

Department: Health	Vote 03
To be appropriated by Vote in 2014/15	R 8 184 022 000
Responsible MEC	MEC for Health
Administrating Department	Department of Health
Accounting Officer	Deputy Director General of the Department of Health

1. Overview

Vision

Healthy self-reliant communities in the North West Province

Mission

To render accessible, equitable and integrated quality health

Values

In rendering such services the department shall observe values contained in the following:

- Batho Pele Principles
- · Patients' Rights Charter
- Victims Rights Charter
- Childrencs Rights Charter
- Disability Rights Charter
- Older Persons Pledge
- Public Service Principles
- Accountability and Transparency
- Community participation
- Excellence
- Caring
- Access, human dignity and respect

Core functions of the department

The department is responsible for the delivery of primary health care services, hospital services, forensic pathology services and emergency medical rescue services.

The main purpose of the department is to develop and implement a sustainable, co-ordinated, integrated and comprehensive health system based on the primary health care approach, which encompasses promotive, curative, rehabilitative, supportive and palliative care. This is guided by the principles of accessibility, equity, community participation, appropriate technology, inter-governmental and inter-sectoral co-operation.

The department provides health services primarily to the uninsured population which comprises about 88 per cent of the provinces total population. In addition, the department is required to provide tertiary health services to people beyond the provincial boundaries. The following four main categories of health services are provided by the department:

Primary health care services

Primary health care services are rendered at community / household level and in fixed clinics. These services focus on the prevention of illness and the provision of basic curative health services. The services include immunization, communicable disease control, environmental health, oral and dental health, rehabilitation support, occupational health and chronic disease support. Focus is on Primary Health Care reengineering which is core to the Annual Performance Plan.

Hospital services

District hospitals render hospital services at a general practitioner level, while provincial hospitals render hospital services at a specialist level. Specialised hospitals render specialised hospital services for patients with tuberculosis (TB), psychiatric illnesses and those patients requiring long-term or chronic step-down/rehabilitative care. Tertiary services in the province are rendered by three hospitals viz. Klerksdorp,

Mafikeng and Job Shimankana Tabane; such services are still at developmental stage and are rendered at specialist level, providing facilities and expertise needed for sophisticated medical procedures.

Forensic pathology services

These are directed at ensuring impartial professional evidence for the criminal justice system concerning death due to unnatural causes. The department is currently deliberating on demands for and expected changes in the services and the resources available to match them and information on external activities and events relevant to budget decisions.

Quality assurance is a critical key area of health service delivery

The Department is improving on Drug supply and the maintenance budget has been moved to the districts to facilitate maintaining of our facilities.

Emergency medical services

The aim of this function is to provide emergency care and transport for victims of trauma, road traffic accidents, and emergency medical and obstetric conditions. Planned patient transport is provided for interhospital transfer, while indigent patients are transported between clinics and hospitals.

Main services that the department intends to deliver

Overview of the successes and challenges in service delivery and health outcomes for the previous financial year . the focus is on priority health programmes, quality of care provision etc. the service delivery environment is also futuristic in a sense it takes into consideration the need to implement the National development plan which is a blue print from the 2014/15 financial year going forward.

Sub-Outcome	Key Actions	Provincial Strategies and
		Interventions
Prevent and reduce the disease burden and promote health	 Improve access to ART Implement essential interventions to reduce HIV mortality Expansion of Medical Male Circumcision (MMC) as part of male sexual and reproductive health programme Improve TB treatment outcomes Implement interventions to reduce TB mortality Reduce the HIV Mother-to-Child-Transmission (MTCT) rate Improve the implementation of Basic Antenatal Care (BANC) Provision of Preventative services, and improve growth monitoring Expansion and strengthening of school health services Cervical cancer prevention and screening Improve intersectional collaboration with a focus on 6 pillars of healthy lifestyle to reduce NCDs Prevent blindness through increased cataract surgeries Coordinate a comprehensive and intersectoral response by government to violence and injury, and to ensure action 	 Strengthening MCWH programmes In the plight of reducing maternal and child morbidity and mortality, the province is implementing the recommendations of the following: Saving mothers Saving babies Saving children Tshwane declaration on support for breastfeeding Campaign on accelerated reduction of maternal and child mortality Promoting healthy lifestyles Healthy lifestyles campaigns were established throughout the province. The department implemented the training strategy for health promotion. The department further organized promotional campaigns and events integrated with health programmes. The department maintained functional school health services in all the districts to strengthen health promoting schools. In strengthening youth structures six (6) sessions on life skills for the youth was conducted.
		▶ TB Management The department is implementing the

Sub-Outcome	Key Actions	Provincial Strategies and
	-	Interventions
		TB turnaround strategy to improve the outcomes in the province. This is monitored on a quarterly basis. Intensified Case finding implemented in all districts for early indication and treatment initiation to prevent mortality of TB cases. HIV, AIDS and STI management
		The new National Strategic Plan (NSP) and Provincial Strategic Plan (PSP) 2012-2016 inform implementation of HIV and AIDS interventions. There are four key areas in the plan that are: • Address social and cultural barriers to HIV, STI and TB • Access to treatment care and support • Human rights and access to justice • Maintain health and wellness
Health Facility Planning	 14. Conclude development and commence with implementation of long term health plans 15. Implement Norms and Standards for Health Facilities Infrastructure 16. Strengthen and expand teams of engineers in the built industry 	➤ Strengthening Physical Infrastructure: The department continues to progress towards building of new facilities and upgraded the old ones. The facilities maintenance audit was completed, and under the hospital revitalization project Moses Kotane and Vryburg hospitals are completed. Most of the equipment has been procured. The construction of Bophelong hospital has started with the first phase that is now complete. Phase 2 started in November 2012 and the progress on site is satisfactory. The tender documents for the extension and upgrades of Mmabatho and Excelsius Nursing Colleges are ready for tendering. ➤ Towards strengthening PHC infrastructure and provision of equipment, the Department increased both equipment budget provided to PHC and hospital facilities. However, the maintenance budget may have to be increased for an improved implementation of NHI.
Improved financial management in the health sector	17. Improve Audit findings from Auditor- General of South Africa	The department is continuously monitoring the AG improvement plans as set from the Audit report. This will ensure that the department does not receive repeat queries from the AG.
Efficient health management information system for improved decision making	Develop a National integrated patient based information system in accordance with the Normative Standards Framework	The Premiers office has taken a lead in assisting the department to improve their information systems. This will ensure that more health facilities get access to the internet; thus the ability to utilize departmental web-based health information systems

Sub-Outcome	Key Actions	Provincial Strategies and
		Interventions
Improved quality of care	 19. Operational Office of Health Standards Compliance 20. Improve compliance with National Core Standards 21. Strengthen the input from patients on their experience of the health services 	▶ Facility Quality Improvement & Certification: National Core Standards implementation is supported at all health facilities in their effort to become fully compliant and certified under the National Health Insurance system.
		Customer Care and Complaints Management:
		Complete documentation is required of all customer complaints in facility based complaints registers, while at the same time ensuring that all complaints are resolved within 25 days.
		All customers must receive relevant information regarding their condition and any procedure being planned and this must be clearly reflected in the records.
		Customer waiting times are actively managed through triage and other streamlining processes (e.g. lean management). Clinical Quality Assurance: All health facilities participate in
		Adverse Events management through local patient safety groups, and ensure the implementation of relevant interventions.
		Infection Prevention and Control is one of the highest priorities at all health facilities, including the designation of dedicated Infection Prevention & Control coordinators.
Implement Re- engineering of PHC	 22. Expand coverage of ward-based outreach teams (WBOTs) 23. Expansion and strengthening of school health services. 24. Accelerate appointment of District Clinical Specialist Teams 25. Increase Access to services through 	Strengthen community based health care services in order to prevent diseases and identify diseases on time to can get treatment. This will be done through PHC reengineering.
Universal health coverage	Community Based Rehabilitation 26. Phased implementation of the building blocks of NHI 27. Establish a National Pricing Commission to regulate health care in the private sector	Continual support to the piloting district is vital for gaining adequate experience that will assist during the rollout phase. National is expected to provide leadership on how further action need to be implemented
Improve Human Resources for Health	Increase production of Human Resources of Health Finalise and adopt norms for the provision of Human Resource for Health Produce, cost and implement Human Resource for Health Plans Ensure that appropriately qualified and adequately skilled CEOs are appointed for all hospitals	Strengthen Human Resources: Through continuous review of the Human Resource Plan for Health effective human resource strategies and intervention shall be implemented with a view to supporting provision of quality health care.

Acts, rules and regulations

Legislative and other mandates relevant to the Department

The department delivers its services through mandates given through legislative and regulatory framework provided by National parliament and Provincial legislature. These legislations give the basis and authority for the Department for its activities. The legislative mandates are summarized according to legislations that are of general application across all units within the department, i.e. PFMA and treasury regulations, human resources, information security, procurement and others.

Key to the departments core health service delivery functions are the following Acts and other prescripts:

- Constitution of the Republic of South Africa Act, 108 of 1996
- National Health Act, 61 of 2003
- Medical Schemes Act, 131 of 1998
- Medicines and Related Substances Act, 101 of 1965
- Mental Health Care Act, 17 of 2002
- Choice on Termination of Pregnancy Act, 92 of 1996 as amended
- Sterilization Act, 44 of 1998
- Tobacco Products Control Amendment Act, 12 of 1999
- National Health Laboratory Service Act, 37 of 2000
- Health Professions Act, 56 of 1974
- Pharmacy Act, 53 of 1974 (As amended)
- Nursing Act, 50 of 1978 as amended
- Allied Health Professions Act, 63 of 1982
- Dental Technicians Act, 19 of 1979
- Hazardous Substances Act, 15 of 1973
- Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972
- Occupational Diseases in Mines and Works Act, 78 of 1973
- Council for Medical Schemes Levy Act, 58 of 2000
- Other legislation in terms of which the Department operates
- Public Service Act, Proclamation 103 of 1994
- Promotion of Administrative Justice Act, 3 of 2000
- Promotion of Access to Information Act, 2 of 2000
- Basic Conditions of Employment Act, 75 of 1997
- Occupational Health and Safety Act, 85 of 1993
- The Division of Revenue Act, 7 of 2003
- Skills Development Act, 97 of 1998
- Preferential Procurement Policy Framework Act, 5 of 2000
- Employment Equity Act, 55 of 1998
- State Information Technology Act, 88 of 1998
- Public Finance Management Act, 1 of 1999
- Protected Disclosures Act, 26 of 2000
- National Archives and Records Service of South Africa Act. Act No 43 of 1996 as amended
- Control of Access to Public Premises and Vehicles Act, 53 of 1985
- Conventional Penalties Act, 15 of 1962
- Public Service Commission Act, 46 of 1997

1.1 Aligning departmental budget to achieve government's prescribed outcomes.

A strategy as to how the Department will contribute towards the twelve outcomes within the resources available is contained in the Strategic plan and Annual Performance Plan.

The Department considers itself one of the most important forerunners in a nation quest to attain Millennium Development Goals (MDGs). Plan on how to eradicate extreme poverty and hunger (Goal 1), Reduce Child Mortality (Goal 4), Improve Maternal health (Goal 5) and combat HIV and AIDS, Malaria and other diseases (Goal 6) are outlined in the APP.

In re-engineering Primary Health Care which is core to the APP, areas of focus e.g. school health, ward based teams and teams of specialists have been identified. The department needs stakeholders like tribal authorities, local councilors, faith based organizations, NGOs and society at large to support school health

programmes and ward based teams. This approach will strengthen health care provision at local level where services are mostly needed.

The APP has taken into consideration all material, financial and human resources required to make NHI a reality. However, NHI prioritization has been planned within constrained resources.

2. Review of the 2013/14 financial year

The department is committed to improving access to a health system that provides better health, better care, and better value for the citizens of the province. One of the key pillars of our strategic intervention is to strengthen the health systems effectiveness. Re-engineering the health system to one that is based on a primary healthcare (PHC) approach, with more emphasis on promotive and preventative healthcare will underlie all interventions needed to achieve the outputs. To that effect there have been tangible achievements in PHC Re-engineering pilot district (Dr. KK) and the province at large. More impact has been made on school health program and seventeen (17) dedicated vehicles have been procured to improve accessibility to disadvantaged various areas during the process of rendering services.

More improvements will be undertaken during 2014/15 which will impact on the effectiveness of the health system and must be attained and corroborated by empirical evidence that clearly links to the four output areas. This has finds expression in the North West Department of Health Annual Performance Plan through programs specific indicators and actions. The approach enables the department to prepare for a systematic and well-coordinated phased-in implementation of the National Health Insurance (NHI) in the pilot site. The department intends to copy the best practices and success in the pilot site to other districts.

The Administration wing of the Department will continue to support the core programs in pursuit of the objectives and fulfill the mandate. The department will continue to work as a team to increase life expectancy; decrease maternal and child mortality; combat HIV and AIDS and decrease the burden of disease from Tuberculosis and strengthen health system effectiveness.

Strategic overview and key policy developments

The currently approved departmental policies and protocols in rendering health service delivery are being implemented and no new policies have been developed to date. New national mandates such as HIV & AIDS Management are also implemented in order for the department to comply with the Presidential mandate.

Discontinued Activities/activities to be discontinued

No activities of the department have been discontinued

New/proposed activities

The new 2014/19 MTSF will be the health roadmap for the National Health Council and will be adopted in the next financial year. This budget forms the basis of the implementation of the National Development Plan and the 2030 health vision. The vision highlights tangible targets which the department should achieve by 2030:

- Raised the life expectancy of South Africans to at least 70 years;
- Produced a generation of under-20s that is largely free of HIV:
- Reduced the burden of disease;
- Achieved an infant mortality rate of less than 20 deaths per thousand live births, including an under-5
- mortality rate of less than 30 per thousand:
- Achieved a significant shift in equity, efficiency and quality of health service provision;
- Achieved universal coverage;
- Significantly reduced the social determinants of disease and adverse ecological factors

The new strategic goals are:

STRATEGIC GOAL	GOAL STATEMENT	EXPECTED OUTCOMES
Prevent and reduce the disease burden and promote health	To increase life expectancy by progressively implementing programmes and systemic interventions that combat: - Communicable Diseases - Non Communicable Disease - MCWH mortality and morbidity - The effects of violence, accidents and injuries	 Eradicate malaria by 2019 Reduce TB Mortality by 50% by 2019 Increase TB Cure rate to 85% by 2019 Reduce Mother to Child Transmission Rate to 2% by 2019 Reduce Maternal Mortality Ratio to 215 per 100 000 live births by 2019 Reduce Infant Mortality to 24 per 1000 live births by 2019 Reduce Child Mortality to 34 per 1000 live births (20% decrease) by 2019 Increase overall Life Expectancy at Birth to 63 years (60.2 years - Males, 65.8 years - females)
Implement Reengineering of PHC (To be re-phrased so that it also includes other components of the service delivery model)		 Appoint Ward Based Outreach Teams (WBOTs) in 23 Rural Districts (as classified by the Department of Rural Development) by 2019 Fully fledged District Clinical Specialist Teams appointed in all Districts by 2019 Ensure 80% of Quintile 1 and Quintile 2 schools are providing school health services to Grade 1 and Grade 8 learners by 2019 All PHC facilities transferred from Municipalities to Provincial Departments of Health by 2019 Ensure all hospitals have fully functional Management Teams by 2019 Ensure 85 % ambulances are fully functional at all times by 2019 Ensure all ambulances respond within the National Norms by 2019
Health Facility Planning	To improve health facility planning through implementation of Infrastructure norms and standards	Develop and Commence the implementation of Long term Health Plans aligned to NDP 2030 Ensure all new infrastructure projects are compliant to National Infrastructure Norms and Standards for health facilities Ensure all Districts are spending at least 5% of their infrastructure on maintenance (preventative and scheduled) by 2019
Improve Human Resources for Health	To develop a responsive health workforce by ensuring adequate training and accountability measures are in place	 Ensure provincial Human Resource for Health plan is implemented by 2019 Ensure 100% of bursary holders are appointed in Public Health Facilities Increase enrollment of Medicine, Nursing and Pharmacy students annually by 10% per annum. Increase intake of registrars by 10% annually
Efficient health management information system for improved decision making Improved financial management in the health sector	To overhaul the health information system in order to improve integration and data usage for planning and service delivery To strengthen financial management by improving capacity and mechanisms for management	Implement web based District Health Information System at 90% of PHC facilities by 2019 Unqualified Audit opinion from the Auditor General by 2019
Improved quality of care	To accelerate the improvement of quality of care in the health sector through the enhancement of accountability and implementation frameworks	 Ensure supervision of all PHC facilities by 2017 Ensure all public health Facilities are conditionally compliant (50%-75%) by 2017 and fully compliant (75%-100%) to National Core Standards by 2019 Ensure 80% of users visiting public health facility are satisfied with the health services by 2019

Universal health coverage health readiness of health implemental 2025	alth facilities for • Es	nased implementation of the building blocks of NHI stablish a National Pricing Commission to regulate ealth care in the private sector
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ITEMS	ORIGINAL	REVISED		MTEF	
	2013/14	2013/14	2014/15	2015/16	2016/17
NON-NEGOTIABLE COMPONENTS	R '000				
NON-NEGOTIABLE COMPONENTS	2 586 451	2 505 326	2 630 592	2 762 122	2 914 007
				-	-
1.1. Infection Control and Cleaning	93 308	90 274	94 788	99 527	104 503
1.2 . Medical Supplies	213 240	200 807	210 847	221 390	232 459
1.3 . Medicines	331 603	318 668	334 601	351 331	368 898
1.4. Medical Waste	32 607	35 701	37 486	39 360	41 328
1.5. Laboratory Services	255 001	244 188	256 397	269 217	282 678
1.6. Blood Supply and Services	53 782	55 776	58 565	61 493	64 568
1.7. Food Services	96 646	94 858	99 601	104 581	109 810
1.8. Security Services	112 091	117 517	123 393	129 562	136 041
1.9. Laundry Services	3 535	3 129	3 285	3 450	3 622
1.10. Essential Equipment and Maintenance	86 981	89 476	93 950	98 647	103 580
1.11. Infrastructure Maintenance	157 587	116 782	122 621	128 752	135 190
1.12. Childrens Vaccines	14 024	18 311	19 227	20 188	21 197
1.13. ARV'S	266 592	253 686	266 370	279 689	293 673
2. AIDS OBJECTIVE	845 778	845 778	888 067	932 470	979 094
3. TB OBJECTIVE	23 675	20 375	21 394	22 463	23 587
4. Human Papilomarirus					13 779

National Health has identified the above items as core items to health service delivery. Provinces have to monitor and report on spending monthly. The department has allocated funds to Non Negotiable items over the MTEF to ensure continued monitoring and quality of service in health facilities.

The following are Provincial contribution towards the Health Sector Negotiated Service Delivery Agreement (NSDA)

Such priorities include attainment of the following outputs over the MTEF:

- Output 1: Increasing life expectancy at birth which includes improving:
- Clinical governance.
- Comprehensive and integrated management of non-communicable diseases and illnesses with a strong focus on community interventions including promotion and prevention.
- Prevention of intentional and unintentional injuries.
- Output 2: Decreasing Maternal and Child mortality which includes:
- Strengthening the Expanded Programme on Immunisation (EPI), community and facility-based Integrated Management of Childhood Illnesses (IMCI) and growth monitoring, as well as improved access and utilization of pre- and postnatal care services for mothers and babies.
- Strengthening the Prevention of Mother to Child Transmission (PMTCT) of HIV and AIDS programme to reduce mother to child transmission of HIV and AIDS.
- Output 3: Combating HIV and AIDS and decreasing the burden of diseases from TB, including:
- Scaling up prevention programmes including the male medical circumcision campaign, HIV and AIDS counseling and testing campaign, condom distribution, as well as the ART programme.
- Scaling up education, early detection and surveillance for TB.
- The roll-out of the Gene-Xpert rapid test system and scaling up implementation of the community based management of Multi Drug Resistant (MDR) TB.

- Output 4: Strengthening health system effectiveness, which includes:
- The re-engineering of PHC including the appointment of PHC outreach teams, integrated school health teams and district specialist teams.
- Implementing national core standards toward the accreditation of health facilities in preparation for implementation of NHI.
- Improve access through improved infrastructure facilities including the upgrading and expanding of clinics and new clinics, as per the STP implementation plan.
- Investment in medical equipment and related facilities for MCWH, including the purchase of obstetric ambulances.
- Emergency Medical Services (EMS), including the purchasing of ambulances.

The drive to improve clinical outcomes will be increased in 2014/15 financial year.

3. Outlook for the 2014/15 financial year.

This Section looks at the key focus areas of 2014/15, outlining what the department is hoping to achieve, as well as briefly looking at the challenges facing the department, and proposed new developments.

Transformation of health services

Transformation of health services is paramount to meeting the increasing demands of health care users and for the implementation of the National Health Insurance (NHI). Moving from a predominantly curative and hospital-based system to a preventative and promotive community-based PHC approach will form the foundation of transformation in addressing issues of equity, access, quality and efficiency, and sustainability.

The department continues and commits to achieve an operational clean audit by 2014; the achievement of unqualified audit opinion in 2012/13 is an indication of a positive direction that the department is heading. Strategies are being put in place to ensure that all matters of emphasis raised are attended to in 2013/14. The areas that will receive special attention include Supply Chain Management processes, which include steps to be taken to avoid irregular expenditure.

The department commits itself to implementation of national priorities and provincial priorities as set out in both the strategic plan and the annual performance plan within the limitations of available resources versus unlimited needs.

Continued focus on national and provincial priorities

In line with the national outcome of a long and healthy life for all South Africans, the budget will continue to be focussed on key national and provincial priorities that support governments goal of improving the public health care system.

The key challenges for Health include:

- Focus on curative care instead of preventative primary health care.
- Inadequate community participation and inter-sectoral collaboration.
- Huge infrastructure backlogs and lack of maintenance contribute to unfavourable working conditions for clinical and other health care staff.
- Shortage of ambulances, staff and poor roads contribute to poor emergency care response times.
- Insufficient investment in information, communication and technology.

The key strategies for improving health outcomes funded in the 2014/15 budget include:

- Overhauling and improving the efficiency and quality of provincial health services.
- Reducing morbidity and mortality due to communicable diseases and non-communicable conditions and illnesses.
- Strengthening inter-sector collaboration, particularly with national government, as well as the private sector.

During the 2014/15 financial year, focus will continue to be on increasing life expectancy as espoused in the Health Sector Delivery Agreement.

Improving the quality of health services remains a challenge for the province. Reasonable targets to strive for the attainment of the Millennium Development Goals of reducing child mortality, improving maternal health as well as combating HIV and AIDS, malaria and other diseases have been set.

The department has over the years dealt with a growing number of litigation cases as a result of adverse events, poor quality systems and inappropriate attitudes. All issues concerning quality of care will be prioritized and resources made available to address the complex challenge. Included here is safety and security of patients, time taken in queues either before seeing a health worker or receiving medication and the availability of drugs.

The following national health sector priorities were included in the equitable share for the 2013/14 MTEF budget cycle and continue to receive funding in the 2014/15 financial year.

Policy Priority.	2014/15 (R'000)
1.Turberculosis- GeneXpert	5 435
Primary Health Care Re-engineering	9 487
Total policy priorities	14 922

In 2014/15 a new additional allocation of **R13.8** million for Papillomavirus (HPV) vaccine was added in the vote in the last year of the MTEF. The National Department of Health will directly administer the Papillomavirus (HPV) vaccine in the 2014/15 to 2015/16 financial year.

Other Departmental specific priorities are listed below:

District Health Services (DHS)

Primary Health Care (PHC) re-engineering is a national priority for health service delivery improvement. Ward-based community services rendered by Community Health Workers, in this regard, specialist teams have been trained to conduct community health work at a household level. Personnel costs will continue to increase for this objective to be achieved which will have the effect of increasing employment levels and reducing poverty at a community level. Emergency Care Services (EMS)

The response times of the EMS in both rural and urban areas needs to improve in order that the national standards are met. Provision of sufficient ambulances is an important means to achieve this objective, linked with the Presidential pronouncement at the State of the Nation Address on 11 February that the North West Province will be prioritized in the upgrading and repair of key road infrastructure. Aero-Medical services initiated in 2012/13 in the province at an initial cost of R12 million per annum will be sustained over the MTEF period. Partnership with renowned Emergency and Rescue Company (ER24) has been made to ensure that emergency cases of extreme urgency (certain categories of accidents) are responded to for saving of lives.

Training

Regional Training Centers (RTCs) are being established in each district to foster rural-based training of health professionals. These centres are linked to tertiary academic institutions such as MEDUNSA and University of the Witwatersrand as part of expansion of their academic platform into rural areas, thus bringing skills training to the disadvantaged rural communities. Midlevel workers such as Clinical Associates will be recruited from these rural areas and receive their training in these areas which will greatly improve recruitment and retention of these scarce skills in these needy areas.

Capital Projects

The maintenance of health facilities is an important national priority to ensure that the infrastructure investment is maintained and meets basic community requirements as well as related staff retention initiatives. The services are routinely sourced at a local level thus providing employment in the districts as most of the health facilities are placed in a decentralised manner to reach coverage of all communities in the province.

4. Reprioritization

The department reprioritised allocation of Budget to programmes, consideration was given to expenditure patterns and services rendered in programmes. Reprioritisation was made in programmes as follows:

Programme 1 - The program has reprioritised a total amount of R17 million made up of funds to the following functions, litigation for medical negligence cases at high court and households transfers costs.

Programme 3 - Emergency medical services received R2 million for payment of travelling costs to ensure continuous improvement of EMR Services.

Programme 4 - Psychiatric hospital in programme 4 received R8 million to fund retirement packages (leave gratuity) of retiring staff and procurement of equipment for the hospital.

Programme 6 - The programme lost R25 million mainly as a result of slow progress in filling the planned post of tutors at colleges than anticipated. A further reduction was also made under operating payment to fund critical needs in other programs.

Programme 7 - An additional R2 million was reprioritised to the program for funding of IT services.

5. Procurement

Supply Chain Management structural issues

With effect from 01 April 2010 SCM became a Chief Directorate with two directorates namely Supply Chain Management and Asset Management. Funds are needed to fund critical supply chain and asset management posts / human resources in order to enable the Department to achieve clean audit outcomes. **Departmental Bid Committees issues**

The Health Department is having functional Departmental Bid Specifications Committee, Bid Evaluation
and Adjudication Committees which operate in accordance with the North West Provincial Treasury
Guidelines and requirements. The Department is also having 4 District Bid Adjudication Committees,
each committee being chaired by District Chief Directors.

SCM Practitioners have attended Tender Evaluation and Specifications Drawing Courses. There is a need for funds in order to ensure that all the SCM Practitioners across the board and all Bid Committee Members are trained on SCM in accordance with treasury requirements

Declaration of interest by SCM practitioners and others

The committee members of DBAC, DBEC and including the secretariat to sign the declaration of interest in every meeting .The Department will continuously enhance compliance measures to ensure that all quotations from R30 000 upwards are accompanied by the SBD Declaration Forms and Tax Clearance Certificates. Funds are needed by the Department to have access to the CIPC system which is linked to the Home Affairs System that will enable the Department to verify the status of Company Directors whether they are not blacklisted and to ensure that black-listed Directors do not trade in other new names and to detect officials that are doing business with the state

6. Receipts and financing

6.1 Summary of receipts

Table 3.1: Summary of receipts

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Equitable share	4 499 715	4 940 722	5 419 954	5 930 652	6 162 652	6 162 652	6 329 760	6 815 206	7 312 170
Conditional grants	1 161 586	1 383 622	1 544 150	1 674 174	1 729 815	1 729 815	1 788 684	1 952 879	1 541 787
Comprehensive HIV and Aids Grant	479 800	556 466	706 124	825 302	825 302	825 302	936 938	1 029 187	1 157 473
Forensic Pathology Services Grant	26 433	28 019							
Health Disaster Response (Cholera) Grant									
Hospital Facility Revitalisation Grant	386 498	499 658	522 912	496 121	530 823	530 823	486 121	558 721	
of which									
Health infrastructure component									:
Hospital Revitalisation component									į
Nursing Colleges and Schools component									į
Health Professions Training and Development Grant	83 899	88 323	93 522	98 666	98 666	98 666	104 586	109 397	115 195
National Tertiary Services Grant	179 279	194 280	192 833	224 470	243 385	243 385	237 264	248 178	261 331
National Health Insurance Grant			8 817	4 850	6 874	6 874	7 000	7 396	7 788
World Cup Health Preparation Strategy Grant			2 938						
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	5.677	16.876	17.004	24.765	24.765	24 765	16.775		i
Departmental receipts	55 360	55 908	56 729	62 455	62 455	62 455	65 578	68 857	72 300
Other: Financing					405 100	405 100			
Total receipts	5 716 661	6 380 252	7 020 833	7 667 281	8 360 022	8 360 022	8 184 022	8 836 942	8 926 257

The budget of the department decreases from R8.4 billion in 2013/14 to R8.184 billion in 2014/15 due to once off allocation for the newly purchased office building to house all employees at Head Office; and then increases to R8.8 billion in 2015/16 and R8.9 billion in 2016/17 over the MTEF.

The stringent cost cutting measures as was implemented by the Department continued throughout the year started yielding results. Expenditure for 2012/13 was 99.1 per cent. In spite of this marginal under spending, the department made a successful bid to roll over the unspent Conditional grants amounting to R55 million, for programs: programme 2 (National Health Insurance grant R2 million); programme 5 (National Tertiary Service grant R18.9 million) and programme 8 (Hospital Revitalization grant R34.7 million). Although the department did not overspend the allocated budget, accruals amounting to R381 million were carried over to 2013/14 financial year creating an early budget pressure.

Equitable share constitutes R6.3 billion in 2014/15; R6.8 billion in 2015/16 and R7.3 billion in 2016/17 of the total budget over the MTEF.

Conditional Grants

Conditional grants increase from R1.7 billion in 2013/14 to R1.8 billion in 2014/15; R2 billion in 2015/16 and decreasing to R1.5 billion in 2016/17, constituting about 21 per cent of the total budget per year.

According to the 2013/14 baseline, the department has been allocated the following national health conditional grants over the three years of the MTEF.

Comprehensive HIV and AIDS

This grant enables the health sector to develop an effective response to the HIV and AIDS epidemic and other matters. The increasing number of patients on ARV treatment has implications for more budgets on medicines, laboratory tests and personnel for ART sites even for programmes of VCT, PMTCT, Home Based Care and Step Down. The demand on drugs and blood services continues to grow.

Antiretroviral Treatment

This component of the Conditional Grant for HIV and AIDS makes provision for the management of the CCMT program, expanding and strengthening of accredited sites, marketing the program and the provision of anti-retroviral treatment in line with provincial targets. The provision of anti-retroviral treatment makes provision for human resources, diagnostics, drugs, consumables and all related items for the provision of care.

Achievements

- The programme initiated 98 per cent of the eligible patients
- The number of accredited ART sites increased to 323 for initiation during the year

Home Based Care

This component of the conditional grant for HIV and AIDS makes provision for palliative care and home based care services to be offered to patients. This includes the program management, enhancing the skills of managers and service providers, provision of home based care kits and marketing of the program.

Achievements

- · The programme has achieved all of its targets
- 1 500 Home Based Carers were trained on PHC reengineering
- Replenishment of Care kits was undertaken.
- 231 Home Community Based Carers and 38 officials and support groups were trained on IACT

The budget allocation increases from R825.3 million in 2013/14 to R936.9 million, R1.0 billion and R1.2 billion in the 2014/15, 2015/16 and 2016/17 financial years. This grant is decentralized to districts.

National Tertiary Services

This grant is meant to fund provinces to plan, modernize, rationalize and transform the tertiary hospital service delivery platform in line with national policy objectives. It promotes access to tertiary services to all patients in rural and remote areas of the North West Province. The services are currently provided in Klerksdorp/Tshepong Complex; Mafikeng and Job Shimankane Tabane Provincial Hospitals.

The performance of the grant can be summarized in the following 'SWOT' analysis: Strength

- Allows for ring fenced budget for provision of tertiary services
- Encourages focus on and accountability for the manner in which the tertiary services platform is being expanded.

