

VOTE 7

Health

Operational budget	R 30 912 461 165
MEC remuneration	R 1 734 835
Total amount to be appropriated	R 30 914 196 000
Responsible MEC	Dr. S. M. Dhlomo, MEC for Health
Administering department	Health
Accounting officer	Head: Health

1. Overview

Vision

The vision of the Department of Health is: *A long and healthy life for all South Africans.*

Mission statement

The department's mission statement is: *To develop a sustainable, co-ordinated, integrated and comprehensive health system at all levels of care, based on the primary health care approach through the district health system.*

Strategic objectives

Strategic policy direction: Directly linked with the National Development Plan 2030 with the main focus on improving the health and well-being of the population and strengthening the health system effectiveness.

The department's strategic goals, each comprising a number of strategic objectives and sub-outcomes, have been aligned with the National Development Plan 2030, the Medium Term Strategic Framework (MTSF) 2014-2019, and the National Health sector strategic goals for 2014-2019. The overarching goal remains "*Increasing the life expectancy of all South Africans*". The various goals are as follows:

- To prevent and reduce the burden of disease with the main focus on maternal, neonatal, child and women's health, tuberculosis (TB), HIV and AIDS, non-communicable diseases, as well as injury, accidents and violence.
- To implement Primary Health Care (PHC) re-engineering and improve hospital efficiencies.
- To strengthen health facility planning.
- To improve Human Resources for Health.
- To strengthen health information management to improve decision making.
- To improve financial management.
- To improve quality of care.
- To improve universal health coverage.

Core functions

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, quality and efficiency, sustainability, community participation, appropriate technology, and inter-governmental and inter-sectoral collaboration.

The department provides health services primarily to the uninsured population of KZN, who comprise about 87.7 per cent of the province's total population of 10 785 397 (2013 Mid-Year Population Estimates, Statistics SA). In addition, the department provides central health services to people beyond provincial boundaries. The following main categories of health services provided by the department are:

Primary health care services

Primary health care services are rendered at community/household level and in fixed clinics and include the promotion of health and prevention of illness, as well as curative and rehabilitative services.

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 TB, psychiatric illnesses and those patients requiring long-term or chronic step-down/rehabilitative care. Tertiary and central hospitals render tertiary, central and quaternary hospital services at specialist level. Central and tertiary hospitals provide facilities and expertise for sophisticated medical procedures.

Forensic pathology services

Rendering specialised forensic and medico-legal services to establish the circumstances and causes surrounding unnatural death, to ensure integrity of forensic evidence and to provide an Inspector of Anatomy Services.

Emergency medical services

The aim of this category 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 inter-hospital transfer, while indigent patients are transported between clinics and hospitals.

Legislative mandate

In carrying out its functions, the department is governed mainly by the following Acts and regulations:

- The Constitution of the Republic of South Africa (Act No. 108 of 1996)
- KwaZulu-Natal Health Act (Act No. 1 of 2009) and Regulations
- National Health Act (Act No. 61 of 2003)
- Mental Health Care Act (Act No. 17 of 2002)
- Public Finance Management Act (Act No. 1 of 1999, as amended) and the Treasury Regulations
- Preferential Procurement Policy Framework Act (Act No. 5 of 2000)
- Annual Division of Revenue Act
- Public Service Act (Act No. 103 of 1994) and the Public Service Regulations
- Medicines and Related Substances Act (Act No. 101 of 1965, as amended)
- Pharmacy Act (Act No. 53 of 1974, as amended)
- Nursing Act (Act No. 33 of 2005)
- Choice of Termination of Pregnancy Act (Act No. 92 of 1996, as amended)
- Labour Relations Act (Act No. 66 of 1995)
- Basic Conditions of Employment Act (Act No. 75 of 1997)
- Skills Development Act (Act No. 97 of 1998)
- National Health Laboratory Service Act (Act No. 37 of 2000)
- Occupational Health and Safety Act (Act No. 85 of 1993)
- Traditional Health Practitioners Act (Act No. 35 of 2004)
- Health Professions Act (Act No. 56 of 1974)
- Human Tissue Act (Act No. 65 of 1983)

2. Review of the 2013/14 financial year

Section 2 provides a review of 2013/14, outlining the main achievements and progress made by the department, as well as providing a brief discussion on the challenges and new developments.

Improving the provision of health care

Infrastructure: 16 clinics are under construction and 14 are being renovated and/or upgraded. The Independent Development Trust (IDT) was appointed to complete three clinics (Mkhuphula, Ngabayena and Msizini) due to the termination of the contract with an implementing agent who failed to deliver. Cost evaluations commenced and these clinics will be under construction again in 2014/15. Three community health centres (St. Chads, Gamalakhe and Turton) were commissioned and are open to the public.

The new King Dinuzulu District Hospital is complete with 369 out of 400 beds operational, with the balance being utilised for out-patients services until the out-patients facility is completed. Construction of the new TB complex at this hospital, as well as a 130-bed psychiatric secured unit, is planned for continuation in 2014.

All municipal health services were provincialised with the exception of the uMhlathuze Municipality and the eThekweni Metro.

Re-engineering of PHC was strengthened by expanding the three pillars of PHC re-engineering:

- Ward-based teams increased from 45 to 83 teams (33 teams reporting community-based data through the district health information system, with the balance to begin reporting in 2014/15).
- School health teams increased from 147 to 148 teams, providing health screening (such as sight, hearing, oral health, mental health, growth/nutrition monitoring, etc.) in 46 per cent of schools.
- District clinical specialist teams were strengthened through the appointment of additional specialists (such as obstetricians and paediatricians) and specialised nursing staff in all districts.

Main focus areas

The main focus areas for 2013/14 included:

- *National Health Insurance (NHI):* Phase one of the NHI project continued in the three pilot districts, namely uMgungundlovu, Umzinyathi and Amajuba. This included the piloting of innovative referral models, community-based distribution of chronic medication and improved information systems.
- *Clinical services:*
 - *Maternal and neonatal care:*
 - The costing of maternal and neonatal care commenced. High impact strategies were prioritised, contributing to improved health outcomes, and these included the prevention of mother to child transmission of HIV and AIDS, training in essential steps in management of obstetric emergencies, child growth monitoring, immunisation, etc.
 - Maternal mortality in facilities decreased from 165.5 to 135.6 deaths per 100 000 live births.
 - Infants' first Polymerase Chain Reaction (PCR) test positive around 6 weeks after birth as proportion of all babies tested decreased from 2.2 to 1.8 per cent. This test is used to determine mother to child transmission of HIV and AIDS.
 - The neonatal mortality rate decreased from 9.8 to 9.5 per 1 000 live births.
 - Children under 5 years with severe acute malnutrition incidence decreased from 6.5 to 5.8 per 1 000 of the population under 5 years.
 - Children under 5 years with diarrhoea with dehydration incidence decreased from 20.7 to 15.9 per 1 000 of the population under 5 years.
 - Children under 5 years with pneumonia incidence decreased from 118.5 to 100.8 per 1 000 of the population under 5 years.

- Improved targets were assisted by the commissioning of 40 dedicated obstetric ambulances, an increased bed capacity for pregnant women with high risk pregnancies at 26 prioritised facilities, as well as 32 mothers' lodges for pregnant women at prioritised facilities. Some of these facilities included the Lower Umfolozi War Memorial (LUWM) and Newcastle Hospitals, which are functioning as specialised mother and child facilities. A total of 26 Midwife Obstetric units were established at PHC clinics and Community Health Centres (CHC) to improve access to maternal health.
- o *Tuberculosis:*
 - The province received 73 GeneXpert machines in 2010 for phased implementation of rapid TB testing for drug-resistant TB. To date, 38 machines have been installed in eThekweni (13), Sisonke (7), uMgungundlovu (4), Ilembe (3), Amajuba (3), Umzinyathi (2), uThungulu (2), Umkhanyakude (2) and Zululand (2).
 - A total of 122 outreach teams (which consist of a staff nurse and nursing assistant giving daily home-based treatment and education) were established to improve community-based management of patients with drug-resistant TB and HIV and AIDS.
 - The TB incidence decreased from 1 027 to 844 per 100 000 of the population.
 - The TB death rate decreased from 5.4 to 4.8 per cent.
 - The TB defaulter rate decreased from 5.4 to 4.9 per cent.
 - The TB cure rate increased from 73.5 to 79.4 per cent.
- o *HIV and AIDS:*
 - A cumulative total of 339 997 males were circumcised to date (since 2010/11) as part of the male medical circumcision campaign.
 - The total number of patients on anti-retroviral (ARV) therapy increased from 726 338 to 770 009 (2013/14 mid-year actual).
 - A total of 1 810 056 clients between 15-49 years were tested for HIV and AIDS (mid-year 2013/14).
- o *Laundry services* – The project to upgrade the Dundee laundry is still in progress and is expected to be finalised by the end of 2014/15. The process for installing the new tunnel washer is almost complete, with delivery of the machine awaited from the importer. The remainder of the project entails the upgrading of the entire facility, and this is expected to be completed by the end of 2014/15.

