

VOTE 4

HEALTH

BUDGET STATEMENT 2 and 3 2003-2004

17 February 2003



HEALTH

To be appropriated: R8,111,763

Responsible MEC:MEC for HealthAdministering Department:Department of HealthAccounting Officer:Head of Department

1. OVERVIEW

Vision Health for a better life

Mission

The mission of the Department of Health is to promote and protect the health of our people, especially those most vulnerable to illness and injury. Through innovative leadership, we provide quality health services and strive to:

- Ensure a caring climate for service users;
- Create a positive work environment;
- Obtain the greatest benefit from public monies;
- Forge partnerships with others;
- Provide excellent training for health workers.

Our work is reflected in the enhanced well-being of our staff and clients, the social and economic development of our Province and a more just society.

Core functions of the Department of health

The Department renders the following services:

- **Primary health care (PHC)** is rendered through the district health system. A network of provincial clinics and community health centres provide ambulatory care through doctors, nurses and other professionals; and local government clinics are also subsidized to render care.
- Ambulance services are provided on an agency basis by local authorities.
- Secondary health care services are rendered through regional hospitals that provide outpatient and inpatient care at general specialist level.

- Specialised health care services provide specialised inpatient care for psychiatric, rehabilitation and tuberculosis patients on an outsourced basis.
- Academic health care services (both inpatient and outpatient) are rendered through our four central hospitals as well as the three Dental hospitals. (Teaching also takes place within other service levels).
- Health sciences teaching colleges provide training for future health care professionals.

These services are supported through human resource development, management and support services (such as laundries, facility management, cookfreeze and medical and pharmaceutical supplies).

Legislative Mandate of the Department

National Legislation and policies

- The Department receives its mandate from Section 27 of the Constitution, which states that everyone has a right to health care services, and from relevant public service legislation.
- Public Service Act 1994
- Labour relations Act, 1983
- The Public Finance Management Act, Act 1 of 1999
- Employment Equity Act
- Skills Development Act, Act No 99 of 1998
- Access to information Act, Act No 2 of 2000
- Criminal Procedure Act, 1977
- Inquest Act, 1959
- The Mental Health Act, Act 18 of 1973 as amended.
- Medical Dental and Supplementary Health Services Professions Act (Act 56 of 1974) as amended
- The Health Act (63 of 1977), currently under revision, defines in more detail the role of the various spheres of government in health service provision.
- Child care Act, 1983
- Human Tissue Act, 1983
- Sterilization Act, Act 44 of 1988
- Choice of Termination of Pregnancy Act, 1996
- Nursing Act (Act 50 of 1978) as amended in 1997
- Medicines and Related Substance Control Act (Act 101 of 1965) as amended in 1997
- Pharmacy Act (Act 53 of 1953) as amended in 1997
- Medical Schemes Act 1998
- Patients' Rights Charter, 2000
- White Paper on the transformation of the health sector.
- The Batho Pele principles of consultation, service standards, access, courtesy, information, openness, transparency and redress are a clear focus in the delivery of improved and quality social service delivery. The Batho Pele White Paper also mentions that a guiding principle of the public service in South Africa will be that of service to the people.

Provincial Health Legislation

- The Hospital Ordinance No 14 of 1958, as amended.
- District Health Services Act 2000.
- Emergency Medical Services Bill, 2002

Strategic Objective and Strategic Policy Direction

Our strategic thrust of improving the health of the people in Gauteng, the provision of quality and cost effective health services and value for public monies through effective organisation remains. This strategic thrust is informed by the National Department of Health Ten-point Plan and the strategic priorities of the Gauteng Provincial Government.

The Department faces the following key challenges in providing an efficient and effective quality health service:

- Health Status
 - Implementation of the AIDS strategy including coping with the impact of AIDS Epidemic, HIV/AIDS orphans and measuring the impact of our awareness campaign. Reversal of the deteriorating health status indicators, in part due to the HIV/AIDS epidemic.
- Health Services
 - Strengthening Primary Health Care (PHC).
 - Providing care at an appropriate level and ensuring that patients enter the health care system at the PHC level.
 - Improving perception and actual quality of frontline services.
- Value for money
 - Implementation of an effective Performance Management System (PMS).
 - Retaining highly skilled professionals who are currently leaving to the private sector and overseas.
 - Implementing Cost Centre management given the size of the Department.
 - Development of an effective Integrated Management Information System (MIS).
 - Effective monitoring systems in the light of decentralisation of management of our institutions.

- Management of the migration process to the Gauteng Shared Service Centre (GSSC) In order to address

these, and other challenges the key strategic priorities for Gauteng Health for the Medium Term Expenditure Framework (MTEF) period are summarised in the table below.

Overall Strategic Goals	Strategic Objectives
1. Improve the health status of the	Improve Child Health
population of Gauteng	• Improve Nutritional status of vulnerable groups
	Reduce maternal mortality
	• Reduce mortality from cervical and breast cancer
	Strengthening the Tuberculosis control programme
	• Reduce the incidence of sexually transmitted infections (STIs) including HIV infections and the impact of AIDS
	• Improve quality of life for people living with AIDS (PLWA)
	• Reduce the prevalence and complications of prevalent
	communicable and non-communicable diseases
	Reduce teenage pregnancies
	• Promote mental well-being and improve early diagnosis,
	treatment and support to people with mental illness
	• Reduce incidence and impact of trauma and violence
	Promote healthy lifestyles
2. Improve health services	Strengthen Primary Health Care
	Revitalisation of hospital services
	Ensure rapid and effective Emergency Care
	Provide efficient and effective clinical support
	• Provide high quality and user friendly hotel facilities
	Improve quality of care
	Equitable distribution of resources
3. Secure better value for money and	Human Resources
effective organisation	 Provide conducive work environment for staff
	 Enable the equitable and appropriate recruitment, training
	and deployment of staff
	 Provide the service platform for high quality tertiary training
	 Effective human resource and labour relations management
	 Implement an effective performance Management System
	 Ensure implementation of Employment Equity Act
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	Information management and communication
	Provide an effective and efficient Integrated
	5

Overall Strategic Goals	Strategic Objectives
	Management Information System (MIS) to support
	decision-making, monitoring and clinical care
	 <i>Finance</i> Improve Financial Management Improve revenue generation and retention Implement the Fraud Prevention and risk management Plan.
	 Supply chain management Ensure effective and efficient systems for procurement and management of assets and consumables
	Infrastructure and Equipment
	• Construction, refurbishment and maintenance of infrastructure and equipment
	Governance and policies
	• Strengthen community participation and inter-sectoral programmes
	• Develop and implement clear policy and legislative framework for health care

2. **REVIEW OF FY 2002-2003**

A summary of progress in the key areas highlighted in the budget statement is given below.

2.1. Child Health

Integrated management of Childhood illnesses

The Integrated management of Childhood illnesses (IMCI) strategy, which is aimed at improving the quality of care for children and to reduce the diseases that affect children, is being implemented in all the six municipal areas (health districts). *Nurses* and Doctors were trained in case management or as supervisors. The second year IMCI health facility survey has been done. The Prevention of Maternal to Child Transmission Programmes (PMTCT) has been implemented in all public hospitals and 75% of large community health centres and will assist in decreasing childhood mortality and morbidity.

The Expanded Programme on Immunisation (EPI)

The Expanded Programme on Immunisation (EPI) has markedly reduced the risk of children dying from vaccine preventable conditions. The immunisation coverage for children less than 1 year of age has increased from 72.4% in 1998 to 76% in 2001. A target of 80% has been set for 2003. Twenty Acute Flaccid Paralysis (AFP) cases were detected between January and November 2002. An EPI coverage survey is planned for the first six months of 2003 to measure coverage more accurately.

Nutrition

The Primary School Nutrition Programme and Crèche Feeding Scheme are two of the targeted supplementary feeding strategies aimed at the nutritionally vulnerable. During this financial year 66 579 pre school children were fed in 1 890 Crèches and 293 457 children in 1 050 primary schools. Stunting was the most common form of under nutrition (20.4%) and 23.5% of children under five have Vitamin A deficiency. Vitamin A is available in all the six districts with \pm 500 health workers trained on the provision of vitamin A supplementation.

Saving babies: the Perinatal Mortality Reduction Prevention Programme

The 2001 facility based second Perinatal care survey of South Africa showed a peri-natal mortality rate of 38 per 1000 deliveries and low births weight rate of 21.8% in the Gauteng province. The implementation of the Perinatal Problem Identification Programme (PPIP) in the province is a priority to reduce preventable causes of perinatal morbidity and mortality. The programme has been implemented at the Chris Hani Baragwanath, Johannesburg, Pretoria Academic, Leratong, Sebokeng and Tembisa Hospitals (six sites). The Kangaroo mother care ward aimed at reducing neonatal deaths is being implemented in eight health facilities. 15 health workers were trained in Human Genetics.

2.2 Emerging and re-emerging communicable diseases

Sexually Transmitted Diseases (STD) management is being offered in 89% of clinics. The syphilis prevalence rate was 9.6% in 1999 and 2.7% in 2001 showing an 83% reduction over a 3 years period. The 2002 statistics will only be available during 2003.

TB incidence has increased from 304 per 100 000 population in 2000 to 315 per 100 000 population in 2001. The increase in the number of extra-pulmonary TB cases indicates the impact of the HIV/AIDS on the TB epidemic. The number of deaths has also increased (from 9% to 11%) as a result of the HIV/AIDS epidemic. The positive impact of our TB control programme is evident. The new smear positive conversion rate has increased from 66% in 1998 to 73% in 2001. The new smear positive cure rate has improved from 59% in 1997 to 68% in 2001. The establishment of Directly Observed Therapy (DOTS) in the communities has resulted in **94%** of TB patients being on the DOTS programme.

From January to November 2002, there were 126 cases of laboratory confirmed Meningococcal meningitis with only 5 deaths.

2.3. The expanded response on HIV/AIDS epidemic

The 2001 HIV ante-natal sero-prevalence survey was 29.8% in 2001, with no statistically significant increase and hence stabilisation of the epidemic. The point prevalence estimates by age group indicate that the greatest increase is for the 20-35 years and 45-49 years age group. However, the rate for the under 20 year olds has not increased.