Weaknesses

- The developed list of Yes/No on funding of services per institution has limitations as it only make provision for yes or no. (All or non-principles). This may finally become a threat to develop tertiary services in rural province and defeat the principle of access to health services.
- As a province we have seen the effects of this weakness, with some Gauteng hospitals refusing to receive our patients because %hey are owed for tertiary services+ some of which are for services that NW cannot provide comprehensively, despite the yes list.
- Funding not enough for expansion of services and introduction of new services.

Opportunities

- Allows for expansion of the tertiary services platform through recruitment of additional specialists.
- Provides an opportunity for the province to know its capacity to spend appropriately for the right purpose and identify areas of under-funding based on % apacity to spend and needs for services.
- The interface that exists between the NTSG and HPTD further allows for expansion through the registrar programme

Threats

 As alluded, the tendency by some provinces to arbitrarily refuse to treat patients referred by other province, even where the referring province does not provide the tertiary service in question.

The grant budget allocation increased from R192.8 million in 2012/13 to R243.4 million in 2013/14 after a rollover of R18.9 million, then to R237.3 million, R248.2 million and R261.3 million over the MTEF. A portion of the grant is set aside for Modernization of Tertiary Services (MTS) and Quality Improvement Plan (QIP) in hospitals.

Health Professionals Training & Development

To support training and development of health professionals and recruitment of medical specialists. The demand in the increased output number of trained health professionals translates into more budgets required. This grant is intended to benefit only Provincial hospitals (Programme four) and not inclusive of nursing training as it has been the case in the past.

The performance of the grant can be summarized in the following 'SWOT' analysis:

Strengths

- Supplement the limited Goods and Services budget allocated to the four Hospitals to ensure good training
- Through the implementation of the registrar programme, Klerksdorp / Tshepong continue to strengthen its reputation and capability as a teaching hospital together with its strategic partner, the Witwatersrand Medical School. JST Hospital has also come on board in relation to the training of medical students.
- Some hospitals have been able to significantly improve their ability to recruit and retain health professionals, through the HPTD Grant (used together with the NTSG).
- Consultantsqvisits as funded through the grant continue to improve both the quality of services and the teaching experience for junior doctors.
- Providing backup to the intentions of the NTSG.
- Medical students rotation has also started in Klerksdorp/Tshepong, JST and Mafikeng in the domains of rural health, Klerksdorp/Tshepong has the same rotation system for internal medicine as well.
- The appointment of a Neurosurgeon at Klerksdorp hospital is an indication that appropriate support through the NTSG and the HPTD can add value to the province and establish new unit which can become training platforms.
- Registrar programme in radiology started in Klerksdorp/Tshepong in January 2013 Weaknesses
- Rural provinces like North West, with no tertiary hospital need increased funding to improve access to tertiary services, and less dependence on Gauteng Province
- The extent of the allocation does not permit much growth into new % areas of territory+as almost all the grant funding is used to maintain existent interventions

Opportunities

- Potential to use the grant to continue to strengthen the training platform both to expose interns and to produce specialists through the registrar programme.
- The process currently underway to further define the purpose of the grant and systems to monitor and strengthen equitable distribution of the grant to all provinces.
- The endless possibilities to recruitment of local and foreign specialists to address gaps in tertiary services and training needs.

Threats

- Difficulty in recruiting and retaining specialists in some areas of the province.
- For Klerksdorp hospital the decline in economic activity in the area means that the city is not attractive as it used to be before. For JST Hospital in Rustenburg, the surrounding mining hospitals and private hospitals attract the specialists recruited by the department to Rustenburg and the department is unable to compete with their remuneration packages and/or work environment. For Mafikeng Regional Hospital, among those specialists who are retained they end up being shared between the hospital and the only existing private hospital in the city, thus posing the potential threat of the hospital not receiving 100 per cent effort which could lead to poor quality of health to our clients.
- The allocation of funds per province seems not in accordance with any activity base criteria or a vision to move provinces like the North West to a higher platform.
- At a higher level, the discussion about management of HPTD being targeted for possible transfers to the department of Higher Education does not bode well for Health¢ intention to strengthen the teaching and development platform.

Although it is still underfunded, the Health Professional Training Development grows from R98.7 million in 2013/14 to R104.6 million; R109.4 million and R115.2 million in 2014/15; 2015/16 and 2016/17 respectively.

Health Facility Revitalization

The grant is a result of combination of the two historical grants viz. Infrastructure grant and Hospital Revitalisation grant both linked to programme 8. The objective is to provide funding to enable provinces to plan, manage, modernize, rationalize and transform the infrastructure, health technology, monitoring and evaluation of hospitals and to transform hospital management and improve quality of care in line with national policy objectives. The increase in the grant is related to inflationary pressures.

The Department had a number of projects planned for construction/under construction. These include Bophelong Psychiatric, Extension to Job Shimankana Tabane and Witrand hospitals, General De La Rey, Sekhing CHC, Boitekong CHC, Mathibestadt CHC and Brits Hospitals.

Bophelong Hospital Project was divided into two (2) phases wherein Phase 1 entailed Bulk Services and Boundary wall whereas Phase 2 entailed construction of State Patient and Forensic wards, the progress on the five projects is as follows:

Brits hospital

The project has progressed well and the department is left with the final account to be paid in 2014/15. The hospital has been handed over and fully functional. Fixed equipment has been installed. The department is in process of finalizing movable equipment and occupation of the hospital has already been made.

Bophelong hospital

Phase 1 (Bulk Earthworks) Site Progress is at 98 per cent, practical completion was taken in February 2013. The Final account will be processed in 2014/15. Tender for Phase 2 (Construction of Forensic Wards) closed on 23 May 2012. The project commenced in November 2012. Project progress is now at 45 per cent.

General De La Rey Hospital (Lichtenburg)

The project is still in design phase. Stages 1 and 2 of the project have been concluded and approved. The Brief and Narrative document in the process to be finalized by National Department of Health.

JST Hospital

The project commenced in October 2012 and the anticipated completion date is October 2014. The project entails the extension and renovation of the existing hospital. The project includes the renovation of the existing theatres, medical and MDR unit, surgical and orthopedic wards, ICU and the mental unit. The project also included the provision of park homes for administrative staff. The project is progressing well however the construction of the mental health unit has not yet commenced. Witrand Hospital

The project commenced on 21 August 2012 and the anticipated completion date is 30 June 2014. The percentage of work done as at the beginning of March 2013 was 45 per cent. The project entails the renovation of ward 7, provision of kitchen equipment and mechanical and electrical works. The project is progressing well and the boiler has been delivered.

Sekhing CHC

The contractor has been appointed to construct a new CHC. The project also includes the construction of the staff accommodation and a theatre. The site progress is slow but the contractor has developed a rescue plan to fast track the process.

Boitekong CHC

This project entails the extension of the existing facility; the construction of a mental health unit, extension of the maternity unit and OPD. The tender was cancelled and was re-advertised. The contractor has been appointed and the contractor is on site.

Mathibestadt CHC

The project commenced in October 2012 and first delivery is expected in July 2014. The project entails the construction of a new CHC; this includes the construction of Radiology unit, theatre, mental health unit and Staff accommodation. The progress on the project is very satisfactory.

The Health Facility Revitalization grant allocation is spent R522.9 million in 2012/13, and was allocated a budget of R530.8 million in 2013/14 after a rollover of R34.7 million, decreasing to R486.1 million in 2014/15; and increasing to R558.7 million in 2015/16. There is no allocation yet for 2016/17 MTEF as the department needs to submit its bid for this financial year in terms of DORA 2014.

Expanded Public Works Programme

The Expanded Public Works Programme for the social sector grant which started in 2011/12 is allocated only R24.8 million for 2013/14. The allocation for 2014/15 is R16.8 million; there are no further allocations at this stage over the MTEF period.

National Health Insurance

The grant is a transitional grant. The purpose of this grant is to pilot and test innovative interventions and methods of service delivery that can be scaled up for national roll out as part of the phased implementation of the National Health Insurance. Its aim is to undertake health system strengthening initiatives and support selected pilot districts (Dr Kenneth Kaunda District being the pilot for our province) in implementing identified service delivery interventions as well as strengthening the primary health care as the platform on which the NHI has to be implemented.

The PHC reengineering has three streams (a) a ward based PHC outreach team for each electoral ward, (b) strengthening school health services and (c) district based clinical specialist teams with an initial focus on improving maternal and child health.

The department began to make strides in moving towards the realization of the principles of universal health coverage and equity with the National Health Insurance (NHI) pilot phase activities in the Dr Kenneth Kaunda District. The pilot phase focused mainly on activities that are endeavoring to strengthen the health system in some of the following areas:

- É Management of health facilities and health districts.
- É Quality improvement.
- É Infrastructure development.
- É Medical devices including equipment.
- É Human Resources planning, development and management.
- É Information management and systems support.

In the period under review, the progress registered includes the established Municipal ward-based family health teams, functional number of outreach teams, community health workers was also trained. The department has thus far managed to profile 15 467 households across the pilot district. Vulnerable households have been referred to the South African Social Security Agency (SASSA), home affairs or clinic as per need. Follow ups will be part of on-going work. Chronic disease management has been linked to PHC outreach teams. In terms of other specialized staff development, Specialist(s) outreach was appointed to provide specialist outreach services. They include obstetrics and gynecology, pediatrics, family medicine and anesthesia.

The department began the process of revitalizing School Health Services, vehicles to provide school health services have been received from National Department of Health (NDoH).

All health facilities in Dr Kenneth Kaunda are approved for Anti-retroviral therapy (ART) initiation. Doctor support to clinics has been stepped up to twice a week in order to build confidence of nursing staff in initiating ART.

All members of the District Management Team (DMT) have been trained in Bid- committees by Palama and on Monitoring and Evaluation (M&E) by North West University. All Sub district managers have been

registered for executive development programme or Oliver Tambo fellowship. Furthermore, Primary Health Care (PHC) teams have been trained on PHC Re-engineering programme. Capacity has been built progressively at facility managers level for further decentralising control in view of NHI requirement.

The NHI pilot project has been allocated only R6.9 million for 2013/14 financial year and the focus areas are: Strengthening District Health Services through

- Establishment of a planning, monitoring and evaluation unit at District Level.
- Strengthen Referral systems.
- Strengthen Supply chain management.

In addition to the above three initiatives, the intention was to ensure that the work of the project continues with the allocated funding to maintain that the NHI should not be seen as a vertical programme. Significant strides were observed on the following:

Strengthening the District Health Services

Training and capacity building were provided as follows:

PC101 training offered to the doctors and nurses

- A workshop for the DCST was conducted on 5-7/06/2013 for the Chronic Care Model.
- Phase 1 training for Community Health Workers and Team Leaders
- Drug supply management training offered to staff at PHC level
- Acquisition and Demand Planning training for BID committees

Equipment: IT equipment was purchased for the primary care facilities for an amount of R792 thousand. In terms of Infrastructure, all facilities have been assessed and reports were submitted to SCM. Repair work has commenced in some of the facilities and they are at different stages of completion. Regular infrastructure maintenance meetings were held to assess progress.

Staffing: Bid committees have been established in all four sub-districts. The two rural sub districts have recruitment and retention challenges so the district hospital and the sub district have shared services in the rural sub-districts for supply chain management. References to appointments of health professionals, three General Practitioners (GP) were contracted. All have signed contracts with the NDOH since the beginning of the financial year, 2013/14. Further meetings and telephonic contacts made with 25 doctors of which three general practitioners shown some interest.

PHC Re-engineering

In terms of progress, monthly PHC Re-engineering Forum meetings were held to coordinate activities such as:

School Health Programme

- Total number of schools visited is 52
- Total number of learners screened is 5207

Ward Based Outreach Teams

- 1324 Community Health Workers have been appointed and are on persal.
- 45 Retired Professional Nurses have been appointed
- One Data Capturer has been appointed

District Clinical Specialist Team

- All specialists have been appointed and the team is functional.
- Establishment of a planning, monitoring and evaluation unit at District Level. There is no enough budget or such a structure in the approved organogram. The M&E is continuing with existing staff.
- A facility monitoring tool developed by PHC reengineering team has been implemented and three facilities have been audited. The process is ongoing.

Referral system: A provincial draft policy on referral system has been developed. The district referral policy has been revised to include referrals from the new streams of PHC. The stakeholder workshops for implementation of the referral policy have been done by the DCST members and family physicians. The process is ongoing in all categories of staff in all sub districts.

This newly established National Health Insurance Grant has been allocated R8.9 million in 2012/13, then reduced to R6.9 million in 2013/14 and R7 million, R7.4 million, and R7.8 million in 2014/15, 2015/16 and 2016/17 financial years.

6.2 Departmental receipts collection

The department is determined to improve health revenue generation and collection. Over collection was attained in the three years from 2009/10 to 2011/12.

Over collection has been mainly due to bulk payments that the Road Accident Fund continued to make on overdue accounts. The over collection of the past two financial years is reflected below:

		Outcome		Main appropriation	Adjusted appropriation	Revised Medium-term		-term estimates	rm estimates	
R thousand	2010/11	2011/12	2012/13		2013/14	-	2014/15	2015/16	2016/1	
Tax receipts					• • • • • • • • • • • • • • • • • • • •					
Casino tax es										
Horse racing taxes										
Liquor licences										
Motor v ehicle licences										
Sales of goods and services other than capital assets	44 610	43 748	56 729	58 000	58 000	58 000	65 578	68 857	72 30	
Transfers received										
Fines, penalties and forfeits						:				
Interest, dividends and rent on land										
Sales of capital assets										
Transactions in financial assets and liabilities	10 750	12 160		4 455	4 455	4 455				
Total departmental receipts	55 360	55 908	56 729	62 455	62 455	62 455	65 578	68 857	72 30	

Table 3.2 : Summary of departmental receipts collection

The Electronic Data Interchange that is implemented in sixteen hospitals also contributes to improved collection.

Other factors that negatively impact on collection of revenue:

- Approximately 88 per cent of patients attending the departments health facilities are unable to make a meaningful contribution for the services provided.
- The provision of free services to children under 6 years of age, pensioners, the disabled, the unemployed and patients on the ART programme.
- The ongoing review of the Uniform Patient Fee Structure (UPFS), resulting in more groups being included under the categories exempt from the payment of fees and the reduction in fees payable by certain categories of patients.
- Medication prices increase that are annually implemented immediately after the uploading of UPFS in the PAAB System
- Uncertainty on the agreement between department and Itokolle clinic on the rental of medical equipment beyond the current contract for the next six months.

The department will, however, continue to strive to maximise revenue collection, and in this regard, training on PAAB and ICD 10 is on-going. Targets for revenue to be collected from institutions will increase from R62.5 million in 2013/14 to R65.6 million in 2014/15, increasing to R68.9 million in 2015/16 and R72.3 million in 2016/17.

7. Payment summary

7.1 Kev assumptions

• Where feasible, CPI projections were used to calculate inflation related items. Revised inflation projections for cost of living are: 5.5 per cent in 2014/15, 5.4 per cent in 2015/16 and 5.4 per cent in 2016/17 respectively.

• The cost-cutting measures, as issued by Provincial Treasury in 2012/13, were reviewed by the Department and adhered to in 2013/14 and over the over the MTEF.

Other Key Assumption underpinning the development of the 2014 MTEF Budgets

Although the department managed to balance the 2014/15 to 2016/17 MTEF to the revised baseline allocation, a number of additional and critical services are not adequately funded in the 2014/15. The following services need additional funding over the 2014/15 to 2016/17 MTEF:

Compensation of Employees for New Infrastructure projects (R285 million)

A number of infrastructure projects have been implemented over the past few years without subsequent improvement to staff structure to match additional services or additional beds from revitalized facilities. New Community Health Centers (CHC) and Clinics are also under construction and have to be operational upon completion of the projects. All these projects were implemented as part of broader government consultation (Integrated Development Planning / IDP) and the community expectations were raised. Details of facilities and breakdown of posts affected has been developed for financial considerations.

Funding of posts emanating from National directives (R72 million)

Although the provincial treasury has availed allocation of R18 million in 2014/15, R21 million in 2015/16 and R23 million in 2016/17, further implementation of DPSA directive on upgrade of clerks to level 5 also has cost implications for the department; other categories affected by the directives include Drivers, and ECT graduates from the provincial Emergency Medical and Rescue Services (EMRS) College. The graduates have to be absorbed at a higher rank upon completion of their studies in line with EMRS OSD.

The costing of personnel was done for all needed staff categories as mentioned above. Although the department will increase staff structure by 2 651 as a result of new facilities/services, the increase will be done on a phased-in approach. Costing for additional posts was done on the assumption that they will be filled on a 25 per cent, 50 per cent and 75 per cent over the 2014/15, 2015/16 and 2016/17 MTEF period respectively.

Research

Departmental priorities identifies research and development as key for continuous improvement in service delivery and developing new approaches in resolving health issues of our communities, the department seeks to commission research for impact assessment on key priority areas by way of conducting studies on burden of diseases, factors influencing infant and maternal mortality, factors influencing data management and the level of inclusion of traditional health practitioners in the health care system for North West province . These also provide support to the priorities espoused in the National Service Delivery Agreement.

IT Systems

The department has neglected funding of IT systems which are relevant to control measures in service delivery mainly because of insufficient budget. The department has to introduce **Student Registration System** which is critical for safe keeping of student records at departmental colleges. Unavailability of a system has become a noncompliance issue to acceptable standards and may lead to negative consequences and possible closure of our colleges. Preliminary costing for acquiring such systems is estimated at R5 million for the year of the MTEF.

The funding of **PAAB System** has to be provided in order to meet technological development and to improve revenue collection for the Department.

Cuban Medical Student programme

Treasury has made an allocation of R20 million in 2014/15, R21.2 million in 2015/16 and R22.4 million in 2016/17 for Cuban medical programme.

7.2. Programme summary

Table 3.3: Summary of payments and estimates by programme: Health

		Outcome			Adjusted	Revised	Medium-term estimates		
					appropriation	estimate	Miculu	iii-teriii estiiiiate	•
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
1. Administration	238 619	275 097	237 409	251 730	254 730	259 831	265 369	287 256	310 364
2. District Health Services	2 940 516	3 231 943	3 648 331	3 991 295	4 141 356	4 161 356	4 295 604	4 565 837	4 998 201
3. Emergency Medical Services	197 964	207 875	229 706	255 849	266 849	266 849	283 941	298 683	314 513
4. Provincial Hospital Services	1 364 896	1 577 926	1 788 728	1 901 532	1 997 392	2 027 392	2 003 787	2 241 412	2 381 762
5. Central Hospital Services	179 279	194 280	192 812	224 470	243 385	243 385	237 264	248 178	259 593
6. Health Science And Training	214 456	226 552	242 110	303 314	306 249	306 249	321 778	349 869	403 032
7. Health Care Support Services	80 886	127 167	106 464	128 869	128 137	128 137	141 871	150 516	158 493
8. Health Facilities And Maintenance	500 045	539 412	568 282	610 222	1 014 924	1 014 924	634 408	695 191	100 298
Total payments and estimates	5 716 661	6 380 252	7 013 842	7 667 281	8 353 022	8 408 123	8 184 022	8 836 942	8 926 257

Footnote: Provision has been made for the MEC Remuneration package at R1.7 million R1.8 million and R1.9 million over the 2014/15 MTEF period.

In 2010/11, the department overspent by R11.9 million mainly due to pressure on compensation of employees. Other core expenditure drivers were also experiencing budget pressure but could not be addressed due to overspending by the department. The department therefore slowed spending on goods and services and other items to reduce overspending. This resulted in the department accruing unpaid invoices amounting to R330 million which were carried over to the 2011/12 financial year.

During this financial year, the province introduced Basic Accounting System whereby departments had to appoint staff who will carry out duties, and moreover, the functions of PERSAL as well as bank management were decentralised from the provincial treasury to departments whereby the department had to establish those units for smooth running of services in the department. The carry through costs for the implementation of partially funded nurses OSD, which was fully implanted, also contributed to the overspending of compensation of employees in this financial year.

The department had pressure of R593 million during the financial year, of which compensation of employees was R200 million, Pharmaceuticals R120 million and Laboratory services was R80 million. The other contributing factor in this over expenditure is that the department had started the financial year with accruals amounting to R137 million. Compensation of employees was overspent by R138 million before year-end virements but some items like pay progressions and performance bonuses could not be paid due to inadequate funding in compensation of employees.

In 2011/12, the department under-spent by R33.5 million, mainly because of underspending on conditional grant by R34.3 million as well as capital payments. This means that the department technically overspent the equitable share by R764 thousand. This was attributed to the on-going processing of various categories of OSD, including introduction of OSD for doctors and therapists), exacerbated by the filling of critical posts required for restructuring of service delivery to bring the department in line with NHI requirements. Compensation of employees over-spent the adjusted budget of R3.7 billion by R77.8 million, before year-end virements.

An amount of R106 thousand was included against provincial roll-overs, being an approved from 2010/11 financial year. In addition, an amount of R90.5 million was received for improvement in condition of service as well as R1.5 million being budget for learnership received from office of the Premier.

In the 2012/13 Adjusted Appropriation, additional funding of R70 million was received for the higher than expected 2012 wage agreement. In addition, the two components of the Health Facility Revitalisation grant, namely the Health Infrastructure component (R8.9 million) and the Hospital Revitalisation component (R4.5 million), received additional funding in terms of rollovers. A new grant was introduced, namely the AFCON 2013: Medical Services grant, with once-off funding of R3 million. The department had adjusted appropriation of R7.1 billion, of which R7.020 billion was spent, leaving underspending of R62.9 million of which R55.5 were conditional grants

During the 2013/14 adjusted appropriation unspent conditional grants in 2012/13 financial year amounting to R55.5 million, were rolled over. In addition the department received once-off allocation of R260.1 million from

treasury in order to assist the department to mitigate the overspending on personnel were projected overspending was at R267 million as at end of December 2013. Amount of R390 million was also availed for purchasing of office building (Office Park) to house all employees relating to head office, who were previously housed in different buildings.

The projected over-spending in 2013/14 of R218 million as per the December 2013 IYM relates mainly to pressures in the Compensation of employees by R157.6 million after provincial treasury assisted with the first once off allocation of R110.1 million (of the R260.1 million), medicine R55.1 million and households by R5.1 million.

Most programmes show substantial growth from 2010/11 to 2016/17, with conditional grants accounting for a significant portion of this increase. The relative growth from 2010/11 to 2011/12 of 11.6 per cent was largely due to spending pressures in 2010/11 in the service delivery programmes caused by medical inflation, the various OSDs for medical personnel, wage agreements and the filling of posts. Expenditure in 2010/11 included emergency medical services for the 2010 Soccer World Cup, infrastructure development, the modernization of tertiary services, the implementation of primary health care structures, as well as the previously mentioned funding for the OSDs for medical personnel. Apart from the carry-through costs from previous financial years, expenditure in 2011/12 included an increase in general health capacity and national priorities such as personnel and goods, OSDs for medical personnel, maternal and child health, and public hospitals norms and standards.

Programme 1: Administration.

Purpose: To conduct the strategic management and overall administration of the Department of Health.

The budget for Administration has been allocated to cost centers/ Directorates in line with departmental delegations to enable them to perform administrative function for the entire department. The Directorate: Demand and Acquisition has been allocated funds for key operations of the program (i.e. property payments, and communication) while Assets & Inventory Management is allocated the budget for all Assets and Inventory items for the program.

The significant reduction in 2012/13 in Programme 1: Administration relates to budget of for district management been shifted to programme 2: District health services under sub-programme: district management in order to align budgeting and maintain linkage between programme and rendering of services.

The budget therefore increased by 7.3 per cent from R237.4 million in 2012/13 to R254.7 million in 2013/14. It then increases by 5.4 per cent to R265.4 million in 2014/15; 8.2 per cent to R287.3 million in 2015/16 and 8 per cent to R310.4 million in 2016/17.

Programme 2: District Health Services (DHS)

Purpose: To render Primary Health Care Services and District Hospital Services
This programme provides an integrated, accessible, affordable and comprehensive Primary Health Care and
District Hospital Services through a well-managed and effective District Health System.

The increase in Programme 2: District Health Services over the seven years relates mainly to improvement service delivery at the PHC level. In addition, expenditure included the various wage agreements, increases in the Comprehensive HIV and AIDS grant, as well as OSDs for medical personnel. The increase in 2011/12 of 9.9 per cent relates primarily to the implementation of primary health care structures as well as to move budget of for district management from programme 1: Administration to this programme under subprogramme: district management in order to align budgeting and maintain linkage between programme and rendering of services. This resulted in this sub-programme registering a growth of 15.3 per cent.

The increase in the 2012/13 caters for decentralisation of Centralized Creditors Payments (CCP) from department of Finance where a budget of R3 million was availed during the adjustment budget. However, the department had to strengthen this service at district level. Moreover, HIV/AIDS conditional grant received a rollover of R20.9 million and compensation of employees received additional R30 million while medicine received additional R22 million during the adjustment budget. The 2014/15 MTEF includes funding for the carry-through costs of previous wage agreements, general capacity building, as well as various national priorities. Reduction of costs on sub-programme 2: Community based services in 2012/13 is mainly because

of de-linking personnel from this sub-programme to relevant sub-programmes in order to ensure alignment with service delivery points.

Budget allocations for the program has increased from R4.141 billion in 2013/14 to R4.295 billion, R4.565 billion in 2014/15 and R4.998 billion in 2016/17 over the MTEF period.

The following were implemented in 2013/14 financial year and over the MTEF period:

- Budget allocation is in line with financial delegation at Hospital and Sub-district management levels.
- Personnel were delinked from Community Based Services Sub-program to Sub-districts and Clinics Sub
 programs, to ensure alignment with service delivery points and to reduce the negative variances in the
 financial system.
- The allocation for the HIV/AIDS grant budget was decentralized to the four Districts and the three main Provincial Hospitals, while another share of budget remains with the HIV and AIDS Directorate.
- Personnel in all wellness clinics are linked to the grant at the Directorate cost centers an exercise that will reduce misallocations and negative variances during the interface of PERSAL and BAS systems.

The HIV and AIDS grant has successfully managed to appoint key personnel to manage activities especially at district level. In the current MTEF, the new National Health Insurance conditional grant has been allocated to this program under the Dr Kenneth Kaunda district where it is still being piloted.

Programme 3: Emergency Medical Services.

The programme is responsible for the pre-hospital care and treatment of patients involved in any emergency situation. Patients are then transported to the most appropriate health facility, including transportation of critically ill patients between health institutions.

The overall growth is due to the continued drive to improve emergency medical services. The increase expenditure in 2010/11 includes expenditure for the 2010 Soccer World Cup and carry-through costs of previous wage agreements.

The substantial increase of 10.5 per cent in 2012/13 is due to additional ambulances purchased to continue the expansion of services to under-served areas. The increase continued even in 2013/14 to 11.2 per cent though to 2014/15 financial year where increase was 11 per cent. Increase in number of ambulances has direct influence on goods and services budget as well as compensation of employees. Each ambulance requires operation of eight people whereby two are in each shift to operate three shifts per day. There are currently 90 ambulances running but the department has procured additional 30 which have to be operationalised by the end of the financial year.

In terms of the national norm, this province should be having 350 ambulances (1 ambulance per 10 thousand population) where by additional funding required to procure the other 230 is estimated at R115 million (estimated at R500 thousand each).

The 2014/1 MTEF allocations include carry-through costs for the various wage agreements, OSD payments, as well as funding to expand emergency medical services.

The program has been allocated the budget for the normal running of the EMRS service, with separate allocations to the Directorate for establishment of the Provincial Emergency call centre. The Department made an allocation of R20 million, R17.8 million and R18.6 million over the 2014/15 to 2016/17 MTEF period to continue replacing and reducing the shortage of EMRS vehicles in the province, although the reduction of shortage is at a minimal rate due to high accident rate partially caused by poor roads conditions of the province and kilos travelled by vehicles.

Allocations for Emergency Medical Services therefore increased from outcome of R229.7 million in 2012/13 to R266.8 million in 2013/14. This is followed by an increase of 11 per cent from 2013/14 to R283.9 million in 2014/15; R298.7 million in 2015/16, and R314.5 million in 2016/17.

Programme 4: Provincial Hospitals (Regional and Psychiatric)

Regional Hospitals:

The purpose of this program is to provide level two and three hospital services to the people of the North West Province. There are five Regional Hospitals: (Klerksdorp/Tshepong, Job Shimankane Tabane, Mafikeng, Potchefstroom and Vryburg Provincial Hospitals.

Psychiatric Hospitals:

Witrand Hospital and Bophelong render services to the North West Province as a whole regarding intellectual disabilities. Witrand Hospital also serves the Dr Kenneth Kaunda District in relation to acute and sub-acute psychiatry services.

Programme 4: Provincial Hospital Services grows substantially in 2011/12 and 2012/13. The increase from 2010/11 onward relates mainly to carry-through costs, including wage agreements, OSDs for medical personnel, inflationary pressures on medical supplies and the management of MDR/XDR TB.

The budget increases by 11.7 per cent from R1.788 billion in 2012/13 to R1.997 billion in 2013/14, increasing to R2.003 billion 2014/15; R2.241 billion in 2015/16 and R2.381 billion in 2016/17 over the MTEF.

The available allocations are not sufficient to meet the requirements of the service especially taking in to account additional wards and services added to Witrand hospital, JST hospital, and the new Vryburg hospital coupled with the need to continuously improve services. However the allocation will enable the department to continue rendering basic regional services to communities.

Programme 5: Central Hospitals

The purpose of the programme is to provide advanced secondary and tertiary care service as well as training and research work for health care professionals including to serve as specialist referral centres for district hospitals and neighbouring provinces. The programme has one sub-programme namely, Provincial Hospital Tertiary Services.

Provincial tertiary services are rendered through the National Tertiary Services grant in Klerksdorp, Job Shimankane Tabane and Mafikeng Hospitals. Other satellite hospitals viz Potchefstroom and Witrand also benefit from the grant through Klerksdorp hospital. The latter is the main referral hospital for the province.

The growth in Programme 5: Central Hospital Services from 2010/11 to 2016/17 relates mainly to funding for the development and improvement of tertiary services. The impact of the introduction of the various OSDs for medical personnel, higher than average medical inflation and the rand/dollar exchange rate are also reflected in the trends. The low growth in 2012/13 is attributed under spending of the grant where budget of R211.7 million, only R192.8 million could be spent. Other factors that contributed to the under spending is that certain equipment took long to be delivered like MRA and C-Arm and other equipment.

The 2014/15 MTEF includes carry-through costs for previous wage agreements, as well as national priorities such as additional registrars, improvement to public hospital norms, etc.

The outcome of R192.8 million for the National Tertiary Services grant in 2012/13 grows to budget of R243.3 million in 2013/14, after adjustment budget, increasing to R237.3 million in 2014/15 and R248.2 million in 2015/16 and R259.6 million in 2016/17 over the MTEF.

Programme 6: Health Sciences and Training.

The purpose of this programme is to support Health Care Service delivery through provision of education and training.

The program mainly provides Training to Health workers, General staff and aspirant youth wishing to join the Health service in the form of learnerships.

The EMRS college budget was increased over the MTEF to address maintenance needs of the college and to enable the college to cope with the Training needs of the Provincial Emergency service. In support to the establishment of a Regional Training center in all Districts, the Department has allocated funds to each district for training of personnel.

Programme 6: Health Sciences and Training shows consistent growth except in 2014/15 and 2016/17 where substantial growth has been observed. The increase in 2010/11 relates to carry-through costs of OSDs for medical personnel, various wage agreements, as well as the extension of the medical internship programme to two years. The increase in 2013/14 is related mainly to bursaries to address the shortfall of suitably trained health personnel.

The Health Sciences and Training programme driven by National directive, has embarked on a big drive to reduce shortage of medical officers in the province by increasing intake of Cuban student which led to an increase from R242.1 million in 2012/13 to R306.2 million in 2013/14, and then R321.8 million in 2014/15, R349.9 million in 2015/16 and R403.0 million in 2016/17 over the MTEF. In 2013/14, the programme attract 180 prospective medical practitioners and were all sent to Cuba in 2013/14 financial year.

