

**HEALTH CONDITIONAL GRANT  
ALLOCATIONS  
IN-DIRECT ALLOCATIONS  
PREPAREDNESS TO IMPLEMENT  
2014/15 MTEF**

# Background

## NHI Imperatives:

1. Infrastructure Development and Maintenance;
2. HR: Planning, Development and Management;
3. Quality of Health Services: Six Core Standards i.e.:
  - Cleanliness;
  - Safety and Security of Staff and Patients;
  - Attitude of Staff;
  - Infection Control;
  - Long Queues;
  - Drug Stock-outs
4. Re-engineering of the Primary Healthcare System within three streams i.e.: School Health Programme, Municipal Ward-Base Primary Healthcare Agents and District Specialist Health teams;
5. Contracting of GPs (and other Health Professionals) to work in Public Facilities;
6. Strengthening Hospital performance.

# Background

- Approach was to place financial resources into one basket and to compare successes and failures over time;
- Health Grant introduced in 2013 which has 2 components i.e. In-Direct allocations for Health Facility Revitalisation (Infrastructure) and National Health Insurance (NHI);
- The Health Facility Revitalisation Grant Framework has been amended to only cater for one fund instead of the 3 previously i.e. Revitalisation, Health Infrastructure and Nursing Colleges;
- The NHI grant caters mainly for GP contracting and the development of Diagnostic Related Groups (DRG) and revenue management;
- The NHI grant framework has been changed to include a broader category of Health Professionals;
- South African Medical Association (SAMA) also argued that a decentralised approach is not preferable as payment and payment on time cannot be guaranteed by Provinces.

# Health Grant 2014/15 – In-Direct Allocations MTEF (R'000)

<b>Grant</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
<b>Health Facility Revitalisation</b>	979 862	1 020 973	1 115 038
<b>National Health Insurance</b>	395 000	414 000	400 942
<b>HPV Vaccine</b>	200 000	200 000	-
<b>Total</b>	<b>1 574 862</b>	<b>1 634 973</b>	<b>1 515 980</b>

# Conditional Grants to Provinces

## 2014/15 MTEF (R'000)

<b>Grant</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
<b>National Tertiary Services</b>	10 168 235	10 635 974	11 199 680
<b>HIV and Aids</b>	12 311 322	13 957 043	16 696 765
<b>Health Facility Revitalisation</b>	4 738 837	4 987 920	5 252 280
<b>Health Professions Training and Development</b>	2 321 788	2 428 590	2 557 305
<b>National Health Insurance</b>	70 000	73 967	77 887
<b>Total</b>	<b>29 917610 182</b>	<b>32 083 494</b>	<b>34 783 917</b>

# Dr Sambo's address

what is UHC?

THE PURPOSES OF UNIVERSAL HEALTH CARE COVERAGE  
ARE:

- to meet population health needs;
- to remove financial barriers to health care;
- to reduce incidence of catastrophic health expenditures;
- this should facilitate the attainment of national and internationally agreed health goals; and
- ultimately contribute to better quality of life, poverty alleviation and human development.

# Dr Sambo's address contd.

- WE WISH TO PROPOSE FOUR MAJOR THRUSTS FOR ATTAINING UNIVERSAL HEALTH COVERAGE:
- *First, strengthening the capacities of public health infrastructure to provide effective, safe, and quality health services. Infrastructure includes “staffing, buildings, technologies; utilities such as power and water supply; waste management; transport and communication; and FINANCING investments, maintenance and recurring costs”.* Health infrastructure entails public investments and Governments will have to explore innovative ways of harnessing the resources of the private sector, NGOs and communities.

- The World Health Organization (WHO) service availability and readiness assessment methodology provides a standard health facility assessment questionnaire to assess, map and monitor service availability and readiness (4). It is designed to support a health facility census with a focus on the core functional capacities and availability of services. The instrument can be further adapted at the country level to respond to specific country contexts. If resources are limited and do not allow for visiting all health facilities in a country (or sub-nationally in a district, region, or province), a census can be implemented in sentinel districts with additional districts added each year, to achieve a full census over a longer time period.
- The key topic areas and core functional capacities of a facility census of service availability and readiness include:
  - Identification, location and managing authority of health facility (public and private)
  - Facility infrastructure and amenities, such as availability of water supply, telecommunications and electricity
  - Basic medical equipment, such as weighing scales, thermometer and stethoscope
  - Availability of health workforce (e.g. cadre of human resources, staff training and guidelines)
  - Drugs and commodities — availability of general medicines
  - Diagnostic facilities — availability of laboratory tests (e.g. HIV, malaria, tuberculosis (TB), others)
  - Standard precautions on prevention of infections — availability of general injection and sterilization, disposal and hygiene practices
  - Specialized services, such as family planning, maternal and newborn care, child health, HIV/AIDS, tuberculosis, malaria and chronic diseases.
- Facility censuses also serve as an independent source for numbers of health workers, which may be compared with those from other sources and analysed in conjunction with them. Additional particulars, such as the presence of workers on the day of the visit, can also be gathered. Comparisons between districts and regions provide valuable evidence about the distribution of services within a country. Information on minimum standards can be used for key services to provide feedback to programme planners.



# NHI PILOTING (11 Pilot Districts)

1. Infrastructure Development and Maintenance;
2. HR: Planning, Development and Management;
3. Quality of Health Services: Six Core Standards, namely
  - Cleanliness
  - Safety and Security of Staff and Patients
  - Attitude of Staff
  - Infection Control
  - Long Queues
  - Drug Stock-outs
4. Re-engineering of the Primary Healthcare System: Three streams: School Health Programme, Municipal Ward-base Primary Healthcare Agents and District Specialist Health teams
5. Contracting of GPs to work in Public Clinics

Infrastructure Optimization Tool Kit  
applied for the selection of clinics to  
be built in four provinces of EC, FS, LP  
and MP NHI Districts

Condition Rating	Condition	Description
5	Excellent	As New - Normal Maintenance Required
4	Good	Minor Repair work and Periodical Routine Maintenance
3	Fair	Non Emergency Repair and repair to standard items
2	Poor	Major repair / replacement required prior to maintenance
1	Bad	Condemn, complete replacement required
0	Not Applicable	Not Present

