Sep-28	30 000	-	-	-	720	1 680	21 600
75	C1810055-0001	Maitland - Maitland CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 1: Initiation	1-Feb-22	31-Mar-26	2 500	1	1	1	2 000	497	-
76	C1810055	Maitland - Maitland CDC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 2: Concept	13-Dec-17	31-Jul-26	160 369	577	3 207	-	23 448	24 117	1 741
77	C1810109	Mamre - Mamre CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-May-24	31-Mar-27	10 000	-	-	216	522	7 001	260
78	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	60 000	-	-	-	-	-	48 000
79	C1810112	Masiphumelele - Masiphumelele CDC - CoCT Clinic Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Aug-23	30-Jun-28	80 000	-	-	1 732	1 574	1 953	17 196
80	C1810060-0001	Mfuleni - Mfuleni CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Upgrades and additions	Stage 1: Initiation	14-Apr-22	31-Mar-26	2 500	1	1	1	2 000	497	-
81	C1810060	Mfuleni - Mfuleni CDC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Dec-22	31-Mar-30	150 000	-	-	-	-	-	150 000
82	C1810103	Mitchells Plain - Lentegeur CDC - CoCT Clinic Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-25	31-Jan-31	240 000	-	-	-	-	1 732	62 268
83	C1810174	Mitchells Plain - Mandalay CDC - CoCT Sat Clinic Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Jun-28	31-Mar-34	50 000	-	-	-	-	-	40 000
84	C1810175	Mitchells Plain - Phumani CDC - CoCT Clinic Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Mar-29	31-Dec-34	100 000	-	-	-	-	-	40 000
85	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	-	-	-	-	-	24 000
86	C1810172	Mitchells Plain - Westridge Clinic - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Jun-26	31-Mar-32	30 000	-	-	-	-	-	24 000
87	C1810186	Nyanga - KTC CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Dec-24	30-Jun-31	250 000	-	-	-	-	2 598	93 402
88	C1810161	Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	8.1	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 5: Works	1-Jun-16	31-Mar-22	5 965	583	160	-	-	-	-

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89	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	-	331	195	3 963	1 703	208
90	C1810300	Nyanga - Nyanga CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Dec-25	30-Nov-31	60 000	-	-	-	-	-	48 000
91	C1810070	Observatory - Observatory CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-25	28-Feb-31	100 000	-	-	-	-	1 840	66 160
92	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-26	31-Jul-31	20 000	-	-	-	-	-	16 000
93	C1810047	Parklands - Parklands CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Mar-24	31-Dec-29	250 000	-	-	-	1 732	1 574	60 695
94	C1810111	Parow - Parow CDC - CoCT CDC Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Dec-23	30-Sep-29	100 000	-	-	-	1 732	3 527	74 741
95	C1810080	Parow - Ravensmead CDC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 4: Design Documentation	1-Aug-15	31-Dec-24	79 688	8 174	26 896	16 468	2 865	-	-
96	C1810062	Philippi - Weltevreden CDC - New	8.1	City of Cape Town	HFRG	New infrastructure assets	Stage 4: Design Documentation	30-Nov-17	31-May-25	130 338	2 564	1	10 000	51 709	6 050	3 388
97	C1810274	Retreat - Retreat CHC - Rehabilitation (Alpha)	8.1	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	21-Jan-21	31-May-26	50 000	-	2 066	1 221	31 032	4 382	1 300
98	C1810083	Retreat - Retreat CHC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Sep-27	31-Aug-33	180 000	-	-	-	-	-	88 000
99	C1810171	Strand - Ikhwezi CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Apr-25	31-Mar-29	40 000	-	-	-	-	1 653	30 347
100	C1810094	Strand - Rusthof CDC - Replacement	8.1	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Jul-23	30-Sep-28	100 000	-	-	2 532	4 007	3 324	70 137
101	C1810307	Calitzdorp - Calitzdorp Clinic - R, R and R (Alpha)	8.1	Garden Route	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	30-Jul-18	30-Apr-23	1 863	988	358	144	-	-	-
102	HC1810014	Dysveldorp - Dysveldorp Clinic - R, R and R (Alpha)	8.1	Garden Route	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	31-Jul-18	14-Nov-23	2 888	-	2 888	-	-	-	-
103	C1810026	George - Conville CDC - Replacement	8.1	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Jun-24	31-Oct-31	80 000	-	-	-	1 332	1 174	61 495
104	C1810298	George - George Central Clinic - Upgrade and Additions (Alpha)	8.1	Garden Route	HFRG	Upgrades and additions	Still to be initiated	1-Dec-25	31-Oct-31	30 000	-	-	-	-	-	24 000
105	C1810073	George - Touwsranteen Clinic - Replacement	8.1	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Dec-28	30-Jun-34	20 000	-	-	-	-	-	16 000
106	HC1810004	Knysna - Hornlee Clinic - Replacement	8.1	Garden Route	HFRG	New infrastructure assets	Stage 1: Initiation	27-Sep-21	31-Dec-23	35 000	20 000	8 946	6 000	-	-	-

Template 6.1: CAPEX Requirements per Sub-programme (Sub-programme 8.1: Community Health Facilities)

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107	Ci810052	Ladismith - Ladismith Clinic - Replacement	8.1	Garden Route	HFRG	New infrastructure assets	Stage 5: Works	16-Mar-17	28-Feb-23	24 884	16 240	80	814	-	-	-
108	Ci810068	Mossel Bay - George Road Sat Clinic - Replacement	8.1	Garden Route	HFRG	New infrastructure assets	Stage 4: Design Documentation	15-Feb-21	30-Jun-23	11 000	1 753	6 310	736	-	-	-
109	Ci810296	Mossel Bay - Ruitersbosch Satellite Clinic - New	8.1	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Dec-25	31-Jul-29	5 000	-	-	-	-	-	4 000
110	Ci810181	Oudtshoorn - Bridgeton CDC - Replacement	8.1	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Apr-28	31-Aug-35	100 000	-	-	-	-	-	80 000
111	Ci810308	Zoar - Amalienstein Clinic - R, R and R (Alpha)	8.1	Garden Route	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	30-Jul-18	28-Apr-23	1 671	948	257	132	-	-	-
112	Ci810005	Bettys Bay - Bettys Bay Satellite Clinic - Replacement	8.1	Overberg	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	31-Dec-30	7 000	-	-	-	-	-	5 600
113	Ci810007	Caledon - Caledon Clinic - Replacement	8.1	Overberg	HFRG	New infrastructure assets	Still to be initiated	30-Dec-22	31-Oct-28	30 000	-	-	866	866	866	21 403
114	Ci810022	Gansbaai - Gansbaai Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	HFRG	Upgrades and additions	Stage 5: Works	31-Jul-14	31-Mar-22	31 915	436	96	-	-	-	-
115	Ci810271	Grabouw - Grabouw CHC - Entrance and Records upgrade	8.1	Overberg	HFRG	Upgrades and additions	Stage 2: Concept	30-Aug-19	30-Jun-24	7 500	324	1 054	4 411	195	-	-
116	Ci810138	Grabouw - Grabouw CHC - Upgrade and Additions Ph2	8.1	Overberg	HFRG	Upgrades and additions	Still to be initiated	1-Apr-25	31-Mar-30	10 000	-	-	-	-	216	7 784
117	Ci810040	Hawston - Hawston Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	HFRG	Upgrades and additions	Still to be initiated	30-Mar-24	31-Jul-27	8 000	-	-	-	173	157	2 587
118	Ci810246	Struisbaai - Struisbaai Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	HFRG	Upgrades and additions	Still to be initiated	1-Dec-24	31-Jul-28	5 000	-	-	-	-	329	3 671
119	Ci810245	Swellendam - Raiton Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	HFRG	Upgrades and additions	Still to be initiated	30-Apr-24	30-Jun-29	10 000	-	-	-	216	197	7 587
120	Ci810095	Villiersdorp - Villiersdorp Clinic - Replacement	8.1	Overberg	HFRG	New infrastructure assets	Stage 5: Works	30-Jun-17	31-Dec-22	30 273	16 607	8	1 192	-	-	-
121	Ci810130	Various Pharmacies upgrade 8.1 - Pharmacies rehabilitation	8.1	Various	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	30-Jun-15	30-Sep-24	7 000	314	3 062	1 301	217	-	-
122	Ci810198	Darling - Darling Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Upgrades and additions	Still to be initiated	1-Jan-25	31-Jan-27	5 000	-	-	-	329	3 541	130
123	HCi810016	Goedverwacht - Goedverwacht Satellite Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Upgrades and additions	Still to be initiated	1-Apr-25	31-Mar-28	3 000	-	-	-	500	2 000	500

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124	CI810270	Kalbaskraal - Kalbaskraal Satellite Clinic (Repl) - Replacement	8.1	West Coast	HFRG	New infrastructure assets	Still to be initiated	1-Apr-24	30-Sep-27	7 000	-	-	-	460	2 398	2 742
125	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-27	5 000	-	-	-	329	3 541	130
126	CI810077	Piketberg - Piketberg Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Upgrades and additions	Still to be initiated	30-Dec-22	31-Mar-26	10 000	-	216	441	7 083	-	260
127	CI810180	Riebeeck Kasteel - Riebeeck Kasteel Clinic - Replacement	8.1	West Coast	HFRG	New infrastructure assets	Still to be initiated	1-Jul-24	30-Sep-28	25 000	-	-	-	1 033	2 067	16 900
128	CI810084	Riebeeck West - Riebeeck West Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Upgrades and additions	Still to be initiated	1-Dec-23	31-Jan-27	6 000	-	-	248	368	4 028	156
129	CI810086	Saldanha - Diazville Clinic - Replacement	8.1	West Coast	HFRG	New infrastructure assets	Stage 3: Design Development	21-Nov-17	31-Mar-27	38 818	1 710	-	-	10 061	17 433	1 009
130	CI810088	St Helena Bay - Sandy Point Satellite Clinic - Replacement	8.1	West Coast	HFRG	New infrastructure assets	Stage 5: Works	5-May-15	30-Sep-22	9 958	5 369	340	-	-	-	-
131	CI810096	Vredenburg - Vredenburg CDC - New	8.1	West Coast	HFRG	New infrastructure assets	Stage 2: Concept	30-Nov-17	31-Jul-26	70 000	1 939	4 848	-	21 602	24 838	1 819
132	CI810097	Vredendal - Vredendal North Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Upgrades and additions	Still to be initiated	30-Dec-23	29-Feb-28	15 000	-	-	325	295	879	10 501
Grand Total											139 384	135 202	129 712	413 071	458 057	4 031 881

Sub-Programme 8.2: Emergency Medical Rescue Services

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
1	CI820002	De Doorns - De Doorns Ambulance Station - Replacement	8.2	Cape Winelands	HFRG	New infrastructure assets	Stage 6: Handover	1-Sep-14	21-Jun-21	19 660	685	-	-	-	-	-
2	CI820004	Franschoek - Groendal Ambulance Station - New	8.2	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	1-Apr-30	31-Jul-33	9 000	-	-	-	-	-	7 200
3	CI820050	Paarl - Paarl Ambulance Station - Upgrade and Additions incl wash bay	8.2	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Dec-22	31-May-25	3 000	-	197	2 125	-	78	-
4	CI820021	Stellenbosch - Stellenbosch Ambulance Station - Replacement	8.2	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	30-Nov-30	20 000	-	-	-	-	-	16 000
5	CI820011	Laingsburg - Laingsburg Ambulance Station - Upgrade and Additions (Alpha)	8.2	Central Karoo	HFRG	Upgrades and additions	Stage 4: Design Documentation	15-Jul-19	31-Dec-22	3 270	2 158	119	-	-	-	-
6	CI820042	Murraysburg - Murraysburg Ambulance Station - Upgrade and Additions incl wash bay	8.2	Central Karoo	HFRG	Upgrades and additions	Stage 4: Design Documentation	1-Sep-19	31-Oct-22	3 600	2 120	199	-	-	-	-
7	CI820041	Belhar - Belhar Ambulance Station - New	8.2	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Jul-24	31-Aug-27	20 000	-	-	-	1 315	4 753	9 933
8	CI820010	Kraaifontein - Kraaifontein Ambulance Station - New	8.2	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Jun-26	31-Jul-29	25 000	-	-	-	-	-	16 000
9	CI820057	Maitland - EMS Head Office (Rep) - Replacement	8.2	City of Cape Town	PES	New infrastructure assets	Still to be initiated	1-Mar-22	31-Mar-23	20 000	18 000	1 500	-	-	-	-
10	CI820015	Pinelands - Pinelands Ambulance Station - Ambulance Station, Head Office Rehab	8.2	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Apr-22	30-Apr-27	40 000	-	-	-	866	787	30 347
11	CI820020	Somerset West - Helderberg Ambulance Station - New	8.2	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Dec-26	31-Jan-30	25 000	-	-	-	-	-	16 000
12	CI820006	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-25	31-Oct-28	1 500	-	-	-	-	40	1 160
13	CI820025	Uniondale - Uniondale Ambulance Station - New	8.2	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Apr-24	31-Dec-27	8 000	-	-	-	173	418	5 809

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
14	C1820005	Gansbaai - Gansbaai Ambulance Station - New	8.2	Overberg	HFRG	New infrastructure assets	Still to be initiated	1-Apr-30	30-Nov-33	2 000	-	-	-	-	-	1 600
15	C1820027	Villiersdorp - Villiersdorp Ambulance Station - Replacement	8.2	Overberg	HFRG	New infrastructure assets	Stage 4: Design Documentation	26-Jun-17	30-Sep-23	8 450	925	4 555	288	-	-	-
16	C1820033	Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay	8.2	West Coast	HFRG	Upgrades and additions	Stage 3: Design Development	1-Jun-16	28-Feb-23	2 092	830	-	48	-	-	-
17	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	-	-	-	-	-	8 000
Grand Total											24 718	6 570	2 461	2 354	6 076	112 049

Sub-Programme 8.3: District Hospital Services

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
1	Ci830120	Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	8.3	Cape Winelands	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	28-Feb-18	31-Dec-24	29 265	1 157	9 459	11 269	525	235	-
2	Ci830114	Ceres - Ceres Hospital - New Acute Psychiatric Ward	8.3	Cape Winelands	HFRG	Upgrades and additions	Stage 4: Design Documentation	1-Jun-16	30-Nov-22	5 141	3 335	166	-	-	-	-
3	Ci830011	Ceres - Ceres Hospital - Upgrade and Additions towards 112-bed hospital	8.3	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Apr-28	31-Jan-33	100 000	-	-	-	-	-	80 000
4	Ci830034	Montagu - Montagu Hospital - Rehabilitation	8.3	Cape Winelands	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	1-Mar-19	31-Mar-27	28 600	1 081	-	-	11 145	9 112	743
5	Ci830038	Paarl - Paarl District Hospital - New	8.3	Cape Winelands	HFRG	New infrastructure assets	Still to be initiated	31-Mar-28	31-Mar-35	600 000	-	-	-	-	-	424 000
6	Ci830044	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-Mar-25	64 300	2 418	10 681	32 467	2 394	1 671	-
7	Ci830139	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	-	-	-	-	-	40 000
8	Ci830043	Robertson - Robertson Hospital - Upgrade Ph2	8.3	Cape Winelands	HFRG	Upgrades and additions	Still to be initiated	1-Oct-26	31-Jul-31	26 000	-	-	-	-	-	20 800
9	Ci830122	Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	8.3	Cape Winelands	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	26-Oct-17	31-Dec-23	38 486	12 063	14 269	-	1 380	-	-
10	Ci830155	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-24	30-Nov-30	66 500	-	-	-	-	1 407	51 793
11	Ci830002	Beaufort West - Beaufort West Hospital - Rationalisation	8.3	Central Karoo	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	9-Oct-18	31-Jul-27	76 900	1 369	1 011	-	18 406	33 642	5 030
12	Ci830158	Laingsburg - Laingsburg Hospital - Rehabilitation (Alpha)	8.3	Central Karoo	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-24	31-Mar-30	20 000	-	-	-	-	433	15 567
13	Ci830036	Murraysburg - Murraysburg Hospital - Rehabilitation (Alpha)	8.3	Central Karoo	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Jan-24	31-Dec-28	30 000	-	-	-	600	800	22 600

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
14	Ci830131	Atlantis - Wesfleur Hospital - Record Room extension	8.3	City of Cape Town	HFRG	Upgrades and additions	Stage 3: Design Development	24-Dec-18	30-Jun-24	25 000	1 046	13 297	4 410	650	-	-
15	Ci830154	Atlantis - Wesfleur Hospital - Rehabilitation (Alpha)	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Feb-25	1-Dec-27	50 000	-	-	-	-	1 082	38 918
16	Ci830014	Atlantis - Wesfleur Hospital - Replacement	8.3	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	31-Mar-29	30-Apr-37	600 000	-	-	-	-	-	480 000
17	Ci830127	Belville - Karl Bremer Hospital - Demolitions and parking	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	19-Dec-17	30-Jun-25	26 000	1	1	11 929	5 253	1 315	-
18	Ci830119	Belville - Karl Bremer Hospital - Hospital Repairs and Renovation	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	19-Dec-17	31-Mar-27	217 200	3 446	10 022	39 082	67 820	35 684	13 259
19	Ci830150	Belville - Karl Bremer Hospital - New Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Upgrades and additions	Stage 1: Initiation	30-Mar-22	30-Nov-27	70 000	-	1 515	1 377	3 111	27 893	22 103
20	Ci830141	Belville - Karl Bremer Hospital - OPD Upgrade and Additions (Alpha)	8.3	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	30-Dec-23	31-Mar-31	80 000	-	-	-	1 574	1 431	60 995
21	Ci830005	Belville - 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	-	-	-	-	-	120 000
22	Ci830015	Eerste River - Eerste River Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Upgrades and additions	Stage 4: Design Documentation	23-Feb-15	28-Feb-25	69 200	5 658	22 631	17 360	-	2 536	-
23	Ci830059	Eerste River - Eerste River Hospital - Upgrade (Alpha)	8.3	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	1-Oct-26	31-Mar-32	30 000	-	-	-	-	-	24 000
24	Ci830142	Eerste River - Eerste River Hospital - Upgrade of Linen Bank and Waste Management Area	8.3	City of Cape Town	HFRG	Upgrades and additions	Stage 2: Concept	14-Oct-19	31-May-24	2 000	135	1 244	125	52	-	-
25	Ci830124	Fish Hoek - False Bay Hospital - Fire Compliance Completion and changes to internal spaces	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	24-Dec-18	31-Jan-25	19 132	261	2 891	-	10 962	1	496
26	Ci830021	Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Upgrades and additions	Stage 4: Design Documentation	23-Feb-15	28-Feb-25	67 450	5 302	21 199	16 267	-	2 366	-
27	Ci830026	Kraaifontein - Northern Hospital - New	8.3	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Sep-24	31-Oct-35	600 000	-	-	-	-	-	480 000
28	Ci830032	Mitchells Plain - Mitchells Plain Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Upgrades and additions	Stage 7: Close out	1-Mar-13	30-Sep-14	26 180	1	-	-	-	-	-

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIDPM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
29	Ci:830144	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-23	8 030	4 511	1 117	314	-	-	-
30	Ci:830031	Mitchells Plain - Mitchells Plain Hospital - New	8.3	City of Cape Town	HFRG	New infrastructure assets	Stage 7: Close out	1-Apr-05	18-Feb-13	528 378	1	-	-	-	-	-
31	Ci:830045	Somerset West - Heiderberg Hospital - EC Upgrade and Additions	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 6: Handover	1-Apr-13	15-Mar-21	55 630	294	-	-	-	-	-
32	Ci:830121	Somerset West - Heiderberg Hospital - Repairs and Renovation (Alpha)	8.3	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	30-Nov-17	30-Sep-24	31 016	88	10 174	10 092	2 090	-	-
33	Ci:830040	Southfield - Victoria Hospital (Rep) - Replacement	8.3	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Dec-25	31-Mar-34	820 000	-	-	-	-	-	656 000
34	Ci:830173	Wynberg - Victoria Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	27-Feb-25	31-Oct-31	70 000	-	-	-	-	1 515	54 485
35	Ci:830052	Wynberg - Victoria Hospital - New EC	8.3	City of Cape Town	HFRG	Upgrades and additions	Stage 6: Handover	1-Apr-12	31-Jul-21	90 930	563	-	-	-	-	-
36	Ci:830172	Wynberg - Victoria Hospital - Records Room upgrade	8.3	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	27-Feb-23	31-Oct-28	10 000	-	-	216	197	798	6 789
37	Ci:830016	George - George District Hospital - New	8.3	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Apr-27	31-Aug-34	580 000	-	-	-	-	-	464 000
38	Ci:830148	Knysna - Knysna Hospital - Rehabilitation to accommodate Dental Unit	8.3	Garden Route	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Jan-25	31-Aug-28	4 000	-	-	-	-	69	3 131
39	Ci:830027	Ladismith - Ladismith (Alan Blyth) Hospital - R, R & R (Alpha)	8.3	Garden Route	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-25	30-Nov-30	10 000	-	-	-	-	-	8 000
40	Ci:830176	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-23	13 000	1 889	7 495	1 016	-	-	-
41	Ci:830067	Mossel Bay - Mossel Bay Hospital - Entrance, Admissions and EC	8.3	Garden Route	HFRG	Upgrades and additions	Stage 3: Design Development	15-Oct-18	30-Jun-25	47 155	1	-	-	4 065	19 119	12 178
42	Ci:830037	Oudtshoorn - Oudtshoorn Hospital - Upgrade and Additions (Alpha)	8.3	Garden Route	HFRG	Upgrades and additions	Still to be initiated	1-Mar-25	31-Jul-30	30 000	-	-	-	-	649	23 351

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
43	C1830039	Plettenberg Bay - Bitou District Hospital - New	8.3	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Oct-26	28-Feb-34	500 000	-	-	-	-	-	400 000
44	C1830118	Bredasdorp - Otto du Plessis Hospital - Acute Psychiatric Ward	8.3	Overberg	HFRG	Refurbishment and rehabilitation	Stage 6: Handover	30-Apr-16	2-Jun-21	14 305	445	-	-	-	-	-
45	C1830123	Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	8.3	Overberg	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	3-Jul-17	30-Jun-23	6 708	161	719	3 583	230	-	-
46	C1830007	Caledon - Caledon Hospital - Conversions to increase capacity	8.3	Overberg	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Mar-28	30-Sep-32	20 000	-	-	-	-	-	16 000
47	C1830017	Hermanus - Hermanus Hospital - Additions for 120-bed hospital	8.3	Overberg	HFRG	Upgrades and additions	Still to be initiated	1-Apr-28	31-Aug-35	150 000	-	-	-	-	-	120 000
48	C1830115	Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	8.3	Overberg	HFRG	Upgrades and additions	Stage 5: Works	1-Jun-16	25-Aug-21	3 700	70	-	-	-	-	-
49	C1830117	Swellendam - Swellendam Hospital - Acute Psychiatric Ward	8.3	Overberg	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	1-Jun-16	30-Apr-23	4 680	1 017	2 242	158	-	-	-
50	C1830145	Various Facilities 8.3 - Fencing	8.3	Various	HFRG	Upgrades and additions	Stage 4: Design Documentation	2-May-19	28-Feb-23	6 492	4 021	768	-	-	-	-
51	C1830143	Various Facilities 8.3 - Laundry upgrades and additions (West Coast)	8.3	Various	HFRG	Upgrades and additions	Still to be initiated	1-Dec-24	31-Mar-26	6 000	-	-	-	248	2 175	2 377
52	C1830073	Various Pharmacies upgrade 8.3	8.3	Various	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	30-Jun-15	30-Sep-24	6 000	330	2 598	1 116	185	-	-
53	C1830028	Malmesbury - Swartland Hospital - Replacement	8.3	West Coast	HFRG	New infrastructure assets	Still to be initiated	30-Mar-22	30-Jun-30	600 000	-	12 988	11 802	28 592	56 989	369 627
54	C1830116	Pikeberg - Radie Kotze Hospital - Hospital layout improvement	8.3	West Coast	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	1-Jun-16	31-May-24	20 300	786	10 564	2 620	694	-	-
55	C1830137	Porterville - LAPA Munnik Hospital - Rehabilitation (Alpha)	8.3	West Coast	HFRG	Refurbishment and rehabilitation	Still to be initiated	30-Sep-23	31-Mar-27	25 000	-	541	1 850	15 860	1 099	650
56	C1830080	Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion	8.3	West Coast	HFRG	Refurbishment and rehabilitation	Stage 6: Handover	31-Mar-15	23-May-19	176 000	1	-	-	-	-	-
Grand Total											51 451	157 592	167 053	176 033	202 021	4 036 892

Sub-Programme 8.4: Provincial Hospital Services

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
1	C1840089	Paarl - Paarl Hospital - New Obstetric Theatre in Maternity Unit	8.4	Cape Winelands	HFRG	Upgrades and additions	Stage 2: Concept	4-Nov-19	31-May-23	10 200	5 757	1 917	265	-	-	-
2	C1840098	Worcester - Brewskloof Hospital - R & R incl mechanical work on HVAC	8.4	Cape Winelands	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-May-24	31-Aug-28	30 000	-	-	1 240	2 685	15 511	4 565
3	C1840053	Worcester - Worcester Hospital - Fire Compliance	8.4	Cape Winelands	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	1-Apr-15	30-Apr-23	31 030	15 435	3 419	963	-	-	-
4	C1840061	Worcester - Worcester Hospital - Relocation of MOU	8.4	Cape Winelands	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	14-Feb-18	30-Jun-23	12 980	6 675	2 290	337	-	-	-
5	C1840025	Belhar - Belhar Regional Hospital - New	8.4	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Apr-22	31-May-32	2 900 000	-	1 680	37 139	23 959	57 044	2 200 178
6	HC1840007	Brooklyn - Brooklyn Chest Hospital - Rehabilitation (Alpha)	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	31-Mar-23	29-Feb-28	100 000	500	500	475	31 000	37 500	30 025
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-Mar-24	31-Mar-30	200 000	-	-	-	-	-	200 000
8	C1840010	Green Point - New Somerset Hospital - Acute Psychiatric Unit	8.4	City of Cape Town	HFRG	Upgrades and additions	Stage 4: Design Documentation	23-Feb-15	31-Jul-24	92 700	8 710	31 771	19 390	3 377	-	-
9	C1840088	Green Point - New Somerset Hospital - Relocation of helistop	8.4	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	30-Dec-22	31-Mar-26	4 000	-	87	176	2 833	-	104
10	C1840066	Green Point - New Somerset Hospital - Repairs and renovation incl stores upgrade	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	30-Dec-22	30-Nov-28	40 000	-	866	1 763	5 068	19 031	5 271
11	C1840008	Green Point - New Somerset Hospital - Upgrading of theatres and ventilation	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	22-May-15	31-Oct-24	54 570	4 047	19 037	12 848	80	1 846	-
12	C1840067	Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	18-Mar-18	30-Dec-26	62 000	2 142	16 069	27 721	-	1 611	-
13	C1840070	Maitland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	1-Mar-18	31-Aug-24	13 266	408	6 141	3 096	265	-	-
14	C1840055	Manenberg - Klipfontein Regional Hospital - Replacement Ph1	8.4	City of Cape Town	HFRG	New infrastructure assets	Stage 2: Concept	3-Dec-18	28-Feb-31	2 201 598	5 510	31 340	15 056	42 847	45 488	1 616 561
15	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	-	-	-	-	-	184 000

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
16	C1840011	Milnerton - Milnerton 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	1 400 000	-	-	-	-	-	1 120 000
17	C1840082	Mitchells Plain - Lentegeur Hospital - Ward rehabilitation framework	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	30-Jun-22	31-Mar-28	50 000	-	993	902	1 132	11 403	25 570
18	C1840068	Mowbray - Mowbray Maternity Hospital - Rehabilitation (Alpha)	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	30-Jun-23	31-Mar-25	40 000	-	866	787	2 456	16 258	11 633
19	C1840014	Observatory - Valkenberg Hospital - Acute Precinct Redevelopment	8.4	City of Cape Town	HFRG	New infrastructure assets	On-Hold	13-Aug-09	On Hold	491 000	-	-	-	-	11 275	380 812
20	C1840019	Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	8.4	City of Cape Town	HFRG	Upgrades and additions	On-Hold	13-Aug-09	31-Jan-28	243 000	400	5 533	-	30 427	66 019	86 159
21	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-May-25	20 000	1	1 315	10 144	4 022	520	-
22	C1840015	Observatory - Valkenberg Hospital - Pharmacy and OPD	8.4	City of Cape Town	HFRG	New infrastructure assets	On-Hold	13-Aug-09	On Hold	43 000	-	-	-	-	-	34 400
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-25	31-Aug-32	150 000	-	-	-	-	3 247	116 753
24	C1840022	Observatory - Valkenberg Hospital - Renovations to Historical Admin Building Ph2	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 7: Close out	13-Aug-09	29-May-17	68 264	1	-	-	-	-	-
25	C1840049	Somerset West - Heiderberg Regional Hospital - District Hospital Replacement	8.4	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Jun-23	30-Apr-34	1 400 000	-	-	-	-	22 400	1 097 600
26	C1840097	Stikland - Stikland Hospital - Rehabilitation of water reticulation system	8.4	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	30-Mar-22	30-Sep-26	20 000	-	434	482	8 156	6 414	514
27	C1840083	George - George Hospital - Wards R, R and R (Alpha)	8.4	Garden Route	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	10-Jul-19	31-Mar-26	15 000	104	782	1 031	7 616	1 848	390

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
28	C1840085	George - Harry Comay Hospital - Kitchen upgrade and additions	8.4	Garden Route	HFRG	Upgrades and additions	Still to be initiated	30-Sep-23	31-Aug-28	10 000	-	-	216	197	195	7 391
29	C1840005	George - Harry Comay Hospital - Rehabilitation (Alpha)	8.4	Garden Route	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Apr-25	28-Feb-31	30 000	-	-	-	-	649	23 351
30	C1840086	Various Facilities 8.4 - Fencing	8.4	Various	HFRG	Upgrades and additions	Stage 2: Concept	2-May-19	31-Oct-24	1 317	840	110	-	-	-	-
31	C1840080	Various Facilities 8.4 - Laundry upgrades and additions (West Coast)	8.4	Various	HFRG	Upgrades and additions	Still to be initiated	1-Dec-23	31-Jul-25	2 000	-	-	-	83	1 465	52
32	C1840026	Paarl - Sonstraal Hospital - Upgrade and Additions (Alpha)	8.4	West Coast	HFRG	Upgrades and additions	Still to be initiated	1-Apr-25	30-Jun-29	20 000	-	-	433	882	2 695	11 990
Grand Total											50 530	125 150	134 464	167 085	322 419	7 157 319

Sub-Programme 8.5: Central Hospital Services

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
1	CI850061	Observatory - Groote Schuur Hospital - R & R to Maternity Ward	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	30-Dec-22	30-Jun-28	80 000	-	-	3 305	1 953	13 289	45 452
2	CI850054	Observatory - Groote Schuur Hospital - BMS Upgrade	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 5: Works	1-Jun-16	30-Sep-21	21 000	1 285	-	-	-	-	-
3	CI850100	Observatory - Groote Schuur Hospital - Clarendon House rehabilitation (Alpha)	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Jul-25	31-May-30	25 000	-	-	-	-	1 643	15 516
4	CI850099	Observatory - Groote Schuur Hospital - Creche rehabilitation (Alpha)	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-23	30-Nov-27	15 000	-	-	325	661	3 048	7 966
5	CI850005	Observatory - Groote Schuur Hospital - EC Upgrade and Additions	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 3: Design Development	3-Jul-10	31-Mar-27	205 800	4 801	25 502	55 000	46 875	6 550	9 046
6	CI850111	Observatory - Groote Schuur Hospital - Emergency stabilisation work to Creche	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 2: Concept	25-Mar-21	30-Nov-22	2 000	88	-	-	-	-	-
7	CI850116	Observatory - Groote Schuur Hospital - NMB lift upgrade H1 and Hoist	8.5	City of Cape Town	HFRG	Upgrades and additions	Stage 2: Concept	30-Sep-21	31-May-27	26 000	1 020	6 764	6 796	3 874	1 975	-
8	CI850117	Observatory - Groote Schuur Hospital - NMB lift upgrade H2 and H3	8.5	City of Cape Town	HFRG	Upgrades and additions	Stage 2: Concept	30-Sep-21	31-May-27	27 000	961	7 134	7 154	3 779	2 224	-
9	CI850118	Observatory - Groote Schuur Hospital - OMB SL16 and SL19, New Workshop lift upgrade and Hoist	8.5	City of Cape Town	HFRG	Upgrades and additions	Stage 2: Concept	30-Sep-21	31-May-27	24 000	665	7 572	1 114	2 227	180	-
10	CI850101	Observatory - Groote Schuur Hospital - Parking deck waterproofing	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Feb-24	30-Nov-28	10 000	-	-	216	441	857	6 486
11	CI850056	Observatory - Groote 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-Jul-27	120 000	1 583	1 039	-	5 290	18 845	69 267

Template 6.1: CAPEX Requirements per Sub-programme (Sub-programme 8.5: Central Hospital Services)

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
12	C1850103	Observatory - Groote Schuur Hospital - Ventilation and AC refurb incl mech installation (Alpha)	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	25-Jul-17	30-Jun-28	137 600	16 788	15 296	21 500	21 820	19 839	5 004
13	C1850104	Observatory - Groote Schuur Hospital - Ventilation and AC refurb incl mech installation (Beta)	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Stage 4: Design Documentation	25-Jul-17	28-Feb-27	137 600	16 196	14 749	20 732	21 040	19 130	4 825
14	C1850047	Parow - Tygerberg Hospital - 11kV Generator Panel Upgrade	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 6: Handover	1-Oct-16	21-Jun-21	13 450	470	-	-	-	-	-
15	C1850102	Parow - Tygerberg Hospital - 11kV Generators Replacement	8.5	City of Cape Town	PES: TBH	Upgrades and additions	Stage 5: Works	18-Dec-19	30-Apr-22	23 500	2 957	859	-	-	-	-
16	C1850052	Parow - Tygerberg Hospital - 11kV Main Substation Upgrade	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 6: Handover	1-Oct-16	21-Jun-21	28 980	894	-	-	-	-	-
17	C1850075	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 3: Design Development	29-Mar-19	31-Mar-26	150 000	2 069	17 900	20 313	12 984	4 607	527
18	C1850079	Parow - Tygerberg Hospital - Consolidated Security Control Centre	8.5	City of Cape Town	PES: TBH	Upgrades and additions	Stage 2: Concept	12-Dec-19	31-Jul-25	61 487	1 958	3 566	28 515	10 478	3 916	-
19	C1850081-0002	Parow - Tygerberg Hospital - Enabling work ward decanting (exist bldg) - Minor work various ward	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 2: Concept	5-Jun-19	31-Dec-25	29 200	1 039	1	8 759	11 046	1 484	-
20	C1850082-0001	Parow - Tygerberg Hospital - External and Internal Logistics - Central Stores fire safety	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 2: Concept	14-May-19	31-Mar-26	10 000	-	199	1 052	6 274	476	-
21	C1850082-0002	Parow - Tygerberg Hospital - External and Internal Logistics - Pharmacy priorities (Alpha)	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 2: Concept	1-May-21	31-Dec-26	15 000	-	298	642	6 445	3 902	713
22	C1850082-0003	Parow - Tygerberg Hospital - External and Internal Logistics - Signage	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 2: Concept	14-May-19	29-Feb-24	10 000	176	7 084	740	-	-	-
23	C1850083	Parow - Tygerberg Hospital - Fire Safety	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 2: Concept	15-Apr-19	30-Jun-28	312 000	3 721	1	2 701	31 380	91 317	113 521