All provincial government departments play a role in implementing the Gauteng Intersectoral AIDS Programme, together with non- governmental organisations (NGOs) and People Living with AIDS. The major highlights of achievement of the programme are as follows:

Social mobilization and communication

This programme aims to reach the entire population through cultural activities ,campaigns, role modelling , leadership and media. Through conventional advertising, 8.7 people million are reached per month (1.8 million through radio, 2.4 million through print, and 4.5 million through outdoor advertising). In May 2002, 8000 volunteers participated in the door-to-door campaign during the "Care Week". Quarterly meetings are held with NGOs, CBOs and intersectoral organisations. World AIDS Day Campaign 2002 is underway with 450 trainers and 10,000 volunteers trained.

Prevention

- As part of the Youth strategy life skills programmes are implemented in 90% of schools, which reach 1.3 million youth annually.
- The Cultural programme operates in 41 hostels
- STI management (syndromic) is implemented in 90% of clinics
- An average of 7 million condoms is distributed per month.
- The Gauteng Provincial Government workplace programme, which involves most Provincial Departments and supports 150 private sector companies, has been approved at the EXCO Retreat in May 2001 and there has been significant progress in implementation activities.
- 41 Voluntary Counselling and Testing sites (VCT) have been established in the province. Out of 15 910 people tested, 32% were positive. 241 lay counsellors and 173 professional health workers were trained. The Prevention of Mother to Child Transmission Programme (PMTCT) now covers 100% of public hospitals and 75% of Community Health Centres. 60% of pregnant women seen at public health facilities in Gauteng agreed to the HIV test and 32% of those tested were found to be positive. *Care*

Funding is provided to Home Based Care (HBC) projects and support groups for People Living with AIDS (PLWA) to provide home-based care, support services and other related services. 470 caregivers have been trained and additional 150 people trained at the HBC conference.

Apart from the home-based care services, funding is provided for hospice beds across the Province. 200 step down beds have been established in six provincial hospitals. In addition, the Department funds 1495 beds for TB patients: the commonest serious opportunistic infections experienced by AIDS patients.

More than 80% of local clinics provide basic AIDS care, counselling and HIV tests as well as Sexually Transmitted Infections (STI) services. A total of 3 000 clinicians have been trained in clinical protocols.

Programme Organisation

The Premier continues to provide political leadership that both profiles the epidemic and a comprehensive response to it. The Premier's Committee on AIDS and Gauteng AIDS Council meet quarterly and continue to provide the leadership necessary to fight the epidemic. The GPG Monitoring and Evaluation Plan has been developed.

24 youth friendly services have been established in the province, which includes the National Adolescent Friendly Clinic Initiative (NAFCI). The NAFCI Daveyton site, in partnership with Lovelife, was launched in July 2002. Many other campaigns are run in line with internationally or nationally declared health themes e.g. no-smoking, world health day, and so on.

2.5 Non-communicable diseases

Non-communicable diseases present a major health burden to the country. The epidemiological and health transition South Africa is undergoing has resulted in the country experiencing both poverty related diseases, trauma and an increasing number of people developing chronic diseases that are related to urbanization and lifestyle. The World Health Organisation (WHO) estimates that 40% of deaths in developing countries are due to non-communicable diseases. Our primary care clinics undertake extensive management of chronic conditions, notably hypertension and diabetes with more than one million visits in the past year. Our campaigns stress the importance of exercise, nutrition, no smoking and stress reduction

2.6. Women's health

Prevention of maternal mortality

All our facilities are in the process of implementing the recommendations of the National Committee of Confidential Enquiries into Maternal Deaths, which focus on the implementation of existing guidelines for high-risk pregnancies and strengthening training and management systems.

A high percentage (94.8%) of women received antenatal care by trained health workers and 94% of women delivered in a health facility.

Cervical and breast cancer

A cervical cancer screening programme continues to reach more than 40 000 women between ages of 35 and 55 in the province. The protocols for cervical and breast cancer including a monitoring tool to track referred patients have been developed. During October 2002, an awareness programme on breast cancer and cervical cancer screening programme was directed at the general public, and a special effort was made to raise awareness among women employees. A total of 180 GPG female employees was screened for breast and cervical screening during a one week period in October at the Central Office.

Termination of pregnancy services

The Choice on termination of Pregnancy Act continues to benefit women who choose to exercise such rights. 6792 Termination of Pregnancies (TOP's) were done in the past 6 months. The number of deaths due to incomplete abortions has decreased by 32% since 1998.

Contraceptive services

About 62% of eligible women use contraception in Gauteng health facilities. The aim of the contraceptive policy was to reduce unwanted pregnancies with a special focus on disadvantaged groups and adolescents. This policy has been operationalised in all the health care facilities with 37 participants trained as master trainer. A total of 732 sterilisations was performed.

2.7 Prevention of Violence against women

The Department participates in the overall GPG programme which aims at the prevention of violence against women. The protocol for post-exposure prophylaxis has been implemented at 16 out of 26 designated health care facilities for survivors of violence.

2.8 Strengthening Primary Health Care (PHC)

Growth in utilization and access to Primary Health Care has increased with more than 10 million annual visit made to primary health care facilities. The full Primary Health Care package of services is being offered in all municipalities. The service package includes a combination of preventive, promotive, curative and rehabilitative services, which take into account priority health programmes. Free primary health care has improved access to health care for many communities. At many clinics, hours of clinics have been extended to ensure improved accessibility, particularly for working individuals and to provide needed after hour services. Through a major effort in many areas, previously preventive and promotive clinics have been able to expand the services they deliver to improve access to more comprehensive care with referral to other levels and the establishment of gateway clinics to relieve pressure on hospital OPDs.

Pre-packed medications and other medicines (on the Essential Drug List [EDL]), and surgical sundries are being supplied to most Local Government clinics to facilitate the introduction of a more comprehensive range of services.

The District Health Information System (DHIS) is being implemented in all the Primary Health Care facilities. There are **four cross-borders areas in Gauteng Province** – two large areas cross borders with North West Province –one in City of Tshwane with Odi/Moretele and Mabopane(NW) and the other in West Rand District Council area with Fochville and Wedela(NW). The other two areas are small and borders with Mpumalanga, namely Etwatwa Ext 17 (Ekurhuleni) and Ekangala (Metsweding). Work has been done to determine an overall framework for cooperation in these cross-boundary municipalities.

2.9 Revitalisation of hospital services

Twenty eight hospitals in Gauteng continue to see thousands of patients, with close to 719,381 hospital admissions, 3 160 372 outpatient visits and 887,162 Casualty visits. About 180 000 operations are performed annually. This financial year has seen a major emphasis on clinical audit systems in hospitals in line with out commitment to quality. Average length of stay (ALOS) is 6,7 days in Central hospitals(L.3) and 4,8 days in Regional hospital(L.2) and 3,1 days in District hospitals(L.1). The Bed occupancy rate is on average 73%.

As hospitals continue to consume huge amounts of resources, specialised units are being rationalised to improve efficiency and ensure that a critical mass is present to provide optimal care. All hospitals have Facility Management Units and Planning and commissioning units have been established in 9 hospitals.

A comprehensive Capital Works Plan for Gauteng Health Facilities in line with Departmental Capital Investment strategy has been compiled. Maintenance plans (using the PREMIS programme) has been developed.

Since the last financial year, the Department has completed or is in the process of completing the following new and upgraded infra-structural projects:

- Projects for new facilities
 - New Boilerhouse at Edenvale
 - New Mortuary at Edenvale
 - Psychiatric ward at Leratong and Chris Hani
 - Provided new entrances at Kalafong, Cullinan, Mamelodi, Coronation and Helen Joseph and Sterkfontein
- Projects to upgrade facilities
 - Upgrading of wards at Helen Joseph
 - Upgraded maternity section at Kalafong including ICU in paediatrics
 - Folateng wards at Johannesburg, Helen Joseph and Pretoria West Hospitals
 - Maternity section at Far East Rand
 - Upgraded wards at Sizwe, Pholosong, Sebokeng and Tembisa
 - Beatification of gardens and curtain project for Hospitals as part of Zivuseni project

2.10 Ensure rapid and effective emergency care

The Ambulance Services Bill, 2002 has been passed by the Gauteng Legislature and the regulations will be published for comments during December 2002.

The revised Memorandum of Agreement based on Emergency Medical Services norms and standards has been signed by all the Districts and Metro Councils who deliver the service. The EMS response on calls for critically ill or injured patient within 15 minutes was 92.3% *(urban)*. Annually, 100% trained ambulance personnel attend more than 411 255 incidents.

2.11 Improve Quality of Care

The Department's major achievements in creating the environment in which the quality is delivered were as follows:

- Phase 2 quality standards for the accreditation process extended to Community Health Centres and systems of revisit to 5 hospitals has been developed
- Hospital Board members have commenced their second term of office and psychiatric hospital boards have also been established.
- The first provincial Cecilia Makiwane Nurses Excellence awards ceremony was held in June 2002, and the 2002 Khanyisa Service Excellence awards ceremony including the Kickstart awards was held in October 2002.
- Disabled access according to the national norms and standards has been established in 60% of our health facilities.
- Clinical Audit policy is being developed

In the area of capacity building

- A dedicated quality assurance Directorate has been established. The Director commenced duty on the 1st October 2002.
- The Department has managed to strengthen management systems within institutions and developed clinical guidelines and protocols.
- Norms and standards for Emergency Medical Services have been developed.
- Quality Assurance teams and Queue managers/patient liaison officers have been appointed at the four central hospitals. Directors for clinical services, Finance & Procurement services and Human Resources & Logistic services have been appointed at the four central hospitals.

2.12 Human Resource Management

This financial year has seen many achievements in Human Resource Management. Amongst others are the following:

• Delegation of Authority

Delegation of Human Resources (including Labour Relations) and Financial Management functions has been in operation for just over one year. A formal review is being done and will be complete in the new financial year.

Performance Management

A new Department of Public Service & Administration (DPSA) framework for Senior Management Service (SMS) is being implemented in the department. Performance Management Task Team has been established and trained on the new tool. 72 senior managers have been trained on Performance management system. Performance management system tool for staff below the SMS (i.e. levels 1 to 12) is being developed as part of the GPG process.