## Infrastructure Audit-Prioritization of Clinics for replacement, upgrading and Repairs-NHI District, Vhembe LF

[illegible]

# Infrastructure Audit-Prioritization of Clinics for replacement, upgrading and Repairs-NHI District, Gert Sibande, MP

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# PHYSICAL PROGRESS IN THE MP PROVINCE

**Ermelo Clinic (Gert Sibande)**



**Lebohang Clinic (Gert Sibande)**



# FS province continue...

**Mahaig Clinic  
(Thabo Mofutsanyane)**



**Tshirela Clinic  
(Thabo Mofutsanyane)**





## PHYSICAL PROGRESS IN THE FS PROVINCE

### **Bohlokong Clinic (Thabo Mofutsanyane)**



### **Bluegumbosch Clinic (Thabo Mofutsanyane)**



# PHOTOS



PORTCHEFSTROOM CLINIC: CLOSE TO COMPLETE

# PHOTOS



PORTCHEFSTROOM CLINIC: FURNITURE AND MEDICAL EQUIPMENT

# PROGRESS TO DATE: SUMMARY TABLE

Key Current Activities	Number of clinics
Total number of clinics	102
Number of clinics with Earthworks completed	92
Number of Slabs Completed	74
Number of clinics with super structure delivered	83
Number of clinics with superstructure installed	69
Number of clinics with roof installed	38
Clinics with finishes completed	17
Equipment and furniture installed	8

# Progress per province

PROVINCE	TOTAL NUMBER OF CLINICS	EARTH- WORKS COMPLET ED	%	SLABS/ STRIPS COMPLE TED	%	SUPER- STRUCTUR ES DELIVERED TO SITE	%	SUPER- STRUCTURE INSTALLED	%	ROOF INSTALLED	%	EQUIPMENT AND FURNITURE INSTALLED	%
EC	16	16	100%	15	94%	16	100%	13	81%	8	50%	0	0%
FS	14	14	100%	14	100%	14	100%	12	86%	12	86%	8	57%
KZN	16	12	75%	10	63%	6	38%	0	0%	0	0%	0	0%
LP	15	11	73%	7	47%	12	80%	6	40%	4	27%	0	0%
MP	19	17	89%	16	84%	0	0%	0	0%	0	0%	0	0%
GP	6	6	100%	6	100%	6	100%	6	100%	3	50%	0	0%
NC	8	8	100%	7	88%	7	88%	7	88%	5	63%	0	0%
NW	8	8	100%	8	100%	8	100%	8	100%	6	75%	0	0%
<b>TOTAL</b>	<b>102</b>	<b>92</b>	<b>90%</b>	<b>83</b>	<b>81%</b>	<b>69</b>	<b>68%</b>	<b>52</b>	<b>51%</b>	<b>38</b>	<b>37%</b>	<b>8</b>	<b>8%</b>

The delivery of the programme is targeted for 31<sup>st</sup> March 2014 however Limpopo and Mpumalanga will be completed in April due to rain



# District Hospital Assessments: Compilation of Report

The Work Instructions  
compiled for each facility  
include the following:

**Building Structural:** include all building structural elements i.e. roofs, doors, walls, ironmongery, etc.

**Building Wet Services:** items include all plumbing, drainage and sanitary related items

**Electrical:** includes light fittings, switches, sockets, etc.

**Civil Infrastructure:** external water and sewer reticulation, roads, storm water, fencing, cleaning and site keeping

**Mechanical Equipment and Installations:** HVAC, Steam Generation, Steam Distribution, Hot Water Generating, Kitchen Equipment and Laundry Equipment

Section A – Photo Report.

Section B – Asset Maintenance Plan

Section C – Work Instructions

Section D – Reference Photographs

Section E – Specifications

Section F – Asset Register

Section G – Schematic Layout Plans



The Photo Report of each of the District Hospitals were compiled as an overview of the Specific Hospital:

- Structural and Building work
- Plumbing & Wet Services
- Electrical
- Fencing, Cleaning and Site Keeping
- Water- and Sewer reticulation
- Roads and Storm water
- External lighting
- Air-conditioning
- Mechanical Equipment

The Asset Maintenance Plan for each facility will divided into the following:

- Scope
- Maintenance Control
- Mandatory Periodical Servicing
- Operation of Installations

Reference photographs have been included for *each* work instruction individually:

- Work Instruction
- Reference Photo
- Photo Number
- Layout Drawing
- Reference Number included on Layout Drawing

# Pretoria West District Hospital



- **2 195 Sanitary and Brassware fittings.**
- **5 245 Electrical fittings.**
- **103 External light fittings.**
- **1 572m Palisade Fencing.**
- **9 120m<sup>2</sup> Asphalt Surface.**
- **2 668m<sup>2</sup> Interlocking Paving.**
- **58 Air-conditioning units.**
- **235 Fire Fighting Equipment fittings.**
- **1 Standby Generator**
- **42 Mechanical Fixtures**

# Jubilee District Hospital

- 1 553 Sanitary and Brassware fittings.
- 3 044 Electrical fittings.
- 41 External light fittings.
- 1 258m Perimeter Fence.
- 77 740m<sup>2</sup> Site Keeping.
- 3 034m<sup>2</sup> Asphalt Surfaces.
- 558m<sup>2</sup> Interlocking Paving.
- 68 Air-conditioning units.
- Chiller Plant
- 115 Fire Fighting Equipment fittings.
- 2 Standby Generators
- 29 Mechanical Fixtures





# Odi District Hospital

- 1 156 Sanitary and Brassware fittings.
- 2 281 Electrical fittings.
- 24 External light fittings.
- 1 180m Perimeter Fence.
- 55 584m<sup>2</sup> Site Keeping.
- 3 360m<sup>2</sup> Asphalt Surfaces.
- 967m<sup>2</sup> Interlocking Paving.
- 53 Air-conditioning units.
- 126 Fire Fighting Equipment fittings.
- 1 Standby Generators
- 32 Mechanical Fixtures.