3. Outlook for the 2014/15 financial year

Section 3 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. The department plans to achieve the following:

- *Preventing and reducing the burden of disease* with the main focus on preventing disease and improving health outcomes in maternal, neonatal, child and women's health and nutrition, TB, HIV and AIDS, non-communicable conditions and injury and violence. Some of the targets include:
 - o Reduce the mother to child transmission rate for HIV and AIDS to less than 1 per cent by March 2017.
 - o Reduce the facility maternal mortality ratio to 119 maternal deaths per 100 000 live births by March 2017.
 - o Increase the number of HIV positive eligible clients on ARV therapy to 1 368 247 (cumulative total) by 2016/17.
 - o Decrease the TB incidence to 600 new infections per 100 000 population by March 2017.

- *Implementation of PHC re-engineering* by increasing ward-based coverage with ward-based outreach teams, school health teams and district clinical specialist teams. Some of the targets include:
 - 11 complete nursing specialist teams (one team per district) by 2015.
 - Four complete medical specialist teams (one team per region) by 2015.
 - 250 school health teams by 2019.
 - 100 per cent of rural districts fully covered by ward-based teams by 2019.
- *Strengthening of hospital services* through the rationalisation of hospital services, including reviewing the classification of hospitals and aligning service delivery and training platforms. Clinical governance will be prioritised including outreach programmes and mentorship.
- *Improving human resources* by aligning an evidence-based human resources plan with service delivery demands and needs, establishing effective controls to monitor *Compensation of employees* and equity, and developing a decentralised health sciences training model with a focus on PHC in collaboration with the University of KwaZulu-Natal as part of the health system reform and to address staff shortages. Alternative options will be explored to address critical skills shortages including the training of mid-level workers and revisiting training of clinical associates.
- *Strengthening health information management* including information technology, data management, monitoring and evaluation and research for health, as well as evidence-based planning. The department will increase internet connectivity in all facilities as an enabler for the implementation of a web-based health information system targeted in late 2014/15. Telemedicine sites will be increased from 35 to 65 in 2017/18 to advance clinical training and development.
- *Improving financial management* through training and development, establishing cost centres in identified institutions, improving the linking of budget to activity, increasing revenue collection, as well as ensuring Supply Chain management (SCM) is supported by an appropriate IT system and achieving an unqualified audit for assets.
- *Improving quality of care* by implementing the national core standards and establishing effective quality assurance systems to monitor quality improvement. The department aims to have 80 per cent of health facilities conditionally compliant (50 to 75 per cent) to the national core standards by 2019.
- *Improve universal health coverage* by continuing to implement the NHI pilot in identified districts. The main goals for the NHI pilot are as follows:
 - Effective functioning and integration of the new primary care delivery models.
 - Planning, monitoring and evaluation of school health teams, family health teams, district specialist teams and the HIV and AIDS, sexually transmitted infections and TB outreach model.
 - Improved pharmaceutical supplies management systems and processes to support efficient and effective provision of health services in the districts.
 - Improved supply chain management in relation to the sector non-negotiables.
 - Enhanced district capacity in the areas of district health services planning and monitoring and evaluation including research/impact assessment reports of selected interventions.
 - A rational referral system based on a re-engineered primary health care platform with a particular focus on rural and previously disadvantaged areas.

4. Receipts and financing

4.1 Summary of receipts

Table 7.1 below gives the source of funding for Vote 7 over the seven-year period 2010/11 to 2016/17. The table also compares actual and budgeted receipts against actual and budgeted payments.

Note that, in 2013/14, all conditional grants in the health sector, which focus on infrastructure delivery, were consolidated into one grant with separate components. The newly amalgamated grant was called the Health Facility Revitalisation grant, and funded the construction and maintenance of health infrastructure. This grant was created through the merger of the Health Infrastructure, Hospital Revitalisation and the Nursing Colleges and Schools grants. In 2014/15, the components have been eliminated and the grant is now simply known as the Health Facility Revitalisation grant. The historic spending and receipts of the three components have been merged into a single grant in all tables in this document for comparative purposes. The previous split of funding between the former components is available in the 2013/14 *EPRE*.

Table 7.1 : Summary of receipts

	Audited 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	18 192 039	20 152 053	22 014 761	23 278 063	23 428 519	23 428 519	24 638 533	26 029 819	27 477 766
Conditional grants	3 924 609	4 435 205	5 023 849	5 319 234	5 429 296	5 429 296	6 228 886	6 850 880	6 343 324
Health Professions Training and Development grant	235 771	249 917	261 860	276 262	276 262	276 262	292 837	306 308	322 542
Health Facility Revitalisation grant	901 053	906 169	1 176 452	962 469	1 072 531	1 072 531	1 162 469	1 090 431	-
National Tertiary Services grant	1 102 585	1 201 831	1 323 114	1 415 731	1 415 731	1 415 731	1 496 427	1 565 263	1 648 222
Comprehensive HIV and AIDS grant	1 518 811	1 889 427	2 225 423	2 652 072	2 652 072	2 652 072	3 257 992	3 874 085	4 356 983
Forensic Pathology Services grant	152 406	161 550	-	-	-	-	-	-	-
Social Sector EPWP Incentive Grant for Provinces	2 676	25 775	-	-	-	-	2 581	-	-
EPWP Integrated Grant for Provinces	11 307	536	1 000	3 000	3 000	3 000	2 580	-	-
National Health Insurance grant	-	-	33 000	9 700	9 700	9 700	14 000	14 793	15 577
AFCON: Medical Services grant	-	-	3 000	-	-	-	-	-	-
Total receipts	22 116 648	24 587 258	27 038 610	28 597 297	28 857 815	28 857 815	30 867 419	32 880 699	33 821 090
Total payments	20 734 986	24 791 118	27 390 533	28 647 877	29 141 344	29 508 508	30 914 196	32 881 579	33 821 760
Surplus/(Deficit) before financing	1 381 662	(203 860)	(351 923)	(50 580)	(283 529)	(650 693)	(46 777)	(880)	(670)
Financing									
of which									
Provincial roll-overs	3 538	81 838	-	-	14 949	14 949	-	-	-
Provincial cash resources	-	-	252 320	50 580	268 580	268 580	46 777	880	670
Surplus/(Deficit) after financing	1 385 200	(122 022)	(99 603)	-	-	(367 164)	-	-	-

In 2010/11, there was a significant increase in the baseline allocation of some R1.600 billion. This, together with the establishment of the joint Treasury/Health task team to address the persistent over-spending, as well as under-spending on the infrastructure conditional grants, resulted in under-spending of R1.385 billion. The main areas addressed by the task team were the curbing of fraud, cost-cutting and the introduction of a savings plan. A roll-over of unspent funds of R3.538 million from 2009/10 was received for the 2010 World Cup Health Preparation Strategy grant.

In 2011/12, the department over-spent by R122.022 million. This was attributed to the ongoing processing of various categories of OSD (occupational therapists, advanced maternity staff and artisans), exacerbated by the filling of critical posts required for restructuring of service delivery to bring the department in line with NHI requirements. In addition, there were increased payments to the National Health Laboratory Service (NHLS) related to an agreement to increase the monthly payment from R34 million to R43 million, backdated to January 2011, until such time as the dispute was finalised. There was also a once-off payment of R50 million toward HIV and AIDS costs, as per a special request from the National Department of Health (NDOH), to avert a financial crisis in the NHLS.

An amount of R81.838 million was included against provincial roll-overs, being an approved roll-over of R63.953 million from 2009/10, of commitments relating to the Health Facility Revitalisation grant, which was under-spent in 2009/10, and a roll-over of R17.885 million from 2010/11 in respect of the Comprehensive HIV and AIDS grant.

In 2012/13, the department received provincial cash resources of R252.320 million for the following:

- R12 million for a vaccine campaign to reduce maternal and child mortality.
- R6.250 million to improve the department's PABX telecommunication systems.
- R185.963 million to address pressures due to an acceleration in various infrastructure projects.
- The balance of R48.107 million was top-up funding for the cost of the higher than budgeted 2012 wage agreement, not fully funded by National Treasury.

Also in 2012/13, the department over-spent by R99.603 million. This was related to the addressing of critical staff needs at PHC level, which included the closing of the gap in standards for municipal clinics taken over from local government, the progressive commissioning of CHCs and the King Dinuzulu Hospital, whereby the department's budget allocations were not keeping pace with new developments. There were also pressures from infrastructure commitments being higher than the budget, and the department being unable to slow down delivery sufficiently during the year to match the final appropriation.