Programme 7: Health Care Support Services

The purpose of this programme is to provide health care support services such as pharmaceutical services, transport services, laundry, engineering, as well as orthotic and prosthetic services to the department.

- The Engineering sub-program has been allocated a budget for maintaining IT systems within the department. The development of Student Registration System for Nursing
- Colleges have also been funded over the MTEF period.
- The department will also continue maintaining the IT infrastructure systems currently run by the department i.e. Patient administration and billing system (PAAB) for revenue, Oracle system for medical depot and continuous maintenance of IT servers in hospitals which are currently ageing.
- The needs for the laundry in Klerksdorp have been fully funded to improve its functioning and ensure continued support to hospitals in Dr KK district and other Districts.
- Compensation of employees for Medical Stores has been increased to enable it to fill vacant posts in support of in-sourcing of the Medical Depot.

Programme 7: Health Care Support Services is to enable the provincial Medical Supply Centre to carry sufficient medical stock to meet demand. The reduction from 2012/13 relates to the in-sourcing of procurement of medicine and medical supplies where the department experienced challenges with registration of suppliers on provincial database, especially oversee based. The programme also lost budget due to overspending by the vote where R18 million was moved out to programme 2 with sub-programme: engineering been the most affected, hence it reflect reduction of 24 per cent during that financial year.

Allocations for Health Care Support Services increased from R106.5 million in 2012/13 to R128.1 million in 2013/14 (R131.1 million after adjustment budget), and then increasing to R141.9 million, R150.5 million and R158.5 million in 2014/15, 2015/16, and 2016/17 respectively.

Programme 8: Health Facilities Management (HFM)

The purpose of the Health Facilities Management Programme is to:

- Plan and provide health facilities to contribute towards the provision of comprehensive quality health services.
- Plan services and review of the package and the level of services that facilities will provide.
- Maintain health facilities.
- Upgrade, rehabilitate and revitalize clinics, community health centers, district, regional, tertiary and specialized hospitals, as well as other health related facilities.

Health Facilities Management increases from R568.3 million in 2012/13 to R1 billion in 2013/14, and decreases to R634.4 million in 2014/15, then increases to R695.2 million in 2015/16 and R100.3 million 2016/17 over the MTEF. The programme allocation is mainly conditional grants under Health Facility Revitalization and their allocations are determined mainly by approved business cases as per approval.

The Maintenance budget has again been decentralized to districts to expedite maintenance of clinics, health centers and hospitals within the department.

7.3 Summary of economic classification

Table 3.4 : Summary of provincial payments and estimates by economic classification: Health

		Outcome		Main appropriation a	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/1
Current payments	5 040 873	5 619 707	6 235 998	6 829 365	7 182 558	7 232 558	7 460 498	8 015 771	8 573 94
Compensation of employees	3 269 304	3 788 632	4 129 319	4 405 847	4 847 433	4 847 433	5 103 515	5 299 058	5 619 06
Goods and services	1 771 465	1 829 237	2 106 500	2 422 097	2 333 661	2 383 661	2 355 115	2 714 686	2 954 10
Interest and rent on land	104	1 838	179	1 421	1 464	1 464	1 868	2 027	76
Transfers and subsidies to:	135 953	167 064	184 940	207 465	114 228	119 329	86 602	108 640	149 01
Provinces and municipalities			**********		160	160	~~~~~	**********	~~~~
Departmental agencies and accounts						į			
Higher education institutions		1 071				į			
Foreign governments and international organisations						į			
Public corporations and private enterprises	140	5 166							
Non-profit institutions	115 033	137 078	127 637	164 765	1 549	1 549		12 000	12 63
Households	20 780	23 749	57 303	42 700	112 519	117 620	86 602	96 640	136 38
Payments for capital assets	539 835	593 481	592 904	630 451	1 056 236	1 056 236	636 922	712 531	203 29
Buildings and other fixed structures	358 445	469 369	487 879	488 732	907 434	907 434	470 647	532 214	33 79
Machinery and equipment	181 390	124 112	105 025	141 719	148 802	148 802	166 275	180 317	169 50
Heritage Assets						į			
Specialised military assets						į			
Biological assets						į			
Land and sub-soil assets						į			
Software and other intangible assets						į			
Payments for financial assets	<u> </u>				***************************************				
Total economic classification	5 716 661	6 380 252	7 013 842	7 667 281	8 353 022	8 408 123	8 184 022	8 836 942	8 926 25

Current payments

The allocation for current payments (which includes compensation of employees, goods and services, and interest and rent on land) increases from R6.235 billion in 2012/13 to R7.182 billion in 2013/14;R7.460 billion in 2014/15, R8.015 billion in 2015/16 and R8.573 billion in 2016/17 over the MTEF. These current payments consist of:

Compensation of employees

Provision was made for the cost of living adjustment of personnel for 2014/15 at 5.3 per cent from revised estimates and 3.8 percent for 2015/16 and 6.6 for 2016/17. It shows a strong upward trend from 2010/11 to 2016/17, mainly due to the carry-through costs of the various OSDs for medical personnel and other staff categories, as well as higher than anticipated wage agreements. In addition, from 2010/11, the department had to build capacity in terms of implementation of BAS where other functions were decentralised from the provincial treasury like PERSAL and banking management. Funding was provided from 2011/12 for the OSDs for medical personnel, health team pilots and models and improving hospital norms and standards, among others, which let to substantial growth in 2011/12 and 2012/13 for the latter items.

In 2013/14 main appropriation, compensation of employees grew by 7 per cent and by 14 per cent during the adjustment budget when compared with the 2012/13 spending outcome. Increase during adjusted appropriation is caused by relocating payments for community care givers, who were previously paid by NGOs, to compensation of employees, and a budget of R130 million was therefore transferred from transfers: NGOs to compensation of employees. In addition amount of R74 million, been budget for leanerships was moved from goods and services to this item as relocation in terms of the new SCOA classification. Moreover, treasury made a once-off allocation of R260.1 million to compensation of employees to try to mitigate the overspending.

The department faces a yearly challenge on compensation of employees. The budget allocation for personnel increases from R4.129 billion in 2012/13 to R4.847 billion in 2013/14; and increases toR5.103 billion in 2014/15, R5.299 billion in 2015/16 and R5.619 billion in 2016/17 over the MTEF.

The department is still having challenges in terms of recruiting of health professionals. The supply of foreign health professionals is drying up due to the recent international agreement of non-recruitment from developing countries, which will place a further strain on the recruitment processes of the department. The department has however intensified strategies to increase output in training of health professionals; increase in the Cuban medical programme is one of the efforts done by the department

The extreme high vacancy rate in clinical occupations is a worrisome issue, as the core services are rendered by clinicians. The department should divert funds to remuneration schemes to ensure retention and recruitment of these categories of staff. With the dwindling supply of clinicians in the market, the department should probably look towards downscaling / rationalizing of health services to ensure that services are streamlined and effective, if innovative recruitment measures to increase intakes at medical schools do not bear expected outcomes.

The shortage of funding is a factor in the high vacancy rate, but cannot rectify the vacancy fully, due to the shortage of supply of clinicians. The department will divert other funds on the medium term towards bursaries to improve the supply.

The extreme high turnover rate of more than 50 per cent of several critical categories of staff leads to continual recruitment. It is more important and useful to retain essential staff, whatever the cost, than to allow termination. Any environmental factors such as offices, equipment, working conditions, should be properly identified and corrected, as well as a remuneration scheme to retain them in our employ.

Goods and services

Spending on Goods and services increases minimally in 2011/12 by 3 per cent due to pressure in compensation of employees but increased substantially from 2012/13 to 2013/14. In 2014/15 the budget increased by 1 per cent when compared with the 2013/14 adjustment budget, and substantial growth was also experienced in 2015/16 to 2016/17 at 15 per cent and 10 per cent respectively. This increase is primarily related to the increase in demand for health services, the high rate of inflation on medical supplies and services. Other contributing factors are the increasing demand for ART, treatment of MDR/XDR TB, the introduction of specific projects such as the reduction of infant and child mortality through immunisation, as well as a substantial increase in the Comprehensive HIV and AIDS grant.

The 2014/15 MTEF includes additional funding for ARV treatment, the carry-through costs of national priority initiatives, acceleration in the day-to-day maintenance of existing facilities, as well as inflationary adjustments.

The audited outcomes for goods and services for 2012/13 was R2.106 billion. It increases by 12.5 per cent to R2.333 billion in 2013/14; R2.355 billion in 2014/15; R2.714 billion in 2015/16 and R2.954 billion in 2016/17 over the MTEF.

The department has reviewed the allocation of Goods and services with a view of identifying funds that could be shifted to Compensation of Employees and such funds has been shifted to the last limit, any further shift from goods and services will lead to poor service delivery i.e. hospitals and clinics will have employees with no medicines to give to patients or no food to feed the patients.

Other items which had an impact on costs for Goods and Services items include, high costs of rendering outsourced security in facilities across the province .i.e. (clinics, CHC¢, hospitals, offices and colleges), increase in costs for catering patients, travelling, medicines, laboratory services and outsourced medical services.

Transfers and subsidies

The decrease in *Transfers and subsidies to: Non-profit institutions* in 2012/13 is due to a decision to no longer fund the NGOs for the National Integrated Plan (NIP) sites for orphaned and vulnerable children infected and affected by HIV and AIDS, owing to fraud. It was thus decided to manage this function centrally. The decrease in the 2014/14 Adjusted Appropriation and over the MTEF period is caused by relocating payments for community care givers, who were previously paid by NGOs, to compensation of employees, and a budget of R130 million was therefore transferred from transfers: NGOs to compensation of employees.

The fluctuating trends reflected in *Transfers and subsidies to: Households* relate to staff exit costs.

The allocation for transfers and subsidies decreases from R184.9 million in 2012/13 to R114.2 million in 2013/14, R86.6 million in 2014/15, R108.640 in 2015/16 and R149.0 million in 2016/17 over the MTEF. A reduction is due to a decision to link Care givers for HIV/AIDS to Compensation of Employees. The department has further received R10 million from Treasury for Bursaries as a function shift from office of the Premier. Additional funding of R14.5 million was also provided by Treasury to assist the department to fund the expanded Cuban medical students training programme.

Capital payments

The audited outcomes of R592.9 million for capital payments in 2012/13 increases to R1 billion in 2013/14 followed by a decrease to R636.9 million in 2014/15; then increases to R712.5 million in 2015/16 and R203.3 million in 2016/17 over the MTEF.

This is made up of buildings and other fixed structures where the allocations are: R907.4 million in 2013/14 due to a purchase of office park for provincial office; R470.6 million, R532.2 million and R33.8 million over the MTEF. Included under capital payments is the allocation for Machinery and equipment which is R148.8 million for 2013/14 increasing to R166.3 million; R180.3 million and R169.5 million over the MTEF.

7.4 Infrastructure payments.

Table 3.5: Summary of provincial infrastructure payments and estimates by category

		Outcome			Adjusted	Revised	Medium-term estimates		
					appropriation	estimate	mediun		
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/1
New infrastructure assets	500 079	436 286	314 970	374 407	799 109	799 109	386 545	294 715	33 79
Existing infrastructure assets		51 213	173 204	187 815	167 815	167 815	227 863	376 476	66 49
Upgrades and additions		22 547	137 457	114 572	114 572	114 572	127 863	271 547	
Rehabilitation and refurbishment									
Maintenance and repairs		28 666	35 747	73 243	53 243	53 243	100 000	104 929	66 49
Infrastructure transfers		17 019	37 134	48 000	48 000	48 000	20 000	24 000	
Current		17 019	37 134	48 000	48 000	48 000	20 000	24 000	
Capital									
Total department infrastructure	500 079	504 518	525 308	610 222	1 014 924	1 014 924	634 408	695 191	100 29

^{1.} Total provincial infrastructure is the sum of "Capital" plus "Recurrent maintenance".

7.4.1 Departmental infrastructure payments

The infrastructure payment is financed through conditional grant (hospital facility revitalisation grant) as well as provincial equitable share and is all spent under programme 8. Funding for maintenance as well as other facilities which are not funded by conditional grants are earmarked by the provincial treasury. The hospital facility revitalisation grant enables department to plan, manage, modernize, rationalize and transform the infrastructure, health technology, monitoring and evaluation of hospitals and to transform hospital management and improve quality of care in line with national policy objectives.

The Department has a number of projects planned for construction while others under construction. These include Bophelong Psychiatric, Extension to Job Shimankana Tabane and Witrand hospitals, General De La Rey, Sekhing CHC, Boitekong CHC, Mathibestadt CHC and Brits Hospitals. Bophelong Hospital Project was divided into two (2) phases wherein Phase 1 entailed Bulk Services and Boundary wall whereas Phase 2 entailed construction of State Patient and Forensic wards.

There is no allocation in the 2016/17 financial year because in terms of the Division of Revenue Act, DoRA of 2014, the department is required to submit draft plans two years before project implementation in order to secure funding. Details of infrastructure investment estimates are reflected in the table B5 as annexed.

7.4.2 Maintenance

The maintenance of health facilities is an important national priority to ensure that the infrastructure investment is maintained and meets basic community requirements as well as related staff retention initiatives. The services are routinely sourced at a local level thus providing employment in the districts as most of the health facilities are placed in a decentralised manner to reach coverage of all communities in the province.

The facilities maintenance audit was completed, which indicate the need for increased budget for maintenance, however, maintenance budget has been reduced and this put strain on our existing facilities, and also works negatively to the preparation and implementation of National Health Insurance.

To improve health facility planning through implementation of Infrastructure norms and standards, the department ensures all Districts are spending at least 5 per cent of their infrastructure on maintenance (preventative and scheduled) by 2019

The U-AMP developed attempts to address all aspects of infrastructure including construction of new facilities, upgrading, renovations and maintenance in order to accommodate both patients and staff. The constructions of new Clinics are currently underway namely Buxton, Lekgopong, Madiba Makgabana, Mosweu and Tweelinspan. Both Buxton and Tweelinspan clinics are in final stage of completion. Over the MTEF period new Clinics are planned for Mmakaunyane, Madikwe and Welverdient. A new CHC is also planned for Maquassi Hills. Details on maintenance are reflected in the table.

7.5 Departmental Public-Private Partnership (PPP) projects

This department does not have any PPP projects.

7.6 Transfers

7.6.1 Transfers to public entities

There are no transfers to public entities.

7.6.2 Transfers to other entities

Table 3.6: Summary of departmental transfers to other entities

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimate		
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Ragoga Services	• • • • • • • • • • • • • • • • • • • •	6 885	7 007				••••••	• • • • • • • • • • • • • • • • • • • •	
Ditlamelwa Trading Enterprise		25 063	20 709						
Roucom Systems		49 106	45 307						
Masedi Project Management		32 232	30 513			•			
Life Line			8 491						
Mpho ya bophelo		7 797	8 963						
Life Line Rusteburg			6 489			į			
North West Life Line		15 995				:			
Skills Development Lev y	3 027	3 618	3 900	4 115	4 115	4 115	4 341	4 491	4 727
Higher Education Institutions			16 760	11 000	11 000	13 000	12 000	13 000	13 689
Total departmental transfers	3 027	140 696	148 139	15 115	15 115	17 115	16 341	17 491	18 416

7.6.3 Transfers to local governments

The department does not make any transfer to local government other than for motor vehicle licenses

8. Receipts and Retentions

Not applicable to department

9. Programme description

9.1 Description and objectives

Programme 1: Administration

Purpose: To conduct the strategic management and overall administration of the Department of Health.

Programme description:

To conduct the overall administration and strategic management of the department with regard to District Health Services, Emergency Medical Services, Provincial Hospital Services, Health Sciences and Training, Health care Support Services and Facility management. The aims of the programme are to ensure that health services are rendered in terms of approved policies, and that comprehensive health care services are coordinated in the province. This programme has two sub-programmes namely, Office of the MEC and Management.

Table 3.7 : Summary of payments and estimates by sub-programme: Administration

	Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
1. Office Of The Mec	5 436	6 010	7 200	8 229	8 229	8 229	8 554	8 617	9 146
2. Management	233 183	269 087	230 209		246 501	251 602	256 815	278 639	301 218
Total payments and estimates	238 619	275 097	237 409		254 730	259 831	265 369	287 256	310 364

Table 3.8: Summary of payments and estimates by economic classification: Administration

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Mediun	n-term estimates	
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	235 922	266 936	229 457	224 579	236 129	236 129	236 591	261 703	283 456
Compensation of employ ees	142 060	160 124	129 930	150 703	153 703	153 703	159 669	167 758	176 649
Goods and services	93 808	106 758	99 498	73 876	82 401	82 401	76 922	93 945	106 807
Interest and rent on land	54	54	29		25	25			
Transfers and subsidies to:	140	5 477	5 596	5 851	5 851	10 952	10 202	10 512	11 069
Provinces and municipalities			~~~~~		*************				
Departmental agencies and accounts									
Higher education institutions									
Foreign governments and international organisations									}
Public corporations and private enterprises	140	5 166							
Non-profit institutions									}
Households		311	5 596	5 851	5 851	10 952	10 202	10 512	11 069
Payments for capital assets	2 557	2 684	2 356	21 300	12 750	12 750	18 576	15 041	15 838
Buildings and other fixed structures			• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •			•••••	3
Machinery and equipment	2 557	2 684	2 356	21 300	12 750	12 750	18 576	15 041	15 838
Heritage Assets									
Specialised military assets									
Biological assets									
Land and sub-soil assets									
Software and other intangible assets									
Payments for financial assets	·	*****************			************				
Total economic classification	238 619	275 097	237 409	251 730	254 730	259 831	265 369	287 256	310 364

Sub-programme 1: Office of the MEC is allocated 3 per cent (R8.6 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 10.6 per cent in 2010/11, 19.8 per cent in 2011/12 and 14.3 per cent in 2013/14. The growth decline in 2014/15 to 3.9 per cent as well as to 0.7 per cent and 6.1 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme grew, nominally, by 14.8 per cent (9.3 per cent in real terms) between 2010/11 and 2013/14, the growth declined to 3.6 per cent (-1.7 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 9.1 per cent (3.7 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 2: Management is allocated 97 per cent (R256.8 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 15.4 per cent in 2010/11, decline to 14.4 per cent in 2011/12 and increases by 5.8 per cent in 2013/14. The growth decline in 2014/15 to 5.5 per cent and slightly increases to 8.5 per cent and 8.1 per cent in the outer two years of the 2014 MTEF respectively. The decline in budget in 2012/13 is due to movement of budget for district management to programme 2: District health services so that expenditure is accounted for at the relevant programme

This sub-programme grew by 1.5 per cent (decline by 3.4 per cent in real terms) between 2010/11 and 2013/14, the growth increased to 7.3 per cent (1.9 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 4.4 per cent (decline by 0.8 per cent in real terms) over the seven year period of the 2014 MTEF.

Compensation of employees grows nominally by 2 per cent (decline by 2.9 per cent in real terms) between 2010/11 and 2013/14. The nominal growth increase to 5.4 per cent (0.1 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 3.7 per cent (decline by 1.4 per cent in real terms) over the seven period of the 2014 MTEF.

Goods and services grows nominally by 4.1 per cent in 2014/15 and decline nominally by 7.7 per cent (or by 12.1 per cent in real terms) between 2010/11 and 2013/14. The nominal growth increase to 13.1per cent (7.3 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 2.2 per cent (decline by 2.9 per cent in real terms) over the seven period of the 2014 MTEF.

Transfers and subsidies increase nominally by 74.4 per cent in 2014/15. However, nominal growth is at 247 per cent (or by 230.4 per cent in real terms) between 2010/11 and 2013/14.

The nominal growth decline to 23.7 per cent (17.4 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 107.2 per cent (or 96.9 per cent in real terms) over the seven period of the 2014 MTEF.

Payments for capital assets decline nominally by 12.8 per cent in 2014/15 and but increase nominally by 102.7 per cent (or 93 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decline by 9.4 per cent (or by 14 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 35.5 per cent (or 28.8 per cent in real terms) over the seven period of the 2014 MTEF.

Programme 2: District Health Services.

Programme description:

The purpose of the programme is to provide accessible, affordable and comprehensive Primary Health Care and District Hospital Services through a well-managed and effective District Health System. The programme includes a number of sub-programmes, namely: district management, community health centers, clinics, community based services, other community services, HIV and AIDS, Nutrition, forensic pathology services, and district hospitals.

Objectives:

Review and develop appropriate referral patterns for Primary Health Care in all four (4) Districts.

- Implement TB programme review and recommendations.
- Start the process of taking over of Primary Health Care services from local and district municipalities including the monitoring of Service Level Agreements with the municipalities receiving funds from the department.
- Accelerate implementation of the Comprehensive plan for HIV and AIDS.
- Implement provincial EMS plans.
- Ensure that all clinics and Community Health Centers have water, sanitation and telecommunication as well as provision of essential drugs (medicines).
- Improve management of communicable diseases and non-communicable illnesses
- Ensuring implementation of referral system from clinics and to hospitals and access to health services as well as constant supervision to strengthen, implement, monitor and evaluate policies, guidelines and protocols.
- Improve the management of all children under the age of five presenting with illnesses such as pneumonia, diarrhea, malaria and HIV.
- Strengthened relations and partnership community based health providers including the following stakeholders: universities and private health training institutes, traditional healers and leaders, NGOs, CBOs, municipalities, Provincial Council on AIDS, private and mining hospital groups, and the youth commission.
- Implement and maintain a comprehensive community health worker programme.
- Provide effective home based care services in the province.
- Provide health professionals with technical capacity on clinical management of HIV and AIDS.
- · Complete the transfer of mortuary services.
- Establish one crisis centre per district
- Strengthen the inter-sectoral planning with the SAPS.
- Establish provincial training policy.
- Review and develop appropriate referral patterns from Community Health Centers and to level 2 hospitals.
- Ensure accelerated implementation of the accreditation process to all district hospitals.
- Strengthen the programme of hotel services and functional private wards.
- Ensure provision of pharmaceutical and laboratory services.

Sub-programmes:

District Management:

Objectives:

- Review and develop appropriate referral patterns for Primary Health Care in all four (4) Districts.
- Implement TB programme review and recommendations.
- Start the process of taking over of Primary Health Care services from local and district municipalities including the monitoring of Service Level Agreements with the municipalities receiving funds from the department.
- Accelerate implementation of the comprehensive plan for HIV and AIDS.
- Implement provincial EMS plans.

Community health clinics

Objectives:

- Improve the management of all children under the age of five presenting with illnesses such as pneumonia, diarrhea, malaria and HIV.
- Ensure that all clinics have water, sanitation and telecommunication as well as provision of essential drugs (medicines).
- · Improve management of communicable diseases and non-communicable illnesses

District Hospitals

Objectives:

- To review and develop appropriate referral patterns from Community Health Centers and to level 2 hospitals.
- To ensure accelerated implementation of the accreditation process to all district hospitals.
- To strengthen the programme of hotel services and functional private wards.
- To ensure provision of pharmaceutical and laboratory services.

Table 3.9 : Summary of payments and estimates by sub-programme: District Health Services

		Outcome		Main	Main Adjusted		Medium-term estimates		
		Outcome		appropriation	appropriation	estimate	weatu	5	
R thousand	2010/11	2011/12	2012/13		2013/14	į	2014/15	2015/16	2016/17
District Management	191 870	221 260	345 518	361 285	382 184	382 184	387 554	406 359	427 844
2. Community Based Services	11 835	13 846	5 369	11 449	20 476	20 476	16 162	13 759	14 488
3. Community Health Centres	549 428	594 146	674 530	701 791	774 078	774 078	780 869	825 593	886 767
4. Other Community Services	126 633	142 311	140 275	190 536	165 830	165 830	131 920	147 341	155 150
5. Hiv / Aids	596 787	611 219	730 849	857 012	853 127	853 127	953 713	1 029 187	1 157 473
6. Nutrition	8 981	9 431	11 773	9 302	9 302	9 302	10 543	12 597	13 265
7. Community Health Clinics	590 025	652 321	740 494	783 174	833 053	833 053	867 643	909 098	968 881
8. Coroner Services	25 173	28 018	26 302	44 287	41 095	41 095	44 678	48 966	51 561
9. District Hospitals	839 784	959 391	973 221	1 032 459	1 062 211	1 082 211	1 102 522	1 172 937	1 322 772
Total payments and estimates	2 940 516	3 231 943	3 648 331	3 991 295	4 141 356	4 161 356	4 295 604	4 565 837	4 998 201

Table 3.10: Summary of payments and estimates by economic classification: District Health Services

		Outcome		Main	Adjusted	Revised	Madin	m-term estimate	
		Outcome		appropriation	appropriation	estimate	wealu	m-term estimate	5
R thousand	2010/11	2011/12	2012/13		2013/14	:	2014/15	2015/16	2016/17
Current payments	2 768 574	3 044 105	3 473 251	3 795 320	4 099 013	4 119 013	4 254 794	4 502 856	4 931 301
Compensation of employees	1 769 247	2 105 330	2 264 100	2 424 034	2 756 250	2 756 250	2 950 564	2 926 287	3 125 399
Goods and services	999 287	938 684	1 209 053	1 371 159	1 342 636	1 362 636	1 303 783	1 576 000	1 805 303
Interest and rent on land	40	91	98	127	127	127	447	569	599
Transfers and subsidies to:	124 538	146 027	142 633	167 465	9 503	9 503	4 545	16 993	17 894
Provinces and municipalities						:			
Departmental agencies and accounts									
Higher education institutions		1 071				į			
Foreign governments and international organisations									
Public corporations and private enterprises						;			
Non-profit institutions	115 033	137 078	127 637	164 765	1 549	1 549		12 000	12 636
Households	9 505	7 878	14 996	2 700	7 954	7 954	4 545	4 993	5 25
Payments for capital assets	47 404	41 811	32 447	28 510	32 840	32 840	36 265	45 988	49 006
Buildings and other fixed structures	24 281	931				:			
Machinery and equipment	23 123	40 880	32 447	28 510	32 840	32 840	36 265	45 988	49 006
Heritage Assets						:			
Specialised military assets									
Biological assets						•			
Land and sub-soil assets						į			
Software and other intangible assets						į			
Payments for financial assets	/					•••••••			
Total economic classification	2 940 516	3 231 943	3 648 331	3 991 295	4 141 356	4 161 356	4 295 604	4 565 837	4 998 20

Sub-programme 1: District Management is allocated 9 per cent (R387.6 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 15.3 per cent in 2011/12, 56.2 per cent in 2012/13 and 4.6 per cent in 2013/14. The growth slightly increases to 6.7 per cent in 2014/15 as well by 5.4 per cent and 5.3 per cent in the outer two years of the 2014 MTEF, respectively.

This sub-programme grew, nominally, by 23.5 per cent (17.6 per cent in real terms) between 2010/11 and 2013/14, the growth declined to 5.8 per cent (0.4 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 14.3 per cent (8.7 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 2: Community based services, is allocated 0.4 per cent (R16.1 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 17 per cent in 2011/12, decline by 61.2 per cent in 2012/13 and increases by 113.2 per cent in 2013/14. The growth decline in 2014/15 to 41.2 per cent and decrease by 14.9 per cent and increase by 5.3 per cent in the outer two years of the 2014 MTEF respectively. The decline in budget in 2012/13 is due to movement of budget to other sub-programmes for correct classification of personnel.

This sub-programme decline by 1.1 per cent (5.8 per cent in real terms) between 2010/11 and 2013/14, the growth increased to 8.2 per cent (2.7 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 3.4 per cent (decline by 1.7 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 3: Community health centres, is allocated 18 per cent (R780.9 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 8.1 per cent in 2011/12, further increase by 13.5 per cent in 2012/13 and 4 per cent in 2013/14. The growth increases in 2014/15 to 10.1 per cent, 6.8 per cent and 7.4 per cent over the 2014 MTEF respectively.

This sub-programme grew by 8.5 per cent (3.3 per cent in real terms) between 2010/11 and 2013/14, by 8.1 per cent (2.6 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 8.3 per cent (3 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 4: Other community services, is allocated 3 per cent (R131.9 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 12.4 per cent in 2011/12, decline by 1.4 per cent in 2012/13 and increases by 35.8 per cent in 2013/14. The budget decline in 2014/15 by 30.8 per cent and increase by 11.7 per cent and 5.3 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme grew by 14.6 per cent (9.1 per cent in real terms) between 2010/11 and 2013/14, the budget decreased by 6.6 per cent (11.4 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 3.4 per cent (decline by 1.7 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 5: HIV/AIDS is allocated 22.2 per cent (R953.7 million) of the total budget of the programme in 2014/15, of which R936.9 million is the conditional grant and the percentage share is consistent over the MTEF period. The sub-programme increases by 2.4 per cent in 2011/12, increases by 19.6 per cent in 2012/13 and increases by 17.3 per cent in 2013/14. The growth decline in 2014/15 to 11.3 per cent and 7.9 per cent and increase by 12.5 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme grew by 12.8 per cent (decline by 7.4 per cent in real terms) between 2010/11 and 2013/14; the growth went to 10.5 per cent (4.9 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 11.7 per cent (6.2 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 6: Nutrition is allocated 0.2 per cent (R10.5 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 5 per cent in 2011/12, 24.8 per cent in 2012/13 and decline by 21 per cent in 2013/14. The growth increased in 2014/15 to 13.3 per cent, and further grows by 19.5 per cent and 5.3 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme grew by 1.2 per cent (decline by 3.7 per cent in real terms) between 2010/11 and 2013/14, the growth increased to 12.6 per cent (6.8 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 6.7 per cent (1.4 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 7: Community health clinics, is allocated 20.2 per cent (R867.6 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 10.6 per cent in 2011/12, 13.5 per cent in 2012/13 and 5.8 per cent in 2013/14. The growth increased in 2014/15 to 10.8 per cent and decreased to 4.8 per cent and further grows by 6.6 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme grew by 9.9 per cent (4.6 per cent in real terms) between 2010/11 and 2013/14, the growth declined to 7.4 per cent (1.9 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 8.6 per cent (3.3 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 8: Coroner services, is allocated 1 per cent (R44.7 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 11.3 per cent in 2011/12, decline by 6.1 per cent in 2012/13 and increases by 68.4 per cent in 2013/14. The growth decline in 2014/15 to 0.9 per cent and increase to 9.6 per cent and 5.3 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme grew by 20.7 per cent (14.9 per cent in real terms) between 2010/11 and 2013/14, the growth decreased to 5.2 per cent (decline by 0.2 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 12.7 per cent (7.1 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 9: District hospitals, is allocated 25.9 per cent (R1.102 billion) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 14.2 per cent in 2011/12, 1.4 per cent in 2012/13 and 6.1 per cent in 2013/14. The growth increased in 2014/15 to 7.8 per cent and by 5.4 per cent and 12.8 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme grew by 7.1 per cent (2 per cent in real terms) between 2010/11 and 2013/14, the growth increased to 8.6 per cent (3.1 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 7.9 per cent (2.5 per cent in real terms) over the seven year period of the 2014 MTEF.

Compensation of employees grows nominally by 11.1 per cent (5.7 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decline to 8.8 per cent (3.3 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 9.9 per cent (4.5 per cent in real terms) over the seven period of the 2014 MTEF.

Goods and services grows nominally by 4.1 per cent in 2014/15 and increase nominally by 12.3 per cent (or by 6.9 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decreases to 5.5 per cent (0.1 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 8.8 per cent (3.4 per cent in real terms) over the seven period of the 2014 MTEF.

Transfers and subsidies decline nominally by 97.3 per cent in 2014/15. However, nominal growth is at 10.4 per cent (or 5.1 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decline by 52.5 per cent (55 per cent in real terms) between 2013/14 and 2016/17, or decline nominally by 27.6 per cent (or 31.2 per cent in real terms) over the seven period of the 2014 MTEF.

Payments for capital assets increase nominally by 27.2 per cent in 2014/15 but decline nominally by15.6 per cent (or 19.6 per cent in real terms) between 2010/11 and 2013/14. The nominal growth increased to 19.8 per cent (or 13.7 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 0.6 per cent (or decreased by 4.4 per cent in real terms) over the seven period of the 2014 MTEF.