• Employment Equity

Considerable strides have been made in attempting to comply with the Employment Equity Act 55 of 1998 and other legislative imperatives that impact on processes that address the imbalances of the past. A Central Employment Equity Committee (CEEC) and Institutional Employment Equity Committees (IEECs) were established in most Health Institutions to ensure that the provisions of the Act are adhered to as well as to identify and remove barriers that could hinder the implementation of the process. The current employment equity status of the Department indicates 84,3% black and 77.9% women with 18% of women in management positions.

• Human Resource Development

- Staff development including stakeholders training programmes was initiated during the financial year.
 - 150 students were trained in Primary Health Care.
 - 21 professional nurses completed fast-track PHC training
 - 52 Health Councillors trained
 - 184 middle managers (GHD/LG) trained on Public management certification course
- International cooperation on human resource development was strengthened through
 - The Nursing Exchange Programme with Kings College Hospital in the United Kingdom (UK).
 - Twinning between the Gauteng Health Department and Lambeth, Southwark and Lewisham Health Authority in London
 - Continued twinning of Gauteng Central hospitals with similar institutions in England and France
 - A workplace skills audit was conducted. A plan was developed and submitted to the Health & Welfare Sectoral Education & Training Authority (HWSETA).

2.16. Health information and communication

- Computerised Patient Information System (MIS) implemented in 9 hospitals and 5 clinics. The maintenance/rollout of these system is been undertaken by the State Information Technology Agency (SITA).
- Clinic minimum dataset was revised and rationalised.
- The hospital minimum dataset has been completed.

• The mapping of primary health care services has been completed. Maps are available on the Department Intranet with the health service database. This was carried out jointly with Italian Cooperation.

2.17 Revenue Strategy

- Patient fees are the main source of income.
- Revenue collected for the period April to September 2002 was on target at R74.5 million.
- The latest figures project that the collection of patient fees will exceed the budget by R30 million.
- The Department will continue to use the incentive scheme as a strategy to encourage and improve revenue collection at institutions.
- The amount collected above the agreed upon target will be appropriated back to the department during the 2003/2004 financial year by Treasury. This money will be used to finance operational efficiency initiatives of the department.
- The UPFS has been promulgated and is in the process of being implemented. This will contribute significantly towards the increased revenue collection during 2002/2003.

2.18 Financial Management Capacity Building

- BAS/PERSAL reconciliation done at hospitals and training has been provided to hospital staff
- Security upgrades and/or financial equipment upgrades were done in all regions
- Additional capacity employed at Central Office for the implementation of the Folateng project
- Six additional State Accountants employed at various hospitals
- The BAUD Fixed Asset Register is fully functional and up to date at the 31 hospitals, run by departmental staff
- A review of the department's policies with regards to contracting NGOs as well as an audit of a sample of NGO's contracted by the department has commenced.
- District Health Expenditure (DHER) workshops have been completed and a financial risk assessment of the devolution of PHC services to LG is in progress
- A performance management system for SMS has been implemented as a result of the HR FINCAP project
- A draft model for a rationalized staff establishment is being developed and is 85% complete.
- An Asset Manager/Clinical Engineer has been appointed for the department
- Four pharmacists and a drug controller will be employed to implement the Drug Supply project.

3. Outlook 2003/04

3.1 Improving the health of the people of Gauteng

 As part of the social services cluster the Department plays a key role in leading the implementation of the Intersectoral HIV/AIDS Programme. The main focus is on the expanded response on HIV/AIDS with emphasis on the following priority areas.

- Strengthening the HIV prevention efforts especially in youth under 20 and babies, implementation of workplace HIV/AIDS programme
- Developing comprehensive care, treatment and support for PWAs, care givers and affected children, with special focus on clinical care provision in large community health centres and hospitals.
- Strengthening HIV/AIDS programme organisation in the areas of monitoring and evaluation system, Local inter-sectoral programmes and capacity of departments and sectors
- We also implement different sections of the intersect oral projects (Poverty Alleviation, Early Childhood Development, Protection of Women and Children, Youth Development).
- The Department will continue to focus on improving the health status of the community, with special emphasis on vulnerable groups, mostly women and children in the following areas.
 - Strategies to reduce infant and maternal mortality rate.
 - Strengthen EPI programme across the province
 - Preventing and managing emerging and re-emerging communicable diseases
 - Implementation of Post exposure Prophylaxis (PEP) protocol in all facilities for survivors of sexual assault.

3.2 Improve health services

- Quality health care is one of the key priorities of government and of the Department. The initiative of
 implementing the service delivery programme will focus on the implementation of an extended comprehensive
 quality assurance programme with particular emphasis on improving customer service, reduction of waiting
 times, service excellence awards, Accreditation process and face-lifting of health facilities.
- Improve services for people with disabilities with special focus on promotion of access and quality of life.
- Ensure rationalisation of tertiary services.
- Strengthen public health through community health departments of universities
- Strengthening of Primary health care (PHC) services with special emphasis on the provision of comprehensive PHC package of services, and at least one 24-hour Primary Health Care facility in each sub-district
- Refurbishing and re-organisation of pharmacies and introduction of drug management systems in all the institutions

3.3 Secure better value for money and effective organization

The Department's major focus on ensuring value for money and effective organization will be on:

- Strengthening **strategic leadership and management** by ensuring that the strategic plan is communicated to, and internalised by all staff members across the Department and that the strategic objectives are translated into action with an effective monitoring and evaluation.
- Review business processes for improved efficiency
- Development of an effective Integrated Management Information System (MIS) with an effective monitoring and evaluation system to inform decision making.

- Ensuring the implementation of a **Performance Management** System that incorporates clear rewards and sanctions and that discipline is enforced.
- Special focus on the implementation of the Gauteng HIV/AIDS workplace strategy
- Provide support of staff through the implementation of Employee Assistance programme (EAP) across the Department
- Strategies to ensure retention of nurses and the high skilled health care professionals.
- Improving Financial Management by ensuring PFMA reporting through cost centers and focus on cost drivers and how to reduce costs.
- Focus on internal and external **communication**.
- Securing alternative sources of revenue and implementation of Public Private Initiatives (PPI's) to increase revenue.
- Ensuring appropriate utilisation of capital assets.
- Improved supply chain management

Table 4.1										
	Summary of P	rovincial Own	Revenues							
	2001-02	2002-03	2003-04	2004-05 2005-06						
	Audited	Preliminary	Budget	МТ	EF					
		Outcome								
	R'000	R'000	R'000	R'000	R'000					
Tax revenue	22	0	0	0	0					
Casino taxes										
Horseracing										
Motor vehicle licences										
Other taxes	22									
Non tax revenue	154 409	156 448	162 584	175 608	192 920					
Interest	591	582	609	79	108					
Health patient fees	107 019	112 340	117 222	124 166	137 134					
Rent	4 528	5 331	6 233	6 229	6 954					
Fines and forfeiture	2									
Other revenue	42 269	38 195	38 520	45 134	48 724					
Capital revenue	3 048	1 701	1 819	1 985	2 356					
Sale of land, buildings										
Sale of stock, livestock etc.	3 048	1 701	1 819	1 985	2 356					
Sub Total	157 479	158 149	164 403	177 593	195 276					
Less: Direct charges										
Motor vehicle licences										
Gambling taxes										
Total Own Revenue	157 479	158 149	164 403	177 593	195 276					

4. REVENUE AND FINANCING

Revenue Budget

The budget for patient fees was increased to R117 million for 2003-2004. This is due to:

- 1. Upgrading Computerised billing systems and replacement with more efficient systems in hospitals.
- 2. Strengthening of personnel dealing with patient affairs by:
 - a. Appointing additional staff.
 - b. Training of staff
- 3. The revision of the Uniform Patient Fee Schedule tariffs from 1 November 2002.

The Department has also embarked on initiatives that will have an impact on the amount collected as revenue. The two main initiatives are:

- 1. Improved debt management, including focused staff training as well a potential Shared Debt Management Service Centre (SDMSC) with the aim of:
 - Managing debt in an efficient and effective way
 - To have one unit that will concentrate on debt for all hospitals
 - To have an acceptable level of debt
 - To timely write off prescribed and non recoverable debt .
- 2. The Folateng Differentiated Amenities:
 - To attract more externally funded and private patients back to public facilities.
 - To facilitate a change in service culture within hospitals.
 - To retain scarce skills within the public sector.
 - To use facilities within hospitals that would not be otherwise used.
- 3. Partnership with other State Departments
 - Agreements with e.g. Departments of Correctional Services and Justice to use public facilities
- 4. Emergency Medical Services
 - Conducting an audit to ensure the reimbursement to Health of revenue collected in terms of the Service Level Agreements.