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
24	C1850083-0001	Parow - Tygerberg Hospital - Fire Safety - South-eastern Block incl mechanical work	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 2: Concept	15-Apr-19	1-Mar-25	110 000	3 147	19 209	54 713	-	2 931	-
25	C1850074	Parow - Tygerberg Hospital - Hot water system upgrade	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 3: Design Development	28-Feb-19	31-Dec-24	28 100	1 923	11 518	6 260	600	-	-
26	C1850048	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-Nov-25	36 000	2 258	8 144	11 580	5 291	1 426	-
27	C1850088-0002	Parow - Tygerberg Hospital - Perimeter security upgrade - North-western boundary	8.5	City of Cape Town	PES: TBH	Upgrades and additions	Stage 1: Initiation	16-Apr-19	1-Mar-26	26 500	-	546	1 066	10 685	6 938	1 974
28	C1850088-0001	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	31-Mar-24	20 000	3 910	9 646	1 924	520	-	-
29	C1850086	Parow - Tygerberg Hospital - Public Entrance upgrade	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Still to be initiated	1-Oct-23	31-May-27	30 000	-	-	884	1 130	15 924	6 062
30	C1850078-0007	Parow - Tygerberg Hospital - Rehab of various wards - Block A (LG), Psychiatry OPD	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 2: Concept	2-Jun-19	31-May-24	42 300	1 918	14 257	13 581	3 057	-	-
31	C1850078-0002	Parow - Tygerberg Hospital - Rehab of various wards - Block C Adult EC and Trauma	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 1: Initiation	30-Nov-21	31-Dec-27	100 000	1 586	1 446	1 338	9 053	32 067	34 510
32	C1850078-0001	Parow - Tygerberg Hospital - Rehabilitation of various wards (Alpha) - Block A	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Stage 2: Concept	2-Jun-19	30-Apr-31	615 000	6 060	16 080	1	1 762	50 580	405 698
33	HC1850013	Parow - Tygerberg Hospital - Repair and remedial works to Theatres Block C	8.5	City of Cape Town	PES: TBH	Refurbishment and rehabilitation	Still to be initiated	30-Apr-22	31-Mar-24	50 000	16 000	21 418	-	-	-	-
34	C1850031	Parow - Tygerberg Hospital - Replacement - Enabling Work	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Jul-23	31-Jul-30	265 000	-	-	3 761	-	-	208 239
35	HC1850002	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	1 000	1 000	-	-	-	-
36	C1850092	Parow - Tygerberg Hospital - Repurposing of Bank and Post Office Building	8.5	City of Cape Town	PES: TBH	Upgrades and additions	Stage 2: Concept	13-Nov-20	30-Sep-24	15 000	442	9 664	1 390	-	-	-

Template 6.1: CAPEX Requirements per Sub-programme (Sub-programme 8.5: Central Hospital Services)

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
37	C1850012	Rondebosch - Red Cross War Memorial Children Hospital - New Store	8.5	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	30-Mar-24	30-Nov-27	15 000	-	-	-	620	1 404	9 976
38	C1850097	Rondebosch - Red Cross War Memorial Children Hospital - Nurses Home refurbishment (Alpha)	8.5	City of Cape Town	HFRG	Refurbishment and rehabilitation	Still to be initiated	31-Dec-23	30-Nov-26	15 000	-	325	661	3 048	7 577	390
39	C1850063	Rondebosch - Red Cross War Memorial Children Hospital - Upgrade and Additions to Psychiatric Ward	8.5	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	30-Jun-24	31-Mar-30	70 000	-	-	-	1 515	1 377	53 108
Grand Total											94 915	221 217	276 023	223 848	313 506	998 280

Sub-Programme 8.6: Other Facilities

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
1	C1860060	Ceres - Ceres FPL - Rehabilitation to accommodate dissecting area	8.6	Cape Winelands	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Feb-24	28-Feb-26	3 000	-	-	197	2 125	-	78
2	C1860025	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	1 660	-	-	14 471	17 472	1 172
3	C1860003	Beaufort West - Beaufort West FPL - Replacement	8.6	Central Karoo	HFRG	New infrastructure assets	Stage 7: Close out	1-Apr-09	31-Mar-12	11 461	2	-	-	-	-	-
4	C1860051	Nelspoort - Nelspoort Hospital - Repairs to Wards	8.6	Central Karoo	HFRG	Refurbishment and rehabilitation	Stage 5: Works	22-Aug-17	31-Oct-21	17 300	473	-	-	-	-	-
5	C1860069	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	30-Apr-29	50 000	-	-	-	1 082	984	37 934
6	C1860056	Goodwood - Goodwood Clinical Engineering Workshop - Replacement	8.6	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Jan-24	31-Oct-29	50 000	-	-	-	1 082	984	37 934
7	C1860010	Mitchells Plain - Lentegeur Laundry - Upgrade	8.6	City of Cape Town	HFRG	Upgrades and additions	Stage 7: Close out	1-Apr-05	20-Jun-13	-	1	-	-	-	-	-
8	C1860057	Mitchells Plain - Lentegeur Laundry - Upgrade and Additions to Dirty Linen Area	8.6	City of Cape Town	HFRG	Upgrades and additions	Stage 2: Concept	15-Oct-19	31-Jan-24	15 750	461	8 193	2 374	1 095	-	-
9	C1860094	Observatory - Observatory FPL - Completion Works	8.6	City of Cape Town	HFRG	New infrastructure assets	Stage 2: Concept	18-Nov-21	30-Jun-22	3 011	2 133	78	-	-	-	-
10	C1860012	Observatory - Observatory FPL - Replacement	8.6	City of Cape Town	HFRG	New infrastructure assets	Stage 6: Handover	12-Sep-14	4-Jun-21	306 282	2 802	2	-	-	-	-
11	C1860014	Parow - Cape Medical Depot - Replacement	8.6	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	31-Dec-23	30-Apr-27	256 612	-	3 200	2 667	16 549	76 342	61 242
12	HC1860001	Parow - Cape Medical Depot - Replacement	8.6	City of Cape Town	HFRG	New infrastructure assets	Stage 2: Concept	21-Sep-18	31-Mar-22	5 566	874	-	-	-	-	-
13	C1860067	Parow - Tygerberg FPL - Major extensions (Alpha)	8.6	City of Cape Town	HFRG	Upgrades and additions	Still to be initiated	30-Jun-23	31-May-29	110 000	-	-	1 510	2 041	5 166	79 282
14	C1860015	Parow - Tygerberg FPL - Replacement	8.6	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	30-Jun-30	31-Mar-37	250 000	-	-	-	-	-	200 000

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	NATURE OF INVESTMENT	FIPDM STAGE AT 1 APRIL 2022	START DATE (STRATEGIC BRIEF ISSUED DATE)	COMPLETION DATE (PRACTICAL COMPLETION)	TOTAL PROJECT COST R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s	2025/26 R'000s	2026/27 R'000s	2027/40 R'000s
15	C1860070	Thornton - Orthotic and Prosthetic Centre - Replacement	8.6	City of Cape Town	HFRG	New infrastructure assets	Still to be initiated	1-Apr-24	31-Jan-30	150 000	-	-	-	3 247	2 951	113 802
16	C1860016	Thornton - Orthotic and Prosthetic Centre - Upgrade	8.6	City of Cape Town	HFRG	Upgrades and additions	Stage 3: Design Development	17-Dec-14	31-Mar-24	26 305	7 955	9 643	919	-	-	-
17	C1860064	George - George District Warehouse - New	8.6	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Apr-25	28-Feb-31	20 000	-	-	-	-	433	15 567
18	C1860063	George - WCCN Southern Cape Karoo Campus - Residential - Residential accommodation - New	8.6	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Apr-23	28-Feb-29	25 000	-	-	541	492	610	18 357
19	C1860007	Knysna - Knysna FPL - Replacement	8.6	Garden Route	HFRG	New infrastructure assets	Stage 5: Works	1-Nov-14	31-Mar-23	34 216	17 837	883	977	-	-	-
20	C1860011	Mossel Bay - Mossel Bay FPL - Replacement	8.6	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Mar-26	31-Jan-32	25 000	-	-	-	-	-	20 000
21	C1860065	Oudtshoorn - Oudtshoorn District Warehouse - New	8.6	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Apr-25	31-Mar-30	10 000	-	-	-	-	216	7 784
22	C1860013	Oudtshoorn - Oudtshoorn FPL - Replacement	8.6	Garden Route	HFRG	New infrastructure assets	Still to be initiated	1-Mar-30	1-Mar-35	25 000	-	-	-	-	-	20 000
23	C1860061	Riversdale - Riversdale FPL - Upgrade and Additions (Alpha)	8.6	Garden Route	HFRG	Upgrades and additions	Still to be initiated	1-Oct-25	31-Mar-29	3 000	-	-	-	-	58	2 342
24	C1860021	Vredenburg - Vredenburg FPL - Rehabilitation (Alpha)	8.6	West Coast	HFRG	Refurbishment and rehabilitation	Still to be initiated	1-Dec-23	31-Jul-28	3 249	-	165	562	1 768	104	-
Grand Total											34 198	22 164	9 747	43 952	105 320	615 494

Template 6.2:

New Sites / Land Required

**TEMPLATE 6.2: NEW SITES / LAND REQUIRED
(WCGTPW BUDGET RESPONSIBILITY)**

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 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	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 et al	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	10 000		2030	M		Included in list of PPHC facilities / sites to be transferred from CoCT. Additional land is to be acquired with this clinic in order to consolidate the Reed Street Clinic.	Property Acquisition	Transfer from CoCT	Replacement facility.	-	-	-
3	Blanco Clinic	George	Garden Route	Clinic	Erf 46	5 000	Municipality	2022	M	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 et al	Doctors' rooms project to be constructed in 2022.	Beyond MTEF	Consolidation and possible rezoning.	-
4	Bothasig CDC	Bothasig	Northern	CDC	Erf 32731	10 000	City of Cape Town	2022	H	2	Included in list of PHC facilities / sites to be transferred from CoCT. The CoCT has indicated willingness to dispose at less than market value.	Property Acquisition	Transfer from CoCT	CoCT facility. Started service in 2016. Right of access to construct has been obtained. Site Acquisition to be regularised.	-	-	-

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required

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
5	Caledon Clinic Replacement	Caledon	Overberg	Clinic	Ptn of Erf1 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 WCGH IP and accepted in principle by Service. WCGEADP considers the proposed site as suitable for the clinic, specifically wrt location and accessibility. IAM 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 confirmed recommendation must go to their newly elected Portfolio Committee and then to their Council at the end of February 2022.	Property Acquisition	Acquisition et al	Replacement facility required.	-	-	Yes
6	Ceres - Netcare Ceres Hospital	Ceres	Cape Winelands	Clinic	Erf 8434	12 001	Netcare Property Holdings (PTY) Ltd	2022	H	1	WCG submitted Bid for Netcare property on 31 January 2022. Netcare advised that, although WCG bid was not the highest offer received, they are willing to dispose to WCG at a particular price, which is above market value. WCGH to provide motivation for IAM to acquire the property at above market value.	Property Acquisition	Acquisition et al	Hospital to be acquired and the building converted into a clinic to the current Ceres Clinic (old Annie Brown) and to relocate the NGO (ICF) to the facility. District has confirmed funding to the secure the premises.	-	-	-

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Template 6.2: New Sites / Land Required

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
7	De Doorns Ambulance Station	De Doorns	Cape Winelands	EMS	Ptn 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.	Property Acquisition	Acquisition et al	Replacement facility. Construction completed in 2021.	2021	Subdivision	-
8	Diazville Clinic & Ambulance Station	Saldanha	West Coast	Clinic & EMS	Erf 282/4	7 500	Municipality	2023	M	1	In the transfer phase. AoD with respect to development contribution charges was signed by WCGH and sent to Saldanha Municipality on 28 October 2021. The instruction to transfer the property was sent to the State Attorney on 21 December 2021. Rezoning and subdivision finalised in January 2021.	Property Acquisition	Subdivision & rezoning (finalised in 2021)	Replacement of a leased clinic. EMS and new Clinic required due to population growth. Subdivision and rezoning has been finalised.	2021 (finalised)	Subdivision and rezoning	-
9	Dr Abdurahman Athlone CDC	Athlone	Kiptonlein	CDC	Erf 107892	8 000	City of Cape Town	2025	M	2	Included in list of PHC facilities / sites to be transferred from CoCT. Deed of Sale forwarded to CoCT with comments from Legal Services. CoCT advised on 31 Jan 2022 that they are currently perusing the document.	Property Acquisition	Transfer from CoCT	Facility to be extended in future. Site to be consolidated with own site.	Beyond MTEF	Consolidation and possible rezoning.	-
10	Durbanville CDC	Durbanville	Northern	CDC	Even 4783 & 8241	7 500	City of Cape Town	2025	M		Included in list of PHC facilities / sites to be transferred from CoCT.	Property Acquisition	Transfer from CoCT	Property (currently jointly operated) to be acquired / transferred from CoCT. Possibility of acquiring adjacent vacant land (i.e. Erf 20503, size 2000 m ²) with the facility for future extensions to be explored	-	-	-

Note: Sites with no Erf number and / or site size is still to be identified

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11	Elsies River CHC	Elsies River	Tygerberg	CHC	Erf 9192-3, 9198, 13094, 13207, 15857-8, 16272, 16547-9 & 30186	10 000	City of Cape Town	2022	H	2	Application for subdivision and consolidation was submitted to the CoCT. Subdivision and Consolidation letter received from CoCT. Last round for comments for 21 Days. CoCT to provide letter of no appeal after which land surveyors will prepare diagrams and lodge all necessary documents to Surveyor General for approval. As soon as IAM receives approved diagrams, CoCT transferring attorney can proceed with the registration of the property at the Deeds Office. Land surveyors unable to lodge the diagrams at this stage as further town planning action is required due to a municipal review error.	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. Even to be transferred, subdivided, consolidated and rezoned (incl. EIA and TIA).	MTEF	Subdivision, consolidation and rezoning (incl. EIA and TIA).	Yes
12	Fisantekraal Clinic	Fisantekraal	Northern	Clinic / CDC?	Portion of Erf 1666	6 000	City of Cape Town	2022	H	1	Existing Fisantekraal Clinic (on Dullah Omar Street) included in list of PHC facilities / sites to be transferred from CoCT.	Property Acquisition	Transfer from CoCT	Rather than acquiring the existing Fisantekraal Clinic (on Dullah Omar Street), it is recommended that the new clinic currently being constructed by the CoCT on Erf 1666 Greenville Garden Village (Lucullus Street) be acquired.			
13	Goodwood CDC	Goodwood	Northern	CDC	7025		City of Cape Town	TBC	M		Included in list of PHC facilities / sites to be transferred from CoCT.	Transfer from CoCT	CoCT owned facility. Property to be acquired / transferred.	-			

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Template 6.2: New Sites / Land Required

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
14	Grabouw Ambulance Station	Grabouw	Overberg	EMS	Erf 1014	4000	-	2021	H	1	IAM busy liaising with Theewaterskloof Municipality re short-term rental and long-term acquisition. Application has been made to Theewaterskloof Municipality for the acquisition of portion of Erf 1014 Grabouw.	Property Planning	Securing of tenure	EMS site required due to EMS being vacated from CHC site to allow expansion of CHC. Tender awarded.	-	-	Yes
15	Gugulethu 2 CDC	Gugulethu	Klipfontein	CDC	Erf 4140	8 000	City of Cape Town	2023	H	1	Due to delay caused by an initial objection from City Parks Department, the valuation validity expired and is currently being reviewed. CoCT obtained new valuation and forwarded In-principle letter to IAM. Email forwarded to CoCT to confirm purchase price at 25% of value. Awaiting CoCT's feedback.	Property Acquisition	Acquisition et al	New facility urgently required due to population growth and service pressure on current Gugulethu CHC. Brief to be issued in 2022.	2021	Possible rezoning	Yes
16	Gustrouw CDC	Strand	Eastern	CDC	Erf 13468	6 000	City of Cape Town	2022	H	1	Included in list of PHC facilities / sites to be transferred from CoCT, with recommendation that, as an alternative, WCGTPW acquires this existing site with an additional portion for extension due to major uncertainty of the acquisition of the proposed new site (i.e. Erf 13473 and portion of Erf 13468) which may only occur in 4 years' time, with the possibility of the Municipality not willing to dispose of the said site due the flood alleviation works.	Property Acquisition	Transfer from CoCT	As an alternative Plan B' the WCGH is investigating the possibility of constructing the Rushhof CDC in Strand on the current Gustrouw CDC site and the adjacent portions of land (as opposed to on portions of Erf 13473 and Erf 13468).	-	-	-

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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 61ha) has been purchased and Title Deed received. Aforementioned property to be combined with adjacent WCG owned property to collectively accommodate hospital and school campus - draft precinct plan developed under oversight of IAM. Draft Land Use (incl. rezoning) submission is currently with CoCT for review. Environmental application submitted.	Property Planning	Town planning	Replacement hospital erf was required due to cancellation of previous acquisition. Necessary subdivision, consolidation and rezoning still to be finalised by IAM.	2022	Possible subdivision, consolidation and rezoning.	Yes
18	Homelee Clinic	Knysna	Garden Route	Clinic	Erf 3281	4 933	Knysna Municipality	2022	H	1	99 year lease agreement being finalised with Municipality, with draft agreement having been submitted to the Municipality for approval. The Municipality has advised that the necessary information, including land use / rezoning costs has been submitted to the conveyancers.	Property management	Lease	Site hand over took place on 1 October 2021. Site being secured by the District.	2021	Rezoning required or apply for temporary departure.	Yes
19	Hout Bay CDC	Hout Bay	Southern	CDC	Portions of erven 3779, 1033 and 1034	4 860	City of Cape Town	2022	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. Awaiting response from CoCT.	Property Acquisition	Acquisition et al	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.	MITEF	Subdivisions, consolidation and rezoning.	Yes
20	Hout Bay Harbour CDC	Hout Bay	Southern	Wellness Centre	Portion of Erf 2844-RE	1 534	City of Cape Town	n/a	L	1	Included in list of PHC facilities / sites to be transferred from CoCT.	Property Acquisition	Transfer from CoCT	Facility to function as a Wellness Centre.	-	-	-

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Template 6.2: New Sites / Land Required

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
21	Kayamandi Clinic	Stellenbosch	Cape Winelands	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. Municipality provided POA for rezoning and consolidation; and for planning and construction. Municipality to provide a Certificate of Registered Title in terms of Section 4.3 of Act 47 of 1937. Original Title Deed is lost - Municipality to advertise for lost title.	Property Acquisition	Acquisition et al	Additional land (i.e. adjacent Erf 718) is required for the upgrading and expansion of the existing Kayamandi Clinic. WCGH asked IAM to clarify the boundaries and assist with removal of illegal occupants.	2022	Consolidation and possible 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. Awaiting new title deed.	Property Acquisition	Registration	Project completed. Donation. Erf to be regularised.	Beyond MTEF	Registration	-
23	Klapmuts Clinic	Stellenbosch	Cape Winelands	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.	Property Acquisition	Acquisition et al	Growth area and existing facility to be extended - adjacent portion of land acquired.	MTEF	Consolidation and subdivision.	-

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24	Kleinvei CDC	Blackheath	Eastern	CDC	Erven 2086 and 2087 or alternatives as per City	8 000	City of Cape Town	2023	H	1	IAM received valuation report and the combined market value for the properties was concluded at R18 050 000. CoCT valuation/offer not only included Erven 2086 and 2087, but also a Portion of Remainder Erf 2082 and 908 Kleinvei, despite Erven 2086 and 2087 only. The CoCT deemed the market value to be R20 600 000. CoCT to confirm whether the properties can be acquired at 25% of the current market value. Based on the design of the proposed clinic, WCGH confirmed minimum required size of site as 8 000m ² and provided two site configuration options. IAM awaiting feedback from CoCT.	Property Acquisition	Acquisition et al	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, WCGH confirmed minimum required site size as 8 000m ² . Brief to be issued at end of 2023.	2023	Consolidation and possible TIA	Yes

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25	Kraaifontein - Wallaceene CDC	Kraaifontein	Northern	CDC		10 000	City of Cape Town	2026	H	1	Included in list of PHC facilities / sites to be transferred from CoCT.	Property Acquisition	Transfer from CoCT	New facility. CoCT planning to build a CDC. WCGH preference will be to build CDC for 60 000 plus EC attached - Intention was to combine Wallaceene with Bloekombos to have a larger facility. CoCT's layout for Wallaceene CDC too small in WCGH viewpoint; however IAM is requested to acquire the site from the CoCT. 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		5 000	WCG	2025	M		Included in list of PHC facilities / sites to be transferred from CoCT. Portion containing CDC plus adjacent undeveloped land to be subdivided and acquired / transferred to Province. Confirm additional property.	Property Acquisition	Transfer from CoCT	Investigate the site next to existing site; current site unregistered.	2019	Regularisation of current site	
28	Mathew Goniwe CDC	Khayelitsha T3-V5	Khayelitsha	CDC	Portion of Erf 59037-RE	8 000	City of Cape Town	2026	M	1	Included in list of PHC facilities / sites to be transferred from CoCT.	Property Acquisition	Transfer from CoCT	CoCT planning to build replacement facility. Concept design on identified site in progress.			

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29	Nolungile CDC	Khayelitsha	Khayelitsha	CDC	Erf 53340	10 000	City of Cape Town	2025	M		Included in list of PHC facilities / sites to be transferred from CoCT.	Property Acquisition	Transfer from CoCT	Replacement of existing CDC required. Proposal is to construct replacement CDC on current CoCT owned Nolungile CDC & Clinic site (shared property). IAM to confirm what extent of the 13 246 m ² site will / can be transferred to WCG - decanting space will be required.	2020	Regularisation of current site	-
30	Nyanga CDC	Nyanga	Klipfontein	CDC	Erf 673	8 442	City of Cape Town	2022	H	1	Included in list of PHC facilities / sites to be transferred from CoCT.	Property Acquisition	Transfer from CoCT	Property to be acquired / transferred from CoCT. Future replacement unlikely due to other priorities. It is recommended that the vacant land adjacent to the CDC also be acquired.			
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. Waiting on original lost Title Deed.	Property Acquisition	Transfer	Upgrade and additions including wash bay at facility completed in 2020.			
32	Retreat CHC	Retreat	Southern	CHC	Erven 137783 & 137784	10 000	CoCT	2022	H	2	Formal application made to CoCT to acquire Erven 137783 and 137784. CoCT advised that the matter has been sent for valuation determination. Due diligence report is in the process of being finalised by IAM. Received valuation / informal offer with conditions from CoCT on 20 January 2022. IAM to formally accept terms and conditions.	Property Acquisitions	Acquisition et al	Need to acquire the 2 x City owned sites in order to amalgamate service. R & R currently planned for existing facility.	IMTEF	Regularisation of current site Consolidation and rezoning	

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Template 6.2: New Sites / Land Required

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33	Scottsdale CDC	Kraaifontein	Northern	CDC	Erf 2845	4 500	City of Cape Town	2022	H	1	Included in list of PHC facilities / sites to be transferred from CoCT.	Property Acquisitions	Transfer from CoCT	Facility to be transferred from CoCT. It is important to establish the extent of the site as parking will be required.			
34	Strand - Rusthof CDC	Strand	Eastern	CDC	Erf 13473 and a portion of Erf 13468	6 000	City of Cape Town	2023	H	1	Formal application made and fees paid. CoCT advised that WCG will struggle to get approval for the construction of the CDC as the site is affected by floodlines and the Sir Lowry's Pass River project. WCGH to advise if they are interested in possibility of acquiring a portion of Erf 13473 and a portion of Erf 13468 Strand, as the CoCT proposed to issue a Power of Attorney allowing the WCGH to proceed with the planning and design of the CDC. The closure of the file will be held in abeyance pending a response from IAM / WCGH. IAM requested CoCT to advise on the following: Current status of the alleviation project; the CoCT's level of confidence that the project will be successful; whether the CoCT can provide a commitment / guarantee that the land will be reserved for the WCG; the status of the transfer of Erf 14369 Strand (half of existing clinic); whether the CoCT still plans to convert the existing CDC (Erf 14368 Strand) into a Community Hall as part of their Civic cluster plan. Awaiting CoCT response.	Property Acquisition	Acquisition et al	Urgent replacement and extended facility required. Possible hot spot. WCGH is prepared to accept a portion of Erf 13473 and a portion of Erf 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 WCGH and IAM is exploring the possibility of constructing the CDC on the existing CoCT owned Gusrourw CDC site (Erf 13468) and the adjacent land.	2021	Possible subdivision, consolidation and rezoning	Yes

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35	Swartland Hospital	Malmesbury	West Coast	District Hospital	Erf 7456, including Erven 7466 – 7470, Erf 2400 & Portion of Erf 7460 Malmesbury, measuring approximately 3.4 hectares in total	3 400	Swartland Municipality	2025	H	1	Swartland Municipality indicated that they are busy with land use applications for the development on the site. Municipality provided Deed of Sale which was vetted by WCG Legal Services on 17 January 2022. The PSMC submission is in draft form and will be sent en route to the committee once signed by Director: Acquisitions.	Property Acquisition	Acquisition et al	Significant portion of Swartland Hospital destroyed by fire. Site for replacement hospital required as priority. Brief to be issued by end March 2022.	2020	Subdivision, consolidation and Rezoning.	Yes
36	Trembathu 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.	-	-	-
37	Vredenburg CDC	Vredenburg in Louwville	West Coast	CDC	Erf 18144	8 870	Municipality	2022	M	1	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. Municipality advised delay in getting appointed Land Surveyor to place the pegs and submit General Plan for approval. IAM still awaiting response regarding the POA.	Property Acquisition	Transfer	New CDC to consolidate existing facilities and for population growth. Brief issued in 2018. Currently in concept planning. WCGH concerned that initially health will be present within the precinct. IAM to determine the anticipated timelines for the establishment of other services within the area.	2020	Uncertain - refer to acquisition conditions.	Yes
38	Vredendal North Clinic	Vredendal	West Coast	CDC	Erven 1302 and 1303	5 000	Municipality	2024	H	3	Progress to be determined.	Property Acquisition	Acquisition et al	Extended facility due to population growth. Right of access to the site for planning and construction purposes obtained in March 2019.	2021	Sub-division, consolidation and possible rezoning.	-

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Template 6.2: New Sites / Land Required

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
39	Zakhele CDC	Khayelitsha	Khayelitsha	CDC		8 000	City of Cape Town	2023	H	1	Included in list of PPHC facilities / sites to be transferred from CoCT.	Property Acquisition	Transfer from CoCT	Province supports this new / replacement facility in an area of need. Identified site well-situated. Design complete by CoCT. Ready for construction - On hold pending service agreement with Province. WCGH recommends that the site be acquired - preferably larger than the CoCT's current proposal. It is noted that the current plans received from CoCT appear to have already been approved by Building Control. However, WCGH would like to look at extending the CoCT's current proposed single storey facility so as to provide a 60 000 facility. Although there appears to be some space for an additional wing to the rear of the site, WCGH would very likely have to compromise by providing fewer consulting rooms. A slightly bigger site would therefore be preferred - min. 8000m ² in size.			

Note: Sites with no Erf number and / or site size is still to be identified

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 WCGTPW)	COMMENT / MOTIVATION	PROJECTS REQUIRING TOWN PLANNING INPUT	TYPE OF TOWN PLANNING INPUT REQUIRED	WCGEADP INPUT REQUIRED
1	Belhar Regional Hospital	Belhar	Tygerberg	Regional Hospital	21474 to 21491, and remainder of 21492 (all 19 x even to be consolidated)	58 000	Department of Human Settlements	2024	H	2	Transfer to be monitored by WCGTPW. WCG Human Settlements in the process of securing development rights, including required subdivision and rezoning of property - application documentation finalised and submitted to CoCT in October 2021. Approval anticipated by approximately end September 2022.	Property Planning	Transfer	Development contribution paid in 2018 for new regional hospital required due to population growth and shortage of bed numbers.	MTEF	Consolidation and rezoning.	Yes
2	Belhar Ambulance Station	Belhar	Tygerberg	EMS	Part of Remainder of Erf 21470	8 000	Department of Human Settlements	2026	M	1	Transfer to be monitored by WCGTPW. Rezoning and subdivision by WCG Human Settlements in progress.	Property Planning	Transfer	New EMS to be in support of new regional hospital. The existing St Vincent CoCT (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.	Beyond MTEF	Subdivision and rezoning.	Yes

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Template 6.2: New Sites / Land Required

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3	Brooklyn Chest Hospital	Maitland	Eastern	TB Hospital	Erf 20666 and vacant adjacent Erf 21082-RE	15 836		2022	H	1	Investigation in progress.	Acquisitions	Transfer	Erf 20666 to be transferred to WCG who is responsible for all costs, operations, management and infrastructure on the site. WCGH, with assistance from WCGEADP, is assessing the viability of possibly also acquiring the vacant adjacent Erf 21082-RE (appears to be largely categorized as a Wetland) for possible future expansion of the hospital.	-	-	-
4	De Rust Clinic	De Rust	Garden Route	Clinic		3 000	Duithoorn 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 silver 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 silver of land next to Erf 27567 requires a prescription application before final consolidation of the Groote Schuur properties can take place - Service Provider investigating possible options into the application. 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	Gugulethu CHC	Gugulethu	Klipfontein	CHC	Erf 5500 and portion of Erf 5534 Gugulethu	10 000		2022	H	1	Regularisation of Erf 5500 (location of existing CHC) and acquisition of portion of adjacent site Erf 5534; Application made to the CoCT and payment of Application fee made 12 October 2020. CoCT obtained inputs from their various departments, and in process of obtaining a valuation (10 June 2021). IAM sent site plan to CoCT indicating the portion required which excludes the workshop. CoCT advised that they will proceed with the valuation of the portion of Erf 5500 (excluding the workshop) but advised that, by disposing of a portion of Erf 5500 excluding the workshop, the workshop area will become landlocked and inaccessible. Included in list of PPHC facilities / sites to be transferred from CoCT.	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.	-	-	Yes
7	Hanover Park CHC	Hanover Park	Klipfontein	CHC	CA 619	10 000	MGG	2022	H	2	Current occupants have been evacuated. Application from the City to acquire a portion of the property next to Govan Mbeki Road (siver of land for MyCity) was sent to WCGTPW: HI. This will be taken into account during the planning of the health facility.	Property Planning	Subdivision and rezoning	Replacement facility due to poor condition of current site.	2020	Subdivision and rezoning	Yes
8	Khayelisha - Michael Mapongwana CDC	Khayelisha	Khayelisha	CDC	Erf 40673	5 000	Unregistered - Municipal	n/a	H	1	Included in list of PPHC facilities / sites to be transferred from CoCT.	Property Acquisition	Transfer from CoCT	Regularisation /transfer of property required to ensure that negative management issues are prevented.	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

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9	Khayelitsha (Site B) CHC	Khayelitsha	Khayelitsha	CHC	Erf 13423 (Remainder of erf 18409)		Unregistered - Municipal	n/a	H	1	Included in list of PPHC facilities / sites to be transferred from CoCT.	Property Acquisition	Transfer from CoCT	Regularisation / transfer of property required to ensure that negative management issues are prevented.	2020	To be transferred.	Yes
10	Klipfontein Regional Hospital	Manenberg	Klipfontein	Regional Hospital	Erf 101921 and Erf 111291	72 000	WCG	2024	H	1	Relinquishment of the school properties is still outstanding. Consolidation & rezoning process will start once the relocation of the schools has been finalised. Required topographical survey has been completed.	Property Planning	Relinquishment of school properties & consolidation and rezoning	Replacement of GF Jooste Hospital. Consolidation & rezoning required (incl. TIA and possibly EIA). - Steering Committee of Premier monitoring and facilitating closure of WCED schools.	2020	Consolidation and rezoning (incl. TIA and possibly EIA).	Yes
11	Kraaifontein - Bloekombos CHC	Kraaifontein	Northern	CHC	Portion 19 of Farm 732 Kraaifontein	10 000	WCG	2023	H	1	WCGTPW's CD: Health Infrastructure was proceeding with LUMA submission. However, site was invaded by illegal occupants during latter half of 2020.	Property Planning	Subdivision, consolidation and rezoning (incl. EIA and TIA update)	Note: Not applicable if acquisition of the CoCT's Wallaceene site is realised (see above). Facility required due to population growth. Consolidation, subdivision and rezoning (incl. possible EIA and TIA update) with respect to Portion 19 of Farm 732 was to be finalised as part of Bloekombos CHC project. However, due to invasion of site by illegal occupants the issuing of the brief has been suspended. Acquisition / transfer of the CoCT owned Wallaceene Clinic site (see above) is being explored as an alternative option.	MTEF	Consolidation, subdivision and rezoning (incl. possible EIA and TIA update).	Yes

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12	Kraaifontein - Northern Hospital	Kraaifontein	Northern	District Hospital	Portion 19 of Farm 732 Kraaifontein Possible alternative: Erf 17656	30 000	WCG	2025	H	2	WCGTPW's CD: Health Infrastructure was proceeding with LUMA submission. However, site was invaded by illegal occupants during latter half of 2020 - Awaiting IAM's advice on required course of action.	Property Planning	Subdivision, consolidation and rezoning (incl. EIA and TIA update)	District hospital required due to population growth. Site invaded by illegal occupants. Possible alternative site identified (ie. Erf 17656, owned by WCG). Requested WCGTPW in September 2021 (HOD to HOD letter) to explore possibility of using Erf 17656 or other sites in the area which are owned by WCG.	MTEF	Consolidation, subdivision and rezoning (incl. possible EIA and TIA update).	Yes
13	Kraaifontein CHC	Kraaifontein	Northern	CHC	Erf 9831	16 000	City of Cape Town	2022	H	1	Included in list of PPHC facilities / sites to be transferred from CoCT.	Property Acquisition	Transfer from CoCT	Facility owned by CoCT but operated by WCGH exclusively. Property to be transferred from CoCT - possible future replacement, although unlikely due to other priorities.			
14	Lotus River CDC	Lotus River	Southern	CDC	Portion 1 of Farm 814	8 000	Department of Human Settlements	2023	H	2	WCGHS is attending to the statutory proceedings including subdivision and rezoning of the site - awaiting feedback from WCGHS.	Property Planning	Liaise with WCGHS re subdivision and rezoning	Replacement facility due to poor condition of current facility.	2022	Subdivision and rezoning.	Yes
15	Macassar CDC	Macassar	Eastern	CDC	Erf 2378	3 800	City of Cape Town	2022	H	1	Included in list of PPHC facilities / sites to be transferred from CoCT.	Property Acquisition	Transfer from CoCT	Facility owned by CoCT but operated by WCGH exclusively. Property to be transferred from CoCT.			