# Tshwane District Hospital

- 1 915 Sanitary and Brassware fittings.
- 6 409 Electrical fittings.
- 150 External light fittings.
- 1 286m Perimeter Fence.
- 118 230m<sup>2</sup> Site Keeping.
- 8 274m<sup>2</sup> Asphalt Surfaces.
- 150 Air-conditioning units.
- 213 Fire Fighting Equipment fittings.
- 2 Standby Generators
- 24 Mechanical Fixtures.
- 



# Work Instructions

No	Facility	Structural	Wet Services	Electrical	Mechanical & Civil	<b>TOTAL</b>
<b>TOTAL</b>		<b>1 914</b>	<b>1 261</b>	<b>1 048</b>	<b>607</b>	<b>4 830</b>
1	Pretoria West District Hospital	223	222	210	160	<b>815</b>
2	Jubilee District Hospital	808	429	369	209	<b>1 815</b>
3	Odi District Hospital	545	270	180	181	<b>1 176</b>
4	Tshwane District Hospital	338	340	289	57	<b>1 024</b>



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# Condition Assessments

Condition Rating	Condition	Description
5	Excellent	As New - Normal Maintenance Required
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# Condition Assessments

Discipline	Pretoria West	Jubilee	Odi	Tshwane
Structural and Building: External	4	1	4	3
Structural and Building: Internal	3	2	4	3
Plumbing & Wet Services	2	2	3	3
Electrical - Building	2	2	3	4
Electrical - External Lighting	3	3	3	3
Water Reticulation	4	1	3	3
Sewer Reticulation	3	1	4	4
Roads & Stormwater	2	2	4	4
Standby Power	4	3	3	3
Air Conditioning / HVAC	4	2	3	3
Steam Generation	4	2	3	0
Steam Distribution	3	2	4	3
Hot water Generation	2	1	3	3
Kitchen Equipment	3	3	4	3
Laundry Equipment	3	1	3	0
Fire Fighting Equipment	3	3	2	3



health

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# Conclusion and Recommendations

	Pretoria West	Jubilee	Odi	Tshwane
Average Rating	3.1	1.9	3.3	3.2

# National MTEF Budget Allocation and project summery

National MTEF budget Allocations					
Provinces	NHI Districts	2014/15	2015/16	2016/17	Comments
		R'000	R'000	R'000	
EC		135 674	281 870	283 130	for 8 clinics, 2 hospitals and revitalization of 2 nursing colleges
FS		38 623	21 602	23 888	For 3 clinics, 1 hospital for holding maintenance and revitalization of one nursing college
GP		62 903	103 373	204 613	1 new hospital and revitalization of 2 nursing colleges
KZN		0	0	0	The province will only gain from relocatable GP Accomodation and Maintenance through FET colleges
LP		420 424	402 438	401 611	for 5 clinics,revitalization of 1 nursing college and 3 hospitals
MP		127 382	117 313	120 410	for 5 CHCs and revitalization of 2 nursing colleges
NC		3 072	2 950	3 145	<b>Revitalization of 1 nursing college</b>
NW		6 280	6 030	6 429	Revitalization of 2 nursing colleges
WC		0	0	0	The province will only gain from Relocatable GP Accomodation and Maintenance through FET colleges
NDOH		185 504	85 398	71 812	for Relocatable GP Accomodation, maitenance through FET colleges and Conditional assesment to the level of BoQ. All nine provinces benefit from this funding.
<b>TOTAL</b>		<b>979 862</b>	<b>1 020 973</b>	<b>1 115 038</b>	

# Categorization of the projects managed and over sighted by the Infrastructure Unit of the NDoH

NDoH, Infrastructure Unit-Type of Infrastructure Projects	
Clinics (Category A Projects) 16 off	
CHC's (Category A Projects) 5 off	
Hospitals: Rehabilitate	
Hospitals: Replacement (Category A Projects) 6 off	
Hospitals: New 1 off	
Nursing colleges and schools: (Category A Projects) 12 off	
GP consulting rooms - space problem (Category A Projects) 290 off	
Major Maintenance to NHI Districts Facilities (Term Contracts)-(Category A Projects) 11 districts facilities covering 878	
In-LoCo Supervision ( Category B Projects) 16 major projects	
RSA - Status Assessment of NHI facilities ( Category C Projects) 11 Districts covering 878 facilities by three PSPs	
National Health Infrastructure Plan (Category D Projects) 1 project, by 1 PSP and one IA covering all provinces	
PMIS Management and Operationalization ( Category E Projects) 1 project, by 1 PSP covering all provinces	
PMSU Management ( Category F Project) 1 Project, 1 IA covering all provinces and the NDoH certain needs	
Minor maintenance to NHI Districts Facilities (DBSA-FET)- (Category G Projects) 1 project, 1 IA covering close to 380 clinics in the NHI districts in all provinces	
10 Ideal Clinics(Category G Projects) 1 project, 1 IA covering 8 clinics in GP, KZN, FS	
PPP projects: - Only TA ( Administered by DBSA)-(Category H Projects), 7 Project, 6 TA appointed 6 under NDoH management and 1 under WC management	
RSA - Equipment Roll-Out-( Category I Projects)	
Management support – Procurement Management Support ( Category J Projects) 1 project by 1 PSP covering procurement support for all In Kind grant projects	
N & S Guidelines ( Category K Project) 1 project, 1 PSP (CSIR) covering 46 health related disciplines within health Infrastructure services	

# Maintenance Plan for the 11 NHI

		1 Facilities	Number of facilities							
			Clinics	CHC's	District Hospitals	Regional Hospitals	Prov Tertiary	Central	Other	Total
Eastern Cape	OR Tambo		169	12	13	0	1	1	3	199
Free State	T Mofutsanyane		71	2	6	2	0	0	0	81
Gauteng	Tshwane		54	11	5	1	0	2	4	77
KwaZulu-Natal	Amajuba		25	0	1	2	0	0	0	28
KwaZulu-Natal	Umgungundlovu		55	4	2	1	0	0	5	67
KwaZulu-Natal	Umzinyathi		50	0	4	0	0	0	1	55
Limpopo	Vhembe		113	8	6	1	0	0	1	129
Mpumalanga	Gert Sibande		61	15	8	1	0	0	3	88
North West	KK Kaunda		28	9	3	1	1	0	2	44
Northern Cape	Pixley Ka Seme		34	7	4	0	0	0	0	45
Western Cape	Eden		40	6	5	1	0	0	7	59
Total NHI			700	74	57	10	2	3	26	872
% NHI of total SA			19.9%	21.4%	22.1%	20.0%	13.3%	25.0%	47.3%	20.5%
RSA			3523	346	258	50	15	12	55	4 259
Av hosp size										
NHI PHC estate in 11 pilot districts			700	74	57					831
NHI PHC estate in RSA			3523	346	258					4 127