Table 4.2: Summary of voted revenue: Gauteng Health

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	Audited	Audited	Estimated Actual	Voted	MTEF	
	R'000	R'000	R000	R'000	R'000	R'000
Voted by Legislature	3 842 579	4 412 768	4 939 407	5 512 610	5 983 011	6 305 549
Conditional grants						
- Central hospitals	1 492 868	1 568 945	1 629 313	1 679 760	1 727 736	1 760 465
- Training and research	503 646	529 186	528 137	539 330	560 778	554 039
- Hospital rehabilitation	55 000	102 000	135 000	87 939	155 126	232 871
- Pretoria Academic		50 000	70 000	92 356		
- Integrated Nutrition programme	54 673	54 673	65 968	74 273	87 293	95 662
- HIV/AIDS	2 486	5 630	32 249	55 275	87 629	91 844
- Provincial infrastructure						
- Infrastructure rehabilitation grant		16 172	31 416	47 160	58 250	61 922
- Financial Management	5 000	32 000	36 554	23 060	20 776	18 510
Total revenue	5 956 252	6 771 374	7 468 044	8 111 763	8 680 599	9 120 862

Service	1999/2000	2000/2001	2001/02	Trends
Deliveries:				
• Number of PHC	170698	16674	*16 959	1.7% decrease
deliveries				
• Number of hospital	115393	116475	117670	1.1% decrease
deliveries				
HIV Sero-prevalence Rate	23.9%	29.4%	29.8%	1.36% increase
(all ages)				
HIV Sero-	22.4%	24.5%	24.8%	1.22% increase
prevalence Rate for	(RSA)	(RSA)		
under 20yrs old				
(Republic of South				
Africa)				
Sexually Transmitted				
Infections (STI) Rates:				
• Syphilis (RPR)	9.6%	3.6%	2.7%	25% decrease
Prevalence				
• Syphilis (RPR)	4.4%	6.6%	1.9%	71.2% decrease
Prevalence Rate for under 20yrs old				
Number of condoms		84 million	84 million	
distributed			(Data still to be	
			verified)	
Prevention of Mother to				
Child Transmission				
(PMTCT):		No data	12 pilots sites	
Number of pilot + expansion		because new		
sites		programme		
Maternal:				
• No. agreeing for testing			12326	
(Total)				
% agreement for			41%	
Testing				
• No. of mother to whom			2294	

Annexure 3: Other non financial data (Basic service delivery trends) * Information for 2002-03 not yet available

Service	1999/2000	2000/2001	2001/02	Trends
Nevaripine dispensed				
• No. of babies to whom			1720	
Nevaripine dispensed				
Voluntary counselling +		No data	14 VCT	
testing (VCT):		because new		
• % clients using VCT		programme	0.18%	
			8032 (numb	
			er)	
Home Based Care (HBC):				
• No. of HBC projects	17	40	57	42.5% increase
• No. of Patients cared for	N/A	7442	13331	79.13% increase
Child Health:	10 4 0/	21.00/	10.00/	11.00/_1
• Low birth weight Ratio	18.4 %	21.8%	19.2%	11.9% decrease
	(1998/1999)			
• Under 1 Immunisation		76%	*76%	$00/m_{\rm s}$ shares
Coverage		/070	. 7070	0% no change
Maternal Health:				
• Number of Maternal	138	164	187	10.36% increase
Deaths				
• Number of Termination	18459	19991	29587	49% increase
of Pregnancies done				
TB incidence per 100 000	270	304	315	0.97% increase
New Smear Positive Cure	65%	67%	68%	1.49% increase
Rate				
Treatment Interruption Rate	16%	15%	13%	8.66% decrease
TB Death Rate*				
	12%	14%	11%	21.4% decrease
% Expenditure on Drugs	15.5%	15.9%	9.17%	42.32% decrease
70 Expenditure on Drugs	13.370	13.970	9.1/70	42.3270 decrease

Summary: Transfers

Table 1: Transfers to Local Government by Municipality

Municipality		1999/00 Actual	2000/01 Actual	2001/02 Actual	2002/03 Estimat	2003/04 Budget	2004/05 MTEF	2005/06 MTEF
					ed			
					Actual			
		R'000	R'000	R'000	R'000	R'000	R'000	R'000
District Municipalities	West Rand District Council	14 828	17 888	21 107	25 954	31 300	32 880	34 530
	Sedibeng District Council	198	126	18 510	36 472	44 850	47 100	49 460
	Metsweding District Council	14 592	7 361		7 746	9 550	10 040	10 550
Local municipalities	Johannesburg City Metro	54 046	57 474	26 848	78 386	90 050	94 550	99 280
	Ekurhuleni Metro	57 250	68 725	31 430	98 173	121 090	123 760	130 040
	City of Tshwane Metro	6 743	14 791	10 717	36 965	44 260	46 480	48 810
EMS	All	105 257	104 616	128 053				
Total: Transfers to LG by M	lun.	252 914	270 981	236 665	283 696	341 100	354 810	372 670

Table 2: Transfers to Private Institutions

Public Entity	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	Actual	Actual	Actual	Estimat	Budget	MTEF	MTEF
				ed			
				Actual			
	R'000						
Lifecare - Mental hospitals	128 716	131 552	124 933	135 379	155 000	165 500	173 770
Lifecare - Tuberculosis hospitals				20 380	31 250	33 100	35 000
SANTA - Tuberculosis hospitals	29 578	31 782	39 914	21 300	28 200	29 900	31 650
Alexandra Health Care Centre				17 000	19 000	20 000	21 000
Witkoppen Clinic				1 100	1 300	1 400	1 500
Phillip Moyo Clinic					6 160	6 520	6 890
Other	35	35	172				
Total: Transfers to Public Entities	158 329	163 369	165 019	195 159	240 910	256 420	269 810

Table 3: Donations and Subsidies Non Governmental Organisations

Institution	1999/00 Actual	2000/01 Actual	2001/02 Actual	2002/03 Estimat ed Actual	2003/04 Budget	2004/05 MTEF	2005/06 MTEF
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
NGO's - AIDS	5 207	17 444	24 210	29 900	29 117	30 020	35 30
NGO's - Integrated Nutrition Programme	40 712	46 676	46 729	49 227	54 673	58 000	61 30
NGO's - Mental Health	10 404	11 568	13 358	17 300	20 095	21 250	22 40
University Support	8 860	391	416	500	550	600	65
Other	12 533	9 332					
Total: Donations and Subsidies	77 716	85 411	84 713	96 927	104 435	109 870	119 65

Summary: Programmes

Table 1: Programmes

Programme structure	1999/00	2000/01	2001/02	2002/03 Estimated	2003/04	2004/05	2005/06
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Programme 1: Administration	214 756	199 830	328 675	227 420	233 750	212 296	230 449
Programme 2: District Health Services	915 455	1 293 701	1 306 577	1 533 036	1 796 386	2 075 474	2 232 166
Programme 3: Emergency Medical Services	175 977	165 053	206 787	218 454	259 810	276 500	290 500
Programme 4: Provincial Hospital Services	1 384 961	1 288 405	1 368 349	2 138 596	2 345 371	2 512 352	2 629 077
Programme 5: Central Hospital Services	2 828 582	2 892 627	3 092 936	2 834 476	2 680 340	2 697 222	2 857 722
Programme 6: Health Training and Sciences	42 288	45 776	94 420	127 767	164 265	190 933	198 915
Programme 7: Health Care Support Services	64 950	71 359	83 566	76 014	93 761	100 601	106 401
Programme 8: Health Facilities Management	686		354 120	488 314	538 080	615 221	575 632
Special Functions	1 882	- 6 771	4 347	951			
Total: Programmes	5 629 537	5 963 522	6 839 777	7 645 028	8 111 763	8 680 599	9 120 862
Minus Internal Charges	(24 798)	(21 314)	(2201)	(45 840)			
Total Allocation	5 604 739	5 942 208	6 837 576	7 599 188	8 111 763	8 680 599	9 120 862

Table 2: Total: Economic classification

Economic classification	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
				Estimated			
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000						
Current							
Personnel	3 232 636	3 411 838	3 659 881	3 931 229	4 264 598	4 556 842	4 827 250
Transfer payments	488 959	519 761	486 397	575 782	686 445	721 100	762 130
Other Current	1 656 484	1 756 730	2 161 695	2 467 345	2 536 611	2 863 258	2 948 788
Sub-Total: Current	5 378 079	5 688 329	6 307 973	6 974 356	7 487 654	8 141 200	8 538 168
Capital							
Acquisition of capital assets	226 660	253 879	529 603	624 832	624 109	539 399	582 694
Transfer payments							
Other Capital	-	-	-	-	-	-	-
Sub-Total: Capital	226 660	253 879	529 603	624 832	624 109	539 399	582 694
Total: Economic classification	5 604 739	5 942 208	6 837 576	7 599 188	8 111 763	8 680 599	9 120 862

	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
CES Classification	Audited	Audited	Estimated	Budget	MTEF	MTEF
GFS Classification	R'000	R'000	Actual R'000	R'000	R'000	R'000
CURRENT						
Compensation of employees	3 411 838	3 659 881	3 931 229	4 264 598	4 556 842	4 827 250
Use of goods and services	1 750 060	2 075 029	2 325 809	2 260 885	2 572 448	2 644 388
Recurrent maintenance		73 563	124 653	266 726	282 200	298 000
Property expenses	6 670	13 103	16 000	17 000	18 000	19 000
Consumption of fixed assets						
Subsidies	266 847	450	138 319	247 260	261 600	276 250
Grants		74 244				
Social benefits			1 100	2 000	2 100	2 210
Transfers to local government	252 914	270 981	353 058	341 100	354 810	372 670
Other expenses		140 722	84 188	88 085	93 200	98 400
Total Current	5 688 329	6 307 973	6 974 356	7 487 654	8 141 200	8 538 168
CAPITAL						
NEW CAPITAL WORKS						
Compensation of employees						
Use of goods and services						
Non financial assets						
Buildings and structures		52 961	70 000	92 356	105 829	225 694
Machinery and equipment	253 879	206 447	157 765	300 185	329 904	352 000
Other assets						
Work in progress						
Non produced assets						
Other capital transfers						
Financial assets						
REHABILITATION/UPGRADING						
Compensation of employees						
Use of goods and services						
Non financial assets						
Buildings and structures		270 195	397 067	231 568	103 666	5 000
Machinery and equipment						
Other assets						
Work in progress						
Non produced assets						
Other capital transfers						
Financial assets						
Compensation of employees						
Use of goods and services						
Non financial assets						
Buildings and structures						
Machinery and equipment						
Other assets						
Work in progress						
Non produced assets						
Other capital transfers						
Financial assets						
Total Capital	253 879	529 603	624 832	624 109	539 399	582 694
Total GFS classification	5 942 208	6 837 576	7 599 188	8 111 763	8 680 599	9 120 862

Programme 1: Administration

Table 1: Sub-programmes

Sub-programme structure	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
Structure				Estimated			
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Office of the Provincial Minister	2 697	2 390	2 287	2 816	3 000	3 200	3 400
Management	212 059	197 440	326 388	224 604	230 750	209 096	227 049
Total: Administration	214 756	199 830	328 675	227 420	233 750	212 296	230 449

Table 2: Economic classification

Economic classification	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
				Estimated			
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Current							
Personnel	54 911	58 522	63 077	67 620	72 590	75 000	79 200
Transfer payments	14 067	18 424	29 073		-	-	-
Other Current	116 679	83 995	174 680	134 967	144 005	112 296	126 249
Sub-Total: Current	185 657	160 941	266 830	202 587	216 595	187 296	205 449
Capital Acquisition of capital assets Transfer payments Other Capital	29 099	38 889	61 845	24 833	17 155	25 000	25 000
Sub-Total: Capital	29 099	38 889	61 845	24 833	17 155	25 000	25 000
Total: Economic classification	214 756	199 830	328 675	227 420	233 750	212 296	230 449