9.2.2 Service delivery measures

Performance indicators	2013-14	2014 - 15	2015 -16
Provincial PHC Expenditure per uninsured person	R383	R406	R430
PHC Utilisation rate	2	3.5	3.5
PHC Utilisation rate under 5 years	4	5	5
PHC supervisor visits rate (fixed clinic/ CHC/CDC)	59	75	80
Expenditure per PHC head count	8 660 956	9 180 613	9 371 449
District Hospitals			
Caesarean section rate	21%	20%	19%
separations - Total	49 292	51 264	53 315
Patient Day Equivalents - Total	528 524	549 665	571 652
OPD Headcount - Total	320 768	333 599	346 943
Average Length of Stay	4	3.8	3.6
Inpatient bed utilisation Rate	61%	65%	69%
Expenditure per patient day equivalent (PDE)	R2 175	R 2 300	R2 400
Percentage of complaints of users of District hospital Services resolved with 25 days	N/A	80	85
Percentage of District Hospitals with Monthly Mortality and Morbidity meetings	100	100	100

Performance indicators	2013-14	2014 - 15	2015 -16
HIV and AIDS, TB and STI control			
Total numencs (children and Adult) on ART	192 000	237 000	287 000
Male condom distribution rate	22.5	30	40
New smear positive PTB defaulter rate	6	5	5
TB new client treatment success rate	N/A	82%	84%
Percentage of HIV-TB co-infected patients placed on ART	63.6	76	87
HIV Testing Coverage	97.2	98	99
Immunization coverage under 1 year	90	92	94
Vitamin A coverage 12 - 59 months	41.9	55	60
Measles 1st dose under 1 year coverage	95	95	95
Pneumococcal Vaccine (PCV) 3rd Dose Coverage	95.5	95.5	95.5
Rota Virus (RV) 2nd Dose Coverage	1114.3	114.3	114.3
Cervical cancer screening coverage	62.5	70	72
Antenatal 1st visits before 20 weeks rate	49	60	65

Programme 3: Emergency Medical Services:

Programme description and objectives:

To establish and maintain well functioning emergency medical services throughout the province, it has two sub-programmes: viz. emergency transport and planned patient transport. The programme provides the basic services rendered by the department. The department has identified the need to continuously increase the EMRS fleet annually until numbers are in line with the norms and standards for rendering effective and efficient emergency and rescue medical services.

Sub-programmes:

Emergency Transport

Objectives:

- To provide an effective medical treatment to all the pre-hospital emergencies in North West province.
- To provide a prompt and appropriate response to all patients.
- To provide a high quality treatment of patients.

Planned Patient Transport:

Objectives:

- To have an appropriate fleet of vehicles, with standardized serviceable equipment fully replaced every three years.
- To train and motivate staff.
- To have appropriately designed EMS stations.
- To ensure that patients are delivered to an appropriate level of care.

Table 3.11: Summary of payments and estimates by sub-programme: Emergency Medical Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Emergency Transport	175 000	195 776	214 811	241 849	252 849	252 849	263 941	280 933	295 822
Planned Patient Transport	22 964	12 099	14 895	14 000	14 000	14 000	20 000	17 750	18 691
Total payments and estimates	197 964	207 875	229 706	255 849	266 849	266 849	283 941	298 683	314 513

Table 3.12: Summary of payments and estimates by economic classification: Emergency Medical Services

		Outcome		Main	Adjusted	Revised	Madiu	n-term estimates	
		Outcome		appropriation	appropriation	estimate	meului	ii-teriii estiiiates	
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	167 239	189 090	205 390	232 723	247 723	247 723	258 469	272 936	287 402
Compensation of employees	128 437	144 490	160 158	165 786	180 786	180 786	192 738	197 520	207 989
Goods and services	38 793	44 592	45 219	66 914	66 914	66 914	65 667	75 374	79 369
Interest and rent on land	9	8	13	23	23	23	64	42	44
Transfers and subsidies to:	374	323	141	542	542	542	790	1 829	1 926
Provinces and municipalities	1								••••••
Departmental agencies and accounts									
Higher education institutions									
Foreign governments and international organisations									
Public corporations and private enterprises									
Non-profit institutions									
Households	374	323	141	542	542	542	790	1 829	1 926
Payments for capital assets	30 351	18 462	24 175	22 584	18 584	18 584	24 682	23 918	25 186
Buildings and other fixed structures	910	•							
Machinery and equipment	29 441	18 462	24 175	22 584	18 584	18 584	24 682	23 918	25 186
Heritage Assets									
Specialised military assets									
Biological assets									
Land and sub-soil assets									
Software and other intangible assets									
Payments for financial assets	/								
Total economic classification	197 964	207 875	229 706	255 849	266 849	266 849	283 941	298 683	314 513

Sub-programme 1: Emergency transport is allocated 93 per cent (R263.9 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 11.9 per cent in 2011/12, 9.7 per cent in 2012/13 and 12.6 per cent in 2013/14. The growth slightly increases to 9.1 per cent in 2014/15 as well by 6.4 per cent and 5.3 per cent in the outer two years of the 2014 MTEF, respectively.

This sub-programme grew, nominally, by 11.4 per cent (6.1 per cent in real terms) between 2010/11 and 2013/14, the growth declined to 6.9 per cent (1.5 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 9.1 per cent (3.8 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 2: Planned patient transport is allocated 7 per cent (R20 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme

decreases by 47.3 per cent in 2011/12, increase by 23.1 per cent in 2012/13 and decline by6 per cent in 2013/14. The growth further increases in 2014/15 to 42.9 per cent and decrease by11.3 per cent and increase by 5.3 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme decline by 15.2 per cent (19.3 per cent in real terms) between 2010/11 and 2013/14, the growth increased to 10.1 per cent (4.5 per cent in real terms) between 2013/14 and 2016/17. However, overall the budget decreases by 3.4 per cent (8.1 per cent in real terms) over the seven year period of the 2014 MTEF.

Compensation of employees grows nominally by 8.9 per cent (3.7 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decreases to 7.9 per cent (2.4 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 8.4 per cent (3 per cent in real terms) over the seven period of the 2014 MTEF.

Goods and services decline nominally by 1.9 per cent in 2014/15 but increase nominally by 19.9 per cent (or by 14.2 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decreases to 5.9 per cent (0.5 per cent in real terms) between 2013/14 and 2016/17, or 12.7 per cent (7.1 per cent in real terms) over the seven period of the 2014 MTEF.

Transfers and subsidies increase nominally by 45.8 per cent in 2014/15. However, nominal growth is at 13.2 per cent (or 7.7 per cent in real terms) between 2010/11 and 2013/14.

The nominal growth increase to 52.6 per cent (44.8 per cent in real terms) between 2013/14 and 2016 /17 or by 31.4 per cent (or 24.9 per cent in real terms) over the seven period of the 2014 MTEF.

Payments for capital assets increase nominally by 9.3 per cent in 2014/15 but decline nominally by 9.4 per cent (or 13.7 per cent in real terms) between 2010/11 and 2013/14.

The nominal growth increased to 3.7 per cent (or decline by 1.6 per cent in real terms) between 2013/14 and 2016/17, or decline nominally by 3.1 per cent (or 7.9 per cent in real terms) over the seven period of the 2014 MTEF.

9.2.3 Service delivery measures

Performance indicators	2013-14	2014 -15	2015 -16
P1 calls with a response of time <15 minutes in an Urban area	68	69	70
P1 calls with a response of time <40 minutes in an Rural area	70	71	72
All calls with a response time with 60 minutes	83	83	83

Programme 4: Provincial Hospitals

Programme description and objectives:

To provide level 1 to level 3 with care services through provincial hospitals regarding both in and out patient care. General and psychiatric hospitals. The programme also provides Psychiatry as a specialized service. These services are costly as they require the appointment of a large number of specialists in medical services. Equipment associated with these services is expensive to purchase and to maintain

Objectives:

- Strengthening Batho-Pele principles.
- Implement and monitor the accreditation programme.
- Implementation of Patient Rights Charter.
- To review and implement the strategy on Clinical Risk management.
- Support the District Heath Services to deliver on their mandate.
- Strengthen hospital management and efficiency.
- Review and develop appropriate referral patterns.
- Implement prescripts of the Mental Health Care Act.

Table 3.13: Summary of payments and estimates by sub-programme: Provincial Hospital Services

	Outcome a			Main appropriation	Adjusted appropriation	Revised estimate	Mediu	m-term estimate	5
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Provincial Hospitals	1 121 920	1 306 216	1 484 084	1 570 733	1 648 869	1 678 869	1 633 826	1 841 766	1 950 937
2. Psy chiatric/ Mental Hospitals	242 976	271 710	304 644	330 799	348 523	348 523	369 961	399 646	430 825
Total payments and estimates	1 364 896	1 577 926	1 788 728	1 901 532	1 997 392	2 027 392		2 241 412	2 381 762

Table 3.14: Summary of payments and estimates by economic classification: Provincial Hospital Services

		Outcome		Main	Adjusted	Revised	Mediu	m-term estimates	5
R thousand	2010/11	2011/12	2012/13	appropriation	appropriation 2013/14	estimate	2014/15	2015/16	2016/17
Current payments	1 341 302	1 551 838	1 761 985		1 973 128	2 003 128	1 977 874	2 213 767	2 353 407
Compensation of employees	959 316	1 097 881	1 291 652	1 317 211	1 438 211	1 438 211	1 434 674	1 626 459	1 735 054
Goods and services	381 986	453 914	470 306	557 363	534 830	564 830	543 099	587 211	618 251
Interest and rent on land		43	27	87	87	87	101	97	102
Transfers and subsidies to:	1 940	3 913	8 782	2 852	7 720	7 720	6 004	4 203	4 426
Provinces and municipalities				***************************************	160	160		•••••	••••••
Departmental agencies and accounts									
Higher education institutions									
Foreign governments and international organisations									
Public corporations and private enterprises									
Non-profit institutions									
Households	1 940	3 913	8 782	2 852	7 560	7 560	6 004	4 203	4 426
Payments for capital assets	21 654	22 175	17 961	24 019	16 544	16 544	19 909	23 442	23 929
Buildings and other fixed structures				•••••	•••••	:	***************************************		
Machinery and equipment	21 654	22 175	17 961	24 019	16 544	16 544	19 909	23 442	23 929
Heritage Assets									
Specialised military assets									
Biological assets									
Land and sub-soil assets									
Software and other intangible assets									
Payments for financial assets	\								
Total economic classification	1 364 896	1 577 926	1 788 728	1 901 532	1 997 392	2 027 392	2 003 787	2 241 412	2 381 762

Sub-programme 1: Provincial hospitals, is allocated 81.5 per cent (R1.633 billion) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 16.4 per cent in 2011/12, 13.6 per cent in 2012/13 and 5.8 per cent in 2013/14. The growth slightly drops to 4 per cent in 2014/15 and increased to 12.7 per cent and 5.9 per cent in the outer two years of the 2014 MTEF, respectively.

This sub-programme grew, nominally, by 11.9 per cent (6.56 per cent in real terms) between 2010/11 and 2013/14, the growth declined to 7.5 per cent (2 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 9.7 per cent (4.2 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 2: Community based services, is allocated 18.5 per cent (R369.9 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 11.8 per cent in 2011/12, 12.1 per cent in 2012/13 and 8.6 per cent in 2013/14. The growth increased in 2014/15 to 11.8 per cent and decrease to 8 per cent and 7.8 per cent in the outer two years of the 2014 MTEF respectively. The decline in budget in 2012/13 is due to movement of budget to other sub-programmes for correct classification of personnel.

This sub-programme increase by 10.8 per cent (5.5 per cent in real terms) between 2010/11 and 2013/14, the growth decreased to 9.2 per cent (3.6 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 10 per cent (4.6 per cent in real terms) over the seven year period of the 2014 MTEF.

Compensation of employees grows nominally by 11.1 per cent (5.8 per cent in real terms) between 2010/11 and 2013/14. The growth decline to 9.6 per cent (4 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 10.4 per cent (4.9 per cent in real terms) over the seven period of the 2014 MTEF.

Goods and services decline nominally by 2.6 per cent in 2014/15 but increase nominally by 13.4 per cent (8 per cent in real terms) between 2010/11 and 2013/14. The growth decline to 3.5 per cent (decline by 1.8 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 8.4 per cent (3 per cent in real terms) over the seven period of the 2014 MTEF.

Transfers and subsidies decline nominally by 97.3 per cent in 2014/15. However, nominal growth is at 10.4 per cent (or 5.1 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decline by 52.5 per cent (55 per cent in real terms) between 2013/14 and 2016/17, or decline nominally by 27.6 per cent (or 31.2 per cent in real terms) over the seven period of the 2014 MTEF.

Payments for capital assets increase nominally by 110.5 per cent in 2014/15 but decline nominally by 3.5 per cent (or decline by 1.4 per cent in real terms) between 2010/11 and 2013/14.

The budget nominally decline by 0.1 per cent (5.2 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 1.7 per cent (or decreased by 3.3 per cent in real terms) over the seven period of the 2014 MTEF.

9.2.4 Service delivery measures

Performance indicators	2013-14	2014 - 15	2015 -16
Caesarean section rate	42%	40%	40%
Separations - Total	37 403	37 961	38 531
Patient Day Equivalents - Total	273 734	281 936	290 393
OPD Headcount - Total	154 577	155 140	155 698
Average Length of Stay	6.1	6	6
Bed Utilisation Rate	85%	75%	75%
Expenditure per patient day equivalent (PDE)	2 300	2 650	2 750
Percentage of complaints of users of Regional Hospital Services resolved within			
25 days	100%	100%	100%

Programme 5: Central Hospital Services

Programme description and objectives:

Provincial hospital tertiary services.

The purpose of the programme is to provide advanced secondary and tertiary care service as well as training and research work for health care professionals including to serve as specialist referral centres for district hospitals and neighbouring provinces. The programme has one sub-programme namely, Provincial Hospital Tertiary Services.

Objectives:

- Improve access to tertiary health care services.
- Ensure equity in the delivery of health services
- Establish Partnerships with other stakeholders

Table 3.15: Summary of payments and estimates by sub-programme: Central Hospital Services

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17	
Provincial Hospital Tertiary Services	179 279	194 280	192 812	224 470	243 385	243 385	237 264	248 178	259 593	
Total payments and estimates	179 279	194 280	192 812	224 470	243 385	243 385	237 264	248 178	259 593	

Table 3.16: Summary of payments and estimates by economic classification: Central Hospital Services

		Outcome		Main	Adjusted	Revised	Medium	-term estimates	
				appropriation	appropriation	estimate			
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	159 278	181 025	180 564	206 199	209 425	209 425	218 662	216 656	228 139
Compensation of employ ees	81 174	95 597	99 548	110 767	110 767	110 767	117 380	118 409	124 685
Goods and services	78 104	85 428	81 016	95 432	98 658	98 658	101 282	98 247	103 454
Interest and rent on land									
Transfers and subsidies to:	12	253	134	1 111	***************************************	······	464	235	247
Provinces and municipalities		~~~~~~			***************************************				
Departmental agencies and accounts						į			
Higher education institutions									
Foreign governments and international organisations						•			
Public corporations and private enterprises						•			
Non-profit institutions						•			
Households	12	253	134	1 111		-	464	235	247
Payments for capital assets	19 989	13 002	12 114	17 160	33 960	33 960	18 138	31 287	31 207
Buildings and other fixed structures									
Machinery and equipment	19 989	13 002	12 114	17 160	33 960	33 960	18 138	31 287	31 207
Heritage Assets									
Specialised military assets						•			
Biological assets						•			
Land and sub-soil assets						•			
Software and other intangible assets									
Payments for financial assets	·····				•···•	············			•••••
Total economic classification	179 279	194 280	192 812	224 470	243 385	243 385	237 264	248 178	259 593

Sub-programme 1: Provincial hospital tertiary services, is the only sub-programme and wholly funded by the conditional grant. This sub-programme is allocated R237.2 million in 2014/15. The sub-programme increases by 8.4 per cent in 2011/12, decrease by 0.8 per cent in 2012/13 and increase by 16.4 per cent in 2013/14. The growth slightly decreases to 5.7 per cent in 2014/15 as well to 4.6 per cent and 4.6 per cent in the outer two years of the 2014 MTEF, respectively.

This sub-programme grew, nominally, by 7.8 per cent (2.6 per cent in real terms) between 2010/11 and 2013/14, the growth declined to 5 per cent (decrease by 0.4 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 6.4 per cent (1.1 per cent in real terms) over the seven year period of the 2014 MTEF.

Compensation of employees grows nominally by 10.9 per cent (5.6 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decreases to 4 per cent (decline by 1.3 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 7.4 per cent (2.1 per cent in real terms) over the seven period of the 2014 MTEF.

Goods and services grows nominally by 6.1 per cent in 2014/15 and increase nominally by 6.9 per cent (or by 1.8 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decreases to 2.7 per cent (or decline by 2.5 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 4.8 per cent (or decline by 0.4 per cent in real terms) over the seven period of the 2014 MTEF.

Transfers and subsidies decline nominally by 58.2 per cent in 2014/15. However, nominal growth is at 352.4 per cent (or 330.7 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decline by 39.4 per cent (42.5 per cent in real terms) between 2013/14 and 2016/17, or decline nominally by 65.6 per cent (or 57.4 per cent in real terms) over the seven period of the 2014 MTEF.

Payments for capital assets increase nominally by 5.7 per cent in 2014/15 but decline nominally by5 per cent (or 9.5 per cent in real terms) between 2010/11 and 2013/14. The nominal growth increased to 22.1 per cent (or 15.8 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 7.7 per cent (or decreased by 2.4 per cent in real terms) over the seven period of the 2014 MTEF.

Programme 6: Health Sciences and Training.

Programme description and description:

The purpose of the programme is to provide education and training opportunities for health care personnel as well as bursaries for individuals with disadvantaged background and provide research funds to enhance research capacity as well as addressing key issues of human resource management as requested by the National Department of Health.

Sub-programmes:

Nurses Training Colleges:

Objectives:

- To ensure improved representation of disadvantaged demographic groups and Students of rural origin in nursing college intake.
- To ensure proportion of mid-level training programmes.
- To provide comprehensive community nursing and psychiatric nursing training.
- To provide excellent post basic training.

EMS Training Colleges:

Objectives:

- To establish a well functioning provincial EMS College.
- To ensure EMS college develops capacity and attains registration to provide AEA courses

Primary Health Care Training:

Objectives:

Train nurses in PHC nursing and basic programmes which incorporate CBE, PBL, & RPL approaches.

Training Other:

Objectives:

- To provide learning opportunities through the following programmes: ABET; Learnership and Internship.
- Provide relevant and targeted training programs to enhance performance of all staff.
- To establish provincial training policy.
- Provide bursary opportunities to staff and medical students within the context that bursaries in the province are decentralized from the Premieros Office.

Table 3.17: Summary of payments and estimates by sub-programme: Health Science And Training

		Outcome			Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Nurses Training Colleges	154 572	159 897	155 147	201 762	173 911	173 911	194 382	203 748	214 547
2. Ems Training College	23 655	22 065	17 691	29 991	24 504	24 504	26 792	33 381	35 150
3. Primary Health Care Training	13 023	13 042	10 167	14 849	13 958	13 958	15 740	16 527	17 403
4. Training Other	23 206	31 548	59 105	56 712	93 876	93 876	84 864	96 213	135 932
Total payments and estimates	214 456	226 552	242 110	303 314	306 249	306 249	321 778	349 869	403 032

Table 3.18: Summary of payments and estimates by economic classification: Health Science And Training

		Outcome		Main	Adjusted	Revised	Mediu	n-term estimates	es
		Outoome		appropriation	appropriation	estimate	incuru	ii toriii cotiiiiateo	
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	202 783	213 324	213 434	270 349	214 136	214 136	253 660	271 305	285 684
Compensation of employees	146 356	138 414	121 944	162 186	143 556	143 556	175 029	185 194	195 009
Goods and services	56 427	74 375	91 479	108 151	70 568	70 568	78 617	86 096	90 659
Interest and rent on land		535	11	12	12	12	14	15	16
Transfers and subsidies to:	8 935	11 042	27 502	29 524	90 492	90 492	64 471	74 734	113 315
Provinces and municipalifies									
Departmental agencies and accounts									
Higher education institutions									
Foreign governments and international organisations									
Public corporations and private enterprises									
Non-profit institutions									
Households	8 935	11 042	27 502	29 524	90 492	90 492	64 471	74 734	113 315
Payments for capital assets	2 738	2 186	1 174	3 441	1 621	1 621	3 647	3 830	4 033
Buildings and other fixed structures		~~~~		, :	~~~~~				
Machinery and equipment	2 738	2 186	1 174	3 441	1 621	1 621	3 647	3 830	4 033
Heritage Assets									
Specialised military assets									
Biological assets									
Land and sub-soil assets									
Software and other intangible assets									
Payments for financial assets	***************************************		••••••				••••••		
Total economic classification	214 456	226 552	242 110	303 314	306 249	306 249	321 778	349 869	403 032

Sub-programme 1: Nurses training colleges, is allocated 60.4 per cent (R194.4 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 3.4 per cent in 2011/12, decline by 3 per cent in 2012/13 and increase by 30 per cent in 2013/14. The growth declined by 3.7 per cent in 2014/15 but increased by 4.8 per cent and 5.3 per cent in the outer two years of the 2014 MTEF, respectively.

This sub-programme grew, nominally, by 9.3 per cent (4.1 per cent in real terms) between 2010/11 and 2013/14, the growth declined to 2.1 per cent (declined by 3.1 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 5.6 per cent (0.4 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 2: EMS training colleges is allocated 8.3 per cent (R26.8 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period.

The sub-programme decreases by 6.7 per cent in 2011/12, decline by 19.8 per cent in 2012/13 and increases by 69.5 per cent in 2013/14. The growth decline in 2014/15 by 10.7 per cent and increase to 24.6 per cent and increase by 5.3 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme increase by 8.2 per cent (3 per cent in real terms) between 2010/11 and 2013/14, the growth increased by 5.4 per cent (0.1 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 6.8 per cent (1.5 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 3: Primary health care training is allocated 4.9 per cent (R15.7 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 0.1 per cent in 2011/12, further decline by 22 per cent in 2012/13 and increase by 46.1 per cent in 2013/14. The growth increases in 2014/15 to 6 per cent, 5 per cent and 5.3 per cent over the 2014 MTEF respectively.

This sub-programme grew by 4.5 per cent (3decline by 0.5 per cent in real terms) between 2010/11 and 2013/14, by 5.4 per cent (0.1 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 5 per cent (decline by 0.2 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 4: Training other is allocated 26.4 per cent (R84.9 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 35.9 per cent in 2011/12, 87.3 per cent in 2012/13 and decline by 4 per cent in 2013/14. The

budget increase in 2014/15 by 49.6 per cent and increase by 13.4 per cent and 41.3 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme grew by 34.7 per cent (28.2 per cent in real terms) between 2010/11 and 2013/14, 33.8 per cent (27 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 34.3 per cent (27.6 per cent in real terms) over the seven year period of the 2014 MTEF.

Compensation of employees grows nominally by 3.5 per cent (decline by 1.5 per cent in real terms) between 2010/11 and 2013/14. The nominal growth increases to 6.3 per cent (0.9 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 4.9 per cent (decline by 0.3 per cent in real terms) over the seven period of the 2014 MTEF.

Goods and services decline nominally by 27.3 per cent in 2014/15 but increase nominally by 24.2 per cent (18.3 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decreases downward to 5.7 per cent (10.5 per cent in real terms) between 2013/14 and 2016/17, or grows nominally by 8.2 per cent (2.9 per cent in real terms) over the seven period of the 2014 MTEF.

Transfers and subsidies decline nominally by 118.4 per cent in 2014/15. However, nominal growth is at 48.9 per cent (or 41.8 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decline by 56.6 per cent (48.6 per cent in real terms) between 2013/14 and 2016/17, or decline nominally by 52.7 per cent (or 45.2 per cent in real terms) over the seven period of the 2014 MTEF.

Payments for capital assets increase nominally by 6 per cent in 2014/15 but increase nominally by 7.9 per cent (or 2.7 per cent in real terms) between 2010/11 and 2013/14. The nominal growth is 5.4 per cent (or 0.1 per cent in real terms) between 2013/14 and 2016/17, or 6.7 per cent (or decreased by 1.4 per cent in real terms) over the seven period of the 2014 MTEF.

Programme 7: Health Care Support Services.

Programme description and objectives:

This programme consists of laundry, engineering, transport, forensic, orthotic and prosthetic as well as pharmaceutical services. The Medicine Trading Account is subject to pressures such as the foreign exchange rate on the cost of medicines, high inflation and the increasing demand at clinics and hospitals.

Sub-programmes and objectives:

Laundry services

Objectives

- Provide effective access to laundry services in each district.
- Perform option appraisal regarding alternative forms of service delivery versus internal provision of laundry services

Engineering services

Objectives

- Plan, facilitate, manage, procurement and disposal of health technology.
- Implement effective HT capacity building programme.
- Implement Essential Health Technology package (EHTP).

Orthotic and Prosthetic services

Objectives

- To ensure accessibility of orthopaedic and prosthetic services to disabled persons.
- To decrease backlog of orthopaedic and prosthetic appliances

Pharmaceutical services

Objectives

- Promote the use of standard treatment protocols.
- Improve essential drugs availability.
- Develop standardised code list.

- Ensure upgrading of hospital pharmacies.
- Recruitment and training of personnel including training of pharmacy support personnel
- Financial and risk management training for pharmacy managers

Table 3.19: Summary of payments and estimates by sub-programme: Health Care Support Services

		Outcome			Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
1. Engineering	34 676	69 838	53 053	51 690	58 869	58 869	77 970	84 258	88 724
2. Provincial Laundry Services	19 257	21 293	25 255	41 834	34 154	34 154	23 255	27 141	28 579
3. Orthotic And Prothetic Services	4 724	7 219	7 337	13 013	10 692	10 692	9 881	14 261	15 017
4. Medicine Trading Account	22 229	28 817	20 819	22 332	24 422	24 422	30 765	24 856	26 173
Total payments and estimates	80 886	127 167	106 464	128 869	128 137	128 137	141 871	150 516	158 493

Table 3.20: Summary of payments and estimates by economic classification: Health Care Support Services

		Outcome		Main	Adjusted	Revised	Madiun	n-term estimates	
		Outcome		appropriation	appropriation	estimate	meulun	i-teriii estiiiates	
R thousand	2010/11	2011/12	2012/13		2013/14	į	2014/15	2015/16	2016/17
Current payments	77 353	110 695	91 514	107 327	109 397	109 397	113 384	131 103	138 051
Compensation of employees	28 449	41 165	40 532	51 909	44 909	44 909	48 815	51 552	54 284
Goods and services	48 904	69 528	50 981	55 417	64 469	64 469	64 568	79 550	83 766
Interest and rent on land		2	1	1	19	19	1	1	1
Transfers and subsidies to:	14	29	152	120	120	120	126	134	141
Provinces and municipalities		••••••				·······		• • • • • • • • • • • • • • • • • • • •	
Departmental agencies and accounts						į			
Higher education institutions						!			
Foreign governments and international organisations						i			
Public corporations and private enterprises									
Non-profit institutions						;			
Households	14	29	152	120	120	120	126	134	141
Payments for capital assets	3 519	16 443	14 798	21 422	18 620	18 620	28 361	19 279	20 301
Buildings and other fixed structures	{								
Machinery and equipment	3 519	16 443	14 798	21 422	18 620	18 620	28 361	19 279	20 301
Heritage Assets						į			
Specialised military assets									
Biological assets						;			
Land and sub-soil assets						i			
Software and other intangible assets						į			
Payments for financial assets	·								
Total economic classification	80 886	127 167	106 464	128 869	128 137	128 137	141 871	150 516	158 493

Sub-programme 1: Engineering is allocated 55 per cent (R78 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 101.4 per cent in 2011/12, decline by 24 per cent in 2012/13 and decline by 2.6 per cent in 2013/14. The growth increase to 50.8 per cent in 2014/15, 5.4 per cent and 5.3 per cent in the outer two years of the 2014 MTEF, respectively.

This sub-programme grew, nominally, by 14.2 per cent (8.8 per cent in real terms) between 2010/11 and 2013/14, the growth declined to 19.7 per cent (13.6 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 17 per cent (11.2 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 2: Provincial laundry services, is allocated 16.4 per cent (R23.2 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 10.6 per cent in 2011/12, 18.6 per cent in 2012/13 and 65.6 per cent in 2013/14. The budget decline in 2014/15 by 44.4 per cent and increase by 16.7 per cent and 5.3 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme decline by 29.5 per cent (23.3 per cent in real terms) between 2010/11 and 2013/14, the growth decreased by 11.9 per cent (16.4 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 6.8 per cent (1.5 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 3: Orthotic and prosthetic services are allocated 7 per cent (R9.9 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 52.8 per cent in 2011/12, further increase by 1.6 per cent in 2012/13 and 77.4 per cent in 2013/14. The growth decreases in 2014/15 by 24.1 per cent, increased by 44.3 per cent and 5.3 over the 2014 MTEF respectively.

This sub-programme grew by 40.2 per cent (33.5 per cent in real terms) between 2010/11 and 2013/14, by 4.9 per cent (decline by 0.5 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 21.3 per cent (15.3 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 4: Medical trading account is allocated 21.7 per cent (R30.8 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 29.6 per cent in 2011/12, decline by 27.8 per cent in 2012/13 and

increases by 7.3 per cent in 2013/14. The budget increased by 37.8 in 2014/15, declined by 19.2 and grows by 5.3 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme grew by 0.2 per cent (decline by 4.9 per cent in real terms) between 2010/11 and 2013/14, the budget increased by 5.4 per cent (0.1 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 2.8 per cent (decline by 2.3 per cent in real terms) over the seven year period of the 2014 MTEF.

Compensation of employees grows nominally by 22.2 per cent (16.3 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decreases to 1.5 per cent (decline by 3.7 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 11.4 per cent (5.9 per cent in real terms) over the seven period of the 2014 MTEF.

Goods and services grows nominally by 16.9 per cent in 2014/15 and increase nominally by 4.3 per cent (or decline by 0.7 per cent in real terms) between 2010/11 and 2013/14. The nominal growth increases to 14.8 per cent (8.9 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 9.4 per cent (4 per cent in real terms) over the seven period of the 2014 MTEF.

Transfers and subsidies increase nominally by 5 per cent in 2014/15. However, nominal growth is at 104.7 per cent (or 94.9 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decline by 5.5 per cent (0.2 per cent in real terms) between 2013/14 and 2016/17, or by 47 per cent (or 39.7 per cent in real terms) over the seven period of the 2014 MTEF.

Payments for capital assets increase nominally by 32.4 per cent in 2014/15 but decline nominally by 82.6 per cent (or 73.8 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decreased by 1.8 per cent (or 6.8 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 33.9 per cent (or 27.3 per cent in real terms) over the seven period of the 2014 MTEF.

9.2.7 Service delivery measures

Strategic objective	Performance indicator	Strategic	Medi	ium term targe	ts
		Plan target	2014 /15	2015/16	2016/17
Improve access to essential medical supplies	Percentage availability of essential medical supplies	97%	96%	96%	97%
Improve Transport Management Systems	Number Of Red Fleet Vehicles procured	300	60	60	60
Improve quality of life of persons with disabilities.*	Number of wheelchairs issued	4000	700	750	800
Improves the availability and utilization of medical equipment	Number of facilities adhering to medical equipment maintenance plans	43	43	43	43
Strengthen Health Information systems	Proportion of health facilities connected to the internet	50%	21	27	35

Programme 8: Health Facilities Management

Programme description and objectives:

The purpose of this programme is to plan and provide Health facilities, plan services in terms of determining the level and packages of services that facilities will provide, maintain health facilities, upgrade and

rehabilitate community health centres and clinics. It is also responsible for revitalization of community, district, regional and specialized hospitals and other health related facilities, providing equipment and furniture for new facilities.

Sub-programmes and objectives:

Community Health Facilities:

Objectives:

- Develop monitoring and evaluation capacity in-terms of facilities management.
- Facilities Maintenance Audit.
- Plan and manage projects under construction.

District Hospital Services:

Objectives:

- Develop monitoring and evaluation capacity in-terms of facilities management.
- Plan and manage projects under construction.