- There are 872 health facilities in the 11 NHI districts in the country constituting 20.5% of the total health facilities in the country
- Of 872 health facilities in the 11 NHI Districts, 831, are part of Primary Health Care facilities
- Reactive Maintenance (Back lock) and Proactive Maintenance (Routine Maintenance) will be done to all these facilities as follows;
  - Detailed status assessment of all these facilities with priority of OR Tambo district will be done by the three appointed Professional Service Providers in 2014
  - Three Term contractors per NHI district will be appointed to undertake the out come of the above mentioned detailed assessment in the form of maintenance works in all the 11 NHI districts
  - The recently developed Guidelines for health Infrastructure Norms and Standards will be applied in this process.
  - This plan will be up scaled in other districts ( none NHI districts) as more funds become available

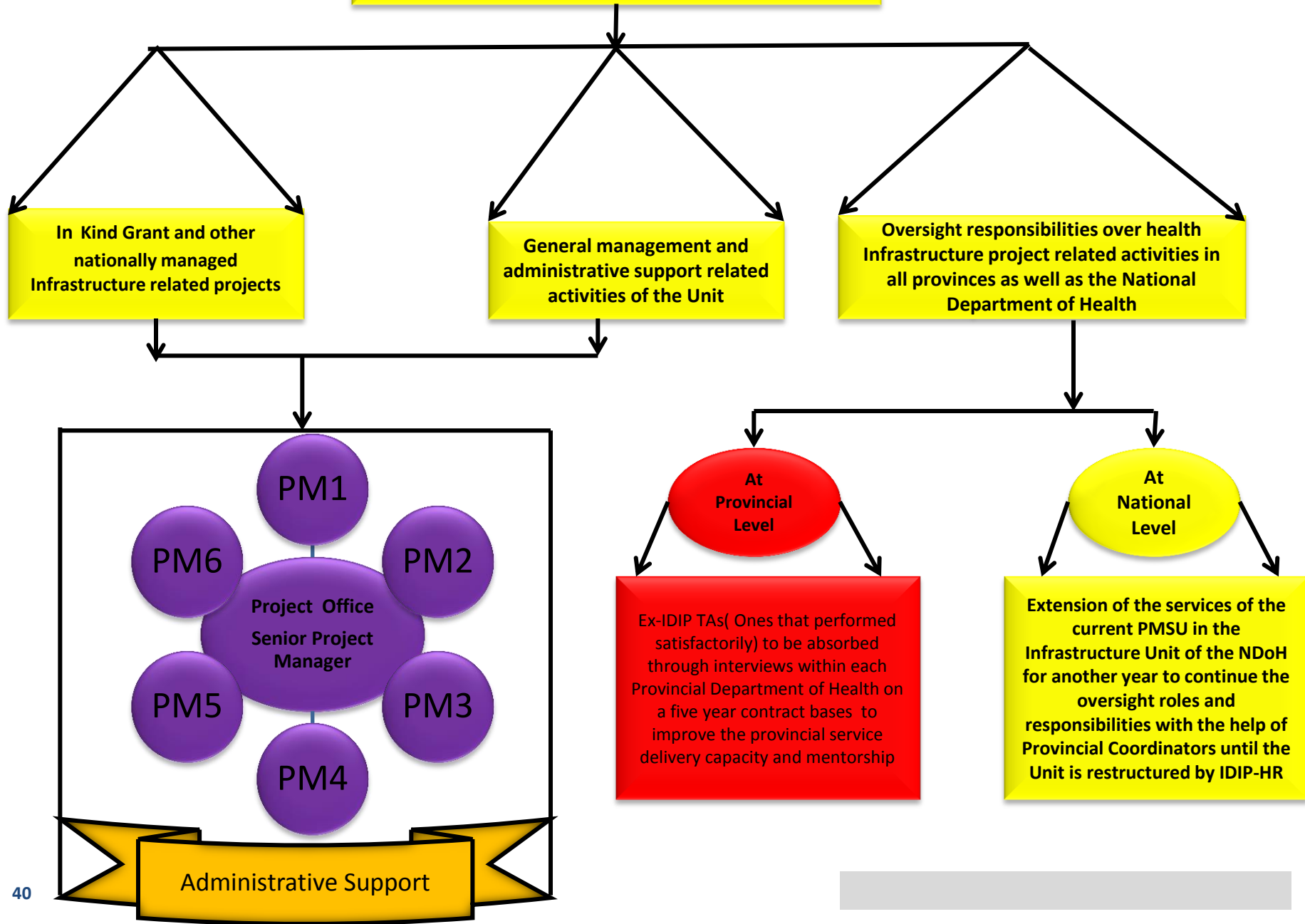
## Total number of service providers and project management structures are being appointed for NHG projects

Programme	Procurement	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total
Total	Project Manager	6	4	5	2	8	4	2	2	2	39
	PSP Team	21	14	16	10	21	16	7	8	7	118
	Contractor	17	12	12	8	15	14	6	7	4	95
	JMC Technical Committee	14	14	14	12	14	13	11	11	11	114
G Total		58	44	47	32	58	47	26	28	24	366