- Provide political and strategic direction and leadership
- Develop and implement policy and legislative framework for health care
- Ensure an enabling environment for quality service delivery
- Promote co-operative governance
- Provide conducive work environment for staff
- Ensure value for money and effective organisation
- Ensure equity and efficiency in distribution and use of resources
- Monitor and evaluate performance of the department

Outcome	Description of Outputs	Unit of Measure		Target	Standard	Source of	
			2003/4	2004/5	2005/6		data
Develop and implement clear policy and legislative framework for health care	Implementation of the Districts Health Act	Number of signed agreements with local government on primary care service devolution	6	-	-	6	Gauteng Districts Health Act
Value for money	Implementation of Management Information System (MIS) in all hospitals and clinics	Percentage of provincial hospitals and clinics implementing the national minimum data sets	80	100	100	National	National
Effective Performance Management	Implementation of the prescribed staff performance	Percentage of provincial hospitals and clinics implementing the	70	90	100	DPSA	Dept
	management system	prescribed system Percentage compliance of levels 13 upwards with PMAs	100	100	100	DPSA	Dept
Value for money	Inventory and asset recording system in place at all institutions	Percentage of institutions with an inventory and asset system	80	100	-	100	Dept
	Increase in revenue generation	Percentage increase in revenue collected from previous year	3	5	7	Target	PFMA
	Cost centres implemented in all hospitals	Number of hospitals implementing cost centres	7	14	28	Dept	Dept
Improved quality of care	Implementation of patient focussed quality accreditation system in all	Percentage of provincial hospitals and Community Health Centres evaluated	80	90	100	Dept	Dept

Outcome	Description of Outputs	Unit of Measure		Target		Standard	Source of data
			2003/4	2004/5	2005/6		
	clinics and hosp.						
	Service excellence awards	Existence of awards in the following categories • Institutional/Unit	8	8	8	Dept	Dept
		level Individual level					
Improve quality of life of disabled people	Assistive devices to people with disabilities	Percentage increase in the budget allocation for assistive devices issued	100	6	6	Dept	Dept
Strengthened public health Departments at the universities	Appointment and maintenance of Public Health specialists	Number of community health specialist/registrar appointed and maintained	6 new	6 new	12	Dept	Dept
Pharmaceuticals	Improved pharmaceutical management	Percentage compliance of hospital pharmacies with annual stock taking	100	100	100	Dept	Dept
	Availability of medicines on the EDL	Percentage of hospital and regional pharmacies with EDL medicines	90	100	100	Dept	Dept

Programme 2: District Health Services

Table 1: Sub-programmes

Sub-programme structure	1999/00	2000/01	2001/02	2002/03 Estimated	2003/04	2004/05	2005/06
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
District management	523 653	522 377	550 813	504 690	337 403	378 540	387 140
Community health clinics	136 233	102 108	272 945	308 411	375 513	403 440	425 440
Community health centres	67 059	173 860	85 147	207 000	254 190	274 360	290 360
Community based services					216 000	238 000	263 000
HIV/AIDS	-	-	-	90 616	155 275	287 540	341 844
Nutrition	56 503	62 692	64 601	65 910	80 285	87 293	95 662
District hospitals	132 007	432 664	333 071	356 409	377 720	406 301	428 720
Total: District Health Services	915 455	1 293 701	1 306 577	1 533 036	1 796 386	2 075 474	2 232 166

Budget and expenditure for Community based services are included in the District management figures for 1999-2003

Table 2: Economic classification

Economic classification	1999/00	2000/01	2001/02	2002/03 Estimated	2003/04	2004/05	2005/06
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Current							
Personnel	404 556	663 417	666 839	735 682	802 458	866 000	916 000
Transfer payments	240 919	265 169	204 338	303 288	380 045	400 000	425 000
Other Current	257 564	345 119	421 616	479 412	581 733	769 474	846 166
Sub-Total: Current	903 039	1 273 705	1 292 793	1 518 382	1 764 236	2 035 474	2 187 166
Capital							
Acquisition of capital assets	12 416	19 996	13 784	14 654	32 150	40 000	45 000
Transfer payments							
Other Capital							
Sub-Total: Capital	12 416	19 996	13 784	14 654	32 150	40 000	45 000
Total: Economic classification	915 455	1 293 701	1 306 577	1 533 036	1 796 386	2 075 474	2 232 166

- To render primary health care services
- To management district health services and to provide support to facilities.
- To deliver a comprehensive primary health care package
- To render emergency services and patient transport
- To render a nutrition programme
- To render a HIV/AIDS programme

Outcomes	Description of	Unit of measure		Target		Standard	Source
	Outputs		2003/4	2004/5	2005/06		of data
Strengthened Primary Health Care	Core package of primary care services available in each sub-district through the	Percentage of sub- districts offering the full package of primary care services	100	100	100	National Health	Dept
	DHS	Number of visits (headcount) at public PHC facilities	13 million	13 million	14 million	Dept	Dept
	Availability of EDL drugs	Proportion of Essential drugs out of stock at PHC facilities?	2%	1.5%	1%	Dept	Dept
Improve nutritional status of vulnerable groups	The provision of an early morning snack for needy primary school children	Number of school children fed through PSNP	1052 schools 320 000 children	To be taken over by Education	To be taken over by Educatio n	GPG	Dept
Improve child health	Feeding programmes in crèches	Number of crèches with feeding programmes. Number of pre- schoolers fed.	1890 crèches 90 000 Children	To be reviewed	To be reviewed	Dept	Dept
Reduce the mpact of the HIV pandemic	Immunisation coverage among children under 1 year increased	Immunisation coverage for under 1 year (%)	80	90	95	90	WHO
	Home-based care services	Percentage of sub- districts offering a home-based service	90	100	100	Dept	Dept
	Step down/ hospice beds	Number of step- down/ hospice beds	345	400	400	Dept	Dept
	Reduced new infections among antenatal care women	Antenatal zero- prevalence rate(%)	29.8	29.8	29	National	National ANC zero- prevelan ce survey

Outcomes	Description of Outputs	Unit of measure		Target		Standard	Source of data
			2003/4	2004/5	2005/06		
Strengthen TB control programme	Improved TB cure rate in new positive cases	Percentage new positive TB cure rate	72	75	80	85	Dept
Improve quality of care	Shorter waiting times for patients	Percentage of hospitals large community health centres measuring waiting times	100	100	100	Dept	Dept
		Percentage reduction in overall waiting times	10	15	20	Dept	Dept
	Hospital	Number of beds	1257	1650	2060	Teasury	Dept
	utilisation	Number of admissions	98696	123232	154040	Treasury	Dept
		Admissions per 1000 uninsured	20	25	30	Treasury	Dept
		Number of outpatients	400000	440000	480000	Treasury	Dept
		Patient Day Equivalents (PDE's)	445070	511830	588600	Treasury	Dept
	Improved hospital efficiency	Average length of stay (ALOS)	3	3	3	4-6days	Dept
		Bed Occupancy Rate (BOR)	75	75	75	70-80	
		Cost per PDE	R600	R500	R400	Dept	

Programme 3: Emergency Medical Services

Table 1: Sub-programmes

Sub-programme structure	1999/00	2000/01	2001/02	2002/03 Estimated	2003/04	2004/05	2005/06
	Audited	Audited	Audited	Actual	Voted	Forward e	stimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Emergency transport Planned patient transport	175 977	165 053	206 787	218 454	259 760 50	276 448 52	290 445 55
Total: Emergency medical services	175 977	165 053	206 787	218 454	259 810	276 500	290 500

Table 2: Economic classification

Economic classification	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
				Estimated			
	Audited	Audited	Audited	Actual	Voted	Forward e	estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Current							
Personnel	2 083	1 716	444	5 000	4 900	1 000	1 050
Transfer payments	105 257	104 616	128 053	136 615	150 850	155 000	162 710
Other Current	5 142	6 975	40 545	39 000	20 060	30 500	31 740
Sub-Total: Current	112 482	113 307	169 042	180 615	175 810	186 500	195 500
Capital Acquisition of capital assets	63 495	51 746	37 745	37 839	84 000	90 000	95 000
Transfer payments Other Capital	05 495	51740	57 745	57 059	84 000	90 000	95 000
Sub-Total: Capital	63 495	51 746	37 745	37 839	84 000	90 000	95 000
Total: Economic classification	175 977	165 053	206 787	218 454	259 810	276 500	290 500

- Ensure rapid and effective Emergency Medical care and transport
- Ensure efficient planned patient transport
- Ensure implementation of provincial norms and standards

Service Delivery measures

Outcomes	Description of Outputs	Unit of measure		Target		Standard	Source of data
			2003/4 2004/5		2005/06		
effective patient pri emergency (critically ill or patients) wi	Percentage of priority one patients responded to within 15 minutes	85	90	92	National	Dept	
	Improved access to emergency medical services	Number of vehicles replaced per year	100	80	Maintain	Dept	Dept
		Total kilometres travelled	14 500 000	15 000 000	15 000 000	Dept	Dept
		Number of patient transported per year	450 000	500 000	550 000	Dept	Dept
	Efficient Emergency Medical Services	Cost per Kilometre travelled Cost per	R18.56	R18.85	R19.55	Dept	Dept
		patient transported	R600	R600	R600	Dept	Dept

Programme 4: Provincial Hospital Services

Table 1: Sub-programmes

Sub-programme structure	1999/00	2000/01	2001/02	2002/03 Estimated	2003/04	2004/05	2005/06
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
General hospitals	964 048	840 411	906 466	1 644 556	1 766 091	1 906 472	1 991 301
Psychiatric/mental hospitals	320 703	327 286	322 557	350 749	421 230	442 330	466 530
Other Specialised Hospitals	17 341	26 229	31 836	36 554	43 950	42 850	45 350
Dental training hospitals	82 869	94 479	107 490	106 737	114 100	120 700	125 896
Total: Provincial Hospital Services	1 384 961	1 288 405	1 368 349	2 138 596	2 345 371	2 512 352	2 629 077