In the 2013/14 Adjusted Appropriation, the department received a roll-over of R14.949 million in respect of the NHI grant. The funds were to be used to pay for medical and surgical equipment, and information technology equipment, which was ordered in 2012/13, but only delivered in 2013/14. Also in 2013/14, the department received additional funding of R268.580 million from provincial cash resources as follows:

- R17 million allocated for the McCord Hospital take-over costs and malpractice insurance premiums.
- R200 million from equitable share funding for infrastructure development pressures.
- R1 million for spending on Operation *Sukuma Sakhe* (OSS) initiatives, as identified by the MEC.
- R50.580 million for the upgrading and refurbishment of the regional laundry in Dundee.

The projected over-spending of R367.164 million in 2013/14 relates mainly to pressures in the Comprehensive HIV and AIDS grant, largely driven by the increased number of ARV patients and the shortfall in the funding formulae for this programme. The department approached NDOH for assistance in this regard, particularly for this grant to be funded based on actual case-load in the province. Adding to this pressure are take-over and running costs for McCord Hospital, as well as pressures in computer services and agency and support services costs.

Note that, over the 2014/15 MTEF, the Health Facility Revitalisation grant declines to zero in the outer year due to the reforms that were made to the provincial infrastructure grant system that are intended to institutionalise proper planning for infrastructure. Provinces were informed in 2012/13 by National Treasury that they will be required to bid for the infrastructure allocation two years in advance and financial incentives will be built into the infrastructure grant for provinces that implement best practices. The department was largely successful in bidding for the 2015/16 allocations due to its ability to spend on the infrastructure allocations, although the amount is less than 2014/15 due to technical problems in the bidding process. The department and Provincial Treasury are still liaising with National Treasury in this regard and the possibility exists for further adjustments during 2014/15. The bidding processes for 2016/17 will commence in 2014/15, hence there is no allocation at this stage.

The department will be rolling out the human papilloma virus (HPV) vaccine in 2014/15, which has shown to prevent cervical cancer in women. The funding for the roll-out in 2014/15 and 2015/16 will be made available through the NDOH as an indirect grant. An amount of R42.661 million is added to the provincial equitable share in 2016/17 as the programme becomes integrated into the normal business of provincial health departments.

The department is also allocated additional funding from provincial cash resources in 2014/15 for trade creditors and VAT at McCord Hospital (R15.870 million, with minor carry-through costs of R880 000 in 2015/16 and R670 000 in 2016/17), as well as for operational costs at St. Mary's Hospital (R30.907 million), pending the finalisation of the transaction advisors' investigation into the potential provincialisation of the hospital.

The department has been allocated nine national conditional grants over the seven-year period, and these are described in more detail in Section 5.5.

4.2 Departmental receipts collection

A summary of revenue collected by the Department of Health over the seven-year period under review is reflected in Table 7.2. Details of these departmental receipts are given in *Annexure – Vote 7: Health*.

The bulk of revenue collected by this department is against *Sale of goods and services other than capital assets*. The major receipts under this category relate to patient fees, boarding fees, rentals, parking fees, and commission charged on PERSAL deductions for insurance premiums and garnishees.

Table 7.2 : Summary of departmental receipts collection

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Tax receipts	-	-	-	-	-	-	-	-	-
Casino taxes	-	-	-	-	-	-	-	-	-
Horse racing taxes	-	-	-	-	-	-	-	-	-
Liquor licences	-	-	-	-	-	-	-	-	-
Motor vehicle licences	-	-	-	-	-	-	-	-	-
Sale of goods and services other than capital assets	164 198	196 395	207 758	217 666	217 666	219 090	220 512	231 538	243 810
Transfers received	-	-	-	-	-	-	-	-	-
Fines, penalties and forfeits	2 449	17	12	21	21	27	21	21	22
Interest, dividends and rent on land	816	366	140	217	217	264	217	217	229
Sale of capital assets	7 231	-	17 929	12 000	12 000	3 830	10 000	10 000	10 530
Transactions in financial assets and liabilities	16 527	11 220	12 650	13 577	13 577	18 033	15 411	16 182	17 040
Total	191 221	207 998	238 489	243 481	243 481	241 244	246 161	257 958	271 630

Most of the remaining revenue categories do not follow a predictable trend, and are not received on a regular basis, such as the sale of redundant equipment and vehicles. For this reason, projections for future years were formulated based on past trends. The collection of revenue from patient fees is influenced by the following factors:

- Historically, the majority of patients attending the department's health facilities have been unable to make a meaningful contribution for the services provided. However, the department is currently in the process of developing an own-revenue enhancement programme, which will seek to identify patients who are able to pay for services, but previously received free treatment.
- The continued provision of free services at health institutions to pregnant women and children under 16 years of age who do not belong to any medical aid, pensioners, the disabled, the unemployed and patients on the ART programme.
- The ongoing review of the Uniform Patient Fee Structure (UPFS) that is applicable to private hospital patients (PHP), i.e. medical aid patients, statutory cases and patients whose income exceeds the limit for free services, resulting in more groups being exempt from the payment of fees and the reduction in fees payable by certain categories of patients.

The high collection against *Sale of goods and services other than capital assets* in 2011/12 can be ascribed to the amendment of boarding fees to R800 per person as per the housing allowance paid to employees. In the 2013/14 Revised Estimate, the increase was due to improved recoveries mainly from RAF and the Compensation of Injuries and Disease Act (COIDA) after an intensive capacity building drive aimed at improving the department's revenue collection. This trend is expected to continue over the 2014/15 MTEF, although projected collections are conservative, at this stage.

Fines, penalties and forfeits reflect revenue from domestic transgressions, which is difficult to budget for due to its unpredictable nature. The department collected approximately R2.431 million during 2010/11 from fraud recovery efforts from various suppliers.

Interest, dividends and rent on land largely reflects interest on staff debts. The fluctuation over the seven-year period is due to the volatility in staff debts, coupled with interest rate changes.

Sale of capital assets comprises revenue generated from the sale of redundant equipment, including motor vehicles. The amounts collected in 2010/11 and 2012/13 resulted from the unanticipated sale of redundant vehicles. In the 2013/14 Revised Estimate, when compared to other years, the low collection is mainly due to the sale of fleet which did not take place in the first half of the year as was projected, as a result of the shifting of the fleet management functions to the Supply Chain Management unit to improve disposal procedures. The department reports that this projection is likely to be exceeded as disposal processes are once again underway in the final quarter of 2013/14. The department projects to receive a cumulative amount of R30.530 million from the auctioning of redundant assets over the 2014/15 MTEF.

Transactions in financial assets and liabilities, made up of income generated from the repayment of contract debts (such as bursaries), salary over-payments and refunds of previous years' expenditure, decreased in 2011/12 due to monies recovered in 2010/11 being higher than budgeted as a result of a concerted effort to clear debts. It is difficult to project revenue from this category, due to its uncertain nature, thus the growth over the MTEF is inflationary based.

4.3 Donor funding

Donor funding received by the department, which falls outside its voted fund allocation, is summarised in Tables 7.3 and 7.4 below.

Donor funds are used to address infrastructure requirements, service delivery needs and technical support to enhance service delivery. Spending on donor funds occurs as per the agreements concluded with the various donors. Where funds are available, the department makes arrangements for the incorporation of donor funded activities into its activities on termination of the agreements, to ensure sustainability of funded activities.

It is noted that spending on donor funds from 2010/11 to 2012/13 (Table 7.4) exceeds receipts (Table 7.3). This is due to the roll-over of unspent receipts from previous financial years offsetting expenditure incurred in future years. These roll-overs related mainly to the Global Fund for HIV and AIDS patients, the funding for the European Union PHC project and the funding provided by Atlantic Philanthropies. The majority of remaining donations are small once-off allocations. The Global Fund for HIV and AIDS patients was largely finalised in 2011/12 and the TB Global Fund in 2010/11. The European Union PHC project was finalised in 2012/13.

In 2008/09 and 2009/10, the department received a donation in two instalments of R6 million each from Atlantic Philanthropies, which was being used to strengthen the capacity of nursing education institutions in KZN. These funds could not be fully utilised by 2012/13 due to continued delays experienced with the tender process, and R7.922 million was rolled over to 2013/14. The department anticipates fully spending this funding in 2013/14.

The department received new donor funding in 2013/14 from the Public Sector Education and Training Authority (PSETA) and the Health and Welfare Sector Education and Training Authority (HWSETA) amounting to R383 000. These were funds for the learnership programmes at the Church of Scotland, Ekombe and Nkandla Hospitals (PSETA) and the Ngwelezane Hospital (HWSETA).

No donations are expected over the 2014/15 MTEF, at this stage.