Other Facilities:

Objectives:

- Develop monitoring and evaluation capacity in-terms of facilities management.
- Plan and manage projects under construction

Health Maintenance:

Objectives:

Plan and manage all health maintenance projects.

Table 3.21: Summary of payments and estimates by sub-programme: Health Facilities And Maintenance

	Outcome ap			Main appropriation	Adjusted appropriation	Revised estimate	Medium-te		
R thousand	2010/11	2011/12	2012/13		2013/14	Colimate	2014/15	2015/16	2016/17
Community Health Facilities	62 599	3 435	17 478	30 260	430 858	430 858	16 490		
2. District Hospital Services	326 165	362 405	392 616	428 258	397 060	397 060	486 121	558 721	
3. Other Facilities	60 301	136 695	121 622	78 461	133 763	133 763	31 797	41 071	33 799
4. Health Maintenance	50 980	36 877	43 557	73 243	53 243	53 243	100 000	95 399	66 499
Total payments and estimates	500 045	539 412	575 273	610 222	1 014 924	1 014 924	634 408	695 191	100 298

Table 3.22: Summary of payments and estimates by economic classification: Health Facilities And Maintenance

·		Outcome		Main	Adjusted	Revised	Media	n-term estimates	
		Outcome		appropriation	appropriation	estimate	weatun	1-term estimates	
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/1
Current payments	88 422	62 694	80 403	118 207	93 607	93 607	147 064	145 445	66 49
Compensation of employ ees	14 265	5 631	21 455	23 251	19 251	19 251	24 646	25 879	
Goods and services	74 156	55 958	58 948	93 785	73 185	73 185	121 177	118 263	66 499
Interest and rent on land	1	1 105		1 171	1 171	1 171	1 241	1 303	
Transfers and subsidies to:	***************************************					:			
Provinces and municipalities		•••••			***************************************			***************************************	
Departmental agencies and accounts									
Higher education institutions									
Foreign governments and international organisations									
Public corporations and private enterprises									
Non-profit institutions									
Households									
Payments for capital assets	411 623	476 718	487 879	492 015	921 317	921 317	487 344	549 746	33 799
Buildings and other fixed structures	333 254	468 438	487 879	488 732	907 434	907 434	470 647	532 214	33 798
Machinery and equipment	78 369	8 280		3 283	13 883	13 883	16 697	17 532	1
Heritage Assets									
Specialised military assets									
Biological assets									
Land and sub-soil assets									
Software and other intangible assets									
Payments for financial assets	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				~~~~	······	~~~~~		**********
Total economic classification	500 045	539 412	568 282	610 222	1 014 924	1 014 924	634 408	695 191	100 298

Sub-programme 1: Community health facilities, is allocated 2.6 per cent (R16.5 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme decline by 94.5 per cent in 2011/12, upward by 408.8 per cent in 2012/13 and 73.1 per cent in 2013/14. The budget decrease by 45.5 per cent in 2014/15 and 100 per cent in the outer two years of the 2014 MTEF, respectively.

This sub-programme decline, nominally, by 21.5 per cent (25.3 per cent in real terms) between 2010/11 and 2013/14, 100 per cent between 2013/14 and 2016/17 and over the seven year period of the 2014 MTEF.

Sub-programme 2: District hospital services, is allocated 76.6 per cent (R486.1 million) of the total budget of the programme in 2014/15, which is wholly a conditional grant. The sub-programme increases by 11.1 per cent in 2011/12, 8.3 per cent in 2012/13 and 9.1 per cent in 2013/14. The growth increased to 13.5 in 2014/15, and 14.9 per cent and reduced by 100 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme decline by 9.5 per cent (4.3 per cent in real terms) between 2010/11 and 2013/14, the growth decreased by 99.2 per cent (and in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 90.7 per cent (decline by 91.1 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 3: Other facilities, is allocated 5 per cent (R31.8 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme increases by 126.7 per cent in 2011/12, decline by 11 per cent in 2012/13 and 35.5 per cent in 2013/14. The budget continued to decline in 2014/15 by 59.5 per cent, but increase by 29.2 per cent and decline by 17.7 over the 2014 MTEF respectively.

This sub-programme grew by 9.2 per cent (3.9 per cent in real terms) between 2010/11 and 2013/14, decline by 24.5 per cent (28.3 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 4.5 per cent (decline by 0.6 per cent in real terms) over the seven year period of the 2014 MTEF.

Sub-programme 4: Other community services, is allocated 15.8 per cent (R100 million) of the total budget of the programme in 2014/15 and the percentage share is consistent over the MTEF period. The sub-programme decline by 27.7 per cent in 2011/12, increase by 18.1 per cent in 2012/13 and 68.2 per cent in

2013/14. The budget continues to increase in 2014/15 by 36.5 per cent but decline by 4.6 per cent and 30.3 per cent in the outer two years of the 2014 MTEF respectively.

This sub-programme grew by 12.8 per cent (7.4 per cent in real terms) between 2010/11 and 2013/14, the budget decreased by 3.2 per cent (8.1 per cent in real terms) between 2013/14 and 2016/17. However, on overall the budget grows by 4.5 per cent (decline by 0.6 per cent in real terms) over the seven year period of the 2014 MTEF.

Compensation of employees grows nominally by 17.7 per cent (12 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decreases to 5.4 per cent (0.1 per cent in real terms) between 2013/14 and 2016/17, or nominally by 11.4 per cent (5.9 per cent in real terms) over the seven period of the 2014 MTEF.

Goods and services grows nominally by 29.2 per cent in 2014/15 and increase nominally by 8.1 per cent (or by 3 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decline to 1.2 per cent (6.2 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by 3.4 per cent (decline by 1.7 per cent in real terms) over the seven period of the 2014 MTEF.

Transfers and subsidies has no expenditure and budget over the MTEF

Payments for capital assets decrease nominally by 0.9 per cent in 2014/15 but increase nominally by 6.1 per cent (or 1 per cent in real terms) between 2010/11 and 2013/14. The nominal growth decreased by 133.7 per cent (or 132 per cent in real terms) between 2013/14 and 2016/17, or increase nominally by zero per cent (and in real terms) over the seven period of the 2014 MT 9.2.8 Service delivery measures

Strategic objective	Performance indicator	Me	edium term targets	
		2014 /15	2015/16	2016/17
1.1 To improve health facility planning through implementation of Infrastructure norms and	1.1.1 Proportion of Infrastructure Projects awarded to service providers that specify the National norms and standards	11% 3/28	16% 3/19	18% 3/17
standards	Proportion of infrastructure budget allocated to maintenance	88m/621m 13%	96m/677m 14%	110/ 678m 16%
	Proportion of infrastructure budget spent on all maintenance (preventative and scheduled)	88m/621m 13%	96m/677m 14%	110/ 678m 16%
	Number of districts spending more than 90% of maintenance budget	4	4	4
Accelerate delivery on the Health Facilities Revitalization Programme (HFRP)	Number of projects designed	3	0	0
	Number of new Projects under construction	1	6	5
	Number of new projects completed	9	3	1
1.3 Ensure effective monitoring of infrastructure development and maintenance	Number of health facilities receiving maintenance (renovation)	30	30	40

9.3 Other programme information

Table 3.23: Personnel numbers and costs by programme

Personnel numbers	As at						
reisonner numbers	31 March 2011	31 March 2012	31 March 2013	31 March 2014	31 March 2015	31 March 2016	31 March 2017
1. Administration	927	614	507	530	555	575	595
2. District Health Services	11 100	11 752	11 867	19 985	20 128	21 647	22 348
3. Emergency Medical Services	896	1 028	1 117	966	1 024	1 049	1 076
4. Provincial Hospital Services	6 326	6 742	6 684	6 629	6 555	7 030	7 261
5. Central Hospital Services	369	427	383	327	348	361	374
6. Health Science And Training	1 445	1 299	1 256	1 968	1 999	2 038	2 271
7. Health Care Support Services	232	303	339	273	261	306	317
8. Health Facilities And Maintenance	16	30	25	46	49	52	54
Total provincial personnel numbers	21 311	22 195	22 178	30 724	30 920	33 057	34 297
Total provincial personnel cost (R thousand)	3 269 304	3 788 632	4 129 319	4 847 433	5 103 515	5 299 058	5 619 069
Unit cost (R thousand)	153	171	186	158	165	160	164

^{1.} Full-time equivalent

Table 3.24: Summary of departmental personnel numbers and costs by component

		Outcome		Main appropriation	Adjusted	Revised estimate	Mediu	m-term estimate	s
	2010/11	2011/12	2012/13	,	арргорпации	estillate	2014/15		2016/17
Total for province									
Personnel numbers (head count)	21 311	22 195	22 178	30 724	30 724	30 724	30 920	33 057	34 297
Personnel cost (R thousands)	3 269 304	3 788 632	4 129 319	4 405 847	4 847 433	4 847 433	5 103 515	5 299 058	5 619 069
Human resources component									
Personnel numbers (head count)	278	291	275	272	272	272	286	300	315
Personnel cost (R thousands)	47 724	57 956	58 075	68 463	68 463	68 463	71 886	75 480	79 254
Head count as % of total for department									
Personnel cost as % of total for department									
Finance component									
Personnel numbers (head count)	324	358	391	377	377	377	396	416	436
Personnel cost (R thousands)	47 866	67 550	76 539	88 642	88 642	88 642	93 074	97 728	102 614
Head count as % of total for department									
Personnel cost as % of total for department									
Full time workers									
Personnel numbers (head count)	17 480	17 899	18 410	17 931	17 931	17 931	18 828	19 769	20 757
Personnel cost (R thousands)	2 987 995	3 448 176	3 742 419	4 222 320	4 222 320	4 222 320	4 433 436	4 655 108	4 887 863
Head count as % of total for department	1	1	1	1	1	1	1	1	1
Personnel cost as % of total for department	1	1	1	1	1	1	1	1	1
Part-time workers									
Personnel numbers (head count)	912	659	959	9 337	9 337	9 337	9 804	10 294	10 809
Personnel cost (R thousands)	88 564	87 243	100 854	283 116	283 116	283 116	297 272	312 136	327 743
Head count as % of total for department									
Personnel cost as % of total for department									
Contract workers									
Personnel numbers (head count)	736	890	904	715	715	715	751	788	828
Personnel cost (R thousands)	188 472	233 609	254 637	333 435	333 435	333 435	350 107	367 612	385 993
Head count as % of total for department									
Personnel cost as % of total for department									

The increase in personnel numbers from 2012/13 to 2013/14 was due to the appointment of the Community Health Workers and Counselors whom was previously paid by NGOs. The increase for 2014/15 is minimal due to the carry through effects of upgrading of posts of various categories of clerks, drivers, etc. The department is also intending to open a number of new facilities and wards in the 2014/15 financial year which also require additional personnel.

Table 3.25: Payments on training by programme

		Outcome		Main	Adjusted	Revised	Mediur	m-term estimates	
				appropriation	appropriation	estimate			
R thousand	2010/11	2011/12	2012/13	2013/14			2014/15		2016/1
1. Administration	,						{		
Subsistence and travel	:			}			{		
Payments on tuition	•								
Other				} 			{		
2. District Health Services							<u> </u>		~~~~
Subsistence and travel	•			}					
Payments on tuition	1			}					
Other	[}					
3. Emergency Medical Services	,			{			}		
Subsistence and travel	;			}					
Payments on tuition	•			{					
Other	•						}		
4. Provincial Hospital Services	***************************************			{			}		
Subsistence and travel							}		
Payments on tuition	1			}			}		
Other	1			}					
5. Central Hospital Services			•••••	}		• • • • • • • • • • • • • • • • • • • •	{		
Subsistence and travel			~~~~~	}		~~~~~	{		~~~~~
Payments on tuition	1			}					
Other	•			}					
6. Health Science And Training	4 267	3 722	12 512	13 200	13 200	13 200	13 992	14 692	15 42
Subsistence and travel							·		
Payments on tuition	4 267	3 722	12 512	13 200	13 200	13 200	13 992	14 692	15 427
Other	1			}			1		
7. Health Care Support Services	<u></u>						ļ		
Subsistence and travel	·····			}	•••••	• • • • • • • • • • • • • • • • • • • •	}		•••••
Payments on tuition	•			}			1		
Other	•						}		
8. Health Facilities And Maintenance	i			}			}		
Subsistence and travel				}			}		
Payments on tuition	:			}					
Other	1			}					
Urner	<u>:</u>			} 			} }		
Total payments on training	4 267	3 722	12 512	13 200	13 200	13 200	13 992	14 692	15 427

Table 3.26: Information on training: Health

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medi	Medium-term estimates	
R thousand	2010/1	1 2011/12	2012/13	,		estillate	2014/15		2016/17
Number of staff	21 31	1 22 195	22 178	30 724	30 724	30 724	30 920	33 057	34 297
Number of personnel trained		293	4 473	4 473	4 473	7 000	7 000	8 000	9 000
of which									
Male		119	1 316	1 316	1 316	3 000	3 000	3 500	4 000
Female		174	3 157	3 157	3 157	4 000	4 000	4 500	5 000
Number of training opportunities	4	ô 42	70	241	241	241	241	241	270
of which									
Tertiary			10	35	35	35	35	35	40
Workshops		8	55	181	181	181	181	181	200
Seminars	4	34	5	25	25	25	25	25	30
Other				}		{			
Number of bursaries offered			97	97	97	97	97	97	100
Number of interns appointed			393	393	393	393	400	400	400
Number of learnerships appointed	6	7 20	128	128	128	128	100	100	100
Number of days spent on training				}		}			

The department has over the past three years embarked on a training program in collaboration with PALAMA to capacitate managers at different levels of responsibility, to this end the following programmes were offered to staff viz. Emerging Management Development Program (EMDP), Advance Management Development Program (AMDP) and Executive Development Program (EDP). There has been tremendous progress in performance as a result of interventions made by the trainings offered and the department will continue in 2014/15 to address the backlog in training.

The department also offered training to operational staff to improve their skills and administrative functions were identified .i.e. SCM/Finance. An improvement among the officers that have participated in the said training has been registered. There is efficiency in SCM Directorate as well as in the Financial Management and the department will continue in 2014/15 to address the backlog in training.

The following are other methods that the department will continue implementing as part of the drive to develop the work force.

- Workshops: They improve or upgrade employeesqknowledge and suggest new approaches to tackling day to day activities. They have a share in the success of the functioning of the department.
- Seminars: Help in the upgrading of knowledge of employees and enlightens the new employees on development and approaches in the various fields of their work.
- Learnerships: This program upgrades the skills of employees and brings about effectiveness and
 efficiency. Also contributes in reducing youth unemployment and capacitated them to enter the world of
 work.
- Internships: Also contributes to the rate of graduates who find themselves unemployed, by giving them the necessary experience which enables them to find employment. We have had a high success rate in terms of employing interns in the Department.

Bursaries: Offers an opportunity to curb the scarce skills in the department by either awarding serving employees to improve their skills or unemployed youth who undertake programs that satisfied the scarcity of requisite skills in the Department. We also have a success rate with bursary programs in the Department. The department also gives bursaries for medical student who are studying locally as well as in Cuba and in 2014/15 180 students will be enrolled in Cuban programme.

ANNEXURE TO THE ESTIMATES OF PROVINCIAL REVENUE AND EXPENDITURE

Table B.1: Specification of receipts: Health

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates			
R thousand	2010/11	2011/12	2012/13	\$	2013/14		2014/15	2015/16	2016/17	
Tax receipts								***************************************		
Casino taxes	<u></u>									
Horse racing taxes										
Liquor licences										
Motor vehicle licences										
Sales of goods and services other than capital assets	44 610	43 748	56 729	58 000	58 000	58 000	65 578	68 857	72 300	
Sale of goods and services produced by department (excluding capital assets)	44 610	43 748	56 729	58 000	58 000	58 000	65 578	68 857	72 300	
Sales by market establishments	\$ 8 - 8 -							*************		
Administrativ e fees							2 000	2 000	2 106	
Other sales	44 610	43 748	56 729	58 000	58 000	58 000	63 578	66 857	70 194	
Of which										
Health patient fees	44 610	29 104	46 279	43 000	43 000	43 000	56 878	60 157	38 202	
Other (Specify)		2 906	1 045	3 000	3 000	3 000	500	500	3 686	
Other (Specify)		4 400	3 920	9 000	9 000	9 000	4 200	4 200	10 004	
Other (Specify)	{	7 338	5 485	3 000	3 000	3 000	2 000	2 000	4 212	
Sales of scrap, waste, arms and other used current goods (excluding capital assets										
Transfers received from:										
Other governmental units										
Higher education institutions										
Foreign governments										
International organisations										
Public corporations and private enterprises										
Households and non-profit institutions										
Fines, penalties and forfeits										
Interest, dividends and rent on land	{		•••••	{ }						
Interest		•••••			••••••					
Dividends										
Rent on land										
Sales of capital assets	§5								••••••	
Land and sub-soil assets							····			
Other capital assets										
Transactions in financial assets and liabilities	10 750	12 160		4 455	4 455	4 455				
Total departmental receipts	55 360	55 908	56 729	62 455	62 455	62 455	65 578	68 857	72 300	

Table B.2: Payments and estimates by economic classification: Health

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Mediu	m-term esti	mates
R thousand	2010/11		2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	5 040 873 3 269 304	5 619 707 3 788 632	6 235 998 4 129 319	6 829 365 4 405 847	7 182 558 4 847 433	7 232 558 4 847 433	7 460 498 5 103 515	8 015 771 5 299 058	8 573 940 5 619 069
Compensation of employees Salaries and wages	2 825 150	3 284 150	3 579 100	3 802 357	4 243 943	4 243 943	4 463 996	4 626 676	4 911 953
Social contributions	444 154	504 482	550 219	603 490	603 490	603 490	639 519	672 382	707 117
Goods and services	1 771 465	1 829 237	2 106 500	2 422 097	2 333 661	2 383 661	2 355 115	2 714 686	2 954 108
Administrative fees	3 690	5 824	4 270	7 044	7 044	7 044	6 832	7 203	7 276
Advertising	7 538	6 284	17 878	4 434	4 434	4 434	5 505	7 748	8 146
Assets less than the capitalisation threshold	31 839	14 098	17 975	29 924	38 334	38 334	31 141	34 866	33 122
Audit cost: External Bursaries: Employees	13 808		22 231	14 029	14 029	14 029	17 665	22 024	23 191
Catering: Departmental activities	7 401	8 319	14 519	9 101	9 101	9 101	10 662	10 818	11 029
Communication (G&S)	38 995	34 849	38 619	40 549	40 549	40 549	45 601	53 017	59 637
Computer services	17 183	35 472	21 746	16 909	26 051	26 051	35 369	55 783	58 795
Consultants and professional services: Business and advisory services	26 935	4 274	7 312	13 361	13 361	13 361	3 753	4 150	2 370
Consultants and professional services: Infrastructure and planning		21 259	103 920				•		
Consultants and professional services: Laboratory services	246 070	225 650	131 582	326 443	311 121	311 121	267 225	340 351	459 390
Consultants and professional services: Scientific and technological services	40.420	45.004	0.020	E 204	40.407	40 407	0.040	0.775	7.404
Consultants and professional services: Legal costs Contractors	12 430 94 907	15 961 116 688	8 832 46 683	5 391 109 494	10 197 112 720	10 197 165 963	9 046 91 230	6 775 89 964	7 134 91 270
Agency and support / outsourced services	154 256	134 319	136 490	191 271	191 237	191 237	188 517	216 992	220 893
Entertainment	132	12	150 450	182	182	182	100 317	210 332	220 030
Fleet services (including government motor transport)	2 419	184	307	1 001	1 001	1 001	52 972	52 196	62 773
Housing	:}								
Inventory: Clothing material and accessories	; }				3 027	3 027	8 253	14 751	12 000
Inventory: Farming supplies	:}						312	500	600
Inventory: Food and food supplies	20 898	22 099	17 837	23 235	23 235	23 235	17 101	26 821	28 230
Inventory: Fuel, oil and gas	12 584	12 846	12 743	14 564	14 564	14 564	15 822	18 707	19 698
Inventory: Learner and teacher support material	260	129	157	32	32	32	34	287	302
Inventory: Materials and supplies	15 813	14 725	13 280 221 364	17 465 325 359	17 465	17 465	17 942	32 125	33 762
Inventory: Medical supplies	136 926	195 454	535 591		305 646 540 057	305 646	270 722 550 607	277 114 640 613	291 185
Inventory: Medicine Medsas inventory interface	487 501	410 124	232 291	548 924	540 057	590 057	220 007	640 613	723 107
Inventory: Other supplies							8 172	4 431	4 666
Consumable supplies	65 779	63 489	74 993	59 481	56 631	56 631	66 797	76 523	83 815
Consumable: Stationery, printing and office supplies	35 551	34 659	48 232	46 267	46 267	46 267	50 201	56 114	58 891
Operating leases	68 533	76 787	87 307	127 937	111 127	111 127	89 009	107 486	108 021
Property payments	129 323	180 157	286 544	258 294	237 794	184 551	314 681	336 851	320 678
Transport provided: Departmental activity	4 694	6 971	8 824	6 556	6 606	6 606	7 893	8 682	9 142
Travel and subsistence	109 093	140 266	161 910	147 790	140 742	140 742	117 145	147 238	149 533
Training and development	11 867	12 025	23 921	37 769	21 799	24 459	26 407	29 843	29 245
Operating payments	12 426	30 401	33 666	33 586	23 586	20 926	20 518	25 577	26 933
Venues and facilities	2 614	5 617	6 460	5 400	5 400	5 400	7 177	8 498	8 602
Rental and hiring Interest and rent on land	104	295 1 838	1 307 179	305 1 421	322 1 464	322 1 464	804 1 868	638 2 027	672 762
Interest and rent on land	104	1 838	179	1 421	1 464	1 464	1 868	2 027	762
Rent on land		. 000	.,,					2 02.	.02
	405.050	407.004	404.040	207 405	444.000	440.000	00.000	400.040	440.040
Transfers and subsidies Provinces and municipalities	135 953	167 064	184 940	207 465	114 228 160	119 329 160	86 602	108 640	149 018
Provinces	:				100	100			
Provincial Revenue Funds							ļ		
Provincial agencies and funds	;}								
Municipalities	;		•••••		160	160	 !		
Municipalities	:						:		
Municipal agencies and funds	<u> </u>				160	160	<u>:</u>		. .
Departmental agencies and accounts							<u> </u>		
Social security funds									
Provide list of entities receiving transfers Higher education institutions		1 071					<u></u>		
Foreign governments and international organisations		1 07 1							
Public corporations and private enterprises	140	5 166							
Public corporations	140	5 166							
Subsidies on production	::::::::::::::::::::::::::::::::::::::		•••••				:		
Other transfers	140	5 166							
Private enterprises	: }								
Subsidies on production									
Other transfers							<u> </u>		
Non-profit institutions	115 033	137 078	127 637	164 765	1 549	1 549	:	12 000	12 636
Households	20 780	23 749	57 303	42 700	112 519	117 620	86 602	96 640	136 382
Social benefits	12 638	14 945	34 665	10 734	84 668	84 668	15 543	15 189	15 994
Other transfers to households	8 142	8 804	22 638	31 966	27 851	32 952	71 059	81 451	120 388
Payments for capital assets	539 835	593 481	592 904	630 451	1 056 236	1 056 236	636 922	712 531	203 299
Buildings and other fixed structures	358 445	469 369	487 879	488 732	907 434	907 434	470 647	532 214	33 798
Buildings	358 445	469 124	487 879	488 732	907 434	907 434	470 647	532 214	33 798
Other fixed structures	1	245	**********						
Machinery and equipment	181 390	124 112	105 025	141 719	148 802	148 802	166 275	180 317	169 501
Transport equipment	25 651	27 413	29 109	14 000	14 000	14 000	35 000	33 750	35 539
Other machinery and equipment	155 739	96 699	75 916	127 719	134 802	134 802	131 275	146 567	133 962
Heritage Assets Specialised military assets	:								
Specialised military assets Biological assets	:			{					
Land and sub-soil assets	:			{					
Softw are and other intangible assets	•								
	•	~~~~~		,			•		~~~~~
Payments for financial assets									
Payments for financial assets Total economic classification	5 716 661	6 380 252	7 013 842	7 667 281	8 353 022		8 184 022		8 926 257

Table B.2: Payments and estimates by economic classification: Administration

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Med	ium-term estimate	s
R thousand	2010/11	2011/12	2012/13	<u> </u>	2013/14		2014/15	2015/16	2016/
Current payments	235 922	266 936	229 457	224 579	236 129	236 129	236 591	261 703	283 456
Compensation of employ ees	142 060	160 124	129 930	150 703	153 703	153 703	159 669	167 758	176 649
Salaries and wages	124 204	139 528	112 317	132 469	135 469	135 469	140 341	147 464	155 280
Social contributions	17 856	20 596	17 613	18 234	18 234	18 234	19 328	20 294	21 370
Goods and services Administrative fees	93 808 1 061	106 758 1 806	99 498 1 675	73 876 1 629	82 401 1 629	82 401 1 629	76 922 1 727	93 945 1 813	106 807 1 909
Advertising	4 567	4 049	4 945	2 850	2 850	2 850	3 141	3 399	3 579
Assets less than the capitalisation threshold	1 452	249	1 044	1 153	9 653	9 653	1 162	1 220	1 285
Audit cost: External	10 369	240	15 957	5 365	5 365	5 365	10 987	11 536	12 147
Bursaries: Employees	11			1					
Catering: Departmental activities	2 085	2 653	2 546	2 441	2 441	2 441	2 987	2 709	2 925
Communication (G&S)	4 243	5 691	5 652	1 165	1 165	1 165	4 414	4 635	4 881
Computer services	185	190	0 002	239	239	239	254	266	280
Consultants and professional services: Business and advisory services	879	591	943	718	718	718	761	798	840
Consultants and professional services: Infrastructure and planning		3 093							
Consultants and professional services: Laboratory services	1								
Consultants and professional services: Scientific and technological services	1			1			}		
Consultants and professional services: Legal costs	12 430	15 961	8 832	2 391	2 391	2 391	6 046	5 775	6 081
Contractors	1 245	1 105	802	790	790	790	7 837	4 880	5 139
Agency and support / outsourced services	2 864	182	315	601	601	601	1	1	1
Entertainment	81			2	2	2	1		
Fleet services (including government motor transport)	2	3	7	_	=	-	6 002	7 502	15 711
Housing	1			l			1		
Inventory: Clothing material and accessories	1			1			}		
Inventory: Farming supplies				1			}		
Inventory: Food and food supplies	258	222	248	214	214	214	222	233	245
Inventory: Fuel, oil and gas			-10	1	1	1	1	1	1
Inventory: Learner and teacher support material	H								'
Inventory: Materials and supplies	90	60	39	106	106	106	110	115	121
Inventory: Medical supplies	20	5		4	4	4	5	5	5
Inventory: Medicine	3 247	•	1	1 -	*	4	J		J
Medsas inventory interface	0241		'				}		
Inventory: Other supplies	1			1			}		
Consumable supplies	227	500	309	369	344	344	356	376	396
	1.			8		2 853	ł.		
Consumable: Stationery, printing and office supplies	4 899	4 071	5 228	2 853 20 944	2 853 20 944	2 003	5 083	5 336	5 619 11 380
Operating leases	17 677	26 677	25 160	R			7 518	10 807	
Property payments	1 018	10 352	4 535	2 722	2 722	2 722	2 882	3 027	3 187
Transport provided: Departmental activity	6	34	120	04.050	50	50	40.404	00.407	07.404
Travel and subsistence	23 153	23 398	17 058	24 259	24 259	24 259	12 134	26 107	27 491
Training and development	493	1 140	26	195	195	195	258	217	229
Operating payments	818	3 565	3 331	2 086	2 086	2 086	2 212	2 322	2 445
Venues and facilities	428	1 115	645	717	717	717	757	796	838
Rental and hiring	L	46	80	62	62	62	65	69	73
Interest and rent on land	54	54	29	}	25	25	}		
Interest	54	54	29	}	25	25	}		
Rent on land	į			<u> </u>					
ransfers and subsidies	140	5 477	5 596	5 851	5 851	10 952	10 202	10 512	11 069
Provinces and municipalities									
Provinces				l			}		
Provincial Revenue Funds	:								
Provincial agencies and funds	1						}		
Municipalities	-			ł			·		
Municipalities				}					
Municipal agencies and funds	11			1			}		
Departmental agencies and accounts				}					
Social security funds	:			}					•••••
Provide list of entities receiving transfers	11			į			}		
Higher education institutions		••••••		†			}		
Foreign governments and international organisations				1			}		
Public corporations and private enterprises	140	5 166					}		
Public corporations	140	5 166		 					
Subsidies on production	111			}			}·		
Other transfers	140	5 166					}		
Private enterprises	113	- 100		 			}		
Subsidies on production	113			}			}		
Other transfers	[1]			}			{		
				}					
Non-profit institutions				1			}		
Households		311	5 596	5 851	5 851	10 952	10 202	10 512	11 069
Social benefits		311	5 596	1			}		
Other transfers to households	11			5 851	5 851	10 952	10 202	10 512	11 069
ayments for capital assets	2 557	2 684	2 356	21 300	12 750	12 750	18 576	15 041	15 838
Buildings and other fixed structures				† 			}		
Buildings Buildings	1:			 			}		
Other fixed structures				1			}		
Machinery and equipment	2 557	2 684	2 356	21 300	12 750	12 750	18 576	15 041	15 838
Transport equipment	2 001	2 004 556	412	Z 1 JUU	14 /00	12 /00	10 3/0	10 041	13 030
	2557	2 128	1 944	21 300	10 750	12 750	10 570	15 041	15 838
Other machinery and equipment	2 557	∠ 120	ı 9 44	∠1 JUU	12 750	1Z /DU	18 576	10 041	15 838
Heritage Assets				1			}		
Specialised military assets	}			į.			}		
Biological assets				1			{		
Land and sub-soil assets				1			}		
Software and other intangible assets	E			L			L		
ayments for financial assets									

Table B.2: Payments and estimates by economic classification: District Health Services