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16	Maitland CDC	Maitland	Western	CDC	Erf 13304	10 000	WCG	2022	H	2	Alternative land of ±612m ² to the west of the existing informal settlement on the property will be made available to CoCT for the relocation of the existing families and the construction of 17 informal dwellings on the property. PoA was signed and sent to CoCT for implementation. This will be a temporary arrangement for the period ending 31 December 2023, whereafter all structures on the property will be demolished by the CoCT and the property handed back to WCGTPW un-occupied. The detention pond will stay but will be reconfigured to accommodate the design of the CDC.	Property Planning	Resolve informal settlement and detention pond issues	Replacement CDC will consolidate services.	MTEF	Informal settlement invasion.	Yes
17	Mossel Bay Centre Clinic	Mossel Bay	Garden Route	Clinic	Huis Willem van Heerden in Marsh Street Erven 3509, 3511, 3512 & 3513		WCG	2022	H	3	Required portion of building allocated to WCGH and zoning confirmed correct.	Property Planning	Re-allocation	Replacement of George Road Sat Clinic due to inadequate size.	MTEF	To be Allocated.	-
18	Nyanga KTC CDC	Nyanga	Klipfontein	CDC	Erf 477	8 000	Department of Human Settlements	2024	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.	Beyond MTEF	Subdivision and possibly rezoning. Possibly to be done by Dept. of Human Settlements.	Yes

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19	Paarl CDC	Paarl	Cape Winelands	CDC	Erf 16161	8 000	Department of Human Settlements	2021	H	1	Human Settlements development.	Property Acquisition	Acquisition et al	Consolidation of services. Project name changed to Paarl CDC. Currently in IGS Stage 4. 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 rezoning is required.	Yes
20	Parow CDC	Parow	Tygerberg	CDC	TBC	6 000	WCG	2025	M	1	The site initially identified by WCGH in December 2019 is reserved for WCED for the future development of a school. WCGH can consider the WCG owned properties (Erven 6362, 6361 & 6348 Parow), which, together with the adjacent vacant land (NDPW&I owned) if acquired, would provide a site totalling approximately 6000m ² in extent.	Property Planning	Consolidation and possible rezoning	Requested site from IAM on 6 December 2019.	Beyond MTEF	Consolidation and possible rezoning.	-
21	Pinelands Ambulance Station	Pinelands	Western	EMS	Erf 103659, C/o Alexandra & Berkley Road	220 745		2021	H	1	Regularisation / acquisition of current property in process.			Regularisation / acquisition required. EMS to be relocated in order to accommodate Biovac expansion - Alexandra Hospital identified as suitable site. Strategic Brief being finalised. Will require ± 3 000m ² Warehouse in Montague Gardens, for which funding is available from Dept of Economic Affairs.	2021	Regularisation of current site.	-

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Template 6.2: New Sites / Land Required

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22	Protea Park CDC	Atlantis	Western	CDC	Erf 4768	10 000	MCG	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.			
23	Railton Clinic	Swellendam	Overberg	Clinic	TBC	5 000		2024	M	1	Permanent use of a portion of Erf 2064 to be investigated. Also, triangular piece of land (portion of 2063) to be transferred for inclusion with Erf 7296 (clinic) as indicated by Municipality and requested from IAM - June 2020. IAM is currently not attending to these matters.			The clinic requires additional space. Adjacent Erf 2064 (owned by PGWC, but managed by Municipality as public library) has been used to place containers for COVID-19 extensions. However, Municipality only approved this for one year, commencing ± end 2020. Extension of use to be investigated.			
24	Vanguard CHC	Bonteheuwel	Western	CHC	Erf 100010	22 325	City of Cape Town	2022	H	1	Included in list of PPHC facilities / sites to be transferred from CoCT.	Property Acquisition	Transfer from CoCT	Facility owned by CoCT but operated by WCGH exclusively. Property to be transferred from CoCT.			
25	Victoria Hospital	Southfield	Southern	District Hospital	Erf 110629 Southfield	57 000	MCG	2028	M	3	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		Replacement hospital. All site issues to be finalised.	Beyond MTEF	Consolidation with adjacent City land and possible rezoning.	

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26	Wellewreden CDC	Wellewreden Valley	Mitchell's Plain	CDC	Erf 8972	6 147	MCG	2022	H	1	Newly constructed SAPS police station boundary wall encroaching on adjacent CDC site. Matter taken up with SAPS and the City in ± December 2019 but still no response. Letter will be sent to the SAPS and the NDPW&I informing them that WCGTPW will proceed with the demolition of the wall.	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.	-	-	Yes

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Template 6.2: New Sites / Land Required

HIGH PRIORITY LIST (IDENTIFIED AS PRIORITY BUT SITE STILL TO BE CONFIRMED)

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1	Citrusdal Clinic	Citrusdal	West Coast	Clinic	-	-	-	TBC (subject to availability of additional land)	H	1	Building adjacent to clinic to be acquired.	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.	-	-	-
2	De Doorns Clinic	De Doorns	Cape Winelands	Clinic	Portion of Erf 1875	-	Municipality	2021	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.	-	-	-

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3	Masiphumelele CDC	Masiphumelele	Southern	ODC	CA944-18, Erf 4966 and/or Erf 4968 Or alternative CoCT options	5 000	Private Or City of Cape Town	2023	H	1	Regular meetings being held with WCGE&ADP, CoCT, WCED, IAM & WCGH to find a suitable site. During meeting held in March 2021, the CoCT advised that they will do site investigations and provide feedback on identified sites. The CoCT provided feedback regarding site inspection. Investigation still taking place and email forwarded to owner of Farm 944/18 for possibility to acquire site. *Application made to the CoCT on 18 June 2021 to acquire Erf 17775 Kommetjie and application fee paid. CoCT will now distribute to Internal Department for comments. Requested copy of sketch plan that is currently being drawn up by the CoCT. *WCGH to advise from the sites identified which is most suitable as per discussion at the last Masiphumelele meeting held on 14 September 2021.	Property Acquisition	Acquisition et al (Not confirmed by WCGTPW)	Existing facility not adequate. Hot spot area. Awaiting feedback from Services on suitability of current three site options, in particular recently identified Erf 17775.	2021	Possible consolidation and rezoning	Yes

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4	Mew Way CDC	Khayelitsha Town 3	Khayelitsha	ODC	-	8 000		2026	H	1	More information required including letter from WCGH to acquire a site for the CDC.			New requirement. Hot spot in unserved area.			
5	Parklands CDC	Parklands	Western	ODC	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.			
6	Phumlani CDC	Mitchell's Plain	Mitchell's Plain	ODC	-		City of Cape Town	2026	H	1		Property Acquisition	Acquisition et al	CoCT Clinic to be replaced with CDC as high priority. Site not agreed.			
7	Riebeeck Kasteel Clinic	Riebeeck Kasteel	West Coast	Clinic	-			2024	H	1				Replacement clinic.			
8	Robertson CDC	Robertson	Cape Winelands	Clinic	-	6 000		2023	H	1	Municipality is still in negotiations with current owners. Follow-up email was forwarded to the Municipality for progress on this matter and the relocation of the fruit depot. Follow up was made in January 2022.	Property Acquisition	Acquisition et al	Facilities to be consolidated. Minister agreed to this and appropriate site requested via IAM. Established in February 2022 that privately owned portion of Erf 1191, originally identified as suitable site, is no longer available. Municipality agreed to assist in finding an alternative site.			

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9	Ruiterbosch Satellite Clinic	Mossel Bay	Garden Route	Satellite Clinic	Possibly portion 154 of farm 61	2 000	NDTPW	2023	H	1	Application made to NDPWI on 30 August 2021 for Ptn 12 of Farm Ruiterbosch - Farm 60. Waiting on feedback from NDPWI. WCGH on 20 January 2022 indicated that the portion IAM made application to NDPWI should not be for Ptn 12 of Farm Ruiterbosch - Farm 60, but for portion 154 of Farm 61. Meeting to be held with the Municipality, WCGH and Property Acquisitions to discuss this matter.	Property Acquisition	Acquisition et al	Need identified by the MTEF community for a health facility in the Ruiterbosch area, including indications that facility 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.		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

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	Sandhills Clinic	De Doorns	Cape Winelands	Clinic	-	2 000-	-	2023	H	1	Received Site Assessment Report, advising that Transnet site, Farm 82 portion 31 is not suitable. IAM investigating new possible sites. <ul style="list-style-type: none"> 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. 	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

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	Veldrif (Laaipelek) Clinic	Veldrif	West Coast	Clinic	Portion of vacant property adjacent to Erf 452	6 000	City of Cape Town	2023	H	1	Possible donation by Municipality. Investigation in progress.	Property Acquisition	Acquisition et al	Growing population within the Veldrif area is increasing the need for additional space at the existing Veldrif (Laaipelek) Clinic as the demand for services increases. Possibility of acquiring a portion of the Bergvriër Municipality owned vacant land between the Clinic and the Municipal Library.	MTEF	Possible subdivision, consolidation and rezoning	-
12	Westfleur Hospital	Atlantis	Western	District Hospital		25 000		2025	H	2	More information required including letter from WCGH to acquire a site for the hospital.	Property Acquisition	Acquisition et al	Replacement 130 bed hospital site required. Various site options have been identified and are being investigated.			-

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required

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 REQUIRED
1	Albow Gardens Clinic	Brooklyn	Western	Clinic			City of Cape Town	2025	L					City of Cape Town facility.			
2	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.			
3	Blue Downs Clinic	Blackheath	Eastern	Clinic			City of Cape Town	2025	L					CoCT facility.			
4	Convville Clinic Replacement	George	Garden Route	GDC		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 Conroy 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 Conroy Hospital site but reserve area under electrical line to be investigated for parking area.			

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
5	De Doorns CDC	De Doorns	Cape Winelands	CDC	-	-	Municipality	2030	L	-	-	-	-	Replacement facility required in future.	-	-	-
6	Delft South CDC	Delft	Tygerberg	CDC	-	8 000	-	2026	M	1	E-mail was sent to IAM on 6 December 2020 to investigate availableerven 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.	Beyond MTEF	Due Diligence	-
7	Goodwood Clinical Engineering Workshop	Goodwood	Northern	Workshop	-	5 000	-	2028	L	1	-	-	-	Current workshop to be replaced. Possible WCG buildings to be investigated.	-	-	-
8	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.	-	-	-
9	Eerste River CDC	Eerste River	Eastern	CDC	-	-	City of Cape Town	2026	L	-	-	-	-	CoCT facility.	-	-	-
10	George District Hospital	George	Garden Route	District Hospital	-	70 000	WCG	2030	M	-	-	-	-	Feasibility to be done to determine whether extensions can take place at George Regional Hospital. Note short term request for the obtaining of the NDPWI site to consolidate erven for possible future extensions.	-	-	-

Note: Sites with no Erf number and / or site size is still to be identified

Template 6.2: New Sites / Land Required

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	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.	-	-	-
12	Kalbaskraal Satellite Clinic	Kalbaskraal Malmesbury	Swartland	Satellite Clinic	-	2 000	-	2024	M	1	Investigation in progress.	-	-	Current prefab facility needs to be replaced.	-	-	Yes
13	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.	-	-	-
14	Kayamandi CDC	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 Watergang.	-	-	Yes
15	Khayelitsha Town 2 CDC	Khayelitsha	Khayelitsha	CDC	-	-	City of Cape Town	2026	L	-	-	-	-	CoCT facility.	-	-	-
16	Klipheuwel Clinic	Klipheuwel	Northern	CDC	-	4 000	-	2026	L	-	-	-	-	New facility required. School acquisition by IAM can make allowance for health facility as discussed.	-	-	-

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
17	Kraaifontein CHC	Kraaifontein	Northern	CHC		6 000		2028	L					Replacement but if not being replaced then current CoCT owned Kraaifontein CHC site to be acquired.	2019	Regularisation of current site	
18	Langa CDC	Langa	Western	CDC		10 000	City of Cape Town	2026	M					New facility required due to population increase. Ideal position to be close to Jan Smuts Drive.			
19	Lentegeur CDC	Mitchells Plain	Mitchells Plain	CDC		8 000	Possible WCG	2026	L					Investigating own site. New facility due to service delivery.			
20	Mandelay CDC	Mitchells Plain	Mitchells Plain	CDC			Human Settlements	2026	L					New facility due to population growth. To be confirmed.			
21	Manenberg CDC	Manenberg	Klipfontein	CDC			WCG	2026	L					New facility due to population growth. Possible Education site.			
22	New Horizon Clinic	New Horizon Plettenberg Bay	Garden Route	Clinic				2025	M					Require adjacent site for future extensions and parking.			
23	New Somerset Provincial Hospital	Milnerton/ 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.			
24	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

Template 6.2: New Sites / Land Required

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	Ocean View CDC	Ocean View	Southern	GDC			City of Cape Town	2028	L					CoCT facility.			
26	Pearly Beach Sat Clinic	Pearly Beach	Overberg	Satellite Clinic				2025	M					Investigate obtaining adjacent site for possible future extensions.			Yes
27	Pelican Park CDC	Pelican Park	Southern	CDC			City of Cape Town	2026	L					CoCT facility.			
28	Pella Clinic	Pella	Western	Clinic			City of Cape Town	2026	L					CoCT facility.			
29	Philippi Clinic	Philippi	Khayelitsha	Clinic			City of Cape Town	2026	L					CoCT facility.			
30	Priel Clinic	Drakenstein	Cape Winelands	Clinic		3 000	Stellenbosch Municipality	n/a	M		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 Priel rather than in Lanquedoc, and they have identified a proposed site owned by the Stellenbosch Municipality.			
31	Red Cross War Memorial Children Hospital	Rondebosch	Southern	Tertiary Hospital	Portion of Milner service road and verge along eastern site boundary			2026	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.			
32	Redhill Clinic	Simons Town	Western	Clinic			City of Cape Town	2026	L					CoCT facility.			
33	Rocklands CDC	Mitchells Plain	Mitchells Plain	GDC			City of Cape Town	2025	M		Investigate if existing facility can be extended.			CoCT facility.			

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
34	Rosebank Clinic	Dudstroom	Garden Route	Clinic		4 000		2026	L		Portion of Own site reserved.			Site close to National road to replace and consolidate Bridgeton CDC and Toekomsrus Clinic. Also to serve Spekkom Development. Replacement.			
35	Ruyterwacht CDC	Ruyterwacht	Northern	CDC		5 000		2026	L					Replacement.			
36	Sarepta CDC	Sarepta	City of Cape Town	CDC			City of Cape Town	2026	L					CoCT facility.			
37	Saxon Sea CDC	Atlantis	Western	GDC		10 000	City of Cape Town	2026	L					CoCT facility.			
38	Seawinds CDC	Lavender Hill	Southern	GDC			City of Cape Town	2026	L					CoCT facility.			
39	Sir Lowry's Pass CDC	Sir Lowry's Pass	Eastern	GDC			City of Cape Town	2026	L					CoCT facility.			
40	Somerset West CDC	Somerset West	Eastern	GDC			City of Cape Town	2026	L					CoCT facility.			
41	Southern Cape WCCN residential accommodation	George	Garden Route	WCCN				2022	M					Residential accommodation required. Requested WCG Education hostel for this purpose.			
42	Stellenbosch - Watergang Clinic	Stellenbosch	Cape Winelands	Clinic		3 000		2025	M					New facility required in future new Watergang development.			
43	Stellenbosch Ambulance Station	Stellenbosch	Cape Winelands	EMS		3 000		2030	L					Replacement facility due to long response time from the current facility.			
44	Strandfontein CDC	Mitchell's Plain	Mitchell's Plain	GDC			City of Cape Town	2026	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

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
45	St Vincent CDC	Belhar	Tygerberg	CDC	Erf 27875-RE	7 800	City of Cape Town	n/a	M	1	N/A at this stage.	Property Acquisition	Acquisition et al	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.			
46	Tafelsig CDC	Mitchell's Plain	Mitchell's Plain	CDC			City of Cape Town	2026	L					New site required.			
47	Touwsranteen Clinic	George	Garden Route	Clinic		3 000		2026	L					New site required for replacement. Interim extended site required to be transferred.			
48	Uniondale Ambulance Station	Uniondale	Garden Route	EMS		2 000		2025	M					Replacement facility. Currently with fire brigade. Possible house for rental. Notice has been given and must be confirmed.			
49	Victoria Hospital	Southfield	Southern	District Hospital	Portion of Erf 75872 Southfield	3 000	City of Cape Town	2025	M		Awaiting CoCT approval of consolidation.			Replacement hospital. Portion of City-owned site required to eventually consolidate with WCG owned Erf 110629.			

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
50	Western District Hospital	Milnerton / Blaauwberg area	Western	District Hospital		50 000		TBC	L					New district hospital (TBC).			
51	Westlake Clinic	Westlake	Western	Clinic			City of Cape Town	2026	L					CoCT facility.			
52	Westridge CDC	Mitchell's Plain	Mitchell's Plain	CDC			City of Cape Town	2026	L					New site required.			
53	Witsand Sat. Clinic	Meikbosstrand	Western	Satellite Clinic			City of Cape Town	2026	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

Template 6.3:

New State-owned Office Accommodation Requirements

**TEMPLATE 6.3: NEW STATE-OWNED OFFICE ACCOMMODATION REQUIREMENTS
(WCGTPW BUDGET RESPONSIBILITY)**

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
1	Bergriver Sub-district Office	Radie Kotze Hospital site in Pletberg	West Coast	Identified / feasibility	In rented accommodation which is insufficient and not compliant its accessibility. Possibly on hospital site.	400	Jun-11	In terms of budget availability.	Currently WCGTPW responsibility	3
2	Cederberg Sub-district Office	Clanwilliam Hospital site	West Coast	Identified / feasibility	Require new accommodation. Space available on site. Currently in prefabs on site.	350	Jun-11	In terms of budget availability.	WCGH to take over responsibility	3
3	CMD and ARV	Tygerberg Hospital site	City of Cape Town	Planning	Replacement required due to regeneration project. Briefing document being prepared by WCGH.	8 000	Feb-14	In terms of budget availability.	Currently WCGTPW responsibility	2
4	Langeberg Sub-district Office	Robertson Hospital	Cape Winelands	Identified / feasibility	Identified. Space available on hospital site.	300	Mar-17	Future. Business Case still outstanding.	WCGH to take over responsibility	4
5	Matzikama 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.	Currently WCGTPW responsibility	3
6	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. Portion of Work to be undertaken and to be funded by Health. (Protea Court floors allocated for SCM)	1 000	May-20	Jul-05	WCGH to take over responsibility	3
7	Metro: Head Office. Refer to details on template 2.2.2	City of Cape Town or Bellville	Head office	Identified / feasibility	Currently in Norton Rose House floors 1. Components need to be consolidated. Refer to draft Master plan		May-21	As soon as possible.	Currently WCGTPW responsibility. Awaiting work to be completed at the Box.	1
8	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. Refer to Templates 2.1.2 and 2.2.2.		Jun-17	As soon as possible.	People management requested delay with the work	3
9	Metro: Head Office Satellite	Bellville	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.	Currently WCGTPW responsibility	3
10	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.	WCGH to take over responsibility	3

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
11	Metro: Head Office EMS	Ward 17 & 18 Alexandra Hospital	Head office	Identified / feasibility	Currently in Pinelands EMS and in terms of consolidation and ensuring that Biovac can expand has it been identified that Ward 17 can be used.	1 200	Jun-21	As soon as possible.	WCGH to take over responsibility. Brief completed but waiting on HOD WCGTPW response	1
12	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
13	Metro: Khayelitsha District Office	Khayelitsha Hospital site	Metro Health Service	Identified / feasibility	Parking required.		Dec-16	In terms of budget availability.	Currently WCGTPW responsibility	4
14	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.	WCGH to take over responsibility	4
15	Overberg District Office	Caledon Town Centre	Overberg	Identified / feasibility	Shared office building proposed as solution from IAM and to include archives and stores. In the interim, the placement of a prefab next to nurses home (as was discussed about 2 years ago) must be investigated.	1 200	Jun-13	As soon as possible.	WCGH to take over responsibility	1
16	Overstrand Sub-district Office	Hermanus Hospital site	Overberg	Identified / feasibility	In prefab building on hospital site. Buildings need to be replaced on hospital site. Interlinked with master plan for Caledon Hospital.	600	Dec-15	As soon as possible.	WCGH to take over responsibility	1
17	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.	WCGH to take over responsibility	3

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
(WCGTPW BUDGET RESPONSIBILITY)

NO	TOWN	SERVICE DESCRIPTION	BUILDING	DISTRICT	BUDGET TYPE	PURPOSE	COMMENT	EXTENT (M ²)	TYPE OF FACILITY REQUIRED
HEALTH FACILITIES									
1	Betty's Bay	Clinic	Bethys Bay Satellite Clinic	Overberg	Rentals	Replacement	Commencement date of lease agreement (2021) subject to finalisation of Fit out work which has been delayed due to priority COVID-19 projects.		Building
2	Cape Town	Intermediate Care	Brackengate COVID-19 Temporary Intermediate Care Hospital	Tygerberg	Rentals	New	Currently used as COVID-19 Temporary Intermediate Care Hospital - lease extended for 3 years. Currently negotiating future utilization as an intermediate care hospital.	5 412	Intermediate Care Hospital
3	Buffelsjagbaai	Satellite point	Buffelsjagbaai	Overberg	Rentals	New	No details supplied as yet.		Site
4	Cape Town	Blackheath: KleinVei CDC	KleinVei 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. Need has increased due to COVID-19 testing station. Current parking not sufficient.		Parking
5	Cape Town	CD: Facilities and Infrastructure Management	The Box (15th floor), 9 Riebeeck Street, Cape Town	City of Cape Town	Rentals	Replacement	OHS Act compliance and AC problematic at Norton Rose House. Relocation to The Box required.	956	Offices
6	George	Hostel	MC Stander Hostel, Aspelling Street, George	Garden Route	Rentals	New	Additional accommodation required as a result of increase in student numbers.	61 Students	Building
7	Grabouw	Grabouw EMS	Old Library building, Grabouw	Overberg	Rentals	Replacement	EMS currently in sub-standard municipal building. Negotiations underway to obtain the Old Library building with possibility for future acquisition.		Ambulance Station
8	Pniel	Clinic	Old Post Office Building, Erf 721, Pniel	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.		Building
9	Tesselaarsdal	Clinic	Tesselaarsdal Satellite Clinic	Overberg	Rentals	New	MEC Approval still to be obtained.		Building
10	Uniondale	Uniondale Ambulance Station	Uniondale Ambulance Station	Garden Route	Rentals	Replacement	Lease for current accommodation has been called up. WCGTPW seeking alternative accommodation. Possibility of area at the hospital is being investigated.	150	Ambulance Station

Template 7.1:

New and Replacement Assets

TEMPLATE 7.1: NEW AND REPLACEMENT ASSETS

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2021/22 ADJUSTED BUDGET R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s
1	C1810314	Ceres - Ceres Clinic - Acquisition of building	8.1	Cape Winelands	PES	N/A	1-Feb-22	20-Mar-23	13 225	-	13 225	-	-
2	C1810032	Gouda - Gouda Clinic - Replacement	8.1	Cape Winelands	HFRG	Stage 5: Works	1-Mar-17	30-Apr-23	23 713	2 542	13 284	1 287	849
3	C1810074	Paarl - Paarl CDC - New	8.1	Cape Winelands	HFRG	Stage 4: Design Documentation	28-Feb-17	28-Feb-25	85 569	3 403	4 347	27 817	33 057
4	C1810085	Robertson - Robertson CDC - New	8.1	Cape Winelands	HFRG	Still to be initiated	31-Dec-23	28-Feb-29	70 000	-	-	-	1 515
5	C1810101	Worcester - Avian Park Clinic - New	8.1	Cape Winelands	HFRG	Stage 5: Works	1-Jul-15	31-Mar-22	37 087	25 000	465	699	-
6	C1810059	Matijesfontein - Matijesfontein Satellite Clinic - Replacement	8.1	Central Karoo	HFRG	Stage 1: Initiation	19-Dec-14	30-Nov-26	6 000	-	-	-	108
7	C1810154	Blackheath - Kleinviel CDC - CoCT CDC Replacement	8.1	City of Cape Town	HFRG	Still to be initiated	30-Dec-23	30-Sep-28	200 000	-	-	-	4 329
8	C1810016	Delft - Symphony Way CDC - New	8.1	City of Cape Town	HFRG	Stage 7: Close out	26-Jan-11	6-Jul-15	56 498	4 603	81	-	-
9	C1810021	Elsies River - Elsie's River CHC - Replacement	8.1	City of Cape Town	HFRG	Stage 2: Concept	25-May-16	31-Jul-28	213 438	553	4 001	5 686	-
10	C1810146	Gugulethu - Gugulethu 2 CDC - New	8.1	City of Cape Town	HFRG	Still to be initiated	30-Sep-22	31-May-28	200 000	-	-	4 329	3 934
11	C1810038	Hanover Park - Hanover Park CHC - Replacement	8.1	City of Cape Town	HFRG	Stage 4: Design Documentation	30-Jun-16	31-Dec-26	233 299	-	6 403	1	10 000
12	C1810043	Hout Bay - Hout Bay CDC - Replacement and Consolidation	8.1	City of Cape Town	HFRG	Stage 2: Concept	21-Jun-18	30-Sep-26	74 000	1 422	-	2 916	-
13	C1810311	Khayelitsha - Zakhele CDC - New	8.1	City of Cape Town	HFRG	Still to be initiated	30-Jun-23	30-Jun-28	200 000	-	-	-	25
14	C1810129	Kraaifontein - Bloekombos CHC - New	8.1	City of Cape Town	HFRG	Still to be initiated	30-Jun-23	31-May-29	100 000	-	-	-	1 200
15	C1810071	Lotus River - Lotus River CDC - Replacement	8.1	City of Cape Town	HFRG	Still to be initiated	30-Jun-23	31-May-29	150 000	-	-	-	4 329
16	C1810055	Maitland - Maitland CDC - Replacement	8.1	City of Cape Town	HFRG	Stage 2: Concept	13-Dec-17	31-Jul-26	160 369	722	577	3 207	-
17	C1810112	Masiphumelele - Masiphumelele CDC - CoCT Clinic Replacement	8.1	City of Cape Town	HFRG	Still to be initiated	1-Aug-23	30-Jun-28	80 000	-	-	-	1 732

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18	CI810080	Parow - Ravensmead CDC - Replacement	8.1	City of Cape Town	HFRG	Stage 4: Design Documentation	1-Aug-15	31-Dec-24	79 688	-	8 174	26 896	16 468
19	CI810062	Philippi - Weltevreden CDC - New	8.1	City of Cape Town	HFRG	Stage 4: Design Documentation	30-Nov-17	31-May-25	130 338	1 735	2 564	1	10 000
20	CI810094	Strand - Rusthof CDC - Replacement	8.1	City of Cape Town	HFRG	Still to be initiated	1-Jul-23	30-Sep-28	100 000	-	-	-	2 532
21	HC1810004	Knysna - Hornlee Clinic - Replacement	8.1	Garden Route	HFRG	Stage 1: Initiation	27-Sep-21	31-Dec-23	35 000	1	20 000	8 946	6 000
22	CI810052	Ladismith - Ladismith Clinic - Replacement	8.1	Garden Route	HFRG	Stage 5: Works	16-Mar-17	28-Feb-23	24 884	2 564	16 240	80	814
23	CI810068	Mossel Bay - George Road Sat Clinic - Replacement	8.1	Garden Route	HFRG	Stage 4: Design Documentation	15-Feb-21	30-Jun-23	11 000	10	1 753	6 310	736
24	CI810007	Caledon - Caledon Clinic - Replacement	8.1	Overberg	HFRG	Still to be initiated	30-Dec-22	31-Oct-28	30 000	-	-	-	866
25	CI810095	Villiersdorp - Villiersdorp Clinic - Replacement	8.1	Overberg	HFRG	Stage 5: Works	30-Jun-17	31-Dec-22	30 273	2 582	16 607	8	1 192
26	CI810086	Saldanha - Diazville Clinic - Replacement	8.1	West Coast	HFRG	Stage 3: Design Development	21-Nov-17	31-Mar-27	38 818	98	1 710	-	-
27	CI810088	St Helena Bay - Sandy Point Satellite Clinic - Replacement	8.1	West Coast	HFRG	Stage 5: Works	5-May-15	30-Sep-22	9 958	1 466	5 369	340	-
28	CI810096	Vredenburg - Vredenburg CDC - New	8.1	West Coast	HFRG	Stage 2: Concept	30-Nov-17	31-Jul-26	70 000	-	1 939	4 848	-
29	CI820002	De Doorns - De Doorns Ambulance Station - Replacement	8.2	Cape Winelands	HFRG	Stage 6: Handover	1-Sep-14	21-Jun-21	19 660	2 160	685	-	-
30	CI820057	Maitland - EMS Head Office (Repl) - Replacement	8.2	City of Cape Town	PES	Still to be initiated	1-Mar-22	31-Mar-23	20 000	500	18 000	1 500	-
31	CI820027	Villiersdorp - Villiersdorp Ambulance Station - Replacement	8.2	Overberg	HFRG	Stage 4: Design Documentation	26-Jun-17	30-Sep-23	8 450	-	925	4 555	288
32	CI830031	Mitchells Plain - Mitchells Plain Hospital - New	8.3	City of Cape Town	HFRG	Stage 7: Close out	1-Apr-05	18-Feb-13	528 378	2	1	-	-
33	CI830028	Malmesbury - Swartland Hospital - Replacement	8.3	West Coast	HFRG	Still to be initiated	30-Mar-22	30-Jun-30	600 000	-	-	12 988	11 802
34	CI840025	Belhar - Belhar Regional Hospital - New	8.4	City of Cape Town	HFRG	Still to be initiated	30-Apr-22	31-May-32	2 900 000	-	-	1 680	37 139
35	CI840055	Manenberg - Klipfontein Regional Hospital - Replacement Ph1	8.4	City of Cape Town	HFRG	Stage 2: Concept	3-Dec-18	28-Feb-31	2 201 598	-	5 510	31 340	15 056

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36	CI840016	Observatory - Valkenberg Hospital - Forensic Precinct Enabling Work	8.4	City of Cape Town	HFRG	Stage 4: Design Documentation	1-Apr-10	31-May-25	20 000	-	1	1 315	10 144
37	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	679	1 000	1 000	-
38	CI860003	Beaufort West - Beaufort West FPL - Replacement	8.6	Central Karoo	HFRG	Stage 7: Close out	1-Apr-09	31-Mar-12	11 461	1	2	-	-
39	CI860094	Observatory - Observatory FPL - Completion Works	8.6	City of Cape Town	HFRG	Stage 2: Concept	18-Nov-21	30-Jun-22	3 011	-	2 133	78	-
40	CI860012	Observatory - Observatory FPL - Replacement	8.6	City of Cape Town	HFRG	Stage 6: Handover	12-Sep-14	4-Jun-21	306 282	25 059	2 802	2	-
41	CI860014	Parow - Cape Medical Depot - Replacement	8.6	City of Cape Town	HFRG	Still to be initiated	31-Dec-23	30-Apr-27	256 612	-	-	3 200	2 667
42	HC1860001	Parow - Cape Medical Depot - Replacement	8.6	City of Cape Town	HFRG	Stage 2: Concept	21-Sep-18	31-Mar-22	5 566	1 500	874	-	-
43	CI860063	George - WCCN Southern Cape Karoo Campus - Residential - Residential accommodation - New	8.6	Garden Route	HFRG	Still to be initiated	1-Apr-23	28-Feb-29	25 000	-	-	-	541
44	CI860007	Knysna - Knysna FPL - Replacement	8.6	Garden Route	HFRG	Stage 5: Works	1-Nov-14	31-Mar-23	34 216	320	17 837	883	977
Grand Total											166 509	151 912	178 300

Template 7.2:

Rehabilitation, Renovations & Refurbishments

TEMPLATE 7.2: REHABILITATION, RENOVATIONS & REFURBISHMENTS

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2021/22 ADJUSTED BUDGET R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s
1	C:810089	Stellenbosch - Cloetesville CDC - Rehabilitation (Alpha)	8.1	Cape Winelands	HFRG	Still to be initiated	1-Apr-24	31-Mar-27	20 000	-	-	-	1 315
2	C:810248	Green Point - Green Point CDC - Pharmacy refurbishment and general maintenance	8.1	City of Cape Town	HFRG	Stage 2: Concept	21-Dec-18	31-Oct-25	7 200	165	167	560	4 520
3	C:810286	Gugulethu - Gugulethu CHC - MOU rehabilitation	8.1	City of Cape Town	HFRG	Stage 2: Concept	30-Sep-21	31-Jan-28	32 000	-	-	693	1 411
4	C:810240	Khayelitsha - Nlungile CDC - Rehabilitation (Alpha)	8.1	City of Cape Town	HFRG	Stage 2: Concept	1-Mar-21	31-Dec-24	22 000	-	104	961	6 528
5	C:810161	Nyanga - Nyanga CDC - Pharmacy Compliance and General Maintenance	8.1	City of Cape Town	HFRG	Stage 5: Works	1-Jun-16	31-Mar-22	5 965	3 956	583	160	-
6	C:810260	Nyanga - Nyanga CDC - Rehabilitation (Alpha)	8.1	City of Cape Town	HFRG	Stage 2: Concept	21-Apr-21	31-Aug-26	8 000	-	-	331	195
7	C:810274	Retreat - Retreat CHC - Rehabilitation (Alpha)	8.1	City of Cape Town	HFRG	Stage 2: Concept	21-Jan-21	31-May-26	50 000	-	-	2 066	1 221
8	C:810307	Caitzoord - Caitzoord Clinic - R, R and R (Alpha)	8.1	Garden Route	HFRG	Stage 4: Design Documentation	30-Jul-18	30-Apr-23	1 863	-	988	388	144
9	HC:810014	Dysselsdorp - Dysselsdorp Clinic - R, R and R (Alpha)	8.1	Garden Route	HFRG	Stage 4: Design Documentation	31-Jul-18	14-Nov-23	2 888	-	-	2 888	-
10	C:810308	Zoar - Amalienstein Clinic - R, R and R (Alpha)	8.1	Garden Route	HFRG	Stage 4: Design Documentation	30-Jul-18	28-Apr-23	1 671	-	948	257	132
11	C:810130	Various Pharmacies upgrade 8.1 - Pharmacies rehabilitation	8.1	Various	HFRG	Stage 2: Concept	30-Jun-15	30-Sep-24	7 000	64	314	3 062	1 301
12	C:830120	Ceres - Ceres Hospital - Hospital and Nurses Home Repairs and Renovation	8.3	Cape Winelands	HFRG	Stage 2: Concept	28-Feb-18	31-Dec-24	29 265	143	1 157	9 459	11 269
13	C:830034	Montagu - Montagu Hospital - Rehabilitation	8.3	Cape Winelands	HFRG	Stage 3: Design Development	1-Mar-19	31-Mar-27	28 600	282	1 081	-	-
14	C:830122	Stellenbosch - Stellenbosch Hospital - Hospital and Stores Repairs and Renovation	8.3	Cape Winelands	HFRG	Stage 4: Design Documentation	26-Oct-17	31-Dec-23	38 486	978	12 063	14 269	-
15	C:830002	Beaufort West - Beaufort West Hospital - Rationalisation	8.3	Central Karoo	HFRG	Stage 2: Concept	9-Oct-18	31-Jul-27	76 900	812	1 369	1 011	-
16	C:830127	Bellville - Karl Bremer Hospital - Demolitions and parking	8.3	City of Cape Town	HFRG	Stage 3: Design Development	19-Dec-17	30-Jun-25	26 000	2 042	1	1	11 929