Table 2: Economic classification

Economic classification	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
				Estimated			
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000						
Current							
Personnel	946 584	864 892	914 776	1 381 540	1 504 700	1 601 500	1 690 000
Transfer payments	128 716	131 552	124 933	135 379	155 000	165 500	173 770
Other Current	287 425	256 482	297 140	568 624	617 171	673 352	685 307
Sub-Total: Current	1 362 725	1 252 926	1 336 849	2 085 543	2 276 871	2 440 352	2 549 077
Capital							
Acquisition of capital assets	22 236	35 479	31 500	53 053	68 500	72 000	80 000
Transfer payments							
Other Capital							
Sub-Total: Capital	22 236	35 479	31 500	53 053	68 500	72 000	80 000
Total: Economic classification	1 384 961	1 288 405	1 368 349	2 138 596	2 345 371	2 512 352	2 629 077

- To render a general and specialised hospital services
- To provide chronic mental and tuberculosis in-patient care on an agency basis for the Department
- To render hospital services provided by general specialists
- Rendering oral health care services and a platform for the training of health workers

Outcomes	Description of	Unit of Moasuro	Unit of Measure				
	Outputs		2003/4	2004/5	2005/06		Data
Revitalisation of hospital services	Reduction of beds in private institutions for patients with chronic mental illness	Number of beds for chronic mentally ill patients	3 300	3 200	3 125	Dept	Dept
	Maintain number of beds for TB patient cared for by private institutions	Number of beds for TB patients	1495	To be reviewed	To be reviewed	1495	Dept
	Strengthened and capacitated management team in hospitals	Percentage filled top management posts	100	100	100	100	Dept
Reduce incidence and impact of trauma and violence	Priority one patient (critically ill patients) attended to within 15 minutes in casualty departments	Percentage priority one patients attended to within 15 minutes in casualties	100	100	100	100	Dept
Improve quality of care	Shorter waiting times for patients	Percentage of hospitals measuring waiting times	100	100	100	Dept	Dept
		Percentage reduction in overall waiting times	10	15	20	Dept	Dept
	Hospital utilisation	Number of beds	6368	6368	6368	Dept	Dept
		Number of admissions	335798	319008	303057		
		Admissions per 1000 uninsured	40	40	40		
		Number of outpatients	1048280	995866	946072		
		Patient Day Equivalents (PDE's)	1965854	1867561	1774183		

Outcomes	Description of Outputs	Unit of Measure	Target			Standard	Source of Data
			2003/4	2004/5	2005/06		
	Improved hospital efficiency	Average length of stay (ALOS)	4.5	4	4	5-7 days	
		Bed Occupancy Rate (BOR)	75%	80%	85%		
		Cost per PDE	R439.3	R439.3*	R439.3*		

* Figures does not include Psychiatric/mental hospitals

* Estimates only

Health—continued

Province of Gauteng

Programme 5: Central Hospital Services

Table 1: Sub-programmes

Sub-programme structure	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
Structure				Estimated			
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000						
Central Hospitals							
Chris Hani Baragwanath Hospital Johannesburg Hospital Pretoria Academic Hospital Ga Rankuwa Hospital	653 925 629 755 506 014 432 377	681 269 673 040 534 168 454 732	755 702 681 301 572 706 488 102	916 000 804 344 583 343 530 789	827 355 747 332 583 939 521 714	832 822 752 000 587 600 524 800	882 322 797 000 622 600 555 800
Other	606 511	549 418	595 125				
Total: Central Hospital Services	2 828 582	2 892 627	3 092 936	2 834 476	2 680 340	2 697 222	2 857 722

Table 2: Economic classification

Economic classification	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
				Estimated			
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000						
Current							
Personnel	1 742 685	1 736 656	1 887 647	1 600 646	1 705 000	1 814 330	1 931 000
Transfer payments	-	-	-		-		
Other Current	988 144	1 050 627	1 148 694	1 136 800	887 340	790 892	831 722
Sub-Total: Current	2 730 829	2 787 283	3 036 341	2 737 446	2 592 340	2 605 222	2 762 722
Capital							
Acquisition of capital assets	97 753	105 344	56 595	97 030	88 000	92 000	95 000
Transfer payments Other Capital							
Sub-Total: Capital	97 753	105 344	56 595	97 030	88 000	92 000	95 000
•							
Total: Economic classification	2 828 582	2 892 627	3 092 936	2 834 476	2 680 340	2 697 222	2 857 722

Key Government Objectives:

- Provision of a platform for the training of health workers
- Provision of highly specialised health care services
- Serve as specialist referral centres for neighbouring provinces and regional hospitals

Service Delivery measures

Outcome	Description of Outputs	Unit of Measure		Target	Standard	Source of data	
	•		2003/4	2004/5	2005/06		
hospital services	Shift of level 1 beds from central hospitals	Number of separate level 1 beds established	700	700	-	1400	Dept
	Re-organized highly specialized units for improved efficiency e.g. - Cardio thoracic - Oncology unit - Orthopaedics	Percentage completion of re-organized units	80	100	100	Dept	Dept
	Strengthened and capacitated management team in hospital	Percentage filled top management posts	100	100	-	100	PFMA
	Outreach programmes by academic medical staff to secondary and other hospitals	Number of outreach programmes maintained	6	6	6	Dept	Dept
	Shift primary ambulatory care patient from central hospitals to level 1 facilities	Percentage shift completed	100	-	-	Dept	Dept

Improve quality of care	Shorter waiting times for patients	Percentage of hospitals measuring waiting times	100	100	100	Dept	Dept
		Percentage reduction in overall waiting times	10	15	20	Dept	Dept
	Reduced waiting list for highly specialised surgery	Percentage reduction in waiting list for cataract, hip replacement and cardiothoracic surgery	10	20	20	Dept	Dept
	Hospital utilisation	Number of beds available	4791	4144	3877	3877	Dept
		Number of admissions	276 882	235 350	200 050	Dept	Dept
		Admissions per 1000 uninsured	50.9	50.9	50.9	Dept	Dept
		Number of outpatients	1362178	1157851	984173	Dept	Dept
		Patient Day Equivalents (PDE's)	2100050	1785042	1517286	Dept	Dept
	Improved hospital efficiency	Average length of stay (ALOS)	7	6	6	6-8days	Dept
		Bed Occupancy Rate (BOR)	75	80	80	70-80	Dept
		Cost per PDE	R1347*	R1240*	R1200*	Dept	Dept

* Estimates only

Province of Gauteng

Programme 6: Health Training and Sciences

Table 1: Sub-programmes

Sub-programme	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
structure				Estimated			
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Nurse training colleges	37 504	41 690	79 814	96 926	128 915	156 515	163 515
EMS training colleges	2 623	2 148	1 267	4 741	4 500	4 650	4 900
Bursaries	2 014	1 544	2 078	10 000	13 000	10 000	10 000
Primary health care training							
Training other	147	394	11 261	16 100	17 850	19 768	20 500
Total: Health Training and Sciences	42 288	45 776	94 420	127 767	164 265	190 933	198 915

Table 2: Economic classification

Economic classification	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
				Estimated			
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Current							
Personnel	35 471	38 206	75 834	92 012	118 700	139 412	147 000
Transfer payments	-		-	500	550	600	650
Other Current	5 434	5 663	14 459	28 417	35 415	40 921	40 265
Sub-Total: Current	40 905	43 869	90 293	120 929	154 665	180 933	187 915
Capital							
Acquisition of capital assets	1 383	1 907	4 127	6 838	9 600	10 000	11 000
Transfer payments Other Capital							
Sub-Total: Capital	1 383	1 907	4 127	6 838	9 600	10 000	11 000
Total: Economic classification	42 288	45 776	94 420	127 767	164 265	190 933	198 915

Key Government Objectives

- Training of nursing and ambulance personnel
- Granting of bursaries and promoting research and development of health systems

Service Delivery measures

Outcome	Description of Outputs	Unit of Measure		Target		Standard	Source of data
			2003/4	2004/5	2005/06		
appropriate the revised	Implementation of the revised curriculum	Percentage implementation of the revised curriculum	90	100	100	Dept	Dept
	Increased number Ambulance personnel with life support training	Percentage of locally based staff with intermediate life support training	50	55	60	Dept	Dept
		Percentage of locally based staff with advanced life support training	5	5	8	Dept	Dept
	Health sciences graduates	Number of nursing students all years	4728	4728	4966	Dept	Dept
		Number of nursing graduates	3171	3488	3836	Dept	Dept
		Cost per nursing graduate	R59588*	R63 461*	R67 014*	Dept	Dept
	Bursaries granted	Number of new beneficiaries	500	550	600	Dept	Dept

* Estimates only

Province of Gauteng

Programme 7: Health Care Support Services

Table 1: Sub-programmes

Sub-programme structure	1999/00	2000/01	2001/02	2002/03 Estimated	2003/04	2004/05	2005/06
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Laundries Food Supply Services Medicine trading account	57 610 7 340	59 695 11 664	70 919 12 647	61 332 14 681 1	79 980 13 780 1	86 000 14 600 1	91 000 15 400 1
Total: Health Care Support Services	64 950	71 359	83 566	76 014	93 761	100 601	106 401

Laundry and Food supply services are charged against institutions by means of the Internal Charges concept

Table 2: Economic classification

Economic classification	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
				Estimated			
	Audited	Audited	Audited	Actual	Voted	Forward	estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Current							
Personnel	46 346	48 416	51 213	48 729	56 250	59 600	63 000
Transfer payments		-	-	-	-		
Other Current	18 326	22 429	31 518	25 885	36 731	40 097	42 401
Sub-Total: Current	64 672	70 845	82 731	74 614	92 981	99 697	105 401
Capital							
Acquisition of capital assets	278	514	835	1 400	780	904	1 000
Transfer payments							
Other Capital							
Sub-Total: Capital	278	514	835	1 400	780	904	1 000
Total: Economic classification	64 950	71 359	83 566	76 014	93 761	100 601	106 401

Key Government Objectives

• To render support services required by the department to fulfil its aims

• Non-clinical Services: Rendering non-clinical services as may be applicable for research, laundry and food supply services.