Table B.2: Payments and estimates by economic classification: Distr		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medi	um-term estimat	es
R thousand	2010/11	2011/12	2012/13	арргорпацоп	2013/14	estillate	2014/15	2015/16	2016/17
Current payments	2 768 574	3 044 105	3 473 251	3 795 320	4 099 013	4 119 013	4 254 794	4 502 856	4 931 301
Compensation of employ ees	1 769 247	2 105 330	2 264 100	2 424 034	2 756 250	2 756 250	2 950 564	2 926 287	3 125 399
Salaries and wages	1 529 295	1 824 552	1 958 357	2 084 559	2 416 775	2 416 775	2 590 058	2 547 758	2 726 808
Social contributions	239 952	280 778	305 743	339 475	339 475	339 475	360 506	378 529	398 591
Goods and services	999 287	938 684	1 209 053	1 371 159	1 342 636	1 362 636	1 303 783	1 576 000	1 805 303
Administrative fees Advertising	1 654 2 800	832 2 088	1 817 12 686	1 439 925	1 439 925	1 439 925	1 354 1 091	1 452 3 612	1 529 3 803
Assets less than the capitalisation threshold	10 429	4 910	8 484	9700	9700	9 700	13 931	14 529	15 299
Audit cost: External	3 439	4 310	6 274	6 664	6 664	6 664	6 433	6 731	7 088
Bursaries: Employees			0211	0 000.	0 00 1	0 00 1	0.55	0.101	. 000
Catering: Departmental activities	3 843	3 681	8 958	4 150	4 150	4 150	4 404	4 672	4 920
Communication (G&S)	17 292	15 774	18 960	23 016	23 016	23 016	24 481	29 211	30 759
Computer services		59	72	}			6 342	12 598	13 266
Consultants and professional services: Business and advisory services	6 984	3 661	6 298	9 350	9 350	9 350	2 950	3 169	1 337
Consultants and professional services: Infrastructure and planning		15 149	103 920						
Consultants and professional services: Laboratory services	173 717	158 241	60 168	244 179	253 071	253 071	194 381	264 335	379 345
Consultants and professional services: Scientific and technological services									
Consultants and professional services: Legal costs				1 000	1 000	1 000	1 000	500	527
Contractors	25 311	25 124	19 200	33 878	33 878	33 878	44 064	42 314	44 557
Agency and support / outsourced services	61 054	41 400	38 425	74 707	73 473	73 473	68 687	106 291	111 324
Entertainment Floet services (including government motor transport)	51 113	12 103	190	180 465	180 465	180 465	29 71F	19 697	20 741
Fleet services (including government motor transport) Housing	113	100	130	400	465	400	28 716	19 097	20 /41
Inventory: Clothing material and accessories				}	3 027	3 027	4 372	4 512	5 000
Inventory: Clothing material and accessories Inventory: Farming supplies				}	3 021	3 021	101	279	600
Inventory: Food and food supplies	19 268	20 200	14 800	20 998	20 998	20 998	13 835	24 350	25 641
Inventory: Fuel, oil and gas	8 386	8 947	8 388	9 343	9 343	9 343	8 542	9 277	9 769
Inventory: Learner and teacher support material	11				-		}	252	265
Inventory: Materials and supplies	6 510	4 345	5 253	6 692	6 692	6 692	7 521	19 698	20 742
Inventory: Medical supplies	26 051	58 286	78 933	158 229	138 516	138 516	108 076	124 273	130 859
Inventory: Medicine	430 668	323 529	467 581	464 923	456 056	476 056	464 572	515 011	584 976
Medsas inventory interface									
Inventory: Other supplies									
Consumable supplies	25 925	26 214	33 567	23 587	23 587	23 587	32 996	36 833	42 936
Consumable: Stationery, printing and office supplies	18 326	16 519	26 454	25 005	25 005	25 005	23 373	27 901	29 380
Operating leases	21 826	19 430	25 668	54 798	48 038	48 038	39 004	48 414	50 980
Property payments	75 337	108 616	139 126	96 737	96 737	96 737	111 482	144 471	152 128
Transport provided: Departmental activity	737	889	1 694	1 859	1 859	1 859	2 421	2 985	3 143
Travel and subsistence	52 188 3 108	71 229 2 617	105 495 8 207	77 482 12 157	73 597	73 597 12 157	64 894 13 082	77 199 15 443	81 291 16 261
Training and development Operating payments	3 199	3 644	3 304	6 550	12 157 6 550	6 550	7 073	11 488	12 097
Venues and facilities	1 071	2 936	3 912	2 903	2 903	2 903	3 977	4 050	4 265
Rental and hiring	1011	249	1 219	243	260	260	628	453	477
Interest and rent on land	40	91	98	127	127	127	447	569	599
Interest	40	91	98	127	127	127	447	569	599
Rent on land							}		
Transfers and subsidies	124 538	146 027	142 633	167 465	9 503	9 503	4 545	16 993	17 894
Provinces and municipalities							}		
Provinces							}		
Provincial Revenue Funds									
Provincial agencies and funds									
Municipalifies	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
Municipalities	1:								
Municipal agencies and funds				{			}		
Departmental agencies and accounts									
Social security funds							{		
Provide list of entities receiving transfers			~~~~~			************			~~~~~
Higher education institutions		1 071					}		
Foreign governments and international organisations				1			}		
Public corporations and private enterprises Public corporations	ļ			} 			}		
Subsidies on production				}			{		
Other transfers				1			}		ł
Orner transfers Private enterprises				}			 		لسسسس
Subsidies on production	13			} • · • · • · · · • · · · • · · · · · ·		••••••			
Other transfers				}			{		{
Non-profit institutions	115 033	137 078	127 637	164 765	1 549	1 549	}	12 000	12 636
Non-profit institutions Households	9 505	7 878	14 996	164 765 2 700	1 549 7 954	1 549 7 954	4 545	12 000 4 993	12 636 5 258
Social benefits	10 203	7 878	11 972	2 700	7 954 7 954	7 954 7 954	4 545 4 545	4 993	5 258
Other transfers to households	- 698	1 010	3 024	2100	1 334	1 JU4	7 040	7 000	0 200
									
Payments for capital assets	47 404 24 281	41 811 931	32 447	28 510	32 840	32 840	36 265	45 988	49 006
Buildings and other fixed structures	24 281 24 281	931 686					}		
Buildings Other fixed structures	24 261	686 245		}			}		
	23 123	245 40 880	32 447	28 510	32 840	32 840	36 265	45 988	49 006
Machinery and equipment Transport equipment	23 123	40 880 534	32 447 831	20 J I U	JZ 04U	JZ 04U	JU 2U3	47 200	43 000
Other machinery and equipment	23 111	40 346	31 616	28 510	32 840	32 840	36 265	45 988	49 006
Heritage Assets		070	51 010	20010	JL UTU	UL U1U	JU 200		.0 000
Specialised military assets				}			{		
Biological assets							{		
Land and sub-soil assets				}			}		
Software and other intangible assets				}			 		
Payments for financial assets									
·				<u> </u>					
Total economic classification	2 940 516	3 231 943	3 648 331	3 991 295	4 141 356	4 161 356	4 295 604	4 565 837	4 998 201

Table B.2: Payments and estimates by	economic classification:	Emergency Medical Services
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		Outcome		appropriation		estimate	}	ium-term estimat	
thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/1
urrent payments	167 239 128 437	189 090 144 490	205 390 160 158	232 723 165 786	247 723 180 786	247 723 180 786	258 469 192 738	272 936 197 520	287 402 207 989
Compensation of employ ees Salaries and wages	107 365	120 206	133 990	138 406	153 406	153 406	163 715	167 047	175 900
Social contributions	21 072	24 284	26 168	27 380	27 380	27 380	29 023	30 473	32 088
Goods and services	38 793	44 592	45 219	66 914	66 914	66 914	65 667	75 374	79 369
Administrative fees	75	201	214	608	608	608	184	193	203
Advertising		96	81	64	64	64	594	72	76
Assets less than the capitalisation threshold	3 328	2 970	2 121	6 410	6 410	6 410	1 321	1 717	1 808
Audit cost: External				1 000	1 000	1 000	245	257	271
Bursaries: Employees Catering: Departmental activities	450	224	200	504	504	504	040	070	700
Catering: Departmental activities Communication (G&S)	158 4 660	331 5 258	392 4 664	504 6 881	504 6 881	504 6 881	640 5 424	673 5 699	709 10 023
Computer services	1 076	184	4 004	532	532	532	999	1 978	2 138
Consultants and professional services: Business and advisory services	1070	104		332	300	50E	555	1 510	2 100
Consultants and professional services: Infrastructure and planning									
Consultants and professional services: Laboratory services	42		748	}					
Consultants and professional services: Scientific and technological services									
Consultants and professional services: Legal costs				1 000	1 000	1 000			
Contractors	644	2 383	2 899	4 537	4 537	4 537	2 346	2 468	2 599
Agency and support / outsourced services	2 469	1 170	1 005	12 746	12 746	12 746	10 957	1 197	1 260
Entertainment									
Fleet services (including government motor transport)	2 228	71	9	536	536	536	10 568	17 275	18 191
Housing	H			1			0.00-	2.070	
Inventory: Clothing material and accessories	H			1			3 667	3 870	
Inventory: Farming supplies	20	07		440	110	110	2	2	404
Inventory: Food and food supplies Inventory: Fuel, oil and gas	20 942	27 705	539	116 959	116 959	116 959	29 871	115 4 871	121 5 129
Inventory: Fuel, oil and gas Inventory: Learner and teacher support material	342	100	203	303	503	303	0/1	40/1	J 123
Inventory: Materials and supplies	392	435	416	528	528	528	459	482	508
Inventory: Medical supplies	760	1 920	1 797	1 094	1 094	1 094	1 554	1 592	1 676
Inventory: Medicine	254	729	413	693	693	693	808	779	820
Medsas inventory interface									
Inventory: Other supplies									
Consumable supplies	3 438	2 853	3 478	2 828	2 828	2 828	- 849	3 736	3 934
Consumable: Stationery, printing and office supplies	1 233	1 977	2 561	3 172	3 172	3 172	4 033	4 241	4 466
Operating leases	1 502	2 952	2 982	3 221	3 221	3 221	4 908	5 184	5 459
Property payments	3 012	3 240	8 613	4 330	4 330	4 330	4 570	3 880	4 086
Transport provided: Departmental activity	270	199		1 071	1 071	1 071	2 038	1 765	1 859
Travel and subsistence	11 618	16 178	10 274	11 605	11 605	11 605	7 929	10 840	11 415
Training and development	423	504	1 404	1 472	1 472	1 472	1 561	1 639	1 726
Operating payments	249	209	600	1 007	1 007	1 007	309	324	341
Venues and facilities			9				500	525	553
Rental and hiring Interest and rent on land	9	8	13	23	23	23	64	42	44
Interest	9	8	13	23	23	23	64	42	44
Rent on land	Ĭ	· ·	10	20	20	20	57	72	
ansfers and subsidies	374	323	141	542	542	542	790	1 829	1 926
Provinces and municipalities	,	323		342	J4Z	J4Z	/90	1 029	1 320
Provinces Provinces									
Provincial Revenue Funds	ļ:			}			<u></u> }		
Provincial agencies and funds				1					
Municipalities				 			 		
Municipalities	ļ:		~~~~~	 	~~~~~	~~~~~	<u> </u>	~~~~~	
Municipal agencies and funds				1					
Departmental agencies and accounts				ļ					
Social security funds]			{		
Provide list of entities receiving transfers							1		
Higher education institutions				}			1		
Foreign governments and international organisations							1		
Public corporations and private enterprises				ļ			{		
Public corporations	,			<u> </u>			}		
Subsidies on production	111						}		
Other transfers				} -			}		
Private enterprises Subsidies on production				}			<u> </u>		
Other transfers									
	B			}			<u> </u>		
Non-profit institutions	27/	202	444	540	E40	E40	700	1 000	4.000
Households Social benefits	374 374	323 323	141 141	542 542	542 542	542 542	790 790	1 829 1 829	1 926 1 926
Social benefits Other transfers to households	3/4	323	141	042	04∠	542	190	1 029	1 926
	L						 		
ayments for capital assets	30 351	18 462	24 175	22 584	18 584	18 584	24 682	23 918	25 186
Buildings and other fixed structures	910			ļ	- -		ļ		
Buildings	910			1			}		
Other fixed structures		40.400	04.475		40.504	40.504	04.000	02.040	05 400
Machinery and equipment	29 441	18 462	24 175	22 584	18 584	18 584	24 682	23 918	25 186
Transport equipment Office machinery and equipment	22 964 6 477	11 914	14 895	14 000 8 584	14 000	14 000	20 000	17 750 6 168	18 691
Other machinery and equipment Heritage Assets	6 477	6 548	9 280	8 584	4 584	4 584	4 682	6 168	6 495
Hentage Assets Specialised military assets				1			1		
Biological assets				1			1		
Land and sub-soil assets							1		
	į.			8			{		
Software and other intangible assets									
Software and other intangible assets yments for financial assets	L			 			<u> </u>		

Table B.2: Payments and estimates by economic classification: Provincial Hospital Services

Table B.2: Payments and estimates by economic classification: Provi		Outcome		Main	Adjusted	Revised	Med	ium-term estima	tes
R thousand	2010/11	2011/12	2012/13	appropriation	appropriation 2013/14	estimate	2014/15	2015/16	2016/17
Current payments	1 341 302	1 551 838	1 761 985	1 874 661	1 973 128	2 003 128	1 977 874	2 213 767	2 353 407
Compensation of employ ees	959 316	1 097 881	1 291 652	1 317 211	1 438 211	1 438 211	1 434 674	1 626 459	1 735 054
Salaries and wages	834 245	957 878	1 128 999	1 144 896	1 265 896	1 265 896	1 252 020	1 434 667	1 533 097
Social contributions	125 071	140 003	162 653	172 315	172 315	172 315	182 654	191 792	201 957
Goods and services	381 986 14	453 914 34	470 306 57	557 363 130	534 830 130	564 830 130	543 099 135	587 211 142	618 251 150
Administrative fees	1:			8			5		
Advertising	146	47	154 4 074	568	568	568 4 329	652 4 893	635	669
Assets less than the capitalisation threshold	3 248	2 789	4 074	4 329	4 329 1 000	1 000	4 093	8 128 3 500	8 559 3 686
Audit cost: External Bursaries: Employees	- 11			1 000	1 000	1 000		3 300	3 000
Catering: Departmental activities	174	281	513	303	303	303	826	868	912
Communication (G&S)	5 738	6 395	8 090	7 139	7 139	7 139	8 799	10 858	11 433
Computer services	100	86	84	158	158	158	105	110	116
Consultants and professional services: Business and advisory services		3	34	17	17	17	18	183	193
Consultants and professional services: Infrastructure and planning				{					
Consultants and professional services: Laboratory services	67 122	63 451	66 349	78 041	53 827	53 827	66 422	71 316	75 096
Consultants and professional services: Scientific and technological services				}					
Consultants and professional services: Legal costs				1 000	806	806	2 000	500	527
Contractors	14 314	28 254	9 443	41 622	41 622	41 622	14 140	14 517	15 286
Agency and support / outsourced services	61 963	67 995	68 092	86 947	88 147	88 147	84 934	87 688	85 335
Entertainment	[:			}			{		
Fleet services (including government motor transport)	76	5	99				6 516	6 762	7 120
Housing	H			}			1		
Inventory: Clothing material and accessories	11			}			214	6 369	7 000
Inventory: Farming supplies	1						209	219	
Inventory: Food and food supplies	1 606	1 506	2 681	1 788	1 788	1 788	2 888	1 990	2 095
Inventory: Fuel, oil and gas	3 100	3 100	3 710	4 101	4 101	4 101	6 238	4 380	4 612
Inventory: Learner and teacher support material	28	43	23	32	32	32	34	35	37
Inventory: Materials and supplies	5 661	6 588	4 635	6 617	6 617	6 617	5 350	7 910	8 329
Inventory: Medical supplies	73 651	99 570	98 173	108 047	108 047	108 047	115 095	93 253	98 195
Inventory: Medicine	40 796	58 026	58 584	66 274	66 274	96 274	67 987	105 864	117 348
Medsas inventory interface									
Inventory: Other supplies	00.005	07.007	04.004	05.045	00.400	00.400	8 172	4 431	4 666
Consumable supplies	29 005	27 927	31 021	25 945	23 120	23 120	27 260	28 394	29 899
Consumable: Stationery, printing and office supplies	7 631	7 356	7 704	10 370	10 370	10 370 28 354	12 538 24 758	13 224	13 925 26 211
Operating leases	16 657	17 608	22 978	28 354	28 354		24 756 69 044	24 892	78 762
Property payments	36 091	41 930	67 431	61 520 39	65 020	65 020 39	3	73 864	437
Transport provided: Departmental activity Travel and subsistence	336 8 729	2 631 11 343	3 757 8 048	13 063	39 13 063	13 063	263 6 308	415 9 126	9 610
	2 107	1 396	1 908	5 764	5 764	5 764	3 723	3 910	4 117
Training and development	1:			5		4 195	3 411		
Operating payments Venues and facilities	3 704	5 550	2 659	4 195	4 195	4 195	3	3 553	3 741
Rental and hiring	1:		5				56 111	59 116	62 122
Interest and rent on land	ļ	43	27	87	87	87	101	97	102
Interest	ļ:	43	27	87	87	87	101	97	102
Rent on land	II.				0.	0,		•	102
	Lincon	3 913	8 782				6 004		
Transfers and subsidies	1 940	3 913	0 / 02	2 852	7 720 160	7 720 160	6 004	4 203	4 426
Provinces and municipalities Provinces				1	100	100	1		
Provincial Revenue Funds	·			}			 		
Provincial agencies and funds	1			}					
Municipalities	1			}	160	160	}		
Municipalities	ļ:						}		
Municipal agencies and funds	1				160	160			
Departmental agencies and accounts	i				•••••		·		••••••
Social security funds	:			}			<u> </u>		
Provide list of entities receiving transfers	1			1			}		
Higher education institutions	i		************	•••••		************	·		************
Foreign governments and international organisations									
Public corporations and private enterprises							!		
Public corporations							[
Subsidies on production	1:3			{					
Other transfers	133			}			1		
Private enterprises									
Subsidies on production				}			}		
Other transfers							<u> </u>		
Non-profit institutions		~~~~~~					·		
Households	1 940	3 913	8 782	2 852	7 560	7 560	6 004	4 203	4 426
Social benefits	1 940	3 913	8 782	2 852	7 560	7 560	6 004	4 203	4 426
Other transfers to households	H			}			1		
Payments for capital assets	21 654	22 175	17 961	24 019	16 544	16 544	19 909	23 442	23 929
Buildings and other fixed structures							}		
Buildings	1:			}			}		
Other fixed structures	11			}			1		
Machinery and equipment	21 654	22 175	17 961	24 019	16 544	16 544	19 909	23 442	23 929
Transport equipment				} 			}		
Other machinery and equipment	21 654	22 175	17 961	24 019	16 544	16 544	19 909	23 442	23 929
Heritage Assets				-			1- 555		
Specialised military assets				}			}		
Biological assets				1			}		
Land and sub-soil assets	1			}			1		
Software and other intangible assets				}			1		
				·			}		
Payments for financial assets									
Payments for financial assets Total economic classification	1 364 896	1 577 926	1 788 728	1 901 532	1 997 392	2 027 392	2 003 787	2 241 412	2 381 762

Table B.2: Payments and estimates by economic classification: Central Hospital Services

		Outcome			Adjusted appropriation	Revised estimate	}	ium-term estima	
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	159 278	181 025	180 564	206 199	209 425	209 425	218 662	216 656	228 139
Compensation of employ ees Salaries and wages	81 174 70 022	95 597 84 052	99 548 87 591	110 767 97 771	110 767 97 771	110 767 97 771	117 380 104 447	118 409 103 944	124 685 109 453
Social contributions	11 152	11 545	11 957	12 996	12 996	12 996	12 933	14 465	15 232
Goods and services	78 104	85 428	81 016	95 432	98 658	98 658	101 282	98 247	103 454
Administrative fees				}	• • • • • • • • • • • • • • • • • • • •				
Advertising			8						
Assets less than the capitalisation threshold	350	154	209	448	448	448	1 477	499	525
Audit cost: External									
Bursaries: Employees									
Catering: Departmental activities									
Communication (G&S)	162	85	77	90	90	90	90	100	105
Computer services									
Consultants and professional services: Business and advisory services									
Consultants and professional services: Infrastructure and planning	5 400	0.050	4.047	4.000	4.000	4.000	0.400	4.700	1010
Consultants and professional services: Laboratory services	5 189	3 958	4 317	4 223	4 223	4 223	6 422	4 700	4 949
Consultants and professional services: Scientific and technological services Consultants and professional services: Legal costs									
Contractors Contractors	8 907	9 985	9 376	11 019	14 245	14 245	12 309	11 315	11 915
Agency and support / outsourced services	22 067	18 871	21 332	11 141	11 141	11 141	14 971	12 400	13 057
Entertainment	22 001	10 07 1	21 002	11 141	11 141	11 141	14 37 1	12 400	13 001
Fleet services (including government motor transport)							5		
Housing	11						, i		
Inventory: Clothing material and accessories	H								
Inventory: Farming supplies									
Inventory: Food and food supplies	- 359	90	50	53	53	53	58	59	62
Inventory: Fuel, oil and gas	11	8	10	10	10	10	11	11	12
Inventory: Learner and teacher support material									
Inventory: Materials and supplies	42	11	49	6	6	6	776	6	6
Inventory: Medical supplies	22 176	27 095	28 174	48 808	48 808	48 808	36 266	47 779	50 311
Inventory: Medicine	12 414	17 569	8 990	13 842	13 842	13 842	13 855	15 406	16 223
Medsas inventory interface				{					
Inventory: Other supplies	1								
Consumable supplies	2 655	2 536	1 540	1 675	1 675	1 675	1 968	1 864	1 963
Consumable: Stationery, printing and office supplies	225	265	139	137	137	137	161	153	161
Operating leases	5	1 191	8	16	16	16	769	18	19
Property payments	683 3 345	98 3 218	3 321 3 253	264 3 587	264 3 587	264 3 587	8 117 3 171	294 3 517	310 3 703
Transport provided: Departmental activity Travel and subsistence	3 345 154	214	3 233 163	3 507 113	3 507 113	113	734	126	133
Training and development	104	214	103	113	113	113	122	120	133
Operating payments	78	80					122		
Venues and facilities	/*	00							
Rental and hiring									
Interest and rent on land	ļ			}			†	••••••	
Interest				}					•••••••
Rent on land									
Transfers and subsidies	12	253	134	1 111			464	235	247
Provinces and municipalities	F			}i	~~~~~		 		
Provinces									
Provincial Revenue Funds				}			}		
Provincial agencies and funds									
Municipalities				†					***********
Municipalities				†			<u>}</u>		
Municipal agencies and funds									
Departmental agencies and accounts				1	• • • • • • • • • • • • • • • • • • • •				*************
Social security funds				}					
Provide list of entities receiving transfers	1			l					
Higher education institutions				{					
Foreign governments and international organisations									
Public corporations and private enterprises	1						}		
Public corporations				} .					
Subsidies on production	111								
Other transfers Private enterprises				}			}		
Subsidies on production				ļ					
Subsidies on production Other transfers				1					
	115			}			 		
Non-profit institutions									
Households	12	253 253	134 134	1 111			464 464	235 235	247
Social benefits	12	253	134	1 111			464	235	247
Other transfers to households	i			}			}		
Payments for capital assets	19 989	13 002	12 114	17 160	33 960	33 960	18 138	31 287	31 207
Buildings and other fixed structures				ļ			1		
Buildings							1		
Other fixed structures				<u> </u>			<u> </u>		
Machinery and equipment	19 989	13 002	12 114	17 160	33 960	33 960	18 138	31 287	31 207
Transport equipment									
Other machinery and equipment	19 989	13 002	12 114	17 160	33 960	33 960	18 138	31 287	31 207
Heritage Assets				}			1		
Specialised military assets Biological assets				1					
Land and sub-soil assets				1					
Software and other intangible assets									
•	L			 			}		
Payments for financial assets				1					
Total economic classification	179 279	194 280	192 812	224 470	243 385	243 385	237 264	248 178	259 593

Table B.2: Payments and estimates by economic classification: Health Science And Training

		Outcome		Main appropriation	Adjusted appropriation	Revised estimate	Medi	um-term estimates	;
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	202 783	213 324	213 434	270 349	214 136	214 136	253 660	271 305	285 684
Compensation of employ ees	146 356	138 414	121 944	162 186	143 556	143 556	175 029	185 194	195 009
Salaries and wages Social contributions	123 892	116 934 21 480	102 572	135 382	116 752	116 752	146 617 28 412	155 361	163 595
Goods and services	22 464 56 427	74 375	19 372 91 479	26 804 108 151	26 804 70 568	26 804 70 568	78 617	29 833 86 096	31 414 90 659
Administrative fees	884	2 923	359	2 949	2 949	2 949	3 125	3 282	3 456
Advertising	25	4	4	5	5	5	5	6	6
Assets less than the capitalisation threshold	2 454	2 025	701	2 348	2 348	2 348	2 489	2 613	2 751
Audit cost: External									
Bursaries: Employees	li.								
Catering: Departmental activities	783	779	1 309	998	998	998	1 058	1 111	1 170
Communication (G&S)	636	1 374	952	1 812	1 812	1 812	1 920	2 017	2 124
Computer services	50	21		1				25	26
Consultants and professional services: Business and advisory services	26	19	37	23	23	23	24		
Consultants and professional services: Infrastructure and planning		3 017					1		
Consultants and professional services: Laboratory services							1		
Consultants and professional services: Scientific and technological services									
Consultants and professional services: Legal costs	0.550	0.700	770	0.705	0.705	0.705	0.050	7.500	7.000
Contractors	3 556	2 780	770	6 795	6 795	6 795	3 953	7 562	7 963
Agency and support / outsourced services	3 596	3 657	4 768	4 663	4 663	4 663	4 943	5 190	5 465
Entertainment		•	2	}			950	630	662
Fleet services (including government motor transport) Housing	H	2	2				850	630	663
Inventory: Clothing material and accessories	H			{			}		
Inventory: Crothing material and accessories Inventory: Farming supplies				}			}		
Inventory: Food and food supplies	94	39	40	51	51	51	54	57	60
Inventory: Fuel, oil and gas	125	86	96	124	124	124	131	138	145
Inventory: Learner and teacher support material	232	86	134	}			1		•
Inventory: Materials and supplies	459	625	307	516	516	516	547	575	605
Inventory: Medical supplies	256	406	819	346	346	346	366	385	405
Inventory: Medicine	59	35	22	27	27	27	29	30	32
Medsas inventory interface									
Inventory: Other supplies									
Consumable supplies	2 248	2 265	2 524	2 820	2 820	2 820	2 989	3 139	3 305
Consumable: Stationery, printing and office supplies	2 942	3 603	5 292	3 877	3 877	3 877	4 109	4 311	4 539
Operating leases	10 752	8 776	10 401	20 279	10 229	10 229	11 707	13 194	13 893
Property payments	7 385	7 456	11 164	9 179	9 179	9 179	7 729	9 128	9 612
Transport provided: Departmental activity				}					
Travel and subsistence	10 667	13 147	16 920	16 832	13 669	13 669	19 444	17 403	18 325
Training and development	4 267	3 722	10 456	14 910	540	3 200	5 792	6 492	6 836
Operating payments	3 821	16 184	23 340	18 134	8 134	5 474	5 802	6 093	6 4 1 6
Venues and facilities	1 110	1 344	1 062	1 463	1 463	1 463	1 551	2 715	2 859
Rental and hiring	i		,,,	12		12	14		16
Interest and rent on land	ļ	535 535	11	2	12	12	14	15 15	
Interest Rent on land	li .	555	- 11	12	12	12	14	15	16
	<u> </u>			<u>}</u>			<u>}</u>		
Transfers and subsidies	8 935	11 042	27 502	29 524	90 492	90 492	64 471	74 734	113 315
Provinces and municipalities									
Provinces Provincial Revenue Funds	,						}		
Provincial Revenue Funds Provincial agencies and funds				1			}		
Municipalities	i			}			{		
Municipalities	ļ			}			}		
Municipal agencies and funds	1						}		
Departmental agencies and accounts				}			{·-·-·		
Social security funds				·		~~~~~	f		
Provide list of entities receiving transfers	1								
Higher education institutions							†		
Foreign governments and international organisations									
Public corporations and private enterprises	 								
Public corporations									
Subsidies on production									
Other transfers	111						<u> </u>		
Private enterprises	[]			L			<u> </u>		
Subsidies on production	1:3						}		
Other transfers	}						<u> </u>		
Non-profit institutions				····			·····		
Households	8 935	11 042	27 502	29 524	90 492	90 492	64 471	74 734	113 315
Social benefits	95	2 238	7 888	3 409	68 492	68 492	3 614	3 795	3 996
Other transfers to households	8 840	8 804	19 614	26 115	22 000	22 000	60 857	70 939	109 319
Payments for capital assets	2 738	2 186	1 174	3 441	1 621	1 621	3 647	3 830	4 033
Buildings and other fixed structures	[} <u>-</u>			<u> </u>		
Buildings	ļ:			{			}		
Other fixed structures	H			}			}		
Machinery and equipment	2 738	2 186	1 174	3 441	1 621	1 621	3 647	3 830	4 033
Transport equipment	104	535		} 			·····		
Other machinery and equipment	2 634	1 651	1 174	3 441	1 621	1 621	3 647	3 830	4 033
Heritage Assets				}			<u> </u>		
Specialised military assets	1			}			1		
Biological assets							1		
Land and sub-soil assets	[}			}		
Software and other intangible assets	L			L			<u> </u>		
Dayments for financial coasts				!			1		
Payments for financial assets									

Table B.2: Payments and estimates by economic classification: Health Care Support Services

		Outcome		Main	Adjusted	Revised estimate	Medi	um-term estimat	es
R thousand	2010/11	2011/12	2012/13	appropriation	appropriation 2013/14	estimate	2014/15	2015/16	2016/17
Current payments	77 353	110 695	91 514	107 327	109 397	109 397	113 384	131 103	138 051
Compensation of employ ees	28 449	41 165	40 532	51 909	44 909	44 909	48 815	51 552	54 284
Salaries and wages	23 480	35 967	34 498	46 392	39 392	39 392	42 967	45 412 C 440	47 819
Social contributions Goods and services	4 969 48 904	5 198 69 528	6 034 50 981	5 517 55 417	5 517 64 469	5 517 64 469	5 848 64 568	6 140 79 550	6 465 83 766
Administrative fees	40 304	19	9	25	25	25	27	28	29
Advertising	li .		_	11	11	11	11	12	13
Assets less than the capitalisation threshold	2 026	937	85	2 471	2 381	2 381	2 619	2 749	2 895
Audit cost: External	li .								
Bursaries: Employees	11								
Catering: Departmental activities	218	273	268	336	336	336	356	374	394
Communication (G&S) Computer services	158 15 772	273 34 932	223 20 042	266 15 980	266 25 122	266 25 122	282 27 669	296 40 806	312 42 969
Consultants and professional services: Business and advisory services	19 046	34 302	20 042	3 253	3 253	3 253	27 009	40 000	42 303
Consultants and professional services: Infrastructure and planning	1			0 200	0 200	0 200			
Consultants and professional services: Laboratory services									
Consultants and professional services: Scientific and technological services	li .						}		
Consultants and professional services: Legal costs	li						}		
Contractors	654	4 401	1 654	7 900	7 900	7 900	3 448	3 620	3 812
Agency and support / outsourced services Entertainment	156	1 044	2 553	466	466	466	4 024	4 225	4 449
Fleet services (including government motor transport)	li .						315	330	347
Housing	li .						0.10	000	041
Inventory: Clothing material and accessories							1		
Inventory: Farming supplies	1						}		
Inventory: Food and food supplies	4	8	6	4	4	4	4	5	5
Inventory: Fuel, oil and gas	8			26	26	26	28	29	31
Inventory: Learner and teacher support material	2.055	0.000	0.500	224	0047	0.04:	0.400	2.077	2 454
Inventory: Materials and supplies	2 659 5 206	2 639	2 526 13 125	2 944	2 944	2 944 8 303	3 120 8 801	3 277 9 242	3 451 9 732
Inventory: Medical supplies Inventory: Medicine	63	6 435 10 703	10 120	8 303 3 165	8 303 3 165	8 303 3 165	8 801 3 356	9 242 3 523	9 7 3 2 3 7 1 0
Medsas inventory interface		10 100		5 105	0 100	0 100	0 330	0 020	0.10
Inventory: Other supplies	11								
Consumable supplies	778	869	2 282	1 476	1 476	1 476	1 249	1 312	1 382
Consumable: Stationery, printing and office supplies	181	790	806	684	684	684	725	760	800
Operating leases	51	44	60	67	67	67	71	75	79
Property payments	453	3 675	5 669	5 256	5 256	5 256	5 512	5 788	6 095
Transport provided: Departmental activity	0.70	4 007	4.040	4.004	4.004	4.004	4.440	4.000	4.070
Travel and subsistence Training and development	873 51	1 207 94	1 242 12	1 084 64	1 084 64	1 084 64	1 149 68	1 206 72	1 270 76
Operating payments	547	1 169	408	1 614	1 614	1 614	1 711	1 797	1 892
Venues and facilities	541	16	8	22	22	22	23	24	25
Rental and hiring			3	_					
Interest and rent on land		2	1	1	19	19	1	1	1
Interest		2	1	1	19	19	1	1	1
Rent on land	[i						}		
Transfers and subsidies	14	29	152	120	120	120	126	134	141
Provinces and municipalities				{					
Provinces									
Provincial Revenue Funds Provincial agencies and funds	li .						}		
Provincial agencies and funds Municipalities	L			}			}		
Municipalities	ļ:			}			{		
Municipal agencies and funds									
Departmental agencies and accounts				f					
Social security funds				ļ					
Provide list of entities receiving transfers				ļ					
Higher education institutions									
Foreign governments and international organisations Public corporations and private enterprises				1			}		
Public corporations and private enterprises Public corporations	1:			}			}		
Subsidies on production	115			 			 		
Other transfers	[1]								}
Private enterprises	li'			j			{		
Subsidies on production				}			[}
Other transfers									
Non-profit institutions				l					
Households	14	29	152	120	120	120	126	134	141
Social benefits	14	29	152	120	120	120	126	134	141
Other transfers to households	[<u> </u>			}		
Payments for capital assets	3 519	16 443	14 798	21 422	18 620	18 620	28 361	19 279	20 301
Buildings and other fixed structures				ļ			ļ		
Buildings Other fixed structures	H			}			{		
Other fixed structures Machinery and equipment	3 519	16 443	14 798	21 422	18 620	18 620	28 361	19 279	20 301
Machinery and equipment Transport equipment	2 571	16 443 13 874	14 798 12 971	21422	10 020	10 020	28 361 15 000	19 279 16 000	20 301 16 848
Other machinery and equipment	948	2 569	1 827	21 422	18 620	18 620	13 361	3 279	3 453
Heritage Assets				t			<u> </u>		
Specialised military assets				1			}		
Biological assets				1			}		
Land and sub-soil assets							}		
Software and other intangible assets	L			 			}		
Payments for financial assets							}		
. Lymonic for imanoral accord									