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17	C1830119	Beilville - Karl Bremer Hospital - Hospital Repairs and Renovation	8.3	City of Cape Town	HFRG	Stage 3: Design Development	19-Dec-17	31-Mar-27	217 200	2 585	3 446	10 022	39 082
18	C1830124	Fish Hoek - Faise Bay Hospital - Fire Compliance Completion and changes to internal spaces	8.3	City of Cape Town	HFRG	Stage 2: Concept	24-Dec-18	31-Jan-25	19 132	486	261	2 891	-
19	C1830144	Mitchells Plain - Mitchells Plain Hospital - Fire doors	8.3	City of Cape Town	HFRG	Stage 3: Design Development	13-Aug-19	30-Apr-23	8 030	310	4 511	1 117	314
20	C1830045	Somerset West - Helderberg Hospital - EC Upgrade and Additions	8.3	City of Cape Town	HFRG	Stage 6: Handover	1-Apr-13	15-Mar-21	55 630	3 898	294	-	-
21	C1830121	Somerset West - Helderberg Hospital - Repairs and Renovation (Alpha)	8.3	City of Cape Town	HFRG	Stage 3: Design Development	30-Nov-17	30-Sep-24	31 016	269	88	10 174	10 092
22	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-23	13 000	-	1 889	7 495	1 016
23	C1830118	Bredasdorp - Otto du Plessis Hospital - Acute Psychiatric Ward	8.3	Overberg	HFRG	Stage 6: Handover	30-Apr-16	2-Jun-21	14 305	2 565	445	-	-
24	C1830123	Caledon - Caledon Hospital - Acute Psychiatric Unit and R & R	8.3	Overberg	HFRG	Stage 4: Design Documentation	3-Jul-17	30-Jun-23	6 708	267	161	719	3 583
25	C1830117	Swellendam - Swellendam Hospital - Acute Psychiatric Ward	8.3	Overberg	HFRG	Stage 3: Design Development	1-Jun-16	30-Apr-23	4 680	619	1 017	2 242	158
26	C1830073	Various Pharmacies upgrade 8.3	8.3	Various	HFRG	Stage 2: Concept	30-Jun-15	30-Sep-24	6 000	54	330	2 598	1 116
27	C1830116	Piketberg - Radie Kotze Hospital - Hospital layout improvement	8.3	West Coast	HFRG	Stage 3: Design Development	1-Jun-16	31-May-24	20 300	215	786	10 564	2 620
28	C1830137	Porterville - LAPA Munnik Hospital - Rehabilitation (Alpha)	8.3	West Coast	HFRG	Still to be initiated	30-Sep-23	31-Mar-27	25 000	-	-	541	1 850
29	C1830080	Vredenburg - Vredenburg Hospital - Upgrade Ph2B Completion	8.3	West Coast	HFRG	Stage 6: Handover	31-Mar-15	23-May-19	176 000	792	1	-	-
30	C1840098	Worcester - Brewelskloof Hospital - R & R incl mechanical work on HVAC	8.4	Cape Winelands	HFRG	Still to be initiated	1-May-24	31-Aug-28	30 000	-	-	-	1 240
31	C1840053	Worcester - Worcester Hospital - Fire Compliance	8.4	Cape Winelands	HFRG	Stage 4: Design Documentation	1-Apr-15	30-Apr-23	31 030	3 015	15 435	3 419	963
32	C1840061	Worcester - Worcester Hospital - Relocation of MOU	8.4	Cape Winelands	HFRG	Stage 4: Design Documentation	14-Feb-18	30-Jun-23	12 980	94	6 675	2 290	337
33	HC1840007	Brooklyn - Brooklyn Chest Hospital - Rehabilitation (Alpha)	8.4	City of Cape Town	HFRG	Still to be initiated	31-Mar-23	29-Feb-28	100 000	-	500	500	475

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34	C:840066	Green Point - New Somerset Hospital - Repairs and renovation incl stores upgrade	8.4	City of Cape Town	HFRG	Still to be initiated	30-Dec-22	30-Nov-28	40 000	-	-	866	1 763
35	C:840008	Green Point - New Somerset Hospital - Upgrading of theatres and ventilation	8.4	City of Cape Town	HFRG	Stage 4: Design Documentation	22-May-15	31-Oct-24	54 570	578	4 047	19 037	12 848
36	C:840067	Maitland - Alexandra Hospital - Repairs and Renovation (Alpha)	8.4	City of Cape Town	HFRG	Stage 3: Design Development	18-Mar-18	30-Dec-26	62 000	1 202	2 142	16 069	27 721
37	C:840070	Maitland - Alexandra Hospital - Wards renovations to enable Valkenberg Hospital Forensic Precinct decanting	8.4	City of Cape Town	HFRG	Stage 3: Design Development	1-Mar-18	31-Aug-24	13 266	431	408	6 141	3 096
38	C:840082	Mitchells Plain - Lenteguur Hospital - Ward rehabilitation framework	8.4	City of Cape Town	HFRG	Still to be initiated	30-Jun-22	31-Mar-28	50 000	-	-	993	902
39	C:840068	Mowbray - Mowbray Maternity Hospital - Rehabilitation (Alpha)	8.4	City of Cape Town	HFRG	Still to be initiated	30-Jun-23	31-Mar-25	40 000	-	-	866	787
40	C:840022	Observatory - Valkenberg Hospital - Renovations to Historical Admin Building Ph2	8.4	City of Cape Town	HFRG	Stage 7: Close out	13-Aug-09	29-May-17	68 264	1	1	-	-
41	C:840097	Stikland - Stikland Hospital - Rehabilitation of water reticulation system	8.4	City of Cape Town	HFRG	Still to be initiated	30-Mar-22	30-Sep-26	20 000	-	-	434	482
42	C:840083	George - George Hospital - Wards R, R and R (Alpha)	8.4	Garden Route	HFRG	Stage 2: Concept	10-Jul-19	31-Mar-26	15 000	103	104	782	1 031
43	C:850061	Observatory - Grootte Schuur Hospital - R & R to Maternity Ward	8.5	City of Cape Town	HFRG	Still to be initiated	30-Dec-22	30-Jun-28	80 000	-	-	-	3 305
44	C:850054	Observatory - Grootte Schuur Hospital - BMS Upgrade	8.5	City of Cape Town	HFRG	Stage 5: Works	1-Jun-16	30-Sep-21	21 000	3 066	1 285	-	-
45	C:850099	Observatory - Grootte Schuur Hospital - Creche rehabilitation (Alpha)	8.5	City of Cape Town	HFRG	Still to be initiated	1-Dec-23	30-Nov-27	15 000	-	-	-	325
46	C:850005	Observatory - Grootte Schuur Hospital - EC Upgrade and Additions	8.5	City of Cape Town	HFRG	Stage 3: Design Development	3-Jul-10	31-Mar-27	205 800	6 526	4 801	25 502	55 000
47	C:850111	Observatory - Grootte Schuur Hospital - Emergency stabilisation work to Creche	8.5	City of Cape Town	HFRG	Stage 2: Concept	25-Mar-21	30-Nov-22	2 000	164	88	-	-
48	C:850101	Observatory - Grootte Schuur Hospital - Parking deck waterproofing	8.5	City of Cape Town	HFRG	Still to be initiated	1-Feb-24	30-Nov-28	10 000	-	-	-	216
49	C:850056	Observatory - Grootte Schuur Hospital - R and R to OPD (Alpha)	8.5	City of Cape Town	HFRG	Stage 2: Concept	9-Feb-21	31-Jul-27	120 000	-	1 583	1 039	-

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50	C:850103	Observatory - Grootte Schuur Hospital - Ventilation and AC refurb incl mech installation (Alpha)	8.5	City of Cape Town	HFRG	Stage 4: Design Documentation	25-Jul-17	30-Jun-28	137 600	214	16 788	15 296	21 500
51	C:850104	Observatory - Grootte Schuur Hospital - Ventilation and AC refurb incl mech installation (Beta)	8.5	City of Cape Town	HFRG	Stage 4: Design Documentation	25-Jul-17	28-Feb-27	137 600	214	16 196	14 749	20 732
52	C:850047	Parow - Tygerberg Hospital - 11kV Generator Panel Upgrade	8.5	City of Cape Town	PES: TBH	Stage 6: Handover	1-Oct-16	21-Jun-21	13 450	1 294	470	-	-
53	C:850052	Parow - Tygerberg Hospital - 11kV Main Substation Upgrade	8.5	City of Cape Town	PES: TBH	Stage 6: Handover	1-Oct-16	21-Jun-21	28 980	1 640	894	-	-
54	C:850081-0002	Parow - Tygerberg Hospital - Enabling work ward decanting (exist bldg) - Minor work various ward	8.5	City of Cape Town	PES: TBH	Stage 2: Concept	5-Jun-19	31-Dec-25	29 200	840	1 039	1	8 759
55	C:850082-0001	Parow - Tygerberg Hospital - External and Internal Logistics - Central Stores fire safety	8.5	City of Cape Town	PES: TBH	Stage 2: Concept	14-May-19	31-Mar-26	10 000	-	-	199	1 052
56	C:850082-0002	Parow - Tygerberg Hospital - External and Internal Logistics - Pharmacy priorities (Alpha)	8.5	City of Cape Town	PES: TBH	Stage 2: Concept	1-May-21	31-Dec-26	15 000	-	-	298	642
57	C:850082-0003	Parow - Tygerberg Hospital - External and Internal Logistics - Signage	8.5	City of Cape Town	PES: TBH	Stage 2: Concept	14-May-19	29-Feb-24	10 000	-	176	7 084	740
58	C:850083	Parow - Tygerberg Hospital - Fire Safety	8.5	City of Cape Town	PES: TBH	Stage 2: Concept	15-Apr-19	30-Jun-28	312 000	7 011	3 721	1	2 701
59	C:850083-0001	Parow - Tygerberg Hospital - Fire Safety - South-eastern Block incl mechanical work	8.5	City of Cape Town	PES: TBH	Stage 2: Concept	15-Apr-19	1-Mar-25	110 000	-	3 147	19 209	54 713
60	C:850074	Parow - Tygerberg Hospital - Hot water system upgrade	8.5	City of Cape Town	PES: TBH	Stage 3: Design Development	28-Feb-19	31-Dec-24	28 100	401	1 923	11 518	6 260
61	C:850048	Parow - Tygerberg Hospital - Medical Gas Upgrade	8.5	City of Cape Town	PES: TBH	Stage 4: Design Documentation	2-May-17	30-Nov-25	36 000	-	2 258	8 144	11 580
62	C:850086	Parow - Tygerberg Hospital - Public Entrance upgrade	8.5	City of Cape Town	PES: TBH	Still to be initiated	1-Oct-23	31-May-27	30 000	-	-	-	884
63	C:850078-0007	Parow - Tygerberg Hospital - Rehab of various wards - Block A (LG) Psychiatry OPD	8.5	City of Cape Town	PES: TBH	Stage 2: Concept	2-Jun-19	31-May-24	42 300	450	1 918	14 257	13 581
64	C:850078-0002	Parow - Tygerberg Hospital - Rehab of various wards - Block C Adult EC and Trauma	8.5	City of Cape Town	PES: TBH	Stage 1: Initiation	30-Nov-21	31-Dec-27	100 000	-	1 586	1 446	1 338

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2021/22 ADJUSTED BUDGET R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s
65	C:850078-0001	Parow - Tygerberg Hospital - Rehabilitation of various wards (Alpha) - Block A	8.5	City of Cape Town	PES: TBH	Stage 2: Concept	2-Jun-19	30-Apr-31	615 000	3 223	6 060	16 080	1
66	HC:850013	Parow - Tygerberg Hospital - Repair and remedial works to Theatres Block C	8.5	City of Cape Town	PES: TBH	Still to be initiated	30-Apr-22	31-Mar-24	50 000	-	16 000	21 418	-
67	C:850031	Parow - Tygerberg Hospital - Replacement - Enabling Work	8.5	City of Cape Town	HFRG	Still to be initiated	1-Jul-23	31-Jul-30	265 000	-	-	-	3 761
68	C:850097	Rondebosch - Red Cross War Memorial Children Hospital - Nurses Home refurbishment (Alpha)	8.5	City of Cape Town	HFRG	Still to be initiated	31-Dec-23	30-Nov-26	15 000	-	-	325	661
69	C:860060	Ceres - Ceres FPL - Rehabilitation to accommodate dissecting area	8.6	Cape Winelands	HFRG	Still to be initiated	1-Feb-24	28-Feb-26	3 000	-	-	-	197
70	C:860051	Nelspoort - Nelspoort Hospital - Repairs to Wards	8.6	Central Karoo	HFRG	Stage 5: Works	22-Aug-17	31-Oct-21	17 300	4 770	473	-	-
71	C:860021	Vredenburg - Vredenburg FPL - Rehabilitation (Alpha)	8.6	West Coast	HFRG	Still to be initiated	1-Dec-23	31-Jul-28	3 249	-	-	165	562
Grand Total											141 722	292 567	359 951

Template 7.3:

Upgrading and Additions

TEMPLATE 7.3: UPGRADING AND ADDITIONS

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2021/22 ADJUSTED BUDGET R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s
1	C1810013	De Doorns - De Doorns CDC - Upgrade and Additions	8.1	Cape Winelands	HFRG	Stage 4: Design Documentation	9-Apr-14	30-Nov-23	25 600	753	3 297	14 734	-
2	C1810184	Franschoek - Groendal Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Still to be initiated	1-Sep-23	31-May-26	8 000	-	-	-	526
3	C1810091	Klapmuts - Klapmuts Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Still to be initiated	31-Dec-22	31-May-26	8 000	-	-	331	491
4	C1810074-0001	Paarl - Paarl CDC - Enabling work incl fencing to secure new site	8.1	Cape Winelands	HFRG	Stage 4: Design Documentation	28-Feb-17	30-Nov-22	13 316	-	8 690	1	462
5	C1810162	Paarl - Windmeul Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Stage 3: Design Development	1-Jun-16	31-Aug-23	6 697	612	370	4 436	230
6	C1810090	Stellenbosch - Kayamandi Clinic - Upgrade and Additions (Alpha)	8.1	Cape Winelands	HFRG	Stage 1: Initiation	31-Mar-22	30-Nov-25	20 000	-	-	826	488
7	C1810002	Athlone - Dr Aburahman CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Still to be initiated	31-Dec-23	29-Feb-28	30 000	-	-	-	649
8	C1810251	Bonteheuvel - Vanguard CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Still to be initiated	30-Jun-22	31-Jan-27	25 000	-	-	541	958
9	C1810048	Bothasig - Bothasig CDC - Upgrade and Additions	8.1	City of Cape Town	HFRG	Stage 4: Design Documentation	26-Apr-17	30-Sep-23	19 730	261	3 329	6 728	511
10	C1810021-0001	Elsies River - Elsies River CHC - Enabling work incl fencing	8.1	City of Cape Town	HFRG	Stage 1: Initiation	1-Feb-22	31-Mar-27	2 500	-	1	1	1
11	C1810146-0001	Gugulethu - Gugulethu 2 CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Stage 1: Initiation	15-Apr-22	31-Mar-27	2 500	-	1	1	1
12	C1810279	Hanover Park - Hanover Park CHC - Demolitions	8.1	City of Cape Town	HFRG	Stage 4: Design Documentation	30-Jun-16	31-Jan-23	9 560	83	3 090	159	-
13	C1810132	Khayelitsha - Khayelitsha (Site B) CHC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Stage 1: Initiation	31-May-22	31-Mar-27	45 000	-	-	974	1 764
14	C1810263	Kraaifontein - Scottsdale CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Still to be initiated	30-Sep-22	30-Nov-25	20 000	-	-	394	1 485
15	C1810071-0001	Lotus River - Lotus River CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Still to be initiated	14-Apr-22	31-Aug-28	2 500	-	1	1	50
16	C1810055-0001	Maitland - Maitland CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Stage 1: Initiation	1-Feb-22	31-Mar-26	2 500	-	1	1	1

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2021/22 ADJUSTED BUDGET R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s
17	C1810109	Mamre - Mamre CDC - Upgrade and Additions (Alpha)	8.1	City of Cape Town	HFRG	Still to be initiated	1-May-24	31-Mar-27	10 000	-	-	-	216
18	C1810060-0001	Mfuleni - Mfuleni CDC - Fencing to secure new site	8.1	City of Cape Town	HFRG	Stage 1: Initiation	14-Apr-22	31-Mar-26	2 500	-	1	1	1
19	C1810022	Gansbaai - Gansbaai Clinic - Upgrade and Additions (Alpha)	8.1	Overberg	HFRG	Stage 5: Works	31-Jul-14	31-Mar-22	31 915	2 610	436	96	-
20	C1810271	Grabouw - Grabouw CHC - Entrance and Records upgrade	8.1	Overberg	HFRG	Stage 2: Concept	30-Aug-19	30-Jun-24	7 500	153	324	1 054	4 411
21	C1810077	Piketberg - Piketberg Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Still to be initiated	30-Dec-22	31-Mar-26	10 000	-	-	216	441
22	C1810084	Riebeeck West - Riebeeck West Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Still to be initiated	1-Dec-23	31-Jan-27	6 000	-	-	-	248
23	C1810097	Vredendal - Vredendal North Clinic - Upgrade and Additions (Alpha)	8.1	West Coast	HFRG	Still to be initiated	30-Dec-23	29-Feb-28	15 000	-	-	-	325
24	C1820050	Paarl - Paarl Ambulance Station - Upgrade and Additions incl wash bay	8.2	Cape Winelands	HFRG	Still to be initiated	1-Dec-22	31-May-25	3 000	-	-	197	2 125
25	C1820011	Laingsburg - Laingsburg Ambulance Station - Upgrade and Additions (Alpha)	8.2	Central Karoo	HFRG	Stage 4: Design Documentation	15-Jul-19	31-Dec-22	3 270	160	2 158	119	-
26	C1820042	Murraysburg - Murraysburg Ambulance Station - Upgrade and Additions incl wash bay	8.2	Central Karoo	HFRG	Stage 4: Design Documentation	1-Sep-19	31-Oct-22	3 600	399	2 120	199	-
27	C1820033	Darling - Darling Ambulance Station - Upgrade and Additions incl wash bay	8.2	West Coast	HFRG	Stage 3: Design Development	1-Jun-16	28-Feb-23	2 092	17	830	-	48
28	C1830114	Ceres - Ceres Hospital - New Acute Psychiatric Ward	8.3	Cape Winelands	HFRG	Stage 4: Design Documentation	1-Jun-16	30-Nov-22	5 141	161	3 335	166	-
29	C1830044	Robertson - Robertson Hospital - Acute Psychiatric Ward and New EC	8.3	Cape Winelands	HFRG	Stage 3: Design Development	2-Oct-18	31-Mar-25	64 300	376	2 418	10 681	32 467
30	C1830131	Atlantis - Westfleur Hospital - Record Room extension	8.3	City of Cape Town	HFRG	Stage 3: Design Development	24-Dec-18	30-Jun-24	25 000	202	1 046	13 297	4 410
31	C1830150	Belville - Karl Bremer Hospital - New Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Stage 1: Initiation	30-Mar-22	30-Nov-27	70 000	-	-	1 515	1 377
32	C1830015	Eerste River - Eerste River Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Stage 4: Design Documentation	23-Feb-15	28-Feb-25	69 200	546	5 658	22 631	17 360

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2021/22 ADJUSTED BUDGET R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s
33	C1830142	Eerste River - Eerste River Hospital - Upgrade of Linen Bank and Waste Management Area	8.3	City of Cape Town	HFRG	Stage 2: Concept	14-Oct-19	31-May-24	2 000	54	135	1 244	125
34	C1830021	Khayelitsha - Khayelitsha Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Stage 4: Design Documentation	23-Feb-15	28-Feb-25	67 450	527	5 302	21 199	16 267
35	C1830032	Mitchells Plain - Mitchells Plain Hospital - Acute Psychiatric Unit	8.3	City of Cape Town	HFRG	Stage 7: Close out	1-Mar-13	30-Sep-14	26 180	2	1	-	-
36	C1830052	Wynberg - Victoria Hospital - New EC	8.3	City of Cape Town	HFRG	Stage 6: Handover	1-Apr-12	31-Jul-21	90 930	3 667	563	-	-
37	C1830172	Wynberg - Victoria Hospital - Records Room upgrade	8.3	City of Cape Town	HFRG	Still to be initiated	27-Feb-23	31-Oct-28	10 000	-	-	-	216
38	C1830067	Mossel Bay - Mossel Bay Hospital - Entrance, Admissions and EC	8.3	Garden Route	HFRG	Stage 3: Design Development	15-Oct-18	30-Jun-25	47 155	295	1	-	-
39	C1830115	Hermanus - Hermanus Hospital - New Acute Psychiatric Ward	8.3	Overberg	HFRG	Stage 5: Works	1-Jun-16	25-Aug-21	3 700	619	70	-	-
40	C1830145	Various Facilities 8.3 - Fencing	8.3	Various	HFRG	Stage 4: Design Documentation	2-May-19	28-Feb-23	6 492	58	4 021	768	-
41	C1840089	Paarl - Paarl Hospital - New Obstetric Theatre in Maternity Unit	8.4	Cape Winelands	HFRG	Stage 2: Concept	4-Nov-19	31-May-23	10 200	239	5 757	1 917	265
42	C1840010	Green Point - New Somerset Hospital - Acute Psychiatric Unit	8.4	City of Cape Town	HFRG	Stage 4: Design Documentation	23-Feb-15	31-Jul-24	92 700	1 232	8 710	31 771	19 390
43	C1840088	Green Point - New Somerset Hospital - Relocation of helistop	8.4	City of Cape Town	HFRG	Still to be initiated	30-Dec-22	31-Mar-26	4 000	-	-	87	176
44	C1840019	Observatory - Valkenberg Hospital - Forensic Precinct - Admission, Assessment, High Security	8.4	City of Cape Town	HFRG	On-Hold	13-Aug-09	31-Jan-28	243 000	1	400	5 533	-
45	C1840085	George - Harry Comay Hospital - Kitchen upgrade and additions	8.4	Garden Route	HFRG	Still to be initiated	30-Sep-23	31-Aug-28	10 000	-	-	-	216
46	C1840086	Various Facilities 8.4 - Fencing	8.4	Various	HFRG	Stage 2: Concept	2-May-19	31-Oct-24	1 317	152	840	110	-
47	C1840026	Paarl - Sonstraal Hospital - Upgrade and Additions (Alpha)	8.4	West Coast	HFRG	Still to be initiated	1-Apr-25	30-Jun-29	20 000	-	-	-	433
48	C1850116	Observatory - Groote Schuur Hospital - NMB lift upgrade H1 and Hoist	8.5	City of Cape Town	HFRG	Stage 2: Concept	30-Sep-21	31-May-27	26 000	442	1 020	6 764	6 796

NO	WCGH PROJECT NO	PROJECT NAME	SP	DISTRICT	FUND SOURCE	FIPDM STAGE	STRATEGIC BRIEF ISSUED	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST R'000s	2021/22 ADJUSTED BUDGET R'000s	2022/23 R'000s	2023/24 R'000s	2024/25 R'000s
49	C1850117	Observatory - Groote Schuur Hospital - NMB lift upgrade H2 and H3	8.5	City of Cape Town	HFRG	Stage 2: Concept	30-Sep-21	31-May-27	27 000	420	961	7 134	7 154
50	C1850118	Observatory - Groote Schuur Hospital - OMB SL16 and SL19, New Workshop lift upgrade and Hoist	8.5	City of Cape Town	HFRG	Stage 2: Concept	30-Sep-21	31-May-27	24 000	362	665	7 572	1 114
51	C1850102	Parow - Tygerberg Hospital - 11kV Generators Replacement	8.5	City of Cape Town	PES: TBH	Stage 5: Works	18-Dec-19	30-Apr-22	23 500	17 818	2 957	859	-
52	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 3: Design Development	29-Mar-19	31-Mar-26	150 000	3 073	2 069	17 900	20 313
53	C1850079	Parow - Tygerberg Hospital - Consolidated Security Control Centre	8.5	City of Cape Town	PES: TBH	Stage 2: Concept	12-Dec-19	31-Jul-25	61 487	345	1 958	3 566	28 515
54	C1850088-0002	Parow - Tygerberg Hospital - Perimeter security upgrade - North-western boundary	8.5	City of Cape Town	PES: TBH	Stage 1: Initiation	16-Apr-19	1-Mar-26	26 500	-	-	546	1 066
55	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	31-Mar-24	20 000	-	3 910	9 646	1 924
56	C1850092	Parow - Tygerberg Hospital - Repurposing of Bank and Post Office Building	8.5	City of Cape Town	PES: TBH	Stage 2: Concept	13-Nov-20	30-Sep-24	15 000	356	442	9 664	1 390
57	C1860025	Worcester - WCCN Boland Overberg Campus - Training Facility at Kearom	8.6	Cape Winelands	HFRG	Stage 4: Design Documentation	1-Apr-12	31-Jan-27	45 100	970	1 660	-	-
58	C1860010	Mitchells Plain - Lentegeur Laundry - Upgrade	8.6	City of Cape Town	HFRG	Stage 7: Close out	1-Apr-05	20-Jun-13	-	2	1	-	-
59	C1860057	Mitchells Plain - Lentegeur Laundry - Upgrade and Additions to Dirty Linen Area	8.6	City of Cape Town	HFRG	Stage 2: Concept	15-Oct-19	31-Jan-24	15 750	170	461	8 193	2 374
60	C1860067	Parow - Tygerberg FPL - Major extensions (Alpha)	8.6	City of Cape Town	HFRG	Still to be initiated	30-Jun-23	31-May-29	110 000	-	-	-	1 510
61	C1860016	Thornton - Orthotic and Prosthetic Centre - Upgrade	8.6	City of Cape Town	HFRG	Stage 3: Design Development	17-Dec-14	31-Mar-24	26 305	240	7 955	9 643	919
Grand Total											86 965	223 416	181 209

Template 7.4:

**Office Accommodation: Additions, Refurbishments and / or
Reconfiguration to Existing Building**

TEMPLATE 7.4: OFFICE ACCOMMODATION: ADDITIONS, REFURBISHMENTS AND / OR RECONFIGURATION TO EXISTING BUILDING

NO	FACILITY	TYPE OF INFRASTRUCTURE	DISTRICT	CURRENT PROJECT STAGE - AS AT JAN 2022	REASON FOR PRIORITISATION	PRIORITY	RESPONSIBILITY ITO LETTER	COMMENT
1	Bergvliet Sub-district Offices in Pliketberg (rentals)	Offices	West Coast	Identified	Maintenance and water saving initiatives.	1	WCGTPW	Require FCA and maintenance.
2	Cape Winelands District Office	Offices	Cape Winelands	Retention	Urgent maintenance to brittle roof required and water leaks to be attended to.	1	WCGH	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	WCGH	Refer to Beaufort West project.
4	EMS Head Office: Karl Brenner Hospital	Offices	City of Cape Town	Identified	Maintenance and waterproofing required. Investigate EMS relocation to Disa Ward.	1	WCGH	Masterplan of consolidation of EMS Head Office service required and this is linked to Pinelands office accommodation as well.
5	Garden Route District Office in York Park Building	Offices	Garden Route	Maintain	Rationalisation completed.	3	WCGTPW	Ongoing maintenance.
6	Garden Route District related offices in Mossel Bay	Offices	Garden Route	Identified	Additional space is available in the building which will house a clinic.	3	WCGH	Part of clinic project. George Road Satellite Clinic.
7	Matsikama Sub-district Offices in Vredendal (rentals)	Offices	West Coast	Identified	Maintenance and water saving initiatives.	1	WCGTPW	Require FCA and maintenance.
8	Metro: Cape Medical Depot and ARV Depot	Offices	City of Cape Town	Maintain	Ongoing maintenance and water saving initiative requirements.	1	WCGTPW	Ongoing maintenance.
9	Metro Head Office: 4 Dorp Street, floors 24 & 14	Offices	City of Cape Town	Identified	Consultation of component and optimum use of space to improve efficiencies at WCGH and possible interim arrangement to relieve immediate problems.	1	WCGTPW	Refer to Template 6.3 and new office accommodation. Masterplan to determine whether new or reconfiguration of existing required.
10	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.
11	Metro: Head Office: Norton Rose House, First, Second en Fifth Floors	Offices	City of Cape Town	Planning	OH&S issues. Urgent intervention due to decanting of staff from 2020.	1	WCGTPW	WCGH vacated Floor 2 and half of Floor 1 to other premises. Relocating Floor 5 to 4 Dorp Street Floor 24. IAM to assist with this. Details of remainder of Floor 1 staff to be relocated as priority given to IAM in April 2021.
12	Metro: Head Office Expansion to Protea Court	Offices	City of Cape Town	Identified	Various components require office accommodation namely OH&S, SCM, Communications, Tygerberg Hospital.	1	WCGH	Planning to be completed in March 2022 and to be implemented by Directorate: Engineering and Technical Services.

Template 7.4: Office Accommodation: Additions, Refurbishments and / or Reconfiguration to Existing Building

NO	FACILITY	TYPE OF INFRASTRUCTURE	DISTRICT	CURRENT PROJECT STAGE - AS AT JAN 2022	REASON FOR PRIORITISATION	PRIORITY	RESPONSIBILITY ITO LETTER	COMMENT
13	Metro: Head Office Satellite, HR at Lady Michaelis CDC	Offices	City of Cape Town	Identified	Urgent maintenance and water saving initiatives required. In Annexe building to the CDC.	2	WCGH	Current conditions not conducive to good working environment. Require FCA.
14	Overberg District Office	Offices	Overberg	Identified	Current conditions not conducive to good working environment. Require FCA.	1	WCGH	Replacement facility required but shared services centre delayed.
15	Overstrand District Office	Offices	Overberg	Identified	Urgent maintenance required. Currently in prefab building on Hermanus Hospital site.	1	WCGH	Current conditions not conducive to good working environment. Require FCA.
16	Rural Head office	Offices	Rural	Maintain		3	WCGTPW	Ongoing maintenance.
17	Stellenbosch Sub-district Offices in hospital nurses home	Offices	Cape Winelands	Identified	Maintenance to second floor.	3	WCGH	Require FCA for second floor. Floor vacant and not in good condition. Required for office spaces.
18	West Coast District Office (Malmesbury)	Offices	West Coast	Identified	Urgent maintenance and water saving initiatives required. Current status of outstanding issues communicated to JAM.	1	WCGH	Current conditions not conducive to good working environment. Require FCA.
19	Western Cape Warehouse	Offices	City of Cape Town	Identified	Ground floor complete and Mezzanine to be planned and constructed.	1	WCGH	Possible management contractor project.
20	Witzenberg Sub-district Office (Ceres)	Offices	Cape Winelands	Identified	Maintenance.	2	WCGH	Current conditions not conducive to good working environment. Require FCA.

Template 8.1:

Accommodation Identified for Disposal:

State-owned Facilities

TEMPLATE 8.1: ACCOMMODATION IDENTIFIED FOR DISPOSAL: STATE-OWNED FACILITIES

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, 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. Ward 17 and 18 allocated for Health offices for EMS.	2022	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 WCGH. There is, however, a landlock issue with no access via WCGH site which must be resolved before IAM will accept the handover. A road servitude needs to be registered on the WCGH 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.	2021	Formal notice of relinquishment was issued to the Custodian during May 2019. There is however a landlock issue with no access via WCGH site.
3	Groote Schuur Hospital – Residential accommodation	Cape Town			Rochester House will be relinquished in turn for the utilisation of Clarendon House. The proposed date for Final Handover was 30 June 2021 but process was delayed due to Covid-19. Negotiations is ongoing.	2022/23	IAM proposed the following to UCT in a letter dated 8 March 2021: <ul style="list-style-type: none"> • Technical assessment of the building and signing of an agreement between WCGTPW and UCT on the work required must be completed by 31 March 2021. • The work should commence and be completed between April and June 2021.(Delayed) • Any snags to be resolved during June 2021.(Delayed) • Final handover of the building to be confirmed. • UCT's acceptance of the proposal is awaited.
4	Hanover Park CHC	Cape Town	C/o Surran & Hanover Park Avenue, Hanover Park		Design of replacement facility underway. Once constructed, the current facility (categorised as a State Domestic Facility on Municipal land) will be relinquished. Relinquishment is expected in the medium term.	2024	Construction to be completed earliest in 2023.
5	Helderberg Hospital (Portion of the erf)	Cape Town	Hospital Road, Somerset West		Replacement of the Helderberg Hospital is one of the highest WCGH priorities. This process has been initiated and, when finalised, the site of the existing hospital will be relinquished to WCGTPW. In the interim, notice of relinquishment of the undeveloped land adjacent to the hospital was issued to the Custodian during May 2019.	2022	Notice of relinquishment during May 2019 - exact location of fence subject to WCGTPW project. As-built fence line was submitted to IAM on 2 September 2021. Awaiting date of official handover from IAM.

No	ASSET DESCRIPTION	TOWN	STREET ADDRESS	EXTENT (M ²)	DISPOSAL RATIONALE	TARGET DISPOSAL YEAR (HANDING OVER TO WCGTPW)	COMMENT / PROGRESS
6	Malmesbury Infectious Diseases Hospital	Malmesbury	Schoonspruit Way, Malmesbury	1 096	The 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.	2023	Awaiting confirmation from Service on whether they want to use Malmesbury ID Hospital for other purposes.
7	Rural clinics to be identified	Various			Consolidation of various clinics will take place which will allow relinquishment of some facilities.	2022	As and when identified. Cognisance is taken of one year notice period requirement.
8	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.	2022	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 July 2022.
9	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.	2021	Official handover to be confirmed to IAM by letter.
10	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. WCGH 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
11	Eisies River CHC	Cape Town	C/o 29th Avenue & Halt Road, Eisies River		New site acquired for replacement CHC. Strategic Brief issued to WCGTPW. Date of disposal subject to progress with new building.	2024	Erf 11724 registered in name of WCGH.
12	Gouda Clinic	Gouda	Roos Street, Gouda	160	Replacement Clinic in construction.	2023	IAM to determine whether this property will still be transferred for another purpose once WCGH vacates.
13	Hanna Coetzee and Vredenburg Clinics in Vredenburg	Vredenburg			Replacement CDC to consolidate the two facilities. Planning in progress.	2024	
14	Maitland CDC	Cape Town	3 Norfolk Street, Maitland		Replacement facility in planning since December 2017.	2024	
15	Phola Park Clinic, Mbekweni CDC and Dalevale Clinic in Paarl	Paarl			These three PHC facilities will be consolidated into one large CDC. Paarl CDC will be procured in 2022/23.	2023	
Medium term: 2025 - 2026							
16	CMD	Cape Town	Chiappini Street, Cape Town		The replacement building is being planned and briefing document will be issued to works in 2022. The relinquishment is linked to replacement building. CMD relocating due to rationalisation programme.	2025	
17	Lotus River CDC	Cape Town	C/o Delia & Anita Road, Lotus River		Replacement facility. Strategic Brief to be issued in 2022.	2025	

Template 8.1: Accommodation identified for Disposal: State-owned Facilities

No	ASSET DESCRIPTION	TOWN	STREET ADDRESS	EXTENT (M ²)	DISPOSAL RATIONALE	TARGET DISPOSAL YEAR (HANDING OVER TO WCGTPW)	COMMENT / PROGRESS
Long term: 2027 and beyond							
18	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 (IAM) to confirm that development of the current buildings will still take place.
19	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 and waiting on signing off of Briefing document which was submitted in 2020 to National Health.	2027	Portions of site not being used may be relinquished incrementally as and when required by Custodian.
20	Tygerberg Hospital – Main Block	Cape Town	Fransie 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. Tenants within Sarleigh Dolle need to receive notice in terms of vacating in order to accommodate Disaster Management Centre and EMS training.	2030	
21	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	
22	Wesfleur Hospital	Cape Town			Hospital needs replacement as the size will increase to 150 bed hospital.	Future	
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.	2021	
2	Karl Bremer Hospital prefabricated buildings	Cape Town	C/o Mike Pienaar Boulevard & Frans Conrachie Drive, Bellville		Demolition of GENSES; conference room and one other prefabricated buildings. Brief sent to WCGTPW in December 2017. Demolition work to be undertaken via Implementing Agent. Additional demolition approvals required in 2022 e.g. 'Chapel' prefab buildings.	2022	
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 WCGH whether occupants will remain and design to be completed around current situation.