Programme	Procurement	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total
Clinics	Project Manager	1	1	0	0	1	0	0	0	0	3
	PSP Team	8	3	0	0	5	0	0	0	0	16
	Contractor	8	3	0	0	5	0	0	0	0	16
	JMC Technical Committee	1	1	0	0	1	0	0	0	0	3
CHC	Project Manager	0	0	0	0	0	1	0	0	0	1
	PSP Team	0	0	0	0	0	5	0	0	0	5
	Contractor	0	0	0	0	0	5	0	0	0	5
	JMC Technical Committee	0	0	0	0	0	0	0	0	0	0
Hospital Rehabilitation	Project Manager	0	1	0	0	0	0	0	0	0	1
	PSP Team	0	2	0	0	0	0	0	0	0	2
	Contractor	0	1	0	0	0	0	0	0	0	1
	JMC Technical Committee	0	1	0	0	0	0	0	0	0	1
Hospital Replacement	Project Manager	2	0	0	0	4	0	0	0	0	6
	PSP Team	4	0	0	0	8	0	0	0	0	12
	Contractor	2	0	0	0	4	0	0	0	0	6
	JMC Technical Committee	1	0	0	0	1	0	0	0	0	2
Hospital New	Project Manager	0	0	1	0	0	0	0	0	0	1
	PSP Team	0	0	2	0	0	0	0	0	0	2
	Contractor	0	0	1	0	0	0	0	0	0	1
	JMC Technical Committee	0	0	1	0	0	0	0	0	0	1
Nursing Colleges	Project Manager	1	1	1	0	1	1	1	1	0	7
	PSP Team	2	2	2	0	1	2	1	2	0	12
	Contractor	2	2	2	0	1	2	1	2	0	12
	JMC Technical Committee	1	1	1	0	1	1	1	1	0	7
GP Consulting Rooms	Project Manager	2									2
	PSP Team	0	0	0	0	0	0	0	0	0	0
	Contractor	2	2	2	2	2	2	2	2	1	17
	JMC Technical Committee	1	1	1	1	1	1	1	1	1	9
In-loco Monitoring	Project Manager	1									1
	PSP Team	1	1	1	1	1	1	1	1	1	9
	Contractor	0	0	0	0	0	0	0	0	0	0
	JMC Technical Committee	1	1	1	1	1	1	1	1	1	9
Condition Assessment	Project Manager	1									1
	PSP Team	1			1			1			3
	Contractor	0	0	0	0	0	0	0	0	0	0
	JMC Technical Committee	1	1	1	1	1	1	1	1	1	9

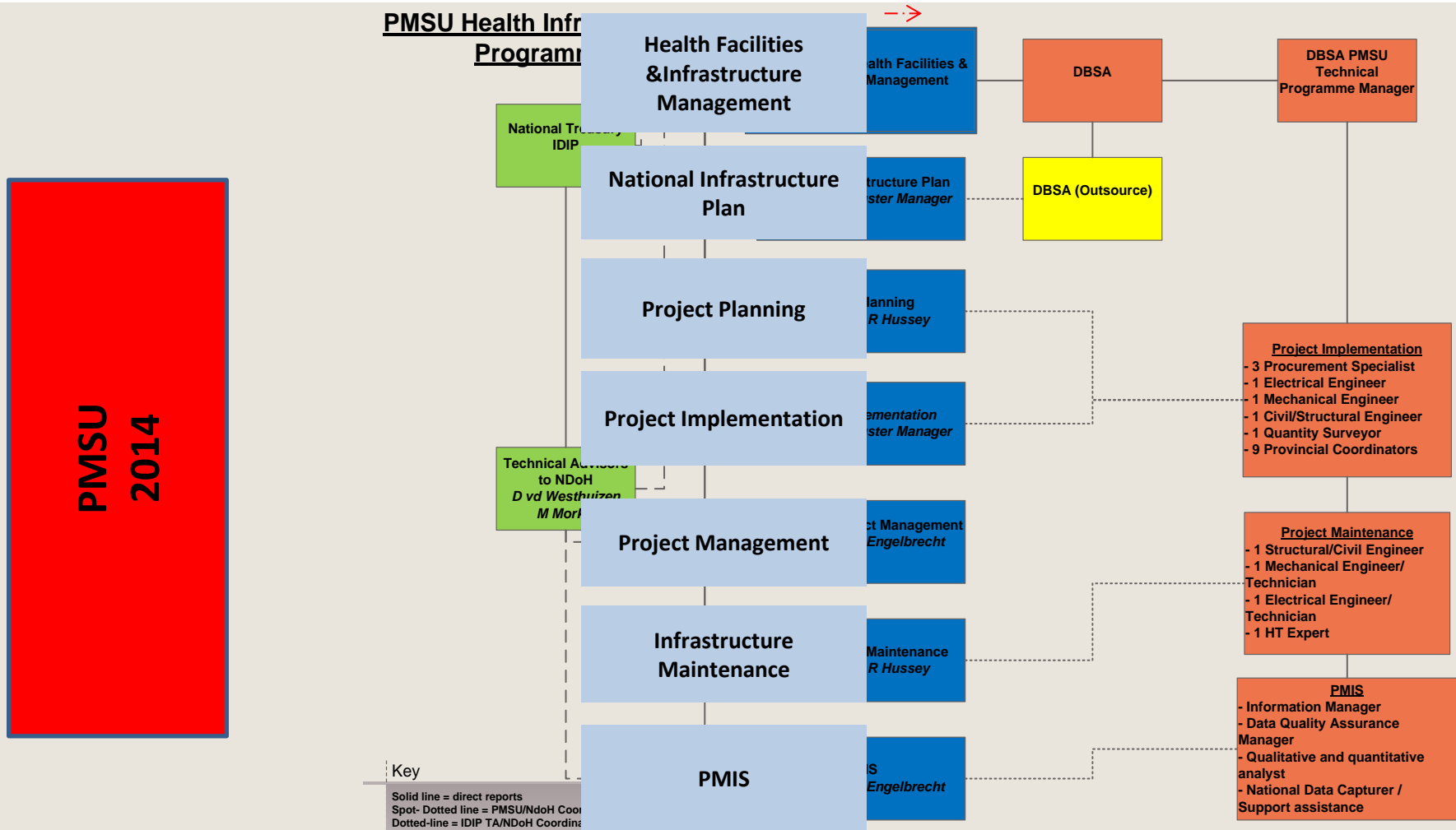
Programme	Procurement	EC	FS	GP	KZN	LP	MP	NC	NW	WC	Total
PPP	Project Manager	1	0	2	1	1	1	0	0	1	7
	PSP Team	1	0	2	1	1	1	0	0	1	7
	Contractor	0	0	0	0	0	0	0	0	0	0
	JMC Technical Committee	1	0	1	1	1	1	0	0	1	6
Ideal Clinics	Project Manager	1									1
	PSP Team	0	1	4	3	0	2	0	0	0	10
	Contractor	0	1	4	3	0	2	0	0	0	10
	JMC Technical Committee	0	1	1	1	0	1	0	0	0	4
Minor Maintenance	Project Manager	1									1
	PSP Team	1	1	1	1	1	1	1	1	1	9
	Contractor	1	1	1	1	1	1	1	1	1	9
	JMC Technical Committee	1	1	1	1	1	1	1	1	1	9
Major Maintenance	Project Manager	1									1
	PSP Team	1	1	1	1	1	1	1	1	1	9
	Contractor	1	1	1	1	1	1	1	1	1	9
	JMC Technical Committee	1	1	1	1	1	1	1	1	1	9
Management Support	Project Manager	1									1
	PSP Team	1									1
	Contractor	0	0	0	0	0	0	0	0	0	0
	JMC Technical Committee	0	0	0	0	0	0	0	0	0	0
Equipment Roll-out	Project Manager	1									1
	PSP Team	1	1	1	1	1	1	1	1	1	9
	Contractor	1	1	1	1	1	1	1	1	1	9
	JMC Technical Committee	1	1	1	1	1	1	1	1	1	9
Infrastructure Plan 10yr	Project Manager	1									1
	PSP Team	1									1
	Contractor	0	0	0	0	0	0	0	0	0	0
	JMC Technical Committee	1	1	1	1	1	1	1	1	1	9
PMSU	Project Manager	1									1
	PSP Team	1	1	1	1	1	1	1	1	1	9
	Contractor	0	0	0	0	0	0	0	0	0	0
	JMC Technical Committee	1	1	1	1	1	1	1	1	1	9
PMIS	Project Manager	1									1
	PSP Team	1									1
	Contractor	0	0	0	0	0	0	0	0	0	0
	JMC Technical Committee	1	1	1	1	1	1	1	1	1	9
Norms & Standards	Project Manager	1									1
	PSP Team	1									1
	Contractor	0	0	0	0	0	0	0	0	0	0
	JMC Technical Committee	1	1	1	1	1	1	1	1	1	9