Table 7.3 : Details of donor funding

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Donor funding	1 294	4 231	884	383	383	383	-	-	-
Aspen	-	3 500	-	-	-	-	-	-	-
Ben Booysen	1	-	-	-	-	-	-	-	-
CMC DI Ravenna	150	-	-	-	-	-	-	-	-
Comrades Marathon	-	10	-	-	-	-	-	-	-
Conforth Investments	-	151	-	-	-	-	-	-	-
European Union	101	-	-	-	-	-	-	-	-
HWSETA Learnership - Bethesda Sub-Campus	-	121	-	-	-	-	-	-	-
HWSETA Learnership - Edendale Campus	-	-	126	-	-	-	-	-	-
HWSETA Learnership - Head Office	-	-	199	-	-	-	-	-	-
HWSETA Learnership - HIV/AIDS Support	76	-	-	-	-	-	-	-	-
HWSETA Learnership - King Edward Sub-Campus	-	126	262	-	-	-	-	-	-
HWSETA Learnership - Ngwelezane	-	-	-	158	158	158	-	-	-
HWSETA Learnership - Nkandla	-	-	105	-	-	-	-	-	-
HWSETA Learnership - Pharmacy	75	-	-	-	-	-	-	-	-
HWSETA Learnership - Prince Mshiyeni Hospital	28	-	-	-	-	-	-	-	-
HWSETA Learnership - St Aidans	63	323	-	-	-	-	-	-	-
HWSETA Learnership - Social & Aux	-	-	137	-	-	-	-	-	-
HWSETA Learnership - Unemployed Graduates	700	-	-	-	-	-	-	-	-
MRI Novartis Training	-	-	55	-	-	-	-	-	-
PSETA Learnership - Church of Scotland, Ekombe and Nkandla Hospitals	-	-	-	225	225	225	-	-	-
SA Breweries	100	-	-	-	-	-	-	-	-
Total	1 294	4 231	884	383	383	383	-	-	-

Table 7.4 : Details of payments and estimates of donor funding

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Donor funding	7 404	6 227	5 353	9 478	9 861	9 861	-	-	-
Aspen	-	1 000	2 500	-	-	-	-	-	-
Astra Zeneca	6	14	79	117	117	117	-	-	-
Atlantic Philanthropies	890	144	1 507	7 922	7 922	7 922	-	-	-
Bayer Health Care: Greys	4	-	6	-	-	-	-	-	-
Ben Booyesen	-	1	-	-	-	-	-	-	-
Bhayla-Orthopaedic (IALCH)	14	-	-	-	-	-	-	-	-
Canadian HIV Trials Network: Greys	36	58	-	-	-	-	-	-	-
Canadian HIV Trials Network: Edendale	42	-	-	-	-	-	-	-	-
CMC DI Ravenna	150	-	-	-	-	-	-	-	-
COGTA	-	851	225	3	3	3	-	-	-
Conforth Investments	-	-	101	50	50	50	-	-	-
Comrades Marathon	-	10	-	-	-	-	-	-	-
Dept. of Water Affairs and Forestry (Environ HO)	-	124	-	-	-	-	-	-	-
European Union	4 759	2 462	602	-	-	-	-	-	-
Global Fund for HIV and AIDS patients	-	1 463	-	-	-	-	-	-	-
HWSETA Learnership - Bethesda Sub-Campus	-	-	101	20	20	20	-	-	-
HWSETA Learnership - Edendale Campus	-	-	-	126	126	126	-	-	-
HWSETA Learnership - Head Office	-	-	-	236	236	236	-	-	-
HWSETA Learnership - HIV and AIDS Support	16	15	-	45	45	45	-	-	-
HWSETA Learnership - King Edward Sub-Campus	-	-	109	279	279	279	-	-	-
HWSETA Learnership - Mosvold	-	-	-	91	91	91	-	-	-
HWSETA Learnership - Mseleni	42	-	-	12	12	12	-	-	-
HWSETA Learnership - Ngwelezane	-	-	-	-	158	158	-	-	-
HWSETA Learnership - Nkandla	-	-	-	105	105	105	-	-	-
HWSETA Learnership - Pharmacy	81	-	-	-	-	-	-	-	-
HWSETA Learnership - Prince Mshiyeni Hospital	37	32	21	33	33	33	-	-	-
HWSETA Learnership - Social and Auxilliary	-	-	102	35	35	35	-	-	-
HWSETA Learnership - St Aidans	128	-	-	323	323	323	-	-	-
HWSETA Learnership - Unemployed Graduates	700	-	-	-	-	-	-	-	-
Impumelelo Trust Innovation	-	-	-	24	24	24	-	-	-
MRI Novartis Training	-	-	-	55	55	55	-	-	-
PSETA Learnership - Church of Scotland, Ekombe and Nkandla Hospitals	-	-	-	-	225	225	-	-	-
Rashid Suliman and Associates	-	2	-	-	-	-	-	-	-
SA Breweries	50	48	-	2	2	2	-	-	-
TB Global Fund	155	-	-	-	-	-	-	-	-
UNICEF: Ilembe District	279	-	-	-	-	-	-	-	-
Zinc Study (Nu Health and Pfizer)(Grey's)	15	3	-	-	-	-	-	-	-
Total	7 404	6 227	5 353	9 478	9 861	9 861	-	-	-

5. Payment summary

This section provides information pertaining to the vote as a whole at an aggregated level, including payments and budgeted estimates in terms of programmes and economic classification. Further details are given in Section 6 below, as well as in the *Annexure – Vote 7: Health*.

5.1 Key assumptions

The department applied the following broad assumptions when compiling the budget:

- Provision was made for the carry-through costs of the 2013 wage agreement and an inflationary wage adjustment of 6.4, 6.4 and 6.3 per cent for each of the three years of the 2014/15 MTEF, respectively. The department also provided for the 1.5 per cent pay progression.
- Where feasible, CPI projections were used to calculate inflation related items.
- Provision has been made for the filling of critical vacant posts to enable the department to meet its service delivery needs, while taking cognisance of the moratorium on the filling of non-critical posts.
- Funding for the eThekweni Metro and uMhlathuze Municipality clinics will be provided *via* transfer payments over the 2014/15 MTEF.
- The expanded cost-cutting measures, as reissued by PT in 2014/15, will continue to be adhered to over the 2014/15 MTEF, in conjunction with National Treasury Instruction 01 of 2013/14: Cost-containment measures.

5.2 Additional allocations for the 2012/13 to 2014/15 MTEF

Table 7.5 shows additional funding received by the department over the three MTEF periods: 2012/13, 2013/14 and 2014/15. Note that the table reflects only the provincial additional allocations, and excludes additional allocations in respect of conditional grants.

The purpose of such a table is two-fold. Firstly, it shows the quantum of additional funding allocated to the department in the past and current MTEF periods. Secondly, it indicates the policies and purposes for which the additional funding was allocated. The carry-through allocations for the 2012/13 and 2013/14 MTEF periods (i.e. for the financial year 2016/17) are based on the incremental percentage used in the 2014/15 MTEF.

Table 7.5 : Summary of additional provincial allocations for the 2012/13 to 2014/15 MTEF

R thousand	2012/13	2013/14	2014/15	2015/16	2016/17
2012/13 MTEF period	208 794	219 234	230 195	240 784	251 860
Carry-through of 2011/12 Adjustments Estimate - 2011 wage agreement	189 939	199 436	209 408	219 041	229 117
Improving infrastructure support	18 855	19 798	20 787	21 743	22 743
2013/14 MTEF period		257 068	(352)	140 408	146 867
Carry-through of 2012/13 Adjustments Estimate - 2012 wage agreement		513 767	629 426	894 376	935 517
Census data update and 1%, 2% and 3% baseline cuts		(313 796)	(646 991)	(802 590)	(839 509)
National priorities:		6 517	17 213	48 622	50 859
TB - GeneXpert		6 517	17 213	48 622	50 859
Regional laundry in Dundee		50 580	-	-	-
2014/15 MTEF period			231 986	311 746	396 378
Re-grading of clerical staff			59 505	68 132	72 561
Carry-through of previous wage agreements			125 704	242 734	280 486
National priorities:			-	-	42 661
Roll-out of HPV Vaccine			-	-	42 661
McCord Hospital (trade creditors and VAT)			15 870	880	670
St Mary's Hospital - operations			30 907	-	-
Total	208 794	476 302	461 829	692 938	795 105

In the 2012/13 MTEF, the following additional funds were provided:

- Carry-through costs for the 2011 wage agreement.
- Funding to build capacity to improve infrastructure support.

In the 2013/14 MTEF, the following changes were made to the department's baseline:

- Carry-through costs for the 2012 wage agreement.
- National priority funding for the extension of the TB-GeneXpert system.
- Once-off funding for the upgrading and refurbishment of the regional laundry in Dundee.
- National Treasury took a decision to impose 1, 2 and 3 per cent baseline cuts on all spheres of government (i.e. National, Provincial and Local) in order to curb the national deficit as public spending is growing faster than revenue collection. In addition, KZN received reduced equitable share allocations as a result of the reduced proportion in terms of population numbers as reported in the 2011 Census data results. The effect of this on the department was a substantial reduction in the budget over the entire period.

In the 2014/15 MTEF, the following changes are made to the department's baseline:

- Carry-through costs of the re-grading of clerical staff from level 4 to 5 in line with DPSA requirements, as well as the carry-through of previous wage agreements.
- Funding for the roll-out of the HPV vaccine commencing in 2016/17.
- Additional funding related to the take-over costs for McCord Hospital.
- Additional funding in 2014/15 only for operational costs at St. Mary's Hospital, pending the activities of transaction advisors investigating the possible provincialisation of the hospital.