No	ASSET DESCRIPTION	TOWN	STREET ADDRESS	EXTENT (M ²)	DISPOSAL RATIONALE	TARGET DISPOSAL YEAR (HANDING OVER TO WCGTPW)	COMMENT / PROGRESS
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	
5	Tygerberg Hospital – Buildings identified within PPP exercise	Cape Town	Fransie van Zyl Drive, Parow		Disa Court to be demolished first and approval to be obtained. Leasing out termination notice to be given by IAM. Disaster Management Centre to follow - details to be workshopped.	2023 and beyond	
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	
2	Nelspoort Hospital	Nelspoort	Hospital Road, Nelspoort		Portion of vacant site adjacent to hospital was relinquished in 2015. Subdivision required.	2015	

Note: Refer to previous U-AMPs for already relinquished properties

Template 8.2:

Accommodation Identified for Disposal:

Leased Facilities

TEMPLATE 8.2: ACCOMMODATION IDENTIFIED FOR DISPOSAL: LEASED FACILITIES

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	Annie Brown Clinic	Ceres	Lyell Street, Ceres	5049	167	-33.37681	19.31238	B2	2025	Lease	Linked to new Ceres Clinic. To be consolidated.
2	Betty's Bay Sat. Clinic	Betty's Bay	Community Hall, Mooi Uitsig, Betty's Bay	2649	20	-34.38709	18.89777	A1	2022	Arrangement with Municipality	Renovations is underway for the relocation to the new larger site adjacent to the Library. It is anticipated that the Community Hall will be handed back during March/April of 2022.
3	George Road Satellite Clinic	Mossel Bay	George Road, Mossel Bay	2819	150	-34.18022	22.13906	A2	2022/23	Lease	Project ready for tender. NHI commitment awaited.
4	Gugulethu Oral Health Centre	Gugulethu	Gugulethu Clinic, NY1 & Steve Biko Road, Gugulethu	5534	100	-33.98739	18.56591	B3	2024/25	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	2026	Arrangement with Metro	Consolidation with Strand and replacement facility to be build.
6	Hanover Park CHC	Cape Town	C/o Surran & Hanover Park Avenue, Hanover Park			-33.993570	18.52804	C2	2023/24	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.
7	Kensington CDC	Kensington	85 Sixth Avenue, Kensington	21773	890	-33.91130	18.50401	A2	2024	Arrangement with Metro	Linked to new Maitland CDC which is still in planning in 2021.
8	Kleinvlei CDC	Kleinvlei	C/o Albert Philander & Melkbos Streets, Kleinvlei	2084	1 435	-33.98722	18.71787	B2	2025	Arrangement with Metro	Replacement subject to finalising site. Additional parking requested at current facility in interim.
9	Knysna FPS	Knysna	11 Main Road, Knysna		300	-34.03599	23.04985	C2	2023	Arrangement with SAPS	Inadequate facility. Delays with commencement of construction project.
10	Lentegeur Oral Health Service	Mitchell's Plain	Merrydale & Melkbos Streets, Mitchell's Plain		100	-34.03389	18.60000	B2	2027	Lease	Must be consolidated with future CDC.
11	Maitland Oral Health Centre	Maitland	2 Norfolk Road, Maitland		96	-33.92201	18.48937	B3	2024	Arrangement with Metro	Service to be consolidated in future with Maitland CDC replacement in planning from December 2017.
12	Maria Pieterse Sat. Clinic	Worcester	Van Huyssteen Avenue, Worcester	19923	458	-33.65247	19.45587	B2	2022	Lease	To be consolidated with Avian Park once construction is complete.

Template 8.2: Accommodation identified for Disposal: Leased Facilities

NO	FACILITY NAME	TOWN / SUBURB	STREET ADDRESS	ERF NO	EXTENT (M ²)	LATITUDE	LONGITUDE	FUNCTIONAL PERFORMANCE INDEX	EARLIEST DISPOSAL YEAR	CONTRACTUAL OBLIGATIONS	DISPOSAL RATIONALE
13	Matjiesfontein Sat. Clinic	Matjiesfontein	Community Hall, Matjiesfontein	19	100	-33.23444	20.58444	A1	2026	Lease	Too small shared facility. Relinquish only when replaced with new build. Not priority.
14	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.
15	Murraysburg Ambulance Station	Murraysburg	Voortrekker Street, Murraysburg	290	296	-31.962500	23.761667	A2	2022	Arrangement with Municipality	To be relocated to the Hospital site, pending finalisation of storage. Container to be used.
16	Parow CDC	Parow	1 Alcor Place, Smith Street, Parow		700	-33.92582	18.58675	B2	Future	Arrangement with Metro	Replacement CDC to be built.
17	Ravensmead CDC	Parow	Florida Street Ravensmead / 191 Christiaan Street		323	-33.92528	18.59806	B3	2023/24	Arrangement with Metro	Priority replacement. Construction to start in 2021/22.
18	Robertson Oral Health Centre	Robertson	Dirkie Uys Street, Robertson	1348	160	-33.81037	19.88341	B2	2026	Arrangement with Municipality	To be incorporated into future CDC.
19	Sandy Point Sat. Clinic	St. Helena Bay	Albatros Street, Sandy Point, St. Helena Bay, 7930	521	112	-32.74444	18.00611	A2	2022/23	Arrangement with Municipality	High volume. Construction and completion of new facility awaited.
20	Silvertown Dental Clinic	Athlone	Petunia Street, Athlone		100	-33.96639	18.53472	A1	Future	Lease	Must be consolidated with CDC in future.
21	Somerset Street Sat. Clinic	Worcester	Somerset Street, Worcester	4319	150	-33.64657	19.43369	A3	2022	Arrangement with Municipality	To be consolidated with Avian Park once construction is complete.
22	Strand CDC	Strand	Boland Bank Arcade, 37 Main Road, Strand		482	-34.117034	18.830017	B3	2026	Lease	Consolidation with Gustrow CDC and replacement facility (Rushhof CDC) to be built.
23	Villiersdorp Ambulance Station	Villiersdorp	59 Main Road, Villiersdorp	1650	197	-33.99317	19.28754	B2	2023/24	Lease	Not suitable rental. Replacement being planned and brief issued in 2017.
24	Westridge Oral Health	Mitchell's Plain	Westpoort Street, Westridge		50	-34.05160	18.60340	B3	2027	Arrangement with Metro	To be incorporated in future CDC.
25	Lilly Building	George	1 Herrie Street, Dormehls Drift, George	9158	799	-33.96628	22.46124	B1	2023	Lease	Possible consolidation of leased accommodation into Heatherlands Hostel (owned accommodation).

Template 9.1:

Scheduled Maintenance Requirements

TEMPLATE 9.1: SCHEDULED MAINTENANCE REQUIREMENTS

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 1 APRIL 2022	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/28 R000's
1	MS810001-0004	Bonnievale - Happy Valley Clinic - Fencing and platforming	HFRG	8.1	Cape Winelands	Stage 4: Design Documentation	1-Dec-16	30-Nov-22	700	587	30	-	-	-	-
2	MS810001-0008	Ceres - Bella Vista Clinic - General maintenance (Alpha)	HFRG	8.1	Cape Winelands	Stage 3: Design Development	19-Dec-17	30-Sep-23	2 081	1 521	-	54	-	-	-
3	MS810001-0007	Ceres - Ceres CDC - Enabling work for Hospital OPD	HFRG	8.1	Cape Winelands	Stage 4: Design Documentation	1-Dec-16	31-Jan-24	9 190	834	5 462	-	327	-	-
4	MS810001-0105	De Doorns - Orchard Clinic - General maintenance (Alpha)	HFRG	8.1	Cape Winelands	Stage 3: Design Development	15-Feb-18	28-Feb-23	1 943	1 309	35	16	-	-	-
5	MS810001-0029	Paarl - Dalevale Clinic - General maintenance (Alpha)	HFRG	8.1	Cape Winelands	Stage 4: Design Documentation	31-Jul-17	31-May-23	3 954	2 201	534	138	-	-	-
6	MS810001-0038	Stellenbosch - Cloetesville CDC - General maintenance (Alpha)	HFRG	8.1	Cape Winelands	Stage 3: Design Development	8-Oct-18	31-Jan-23	6 411	4 397	-	166	-	-	-
7	MS810001-0040	Tulbagh - Tulbagh Clinic - Structural repair	HFRG	8.1	Cape Winelands	Stage 4: Design Documentation	1-Dec-16	31-Jan-23	2 085	1 234	65	-	-	-	-
8	MS810001-0104	Wellington - Saron Clinic - General maintenance and upgrade (Alpha)	HFRG	8.1	Cape Winelands	Stage 3: Design Development	1-Dec-16	31-Mar-23	7 688	3 700	8	182	-	-	-
9	MS810001-0044	Worcester - Worcester CDC - Upgrade of MOU area	HFRG	8.1	Cape Winelands	Stage 2: Concept	21-Aug-18	29-Feb-24	8 680	383	6 148	-	226	-	-
10	MS810001-0002	Beaufort West - Kwamandlenkosi Clinic - General upgrade and maintenance (Alpha)	HFRG	8.1	Central Karoo	Stage 6: Handover	8-Mar-18	11-May-21	5 192	177	-	-	-	-	-
11	MS810001-0003	Beilville - Reed Street CDC - Pharmacy compliance and general maintenance	HFRG	8.1	City of Cape Town	Stage 7: Close-Out	1-Dec-16	18-Dec-19	8 228	265	-	-	-	-	-
12	MS810001-0154	Du Noon - Du Noon CHC - Rainwater harvesting pilot project	HFRG	8.1	City of Cape Town	Stage 4: Design Documentation	19-Dec-17	31-Oct-22	2 253	1 630	40	18	-	-	-
13	MS810001-0111	Gugulethu - Gugulethu CHC - General maintenance (Alpha)	HFRG	8.1	City of Cape Town	Stage 2: Concept	9-Sep-19	31-Mar-26	17 500	394	394	957	11 794	313	149
14	MS810001-0018	Khayelitsha - Michael Mapongwana CDC - General maintenance (Alpha)	HFRG	8.1	City of Cape Town	Stage 6: Handover	4-May-16	16-Jul-21	11 963	316	-	-	-	-	-
15	MS810001-0116	Kraaifontein - Kraaifontein CHC - General maintenance (Alpha)	HFRG	8.1	City of Cape Town	Stage 3: Design Development	9-Sep-19	30-Nov-24	15 000	1 025	7 642	2 052	797	-	-

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 1 APRIL 2022	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/40 R000's
16	MS810001-0024	Macassar - Macassar CDC - Mechanical upgrade	HFRG	8.1	City of Cape Town	Stage 4: Design Documentation	1-Dec-16	30-Nov-22	1 258	1 451	-	76	-	-	-
17	MS810001-0026	Mfuleni - Mfuleni CDC - Electrical connection	HFRG	8.1	City of Cape Town	Stage 4: Design Documentation	1-Dec-16	30-Sep-22	1 487	877	48	-	-	-	-
18	MS810001-0127	Phillipi - Inzame Zabantu CDC - General maintenance to address latent defects	HFRG	8.1	City of Cape Town	Stage 3: Design Development	N/A	31-Aug-23	8 185	1 690	4 269	92	-	-	-
19	MS810001-0045	Plumstead - Lady Michaelis CDC - General maintenance incl fire compliance	HFRG	8.1	City of Cape Town	Stage 6: Handover	1-Mar-18	18-Dec-20	16 168	516	-	-	-	-	-
20	MS810001-0134	Ruytenwacht - Ruytenwacht CDC - General upgrade and maintenance (Alpha)	HFRG	8.1	City of Cape Town	Still to be initiated	1-Dec-22	30-Sep-25	2 000	-	45	285	1 217	53	-
21	MS810001-0112	Strand - Gustrouw CDC - General maintenance (Alpha)	HFRG	8.1	City of Cape Town	Stage 2: Concept	3-Sep-19	31-Oct-23	7 500	348	5 334	171	-	-	-
22	MS810001-0005	Bredasdorp - Eilim Satellite Clinic - General upgrade and maintenance (Alpha)	HFRG	8.1	Overberg	Stage 6: Handover	1-Dec-16	27-Jul-20	4 867	346	-	-	-	-	-
23	MS810001-0011	Genadendal - Genadendal Clinic - General upgrade and maintenance (Alpha)	HFRG	8.1	Overberg	Stage 6: Handover	1-Dec-16	3-May-21	4 574	112	-	-	-	-	-
24	MS810001-0113	Pearly Beach - Pearly Beach Satellite Clinic - General maintenance (Alpha)	HFRG	8.1	Overberg	Stage 4: Design Documentation	1-Mar-17	31-Oct-22	1 031	598	61	-	-	-	-
25	MS810001-0109	Swellendam - Raiton Clinic - General maintenance (Alpha)	HFRG	8.1	Overberg	Stage 4: Design Documentation	9-Mar-18	31-May-23	4 824	1 888	1 383	288	-	-	-
26	MS810001-0149	Various Facilities 8.1 - Fire compliance - Cape Winelands 1	HFRG	8.1	Various	Stage 1: Initiation/ Pre-feasibility	15-Mar-18	31-Dec-25	5 585	134	134	1 317	2 435	447	-
27	MS810001-0150	Various Facilities 8.1 - Fire compliance - Cape Winelands 2	HFRG	8.1	Various	Stage 1: Initiation/ Pre-feasibility	15-Mar-18	31-Dec-25	9 755	234	234	2 316	4 239	780	-
28	MS810001-0151	Various Facilities 8.1 - Fire compliance - Cape Winelands 3	HFRG	8.1	Various	Stage 1: Initiation/ Pre-feasibility	15-Mar-18	31-Dec-25	5 380	129	129	1 329	2 286	430	-
29	MS810001-0147	Various Facilities 8.1 - Fire compliance - Metro 1	HFRG	8.1	Various	Stage 1: Initiation/ Pre-feasibility	15-Mar-18	31-Dec-25	11 614	279	279	2 874	4 931	929	-

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 1 APRIL 2022	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/40 R000's
30	MS810001-0148	Various Facilities 8.1 - Fire compliance - Metro 2	HFRG	8.1	Various	Stage 1: Initiation/ Pre-feasibility	15-Mar-18	31-Dec-25	5 208	125	1 379	2 120	417	-	-
31	MS810001-0051	Various Facilities 8.1 - Lift maintenance	PES	8.1	Various	Stage 5: Works	1-Dec-16	31-Mar-23	2 250	154	-	-	-	-	-
32	MS810001-0155	Various Facilities 8.1 - Lift maintenance (Alpha)	PES	8.1	Various	Stage 5: Works	1-Apr-22	31-Mar-25	560	140	280	140	-	-	-
33	MS810001-0128	Various Facilities 8.1 - Mechanical ventilation upgrade (Framework Contract for Metro)	HFRG	8.1	Various	Stage 3: Design Development	13-May-19	31-Aug-25	12 300	140	341	4 774	3 781	496	-
34	MS810001-0129	Various Facilities 8.1 - Signage (Framework Contract)	HFRG	8.1	Various	Stage 2: Concept	3-Feb-20	31-Jul-26	5 000	-	8	2 470	1 514	-	-
35	MS810001-0010	Darling - Darling Clinic - Paving upgrade and general maintenance	HFRG	8.1	West Coast	Stage 3: Design Development	1-Dec-16	30-Apr-23	4 237	1 839	1 181	154	-	-	-
36	MS810001-0028	Moorreesburg - Moorreesburg Clinic - General upgrade and maintenance (Alpha)	HFRG	8.1	West Coast	Stage 2: Concept	6-Jun-17	30-Nov-23	4 000	386	2 293	128	-	-	-
37	MS820001-0009	Worcester - Worcester Ambulance Station Workshop - General maintenance (Alpha)	HFRG	8.2	Cape Winelands	Stage 4: Design Documentation	1-Dec-16	31-Oct-22	8 600	4 241	247	-	-	-	-
38	MS820001-0005	Pinelands - Pinelands Ambulance Station - General maintenance (Alpha)	HFRG	8.2	City of Cape Town	Stage 4: Design Documentation	1-Dec-16	31-Mar-23	3 130	2 174	144	80	-	-	-
39	MS830001-0078	Stellenbosch - Stellenbosch Hospital - Enabling work for lift installation	HFRG	8.3	Cape Winelands	Stage 4: Design Documentation	30-Nov-17	30-Nov-22	1 379	879	46	-	-	-	-
40	MS830001-0016	Stellenbosch - Stellenbosch Hospital - Lift upgrade (Alpha)	HFRG	8.3	Cape Winelands	Stage 4: Design Documentation	30-Nov-17	30-Nov-22	1 678	1 159	60	-	-	-	-
41	MS830001-0002	Beilville - Karl Bremer Hospital - Fire compliance - Diesel storage tanks	HFRG	8.3	City of Cape Town	Stage 5: Works	1-Dec-16	31-Oct-21	1 850	108	153	-	-	-	-
42	MS830001-0077	Beilville - Karl Bremer Hospital - New EC - Latent defects	HFRG	8.3	City of Cape Town	Stage 2: Concept/ Feasibility	1-Feb-21	31-Oct-22	1	1	-	-	-	-	-
43	MS830001-0006	Eerste River - Eerste River Hospital - Fire compliance - Diesel storage tanks	HFRG	8.3	City of Cape Town	Stage 5: Works	1-Dec-16	31-Oct-21	1 587	25	131	-	-	-	-
44	MS830001-0013	Wynberg - Victoria Hospital - Fire compliance - Diesel storage tanks	HFRG	8.3	City of Cape Town	Stage 5: Works	1-Dec-16	31-Oct-21	1 963	1	97	-	-	-	-

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 1 APRIL 2022	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/40 R000's
45	MS830001-0009	Knysna - Knysna Hospital - Lift upgrade (Alpha)	HFRG	8.3	Garden Route	Stage 6: Handover	1-Dec-17	9-Sep-21	10 163	248	-	-	-	-	-
46	MS830001-0004	Caledon - Caledon Hospital - Theatre upgrade and maintenance	HFRG	8.3	Overberg	Stage 4: Design Documentation	1-Dec-16	31-Oct-23	14 400	1 807	8 198	-	522	-	-
47	MS830001-0003	Caledon - Caledon Hospital - Water reticulation Ph2	HFRG	8.3	Overberg	Stage 3: Design Development	1-Dec-16	30-Jun-23	10 920	6 818	1 674	442	-	-	-
48	MS830001-0063	Hermanus - Hermanus Hospital - Electrical compliance	HFRG	8.3	Overberg	Stage 5: Works	18-Aug-18	31-Dec-21	5 908	79	-	-	-	-	-
49	MS830001-0067	Hermanus - Hermanus Hospital - General maintenance (Alpha)	HFRG	8.3	Overberg	Stage 2: Concept	19-Sep-19	30-Apr-25	23 505	606	1 379	13 517	1 240	1 388	-
50	MS830001-0062	Various Facilities 8.3 - Fire compliance	HFRG	8.3	Various	Stage 1: Initiation/Pre-feasibility	14-Apr-18	31-Dec-25	50 000	1	-	-	-	-	-
51	MS830001-0080	Various Facilities 8.3 - Fire compliance - Cape Winelands	HFRG	8.3	Various	Stage 1: Initiation/Pre-feasibility	14-Apr-18	31-Dec-25	1 039	25	25	302	396	83	-
52	MS830001-0079	Various Facilities 8.3 - Fire compliance - Metro	HFRG	8.3	Various	Stage 1: Initiation/Pre-feasibility	14-Apr-18	31-Dec-25	29 079	698	698	5 421	14 120	2 326	-
53	MS830001-0014	Various Facilities 8.3 - Lift maintenance	PES	8.3	Various	Stage 5: Works	1-Dec-16	31-Mar-23	2 000	400	-	-	-	-	-
54	MS830001-0084	Various Facilities 8.3 - Lift maintenance (Alpha)	PES	8.3	Various	Stage 5: Works	1-Apr-22	31-Mar-25	1 240	400	560	280	-	-	-
55	MS830001-0071	Various Facilities 8.3 - Signage (Framework Contract)	HFRG	8.3	Various	Stage 2: Concept	3-Feb-20	31-Jul-26	5 000	1	8	8	2 470	1 514	-
56	MS830001-0060	Citrusdal - Citrusdal Hospital - Laundry - Electrification	HFRG	8.3	West Coast	Stage 2: Concept	1-Jul-18	31-Jan-23	3 475	2 461	1	90	-	-	-
57	MS830001-0005	Cianwilliam - Cianwilliam Hospital - Acute Psychiatric Unit upgrade and maintenance	HFRG	8.3	West Coast	Stage 5: Works	1-Dec-16	28-Feb-22	20 346	445	695	-	-	-	-
58	MS830001-0012	Vredendal - Vredendal Hospital - General upgrade and maintenance (Alpha)	HFRG	8.3	West Coast	Stage 2: Concept	30-Sep-18	31-Aug-24	14 000	671	6 510	3 255	369	-	-
59	MS840001-0059	Paarl - Paarl Hospital - OPD lift upgrade A-1 to A-4	HFRG	8.4	Cape Winelands	Stage 5: Works	1-Aug-19	31-Jan-23	10 146	2 476	141	253	-	-	-

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 1 APRIL 2022	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/40 R000's
60	MS840001-0043	Worcester - Brewelskloof Hospital - Lift upgrade 2122, 2123	HFRG	8.4	Cape Winelands	Stage 6: Handover	11-Dec-17	24-Jun-21	5 612	206	-	-	-	-	-
61	MS840001-0014	Worcester - Brewelskloof Hospital - Roof upgrade, structural defects and cast iron pipe upgrade	HFRG	8.4	Cape Winelands	Stage 6: Handover	1-Dec-16	4-Sep-20	8 829	1	-	-	-	-	-
62	MS840001-0001	Beilville - Stikland Hospital - Fire compliance - Diesel storage tanks	HFRG	8.4	City of Cape Town	Stage 5: Works	1-Dec-16	31-Oct-21	3 603	46	263	-	-	-	-
63	MS840001-0044	Beilville - Stikland Hospital - General maintenance to wards	HFRG	8.4	City of Cape Town	Stage 3: Design Development	19-Sep-18	30-Sep-24	82 492	2 799	18 553	40 121	3 200	-	-
64	MS840001-0045	Beilville - Stikland Hospital - Roads upgrade	HFRG	8.4	City of Cape Town	Stage 4: Design Documentation	7-Aug-18	30-Sep-22	11 300	7 179	626	-	-	-	-
65	MS840001-0003	Brooklyn - Brooklyn Chest Hospital - Fire compliance - Diesel storage tanks	HFRG	8.4	City of Cape Town	Stage 5: Works	1-Mar-15	31-Oct-21	1 311	137	83	-	-	-	-
66	MS840001-0062	Green Point - New Somerset Hospital - Lift upgrade 2951, 2952	HFRG	8.4	City of Cape Town	Stage 3: Design Development	25-Nov-19	29-Feb-24	3 833	2 053	699	295	-	-	-
67	MS840001-0005	Green Point - New Somerset Hospital - Parking upgrade	HFRG	8.4	City of Cape Town	Stage 4: Design Documentation	10-May-16	30-Sep-22	2 672	1 550	74	-	-	-	-
68	MS840001-0006	Maitland - Alexandra Hospital - Fire compliance - Diesel storage tanks	HFRG	8.4	City of Cape Town	Stage 5: Works	1-Dec-16	31-Oct-21	4 068	181	92	-	-	-	-
69	MS840001-0046	Mitchells Plain - Lentegeur Hospital - General maintenance to Ward 5	HFRG	8.4	City of Cape Town	Stage 3: Design Development	20-Aug-18	28-Feb-25	17 700	1 013	7 931	1 077	1 008	-	-
70	MS840001-0008	Mitchells Plain - Lentegeur Hospital - Perimeter wall replacement and water tower repairs	HFRG	8.4	City of Cape Town	Stage 4: Design Documentation	1-Dec-16	31-Dec-22	3 155	1 639	1	85	-	-	-
71	MS840001-0007	Mitchells Plain - Lentegeur Hospital - Ward 16 and Admin upgrade and maintenance	HFRG	8.4	City of Cape Town	Stage 6: Handover	1-Dec-16	27-Mar-19	13 420	100	-	-	-	-	-
72	MS840001-0009	Mowbray - Mowbray Maternity Hospital - CSSD upgrade, structural defects and general maintenance	HFRG	8.4	City of Cape Town	Stage 6: Handover	1-Dec-16	9-Dec-20	16 639	1	-	-	-	-	-
73	MS840001-0010	Mowbray - Mowbray Maternity Hospital - Fire compliance - Diesel storage tanks	HFRG	8.4	City of Cape Town	Stage 5: Works	1-Dec-16	31-Oct-21	1 910	79	14	-	-	-	-

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 1 APRIL 2022	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/40 R000's
74	MS840001-0042	Observatory - Valkenberg Hospital - Electrical fence repairs	HFRG	8.4	City of Cape Town	Stage 4: Design Documentation	11-Dec-17	28-Feb-23	7 220	5 197	-	188	-	-	-
75	MS840001-0011	Retreat - DP Marais Hospital - General upgrade and maintenance (Alpha)	HFRG	8.4	City of Cape Town	Stage 2: Concept	1-Dec-16	28-Feb-26	85 000	1 642	4 319	11 695	36 883	15 475	3 340
76	MS840001-0040	George - George Hospital - Lift Upgrade 362, 363	HFRG	8.4	Garden Route	Stage 5: Works	15-Dec-17	31-Jul-23	9 530	3 315	2 000	439	-	-	-
77	MS840001-0048	George - George Hospital - Ventilation upgrade	HFRG	8.4	Garden Route	Stage 3: Design Development	10-May-18	31-Jul-23	8 066	2 514	2 756	546	-	-	-
78	MS840001-0052	Various Facilities 8.4 - Fire compliance	HFRG	8.4	Various	Stage 2: Concept	19-Feb-19	31-Aug-25	30 000	422	1 644	15 490	5 520	791	-
79	MS840001-0017	Various Facilities 8.4 - Lift maintenance	PES	8.4	Various	Stage 5: Works	1-Dec-16	31-Mar-23	2 500	1 500	-	-	-	-	-
80	MS840001-0064	Various Facilities 8.4 - Lift maintenance (Alpha)	PES	8.4	Various	Stage 5: Works	1-Apr-22	31-Mar-25	850	500	200	150	-	-	-
81	MS850001-0004	Observatory - Grootte Schuur Hospital - Cooling tower replacement of 6 units	HFRG	8.5	City of Cape Town	Stage 5: Works	30-Jun-17	31-Aug-21	15 000	288	-	-	-	-	-
82	MS850001-0070	Observatory - Grootte Schuur Hospital - Fire safety (Alpha)	HFRG	8.5	City of Cape Town	Stage 1: Initiation	5-Nov-19	30-Sep-26	73 500	1 654	3 938	11 543	31 807	8 709	1 150
83	MS850001-0096	Observatory - Grootte Schuur Hospital - General maintenance to Old Main Building (Alpha)	PES: TBH	8.5	City of Cape Town	Still to be initiated	31-Jul-23	31-Jul-28	100 000	-	-	1 600	16 000	12 960	1 440
84	MS850001-0048	Observatory - Grootte Schuur Hospital - H Block lift upgrade 3420, 3422, 3434, 3435, 3443	PES	8.5	City of Cape Town	Stage 4: Design Documentation	11-Dec-17	30-Jun-24	16 300	3 360	1 935	528	533	-	-
85	MS850001-0058	Observatory - Grootte Schuur Hospital - Inspection chambers and replace 60 valves on main reticulation	HFRG	8.5	City of Cape Town	Stage 3: Design Development	22-Nov-18	30-Sep-23	10 450	3 497	3 900	641	-	-	-
86	MS850001-0091	Observatory - Grootte Schuur Hospital - Lift upgrade OMB (1444, 1445, 0035, 0036) and NMB (3439, 3440)	HFRG	8.5	City of Cape Town	Stage 5: Works	11-Dec-17	31-Oct-21	16 240	348	-	-	-	-	-
87	MS850001-0103	Observatory - Grootte Schuur Hospital - Lift upgrade SL-13-1, 2, 3 and OPD 5, 6	HFRG	8.5	City of Cape Town	Stage 4: Design Documentation	25-Nov-19	31-Aug-24	15 068	4 823	6 397	187	-	-	-

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 1 APRIL 2022	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/40 R000's
88	MS850001-0049	Observatory - Grootte Schuur Hospital - Old Main Building lift upgrade 1440, 1441	HFRG	8.5	City of Cape Town	Stage 5: Works	11-Dec-17	31-Dec-21	5 288	170	-	-	-	-	-
89	MS850001-0072	Observatory - Grootte Schuur Hospital - PFC Maintenance (Alpha)	HFRG	8.5	City of Cape Town	Stage 2: Concept	26-Jun-19	30-Jun-23	4 800	1 776	1 426	520	-	-	-
90	MS850001-0059	Observatory - Grootte Schuur Hospital - Pneumatic Tube system overhaul	PES	8.5	City of Cape Town	Stage 4: Design Documentation	15-Feb-18	30-Nov-24	14 300	2 014	4 227	2 827	1 000	-	-
91	MS850001-0061	Observatory - Grootte Schuur Hospital - Replacement of nurse call system	PES	8.5	City of Cape Town	Stage 5: Works	19-Dec-17	30-Apr-22	9 300	40	310	-	-	-	-
92	MS850001-0005	Observatory - Grootte Schuur Hospital - Upgrade access control	HFRG	8.5	City of Cape Town	Stage 5: Works	30-Aug-17	30-Nov-21	7 197	156	10	-	-	-	-
93	MS850001-0007	Observatory - Grootte Schuur Hospital - Upgrade of the interstitial floor sewer lines	HFRG	8.5	City of Cape Town	Stage 5: Works	1-Mar-15	31-May-26	6 005	4 141	3 640	8	224	-	-
94	MS850001-0069	Parow - Tygerberg Hospital - BMS upgrade	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	21-Dec-18	30-Nov-23	8 693	-	-	-	1 749	4 554	197
95	MS850001-0105	Parow - Tygerberg Hospital - CDU Building Lifts upgrade	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	13-Jan-21	1-Apr-23	1 905	1 325	136	-	-	-	-
96	MS850001-0085	Parow - Tygerberg Hospital - Diesel tank replacement (Alpha)	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	4-Apr-19	31-Dec-22	16 800	10 572	1 351	-	-	-	-
97	MS850001-0090	Parow - Tygerberg Hospital - EC south-west corner lifts 35 and 36 upgrade	PES: TBH	8.5	City of Cape Town	Stage 5: Works	20-Mar-19	31-May-22	7 729	1 343	276	-	-	-	-
98	MS850001-0089	Parow - Tygerberg Hospital - External lighting maintenance (Alpha)	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	29-Mar-19	30-Sep-22	5 500	3 093	432	131	-	-	-
99	MS850001-0074	Parow - Tygerberg Hospital - Facade maintenance and cleaning	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	13-May-19	30-Nov-23	18 000	4 472	7 989	470	-	-	-
100	MS850001-0062	Parow - Tygerberg Hospital - Fire Compliance, Detection and Alarm System for Protea Court and Doctors Residence	PES: TBH	8.5	City of Cape Town	Stage 5: Works	20-Mar-18	7-Apr-21	4 002	224	-	-	-	-	-
101	MS850001-0086	Parow - Tygerberg Hospital - Lift maintenance (Alpha)	PES: TBH	8.5	City of Cape Town	Stage 5: Works	1-Dec-16	31-Mar-23	6 500	569	-	-	-	-	-

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 1 APRIL 2022	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/40 R000's
102	MS850001-0109	Parow - Tygerberg Hospital - Lift maintenance (Beta)	PES: TBH	8.5	City of Cape Town	Stage 5: Works	1-Apr-22	31-Mar-25	1 763	460	869	434	-	-	-
103	MS850001-0092	Parow - Tygerberg Hospital - Lifts upgrade at Protea Court, X Block, Casualty West	PES: TBH	8.5	City of Cape Town	Stage 5: Works	11-Dec-17	30-Apr-22	18 066	3	716	-	-	-	-
104	MS850001-0099	Parow - Tygerberg Hospital - Main building lifts upgrade (Alpha)	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	25-Nov-19	30-Apr-23	4 800	1 025	235	-	-	-	-
105	MS850001-0078	Parow - Tygerberg Hospital - Maintenance to bulk sewers	PES: TBH	8.5	City of Cape Town	Stage 3: Design Development	22-Aug-19	30-Nov-23	58 563	13 053	26 618	5 316	-	-	-
106	MS850001-0076	Parow - Tygerberg Hospital - Maintenance to X-Block tunnel	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	9-Dec-19	31-Aug-22	5 500	3 276	172	-	-	-	-
107	MS850001-0101	Parow - Tygerberg Hospital - Protea Hall floor repair	PES: TBH	8.5	City of Cape Town	Still to be initiated	30-Jun-24	31-Oct-26	1 000	-	16	32	752	-	-
108	MS850001-0081	Parow - Tygerberg Hospital - Public toilets upgrade incl flushmaster replacement	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	29-Jul-19	30-Sep-22	6 600	4 451	172	-	-	-	-
109	MS850001-0064	Parow - Tygerberg Hospital - Replacement of chillers (Alpha)	PES: TBH	8.5	City of Cape Town	Stage 3: Design Development	22-Nov-18	31-Jan-25	47 000	2 293	20 305	11 258	1 783	-	-
110	MS850001-0043	Parow - Tygerberg Hospital - Replacement of PA Evacuation System	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	14-Apr-18	30-Apr-25	132 200	23 653	31 197	31 571	13 600	-	-
111	MS850001-0062	Parow - Tygerberg Hospital - Resurfacing of roads Ph2	PES: TBH	8.5	City of Cape Town	Stage 5: Works	21-Dec-18	31-Dec-21	39 000	141	-	-	-	-	-
112	MS850001-0080	Parow - Tygerberg Hospital - Roof waterproofing (Alpha)	PES: TBH	8.5	City of Cape Town	Stage 5: Works	1-Apr-19	31-Mar-22	31 100	835	-	-	-	-	-
113	MS850001-0079	Parow - Tygerberg Hospital - Security fence maintenance (Alpha)	PES: TBH	8.5	City of Cape Town	Stage 5: Works	27-Feb-19	23-Jul-21	8 200	101	-	-	-	-	-
114	MS850001-0087	Parow - Tygerberg Hospital - UPS farm rehabilitation	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	4-Apr-19	30-Apr-23	13 500	9 980	90	41	-	-	-
115	MS850001-0065	Parow - Tygerberg Hospital - X Block UPS upgrade	PES: TBH	8.5	City of Cape Town	Stage 4: Design Documentation	7-May-18	30-Jun-22	3 520	2 023	-	-	-	-	-

NO	PROJECT NO	PROJECT NAME	FUND	SP	DISTRICT	FIPDM AT 1 APRIL 2022	STRAT BRIEF ISSUE DATE	PRACTICAL COMPLETION DATE	TOTAL PROJECT COST	2022/23 R000's	2023/24 R000's	2024/25 R000's	2025/26 R000's	2026/27 R000's	2027/40 R000's
116	MS850001-0104	Rondebosch - Red Cross War Memorial Childrens Hospital - New EC Lift	HFRG	8.5	City of Cape Town	Stage 3: Design Development	1-Apr-20	28-Feb-23	2 397	1 035	54	-	-	-	-
117	MS850001-0019	Rondebosch - Red Cross War Memorial Childrens Hospital - Fire compliance - Diesel storage tanks	HFRG	8.5	City of Cape Town	Stage 5: Works	1-Dec-16	31-Oct-21	2 411	166	76	-	-	-	-
118	MS850001-0018	Rondebosch - Red Cross War Memorial Childrens Hospital - Mechanical work - Storage calorifiers and heat pump	PES	8.5	City of Cape Town	Stage 4: Design Documentation	30-Aug-17	31-Mar-23	5 300	3 571	1	190	-	-	-
119	MS850001-0022	Various Facilities 8.5 - Lift maintenance	PES	8.5	Various	Stage 5: Works	1-Dec-16	31-Mar-23	2 500	1 360	-	-	-	-	-
120	MS850001-0108	Various Facilities 8.5 - Lift maintenance (Alpha)	PES	8.5	Various	Stage 5: Works	1-Apr-22	31-Mar-25	5 440	1 360	2 720	1 360	-	-	-
121	MS860001-0023	Athlone - WCCN - Steam, domestic and sewer mains upgrade, and fire compliance	HFRG	8.6	City of Cape Town	Stage 3: Design Development	14-Feb-18	31-May-25	53 500	1 581	9 702	19 844	5 178	3 671	-
122	MS860001-0006	Various Facilities 8.6 - Lift maintenance	PES	8.6	Various	Stage 5: Works	1-Dec-16	31-Mar-23	70	42	-	-	-	-	-
123	MS860001-0024	Various Facilities 8.6 - Lift maintenance (Alpha)	PES	8.6	Various	Stage 5: Works	1-Apr-22	31-Mar-25	112	14	56	42	-	-	-
GRAND TOTAL									203 445	225 490	201 191	174 977	56 850	6 276	