# **“Accelerated Health Infrastructure Service Delivery Institutional Arrangements”**





Accelerated Health Infrastructure Service Delivery Program, titled IUSS (Infrastructure Unit System Support) is an Initiative of the National Department of Health, an structured collaboration with DBSA and CSIR



# Support Institutional Arrangement for Project Management-National Project Office

## NDoH, Infrastructure Unit-Type of Infrastructure Projects

Clinics (Category A Projects)

CHC's (Category A Projects)

Hospitals: Rehabilitate

Hospitals: Replacement (Category A Projects)

Hospitals: New

Nursing colleges and schools: (Category A Projects)

GP consulting rooms - space problem (Category A Projects)

Major Maintenance to NHI Districts Facilities (Term Contracts)-  
(Category A Projects)

In-LoCo Supervision ( Category B Projects)

RSA - Status Assessment of NHI facilities ( Category C Projects)

National Health Infrastructure Plan (Category D Projects)

PMIS Management and Operationalization ( Category E Projects)

PMSU Management ( Category F Project)

Minor maintenance to NHI Districts Facilities (DBSA-FET)-  
(Category G Projects)

10 Ideal Clinics(Category G Projects)

PPP projects: - Only TA ( Administered by DBSA)-(Category H Projects)

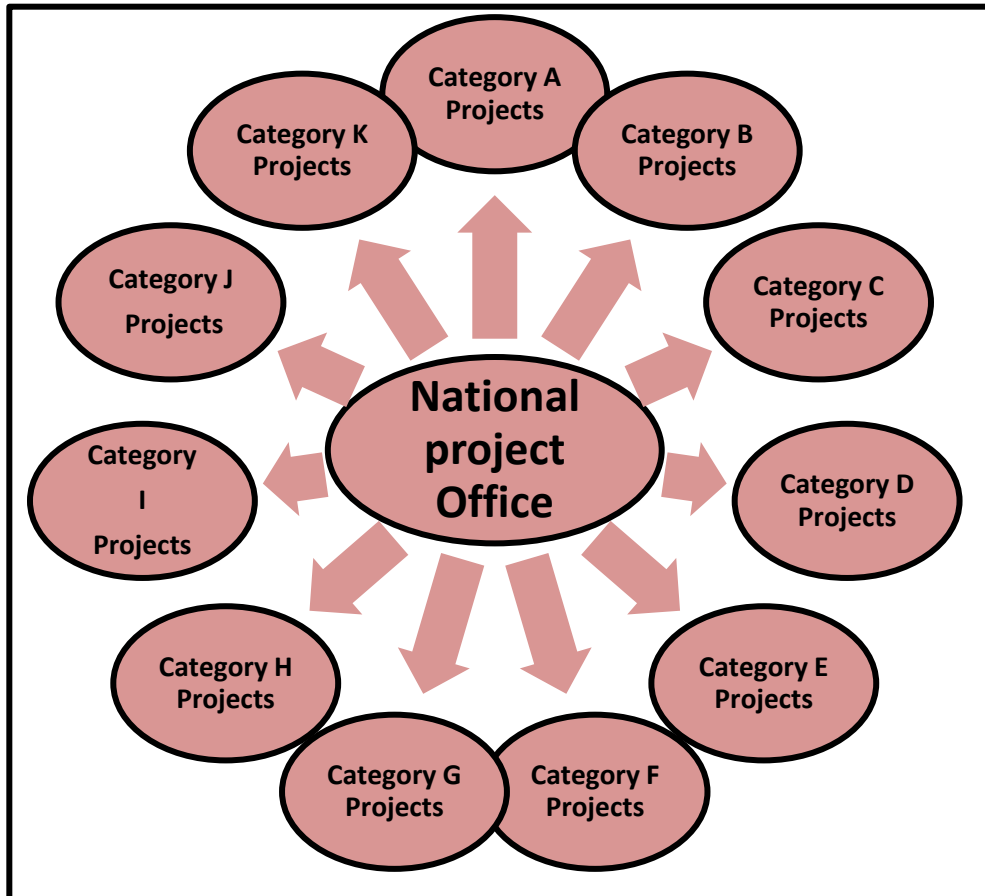
RSA - Equipment Roll-Out-( Category I Projects)