Table B.2: Payments and estimates by economic classification: Health Facilities And Maintenance

Table B.2: Payments and estimates by economic classification: Health	T dominios zard inc			Main	Adjusted	Revised			
		Outcome		appropriation		estimate	Medi	ium-term estimate	S
R thousand	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	88 422	62 694	80 403	118 207	93 607	93 607	147 064	145 445	66 499
Compensation of employees	14 265	5 631	21 455	23 251	19 251	19 251	24 646	25 879	
Salaries and wages	12 647	5 033	20 776	22 482	18 482	18 482	23 831	25 023	
Social contributions	1 618	598 55 958	679	769	769	769	815	856	
Goods and services	74 156		58 948	93 785	73 185	73 185	121 177	118 263	66 499
Administrative fees	2	9	139	264 11	264 11	264 11	280 11	293 12	13
Advertising Assets less than the capitalisation threshold	8 552	64	1 257	3 065	3 065	3 065	3 249	3 411	13
Audit cost: External	0 332	04	1 231	3 000	3 005	3 000	3 249	3411	13
3									H
Bursaries: Employees Catering: Departmental activities	140	321	533	369	369	369	391	411	13
Communication (G&S)	6 106	- 1	1	180	180	180	191	201	13
Computer services	0 100		1 548	100	100	100	131	201	13
Consultants and professional services: Business and advisory services			1 340						13
Consultants and professional services: Infrastructure and planning									13
Consultants and professional services: Infrastructure and planning Consultants and professional services: Laboratory services									13
Consultants and professional services: Eabardary services Consultants and professional services: Scientific and technological services									13
Consultants and professional services: Legal costs					5 000	5 000			13
Contractors	40 276	42 656	2 539	2 953	2 953	56 196	3 133	3 288	13
Agency and support / outsourced services	87	12 000	2 000	2 300	2 000	00 100	0.00	0 200	13
Entertainment									13
Fleet services (including government motor transport)									
Housing	1								66 499
Inventory: Clothing material and accessories	1								13
Inventory: Farming supplies	1								13
Inventory: Food and food supplies	7	7	12	11	11	11	11	12	13
Inventory: Fuel, oil and gas	12		-		•		·		13
Inventory: Learner and teacher support material									[]
Inventory: Materials and supplies		22	55	56	56	56	59	62	13
Inventory: Medical supplies	8 806	1 737	343	528	528	528	559	585	[]
Inventory: Medicine		- 467							13
Medsas inventory interface									13
Inventory: Other supplies									H
Consumable supplies	1 503	325	272	781	781	781	828	869	13
Consumable: Stationery, printing and office supplies	114	78	48	169	169	169	179	188	13
Operating leases	63	109	50	258	258	258	274	4 902	13
Property payments	5 344	4 790	46 685	78 286	54 286	1 043	105 345	96 399	66 499
Transport provided: Departmental activity									13
Travel and subsistence	1 711	3 550	2 710	3 352	3 352	3 352	4 553	5 231	13
Training and development	1 418	2 552	1 908	3 207	1 607	1 607	1 801	2 070	13
Operating payments	10		24						13
Venues and facilities	5	206	824	295	295	295	313	329	
Rental and hiring									13
Interest and rent on land		1 105		1 171	1 171	1 171	1 241	1 303	
Interest	f 1	1 105		1 171	1 171	1 171	1 241	1 303	
Rent on land									H
Transfers and substition	·								
Transfers and subsidies									,
Provinces and municipalities Provinces									ş
Provinces Provincial Revenue Funds	μ				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •			,}
Provincial Revenue Funds Provincial agencies and funds									13
Municipalities	i								i}
Municipalities	ç		••••••		•••••			•••••	
Municipal agencies and funds									13
Departmental agencies and accounts	1								
Social security funds	F								;}
Provide list of entities receiving transfers									
Higher education institutions	t		•••••						
Foreign governments and international organisations									}
Public corporations and private enterprises									į
Public corporations Public corporations	F			ļ					
Subsidies on production	[g								
Other transfers	1								}! }
Priv ate enterprises	[}				•••••	••••••			
Subsidies on production	[r		••••••						
Other transfers									113
}	<u> </u>								
Non-profit institutions									ş
Households	·····								,}
Social benefits	1								13
Other transfers to households	L			<u> </u>			<u></u>		
Payments for capital assets	411 623	476 718	487 879	492 015	921 317	921 317	487 344	549 746	33 799
Buildings and other fixed structures	333 254	468 438	487 879	488 732	907 434	907 434	470 647	532 214	33 798
Buildings	333 254	468 438	487 879	488 732	907 434	907 434	470 647	532 214	33 798
Other fixed structures	L			L					
Machinery and equipment	78 369	8 280		3 283	13 883	13 883	16 697	17 532	1
Transport equipment									
Other machinery and equipment	78 369	8 280		3 283	13 883	13 883	16 697	17 532	1 }}
Heritage Assets									
Specialised military assets									}
Biological assets									ş
Land and sub-soil assets									3
Software and other intangible assets									
Payments for financial assets									
Total economic classification	500 045	539 412	568 282	610 222	1 014 924	1 014 924	634 408	695 191	100 298
IONAL COUNTING GRASSINGALION	30U U43	JJ# 412	300 262	010 222	1 0 14 924	1 014 924	034 406	090 191	100 298

Table B.5: Details on infrastructure

The following information for infrastructure must be presented Table B.5(a): Department of Health - Payments of infrastructure by category Source of Budget EPWP Total project Expenditure MTEF **Project Name Municipality Name** Type of Infrastructure **Project Duration** to date from Total Available funding rogramme Budget fo Forward Estimates Name current previous years School - primary, secondary, Units (i.e. Date: Start Date: Finish MTFF MTFF financia specialised, admin block, water, Number of 2014/15 2015/16 2016/17 year sanitation, fencing, etc. classrooms of R'000 facilities or square meters) 1 New and replacement assets Not part of a 31 Oct 2016 HFRG Brits Hospital Staff Accomodation Bits Hospital staff Accomodation Bojanala Staff Accomodation 01 Jul 201 2,349 203,840 34,640 23,490 64,644 programme Brits Hospital Brits Hospital New Boianala 120 08 Feb 2007 31 Aug 2014 HFRG 530.000 479.805 403 Hospital Revitalisation Revite payments of HT, OD and QA Hos pital 31 Mar 2015 HFRG 47.000 19.910 26.200 Brits Hospital (Revite Programmes) Brits Hospital Revite Programme Boianala N/A 01 Apr 201 Revitalisation orogrammes Not part of a 30 Jun 2014 HFRG Mathibestadt CHC Mathibestadt CHC Bojanala Community Health Centre 01 Oct 201 2,652 97,482 70.950 26.524 programme Not part of a Mathibistadt CHC Mathibestadt CHC Revite Programme Bojanala Community Health Centre N/A 31 Mar 2015 HFRG 5,000 5.000 programme Not part of a Klipgat CHC Klipgat CHC Boianala Community Health Centre 01 Mar 201 28 Feb 2018 ES 75.000 11.79 programme Not part of a 31 Aug 2015 ES 3.320 7.500 Clinic 1 Jul 2014 15 600 10.000 New Clinic Boianala 332 Mmakaunyane programme Not part of a Clinic 31 Aug 2015 ES 4.000 New Clinic Bojanala 1 Jul 2014 400 19,000 12,000 8,000 Madikwe Clinic programme Not part of a Welverdient Clinic New Clinic Bojanala Clnic 1 Aug 201 30 Jun 2014 ES 18,000 4.000 10.619 4,000 programme Not part of a Thabane CHC New CHC CHC 1 Dec 201 30 June 2014 HFRG 16.000 3.601 5.500 Boianala programme Not part of a 30 Junt 2015 ES 1.600 1.048 16.000 Moshana Clinic Moshana Clinic Ngaka Modiri Molema Clinic 01 Aprl 201 28.000 10 952 programme Not part of a 7,300 Lekgopung Clinic Lekgopung Clinic Ngaka Modiri Molema Clinic 01 May 201 30 Jun 2014 ES 8,000 597 programme Hospital 30 Sep 2014 HFRG Bophelong Psychiatric Hospital Bophelong Psychiatric Hospital Phase II Ngaka Modiri Molema Psychiatric Hospital 648 01 Oct 2012 21,07 574,000 352,041 210,732 Revitalisatio Hospital Lichtenburg (Gen Delarey Hospital) Ngaka Modiri Molema 150 01 Nov 201 30 Nov 2017 HFRG 520.000 33,859 9.000 48.000 Lichtenburg (Gen Delarey Hospital) Hospital Revitalisation Bophelong Psychiatric Hospital Revite Not part of a Bophelong Psychiatric Hospital Ngaka Modiri Molema Hospital N/A 01 Apr 201 31 Mar 2015 HFRG 4.280 4,280 Programme programme Not part of a Madiba Ma Kgabane Madiba Ma Kgabane Clinic Ngaka Modiri Molema 01 May 201 30 Jun 2014 ES 8,400 7,800 programme Not part of a 31 Mar 2017 HFRG Bophelong Psychiatric Hospital Bophelong Psychiatric Hospital Phase III Ngaka Modiri Molema Psychiatric Hospital 01 Jan 201 166,000 60,000 programme Not part of a Mosweu Clinic Mosweu Clinic Ngaka Modiri Molema Clinic 01 May 20 30 Jun 2014 ES 8,000 6,700 programme Not part of a Maquassi Hills CHC Maquassi Hills CHC Dr Kenneth Kaunda CHC 01 Apr 201 28 Feb 2017 HFRG 90,000 2,556 41,000 programme Not part of a Jouberton Extension 21 Construction new CHC Dr Kenneth Kaunda CHC 01 Apr 201 30 Apr 2017 HFRG 99,556 40,000 programme Dr Ruth Segomotsi Not part of a Sekhing CHC Sekhing CHC CHC 01 Sep 2013 28 Feb 2015 HFRG 4,062 100,027 56,004 40,619 Mompati programme Dr Ruth Segomotsi Not part of a Sekhing CHC Revite Programme N/A 31 Mar 2015 HFRG Sekhing CHC CHC 01 Apr 201 3,000 3,000 Mompati programme Dr Ruth Segomotsi Construction of The New Clinic With Not part of a Buxton Clinic Buxton Clinic 01 Sep 201 30 Apr 2014 ES 16,127 14,475 1,680 Mompati Normal Clinic Package Construction of The New Clinic With Dr Ruth Segomotsi Not part of a Tweelingspan Clinic Tweelingspan Clinic 01 Sep 201 30 Apr 2014 ES 18,700 14,465 Mompati Normal Clinic Package orogramme Total New and replacement assets 33.418 2,671,012 1.105.154 386.545 294,715 33,799

Department of Health

2. Upgrades and additions	-									•		•	•	
JST Hospital	JST Hospital Upgrade	Bojanala	Additions and Upgrade of JST Hospital	1	01 Sep 2012	31 Mar 2015	IHFRG .	Not part of a programme	5,651	206,333	149,820	56,506	0	0
JST Hospital	JST Hospital Revite Programme	Bojanala	Hospital	N/A	01 Apr 2014	31 Mar 2015	IHFRG	Not part of a programme	0	10,000	0	10,000	0	0
JST Hospital	New MOU	Bojanala	Hospital	1	01 Jun 2015	31 July 2016	IHFRG .	Not part of a programme	0	162,000	0	0	55,000	0
Boitekong CHC	CHC	Bojanala	Upgrade CHC	1	01 Apr 2014	31 Mar 2016	IHFKG	Not part of a programme	1,500	97,658	0	15,000	24,601	0
Boitekong CHC	CHC	Bojanala	Upgrade CHC	1	01 Apr 2014	31 Mar 2016	ICHC Buildings	Not part of a programme	1,650	23,490	7,000	16,490	0	0
Gelukspan Hospital	Upgrading of Hospital	Ngaka Modiri Molema	Hospital	1	01 Sep 2016	31 Mar 2017	THERG	Not part of a programme	0	78,380	0	0	5,000	0
Mmabatho Nursing College (Mmacon)	Mmacon Phase 1	Ngaka Modiri Molema	Nursing College	1	01 Oct 2015	31 May 2017	IHFK(-	Hospital Revitalisation	0	235,000	20,895	0	44,000	
Witrand Hospital	Renovation and Upgrade of Witrand Hospital	Dr Kenneth Kaunda	Renovation and Upgrade of Witrand Hospital	1	01 Oct 2012	31 Oct 2014	ITITKG	Not part of a programme	2,587	139,432	87,385	25,867	0	0
Witrand Hospital	Witrand Hospital Revite Programme	Dr Kenneth Kaunda	Hospital	N/A	01 Apr 2014	31 Mar 2015	IHFKG	Not part of a programme	0	4,000	0	4,000	0	0
Delareyville Bulk Pharmacy	Upgrading of Pharmacy	Dr Kenneth Kaunda	Pharmacy	1	01 Apr 2015	31 Dec 2016	HFRG	Not part of a programme	0	50,535	0	0	19,000	0
Ventersdorp Bulk Pharmacy	Upgrading of Pharmacy	Dr Kenneth Kaunda	Pharmacy	1	01 Apr 2015	31 Dec 2016	IHFKG	Not part of a programme	0	50,000	0	0	19,000	0
Excelsius Nursing College	Excelsius Nursing College Phase 1	Dr Kenneth Kaunda	College	1	01 Apr 2014	31 Mar 2016	IHER(i	Hospital Revitalisation	0	238,386	32,652	0	104,946	0
Total Upgrades and additions				•	·				11,388	1,295,214	297,752	127,863	271,547	0

No.	Project Name	Municipality Name	Type of Infrastructure		Project	Duration	Source of funding	Budget Programme Name	EPWP Budget for current	Total project cost	Expenditure to date from previous years	Total Available	MTI Forward E	
			School - primary, secondary, specialised, admin block, water, sanitation, fencing, etc.	Units (i.e. Number of classrooms or facilities or square meters)	Date: Start	Date: Finish		Name	financial year		previous years	2014/15 R'000	MTEF 2015/16 R'000	MTEF 2016/17 R'000
4. Maintenance and repairs	•	11.	•		•	•		•						
Koster/Swartruggens hospital Complex	Statutory Maintenance at Koster/Swartruggens Hospitals	Bojanala	Hospital		01 April 2014	31 March 2017	ES	Not Part of a programme	0	4,033	0	1,219	1,340	1,474
Brits Hospital	Statutory Maintenance at Brits Hospital	Bojanala	Hospital		01 April 2014	31 March 2017	ES	Not Part of a programme	0	3,930	0	1,263	1,310	1,357
Job Shimankana Tabane Hospital	Statutory Maintenance at Job Shimankane Tabane Hospital	Bojanala	Hospital		01 April 2014	31 March 2017	ES	Not Part of a programme	0	5,879	0	1,888	1,960	2,031
Moses Kotane Hospital	Statutory Maintenance at Moses Kotane Hospital	Bojanala	Hospital		01 April 2014	31 March 2017	ES	Not Part of a programme	0	5,230	0	1,540	1,740	1,950
Kgetleng Sub-District	Statutory Maintenance at Kgetleng Sub- District	Bojanala	Sub-District		01 April 2014	31 March 2017	ES	Not Part of a programme	0	564	0	151	188	225
Moretele Sub-District	Statutory Maintenace at Moretele Sub- District	Bojanala	Sub-District		01 April 2014	31 March 2017	ES	Not Part of a programme	0	1,168	0	353	392	423
Koster Hospital	Upgrading of kitchen	Bojanala	Hospital		01 April 2014	31 March 2015	ES	Not Part of a programme	0	300	0	300	0	(
Koster Hospital	Replacement existing wire fence with palisade security fence around the hospital	Bojanala	Hospital		01 April 2015	31 March 2016	ES	Not Part of a programme	0	2,200	0	0	2,200	- (
Koster Hospital	Addition of waiting area at X-ray unit and dental area	Bojanala	Hospital		01 April 2014	31 March 2015	ES	Not Part of a programme	0	450	0	450	0	(
Koster Hospital	Creation of Obstrectic and general theater	Bojanala	Hospital		01 April 2016	31 March 2017	ES	Not Part of a programme	0	2,500	0	0	0	2,500
Koster Hospital	Extension of mortuary	Bojanala	Hospital		01 April 2016	31 March 2017	ES	Not Part of a programme	0	700	0	0	0	700
Koster Hospital	Erection of car ports X10	Bojanala	Hospital		01 April 2016	31 March 2017	ES	Not Part of a programme	0	260	0	0	0	260
Koster Hospital	Alteration and addition of pharmacy bulk store.	Bojanala	Hospital		01 April 2014	31 March 2015	ES	Not Part of a programme	0	200	0	200	0	(
Koster Hospital	Roof painting and Repainting of the walls	Bojanala	Hospital		01 April 2014	31 March 2015	ES	Not Part of a programme	0	200	0	200	0	(
Koster Hospital	Replacement and refurbishment of ceiling	Bojanala	Hospital		01 April 2014	31 March 2015	ES	Not Part of a programme	0	250	0	250	0	(
Swartruggens Hospital	Repainting of walls Hospital and Doctors Residents	Bojanala	Hospital		01 April 2014	31 March 2015	ES	Not Part of a programme	0	240	0	240	0	(
JST Hospital	Refurbishment of roof	Bojanala	Hospital		01 April 2015	31 March 2016	ES	Not Part of a programme	0	1,000	0	0	1000	(
JST Hospital	2nd phase of fencing	Bojanala	Hospital		01 April 2014	31 March 2016	ES	Not Part of a programme	0	1,000	0	500	500	(
JST Hospital	2nd phase A & E Unit	Bojanala	Hospital		01 April 2014	31 March 2015	ES	Not Part of a programme	0	450	0	450	0	(
Letlhabile	Renovation works at the facility	Bojanala	снс		01 April 2014	31 March 2015	ES	Not Part of a programme	0	500	0	500	0	- 1
Mogwase	Renovation works at the facility	Bojanala	снс		01 April 2014	31 March 2016	ES	Not Part of a programme	0	450	0	300	0	150
Reagile	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	2,000	0	0	2000	(
Derby Health Post	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	530	0	530		- (
Uitkyk Clinic	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	350	0	0	350	-

No.	Project Name	Municipality Name	Type of Infrastructure		Project	Duration	Source of funding	Budget Programme Name	EPWP Budget for current	Total project cost	Expenditure to date from previous years	Total Available	MTI Forward E	
			School - primary, secondary, specialised, admin block, water, sanitation, fencing, etc.	Units (i.e. Number of classrooms or facilities or square meters)	Date: Start	Date: Finish		Name	financial year		previous years	2014/15 R'000	MTEF 2015/16 R'000	MTEF 2016/17 R'000
4. Maintenance and repairs			<u></u>						ı		•	l I		
Vrade Clinic	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	350	0	350	0	0
Witranjies Clinic	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	1,500	0	1500	0	0
rampampaspoort Clinic	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	725	0	725	0	0
Mankaipa Clinic	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	300	0	0	300	0
Dwarsberg Clinic	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	450	0	0	450	0
Bosplaas Clinic	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	780	0	0	780	0
Seaparonkwe clinic	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	800	0	800	0	0
Maubane clinic	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	600	0	600	0	0
Ga- Motla	Paving	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	653	0	653	0	0
Ratjiepane clinic	new fence	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	140	0	0	140	
Rabokala clinic	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	400	0	400	0	0
Maboloka Clinic	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	450	0	450	0	0
Jerigo clinic	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	350	0	350	0	0
Fafung	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	300	0	300	0	0
oukasie	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	250	0	0	250	0
Ikutseng	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	280	0	0	280	0
Madidi	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	250	0	0	250	0
Moilatsane	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	500	0	500	0	С
Kgabolatsane	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	340	0	340	0	С
Hebron	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	300	0	300	0	C
Hoekfontein	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	300	0	0	300	C
Segwalane	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	800	0	800	0	C
Moderspruit	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	200	0	0	200	С

No.	Project Name	Municipality Name	Type of Infrastructure		Project	Duration	Source of funding	Budget Programme Name	EPWP Budget for current	Total project cost	Expenditure to date from previous years	Total Available	MT Forward	EF Estimates
			School - primary, secondary, specialised, admin block, water, sanitation, fencing, etc.	Units (i.e. Number of classrooms or facilities or square meters)	Date: Start	Date: Finish		Name	financial year		previous years	2014/15 R'000	MTEF 2015/16 R'000	MTEF 2016/17 R'000
4. Maintenance and repairs		·		•		•			•	•				
wonderkop	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	560	0	560	0	(
Broederstroom	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	580	0	580	0	(
Matjakaneng	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	330	0	0	330	(
Ruigtersloot	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	350	0	0	350	(
Relebogile	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	550	0	0	550	(
Mogogela	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	285	0	0	285	(
lefatiheng	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	400	0	0	400	(
Tladistad	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	503	0	503	0	(
Leseding	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	300	0	0	300	(
Hartebeesfontein	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	200	0	0	200	(
Tlaseng	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	80	0	0	80	(
Chaneng	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	80	0	0	80	(
Monakato	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	400	0	400	0	(
Mmakaunyane	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	520	0	520	0	(
Phatsima	Renovation works at the facility	Bojanala	Clinics		01 April 2015	31 March 2016	ES	Not Part of a programme	0	80	0	0	80	(
Moretele	Renovation works at the facility	Bojanala	Clinics		01 April 2014	31 March 2015	ES	Not Part of a programme	0	400	0	400	0	(
Matile	Repair building outside and inside	Ngaka Modiri Molema	Clinic		01 April 2014	31 March 2015	ES	Not part of a programme	0	220	0	220	0	(
Itekeng	Repair building outside and inside	Ngaka Modiri Molema	Clinic		01 April 2014	31 March 2015	ES	Not part of a programme	0	170	0	170	0	
Lonely Park	Repair building outside and inside	Ngaka Modiri Molema	Clinic		01 April 2014	31 March 2015	ES	Not part of a programme	0	445	0	445	0	(
Ramatlabama	Repair building outside and inside	Ngaka Modiri Molema	Clinic		01 April 2014	31 March 2015	SES	Not part of a programme	0	297	0	297	0	
Madibogo	Repair building outside and inside	Ngaka Modiri Molema	Clinic		01 April 2014	31 March 2015	ES	Not part of a programme	0	275	0	275	0	(
logageng	Repair building outside and inside	Ngaka Modiri Molema	Clinic		01 April 2014	31 March 2015	ES	Not part of a programme	0	306	0	306	0	(
Dinokana Old Clinic	Repair building outside and inside	Ngaka Modiri Molema	Clinic		01 April 2014	31 March 2015	ES	Not part of a programme	0	242	0	242	0	(
Lehurutshe	Repair building outside and inside	Ngaka Modiri Molema	Clinic		01 April 2014	31 March 2015	ES	Not part of a programme	0	605	0	605	0	(
Kopela	Repair building outside and inside	Ngaka Modiri Molema	Clinic		01 April 2014	31 March 2015	ES	Not part of a programme	0	116	0	116	0	(

No.	Project Name	Municipality Name	Type of Infrastructure		Project	Duration	Source of funding	Budget Programme Name	EPWP Budget for current	Total project cost	Expenditure to date from previous years	Total Available	MTI Forward E	
			School - primary, secondary, specialised, admin block, water, sanitation, fencing, etc.	Units (i.e. Number of classrooms or facilities or square meters)		Date: Finish		Hame	financial year		providus years	2014/15 R'000	MTEF 2015/16 R'000	MTEF 2016/17 R'000
4. Maintenance and repairs			•		•	•								
Agisanang	Repair building outside and inside	Ngaka Modiri Molema	Clinic		01 April 2014	31 March 2015	ES	Not part of a programme	0	324	0	324	0	0
Gelukspan	Repair building outside and inside	Ngaka Modiri Molema	Hospital			31 March 2015		Not part of a programme	0	2,500	0	2,500	0	0
Thusong	Repair building outside and inside	Ngaka Modiri Molema	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	500	0	500	0	0
Mahikeng Provincial Hosp	Repair building outside and inside	Ngaka Modiri Molema	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme Not part of a	0	4,000	0	4,000	0	0
Bophelong Psychiatric Hosp	Repair building outside and inside	Ngaka Modiri Molema	Hospital		01 April 2014	31 March 2015	ES	programme	0	500	0	500	0	0
All clinics and CHC's	Minor maiternance Water, sanitation, service aircons, UVL.,	Ngaka Modiri Molema	Clinics and CHC's			31 March 2015		Not part of a programme Not part of a	0	3,500	0	3,500	0	0
Ratlou Clinics	repairs, sewage Service autoclaves boilers, X-Ray, theatres	Ngaka Modiri Molema	Clinic		01 Apr 2013	31 Mar 2016	ES	programme Not part of a	0	250	0		250	0
Thusong Hospital (Statutory)	aircon.	Ngaka Modiri Molema	Hospital		01 Apr 2013	31 Mar 2016	ES	programme	0	700	0		700	0
Genrl De La Rey Hospital (Statutory)	Service autoclaves boilers, X-Ray, theatres aircon.	Ngaka Modiri Molema	Hospital		01 Apr 2013	31 Mar 2016	ES	Not part of a programme	0	536	0		536	0
Lehurutshe/Zeerust Comlex (Statutory)	Service autoclaves boilers, X-Ray, theatres aircon.	Ngaka Modiri Molema	Hospital		01 Apr 2013	31 Mar 2016	ES	Not part of a programme	0	600	0		600	0
MPH Hospital (Statutory)	Service autoclaves boilers, X-Ray, theatres aircon.	Ngaka Modiri Molema	Hospital		01 Apr 2013	31 Mar 2016	ES	Not part of a programme	0	770	0		770	0
Gelukspan District Hospital	Repair to roofs, internal and external repairs	Ngaka Modiri Molema	Hospital		01 Apr 2013	31 Mar 2016	ES	Not part of a programme	0	4,150	0		1,750	2,400
Thusong Hospital	Repair to roofs, internal and external repairs	Ngaka Modiri Molema	Hospital		01 Apr 2013	31 Mar 2016	ES	Not part of a programme	0	3,000	0		2,000	1,000
Genrl De La Rey Hospital	Repair to roofs, internal and external repairs	Ngaka Modiri Molema	Hospital		01 Apr 2013	31 Mar 2016	ES	Not part of a programme	0	4,144	0		2,000	2,144
Lehurutshe/Zeerust Comlex	Repair to roofs, internal and external repairs	Ngaka Modiri Molema	Hospital		01 Apr 2013	31 Mar 2016	ES	Not part of a programme	0	4,015	0		1,750	2,265
MPH Hospital	Repair to roofs, internal and external repairs	Ngaka Modiri Molema	Hospital		01 Apr 2014	31 Mar 2016	ES	Not part of a programme	0	4,500	0		3,000	1,500
Potchefstroom Hospital	Water reticulation (From galvanise to plasson)	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	250	0	250	0	0
Potchefstroom Hospital	New Wall protection from Ward 4- Ward 11 and passages	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	120	0	120	0	0
Potchefstroom Hospital	Refurb Orthopaedic and Peads Clinic	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	300	0	300	0	0
Potchefstroom Hospital	Repair Leaking roofs	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	200	0	200	0	0
Potchefstroom Hospital	Painting Nurses Residence (Three blocks)	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	100	0	100	0	0
Potchefstroom Hospital	General building repairs & maintenance (day to day)	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	60	0	60	0	0
Potchefstroom Hospital	Plumbing repairs	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	50	0	50	0	0
Potchefstroom Hospital	Electricity repairs	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	45	0	45	0	0
Klerksdorp/Tshepong Hospital	Renovations and upgrading of the Theatre complex klerksdorp hospital(also piping system).	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	210	0	210	0	0

No.	Project Name	Municipality Name	Type of Infrastructure		Project	Duration	Source of funding	Budget Programme Name	EPWP Budget for current	Total project cost	Expenditure to date from previous years	Total Available	MT Forward	EF Estimates
			School - primary, secondary, specialised, admin block, water, sanitation, fencing, etc.		Date: Start	Date: Finish		Nume	financial year		providus years	2014/15 R'000	MTEF 2015/16 R'000	MTEF 2016/17 R'000
4. Maintenance and repairs							•							
Klerksdorp/Tshepong Hospital	Upgrading and painting of 4 patients wards Klerksdorp hospital	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	100	0	100	0	0
Klerksdorp/Tshepong Hospital	Painting and upgrading of old nurses quarters buildings kld hospital inside and outside as well as the upgrading of the bathrooms.	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	300	0	300	0	0
Klerksdorp/Tshepong Hospital	Painting and upgrading of walls and ceiling of the main corridor Kld hospital	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	Ec	Not part of a programme	0	90	0	90	0	0
Tomosopy Fortopong Frospital	Upgrading and painting as well as modifications to be done and the repairs of the floors at Kitchen departments at KId	5. Totalion regular	ricopical		51 April 2014	5. Walon 2010		Not part of a programme		30		30	0	
Klerksdorp/Tshepong Hospital	hospital as well as Tshepong hospital 1 Metal detector at the main entrance gate at Tshepong hospital and 3 detectors at the	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a	0	116	0	116	0	0
Klerksdorp/Tshepong Hospital	gates at Kld hospital	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme	0	192	0	192	0	0
Klerksdorp/Tshepong Hospital	Repair rusted and leaking roofs at Doctors Quarters Klerksdrop hospital Replacement of 1 redunded vacuum pump	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme Not part of a	0	186	0	186	0	0
Klerksdorp/Tshepong Hospital	with 1 new 15V ingersal Rand pump Tsh	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme	0	128	0	128	0	0
Klerksdorp/Tshepong Hospital	Painting and repair of rusted and leaking roofs KId hospital Re routing of redundant of old water pipes at	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	149	0	149	0	0
Klerksdorp/Tshepong Hospital	Klerksdorp hospital according to the health and safety act Closing of the out patient area MDR TB unit	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme Not part of a	0	100	0	100	0	0
Klerksdorp/Tshepong Hospital	Tshepong hospital	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme	0	95	0	95	0	0
	Upgrading of outpatients, corridors and waiting area X-Ray department Tshepong hospital. Extension of the untrasound room				04.4.7.0044	04.14		Not part of a programme		440		440		
Klerksdorp/Tshepong Hospital	as well as the replacement of light fittings Painting and upgrading of the front face of	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a	0	140	0	140	0	0
Klerksdorp/Tshepong Hospital	Tshepong hospital Installation of palisade fence behind medical	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme Not part of a	0	50	0	50	0	0
Klerksdorp/Tshepong Hospital	wards Tshepong hospital Renovations at the main pharmacy - second	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme Not part of a	0	47	0	47	0	0
Witrand Hospital	phase (car ports; uniform working tops & separarte sluice room)	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme	0	150	0	150	0	0
Witrand Hospital	Glass door at Hydrotherapy pool	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	19	0	19	0	0
Witrand Hospital	Replacement of the lights in the nursing station	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	16	0	16	0	0
Witrand Hospital	Supply and Installation of Cages for domestic waste disposal as require by Core Standard Providing minimum of 2 plugs per bed in the	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	50	0	50	0	0
Witrand Hospital	unit for huntleigh mattress and feeding pumps	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	50	0	50	0	0
Witrand Hospital	Supply and Installation of sign as requsted by Core Standard to indicate the number of Beds in the wards	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	100	0	100	0	0
Witrand Hospital	Painting of Internal and External walls and minor repairs	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	100	0	100	0	0