Template 9.2:

Routine Maintenance Requirements

**TEMPLATE 9.2: ROUTINE MAINTENANCE REQUIREMENTS
ROUTINE MAINTENANCE ACTIVITIES TO BE CARRIED OUT OVER THE 2021 MTEF**

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2022 MTEF R	2022/23 R	2023/24 R	2024/25 R
1	Bothasig CDC	8.1	Bothasig	Cape Town	1 088 196	182 510	90 451	8 15 235
2	Delft CHC	8.1	Delft	Cape Town	698 526	217 791	234 235	246 500
3	District Six CDC	8.1	Cape Town	Cape Town	778 230	255 514	271 352	251 364
4	Du Noon CHC	8.1	Nu Noon	Cape Town	561 915	182 510	195 976	183 428
5	Grassy Park CDC	8.1	Grassy Park	Cape Town	814 949	254 090	273 275	287 564
6	Heideveld CDC	8.1	Heideveld	Cape Town	908 581	283 283	304 672	320 626
7	Inzame Zabantu CDC	8.1	Phillipi	Cape Town	284 365	88 661	95 355	100 349
8	Mfuleni CDC Temporary	8.1	Mfuleni	Cape Town	216 316	73 004	75 376	67 936
9	Mitchells Plain CHC	8.1	Mitchells Plain	Cape Town	443 887	138 398	148 847	156 642
10	Nomzamo CDC	8.1	Strand	Cape Town	232 347	72 443	77 912	81 992
11	Non-Facility Specific	8.1	Various	Cape Town	918 076	292 016	320 346	305 713
12	Nyanga CDC	8.1	Nyanga	Cape Town	71 656	-	37 688	33 968
13	Ruyfenwacht CDC	8.1	Goodwood	Cape Town	454 290	141 641	152 336	160 313
14	De Doorns Clinic	8.1	De Doorns	Cape Winelands	396 130	109 506	150 751	135 873
15	Gouda Clinic	8.1	Gouda	Cape Winelands	34 679	10 812	11 629	12 238
16	Non-Facility Specific	8.1	Various	Cape Winelands	2 160 625	693 539	753 756	713 331
17	Prince Alfred Hamlet Clinic	8.1	Prince Alfred Hamlet	Cape Winelands	166 420	51 887	55 805	58 727
18	Rawsonville Clinic	8.1	Rawsonville	Cape Winelands	457 758	142 723	153 499	161 537
19	Simondium Clinic	8.1	Paarl	Cape Winelands	1 236 891	385 645	414 763	436 482

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2022 MTEF R	2022/23 R	2023/24 R	2024/25 R
20	TC Newman CDC	8.1	Paarl	Cape Winelands	1 727 993	547 530	603 004	577 458
21	Wellington CDC	8.1	Wellington	Cape Winelands	416 456	129 845	139 649	146 962
22	Windmeul Clinic	8.1	Paarl	Cape Winelands	24 738	7 713	8 295	8 730
23	Wolseley Clinic	8.1	Wolseley	Cape Winelands	123 689	38 565	41 476	43 648
24	Worcester CDC	8.1	Worcester	Cape Winelands	735 188	229 221	246 528	259 438
25	Klaarstroom Satellite Clinic	8.1	Klaarstroom	Central Karoo	97 100	30 275	32 560	34 265
26	Laingsburg Clinic	8.1	Laingsburg	Central Karoo	270 141	87 605	94 219	88 317
27	Alma CDC	8.1	Mossel Bay	Garden Route	232 347	72 443	77 912	81 992
28	Asla Park Clinic	8.1	Mossel Bay	Garden Route	232 347	72 443	77 912	81 992
29	Knysna CDC	8.1	Knysna	Garden Route	1 278 377	401 522	452 253	424 602
30	Kwanokuthula CDC	8.1	Plettenberg Bay	Garden Route	2 961 136	1 460 081	753 756	747 299
31	Ladismith Clinic	8.1	Ladismith	Garden Route	119 211	-	37 688	81 524
32	Meikhoufontein Clinic	8.1	Stilbaai	Garden Route	544 455	169 753	182 571	192 131
33	New Horizon Clinic	8.1	Plettenberg Bay	Garden Route	273 961	85 417	91 867	96 677
34	Non-Facility Specific	8.1	Knysna	Garden Route	237 441	73 004	82 913	81 524
35	Non-Facility Specific	8.1	Various	Garden Route	280 704	87 605	97 988	95 111
36	Oudtshoorn Clinics	8.1	Oudtshoorn	Garden Route	572 198	178 403	191 874	201 921
37	Plettenberg Bay Clinic	8.1	Plettenberg Bay	Garden Route	454 290	141 641	152 336	160 313
38	Riversdale Clinic	8.1	Riversdale	Garden Route	171 967	53 617	57 665	60 685
39	Hillside Clinic	8.1	Beaufort West	Central Karoo	1 764 495	584 032	603 004	577 458
40	Bettys Bay Satellite Clinic	8.1	Bettys Bay	Overberg	108 158	36 502	37 688	33 968
41	Gansbaai Clinic	8.1	Gansbaai	Overberg	237 171	58 403	90 451	88 317

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2022 MTEF R	2022/23 R	2023/24 R	2024/25 R
42	Hermanus CDC	8.1	Hermanus	Overberg	679 702	211 922	227 923	239 858
43	Non-Facility Specific	8.1	Various	Overberg	410 493	131 407	143 214	135 873
44	Stanford Clinic	8.1	Stanford	Overberg	232 347	72 443	77 912	81 992
45	Swellendam Clinic	8.1	Swellendam	Overberg	204 704	63 311	70 289	71 104
46	Abbotsdale Satellite Clinic	8.1	Malmesbury	West Coast	53 944	10 951	22 613	20 381
47	Chatsworth Satellite Clinic	8.1	Malmesbury	West Coast	53 944	10 951	22 613	20 381
48	Clanwilliam Clinic	8.1	Clanwilliam	West Coast	273 961	85 417	91 867	96 677
49	Malmesbury CDC	8.1	Malmesbury	West Coast	679 702	211 922	227 923	239 858
50	Non-Facility Specific	8.1	Various	West Coast	215 809	65 704	75 376	74 730
51	Van Rhynsdorp Clinic	8.1	Van Rhynsdorp	West Coast	232 347	72 443	77 912	81 992
52	Non-Facility Specific	8.2	Various	Cape Town	2 300 498	717 263	771 420	811 815
53	Wesfleur Ambulance Station	8.2	Atlantis	Cape Town	141 169	44 015	47 338	49 817
54	Bonnievale Ambulance Station	8.2	Bonnievale	Cape Winelands	18 829	5 871	6 314	6 644
55	De Doorns Ambulance Station	8.2	De Doorns	Cape Winelands	125 735	18 251	56 532	50 952
56	Non-Facility Specific	8.2	Various	Cape Winelands	307 997	96 029	103 280	108 688
57	Robertson Ambulance Station	8.2	Robertson	Cape Winelands	141 247	44 039	47 364	49 844
58	Tulbagh Ambulance Station	8.2	Tulbagh	Cape Winelands	141 247	44 039	47 364	49 844
59	Worcester Ambulance Station	8.2	Worcester	Cape Winelands	95 712	29 842	32 095	33 776
60	Leeu-Gamka Ambulance Station	8.2	Leeu-Gamka	Central Karoo	307 997	96 029	103 280	108 688
61	Prinze Albert Ambulance Station	8.2	Prinze Albert	Central Karoo	19 618	6 117	6 578	6 923
62	George Ambulance Station	8.2	George	Garden Route	207 947	64 835	69 730	73 382

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2022 MTEF R	2022/23 R	2023/24 R	2024/25 R
63	Heidelberg Ambulance Station	8.2	Heidelberg	Garden Route	31 381	9 784	10 523	11 074
64	Plettenberg Bay Ambulance Station	8.2	Plettenberg Bay	Garden Route	258 953	80 738	86 834	91 381
65	Riversdale Ambulance Station	8.2	Riversdale	Garden Route	31 381	9 784	10 523	11 074
66	Caledon Ambulance Station	8.2	Caledon	Overberg	274 872	18 251	18 844	237 777
67	Grabouw Ambulance Station	8.2	Grabouw	Overberg	103 973	32 417	34 865	36 691
68	Hermanus Ambulance Station	8.2	Hermanus	Overberg	258 953	80 738	86 834	91 381
69	Non-Facility Specific	8.2	Various	Overberg	186 367	58 107	62 494	65 767
70	Swellendam Ambulance Station	8.2	Swellendam	Overberg	29 426	9 175	9 867	10 384
71	Darling Ambulance Station	8.2	Darling	West Coast	32 447	10 951	11 306	10 190
72	Malmesbury Ambulance Station	8.2	Malmesbury	West Coast	307 997	96 029	103 280	108 688
73	Vredendal Ambulance Station	8.2	Vredendal	West Coast	154 979	48 320	51 969	54 690
74	Brackenage Hospital of Hope	8.3	Brackenfell	Cape Town	522 565	365 020	150 751	6 794
75	Eerste River Hospital	8.3	Eerste River	Cape Town	1 423 910	277 415	603 004	543 490
76	Heiderberg Hospital	8.3	Strand	Cape Town	430 098	109 506	150 751	169 841
77	Karl Bremer Hospital	8.3	Bellville	Cape Town	2 828 274	881 816	948 398	998 060
78	Khayelitsha Hospital	8.3	Khayelitsha	Cape Town	4 230 456	2 190 122	1 055 258	985 076
79	Mitchells Plain Hospital	8.3	Mitchells Plain	Cape Town	3 573 954	1 114 309	1 198 445	1 261 201
80	Victoria Hospital	8.3	Wynberg	Cape Town	200 287	62 447	67 162	70 679
81	Wesfleur Hospital	8.3	Atlantis	Cape Town	438 999	136 874	147 208	154 917
82	Ceres Hospital	8.3	Ceres	Cape Winelands	755 839	237 263	263 814	254 761
83	Robertson Hospital	8.3	Robertson	Cape Winelands	392 297	122 313	131 548	138 436
84	Stellenbosch Hospital	8.3	Stellenbosch	Cape Winelands	778 230	255 514	271 352	251 364

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2022 MTEF R	2022/23 R	2023/24 R	2024/25 R
85	Non-Facility Specific	8.3	Various	Central Karoo	52 306	16 308	17 540	18 458
86	Knysna Hospital	8.3	Knysna	Garden Route	2 701 415	876 049	942 194	883 172
87	Mossel Bay Hospital	8.3	Mossel Bay	Garden Route	37 362	11 649	12 528	13 184
88	Oudtshoorn Hospital	8.3	Oudtshoorn	Garden Route	244 719	76 300	82 061	86 358
89	Riversdale Hospital	8.3	Riversdale	Garden Route	756 573	235 889	253 699	266 984
90	Caledon Hospital	8.3	Caledon	Overberg	551 352	182 510	192 208	176 634
91	Hermanus Hospital	8.3	Hermanus	Overberg	1 350 707	438 024	471 097	441 586
92	Otto du Plessis Hospital	8.3	Bredasdorp	Overberg	285 438	36 502	113 063	135 873
93	Swellendam Hospital	8.3	Swellendam	Overberg	298 826	93 170	100 204	105 452
94	Non-Facility Specific	8.3	Various	Various	4 474 053	1 394 947	1 500 272	1 578 834
95	Swartland Hospital	8.3	Malmesbury	West Coast	560 424	174 732	187 926	197 766
96	Vredenburg Hospital	8.3	Vredenburg	West Coast	2 905 057	1 095 061	1 130 633	679 363
97	Vredendal Hospital	8.3	Vredendal	West Coast	1 187 203	365 020	414 566	407 618
98	Brooklyn Chest Hospital	8.4	Brooklyn	Cape Town	171 038	53 327	57 354	60 357
99	Lenteguur Hospital	8.4	Mitchells Plain	Cape Town	69 970	21 816	23 463	24 692
100	Mowbray Maternity Hospital	8.4	Mowbray	Cape Town	1 014 568	316 328	340 212	358 027
101	New Somerset Hospital	8.4	Green Point	Cape Town	507 932	158 366	170 323	179 242
102	Valkenberg Hospital	8.4	Observatory	Cape Town	1 183 015	368 847	396 697	417 470
103	Paarl Hospital	8.4	Paarl	Cape Winelands	3 245 840	1 012 007	1 088 419	1 145 413
104	Worcester Hospital	8.4	Worcester	Cape Winelands	3 419 310	1 066 093	1 146 588	1 206 629
105	George Hospital	8.4	George	Garden Route	2 871 369	895 253	962 849	1 013 268
106	Harry Comay Hospital	8.4	George	Garden Route	507 932	158 366	170 323	179 242

NO	FACILITY NAME	SP	TOWN / SUBURB	DISTRICT	TOTAL VALUE OF ACTIVITIES OVER THE 2022 MTEF R	2022/23 R	2023/24 R	2024/25 R
107	Non-Facility Specific	8.4	Various	Various	4 703 552	1 466 502	1 577 229	1 659 821
108	Non-Facility Specific	8.4	Various	West Coast	36 281	11 312	12 166	12 803
109	Red Cross War Memorial Children Hospital	8.5	Rondebosch	Cape Town	22 351 457	6 968 872	7 495 054	7 887 531
110	Tygerberg Hospital	8.5	Parow	Cape Town	35 559 136	11 086 842	11 923 950	12 548 345
111	Lentegeur Central Laundry	8.6	Mitchells Plain	Cape Town	1 307 675	407 715	438 499	461 461
112	Non-Facility Specific	8.6	Various	Cape Town	7 756 209	2 418 278	2 600 869	2 737 063
113	Observatory FPL	8.6	Observatory	Cape Town	718 070	182 510	263 814	271 745
114	WCCN Boland Overberg Campus	8.6	Worcester	Cape Winelands	948 314	295 671	317 996	334 647
115	Worcester FPL	8.6	Worcester	Cape Winelands	516 256	160 962	173 115	182 180
116	Beaufort West FPL	8.6	Beaufort West	Central Karoo	783 607	244 318	262 765	276 524
117	George FPL	8.6	George	Garden Route	783 607	244 318	262 765	276 524
118	Non-Facility Specific	8.6	Various	Garden Route	334 405	104 263	112 135	118 007
119	Hermanus FPL	8.6	Hermanus	Overberg	653 837	203 857	219 250	230 731
120	Malmesbury FPL	8.6	Malmesbury	West Coast	3 264 196	1 017 731	1 094 574	1 151 891
Grand Total					156 991 000	50 291 000	52 304 000	54 396 000

Template 10:

Budgetary Requirements for Accommodation Plan

TEMPLATE 10: BUDGETARY REQUIREMENTS FOR ACCOMMODATION PLAN

NATURE OF INVESTMENT / CATEGORY	2020/21		2021/22		2022/23		2023/24		2024/25		COMMENTS/MOTIVATION/PROPOSED IMPLEMENTATION PLAN FOR INCREASED ALLOCATION
	MTEF ADJUSTED ALLOCATION Including PBB R'000	MTEF ADJUSTED ALLOCATION Including PBB R'000	MTEF ADJUSTED ALLOCATION Including PBB R'000	MTEF INDICATIVE ALLOCATION R'000	MTEF INDICATIVE ALLOCATION R'000	MTEF INDICATIVE ALLOCATION R'000	MTEF INDICATIVE ALLOCATION R'000	OPTIMAL BUDGET R'000	SHORTFALL R'000	OPTIMAL BUDGET R'000	
CAPITAL PROJECTS											
New & Replacement Assets	70 726	113 097	80 934	166 509	151 912	100 000	251 912	178 300	100 000	278 300	The optimal budget includes funding allocation for projects proposed to be in both the planning phase and the construction phase in 2022/23. Major projects such as Tygerberg Central Hospital PPP, Valkenberg Hospital, new Kipfontein Regional and Belhar Regional Hospitals, Swaitland District Hospital, various PHC facilities in the Metro, R, 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). 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 WCGTPW has explored alternative implementing strategies. A large number of briefing documents were issued from 2017 to the Implementing Agent in order to have projects ready for tender. There are currently 83 such projects. Furthermore, a number of large projects will require substantial cash flow per year. The Acute Hospital Bed Plan substantially influenced the required allocation for the next 15 years in order to provide the required services and also to align with NHI (UHC). Funding for the Tygerberg Hospital PPP has been excluded from the requested amounts. The PBI allocation for 2023/24 will assist in reducing the large shortfall for 2024/25 which is currently forecasted. Large amounts are required for maintenance including R, R & R in order to ensure fire 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)	149 263	155 323	91 646	141 722	292 567	50 000	342 567	359 951	50 000	409 951	
Upgrades & Additions	123 522	87 699	41 897	86 965	223 416	50 000	273 416	181 209	50 000	231 209	
Infrastructure Transfer	10 000	0	0	0	0	0	0	0	0	0	
TOTAL CAPITAL WORKS	353 511	356 119	214 477	395 196	667 895	200 000	867 895	719 460	200 000	919 460	
Existing Leases. Office accommodation including charges and municipal services											
WCGTPW 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 WCGH. The lack of maintenance at WCGH office accommodation is hampering service delivery. WCGH currently considers office accommodation and related responsibilities such as maintenance as an unfunded mandate.											

NATURE OF INVESTMENT / CATEGORY	2020/21		2021/22		2022/23		2023/24			2024/25			COMMENTS/MOTIVATION/PROPOSED IMPLEMENTATION PLAN FOR INCREASED ALLOCATION	
	MTEF ADJUSTED ALLOCATION Including PBB R'000	MTEF ADJUSTED ALLOCATION Including PBB R'000	MTEF ADJUSTED ALLOCATION Including PBB R'000	MTEF INDICATIVE ALLOCATION R'000	MTEF INDICATIVE ALLOCATION R'000	MTEF INDICATIVE ALLOCATION R'000	MTEF INDICATIVE ALLOCATION R'000	SHORTFALL R'000	OPTIMAL BUDGET R'000	SHORTFALL R'000	OPTIMAL BUDGET R'000			
	RECURRENT COSTS: MAINTENANCE / REPAIRS													
Scheduled Maintenance	194 456	236 796	180 115	203 445	225 490	20 000	245 490	20 000	201 191	20 000	221 191	20 000	221 191	Appointment of contractors and consultants under framework contracts will continue as a means to accelerate project delivery. Not all projects funded in 2022/23 have sufficient funding for 2023/24 and 2024/25 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.
Routine & Emergency Maintenance and Professional Day-to-day Maintenance	161 813	185 484	259 706	199 845	126 170	15 000	141 170	15 000	174 889	5 000	179 889	5 000	179 889	This refers only to the Programme 8 Routine, Professional Day-to-day and Emergency Maintenance budget and not to maintenance undertaken at institution level.
Health Technology	340 677	245 496	363 314	301 359	99 681	25 000	124 681	25 000	68 298	50 000	118 298	50 000	118 298	Health Technology also has a large backlog both on new and replacement assets which requires attention, hence the importance of the PBI allocation.
OD & QA and Capacitation	61 381	100 122	67 863	76 748	95 737		95 737		94 658		94 658		94 658	Included in these amounts are preliminary allowance for Capacitation of the Hub and Spoke for Engineering and Clinical Engineering.
Transfer current	5 068	0	0	0	0				0					
TOTAL RECURRENT COSTS	356 269	422 280	439 821	403 290	351 660	60 000	386 660	60 000	376 080	75 000	401 080	75 000	401 080	
TOTAL BUDGET	1 116 906	1 124 017	1 085 475	1 176 593	1 214 973	260 000	1 474 973	260 000	1 258 496	275 000	1 533 496	275 000	1 533 496	
HFRG excluding PES (excl HT, OD & QA and Capacitation)	423 153	423 186	299 987	440 941	649 186				708 822					
% Shortfall including PES							21%				22%			
TOTAL HFRG (including HT, OD & QA and Capacitation)	698 793	724 865	714 865	796 590	805 103	260 000	1 065 103	260 000	830 223	275 000	1 105 223	275 000	1 105 223	
% Shortfall of HFRG including HT, OD & QA and Capacitation							32%				33%			A total of 32% and 33% 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.

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 CITY OF CAPE TOWN**

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	Adriaanse Clinic	Elsies River	Obtain from CoCT	Seboa Street, Clarke Estate, Elsies 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		18 309
2	Albow Gardens CDC	Brooklyn	Obtain from CoCT	Koeborg 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		77 913
3	Alphen Clinic	Constantia	Obtain from CoCT	Main Road, Constantia	Clinic	To be closed by City in June 2022	Southern	-34.019296	18.446136	Confirm status in U-amp 2023	Long-term		5 850
4	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 Wallacedene facility replacement.	Long-term		63 327
5	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		27 288
6	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		15 371
7	Brighton Clinic	Kraaifontein	Obtain from CoCT	Brighton Street, Kraaifontein	Clinic		Northern	-33.841747	18.705887	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		14 535
8	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.			15 765
9	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		1 555
10	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		13 975
11	Crossroads 1 Clinic	Crossroads	Obtain from CoCT	Klipfontein Road (opposite Mfwanane Building) Crossroads	Clinic		Mitchell's Plain	-33.993309	18.602938	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		22 674

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		
12	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		75 009
13	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		8 446
14	Dirkie Uys Clinic	Goodwood	Obtain from CoCT	C/o Dingle Road and Church Street, Goodwood	Clinic	Refer to Goodwood CDC below	Tygerberg	-33.91058	18.55038	Shared property. Goodwood CDC operated by WCGH. Facility to be transferred in 2022	Medium-term		11 306
15	Dr Ivan Toms CDC	Mfuleni	Obtain from CoCT	O. Nqubelani Street, Mfuleni	CDC		Eastern	-33.991006	18.671487	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		74 715
16	Driftsands Sat. Clinic	Mfuleni	Obtain from CoCT	Nyhlia Street, Driftsands	Satellite Clinic		Eastern	-34.005547	18.651358	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		3 987
17	Durbanville Clinic	Durbanville	Obtain from CoCT	De Villiers Avenue, Durbanville	Clinic	Refer to Durbanville CDC below	Northern	-33.83	18.65444444	Shared property. Durbanville CDC operated by WCGH. Facility to be transferred in 2022. To be upgraded to 60 000 facility in long term. Note site next door also to be transferred.	Medium-term		12 213
18	Eastridge Clinic	Mitchell's Plain	Obtain from CoCT	First Avenue, Eastridge, Mitchell's Plain	Clinic	To be closed by City in June 2022 but WCG to take over	Mitchell's Plain	-34.046291	18.621436	Confirm status in U-amp 2023	Long-term		32 853
19	Eerste River Clinic	Eerste River	Obtain from CoCT	Bobs Way, Eerste River	Clinic	Replaced Hlorest and Russels Rest Clinics	Eastern	-34.009042	18.724444	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 45 000 facility in long term. City confirmed that there are sufficient space for additions.	Long-term		39 791
20	Elsies River Clinic	Elsies River	Obtain from CoCT	C/o 26th Avenue & Halt Road, Elsies River	Clinic	To be closed by City in June 2022 but WCG to take over	Tygerberg	-33.929771	18.575169	Confirm status in U-amp 2023	Long-term		39 521
21	Factreton Clinic	Factreton	Obtain from CoCT	C/o 11th Avenue & Factreton Avenue, Factreton, Kensington	Clinic		Western	-33.909416	18.511073	Maintain status quo, pending outcome of possible consolidation of services with CoCT. According to CoCT's District Plan replacement of facility planned.	Long-term		14 848

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		
22	Fagan Street Clinic	Strand	Obtain from CoCT	Fagan Street, Strand	Clinic		Eastern	-34.116196	18.829787	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		6 897
23	Fisantekraal Clinic	Fisantekraal	Obtain from CoCT	Dullah Omar Street, Fisantekraal, Durbanville	Clinic		Northern	-33.782255	18.717649	Maintain status quo, pending outcome of possible consolidation of services with CoCT. City contracting cdc on new site.	Short term		21 624
24	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		7 516
25	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		13 386
26	Gugulethu Clinic	Gugulethu	Obtain from CoCT	C/o Steve Biko Road and NY3, Gugulethu	Clinic	Dental Clinic operated by WCGH within the Gugulethu Clinic	Klipfontein	-33.987351	18.565822	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		49 585
27	Hanover Park Clinic	Hanover Park	Obtain from CoCT	Hanover Park Avenue, Hanover Park	Clinic		Klipfontein	-33.994762	18.526506	Maintain status quo, pending outcome of possible consolidation of services with CoCT. WCGH planning replacement Hanover Park CHC.	Short to medium term		22 132
28	Harmonie Clinic	Kraaifontein	Obtain from CoCT	Frans Conraad Drive, Kraaifontein	Clinic		Northern	-33.851325	18.711751	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		15 940
29	Hazendal Sat. Clinic	Hazendal	Obtain from CoCT	Kuils Street, Hazendal	Satellite Clinic		Klipfontein	-33.957999	18.505257	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		3 563
30	Honeyside Sat. Clinic	Athlone	Obtain from CoCT	Belgravia Road, Athlone	Satellite Clinic		Klipfontein	-33.979981	18.515163	Confirm status in U-amp 2023	Long-term		774
31	Kasselsvlei Clinic	Bellville South	Obtain from CoCT	Kasselsvlei Road, Bellville South	Clinic	Refer to Bellville South CDC below	Tygerberg	-33.915	18.64416667	Shared property. Bellville South CDC operated by WCGH. Facility to be transferred to WCGH in 2022.	Medium-term		26 703
32	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		739
33	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		9 210

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		
34	Kuyasa CDC	Khayelitsha	Obtain from CoCT	C/o Kreebe & Ntlanzane 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		77 242
35	Kuyasa Male Clinic	Khayelitsha	Obtain from CoCT	C/o Kreebe & Ntlanzane Streets, Kuyasa, Khayelitsha	Clinic		Khayelitsha	-34.055395	18 691921	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		12 069
36	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		65 167
37	Lansdowne Clinic	Lansdowne	Obtain from CoCT	C/o Lansdowne Road & Church Street, Lansdowne	Clinic		Klipfontein	-33.991675	18 505201	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		10 303
38	Lavender Hill Clinic	Lavender Hill	Obtain from CoCT	74 Grindle Crescent, Lavender Hill	Clinic		Southern	-34.06848	18 486184	Confirm status in U-amp 2023	Long-term		17 933
39	Lentegeur Clinic	Mitchell's Plain	Obtain from CoCT	Melkbos Street, Lentegeur	Clinic		Mitchell's Plain	-34.034328	18 609909	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		42 700
40	Leonsdale Sat. Clinic	Elsies River	Obtain from CoCT	12th Avenue, Leonsdale, Elsie's River	Satellite Clinic		Tygerberg	-33.919166	18 575954	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		2 902
41	Luvuyo CDC	Khayelitsha	Obtain from CoCT	Heila Road, Makhaza, Khayelitsha	CDC		Khayelitsha	-34.050501	18 709492	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		60 651
42	Maitland Clinic	Maitland	Obtain from CoCT	2 Norfolk Road, Maitland	Clinic	To be closed by City in June 2022 but WCGH objected	Western	-33.921944	18 489069	Confirm status in U-amp 2023	Short to medium term		11 646
43	Mandalay Sat. Clinic	Mandalay	Obtain from CoCT	Ryan Way, Mandalay	Satellite Clinic		Mitchell's Plain	-34.018576	18 623782	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		1 138
44	Manenberg Clinic	Manenberg	Obtain from CoCT	Manenberg Avenue, Manenberg	Clinic		Klipfontein	-33.98805556	18 555	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		27 308
45	Masincedane 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		27 316

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		
46	Masiphumelele Clinic	Noordhoek	Obtain from CoCT	Pokela Way, Masiphumelele	Clinic		Southern	-34.128995	18.378848	Maintain status quo, pending outcome of possible consolidation of services with CoCT. City and WCGH looking for replacement site for larger facility.	Medium-term		47 705
47	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.	Medium-term		76 789
48	Mayenzeke Clinic	Khayelitsha	Obtain from CoCT	Furdana Road, Makhaza, Khayelitsha	Clinic		Khayelitsha	-34.052174	18.702144	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		26 301
49	Melkbosstrand Clinic	Melkbosstrand	Obtain from CoCT	Robben Road, Melkbosstrand	Clinic		Western	-33.717027	18.44753	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		2 856
50	Men's Health Sat. Clinic	Belville	Obtain from CoCT	90 Charl Malan Street, Bellville	Satellite Clinic		Tygerberg	-33.905439	18.629611	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		31
51	Muizenberg Clinic	Muizenberg	Obtain from CoCT	Atlantic Road, Muizenberg	Clinic		Southern	-34.106633	18.470354	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		9 961
52	Mzamomhle Clinic	Philippi	Obtain from CoCT	Sagwityi 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		64 642
53	Netreg Clinic	Netreg	Obtain from CoCT	C/o Bonteheuwel & Jakkalsvlei Avenue, Netreg	Clinic		Tygerberg	-33.948861	18.560427	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		17 876
54	Newfields Sat. Clinic	Newfields	Obtain from CoCT	Surran Road, Newfields	Satellite Clinic		Klipfontein	-33.986025	18.530149	Confirm status in U-amp 2023	Long-term		681
55	Nolungile Clinic	Khayelitsha	Obtain from CoCT	Solomon Tshuku Avenue, Site C, Khayelitsha	Clinic	Refer to Nolungile CDC below	Khayelitsha	-34.01359	18.65015	Shared property. Nolungile CDC operated by WCGH. Facility to be transferred to WCGH in 2022. New site required.	Medium-term		42 823
56	Northpine Clinic	Brackenfell	Obtain from CoCT	Northpine Drive, Northpine	Clinic	To be closed by City in June 2022	Northern	-33.871003	18.710792	Confirm status in U-amp 2023	Long-term		13 234
57	Nyanga Clinic	Nyanga	Obtain from CoCT	Sithandatu Avenue, Nyanga	Clinic	Refer to Nyanga CDC below	Klipfontein	-33.991667	18.585365	Shared property. Nyanga CDC operated by WCGH. Facility to be transferred to WCGH in 2022	Medium-term		55 482

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		
58	Parkwood Clinic	Parkwood	Obtain from CoCT	Walmer 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		17 987
59	Parow Clinic	Parow	Obtain from CoCT	Smith & Voortrekker Road, Parow	Clinic	Refer to Parow CDC below	Tygerberg	-33.90518	18.58684	Shared property. Parow CDC operated by WCGH. Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		16 450
60	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		45 027
61	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		837
62	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		13 553
63	Phumlani 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		65 647
64	Pinelands Sat. Clinic	Pinelands	Obtain from CoCT	St. Stephens. C/o Union & Ridgeway Roads, Pinelands	Satellite Clinic		Western	-33.938344	18.498761	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		363
65	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		22 909
66	Ravensmead Clinic	Ravensmead	Obtain from CoCT	Florida Street, Ravensmead	Clinic	Refer to Ravensmead CDC below	Tygerberg	-33.92527778	18.59805556	Confirm status in U-amp 2023. Operations to be taken over from City until replaced	Short term		20 217
67	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.			881
68	Rocklands Clinic	Mitchells Plain	Obtain from CoCT	Park Avenue, Rocklands	Clinic		Mitchell's Plain	-34.064568	18.611278	Confirm status in U-amp 2023	Long-term		18 926
69	Ruimte Road Sat. Clinic	Athlone	Obtain from CoCT	C/o Belgravia and Honeyside Roads, Honeyside, Athlone	Satellite Clinic		Klipfontein	-33.97996	18.515166	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		3 144

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		
70	Sarepta Clinic	Kuilsriver	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		18 192
71	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		18 529
72	Schotschekloof Sat. Clinic	Cape Town	Obtain from CoCT	Schotschekloof Civic Centre, Wale Street	Satellite Clinic		Western	-33.919764	18.413295	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		83
73	Scottsdale Clinic	Scottsdale	Obtain from CoCT	Eoan Avenue, Scottsdale, Kraaifontein	Clinic	Refer to Scottsdale CDC below	Northern	-33.86611111	18.72222222	Shared property. Scottsdale CDC operated by WCGH. Facility to be transferred to WCGH in 2022.	Medium-term		13 526
74	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		38 793
75	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		5 572
76	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		776
77	Sir Lowry's Pass CDC	Sir Lowry Pass Village	Obtain from CoCT	C/o Nolan and Brinkhuis 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		28 931
78	Site B Male Clinic	Khayelitsha	Obtain from CoCT	C/o Bonga & Sulani Drive, Site B, Khayelitsha	Clinic		Khayelitsha	-34.027726	18.665818	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		9 553
79	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		17 025
80	Site C Youth Clinic	Khayelitsha	Obtain from CoCT	Solomon Tsuku Road, Site C, Khayelitsha	Clinic		Khayelitsha	-34.028613	18.66563	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		16 276
81	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		14 642
82	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		9 410

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										ACTION REQUIRED	ESTIMATED TIMEFRAME		
83	St Vincent (CoCT) CDC	Belhar	Obtain from CoCT	C/o Belhar & St Vincent Drive, Belhar	CDC		Tygerberg	-33.94521	18.64842	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		58 349
84	Table View Clinic	Table View	Obtain from CoCT	South Road, Table View	Clinic		Western	-33.832912	18.573593	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		16 236
85	Tafelsig CDC	Mitchells Plain	Obtain from CoCT	Kilimanjaro Street, Tafelsig	CDC		Mitchell's 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		77 908
86	Town 2 CDC	Khayelitsha	Obtain from CoCT	Charles Mokwena Street, Town II, Khayelitsha	CDC		Khayelitsha	-34.039888	18.68302	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 60 000 facility in long term.	Long-term		87 266
87	Uitsig Clinic	Uitsig	Obtain from CoCT	Hibiscuss Square, Uitsig	Clinic		Tygerberg	-33.935698	18.599872	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		13 858
88	Valhalla Park Clinic	Valhalla Park	Obtain from CoCT	Angele Street, Valhalla Park	Clinic		Tygerberg	-33.953458	18.570498	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		15 113
89	Vuyani Clinic	Gugulethu	Obtain from CoCT	NY 133, Gugulethu	Clinic		Klipfontein	-33.97312	18.569366	Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Long-term		40 300
90	Wallacedene Clinic	Wallacedene	Obtain from CoCT	C/o Pieterse & La Boheme Streets, Wallacedene	Clinic		Northern	-33.85814	18.736325	Maintain status quo, pending outcome of possible consolidation of services with CoCT. Drawing of proposed replacement clinic on new site sent to WCGH and found to be too small. However, possibility of acquiring the site (but slightly larger) being investigated	Long-term		81 702
91	Weltevreden Valley Clinic	Weltevreden Valley	Obtain from CoCT	C/o Oliver Tambo Drive & Leonard Radu Street, Philippi	Clinic		Mitchell's Plain	-34.01692	18.583847	Maintain status quo, pending outcome of possible consolidation of services with CoCT. Note new Weltevreden CDC by Province.	Long-term		65 085
92	Wesbank Clinic	Wesbank	Obtain from CoCT	7 Siversands 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		30 841
93	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		9 331
94	Westridge Clinic	Mitchell's Plain	Obtain from CoCT	Westpoort Street, Westridge	Clinic		Mitchell's Plain	-34.05174	18.603985	Maintain status quo, pending outcome of possible consolidation of services with CoCT. To be upgraded to 30 000 facility in long term.	Long-term		19 950