5.3 Summary by programme and economic classification

The department has eight budget programmes in total, with four of them directly linked to the core functions of the department, and they fully adhere to the generic Health sector structure. Tables 7.6 and 7.7 below provide a summary of payments and estimates of these eight programmes, as well as per economic classification.

Table 7.6 : Summary of payments and estimates by programme: Health

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
1. Administration	463 648	576 425	633 958	591 078	594 710	622 846	581 340	597 700	629 378
2. District Health Services	9 279 280	10 301 546	11 833 923	13 063 776	13 123 062	13 410 064	14 720 035	15 965 338	17 057 963
3. Emergency Medical Services	822 618	1 070 387	926 036	972 362	971 026	995 298	1 073 438	1 133 728	1 193 816
4. Provincial Hospital Services	6 034 776	7 449 620	7 827 401	8 326 401	8 410 037	8 447 455	8 788 275	9 356 526	9 852 422
5. Central Hospital Services	2 103 382	2 512 654	2 762 971	2 922 125	2 951 979	2 952 968	3 079 392	3 290 427	3 464 820
6. Health Sciences and Training	832 279	860 457	901 968	992 246	1 022 270	1 012 752	1 051 400	1 104 853	1 163 410
7. Health Care Support Services	111 756	125 030	130 678	143 286	123 393	122 258	140 959	145 536	172 149
8. Health Facilities Management	1 087 247	1 894 999	2 373 597	1 636 603	1 944 867	1 944 867	1 479 357	1 287 471	287 802
Total	20 734 986	24 791 118	27 390 533	28 647 877	29 141 344	29 508 508	30 914 196	32 881 579	33 821 760

Table 7.7 : Summary of payments and estimates by economic classification: Health

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	19 186 343	22 374 653	24 746 845	26 585 714	26 553 971	26 855 393	28 624 542	30 769 781	32 650 686
Compensation of employees	12 935 381	15 118 307	16 886 345	18 355 557	18 652 036	18 676 690	20 188 402	21 700 138	22 919 325
Goods and services	6 250 962	7 256 326	7 860 500	8 230 157	7 901 830	8 178 583	8 436 140	9 069 643	9 731 361
Interest and rent on land	-	20	-	-	105	120	-	-	-
Transfers and subsidies to:	562 374	515 845	486 764	655 168	748 981	818 562	692 479	676 450	739 608
Provinces and municipalities	126 756	88 878	26 330	148 683	161 496	161 340	137 663	154 790	172 415
Departmental agencies and accounts	18 942	23 249	25 351	27 851	11 847	11 862	13 069	14 097	33 744
Higher education institutions	-	-	57	-	-	470	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	289 009	273 487	277 586	274 168	252 168	279 243	250 647	212 110	224 022
Households	127 667	130 231	157 440	204 466	323 470	365 647	291 100	295 453	309 427
Payments for capital assets	980 640	1 900 011	2 156 923	1 406 995	1 838 385	1 834 546	1 597 175	1 435 348	431 466
Buildings and other fixed structures	778 749	1 048 172	1 662 936	864 152	1 425 231	1 429 376	1 249 773	1 076 903	54 731
Machinery and equipment	201 093	825 384	493 987	542 843	413 154	405 170	347 402	358 445	376 735
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	798	26 455	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	5 629	609	1	-	7	7	-	-	-
Total	20 734 986	24 791 118	27 390 533	28 647 877	29 141 344	29 508 508	30 914 196	32 881 579	33 821 760

Most programmes show sustained growth from 2010/11 to 2016/17, with conditional grants accounting for a significant portion of this increase. The low spending in 2010/11 was due to the department under-spending by more than R1 billion in that year. Note that, as previously mentioned, the allocation for the Health Facility Revitalisation grant declines to zero in the outer year due to the reforms that were made to the provincial infrastructure grant system that are intended to institutionalise proper planning for infrastructure. This affects Programme 8: Health Facilities Management and *Buildings and other fixed structures* in 2015/16 and 2016/17.

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 hospital norms and standards.

The increase over the 2014/15 MTEF incorporates the carry-through costs of previous wage agreements, the increases to existing conditional grants, as well as R42.661 million additional funding in 2016/17 for the roll-out of the HPV vaccine, as previously mentioned.

The increase in Programme 1: Administration in 2011/12 is due to improved personnel capacity at head office to reduce dependence on consultants, to cover extensive fraud investigations at head office, and to replace redundant computer equipment to address the risk of losing essential data. The negative growth in the 2013/14 Main Appropriation and 2014/15 is related to the scaling down in the replacement of computers and telecommunication equipment. The projected over-spending in the 2013/14 Revised Estimate is due to pressures from forensic investigations, communications and computer services. The 2014/15 MTEF includes carry-through costs of previous wage agreements and OSDs.

The increase in Programme 2: District Health Services over the seven years relates mainly to the restructuring of the department to improve 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 and the roll-out of the HPV vaccine in 2016/17. The increase in 2011/12 relates primarily to the implementation of primary health care structures. The increase in 2012/13 was caused by over-expenditure due to the restructuring of PHC services, increased costs in ARV medication and micro-nutrients, municipal domestic charges, computer and essential medical equipment, as well as vehicles ordered in 2011/12, but only delivered in 2012/13. The minimal increase in the 2013/14 Adjusted Appropriation was mainly for the provision of the 2013 wage agreement and the re-grading of clerical staff. The high projected over-spending in the 2013/14 Revised Estimate relates mainly to pressures in medicines, particularly for ARV medication. The 2014/15 MTEF includes funding for the carry-through costs of previous wage agreements and general capacity building, as well as strong growth in the Comprehensive HIV and AIDS conditional grant, particularly in 2016/17.

In Programme 3: Emergency Medical Services, the overall growth is due to the continued drive to improve emergency medical services. The peak in 2011/12 is due to the once-off purchase of additional ambulances to continue the expansion of services to under-served areas. The lower 2012/13 outcome was mainly due to the slow pace of filling emergency medical personnel posts. This process is dependent on the availability of skilled staff and the ambulance conversion process. Also contributing to the decrease were savings on repairs of vehicles due to the replacement of part of the fleet with new EMS vehicles. The increase in the 2013/14 Adjusted Appropriation and Revised Estimate is mainly due to the increased demand on air ambulance services, increasing fuel costs and pressures arising from the implementation of danger allowances for paramedic staff. The increase in the 2014/15 MTEF allocation includes carry-through costs for the various wage agreements, OSD payments, funding to expand emergency medical services, as well the carry-through costs of the danger allowance.

Overall, Programme 4: Provincial Hospital Services grows consistently over the entire period. The significant increase in 2011/12 was largely due to the 2011 wage agreement, as well as the reclassification of a number of district hospitals to general hospitals. The increase in 2012/13 was due to increased demand in the various “non-negotiable” items, for example, medicines, blood transfusion costs, as well as unexpected increased costs for water and electricity. The increase in the 2013/14 Adjusted Appropriation was mainly due to the higher than expected medico-legal claims against the state and the re-grading of clerical staff. In addition, the higher than anticipated 2013 wage agreement also contributed to this increase. The projected over-spending in the 2013/14 Revised Estimate is due to the previously mentioned medico-legal claims, as well as pressures in the cost of medicines. The 2014/15 MTEF includes carry-through costs for previous wage agreements and an increase in general health capacity.

The growth in Programme 5: Central Hospital Services from 2010/11 to 2016/17 relates mainly to the provision 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 increase in 2011/12 is a result of pressures in *Goods and services* due to increased costs of blood products, while stock levels were increased to meet tertiary service demands and an additional payment made by Inkosi Albert Luthuli Central Hospital (IALCH) to align with the PPP agreement. The increase in 2012/13 was mainly due to higher than expected costs for the PPP at IALCH. These costs are subject to exchange rate fluctuations, which were significantly higher in the latter half of 2012/13. In addition, there was some over-spending against medical supplies, also influenced by the exchange rate and medical inflation. The 2014/15 MTEF includes carry-through costs of previous wage agreements.

Programme 6: Health Sciences and Training shows consistent growth. The increase in 2011/12 is related mainly to bursaries to address the shortfall of suitably trained health personnel. Also in 2011/12, funding for national priorities was given to nursing colleges, a portion of which was for personnel and *Goods and services*, and was used for training personnel that were previously employed as youth ambassadors, in nursing skills. The increase in 2012/13 relates primarily to funding to train an additional 148 learners in basic life and support skills for emergency and medical rescue services in 2012/13. The increase in the 2013/14 Main Appropriation, as well as the further increase in the Adjusted Appropriation relates to additional funding that was reprioritised for the training of additional doctors (351) under the Cuban Doctors' programme, which commenced in 2012/13. Growth over the 2014/15 MTEF accounts for inflation only.