Management support – Procurement Management Support ( Category J Projects)

N & S Guidelines ( Category K Project)



Support role of the National Project Office in Project  
Related activities of the Infrastructure Unit of the  
NDoH



**In Kind and other projects related activities  
of the Infrastructure Unit of the NDoH**

Monthly Progress review meeting with DBSA on all their projects

Monthly Progress review meeting with CSIR

Monthly JMC meeting with Province on all In-Kind Projects ( These meetings may be the same as various project categories, progress review PPP JMC and task Teams meetings

Monthly or otherwise progress review meeting for project category A projects

Monthly or otherwise progress review meeting for project category B projects

Monthly or otherwise progress review meeting for project category C projects

Monthly or otherwise progress review meeting for project category D projects

Monthly or otherwise progress review meeting for project category E projects

Monthly or otherwise progress review meeting for project category F projects

Monthly or otherwise progress review meeting for project category G projects

Monthly or otherwise progress review meeting for project category H projects

Monthly or otherwise progress review meeting for project category I projects

Monthly or otherwise progress review meeting for project category J projects -Procurement Management Support.

Monthly or otherwise progress review meeting for project category K projects

## Major Functions and Responsibilities of the National Project Office



## Major functions of the National Project Office

Full Management and administrative support to the Project Champions, Cluster Manager and Head of the Infrastructure Unit in all In Kind projects in all aspects of these projects specially in the following areas, through various project governance structure;

- Participation in all the progress review meetings of all project Categories
- Follow up with all the Departmental Project Champions and PMs on all project categories on what have been decided in the project review meetings and making sure that they are done and adhered to
- Reading and assessing of all the reports , financial, technical, managerial etc. by all the PMs, PSPs and reporting to the Head of the Infrastructure, Cluster Manager and the project champion
- Management and Preparation of all written and other communications with the PMs, PSPs, suppliers, contractors and other project related service providers on all matters relating to projects and service level agreements , progress meetings resolutions, etc.
- Making sure that all the time lines of all projects are well adhered to by all PMs, PSPs, contractors, suppliers etc.
- Making sure that all the project budgets are utilized and managed in terms of the agreements, contacts and SLA, etc.
- Making sure that all the applications for project extension, expansion of time , physical variation, contractual challenges and deficiencies are followed in terms of the relevant agreements and processing them to their finality with the client.
- Regular monthly Management progress report on all projects, in financial , physical, and contractual terms, also covering the challenges, remedial works for such challenges , way forward covering professional , technical, managerial and contractual forecast of the projects future in terms of their planned outputs.

National Project Office Coordinator (Professional 1) Assistant Coordinator (Professional 1)  
Technical Secretariat (2).

Program  
Management  
Professionals

Per  
Project  
Category

1	Project type	Number of projects	Categories of projects	Number of Project Manager needed
2	Clinics	8 clinics in EC under CDC, plus 2 major project	Category A Projects	1 Project Manager/In Loco-Supervisor
3	Clinics	Clinicds in LP plus 2 major projects in LP	Category A Projects	1 Project Manager/In Loco-Supervisor
4	Clinics	Clinics in FS plus 2 major projects in FS and 1 NHG Hospital	Category A Projects	1 Project Manager/In Loco-Supervisor
5	CHCs in MP	5 CHCs in MP	Category A	1 Project Manager/In Loco-Supervisor
6	MP projects	3 major projects in MP		1 Project Manager/In Loco-Supervisor
7	NHG Hospitals, EC	2 hospitals in EC +1 or 2 major projects in EC	Category A	1 Project Manager/In Loco-Supervisor
8	NHG Hospitals in LP	4 hospitals in LP	Category A	1 Project Manager/In Loco-Supervisor
9	NHG hospital in FE	Please see item 4 above		N/A
10	Major Maintenance projects in NHI districts	112 facilities and	Category A	1 Project Manager/In Loco-Supervisor
11	Nursing colleges revitalization + GP consulting rooms	12 Nursing colleges and 290 (DBSA and Deaprtment ones) replaceable GP consulting rooms	Category A	1 Project Manager/In Loco-Supervisor
12	In Loco Supervision	Supervision over 15 In Loco Supervisors	Category B,	1 Head of the Project Managers who is heading the In-LoCo supervisors
13	Conditional Assessment of the facilities in NHI districts + PMIS	Supervision over 3 firms of Professional Service Providers for Conditional assessment and one Service Provider for PMIS	Category C and Category E	1 Project Manager/In Loco-Supervisor
14	Minor Maintenance (FET) + Infrastructure Master Planning + PMSU	Clinics and CHCs in all NHI Districts and 1 Professional Service Provider for Infrastructure Master Planning and 1 consortium of PSPs for PMSU	Category D, Category F and Category G (DBSA as Implementing Agent)	1 Project Manager/In Loco-Supervisor
	<b>Total</b>			<b>12</b>



Program  
Management  
  
Professionals  
  
Per  
Project  
Category

15	Procurement and contracting expert	For all projects	Category J	2 Experts - preferably Managing Engineers – Chief Engineers
16	Contract and project Administrative officer	For all projects	N/A	2 Contract Specialists and contract administrators
17	Norms and Standards guidelines	46 Categories of Norms and Standards Guidelines under CSIR	Category K	Additional posts not required

## NDoH Health Facilities & Infrastructure Unit - Summary progress report on the NHG projects 2013/14 financial year in Feb.2014