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										ACTION REQUIRED	ESTIMATED TIMEFRAME		
95	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		13 786
96	Zakhele Clinic	Khayelitsha	Obtain from CoCT	A- Area, Zakhele Road, Khayelitsha	Clinic		Khayelitsha	-34.04138889	18.65944444	New / replacement CDC project in progress on new site. Design complete by CoCT. Ready for construction - on hold pending service agreement with WCG. WCGH in support of project but would like to extend the CoCT's current proposed single storey design so as to provide a 60 000 facility.	Short-medium-term		23 082

HEALTH FACILITIES OWNED BY THE CITY OF CAPE TOWN BUT JOINTLY OPERATED

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	Refer to Kasselsvlei Clinic above	Tygerberg	-33.91498	18.64405	Property to be acquired / transferred with additional adjacent land if possible.	Immediately	60 000	32 528
2	Durbanville CDC	Durbanville	4783	De Villiers Street, Durbanville	CDC	Refer to Durbanville Clinic above	Northern	-33.83014	18.65440	Property to be acquired / transferred, with adjacent erf if possible for future expansion.	Immediately	60 000	38 357
3	Goodwood CDC	Goodwood	7025	C/o Dingle & Church Street, Goodwood	CDC	Dirkie Uys Clinic. Refer to above	Tygerberg	-33.91065	18.55038	Property to be acquired / transferred.	Immediately	60 000	35 013
4	Nolungile CDC	Khayelitsha	53340	Solomon Tshuku Avenue, Site C, Khayelitsha	CDC	Nolungile Clinic. Refer to above	Khayelitsha	-34.01359	18.65015	Property to be acquired / transferred, with additional adjacent land if possible. Possible replacement will not be within next 10 years due to other priorities.	Immediately		110 295
5	Nyanga CDC	Nyanga	673	Sihandathu Avenue, Nyanga	CDC	Refer to Nyanga Clinic above	Klipfontein	-33.99167	18.58537	Property to be acquired / transferred, with additional adjacent land if possible. Future replacement unlikely due to other priorities.	Immediately		48 509
6	Parow CDC	Parow	7352 & 7354	17 Smith Smith Street, Parow	CDC	Refer to Parow Clinic above	Tygerberg	-33.90518	18.58684	Property to be leased until CDC is replaced.	Long-term		40 415
7	Ravensmead CDC	Ravensmead	12110	Florida Street, Ravensmead	CDC	Refer to Ravensmead Clinic above	Tygerberg	-33.92528	18.59806	Property to be leased until CDC is replaced.	Medium-term	N/A	50 953
8	Scottsdene CDC	Kraaifontein	2845	Eoan Street, Scottsdene	CDC	Refer to Scottsdene Clinic above	Northern	-33.86613	18.72183	Property to be acquired / transferred. Future replacement unlikely due to other priorities.	Immediately		16 822

HEALTH FACILITIES OWNED BY THE CITY OF CAPE TOWN (OR WHERE ERF HAS NOT BEEN REGULARISED) BUT OPERATED BY WCGH 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	Bothasig CDC	Bothasig	32731	C/o De Grendel Avenue & Swellengrebel Avenue, Bothasig	CDC	In process of transfer	Northern	-33.858244	18.540548	Acquisition / transfer of property to be finalised.	Immediately		33 909
2	Dr Abdurahman CDC	Athlone	107892	C/o Eland & Dr Abdurhaman Ave, Kewtown, Athlone	CDC	Half of site / In process of transfer	Klipfontein	-33.958915	18.517809	Property to be acquired / transferred.	Immediately	60 000	75 430
3	Gustrouw CDC	Strand	13468	Hassan Khan Avenue, Rusthof	CDC		Eastern	-34.13476	18.85188	Property, including suitable adjacent land, to be acquired / transferred for construction of new Strand-Rusthof CDC - pending confirmation of feasibility. If not feasible, then property to be leased until CDC is consolidated under future new Strand-Rusthof CDC.	Immediately		7 468
4	Hanover Park CHC	Hanover Park	140369	C/o Surran & Hanover Park Avenue, Hanover Park	CHC		Klipfontein	-33.98357	18.52804	Property to be leased until CHC is replaced.	Medium-term		115 867
5	Hout Bay Harbour CDC	Hout Bay	2844	Karbonkei 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		25 508
6	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		17 142
7	Khayelitsha (Site B) CHC	Khayelitsha	13423	Sulami Drive, Site B, Khayelitsha	CHC		Khayelitsha	-34.028750	18.665391	Property to be acquired / transferred / regularised.	Immediately		288 487
8	KleinVlei CDC	KleinVlei	2084	Albert Philander & Melkbos Street, KleinVlei	CDC	IAM requested to regularise use	Eastern	-33.98697	18.71758	Property to be leased until CDC is replaced.	Medium-term		124 677
9	Kraaifontein CHC	Kraaifontein	9831	303, 6th Avenue, Kraaifontein	CHC		Northern	-33.853500	18.722020	Property to be acquired / transferred but possibly eventually to be replaced, although unlikely due to other priorities.	Immediately		141 789

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		
10	Macassar CDC	Macassar	2378	C/o Hospital & Musica Street, Macassar	CDC		Eastern	-34.061030	18.764010	Property to be acquired / transferred / regularised.	Immediately		91 977
11	Mamre CDC	Mamre	1291	C/o Adam & Liedeman Street, Mamre	CDC		Western	-33.512840	18.477020	Portion containing CDC plus adjacent undeveloped land to be subdivided and acquired/transferred to Province.	Immediately		18 318
12	Michael Mapongwana CDC	Khayelitsha	40673	Steve Biko Road, Harare	CDC		Khayelitsha	-34.051688	18.670486	Property to be acquired / transferred / regularised.	Immediately		195 871
13	Reed Street CDC	Bellville	11233	Reed Street, Bellville	CDC		Tygerberg	-33.90444	18.63806	Property to be acquired / transferred.	Immediately		40 279
14	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		120 493
15	Vanguard CHC	Bonteheuwel	100010	Candlewood Road & Citrus Street, Bonteheuwel	CHC		Western	-33.948022	18.543524	Property to be acquired / transferred.	Immediately		128 188

HEALTH FACILITIES OWNED BY WESTERN CAPE GOVERNMENT BUT OPERATED BY THE CITY OF CAPE TOWN

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		33 118
2	Heideveld Clinic	Heideveld		Heideveld Road, Heideveld, Athlone	Clinic	Located on same site as Heideveld CDC. Refer below	Klipfontein	-33.96694444	18.54888889	Shared property, Heideveld CDC operated by WCGH. Maintain status quo, pending outcome of possible consolidation of services with CoCT.	Medium-term		12 716
3	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		85 131
4	Ocean View CDC	Ocean View		C/o Pollux Way & Carina Close, Ocean View	CDC		Southern	-34.148019	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		29 382
5	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		13 410

HEALTH FACILITIES OWNED AND OPERATED BY WCGH

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)		112 974
2	Crossroads CDC	Crossroads	2324	C/o Inisikizi Street & Gwayiji Street, Crossroads	CDC	Owner: WCG	Mitchells Plain	-33.997780	18.597510	To be maintained.	Long-term (ongoing)		96 578
3	Delft CHC	Delft	8571	Chr 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)		194 246
4	District 6 CDC	Cape Town	176310	C/o Caletton & Primrose Streets, Cape Town	CDC	Owner: WCG	Western	-33.929390	18.425570	To be maintained.	Long-term (ongoing)		77 314
5	Du Noon CHC	Du Noon	236	Potsdam Road, Du Noon	CHC	Owner: WCG	Western	-33.827254	18.529301	To be maintained.	Long-term (ongoing)		177 093
6	Elsies River CHC	Elsies River	11718, 11720-21, 11723-25 & 11731	C/o 29th Avenue & Halt Road, Elsies River	CHC	Owner: WCG	Tygerberg	-33.931800	18.577490	To be replaced (project underway).	Short-term		100 648
7	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)		54 150
8	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		34 175
9	Gugulethu CHC	Gugulethu	5500	C/o NY3, NY77, Gugulethu	CHC	Unregistered - Deemed	Klipfontein	-33.989360	18.572070	Replacement facility in future. WCG to be confirmed as owner of the property.	Medium-term		153 695
10	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)		83 382
11	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		30 790
12	Inzane Zabantu CDC	Philippi	2498 & 2499	Misingezane Street, Philippi	CDC	Owner: WCG	Mitchells Plain	-34.011130	18.577720	Investigate future extension for 90 000 facility.	Long-term		69 213
13	Lady Michaelis CDC	Plumstead	70422	Burnham Road, Plumstead	CDC	Owner: WCG	Southern	-34.021000	18.464530	To be maintained.	Long-term (ongoing)		69 280

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		
14	Lotus River CDC	Lotus River	5421	C/o Delta & Anita Road, Lotus River	CDC	Owner: WCG	Southern	-34.026350	18.508030	To be replaced.	Medium-term		68 296
15	Maitland CDC	Maitland	23685	3 Norfolk Street, Maitland	CDC	Owner: WCG	Western	-33.922060	18.489260	To be replaced (project underway).	Short-term		44 337
16	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)		228 470
17	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)		75 362
18	Retreat CHC	Retreat	110130	138 11th Avenue, Retreat	CHC	Owner: WCG	Southern	-34.058400	18.480610	To be either expanded or replaced in future.	Medium-term		120 493
19	Ruyterwacht CDC	Goodwood	3060	Texel Street, Ruyterwacht	CDC	Owner: WCG	Tygerberg	-33.923850	18.553200	To be replaced in future.	Medium-term		29 150
20	Strand CDC	Strand	8480	Courtland Place, 37B Main Road, Strand	CDC	Private Rental	Eastern	-34.11703	18.83002	To be replaced.	Medium-term		39 219
21	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)		100 765

HEALTH FACILITIES IN PLANNING BY WCGH

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING		POSSIBLE POPULATION SIZE OF FACILITY
										ACTION REQUIRED	ESTIMATED TIMEFRAME	
1	Belhar CDC - New	Belhar			CDC	Site location confirmed	Tygerberg	-33.998692	18.632637	New	Medium-term	
2	Belville South CDC - CoCT CDC Replacement	Belville			CDC	Co-ords as per current facility	Tygerberg	-33.91498	18.64405	Replace current CoCT CDC. To be reviewed with District.	Long-term	
3	Bloekombos CHC - New	Bloekombos			CHC	Co-ords as per previously identified site location (recently invaded)	Northern	-33.845861	18.739558	New (Also refer to new Wallacedene facility).	Medium-term	90 000
4	Claremont CDC - CoCT Clinic Replacement	Claremont			CDC	Co-ords as per current facility	Southern	-33.98297	18.466944	Replace current CoCT Clinic.	Long-term	
5	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	
6	Elsies River CHC - Replacement	Elsies River			CHC	Site location confirmed	Tygerberg	-33.928827	18.572802	Replace current 2 facilities.	Medium-term	90 000
7	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	
8	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
9	Gugulethu CHC - Replacement	Gugulethu			CHC	Co-ords as per current facility	Klipfontein	-33.989360	18.572070	Replace current CHC	Long-term	
10	Hanover Park CHC - Replacement	Hanover Park			CDC	Site location confirmed	Klipfontein	-34.001786	18.530320	Replace current CHC	Short-term	90 000
11	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
12	Kleinvei CDC - CoCT CDC Replacement	Kleinvei	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
13	Klipheuwel CDC - New	Klipheuwel			CDC	Final location of site still to be identified	Northern	-33.720402	18.711355	New	Long-term	
14	Langa CDC - CoCT Clinic Replacement	Langa			CDC	Co-ords as per current facility	Western	-33.944136	18.527561	Replace current CoCT Clinic.	Long-term	

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING		POSSIBLE POPULATION SIZE OF FACILITY
										ACTION REQUIRED	ESTIMATED TIMEFRAME	
15	Lentegour CDC - CoCT Clinic Replacement	Lentegour			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	
16	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
17	Maitland CDC - Replacement	Maitland			CDC	Site location confirmed	Western	-33.920703	18.484572	Replace Maitland Clinic, CDC and Kengsington CDC.	Short-term	60 000
18	Mandalay CDC - CoCT Sat Clinic Replacement	Mandalay			CDC	Co-ords as per current facility	Mitchell's Plain	-34.018576	18.623782	Replace current CoCT Sat Clinic.	Long-term	
19	Manenberg CDC - CoCT Clinic Replacement	Manenburg			CDC	Co-ords as per current facility	Klipfontein	-33.98805556	18.555	Replace current CoCT Clinic. To be reviewed with District.	Long-term	
20	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
21	Matthew Goniwe CDC - CoCT CDC Replacement	Khayelisha			CDC	Co-ords as per current facility	Khayelisha	-34.044297	18.705506	Replace current CoCT CDC - concept design prepared by CoCT.	Long-term	60 000
22	Mew Way CDC - New	Harare			CDC	Final location of site still to be identified	Eastern	-34.066366	18.679802	New	Medium-term	
23	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
24	Nolungile CDC - CoCT CDC Replacement	Nolungile			CDC	Co-ords as per current facility	Khayelisha	-34.01359	18.65015	Replace current CoCT CDC	Long-term	
25	Nyanga - KTC CDC - New	Nyanga			CDC	Site identified - to be confirmed	Klipfontein	-33.982511	18.585773	New	Medium-term	
26	Observatory CDC - New	Observatory			CDC	Salt River FPL site will be considered	Southern	-33.932768	18.459821	New	Long-term	
27	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
28	Parow CDC - CoCT CDC Replacement	Parow			CDC	Co-ords as per current facility	Tygerberg	-33.90518	18.58684	Replace current CoCT CDC.	Long-term	

NO	FACILITY NAME	TOWN / SUBURB	ERF NO	STREET ADDRESS	ASSET DESCRIPTION	COMMENT	DISTRICT / SUB-DISTRICT	LATITUDE	LONGITUDE	FUTURE PLANNING		POSSIBLE POPULATION SIZE OF FACILITY
										ACTION REQUIRED	ESTIMATED TIMEFRAME	
29	Phumani CDC - CoCT Clinic Replacement	Philippi			CDC	Co-ords as per current facility	Mitchells Plain	-34.009795	18.607161	Replace current CoCT Clinic. To be reviewed with District.	Medium-term	
30	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	
31	Ravensmead CDC - Replacement	Ravensmead			CDC	Co-ords as per current facility	Tygerberg	-33.920463	18.596266	Replace current 2 facilities.	Medium-term	60 000
32	Retreat CHC - Upgrade and Additions	Retreat	Even 137783 & 137784		CHC	Co-ords as per current facility - likely location of replacement CHC	Southern	-34.057564	18.480363	Replace (or possibly expand) current CHC. To be reviewed with District.	Medium-term	
33	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
34	Ruyterwacht CDC - Replacement (Alpha)	Ruyterwacht			CDC	Co-ords as per current facility	Tygerberg	-33.923850	18.553200	Replace current CDC.	Medium-term	
35	Scottsdene CDC - Upgrade and Additions	Scottsdene			CDC	Co-ords as per current facility	Northern	-33.86613	18.72183	Upgrade and additions.	Long-term	
36	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	
37	Weltevreden CDC - New	Philippi		C/o Bathandwu Mdingi Crescent & Oliver Tambo Drive, Weltevreden Valley, Mitchell's Plain	CDC	Site location confirmed	Mitchells Plain	-34.017669	18.572629	New	Medium-term	60 000

Annexure B

ANNEXURE B: LIST OF CURRENT PUBLIC HEALTH FACILITIES (including health facilities managed by the City of Cape Town 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 City of Cape Town)

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	Fadretlon 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	Witsand 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	Honeyside Satellite Clinic	Silvertown Oral Health Service		
	Nyanga CDC	Heideveld Clinic	Newfields Satellite Clinic			
		Lansdowne Clinic	Ruimte Road Satellite Clinic			
		Manenberg Clinic				
		Masinceadane Clinic				
		Nyanga Clinic				
		Silvertown Clinic				
		Vuyani Clinic				
2	3	9	4	2	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 Inzama Zabantu CDC Tafesig CDC	Crossroads 1 Clinic Eastridge Clinic Lentegeur Clinic Mzomomhle Clinic Phumlani Clinic Rocklands Clinic Wellevreden Valley Clinic Westridge Clinic	Mandlay 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	Kuyasa CDC Luvuyo CDC Matthew Goniwe CDC Michael Mapongwana CDC Nolongile CDC Town 2 CDC	Mayenzeke Clinic Nolongile Clinic Zakhele Clinic		Kuyasa Male Clinic Site B Youth Clinic Site B Male Clinic Site C Youth Clinic	Metro Dental (Khayelitsha) Mobile 1 Metro Dental (Khayelitsha) Mobile 5	
1	6	3	0	4		2

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 Kleinville CDC Macassar CDC Mfuleni CDC Nomzamo CDC Sir Lowry's Pass CDC Somerset West CDC Strand CDC	Blue Downs Clinic Eerste River Clinic Fagan Street Clinic Kulls River Clinic Sarepta Clinic Wesbank Clinic	Driftsands Satellite Clinic		Metro Dental (Eastern) Mobile 1 Metro Dental (Eastern) Mobile 5	
0	11	6	1	0		2
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	Bloekombos Clinic Brackenfell Clinic Brighton Clinic Durbanville Clinic Fisantekraal Clinic Harmonie Clinic Northpine Clinic Scottsdene Clinic Wallacedene Clinic			Metro Dental (Northern) Mobile 1 Metro Dental (Northern) Mobile 5	
1	3	9	0	0		2

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	Tygerberg Community Dental Clinic	Metro Dental (Tygerberg) Mobile 1
Elsies River CHC	Bishop Lavis CDC	Delft South Clinic	Leonsdale Satellite Clinic	Tygerberg Oral Health Centre	Metro Dental (Tygerberg) Mobile 5
	Goodwood CDC	Dirkie Uys Clinic	Men's Health Satellite Clinic	Belville Reproductive Health Centre	
	Parow CDC	Elsies River Clinic	Metro Men's Health Centre		
	Ravensmead CDC	Kasselsvllei Clinic			
	Reed Street CDC	Netreg Clinic			
	Ruyterwacht CDC	Parow Clinic			
	St Vincent (CCT) CDC	Ravensmead Clinic			
	Symphony Way CDC	Uitsig Clinic			
		Valhalla Park Clinic			
2	9	10	4	3	2
10	47	69	15	18	16

CAPE WINELANDS DISTRICT					
Breede Valley Local Municipality					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
	Worcester CDC	De Doorns Clinic	De Wet Satellite Clinic		Bossieveld Mobile 1
		Empilsweni (Worcester) Clinic	Maria Pieterse Satellite Clinic		Botha / Brandwacht Mobile 1
		Orchard Clinic	Overhex Satellite Clinic		De Wet Mobile 1
		Rawsonville Clinic	Somerset Street Satellite Clinic		Overhex Mobile 1
		Sandhills Clinic			Slanghoek Mobile 1
		Touws River Clinic			
0	1	6	4	0	5

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	Dalvale Clinic Gouda Clinic Huis McCrone Clinic Klein Drakenstein Clinic Nieuwedrift Clinic Patriot Plain 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 Cogmansloof Clinic Happy Valley Clinic McGregor Clinic Montagu Clinic Nkqubela 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

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 Bliton Clinic Groendal Clinic Idas Valley Clinic Kayamandi Clinic Klapmuts Clinic Kylemore Clinic	Dirkie Lys Street Satellite Clinic		Devon Valley Mobile 1 Franschhoek 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
		Ceres Clinic Bella Vista Clinic Breevier Clinic Nduli 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	39	5	1	28

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 Nieuveveldpark 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	
	Conville CDC Thembaletu CDC	Blanco Clinic George Central Clinic Haarlem Clinic Kuyasa (George) Clinic Lawaalkamp Clinic Pacaltsdorp Clinic Parkdene Clinic Rosemoor Clinic Touwsranteen 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

GARDEN ROUTE DISTRICT						
Kannaland Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
		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	Mobiles	
	Knysna CDC	Hornlee Clinic Khayalethu Clinic Knysna Town Clinic Sedgefield Clinic	Karalara 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	Mobiles	
	Alma CDC D'Almeida CDC	Asla Clinic Great Brak River Clinic Eyethu 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	

GARDEN ROUTE DISTRICT						
Oudtshoorn Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
	Bridgeton CDC	Bongoletu Clinic De Rust (Blommenek) Clinic Dyseldorp Clinic Oudtshoorn Clinic Toekomstrus 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 Pearly Beach Satellite Clinic		Caledon / Hermanus / Stanford Mobile 4 Overstrand Mobile 1	
0	1	4	3	0	2	

OVERBERG DISTRICT						
Swellendam Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
0	0	5	0	0	3	
		Barrydale Clinic Buffeljagsrivier Clinic Railton Clinic Suurbraak Clinic Swellendam PHC Clinic			Barrydale Mobile 3 Ruens Mobile 5 Swellendam Mobile 4	
Theewaterskloof Local Municipality						
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles	
1	0	5	4	0	9	
1	1	17	9	0	16	
Grabouw CHC		Botrivier Clinic Caledon Clinic Genadendal Clinic Riviersonderend Clinic Villiersdorp Clinic	Bereaville 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	

WEST COAST DISTRICT					
Bergrivier Local Municipality					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
		Piketberg Clinic Porterville Clinic Veldrif Clinic	Aurora Satellite Clinic Eendekuil Satellite Clinic Goedverwacht Satellite Clinic Redelinghuys Satellite Clinic Wittewater Satellite Clinic		Piketberg Mobile 6 Porterville Mobile 1
0	0	3	5	0	2
Cederberg Local Municipality					
Community Health Centres (CHCs)	Community Day Centres (CDCs)	Clinics	Satellite Clinics	Specialised Clinics	Mobiles
		Citrusdal Clinic Cianwilliam Clinic Elands Bay Clinic Graafwater Clinic Lambert's Bay Clinic Wupperthal Clinic	Leipoldtville Satellite Clinic		Citrusdal Mobile 1 Cianwilliam Mobile 1 Elands Bay Mobile 1 Graafwater Mobile 1
0	0	6	1	0	4

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 Eberhaezer Satellite Clinic Kliprand Satellite Clinic Koekenaap Satellite Clinic Molsvlei 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 Sandy Point Satellite Clinic		Hopefield Mobile 1
0	0	8	2		1

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	14	

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	Murraysburg Hospital	Knysna Hospital	Hermanus Hospital	Clanwilliam Hospital
Heidenberg Hospital	Robertson Hospital	Laingsburg Hospital	Mosel 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

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 HOSPITALS					
Cape Town District	Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District
Western Cape Rehabilitation Centre					
1	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

OTHER					
INTERMEDIATE CARE FACILITIES					
Cape Town District	Cape Winelands District	Central Karoo District	Garden Route District	Overberg District	West Coast District
Brackengate Intermediate Care Mithells Plain Hospital of Hope Intermediate Care Zandvliet Intermediate Care		Nelspoort Intermediate Care Hospital	Knysna Sub-acute Intermediate Care		
3	0	1	1	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 Lentegeur 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 Dysselsdorp EMS Station George EMS Station Heidelberg EMS Station Knysna EMS Station Ladismith EMS Station Mossel Bay EMS Station Oudishoorn EMS Station Plettenberg Bay EMS Station Riversdale EMS Station Uniondale EMS Station	Bredasdorp EMS Station Hermanus EMS Station Barmydale EMS Station Swellendam EMS Station Caledon EMS Station Grabouw EMS Station Riviersonderend EMS Station Villiersdorp EMS Station	Bitterfontein EMS Station Citrusdal EMS Station Clanwilliam EMS Station Darling EMS Station Lamberts Bay EMS Station Malnesbury EMS Station Moorreesburg EMS Station Piketberg 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	Laingsburg Forensic Pathology Service	Knysna Forensic Pathology Service		Vredenburg Forensic Pathology Service
	Walseley Forensic Pathology Service		Mosel Bay Forensic Pathology Service		Vredendal Forensic Pathology Service
			Oudtshoorn Forensic Pathology Service		
			Riversdale Forensic Pathology Service		
2	3	2	5	1	3

MISCELLANEOUS
Cape Town District
Orthotic and Prosthetic Centre
1

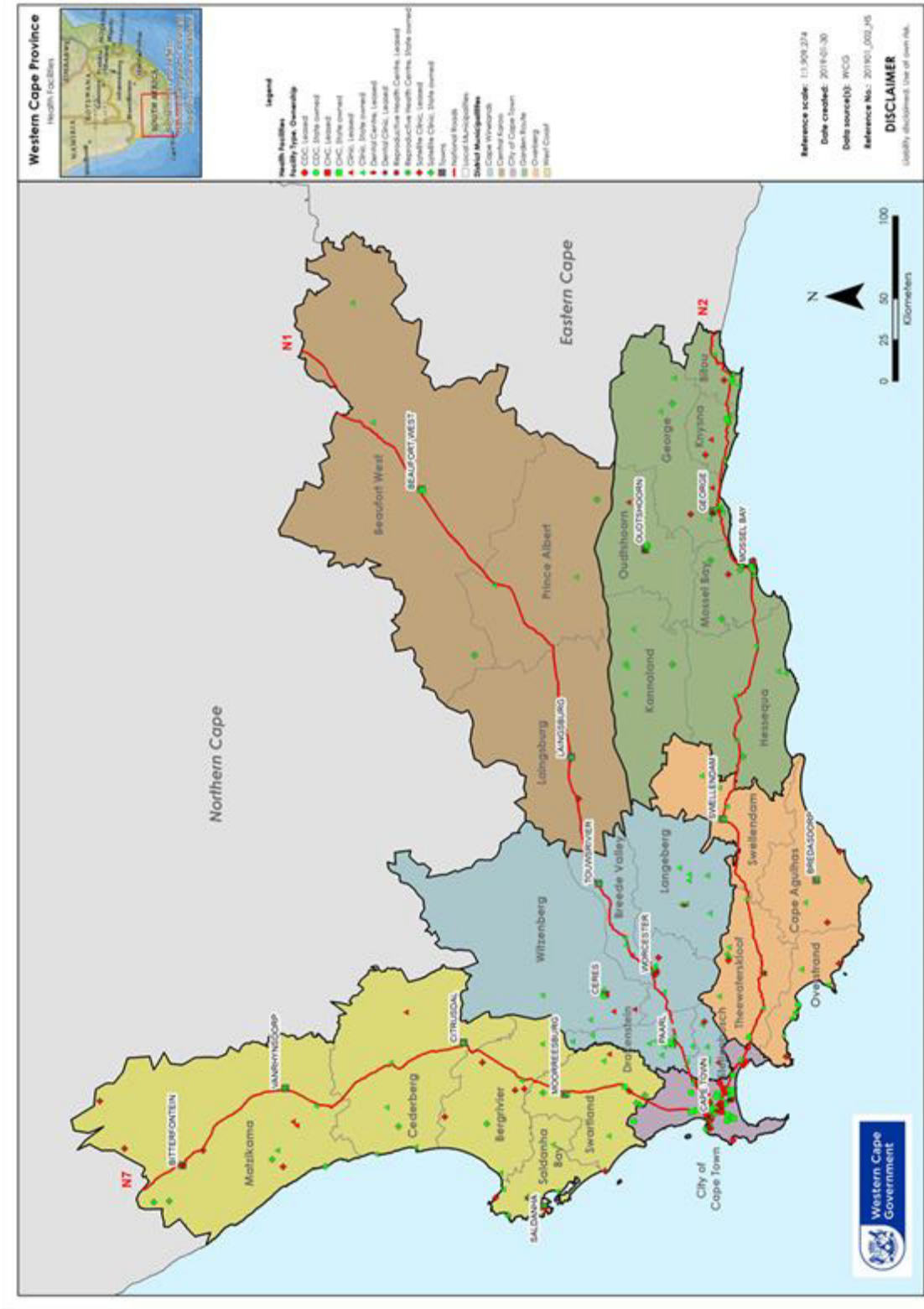
Annexure C

ANNEXURE C: LIST OF NPOs AND OTHER HEALTH SUPPORT SERVICE PROVIDERS OCCUPYING STATE-OWNED HEALTH FACILITIES

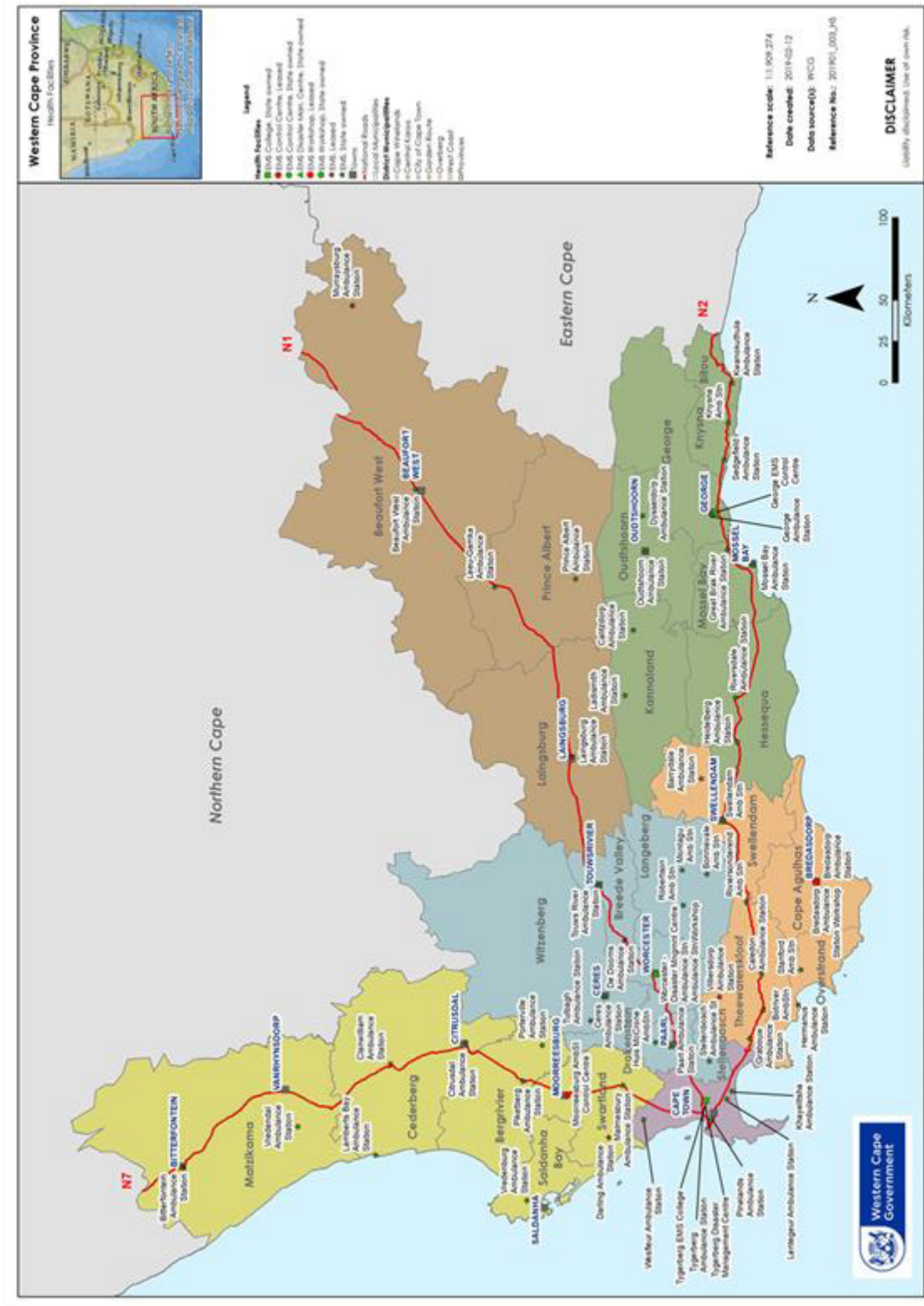
NO	FACILITY NAME	NPO	PHYSICAL ADDRESS	FACILITY TYPE
1	Alexandra Hospital	WCG Education	Alexandra Road, Maitland	Educational
2	Alexandra Hospital	Friends Day Centre	Alexandra Road, Maitland	Step down facility
3	Alexandra Hospital	Molenbeek School	Alexandra Road, Maitland	Psychiatric step down facility
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	Tiervlei 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
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