No.	Project Name	Municipality Name	Type of Infrastructure		Project	Duration	Source of funding	Budget Programme Name	EPWP Budget for current	Total project cost	Expenditure to date from previous years	Total Available		TEF Estimates
			School - primary, secondary, specialised, admin block, water, sanitation, fencing, etc.	Units (i.e. Number of classrooms or facilities or square meters)	Date: Start	Date: Finish		Name	financial year		previous years	2014/15 R'000	MTEF 2015/16 R'000	MTEF 2016/17 R'000
4. Maintenance and repairs	<u> </u>	"						·	ı			Į.		
Witrand Hospital	Installation of Floor sheeting	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	200	0	200	0	0
Witrand Hospital	Painting of Internal and External walls and minor repairs	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	100	0	100	0	0
Witrand Hospital	Singage to indicate the number of beds in the wards Uplifting of the Bath	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme Not part of a	0	100	0	100	0	0
Witrand Hospital		Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme	0	80	0	80	0	0
Witrand Hospital	Accessibilty points for disable people i.e.upgrading of ramps,hand rails and erection of the toilets	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	100	0	100	0	0
Witrand Hospital	Instalation of Floor sheeting	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	80	0	80	0	c
Maquassi Hills CHC	Painting and sealing of roof and repair of gutters	Dr Kenneth Kaunda	CHC			31 March 2015		Not part of a programme	0	90	0	90	0	0
Maquassi Hills CHC	Re-vanish outside walls	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	60	0	60	0	0
Maquassi Hills CHC	Renovate and Painting of Clinic inside	Dr Kenneth Kaunda	СНС		01 April 2014	31 March 2015	ES	Not part of a programme	0	150	0	150	0	0
Maquassi Hills CHC	Patitioning of Consulting Rooms	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	30	0	30	0	0
Maquassi Hills CHC	New Tiling in Clinic	Dr Kenneth Kaunda	СНС		01 April 2014	31 March 2015	ES	Not part of a programme	0	80	0	80	0	0
Maquassi Hills CHC	Painting and Repair Palisade Fence Repair Concrete Aprons and storm water	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme Not part of a	0	20	0	20	0	0
Maquassi Hills CHC	channels	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	programme	0	25	0	25	0	0
Maquassi Hills CHC	Replace Sewerage Line	Dr Kenneth Kaunda	СНС		01 April 2014	31 March 2015	ES	Not part of a programme	0	60	0	60	0	0
Maquassi Hills CHC	Repair Concrete Aprons and storm water channels	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	15	0	15	0	0
Maquassi Hills CHC	Painting and sealing of roof and repair of gutters	Dr Kenneth Kaunda	СНС		01 April 2014	31 March 2015	ES	Not part of a programme	0	60	0	60	0	0
Maquassi Hills CHC	Painting of Clinic and Re-vanish outside	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	20	0	20	0	0
Maquassi Hills CHC	Renovate and Painting of Clinic inside	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme Not part of a	0	120	0	120	0	0
Maquassi Hills CHC	New Tiling in Clinic Renovate and Painting of Nurses Home	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	programme Not part of a	0	55	0	55	0	0
Maquassi Hills CHC	inside + outside	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	programme	0	35	0	35	0	0
Maquassi Hills CHC	Repair Concrete Aprons and storm water channels	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	20	0	20	0	0
Maquassi Hills CHC	Replace Sewerage Line	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	60	0	60	0	0

No.	Project Name	Municipality Name	Type of Infrastructure		Project	Duration	Source of funding	Budget Programme Name	EPWP Budget for current	Total project cost	Expenditure to date from previous years	Total Available	MT Forward I	TEF Estimates					
								School - primary, secondary, specialised, admin block, water, sanitation, fencing, etc.	Units (i.e. Number of classrooms or facilities or square meters)	Date: Start	Date: Finish		Name	financial year		previous years	2014/15 R'000	MTEF 2015/16 R'000	MTEF 2016/17 R'000
4. Maintenance and repairs								1	1										
Maquassi Hills CHC	Painting of Clinic and Re-vanish outside	Dr Kenneth Kaunda	СНС		01 April 2014	31 March 2015	ES	Not part of a programme Not part of a	0	50	0	50	0	(
Maquassi Hills CHC	Renovate and Painting of Clinic inside	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	programme	0	90	0	90	0	(
Maquassi Hills CHC	Renovate and Painting of Nurses Home inside + outside	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	35	0	35	0	(
Maquassi Hills CHC	New Tiling in Clinic	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	45	0	45	0						
Maquassi Hills CHC	New Tiling in Nurses Home Repair Concrete Aprons and storm water	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	15	0	15	0	(
Maquassi Hills CHC	channels	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	20	0	20	0						
Maquassi Hills CHC	Painting and sealing of roof and repair of gutters	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	85	0	85	0	(
Maquassi Hills CHC	Re-vanish outside walls	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	60	0	60	0						
Maquassi Hills CHC	Renovate and Painting of Clinic inside	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	125	0	125	0	(
Maquassi Hills CHC	Repair Concrete Aprons and storm water channels	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	25	0	25	0						
Maquassi Hills CHC	New Tiling 2nd Floor Coridor	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	50	0	50	0	1					
Maquassi Hills CHC	Moving and fitting of oxygen stands	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	Not part of a programme	0	5	0	5	0	,					
Khuma Clinic	Painting and Tiling	Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	ES	Not part of a programme	0	180	0	180	0						
Botshabelo CHC	Security Guard room	Dr Kenneth Kaunda	CHC			31 March 2015		Not part of a programme	0	50	0	50	0						
Botshabelo CHC	Window and door at reception	Dr Kenneth Kaunda	CHC			31 March 2015		Not part of a programme	0	25		25	0						
Marcus Zenzile Clinic	Storeroom or cage for medical waste	Dr Kenneth Kaunda	Clinic		·	31 March 2015		Not part of a	0	50		50	0						
Khuma Clinic	Extend roofing at patient toilets and refurbish	Dr Kenneth Kaunda	Clinic		·	31 March 2015		Not part of a programme	0	50		50	0						
Khuma Clinic	Guard room	Dr Kenneth Kaunda	Clinic			31 March 2015		Not part of a programme	0	50	0	50	0						
Empilisweni Clinic	Painting of ceiling and repair of roof (sealant and Painting and tiling		Clinic		·	31 March 2015		Not part of a programme	0	100	0	100	0						
Jouberton CHC	Enclosing of existing structure for waiting area	Dr Kenneth Kaunda	CHC		·	31 March 2015		Not part of a programme	0	80	0	80	0						
Jouberton CHC	Door in medical waste storeroom	Dr Kenneth Kaunda	CHC			31 March 2015		Not part of a programme	0	15	0	15	0						
Jouberton CHC	Repair and sealing of roof and replace ceiling Painting and tiling	Dr Kenneth Kaunda	CHC			31 March 2015		Not part of a programme	0	100	0	100	0						
Gateway Clinic	Closing of varenda for medical waste room	Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	ES	Not part of a programme	0	30	0	30	0						

No.	Project Name	Municipality Name	Type of Infrastructure		Project	Duration	Source of funding	Budget Programme Name	EPWP Budget for	Total project cost	Expenditure to date from previous years	Total Available	MTEF Forward Estimates	
			School - primary, secondary, specialised, admin block, water, sanitation, fencing, etc.	Units (i.e. Number of classrooms or facilities or square meters)	Date: Start	Date: Finish		Name	current financial year			2014/15 R'000	MTEF 2015/16 R'000	MTEF 2016/17 R'000
4. Maintenance and repairs		I .												
Delekile Khoza Clinic	Extension of medical waste storeroom							Not part of a				40		
		Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	ES	programme	0	40	0		0	<u> </u>
Delekile Khoza Clinic	Guard room.	Dr Kenneth Kaunda	Clinic		04 April 204	31 March 2015	FC.	Not part of a	0	200		200	0	,
Park Street Clinic	Painting and Tiling of facility Emergency Exit on 1 st floor	Di Kenneth Kaunda	Ciriic	1	01 April 2012	31 Maich 2015	EO	Programme Not part of a	U	200	U	25	0	
0	Emergency Exit off 1 1100f	Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	ES	programme	0	25	0	25	0	ار
Orkney Clinic	Sealing of roof and Painting of facility				1			Not part of a				300		
		Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	ES	programme	0	300	0		0	1
Grace Mokhomo CHC	Installation of burglar frames and door at the	B 14 11 11 1	0.10					Not part of a				40		
	rear entrance of Maternity Section	Dr Kenneth Kaunda	CHC	-	01 April 2014	31 March 2015	ES	programme Not port of a	0	40	0		0	
Mogopa Clinic	Repair sealing and painting of roof	Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	FS	Not part of a programme	0	82	0	82	0)
тодора отпо	ropan coaining and pariting or root	Di Monitori Madrida	O.I.I.O		0174piii 201	0 : maiori 2010	10	Not part of a		02	Ť	02		
JB Maks CHC	Repair sealing and painting of roof	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	programme	0	76	0	76	0	J .
								Not part of a						
Youth Cente	Repair sealing and painting of roof	Dr Kenneth Kaunda	Centre		01 April 2014	31 March 2015	ES	programme	0	55	0	55	0	4
Mogopa Clinic	Repair and installation of Electical Work	Dr Kenneth Kaunda	Clinic		01 April 201	31 March 2015	EC	Not part of a programme	٥	120	0	120	0	,
iviogopa Cirriic	Repair and installation of Electical Work	Di Refilietti Raufua	Gillic	1	01 April 201-	31 Maich 2013	EO	Not part of a	U	120	0	120	- 0	
Kgotso Clinic	Repair and installation of Electical Work	Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	ES	programme	0	20	0	20	0	J
								Not part of a						
Youth Cente	Repair and installation of Electical Work	Dr Kenneth Kaunda	Centre		01 April 2014	31 March 2015	ES	programme	0	10	0	10	0	<u> </u>
Magana Clinia	Duilding Mode	Dr Kanneth Kaunda	Clinia		04 April 204	24 March 2045	F0	Not part of a	0	200		200	0	,
Mogopa Clinic	Building Work	Dr Kenneth Kaunda	Clinic		01 April 2012	31 March 2015	ES	programme Not part of a	U	200	0	200	U)
Kgotso Clinic	Patitioning and Building Work	Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	ES	programme	0	150	0	150	0	,
	, ,				·			Not part of a						
Gateway Clinic	Repair Fence	Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	ES	programme	0	20	0	20	0	,
	Additional Booth with a counter and door	B 14 11 11 1						Not part of a						
Ventersdorp Hospital	replacement	Dr Kenneth Kaunda	Hospital	1	U1 April 2014	31 March 2015	ES	programme Not part of a	0	100	0	100	0	
Ventersdorp Hospital	Wall Fencing Phase 3	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme	0	250	0	250	0	l
								Not part of a	Ť	200		200		
Ventersdorp Hospital	Medical Waste and General waste Store	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme	0	50	0	50	0	J
	Refurbish sluice room x2 including sluice					l		Not part of a						
Ventersdorp Hospital	machine	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme	0	140	0	140	0	
Ventersdorp Hospital	Upgrade tea room	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	FS	Not part of a programme	0	30	0	30	۸	
Volkorodorp Floopitui	opgiddo tod room	5. Asimoth Raunad	1 TOOPICAL		0171piii 201	5. Maion 2015		Not part of a	- ·	30	0	30	0	
Ventersdorp Hospital	Upgrade CSSD Shelves	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme	0	90	0	90	0)
	Refurbish HR an Finance(Trellidor X4							Not part of a						
	admis sion/revenue, partition, counter with		l.,				L.	programme	l .		_		_	
Ventersdorp Hospital	glass,glassdoor X2)	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	<u> </u>	0	250	0	250	0	4

No.	Project Name	Municipality Name			Project Duration		Source of funding	Budget Programme Name	EPWP Budget for current	Total project cost	Expenditure to date from previous years	Total Available	MT Forward	EF Estimates
			School - primary, secondary, specialised, admin block, water, sanitation, fencing, etc.	Units (i.e. Number of classrooms or facilities or square meters)	Date: Start	Date: Finish			financial year		previous years	2014/15 R'000	MTEF 2015/16 R'000	MTEF 2016/17 R'000
4. Maintenance and repairs		ı				l.								
Ventersdorp Hospital	Upgrade Main Enterance(shelter and boomgates) Paving of Nurses Home Road and admin	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	300	0	300	0	0
Ventersdorp Hospital	block road	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	150	0	150	0	0
Ventersdorp Hospital	Palisade fencing (reservoir and Water tanks)	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme Not part of a	0	100	0	100	0	0
Ventersdorp Hospital	Demolishing of Medical waste store Upgrading of toilets (Plumbing and	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme Not part of a	0	10	0	10	0	0
Ventersdorp Hospital	heavyduty)	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme Not part of a	0	50	0	50	0	0
Ventersdorp Hospital	Upgrade of Mortuary (toilet, shower)	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme Not part of a	0	70	0	70	0	0
Ventersdorp Hospital	Rerfurbishing Lab room(Room 35)	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme Not part of a	0	100	0	100	0	0
Promosa CHC	Renovations and Repairs	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	programme Not part of a	0	150	0	150	0	0
Boik Tihapi CHC	Renovations and Repairs	Dr Kenneth Kaunda	CHC		01 April 2014	31 March 2015	ES	programme Not part of a	0	100	0	100	0	0
Potchefstroom Clinic	Renovations and Repairs	Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	ES	programme Not part of a	0	110	0	110	0	0
Gateway Clinic	Renovations and Repairs	Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	ES	programme Not part of a	0	150	0	150	0	0
Mohadin Clinic	Renovations and Repairs	Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	ES	programme Not part of a	0	100	0	100	0	0
Top City Clinic	Renovations and Repairs	Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	ES	programme Not part of a	0	100	0	100	0	0
Steve Tshwete Clinic	Renovations and Repairs	Dr Kenneth Kaunda	Clinic		01 April 2014	31 March 2015	ES	programme Not part of a	0	200	0	200	0	0
Lesego Clinic	Renovations and Repairs	Dr Kenneth Kaunda	Clinic			31 March 2015		programme Not part of a	0	100	0	100	0	0
Boskop Clinic	Renovations and Repairs	Dr Kenneth Kaunda	Clinic		·	31 March 2015		programme Not part of a	0	100	0	100	0	0
EMS Station	Renovations and Repairs Installation of panic-buttons	Dr Kenneth Kaunda	EMS Station		·	31 March 2015		Programme Not part of a	0	100	0	100 85	0	0
Nic Bodenstein Hospital	Repair leaking roofs and painting interior and		Hospital			31 March 2015		Programme Not part of a	0	85		150	0	0
Nic Bodenstein Hospital	external walls Erection of building to varenda for patients'	Dr Kenneth Kaunda	Hospital		,	31 March 2015		Programme Not part of a	0	150	0		0	0
Nic Bodenstein Hospital	waiting area Install Fire Escape at 1st Floor	Dr Kenneth Kaunda	Hospital			31 March 2015		Not part of a	0	100	0	100 150	0	0
Nic Bodenstein Hospital	Conversion into Maternity Waiting Home	Dr Kenneth Kaunda Dr Kenneth Kaunda	Hospital			31 March 2015		Not part of a	0	150	0	150	0	0
Nic Bodenstein Hospital Nic Bodenstein Hospital	Expand /renovate current and upgrade compressor	Dr Kenneth Kaunda Dr Kenneth Kaunda	Hospital Hospital			31 March 2015 31 March 2015		Programme Not part of a programme	0	150	0	150	0	

No.	Project Name	Municipality Name	Type of Infrastructure		Project	Duration	Source of funding	Budget Programme Name	EPWP Budget for	Total project cost	Expenditure to date from	Total Available	MTI Forward E	
			School - primary, secondary, specialised, admin block, water, sanitation, fencing, etc.	Units (i.e. Number of classrooms or facilities or square meters)	Date: Start	Date: Finish			current financial year		previous years	2014/15 R'000	MTEF 2015/16 R'000	MTEF 2016/17 R'000
4. Maintenance and repairs			•				ı						l.	
Nic Bodenstein Hospital	Upgrade access-points for disability-access	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	150	0	150	0	
Nic Bodenstein Hospital	Renovate side wards for Private patients	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	150	0	150	0	
Nic Bodenstein Hospital	Close veranda to erect office	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	50	0	50	0	-
Nic Bodenstein Hospital	Upgrading for Registry-section	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme	0	70	0	70	0	
Nic Bodenstein Hospital	Renovation of the current structure. Conversion of office	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	Not part of a programme Not part of a	0	50	0	50	0	
Nic Bodenstein Hospital	Opening window	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme Not part of a	0	50	0	30	0	
Nic Bodenstein Hospital	Building/creation of waste-water furrows	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme Not part of a	0	30	0	30	0	
Nic Bodenstein Hospital	Statutory Maintenance	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme Not part of a	0	30	0		0	
Potch Hospital	Statutory Maintenance	Dr Kenneth Kaunda	Hospital			31 March 2016		programme Not part of a	0	2,830	0	2,230	600 2,500	5,50
KT Complex	Statutory Maintenance	Dr Kenneth Kaunda	Hospital		02 April 2014	31 March 2017	ES	programme Not part of a	0	10,878	0	2,878	_,,,,,	
Witrand Hospital	Statutory Maintenance	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2016	ES	programme Not part of a	0	2,214	0	1,114	1,100	
Ventersdorp Hospital	Statutory Maintenance	Dr Kenneth Kaunda	Hospital		02 April 2014	31 March 2017	ES	programme Not part of a	0	2,085	0	685	1,000	40
Nic Bodenstein Hospital		Dr Kenneth Kaunda	Hospital		03 April 2014	31 March 2017	ES	programme	0	4,244	0	1,544	1,400	1,30
Matlosana Sub-District	Statutory Maintenance	Dr Kenneth Kaunda	Facilities in the Sub-District		04 April 2014	31 March 2017	ES	Not part of a programme	0	1,545	0	445	350	75
Tlokwe Sub-District	Statutory Maintenance Statutory Maintenance	Dr Kenneth Kaunda	Facilities in the Sub-District		05 April 2014	31 March 2017	ES	Not part of a programme Not part of a	0	1,673	0	523	500	65
Ventersdorp Sub-District	Statutory Maintenance	Dr Kenneth Kaunda	Facilities in the Sub-District		06 April 2014	31 March 2017	ES	programme	0	1,100	0	400	350	35
Maquassi Hills Sub-District	Statutory Maintenance	Dr Kenneth Kaunda	Facilities in the Sub-District		01 April 2014	31 March 2017	ES	Not part of a programme	0	2,070	0	670	600	80
Witrand Hospital	Repair to roofs, internal and external repairs		Hospital		01 Apr 2015	31 Mar 2016	ES	Not part of a programme	0	2,000	0	0	1,000	1,00
Tshepong Hospital	Repair to roofs, internal and external repairs	Dr Kenneth Kaunda	Hospital		01 Apr 2015	31 Mar 2016	ES	Not part of a programme	0	3,000	0	0	2,000	1,00
Potchefstroom Hospital	Repair to roofs, internal and external repairs	Dr Kenneth Kaunda	Hospital		01 Apr 2015	31 Mar 2016	ES	Not part of a programme	0	5,211	0	0	4,000	1,21
Nic Bodenstein Hospital	Repair to roofs, internal and external repairs		Hospital				ES	Not part of a programme Not part of a	0	4,000	0	0	3,000	1,00
Ventersdorp Hospital	Repair to roofs, internal and external repairs		Hospital				ES	programme	0	4,000	0	0	3,000	1,00
Stella CHC	Int. repairs, partinioning, replace ceilings	Dr Ruth Segomotsi Mompati Dr Ruth Segomotsi	СНС		01 Apr 2014	31 Mar 2015	ES	Not part of a programme	0	2,000	0	2,000	0	
Reivilo CHC	Int. & ext. repairs, roofs, ceilings, doors, security	Dr Ruth Segomotsi Mompati	CHC	<u> </u>	01 Apr 2014	31 Mar 2016	ES	Not part of a programme	0	1,350	0	700	650	

No.	Project Name	Municipality Name	Type of Infrastructure		Project	Duration	Source of funding	Budget Programme Name	EPWP Budget for current	Total project cost	Expenditure to date from previous years	Total Available	MT Forward	EF Estimates
			School - primary, secondary, specialised, admin block, water, sanitation, fencing, etc.	Units (i.e. Number of classrooms or facilities or square meters)		Date: Finish		Name	financial year		previous years.	2014/15 R'000	MTEF 2015/16 R'000	MTEF 2016/17 R'000
4. Maintenance and repairs					•		•	•	•			•		
Bray CHC	External repairs and site works	Dr Ruth Segomotsi Mompati	CHC		01 Apr 2014	31 Mar 2015	ES	Not part of a programme	0	250	0	250	0	0
Moswana	Siteworks and other repairs	Dr Ruth Segomotsi Mompati	Clinic		01 Apr 2014	31 Mar 2017	ES	Not part of a programme	0	830	0	250	300	280
Zweizer Reyneke Hospital (Statutory)	Service boilers, aircons, fridges, UV lights	Dr Ruth Segomotsi Mompati	Hospital		01 Apr 2014	31 Mar 2017	ES	Not part of a programme	0	11,945	0	4,200	3,500	4245
Joe Morolong Memorial H. (Statutory)	Service boilers, aircons, fridges, UV lights	Dr Ruth Segomotsi Mompati	Hospital		01 Apr 2014	31 Mar 2017	ES	Not part of a programme	0	16,000	0	5,200	5,300	5500
Zweizer Reyneke Hospital	Internal and external repairs	Dr Ruth Segomotsi Mompati	Hospital		01 Apr 2014	31 Mar 2016	ES	Not part of a programme	0	7,400	0	3,400	4,000	0
Huhud CHC	Replace ceilings, int. and ext. work.	Dr Kenneth Kaunda	снс		01 Apr 2016	31 Mar 2017	ES	Not part of a programme	0	315	0	0	0	315
Bloemhof CHC	External repairs and fence	Dr Ruth Segomotsi Mompati	снс		01 Apr 2015	31 Mar 2016	ES	Not part of a programme	0	400	0	0	400	0
Morokweng CHC	External repairs, paving, etc.	Dr Ruth Segomotsi Mompati	снс		01 Apr 2015	31 Mar 2016	ES	Not part of a programme	0	400	0	0	400	0
Tlakgameng ChC	External and internal repairs to Nurses Home	Dr Ruth Segomotsi Mompati	снс		01 Apr 2015	31 Mar 2016	ES	Not part of a programme	0	400	0	0	400	0
Piet Plessis CHC	Repairs to ceiling	Dr Ruth Segomotsi Mompati	снс		01 Apr 2015	31 Mar 2016	ES	Not part of a programme	0	250	0	0	250	0
Moretele	Installation of a back up generator	Bojanala	Clinic		01 April 2014	31 March 2015	ES	Not Part of a programme	0	300	0	300	0	0
Silverkraans	Installation of a back up generator	Bojanala	Clinic		01 April 2014	31 March 2015	ES	Not Part of a programme	0	300	0	300	0	0
Koedoesrand	Installation of a back up generator	Bojanala	Clinic		01 April 2014	31 March 2015	ES	Not Part of a programme	0	300	0	300	0	0
Rietfontein	Installation of a back up generator	Bojanala	Clinic		01 April 2014	31 March 2015	ES	Not Part of a programme	0	300	0	300	0	0
Sandfontein	Installation of a back up generator	Bojanala	Clinic		01 April 2014	31 March 2015	ES	Not Part of a programme	0	300	0	300	0	0
Khayakhulu	Installation of a back up generator	Bojanala	Clinic		01 April 2014	31 March 2015	ES	Not Part of a programme	0	300	0	300	0	0
Tweelagte	Installation of a back up generator	Bojanala	Clinic		01 April 2014	31 March 2015	ES	Not Part of a programme	0	300	0	300	0	0
Koffiekraal	Installation of a back up generator	Bojanala	Clinic		01 April 2014	31 March 2015	ES	Not Part of a programme	0	300	0	300	0	0
Madikwe	Installation of a back up generator	Bojanala	Clinic		01 April 2014	31 March 2015	ES	Not Part of a programme	0	300	0	300	0	0
Obakeng	Installation of a back up generator	Bojanala	Clinic		01 April 2014	31 March 2015	ES	Not Part of a programme	0	300	0	300	0	0
Makapanstad	Installation of a back up generator	Bojanala	Forensic mortuary		01 April 2014	31 March 2015	ES	Not Part of a programme	0	100	0	100	0	0
Koster	Installation of a back up generator	Bojanala	Forensic mortuary		01 April 2014	31 March 2015	ES	Not Part of a programme	0	100	0	100	0	0
Moretele	Drilling of borehole and Installation of water softner, submersible pump and tank	Bojanala	Clinic		01 Apr 2014	31 Mar 2017	ES	Not Part of a programme	0	360	0	120	120	120

No.	Project Name	Municipality Name	Type of Infrastructure		Project	Duration	Source of funding	Budget Programme Name	EPWP Budget for current	Total project cost	Expenditure to date from previous years	Total Available	MTI Forward E	
			School - primary, secondary, specialised, admin block, water, sanitation, fencing, etc.	Units (i.e. Number of classrooms or facilities or square meters)	Date: Start	Date: Finish		Name	financial year		previous years	2014/15 R'000	MTEF 2015/16 R'000	MTEF 2016/17 R'000
4. Maintenance and repairs														
Moses kotane	Drilling of borehole and Installation of water softner, submersible pump and tank	Bojanala	Clinic		01 April 2014	31 March 2015	ES	Not Part of a programme	0	240	0	120	120	С
Rustenburg	Drilling of borehole and Installation of water softner, submersible pump and tank	Bojanala	Clinic		01 April 2014	31 March 2015	ES	Not Part of a programme	0	240	0	120	120	С
Madibeng	Drilling of borehole and Installation of water softner, submersible pump and tank	Bojanala	Clinic		01 April 2014	31 March 2015	ES	Not Part of a programme Not Part of a	0	240	0	120	120	
Kgetleng	Drilling of borehole and Installation of water softner, submersible pump and tank	Bojanala	Clinic		01 April 2014	31 March 2015	ES	programme Not Part of a	0	240	0	120	120	
Forensic Makapanstad	renovations	Bojanala	Forensic mortuary		01 April 2014	31 March 2015	ES	programme Not Part of a	0	1200	0	0	1,200	0
Call Centre	renovations	Bojanala Dr Kenneth Kaunda	EMRS		01 April 2014	31 March 2015	ES	programme Not Part of a	0	450	0	450	0	0
JST	renovations of ward 10 Total upgrade of boiler no. 2 Klerksdorp	Dr Kenneth Kaunda	Hospital		01 April 2014	31 March 2015	ES	programme Not Part of a	0	2000	0	2,000	0	0
K/T complex Nic Bodenstein	hospital health and safety act Replace current 350kwa standby-generator	Dr Kenneth Kaunda	Hospital			31 March 2016		Programme Not Part of a	0	0	0	850	0	0
Witrand	with 500kwa at Nic Bodenstein Supply and Installation of 90 KVA Genset x		Hospital			31 March 2015		Not Part of a	0	850			0	0
Witrand	4 Cabling in whole hospital	Dr Kenneth Kaunda	Hospital Hospital			31 March 2016 31 March 2016		Not Part of a programme	0	1000		5,893	5,000	
	Extension of Orthopaedic out patients clinic to accommodate patients and also to extend the patients waiting area at the clinic. Consulting norms as well as toilets.	Dr Kenneth Kaunda						Not Part of a	0			•,,,,		
K/T complex Potch	Klerksdorp hospital Upgrading of lifts	Dr Kenneth Kaunda	Hospital Hospital			31 March 2016 31 March 2016		Not Part of a programme	0	3900 8000		3,000	3,900 4,000	1,000
Witrand	Converting Old Protective Unit to nurses home	Dr Kenneth Kaunda	Hospital		017 pii 201	01 maion 2010	ES	Not Part of a programme	0	2500		0,000	2,500	.,,000
Taung	Installation of a back up generator	Dr Ruth Segomotsi Mompati	Clinic		01 April 2014	31 March 2016	ES	Not Part of a programme	0	600	0	300	300	
Tswaing	Installation of a back up generator	Dr Ruth Segomotsi Mompati	Clinic		01 April 2014	31 March 2016	ES	Not Part of a programme	0	600	0	300	300	C
Ganyesa	Installation of a back up generator	Dr Ruth Segomotsi Mompati	Clinic		01 April 2014	31 March 2016	ES	Not Part of a programme	0	778	0	300	478	С
Taung	Drilling of borehole and Installation of water softner, submersible pump and tank Drilling of borehole and Installation of water	Dr Ruth Segomotsi Mompati Dr Ruth Segomotsi	Clinic		01 April 2014	31 March 2016	ES	Not Part of a programme Not Part of a	0	480	0	120	360	
Tswaing	softner, submersible pump and tank Drilling of borehole and Installation of water	Dr Ruth Segomotsi Mompati Dr Ruth Segomotsi	Clinic		01 April 2014	31 March 2016	ES	programme Not Part of a	0	480	0	120	360	C
Ganyesa	softner, submersible pump and tank	Mompati Dr Ruth Segomotsi	Clinic		01 April 2014	31 March 2016	ES	programme Not Part of a	0	480	0	120	360	0
Vryburg	Installation of water tank	Mompati	Hospital		01 April 2014	31 March 2015	ES	programme	0	360	0	360	0	C

Estimates of Provincial Revenue and Expenditure

No.	Project Name	Municipality Name	Type of Infrastructure		Project	Duration	Source of funding	Budget Programme Name	EPWP Budget for current	Total project cost	Expenditure to date from previous years	Total Available	MT Forward I	
			School - primary, secondary, specialised, admin block, water, sanitation, fencing, etc.	Units (i.e. Number of classrooms or facilities or square meters)	Date: Start	Date: Finish			financial year		,	2014/15 R'000	MTEF 2015/16 R'000	MTEF 2016/17 R'000
4. Maintenance and repairs						•			•	•				
Gelukspan	Refurbishment of the facility	Ngaka Modiri Molema	Hospital		01 April 2014	31 March 2016	ES	Not Part of a programme	0	3000	0	0	3,000	- 1
	Replacement of door locks with new cylinder locks and aluminium handles on 250x300mm push plates	Ngaka Modiri Molema	Medical Stores		01 April 2014	31 March 2015	i ES	Not Part of a programme	0	12	0	12	0	
Mafikeng	Provision of fixed door stops	Ngaka Modiri Molema	Medical Stores		01 April 2014	31 March 2015	ES	Not Part of a programme	0	6	0	6	0	
	Installation of silicon sealant for dust proofing at packaging unit	Ngaka Modiri Molema	Medical Stores		01 April 2014	31 March 2015	i ES	Not Part of a programme	0	4	0	4	0	
New Office park	Maintenance of the building	Ngaka Modiri Molema	Office		01 April 2014	31 March 2017	'ES	Not Part of a programme	0	20000	0	8,000	4,000	8,000
ES Capital Maintenance	ES Capital Planning Maintenance portion	Provincial	Provincial		01 April 2016	31 March 2017	'ES	Not Part of a programme	0	11699	0	0	0	11,699
Total ES Maintenance and Repairs										261,898	0	100,000	95,399	66,499
HFRG Capital Maintenance and Repairs	HFRG Capital Planning Maintenance portion	Provincial	Provincial		01 April 2015	31 March 2016	HFRG	Not Part of a programme	0	9530	0	0	9,530	0
Total HFRG Maintenance										9,530	0	0	9,530	
Total Maintenance and Repairs										533,326	0	100,000	104,929	66,499
6. Infrastructure transfers - capital														
									0	0	0	0	0	(
HFRG Grant Management	HFRG Grant Management		I		l	l	I	ı				20,000	24,000	
Total Infrastructure transfers - capital									0	0	0	- 0	0	0
Total Infrastructure									44,806	4,499,552	1,402,906	634,408	695,191	100,298