<b>Maintenance Term Contract for NHI Districts (Project Manager, PSP &amp; Contractor)</b>	<ul style="list-style-type: none"> <li>• ToR's for the three bids finalized. Advertisement 2013-12-06. Evaluation of the bids in progress</li> </ul>
<b>Technical condition assessments and maintenance plans</b>	<ul style="list-style-type: none"> <li>• Professional Service Provider (PSP's) appointed (Bigen Africa, Royal Haskoning, SMEC) for technical assessment of primary healthcare facilities in NHI pilot districts. SLA to be completed for PSP's. Focus on OR Tambo to be finished before the end of the current financial year. Date of briefing has been done.</li> </ul>
<b>Clinics &amp; CHC's</b>	<ul style="list-style-type: none"> <li>• 8 clinics in EC are being managed by CDC</li> <li>• Project Manager (Limpopo, Free State and Mpumalanga) &amp; PSP's for Clinics &amp; CHCs advertised (Limpopo and Free State). Bid closed (160 bids submitted). Evaluation of tender (Pre-qualification) in progress.</li> <li>• PSP's for CHC's in Mpumalanga appointed by the province. These PSPs of the CHC's are transferred to NDOH to manage</li> </ul>
<b>Doctors consulting rooms</b>	<ul style="list-style-type: none"> <li>• Project Manager appointed (Brinkman Ndayi McCall) for Doctors consulting rooms (Eastern Cape)</li> <li>• Project Managers for Doctors consulting rooms (excluding Eastern Cape). Bid closed (160 bids submitted). Evaluation of tender completed and are being awarded.</li> <li>• NDoH – Tender for suppliers advertised 2013-12-06. Tender evaluation completed, tenders are being awarded</li> <li>• DBSA - Doctors consulting rooms. Contractor appointed &amp; busy with implementation.</li> </ul>
<b>Nursing colleges and schools</b>	<ul style="list-style-type: none"> <li>• Project Manager appointed (Brinkman Ndayi McCall) for Nursing colleges and schools (Eastern Cape)</li> <li>• Project Managers for Nursing colleges and schools (excluding Eastern Cape). Bid closed (160 bids submitted). Evaluation of tender in progress.</li> <li>• The feasibility studies of the NC, LP, GP, MP, KZN, EC, is being used by NDoH for PSP's deliverables.</li> <li>• Execution for the Nursing colleges and schools of the NW and FS were being done by the provinces. NDoH provides oversight and quality assurance for these two provinces.</li> <li>• ToR's for the contractors to be finalized so that bid can be advertised in March 2014. Tender of Contractor for FS advertised on the 6<sup>th</sup> December (closed tender) and being evaluated</li> </ul>

# NDoH Health Facilities & Infrastructure Unit - Summary progress report on the NHG projects

## 2013/14 financial year on 2013-12-04

In loco monitoring for 15 major projects	<ul style="list-style-type: none"> <li>• First tender cancelled due to non-compliance of bid document. DBAC cancel first tender on 15 October 2013</li> <li>• Re-invitation tender closed on 2013-11-15</li> <li>• Technical evaluation completed in the process of award</li> </ul>
National Infrastructure Health Plan	<ul style="list-style-type: none"> <li>• Advertised the tender on 10<sup>th</sup> November 2013.</li> <li>• Compulsory briefing session was held on the 14<sup>th</sup> November.</li> <li>• Tenders closed on 29<sup>th</sup> November. Evaluation took place on 2<sup>nd</sup> to 4<sup>th</sup> December.</li> <li>• Next steps in the project delivery process are appointment of the service provider (DBSA)</li> </ul>
FET maintenance (including 10 Ideal Clinics)	<ul style="list-style-type: none"> <li>• Implementation of maintenance in progress.</li> <li>• 8 Ideal Clinics completed while the remaining 87 as phase 1 has been started</li> </ul>
Siloam Hospital	<p><u>Siloam Housing</u></p> <ul style="list-style-type: none"> <li>• Business case and project brief completed.</li> <li>• PSP the master-planning, design and supervision of construction of new staff housing at Siloam Hospital appointed (MEG architects).</li> <li>• PM is being appointed</li> <li>• approval granted for site survey and geotechnical investigation.</li> <li>• Housing Contractor: Two companies submitted Expressions of Interest finalized</li> <li>• Issue bid doc to prequalified bidders March. 2014.</li> </ul> <p><u>Siloam Hospital</u></p> <ul style="list-style-type: none"> <li>• Development of ToR's (Project coordinating manager, PSP's and Contractors) has been delayed due to commissioning elements.</li> <li>• Tenders will be advertised in March 2014 for PM &amp; PSP's.</li> </ul>
Hospitals: Bambisana, Zithulele, Dihlabeng, Shoshanguve, Tshilidzini, Elim	<ul style="list-style-type: none"> <li>• Business Cases completed for Bambisana, Zithulele, Tshilidzini, and Elim. Approval for these Business Cases still outstanding pending endorsement by the provinces</li> <li>• Procurement has not commenced and will follow after the Siloam Hospital bid.</li> <li>• Intention is to go out to tender in End March 2014.</li> <li>• TOR's for Siloam hospital document will be the pilot, followed closely with the others.</li> </ul>

# Schedule 6A Health Facilities Revitalisation Conditional Grant

## HFR Component

Dora Allocation	807 025
Amount surrendered to treasury (sector ICS)	-200 000
Conversion from schedule 6A to schedule 5A - KZN (HIG)	-110 000
Conversion from schedule 6A to schedule 5A - NC (HIG)	-57 000
<b>Adjusted Budget</b>	<b>440 025</b>
Expenditure as at 31 January 2013	182 834
% Spent	42%

# Schedule 6A Health Facilities Revitalisation Conditional Grant

*Capital (Committed Not Yet Paid):*

FET Colleges (Rehabilitation)	DBSA	20,210,200
Doctor's Consulting Rooms	DBSA	96,171,013
Eastern Cape	COEGA	8,310,910

**Total Committed Not Yet Paid** **124,692,123**

Payment to be done during February 2014 and March 2014 after confirmation of work done;

Minimum total expenditure expected is R307,526 million or 70%;

Discussing with Treasury to allocate transaction advisors and norms and standard expenditure to the grant and that could take the expenditure up to 92%.