Programme 7: Health Care Support Services is to enable the provincial Medical Supply Centre to carry sufficient medical stock to meet demand. The increase in 2011/12 was due to increased demand for ARV medication and increased stock turnover. The significant reduction in the 2013/14 Adjusted Appropriation and Revised Estimate was because there was no need to top up the Medicine Trading Account in this financial year, due to sufficient funding. Further to that, R10 million was shifted within *Goods and services* from Programme 7 to Programme 2. This was the reallocation of eThekweni Forensic Pathology Laboratory Services funds that were incorrectly allocated to the wrong programme during the 2013/14 EPRE budget process. Funding for inflationary increases only has been provided over the 2014/15 MTEF, with a more significant increase in 2016/17 for the anticipated need to top-up the Medicine Trading Account. From 2013/14, the department centralised the Laundry and Orthotic and Prosthetic Services as separate sub-programmes within Programme 7, and historical data was adjusted accordingly.

Programme 8: Health Facilities Management is mainly financed through conditional grant funding, and the performance of this programme is directly linked to the Health Facility Revitalisation grant. The variances in this programme mentioned below also account for the variances against *Buildings and other fixed structures*. The significant increase in 2011/12 can largely be ascribed to the successful implementation of day-to-day maintenance within institutions, as well as the replacement of essential medical equipment in an effort to bring the facilities in line with the requirements of the NHI. Also contributing to spending in 2011/12 was an amount of R63.953 million approved for roll-over to 2011/12 from 2009/10, which was fully spent. The increase in 2012/13 was due to the acceleration in the delivery of infrastructure projects such as Dr Pixley ka Seme Hospital, the Pomeroy and Dannhauser CHCs, the King Dinuzulu Hospital (former King George V Hospital) TB Complex, alterations and additions to the LUWM Hospital, as well as the upgrade of electrical reticulation at the Ngwelezane District Hospital. The pressure in the delivery of infrastructure projects already on site continued in 2013/14, and hence the increases in the 2013/14 Adjusted Appropriation and Revised Estimate, which included additional funding for the Health Facility Revitalisation grant and from provincial cash resources for pressures in the supply of laundry and essential health technology equipment, LUWM Hospital for alterations and additions, as well as for the upgrade of electrical systems at the Ngwelezane District Hospital.

The significant reduction over the 2014/15 MTEF is due to the reduction in the Health Facility Revitalisation grant, as mentioned, baseline cuts effected against both the equitable share and conditional grants, as well as funding reprioritised from the equitable share portion of this programme, to other programmes, to cover the cost of commissioning facilities which have been completed and for which no funding was provided, for example, King Dinuzulu Hospital, Dannhauser CHC, Pomeroy CHC and clinics. The shifting of *Machinery and equipment* funding in 2013/14 from this programme (for established facilities) to the relevant service delivery programmes has also contributed to this reduction.

Compensation of employees 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 commenced restructuring its service delivery by strengthening services at PHC level. This required the employment of additional personnel at clinics and CHCs. 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, with substantial growth in 2012/13 and 2013/14 for the latter items. In addition, there were carry-through costs for OSDs and improving infrastructure support. The increase in the 2013/14 Adjusted Appropriation relates to

additional funding for the higher than budgeted 2013 wage agreement and the re-grading of clerical staff, as well as reprioritisation from *Goods and services* (savings due to the receipt of donated medicines) to *Compensation of employees* to align the HIV and AIDS budget with the business plan for addressing the disease. The growth over the 2014/15 MTEF is mainly for inflationary adjustments.

Goods and services increases substantially from 2010/11 to 2016/17. This increase is primarily related to the increase in demand for health services, the high rate of inflation on medical supplies and services, as well as increased catering and fuel costs. 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. Apart from carry-through costs, the increase in 2011/12 related to general capacity building and national priorities, such as maternal and child health. The decrease in the 2013/14 Adjusted Appropriation relates to forced savings and efficiency gains from high cost drivers such as medicines, vaccines, blood products, medical and surgical items, medical gas and medical waste. The high projected over-spending in the 2013/14 Revised Estimate includes pressure from ARVs and other medication, forensic investigations and rising fuel costs. The growth over the 2014/15 MTEF, and particularly in 2016/17, 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 2013/14 Adjusted Appropriation for *Interest and rent on land* relates to interest costs on a medico-legal claim, which were higher than expected, hence the over-spending in the 2013/14 Revised Estimate.

The erratic trend from 2010/11 to 2013/14 against *Transfers and subsidies to: Provinces and municipalities* was mainly due to the non-signing of SLAs by municipalities. Adding to the reduction from 2011/12 was the provincialisation of some municipal clinics. The increase in 2013/14 relates to funding provided for the commitment to assist the municipal clinics in the treatment of HIV and AIDS, as well as funding for carry-over payments from 2012/13 following delays in the signing of SLAs with Umlalazi Municipality, as well as municipalities in the uMgungundlovu and Ilembe districts. Most municipal clinics were taken over by the department by the end of 2012/13. Funding has only been provided for the eThekweni Metro and uMhlathuze Municipality for the 2014/15 MTEF against this category, though two clinics in uMhlathuze will be provincialised in 2014/15. The increase over the 2014/15 MTEF, and particularly in 2016/17, caters for the commitment to assist the non-provincialised municipal clinics in the treatment of HIV and AIDS.

The high 2011/12 amount against *Transfers and subsidies to: Departmental agencies and accounts* relates primarily to an increase in the Medicine Trading Account, which was required to enable the provincial Medical Supply Centre to carry sufficient medical stock to meet demand. The decrease in the 2013/14 Adjusted Appropriation and Revised Estimate was because there was no need to top up the Medicine Trading Account in that year. The increasing trend over the 2014/15 MTEF provides for the HWSETA levy, in line with the growth in *Compensation of employees* and the increased demand for ARV medication, as well as the provision for the HPV vaccine in 2016/17, as mentioned above.

The decrease in *Transfers and subsidies to: Non-profit institutions* in 2011/12 was 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 2013/14 Adjusted Appropriation relates to delays in the signing of SLAs with various NGOs benefitting from the Comprehensive HIV and AIDS grant, as well as from the transfers budgeted for McCord Hospital, which were no longer required following the negotiations and take-over by the state. However, after the Adjustments Estimate in November 2013, the hospital required additional funding for running costs and this accounts for the increase in the Revised Estimate. The negative growth over the 2014/15 MTEF is due to the planned provincialisation of McCord Hospital following this reassessment, and is discussed in more detail in Section 5.9. In addition, the department has made provision for the phased-in contribution to the KZN Children's Hospital infrastructure and renovations up to 2013/14, with no provision made thereafter.

The fluctuating trends reflected in *Transfers and subsidies to: Households* relate to staff exit costs. The significant increase in the 2013/14 Adjusted Appropriation relates to the higher than expected claims

against the state (litigation costs) and pressures regarding the increase in the number of students in the Cuban Doctors' programme. The peak in the 2013/14 Revised Estimate is due to higher than expected litigation costs. The declining trend in 2014/15 is due to the once-off nature of the litigation costs in 2013/14, while the slower growth over the remainder of the MTEF is attributed to the need to scale down the number of new bursaries to be awarded, due to budget cuts, as well as the difficulty in estimating the litigation costs.

As mentioned in Programme 8 above, the trends for *Buildings and other fixed structures* show a strong increase due to the ongoing focus on improving physical facilities, including the provision of essential equipment. Much of this increase is attributable to significant increases in the Health Facility Revitalisation grant, as well as the development of forensic pathology services, affecting mainly *Buildings and other fixed structures*. The significant increase in 2012/13 was attributed to acceleration in a number of infrastructure projects on site that could not be stopped without incurring further costs to the department. These included the Dr Pixley ka Seme Hospital, the Pomeroy and Dannhauser CHCs, the King Dinuzulu Hospital TB Complex, alterations and additions to the LUWM Hospital, as well as the upgrade of electrical reticulation at the Ngwelezane District Hospital. From 2013/14, the trend reduces in line with the availability of funds, and the reprioritisation of some of this funding from new projects to accelerate the day-to-day maintenance of existing infrastructure. The MTEF trend is affected by the previously mentioned reduction in the Health Facility Revitalisation grant.

The substantial increase in *Machinery and equipment* in 2011/12 relates mainly to the drive undertaken to clear the backlog in the procurement of essential health technology equipment and to replace all redundant and leased computer and printing equipment. In addition, there were purchases of additional motor vehicles for the ward-based community outreach programme, the replacement of old ambulances, the purchase of additional ambulances to expand emergency medical services to under-served rural areas, which all contributed to the high base in 2011/12. This process continued in 2012/13 and, due to the baseline cuts, the department had to reprioritise funding to other non-negotiable service delivery imperatives, hence the decrease in this category over this period. The A-G ruling in 2011/12, that all equipment expenditure incurred against the PPP agreement for IALCH should be paid from current expenditure, also contributed to this sharp decline. The negative trend in 2014/15 can mainly be attributed to the baseline budget cuts which were made, as the funding is required for the committed and contracted capital projects which are in construction phase.