NO	FACILITY NAME	NPO	PHYSICAL ADDRESS	FACILITY TYPE
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 D

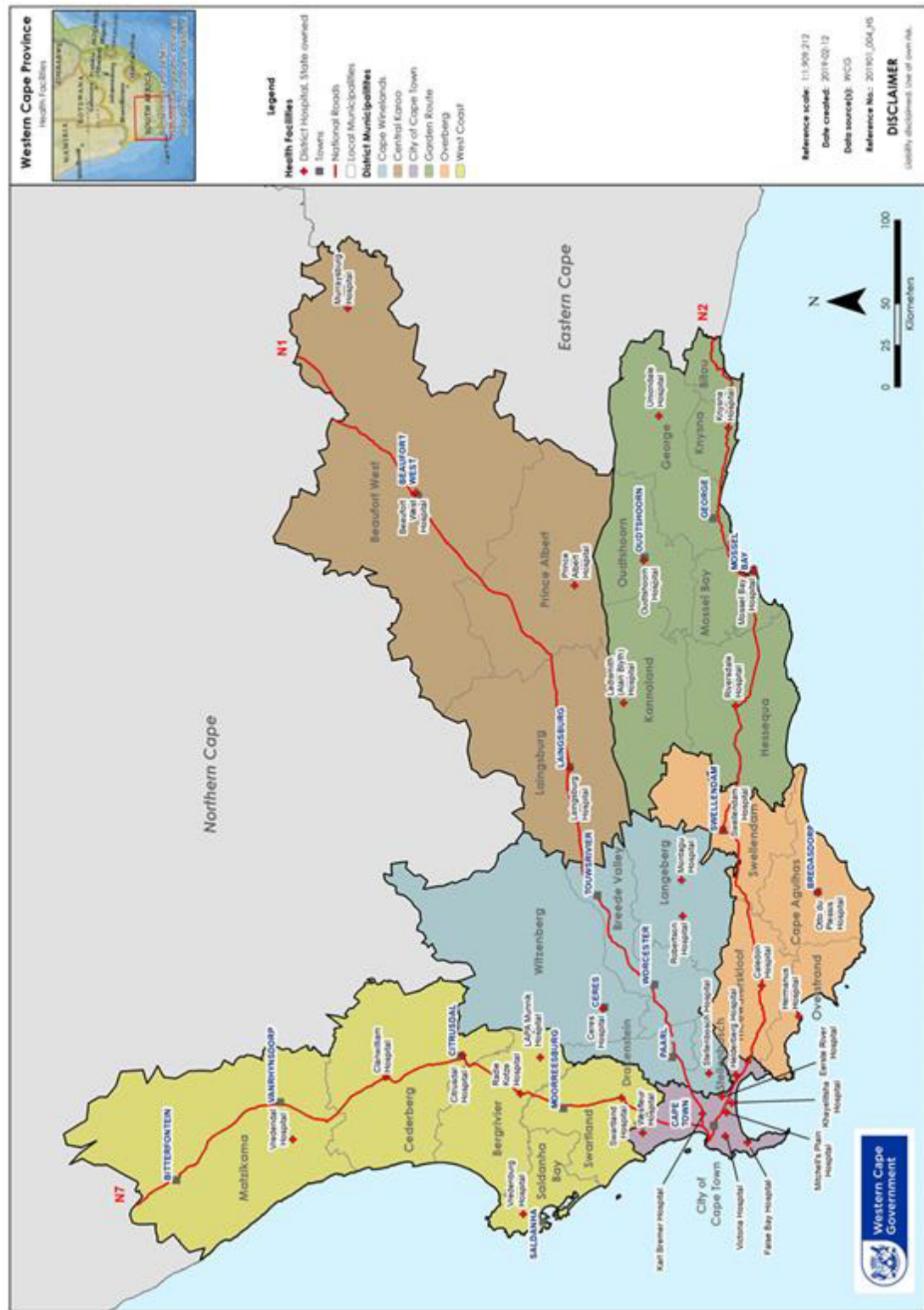


Western Cape PHC Facilities

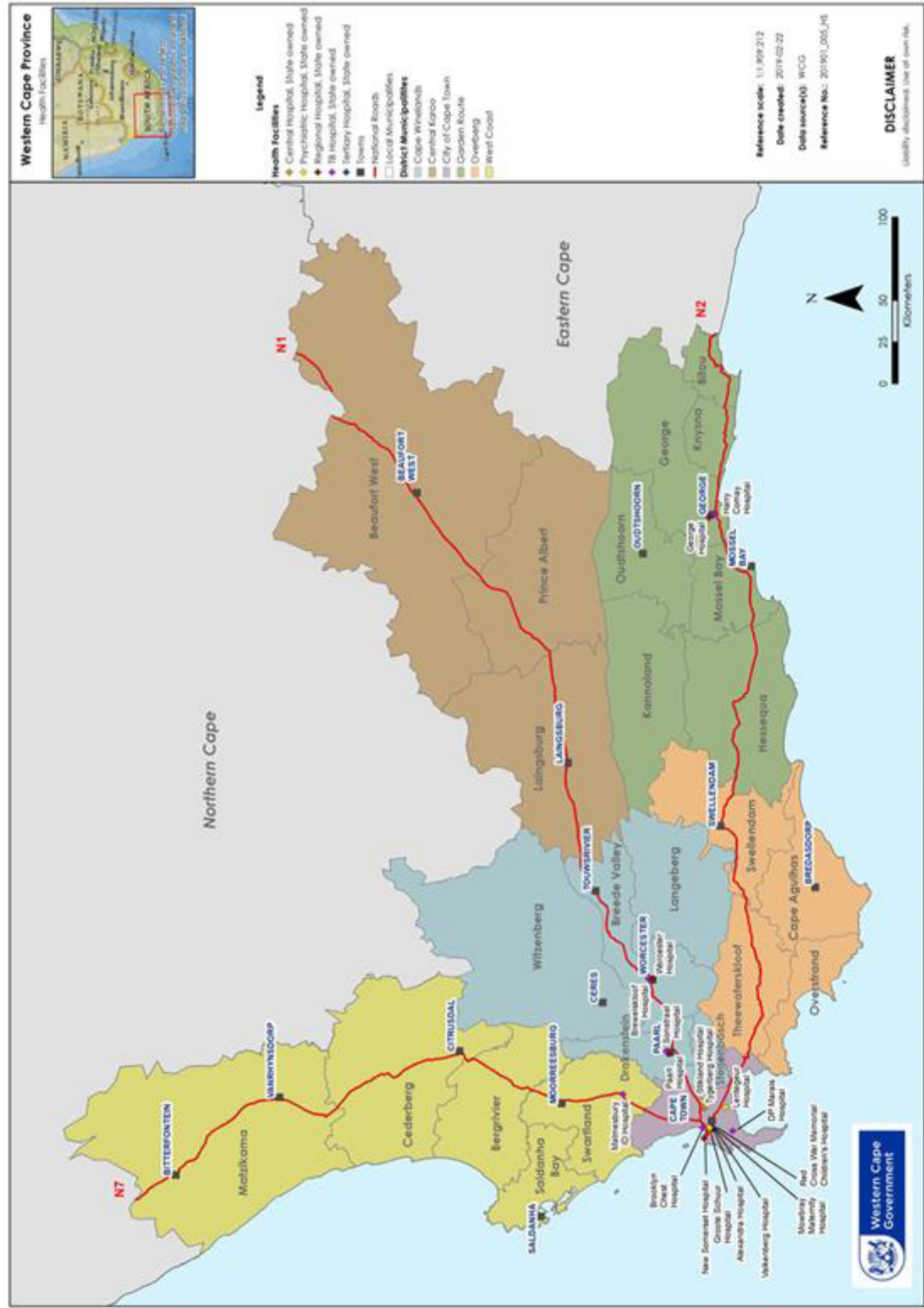


Western Cape EMS

Annexure D: Existing Health Facilities (Owned and Leased)

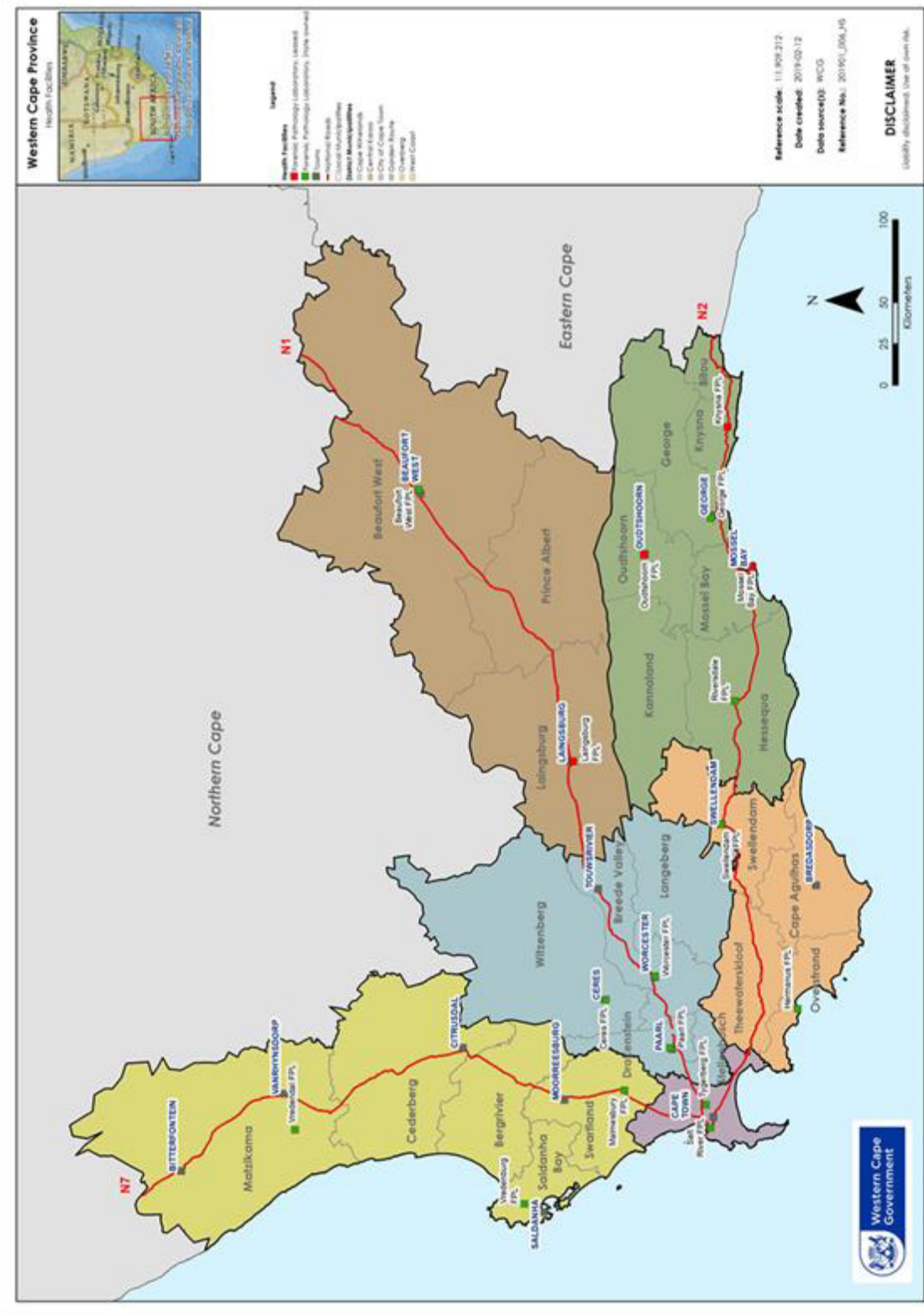


Western Cape District Hospitals

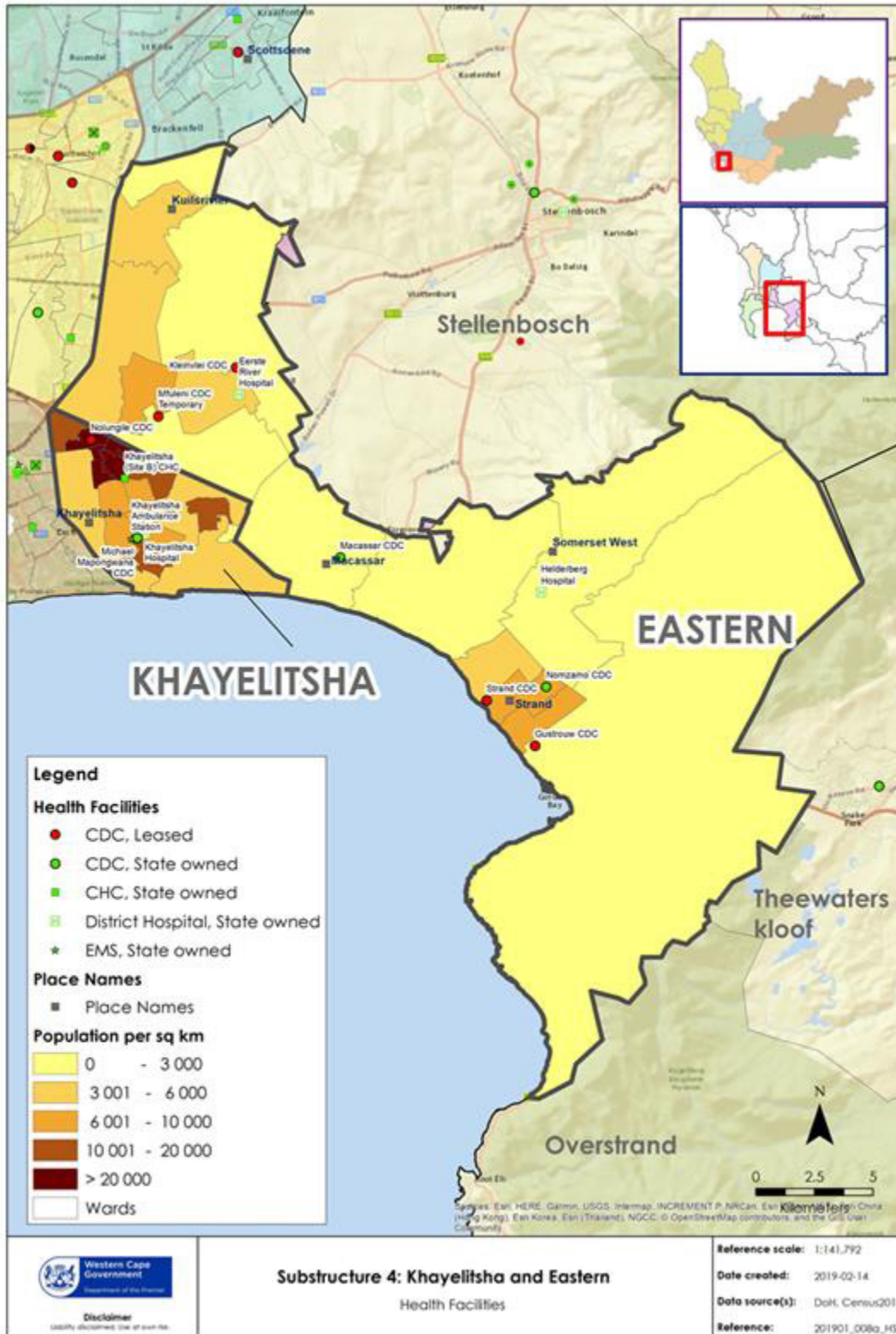


Western Cape Hospitals categorised as Regional, TB, Psychiatric and Central

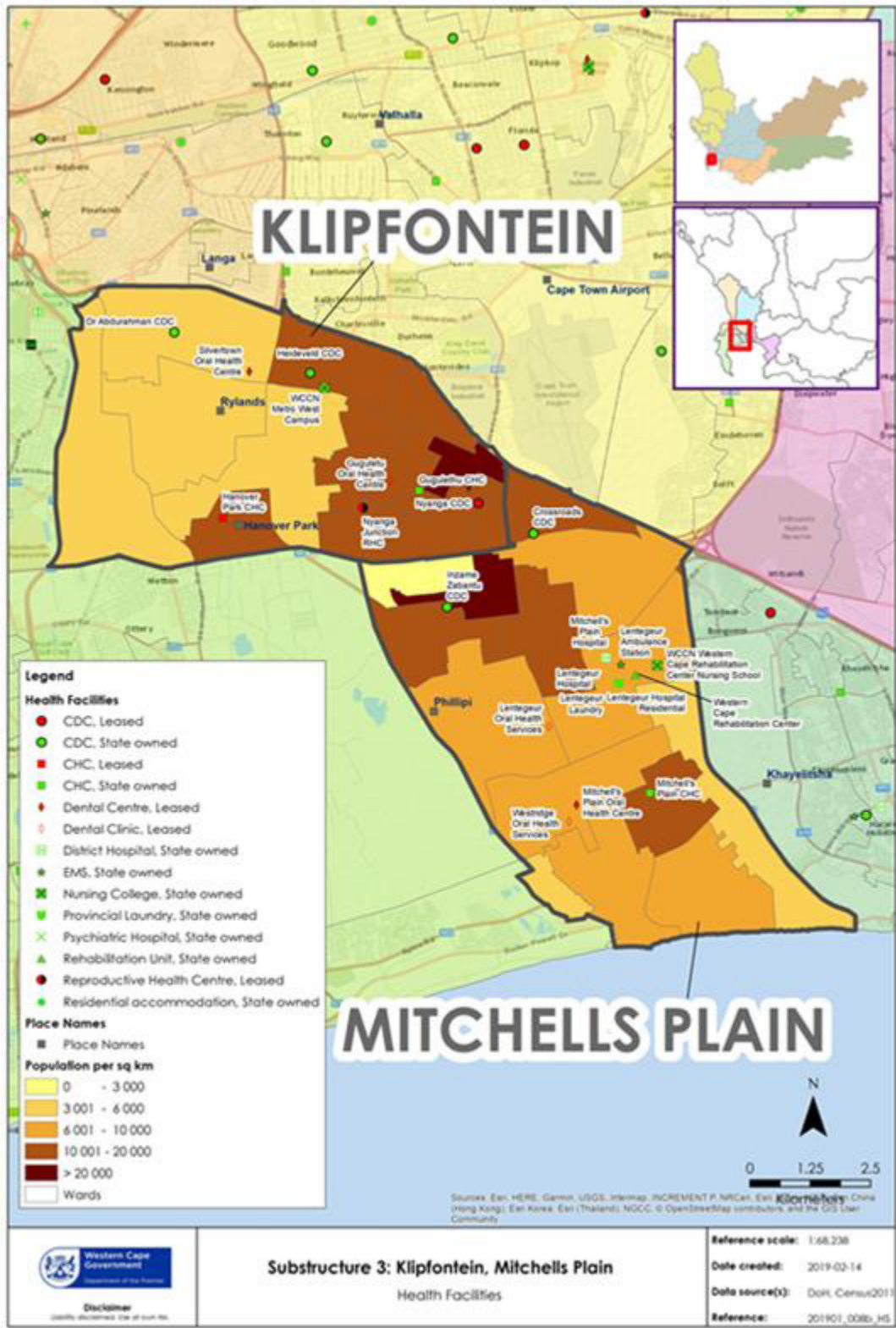
Annexure D: Existing Health Facilities (Owned and Leased)



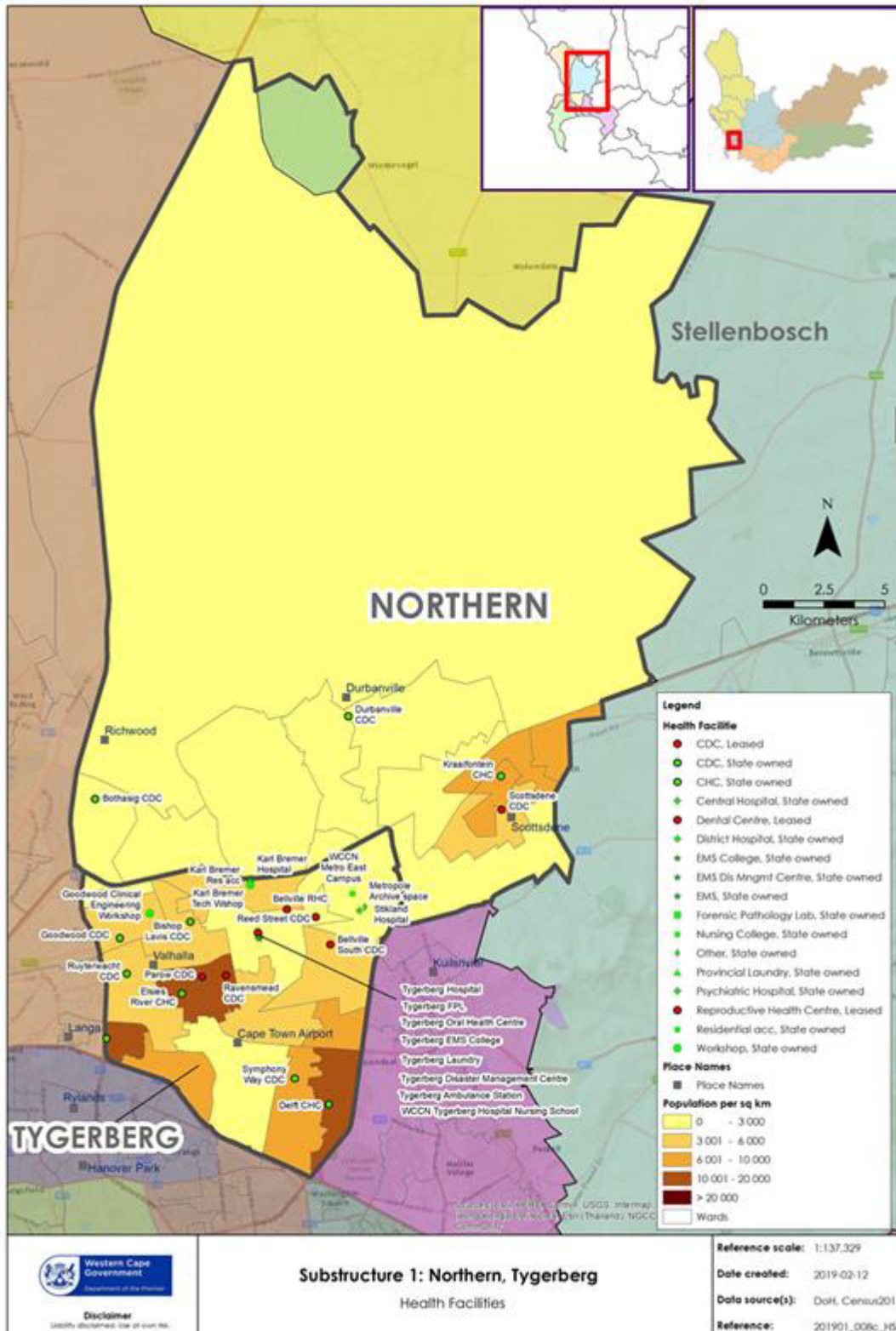
Western Cape Forensic Pathology Services



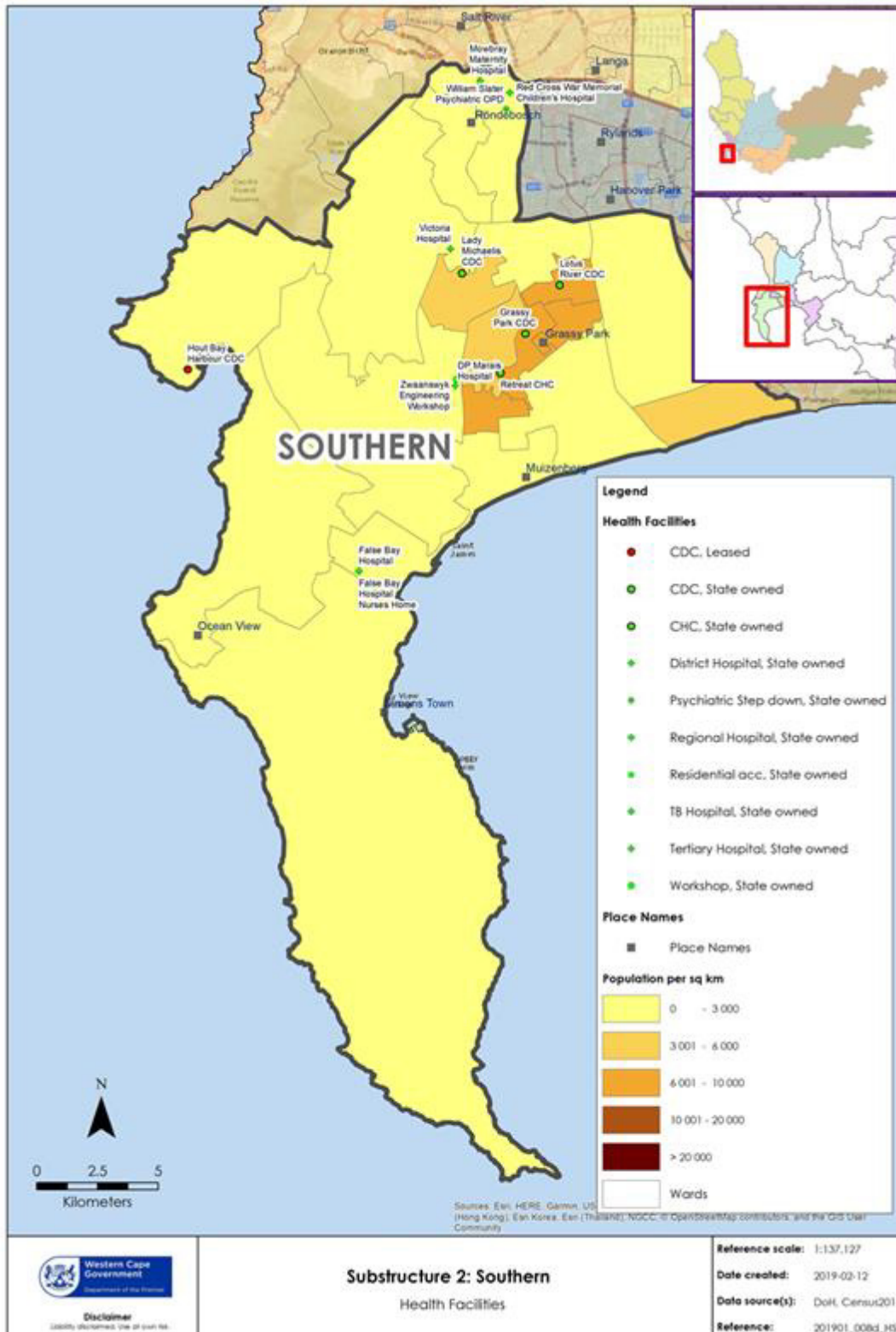
Metro – Khayelitsha and Eastern Sub-structure



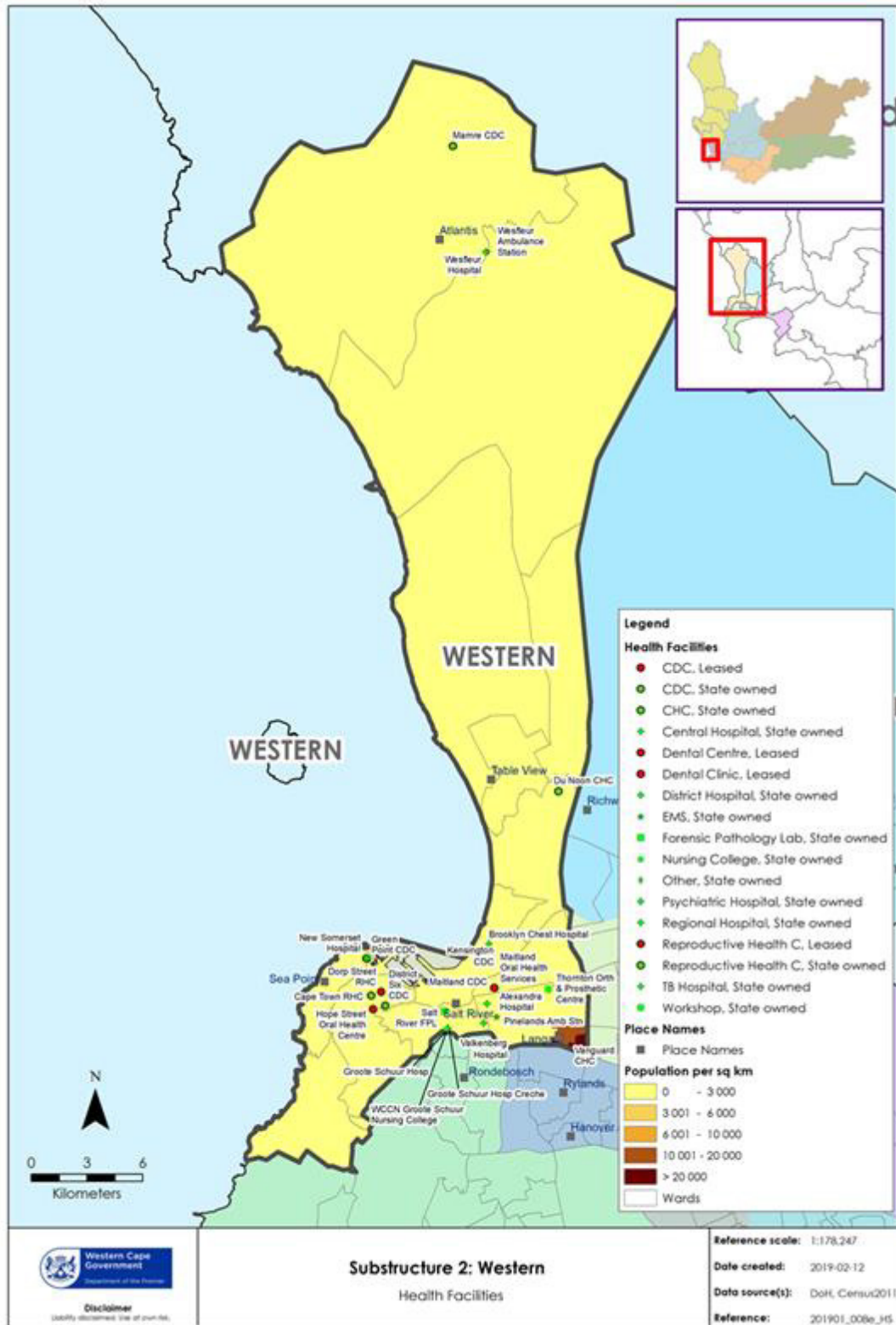
Metro – Klipfontein and Mitchell's Plain Sub-structure



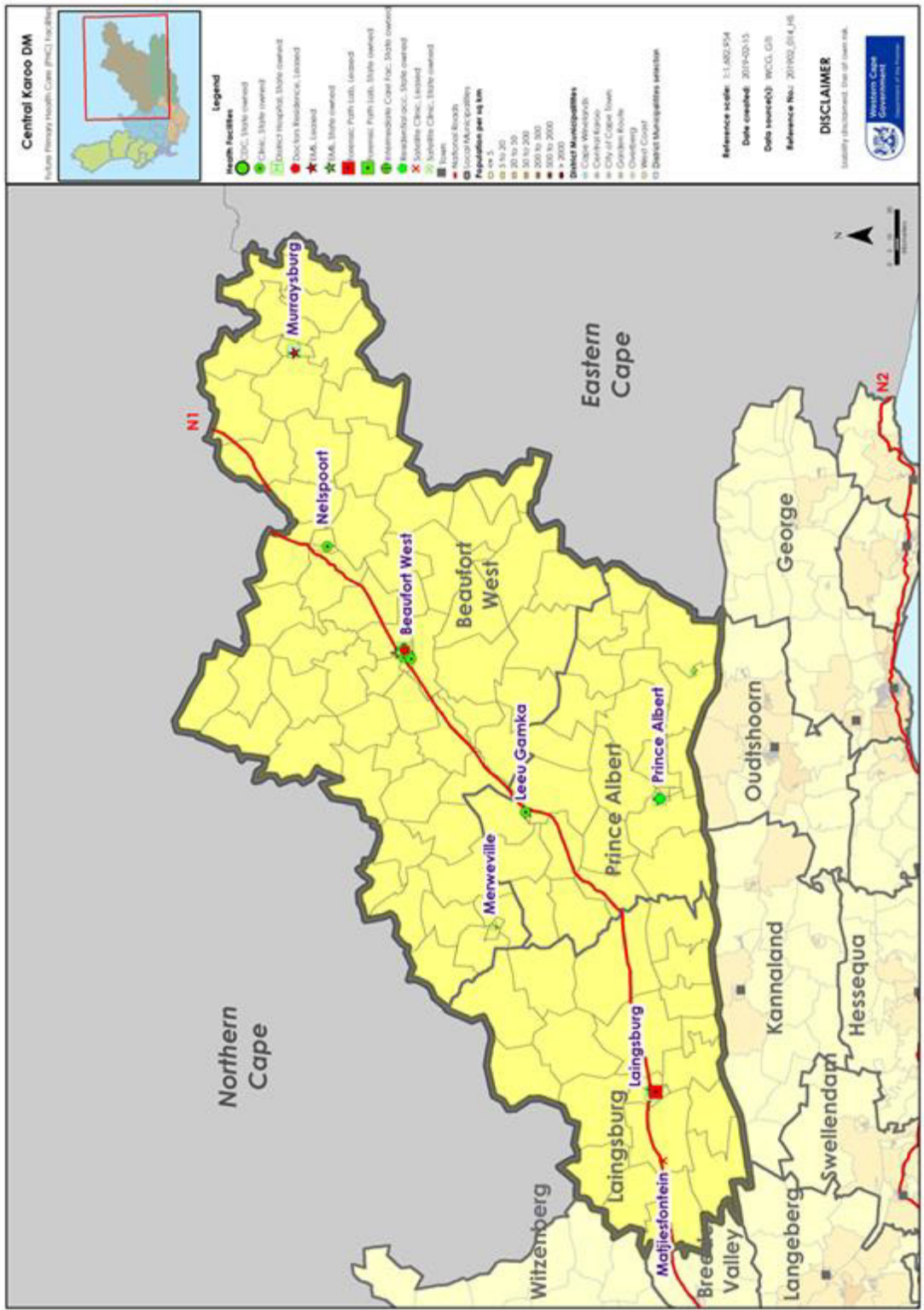
Metro – Northern and Tygerberg Sub-structure



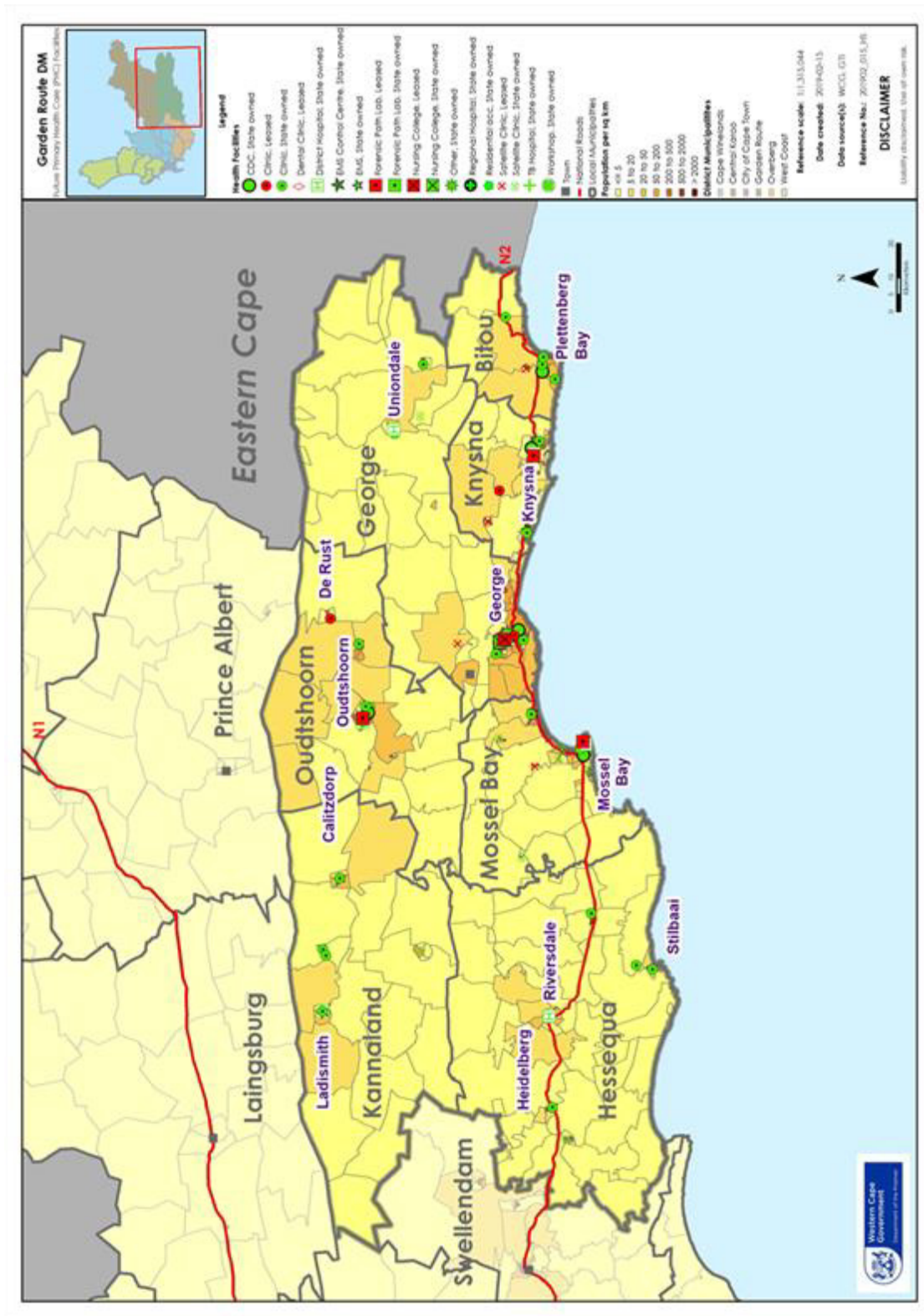
Metro – Southern Sub-structure



Metro – Western Sub-structure



Central Karoo District



Garden Route District

Annexure D: Existing Health Facilities (Owned and Leased)



West Coast 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	Tender
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	Tender
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	Tender
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	Tender
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 5
7	Relocation of George Road Satellite Clinic: Mossel Bay in Western Cape Province, Garden Route District	R6 500 000.00	<ul style="list-style-type: none"> • George Road Satellite Clinic (Replacement) 	WCGTPW	Refer to project list (Template 6.1)



Western Cape
Government

FOR YOU