• Capital augmentation

Outcome	Description of Outputs	Unit of Measure	Target			Standard	Source of data
			2003/4	2004/5	2005/06		
Laundry Revitalisation	Decentralisation of linen management	Percentage ownership by hospitals	100	100	100	Dept	Dept
	Comprehensive linen inventory register	Percentage of hospitals with an inventory register	80	100	100	Dept	Dept
	Improved management and administration of laundries	Number of laundries function as trading entities	2	4	4	Dept	Dept
	Reduced number of institutions with reported problems with clean linen	Percentage of institutions experiencing problems with linen supplies	1	0	0	Dept	Dept
Medical Supply depot	Efficient supply of pharmaceuticals and surgical sundries	Percentage orders supplied to institutions on first request	93.5	94	94	Dept	Dept
	Improved security over stock	Percentage of assets bar- coded	60	100	100	Dept	Dept

Province of Gauteng

Programme 8: Health Facilities Management

Table 1: Sub-programmes

Sub-programme	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
structure	Audited	Audited	Audited	Estimated Actual	Voted	Forward	estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Community health facilities New facilities and replacement Upgrading				5 000 3 000	31 707 15 840 1 000	45 000 5 000	25 833
Rehabilitation/renovation Maintenance				2 000	- 14 867	10 000 30 000	25 833
Emergency medical rescue services New facilities and replacement Upgrading Rehabilitation/renovation Maintenance				1 000 1 000	500 - - 500	6 000	4 000 4 000
				136 659			90 701
District hospital services New facilities and replacement Upgrading					38 235 980 -	107 829 62 829	60 000
Rehabilitation/renovation Maintenance				43 659 93 000	- 37 255	45 000	30 701
Provincial hospital services New facilities and replacement				116 136 10 000	210 885 64 437 26 644	123 000 20 000	151 502 56 222
Upgrading Rehabilitation/renovation Maintenance				2 521 103 615	40 000 79 804	8 000 95 000	5 000 90 280
Central hospital services New facilities and replacement Upgrading Rehabilitation/renovation				179 636 70 000 30 000 1 000	211 966 92 356 19 300 40 000	202 311 30 000 45 666	206 708 91 472
Maintenance				78 636	60 310	126 645	115 236
Other facilities New facilities and replacement Upgrading Rehabilitation/renovation	686		354 120 52 961 95 528	49 883	44 787 1 628 13 800 7 939	131 081 18 000 10 000	96 888 18 000
Maintenance	686		205 631	49 883	21 420	103 081	78 888
Total: Health Facilities Management	686	-	354 120	488 314	538 080	615 221	575 632
Table 2: Economic classification							
Economic classification	1999/00	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06
	Audited	Audited	Audited	Estimated Actual	Voted	Forward	estimates
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Current							
Personnel Transfer payments	-	-	-	-			
Other Current	686	-	30 964	50 000	214 156	405 726	344 938
Sub-Total: Current	686	-	30 964	50 000	214 156	405 726	344 938
Capital Acquisition of capital assets Transfer payments Other Capital	-	-	323 156	438 314	323 924	209 495	230 694
Sub-Total: Capital	-	-	323 156	438 314	323 924	209 495	230 694
Total: Economic classification	686	-	354 120	488 314	538 080	615 221	575 632

Key Government Objectives

- To provide for new health facilities, upgrading and maintenance of the existing facilities
- Provision of community health centres, clinics, community, provincial, specialised and academic hospitals
- Upgrading of community health centres, clinics, community, provincial, specialised and academic hospitals
- Maintenance of community health centres, clinics, community, specialised and academic hospitals.

Outcome	Description of Outputs	Unit of measure		Target		Standard	Dept
		liicusui c	2003/4	2004/5	2005/6		
Construction of New Facilities	Completion of phase 2: New Pretoria Academic Hospital	Percentage completed	90	100	-	100	Dept
	Construction of Hillbrow Community Health Centre	Percentage completed	50	100	-	100	Dept
	Construction of New Mamelodi Hospital	Percentage completed	40	80	100	100	Dept
	StanzaBopapeCommunityHealthCentre: Phase 2	Percentage completed	50	90	100	100	Dept
	Soshanguve Block L Community Health Centre	Percentage completed	70	90	100	100	Dept
	Sterkfontein Hospital 2 new Wards at	Percentage completed	20	50	80	80	Dept
	Weskoppies Hospital New Wards	Percentage completed	100	-	-	100	Dept
	Sizwe Hospital construction of new kitchen, ventilation and electrical ringfeed	Percentage completed	70	100	-	100	Dept
	Stretford Community Health Centre: Phase 2	Percentage completed	70	100	-	100	Dept
Revitalisation and upgrading of Health Facilities	Total revitalization of Chris Hani Baragwanath Hospital	Percentage completed	30	50	70	70	Dept
	New District Hospital for Johannesburg South Area	Percentage completed	30	50	100	100	Dept
	Upgrading of existing and new Community Health Centres in CHB catchment area	Percentage completed	20	50	70	70	Dept

Relocation of Natalspruit Hospital	Percentage completed	20	50	80	80	Dept
Renovation of OPD and Casualty at Kalafong Hospital	Percentage completed	40	100		100	Dept
Renovation of OPD and Casualty Tembisa Hospital	Percentage completed	40	70	100	100	Dept
Renovation of OPD and Casualty Sebokeng Hospital	Percentage completed	50	80	100	100	Dept
Renovation of OPD and Casualty Leratong Hospital	Percentage completed	20	50	80	100	Dept
General upgrading of Johannesburg Hospital: Pharmacy, Casualty and several Wards	Percentage completed	30	70	100	100	Dept
Upgrading of Maternity Ward at Far East Rand Hospital	Percentage completed	60	100	-	100	Dept

PERSONNEL ESTIMATES

Num	ber of Staff per Prog	gramme	
Programme	At 31 March 2003	At 31 March 2004	At 31 March 2005
Programme 1	440	440	440
Programme 2	5 850	6 000	6 100
Programme 3	Included in Programme 2 estimates		
Programme 4	18 348	18 448	18 548
Programme 5	18 235	18 135	18 035
Programme 6	1 232	1 282	1 332
Programme 7	1 100	1 110	1 110
Programme 8		-	
Tota	45 205	45 415	45 565

In line with the Department of Public Service and Administration (DPSA) resolution 7, organisational, structures are being revised.

TABLE 1: OUTCOMES AND OUTPUTS WHICH TARGET WOMEN AND GIRLS

Outcome	Output	Indicator	Gender issue	Programme	Sub	Budget
					programme	
Reduce the	Reduced new	Antenatal	HIV/AIDS	Prog. 2:	HIV/AIDS	See
Impact of	HIV infections	seroprevalence	pandemic	District Health		identified
HIV/AIDS	among women	rate		Services		Programmes
	and youth					
	Female	 Number of 				
	condom	female				
	distribution	condom				
		distribution				
		sites				
		 Number of 				
		female				
		condoms				
		distributed				
	Prevention of	Percentage				
	mother to child	hospitals and				
	transmission	large				
	(PMTCT)	community				
		health centres				
		that have				
		implemented				
		the programme				
	Home-based	Percentage of	-			
	care services	sub-districts				
		offering a				
		home-based				
		care service				
	Step	Number of step				
	down/hospice	down/hospice				
	beds	beds				
Improve	 Provision 	 Number of 	Poverty	District Health	Nutrition	See
child health	of an early	children	Alleviation	Services		identified
	morning	being fed				Programmes

Quality of	Access for	services Percentage 		Prog. 8.	None	See
		friendly				
		with youth		Services		Programmes
lifestyles	services	of facilities	health	District Health	Health system	identified
Health	Youth friendly	 Percentage 	Reproductive	Prog 2.	District	See
		pregancy				
	pregnancy rate	teenage		Services		
	teenage	reduction in		District Health		
	Reduced	Percentage	Youth health	Prog 2.		
		screened		Services		Programmes
	screening	women	health	District Health		identified
	Cervical cancer	Number of	Reproductive	Prog 2.		See
	an facilities	PEP protocol				
	implemented in all facilities	implementing				
	(PEP)	facilities				
	Prophylaxis	medico-legal				
	Post Exposure	Percentage				
	De et Errere	centres				
		legal				
		medico-				
		existing				
health	violence	seen at				Programmes
women	survivors of	women		and 5.		identified
Improve	Caring for	 Number of 		Prog 2, 3, 4		See
	creches					
	and					
	schools	fed				
	es in	schoolers				
	programm	pre-				
	 Feeding 	 Number of 				
	children					
	school					
	primary					
	needy					
	snack for					

care	disabled at all	of hospitals	Health facility	identified
	facilities	and clinics	Management	Programmes
		with		
		disabled		
		access		
		 Number of 		
		assistive		
		devices		
		supplied to		
		people with		
		disabilities		

TABLE 2: OUTCOMES AND OUTPUTS WHICH WILL BENEFIT WOMEN/PROMOTE GENDEREQUALITY

Outcome	Output	Indicator	Gender issue	Programme	Sub-programme	Budget
Gender equality	Improved gender	Percentage	Recruitment and	Prog. 1:	Management	
and	representivity	women in	selection	Administration		
mainstreaming		middle and				
		senior				
		management				

TABLE 3: OUTCOMES AND OUTPUTS WHICH WILL BENEFIT WOMEN EMPLOYEES WITHIN THE DEPARTMENT

OF HEALTH

Outcome	Output	Indicator	Gender issue	Programme	Sub-programme	Budget
Human Resource	Bursaries	Number of	Skills	Prog. 6: Health	None	
Development	granted	female	development	sciences and		
		beneficiaries		training		

TABLE 4: NUMBER OF WOMEN AND MEN EMPLOYED AT DIFFERENT LEVELS IN THE DEPARTMENT OF HEALTH

LEVEL	TOTAL	WOMEN	BLACK	BLACK WOMEN	% PERSONNEL BUDGET FOR WOMEN
Superintendent-General	1	1	1	1	100.00%
Deputy Director-General	2	0	2	0	0.00%
Chief Director	103	12	28	3	11.65%
Management	5	3	5	2	60.00%
Professionals	98	9	23	5	9.18%
Directors	157	41	62	19	26.11%
Management	31	16	26	10	51.61%
Professionals	126	25	36	9	19.84%
Deputy Director	1955	611	730	200	31.25%
Assistant Director	2368	1202	1210	609	50.76%
Subtotal Management	4585	1866	2032	833	40.70%
Non Management	39487	31858	35545	28622	80.68%
TOTAL	44072	33724	35577	29455	76.52%