Land and subsoil assets in 2010/11 relates to the purchase of land for the continuation of the infrastructure project at the LUWM Hospital, where extra accommodation was provided for a paediatric ICU and High Care unit. In 2011/12, the department was obliged to purchase additional land for the Dr Pixley ka Seme Hospital because of its status change from a district to a regional hospital and the municipal assessment of the site requiring a larger area, as well as the purchase of the Richmond Chest Hospital.

Payments for financial assets reflect debts that were written-off over the period.

5.4 Summary of payments and estimates by district municipal area

Table 7.8 summarises the departmental spending by district municipal area, excluding head office costs. The distribution of funds within the municipal areas is aligned to the department's service delivery plan, which is in line with PGDP and the NHS 10-point plan, which includes the national health priorities.

eThekwini shows the highest anticipated spatial spending for the department, totalling approximately 34 per cent of the budget over the entire period. The department attributes this to the level of services offered in the region, due mainly to the influence of urbanisation, as well as the levels of poverty in the area and the number of informal settlements. The department also provides a number of high level health services within eThekwini, including central hospital services, which serve the rest of the province.

The spending in the uMgungundlovu area, which has the second highest share, includes costs relating to the main psychiatric services, as well as head office costs and regional and tertiary services for the midlands region. The funding in the uThungulu district (the third highest share), is for the various regional and tertiary hospitals located in the area.

Table 7.8 : Summary of payments and estimates by district municipal area

R thousand	Audited Outcome	Revised Estimate	Medium-term Estimates		
	2012/13	2013/14	2014/15	2015/16	2016/17
eThekweni	8 973 862	9 547 108	10 186 785	10 880 582	11 212 587
Ugu	1 565 692	1 665 708	1 777 314	1 898 363	1 956 288
uMgungundlovu	5 868 697	6 662 371	6 621 735	6 957 851	7 093 569
Uthukela	1 121 994	1 193 667	1 273 645	1 360 390	1 401 900
Umkhanyathi	1 123 138	1 194 883	1 274 943	1 361 776	1 403 329
Amajuba	1 171 547	1 246 385	1 329 896	1 420 472	1 463 815
Zululand	1 487 967	1 583 018	1 689 084	1 804 123	1 859 173
Umkhanyakude	1 290 616	1 373 060	1 465 058	1 564 840	1 612 589
uThungulu	2 039 848	2 170 152	2 315 557	2 473 264	2 548 732
Ilembe	1 164 267	1 238 640	1 321 632	1 411 645	1 454 719
Sisonke	948 946	1 009 564	1 077 207	1 150 573	1 185 681
Total	26 756 575	28 884 556	30 332 856	32 283 879	33 192 382

In order to meet the demand in the other districts, funds have been provided to continue to:

- Strengthen CHCs throughout the province, including commissioning of new CHCs in Dannhauser and Pomeroy.
- Strengthen clinics, including the commissioning of nine new clinics and continuing to improve staffing levels at clinics with the focus on reducing inequities between districts, sub-districts and facilities within the province.
- To improve staffing levels at PHC facilities in all districts.
- Develop district and regional hospital services in all districts, with particular focus on LUWM Hospital, Ngwelezane District Hospital (uThungulu) and Madadeni Hospital (Amajuba).

5.5 Summary of conditional grant payments and estimates

Tables 7.9 and 7.10 illustrate conditional grant payments and estimates from 2010/11 to 2016/17.

Details of all conditional grants are listed below, with further detail given in *Annexure – Vote 7: Health*.

Note that the historical figures set out in Table 7.1 for the period 2010/11 to 2013/14 indicate the actual receipts for each grant, as well as other technical adjustments, and therefore should not be compared to the figures reflected in Table 7.9 below.

Also, as previously mentioned, the infrastructure-based conditional grants have been consolidated into one grant called the Health Facility Revitalisation grant, which funds the construction and maintenance of health infrastructure. This grant has been created through the merger of the Health Infrastructure, Hospital Revitalisation and the Nursing Colleges and Schools grants, as mentioned.

Table 7.9 : Summary of conditional grants payments and estimates by name

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Health Professions Training and Development grant	235 771	249 917	261 860	276 262	276 262	276 262	292 837	306 308	322 542
Health Facility Revitalisation grant	578 019	906 169	1 176 514	962 469	1 072 531	1 267 116	1 162 469	1 090 431	-
National Tertiary Services grant	1 102 517	1 201 831	1 323 114	1 415 731	1 415 731	1 415 731	1 496 427	1 565 263	1 648 222
Comprehensive HIV and AIDS grant	1 500 926	1 907 312	2 226 708	2 652 072	2 652 072	2 852 072	3 257 992	3 874 085	4 356 983
Forensic Pathology Services grant	152 406	161 550	-	-	-	-	-	-	-
2010 World Cup Health Preparation Strategy grant	3 538	-	-	-	-	-	-	-	-
Social Sector EPWP Incentive Grant for Provinces	2 555	25 775	-	-	-	-	2 581	-	-
EPWP Integrated Grant for Provinces	-	536	1 000	3 000	3 000	16 000	2 580	-	-
National Health Insurance grant	-	-	17 115	9 700	24 649	24 649	14 000	14 793	15 577
AFCON 2013: Medical Services grant	-	-	1 672	-	-	-	-	-	-
Total	3 575 732	4 453 090	5 007 983	5 319 234	5 444 245	5 851 830	6 228 886	6 850 880	6 343 324

Table 7.10 : Summary of conditional grants payments and estimates by economic classification

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	2 802 040	3 494 958	3 809 707	4 307 150	4 359 923	4 535 223	5 036 532	5 726 690	6 245 320
Compensation of employees	1 361 820	2 067 124	2 282 042	2 612 789	2 700 789	2 625 789	3 007 352	3 442 414	3 829 046
Goods and services	1 440 220	1 427 834	1 527 665	1 694 361	1 659 134	1 909 434	2 029 180	2 284 276	2 416 274
Other	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	76 479	14 749	21 937	69 381	39 381	69 381	78 411	81 683	85 951
Provinces and municipalities	63	55	1	43 000	13 000	43 000	47 000	50 000	54 000
Departmental agencies and accounts	62	56	-	-	-	-	-	-	-
Non-profit institutions	68 746	12 871	19 860	24 631	23 631	24 631	25 370	26 130	26 130
Households	7 608	1 767	2 076	1 750	2 750	1 750	6 041	5 553	5 821
Payments for capital assets	697 213	943 383	1 176 339	942 703	1 044 941	1 247 226	1 113 943	1 042 507	12 053
Buildings and other fixed structures	536 345	733 971	979 788	729 714	834 935	1 034 237	912 508	840 470	-
Machinery and equipment	160 070	198 005	196 551	212 989	210 006	212 989	201 435	202 037	12 053
Land and sub-soil assets	798	11 407	-	-	-	-	-	-	-
Total	3 575 732	4 453 090	5 007 983	5 319 234	5 444 245	5 851 830	6 228 886	6 850 880	6 343 324

The *Health Professions Training and Development grant* supports the department in providing funding for operational costs associated with the training and development of health professionals, development and recruitment of medical specialists in under-served provinces and support and strengthen under-graduate teaching and training processes in health facilities. The trend in this grant over the seven years reflects inflationary increases only. A decision was taken in 2011/12 to use the grant to fund the personnel costs of registrars only.

The newly amalgamated *Health Facility Revitalisation grant* has the following aims:

- To accelerate the construction, maintenance, upgrading and rehabilitation of new and existing health infrastructure.
- To enable provinces to plan, manage, modernise, rationalise 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.
- To supplement provincial funding of health infrastructure, to accelerate the provision of health facilities including office furniture and related equipment, as well as to ensure proper maintenance of provincial health infrastructure for nursing colleges and schools.

The significant growth in the Health Facility Revitalisation grant relates primarily to the intensive drive to improve the physical health facilities in KZN. The increase in the 2013/14 Adjusted Appropriation and Revised Estimate relates to additional funding to address infrastructure pressures during this period. As mentioned previously, the allocation for this grant declines to zero in the outer year due to the reforms that were made to the provincial infrastructure grant system that are intended to institutionalise proper planning for infrastructure. The department was largely successful in bidding for the 2015/16 allocations due to its ability to spend on the infrastructure allocations, although the amount is less than 2014/15 due to technical problems in the bidding process. The department and Provincial Treasury are still liaising with National Treasury in this regard and the possibility exists for further adjustments during 2014/15. The bidding processes for 2016/17 will commence in 2014/15, hence there is no allocation at this stage.

The *National Tertiary Services grant* is used to enable provinces to plan, modernise, rationalise and transform the tertiary hospital service delivery platform in line with national policy objectives, including improving access and equity. The increasing trend relates mainly to additional funding provided for the modernisation of tertiary services from 2010/11 onward.