TABLE 5: GENDER ALLOCATION - FOCUS ON WOMAN

MANAGEMENT ECHELON	NUMBER	% FEMALE	% BLACK
Superintendent-General	1	100.00	100.00
Deputy Director-General	2	0.00	100.00
Chief Director	103	11.65	27.18
Management	5	60.00	100.00
Professionals	98	9.18	23.47
Directors	157	26.11	39.49
Management	31	51.61	83.87
Professionals	126	19.84	28.57
Deputy Director	1955	31.25	37.34
Assistant Director	2368	50.76	51.10
TOTAL	4585	40.70	44.32

TABLE 6: PROCUREMENT TARGETS

	Budget		MTEF	
	03/04	04/05	05/06	06/07
% value and targeted for procurement from female owned business	8% of total purchases	Now GSSC target	Now GSSC target	Now GSSC target
% and value targeted for procurement from female black owned business	4% of total purchases	Now GSSC target	Now GSSC target	Now GSSC target

NB: Only applicable to SMME's

Province of Gauteng: Department of Health

Economic Classification

							(Current Expen	diture							
Program	ne/Subprogramme	Compe	ensation of Emplo	oyees		Use of Goods and Services							Transfer Payments			
			onnel	Total	Pharma- ceutical	Laboratory services and requisites	Maintenance current	Medical and surgical supplies	Blood products	Other	Total	Subsidies	Other	Total	Current	
		Salaries and Wages	Other Remuneration												Expenditure	
Programme 1: Administration	Office of the Provincial Minister	2 110	230	2 340			100			410	510			-	2 850	
Auministration	Management	63 250	7 000	70 250			8 000			135 495	143 495			-	213 745	
Sub-total		65 360	7 230	72 590	-	-	8 100	-	-	135 905	144 005	-	-	-	216 595	
Programme 2: District Health Services	District management	93 350	11 100	192 450	5 698		220	3 000		10 740	87 658	195 500	14 295	209 795	333 903	
	Community health clinics	158 800	17 100	175 900	92 000	7 000	400	2 000		79 005	180 405	20 300		20 300	376 605	
	Community health centres	147 600	16 008	163 608	7 500	3 500	1 200	4 500	500	52 280	69 480	6 160		6 160	239 248	
	Community based services HIV/Aids	80 000 4 500	8 000 600	88 000 5 100	55 000 1 200			8 000 2 000		5 000 117 858	121 058	60 000	29 117	60 000 29 117	216 000 155 275	
	Nutrition	1 310	190	1 500	1 200			2 000		24 112	24 112		54 673	54 673	80 285	
	District hospitals	231 900	32 000	263 900	34 000	10 800	850	14 000	3 400	35 970	99 020		04 010	04 01 0	362 920	
Sub-total		717 460	84 998	802 458	195 398	21 300	2 670	33 500	3 900	324 965	581 733	281 960	98 085	380 045	1 764 236	
Programme 3: Emergency Medical Services	Emergency transport	4 480	420	4 900	800		10	3 000		16 250	20 060	150 850		150 850	175 810	
Sub-total		4 480	420	4 900	800	-	10	3 000	-	16 250	20 060	150 850	-	150 850	175 810	
Programme 4: Provincial Hospital Services	General (regional) hospitals	1 085 100	117 800	1 202 900	121 000	116 000	5 000	90 000	44 000	131 791	507 791			-	1 710 691	
Hospital Services	Psychiatric/mental hospitals	164 000	18 500	182 500	8 700	2 000	2 000	600		65 830	79 130	155 000		155 000	416 630	
	Sub-acute, stepdown and chronic medical hospitals	20 800	2 500	23 300	5 000	1 000	200	600	115	9 435	16 350			-	39 650	
	Dental training hospitals	87 000	9 000	96 000	900	1 500	1 000	7 500		3 000	13 900	4		-	109 900	
Sub-total		1 356 900	147 800	1 504 700	135 600	120 500	8 200	98 700	44 115	210 056	617 171	155 000	-	155 000	2 276 871	
Programme 5: Central Hospital Services	Central hospital services															
	Chris Hani Baragwanath Hospital	483 600	53 500	537 100	74 000	70 000	13 000	51 000	25 000	27 255	260 255			-	797 355	
	Johannesburg Hospital	368 400	42 000 39 000	410 400 385 000	100 000 55 000	75 000 34 000	5 000 2 200	65 000 35 000	27 000 19 000	37 932 42 739	309 932 187 939			-	720 332 572 939	
	Pretoria Academic Hospital Ga Rankuwa Hospital	346 000 336 500	39 000	385 000	30 000	34 000 20 000	2 200 11 600	35 000 25 000	19 000	42 739 27 614	187 939				572 939	
Sub-total		1 534 500	170 500	1 705 000	259 000	199 000	31 800	176 000	86 000	135 540	887 340	i -	-	-	2 592 340	

Province of Gauteng: Department of Health

Economic Classification

							c	Current Expen	diture						
Programm	Programme/Subprogramme		ensation of Emplo	oyees			Use of (Goods and Se	rvices			Tra	nsfer Payme	nts	TOTAL
			onnel	Total	Pharma- ceutical	Laboratory services and requisites	Maintenance current	Medical and surgical supplies	Blood products	Other	Total	Subsidies	Other	Total	Current
		Salaries and Wages	Other Remuneration												Expenditure
Programme 6: Health	Nurse training colleges	96 500	15 800	112 300			1 500			6 915	8 415			-	120 715
Sciences and Training	EMS training colleges Bursaries	2 200	400	2 600			200			700 13 000	900 13 000			-	3 500 13 000
Sub-total	Training other	3 400 102 100	400 16 600	3 800 118 700	-	-	1 700	-	-	13 100 33 715	13 100 35 415	550 550	-	550 550	17 450 154 665
Programme 7: Health Care Support Services	Laundries Food Supply Services	43 750 6 300	5 500 700	49 250 7 000			70 20			30 060 6 580	30 130 6 600			-	79 380 13 600
Sub-total	Medicine trading account	50 050	6 200	- 56 250			90		_	1 36 641	1 36 731	-		-	1 92 981
Programme 8: Health Facilities Management	Community health facilities Emergency medical rescue services District hospital services Provincial hospital services Central hospital services Other facilities						14 867 500 37 255 79 804 60 310 21 420				14 867 500 37 255 79 804 60 310 21 420				14 867 500 37 255 79 804 60 310 21 420
Sub-total		-	-	-	-	-	214 156	-	-	-	214 156	-	-	-	214 156
TOTAL		3 830 850	433 748	4 264 598	590 798	340 800	266 726	311 200	134 015	893 072	2 536 611	588 360	98 085	686 445	7 487 654

Province of Gauteng

Economic Classification

					Ca	pital Expen	diture				
Program	nme/Subprogramme		Non-financ	ial Assets		Other	Assets	Ca	fers	TOTAL	
		Building and Structures	Machinery and Equipment	Non- produced Goods	Total	Specify	Specify	Local Govern- ment	Other	Total	Capital Expendi- ture
Programme 1: Administration	Office of the Provincial Minister		150		150						150
	Management		17 005		17 005					-	17 005
Sub-total		-	17 155	-	17 155	-	-	-	-	-	17 155
Programme 2: District Health Services	District management		3 500		3 500					-	3 500
	Community health clinics Community health centres Community-based services Other community services HIV/Aids		3 850 10 000		3 850 10 000 -						3 850 10 000 -
	Nutrition Coroner services District hospitals		14 800		- - 14 800						- - 14 800
Sub-total		-	32 150	-	32 150	-	-	-	-	-	32 150
Programme 3: Emergency Medical Services	Emergency transport Planned patient transport		84 000		84 000 -					-	84 000 -
Sub-total		-	84 000	-	84 000	-	-	-	-	-	84 000
Programme 4: Provincial Hospital Services	General (regional) hospitals		55 400		55 400					-	55 400
	Tuberculosis hospitals Psychiatric/mental hospitals Sub-acute, stepdown and chronic medical hospitals		4 600 4 300		4 600 4 300						4 600 4 300
	Dental training hospitals Other specialised hospitals		4 200		4 200					-	4 200
Sub-total			68 500	-	68 500		-	-	-	-	68 500

					Caj	oital Expen	diture				
Programme/Su	ıbprogramme		Non-financ	ial Assets		Other	Assets	Ca	TOTAL		
		Building and Structures	Machinery and Equipment	Non- produced Goods	Total	Specify	Specify	Local Govern- ment	Other	Total	Capital Expendi- ture
Programme 5: Central Hospital Services	Central hospital services Chris Hani Baragwanath Hospital Johannesburg Hospital Pretoria Academic Hospital Ga Rankuwa Hospital		30 000 27 000 11 000 20 000		30 000 27 000 11 000 20 000						- 30 000 27 000 11 000 20 000
Sub-total		-	88 000	-	88 000	-	-	-	-	-	88 000
Programme 6: Health Sciences and Training	Nurse training colleges EMS training colleges Bursaries		8 200 1 000		8 200 1 000 -					-	8 200 1 000 -
	Primary health care training Training other		400		400					-	400
Sub-total		-	9 600	-	9 600	-	-	-	-	-	9 600
Programme 7: Health Care Support Services	Laundries Food Supply Services Forensic services Orthotic and prosthetic services Medicine trading account		600 180		600 180 - - -					-	600 180 - - -
Sub-total			780	-	780	-	-	-		-	780
Programme 8: Health Facilities Management	Community health facilities	16 840			16 840					-	16 840
	Emergency medical rescue services District hospital services Provincial hospital services Central hospital services Other facilities	980 131 081 151 656 23 367			980 131 081 151 656 23 367						980 131 081 151 656 23 367
Sub-total		323 924	-	-	323 924	-	-	-	-	-	323 924
TOTAL		323 924	300 185	-	624 109	-	-	-	-	-	624 109