The *Comprehensive HIV and AIDS grant* is provided to enable the sector to develop effective and integrated management of HIV and AIDS, to support the implementation of the National Operational Plan for comprehensive HIV and AIDS treatment and care and to subsidise, in part, funding for the ARV treatment programme. The substantial growth indicates the critical importance placed on managing this pandemic. The major increase in 2011/12 relates mainly to the provision of additional funding to enable an increasing number of patients to be placed on ARV therapy, as well as to provide for the male circumcision programme. From 2012/13, funding was increased to enable the ARV threshold to be reduced to a CD4

count of 350. The grant continues to grow strongly over the 2014/15 MTEF, particularly in 2016/17, to cover the increased ARV take-up rate and the impact of the withdrawal of PEPFAR donor funding used for HIV and AIDS prevention, care and treatment programmes within this grant. Furthermore, the province has succeeded in motivating for an increase in funding based on the fact that historical funding saw KZN receive 25 per cent of the national grant funding, while carrying approximately 31 per cent of the national case-load. This funding, reallocated from other provinces, is phased in over two years to allow the other provinces time to adjust to their lower levels of funding.

The *Forensic Pathology Services grant* was used to develop and provide comprehensive forensic pathology services and to ensure impartial professional evidence for the criminal justice system concerning death due to unnatural causes. Funding was phased into the equitable share from 2012/13. The funds allocated in 2011/12 provided for inflationary increases only. The ceasing of funding from 2012/13 relates to the phasing in of this grant into the equitable share.

The *2010 World Cup Health Preparation Strategy grant* was once-off in 2009/10 (with a portion rolled over to 2010/11) as a contribution toward the final preparation strategies to be implemented by the Health sector for the 2010 Soccer World Cup.

The *Social Sector EPWP Incentive Grant for Provinces* subsidised non-profit organisations in home community-based care programmes to provide stipends to previously unpaid volunteers to maximise job creation and skills development in line with the EPWP guidelines. There was no funding for this grant in 2012/13 and 2013/14 and these functions were paid from equitable share. With the resumption of the grant, the department will utilise the funding to subsidise home-based community care-givers. Note that the department has received funding for 2014/15 only, at this stage.

The *EPWP Integrated Grant for Provinces* is used to enhance the number of full time equivalent jobs created through labour intensive infrastructure programmes, which utilises local people to maintain grounds and clean buildings. Note that funding is provided for 2014/15 only.

The *National Health Insurance grant* has been allocated to provide financial support for the development of projects directed at improving health delivery in line with the requirements of the introduction of the NHI. The grant was reduced significantly from 2013/14, due to an indirect National Health grant, which will be spent by the NDOH on behalf of provinces. The new grant has two components, one to support infrastructure projects and the second to support the NHI scheme pilots. The increase in the 2013/14 Adjusted Appropriation is due to a roll-over from 2012/13 for medical, surgical and information technology equipment ordered in 2012/13, but only delivered in 2013/14.

The *AFCON 2013: Medical Services grant* was a grant which provided once-off funding allocated in 2012/13 for support to the African Cup of Nations (AFCON) tournament.

The increase from 2011/12 in *Compensation of employees* results mainly from the decision to incorporate the payment of registrars (medical specialists in training) into the Health Professions Training and Development grant, the increase in the number of HIV and AIDS projects driven by the improved HIV and AIDS ARV policy resulting in the need to employ more staff, and the implementation of the OSDs for medical personnel. The high growth in the outer year relates to additional funds for the Comprehensive HIV and AIDS grant, allocated to enhance staffing levels to match the growth in levels of treatment.

The significant increase in *Goods and services* from 2012/13 onward is directly linked to the growth in the Comprehensive HIV and AIDS grant. This is linked to the funding provided for ARVs, the anticipated increase in the uptake of additional patients on the ARV programme, the increased cost of the ARV medicines to be covered by the department's budget due to the ceasing of funding by international donors, the increased costs of micro-nutrients, as well as the provision for the male circumcision programme.

Transfers and subsidies to: Provinces and municipalities grows significantly in 2013/14, sustained over the 2014/15 MTEF, and relates to support for municipal clinics in the treatment of HIV and AIDS. Similarly, the funding against *Transfers and subsidies to: Non-profit institutions* relates to support to NGOs for treatment related to HIV and AIDS.

The increasing trend in *Buildings and other fixed structures* over the seven-year period relates to the drive to improve infrastructure, with significant increases in the Health Facility Revitalisation grant. The high 2012/13 figure relates to over-expenditure against the former Health Infrastructure component of the Health Facility Revitalisation grant, and accounts for the decrease in 2013/14. The increase in the 2013/14 Adjusted Appropriation was mainly to provide for expenditure pressures due to the acceleration of projects in progress, such as Dr. Pixley ka Seme Hospital. The 2014/15 MTEF trend is downward from 2015/16 due to the previously mentioned decrease in the Health Facility Revitalisation grant.

The fluctuating trend in *Machinery and equipment* relates to the variation in the business plans of the grants related to this category, mainly the Health Facility Revitalisation grant and the National Tertiary Services grant. The increase in 2011/12 relates to a decision to provide funding on a once-off basis to enable institutions to upgrade their essential medical equipment. The decrease in 2012/13 and 2013/14 is attributed to reprioritisation to *Buildings and other fixed structures* to address pressures. Allocations over the 2014/15 MTEF have been made in accordance with the business plans of the relevant grants. However, the decrease in 2016/17 relates to the decrease in the Health Facility Revitalisation grant.

5.6 Summary of infrastructure payments and estimates

Table 7.11 below presents a summary of infrastructure payments and estimates by categories for Vote 7. Detailed information on infrastructure is given in the *Annexure – Vote 7: Health*. The infrastructure trend shows a substantial increase from 2010/11 to 2012/13, resulting from a focussed drive by the department to improve its physical facilities and medical equipment to an acceptable level. Thereafter, the trend is decreasing due to the previously mentioned baseline cuts and reductions in conditional grants, affecting mainly *New and replacement assets* and *Upgrades and additions*.

The department provided for the building of additional CHCs and clinics in line with its service delivery plan, as well as the upgrading or replacement of hospitals and clinics in a state of disrepair.

Table 7.11 : Summary of infrastructure payments and estimates by category

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
New and replacement assets	405 893	856 919	654 434	379 082	343 742	343 742	382 023	544 731	-
Existing infrastructure assets	676 317	928 875	1 675 290	1 177 047	1 555 272	1 553 361	1 159 753	732 312	209 995
Upgrades and additions	340 102	399 883	1 015 627	438 363	904 757	902 846	758 765	449 385	54 731
Rehabilitation, renovations and refurbishments	83 083	105 042	220 027	326 287	322 085	322 085	168 795	85 887	-
Maintenance and repairs	253 132	423 950	439 636	412 397	328 430	328 430	232 193	197 040	155 264
Infrastructure transfers	-	10 000	20 000	20 000	20 000	20 000	-	-	-
Current	-	-	-	-	-	-	-	-	-
Capital	-	10 000	20 000	20 000	20 000	20 000	-	-	-
Total	1 082 210	1 795 794	2 349 724	1 576 129	1 919 014	1 917 103	1 541 776	1 277 043	209 995

The fluctuating trend in *New and replacement assets* and the increasing trend in *Existing infrastructure assets* from 2010/11 to 2013/14 relates to a conscious decision made by management to increase funding provided for the maintenance, upgrading, rehabilitation and refurbishment of existing infrastructure in order to preserve these facilities. The increased spending against *New and replacement assets* in 2011/12 relates to an improvement in performance of Ithala and IDT in respect of the Turton, KwaMashu and Pomeroy CHCs, as well as the nursing accommodation project at St. Apollinaris Hospital. This improvement came as a result of the meeting held with the implementing agents to demand improved performance from them. The spending in 2012/13 is attributed to the faster than expected progress at the Pomeroy and Dannhauser CHCs, as well as office and residential accommodation lease agreements being higher than initially forecast. The leases have now been identified as current expenditure and from 2013/14 they are being paid as such. The decrease in the 2013/14 Main Appropriation relates to the previously mentioned budget cuts, and the further reduction in the Adjusted Appropriation is due to slowing of pace of construction to remain within budget at the King Dinuzulu and Dr. Pixley ka Seme Hospitals, as well as the Phoenix Mortuary. The main project contributing to the growth over the 2014/15 MTEF is the Dr. Pixley ka Seme Hospital. Also affecting the growth is the construction of CHCs in Dannhauser, Jozini and Bruntville. The decrease to no budget in 2016/17 relates to the previously mentioned decrease in the Health Facility Revitalisation grant.

Upgrades and additions grew strongly from 2010/11 to 2012/13, with the large increase in 2012/13 a result of good progress at the King Dinuzulu Hospital TB complex, alterations and additions to the LUWM Hospital, as well as the upgrade of electrical reticulation at the Ngwelezane District Hospital. The significant increase in the 2013/14 Adjusted Appropriation included additional funding for the Health Facility Revitalisation grant and from provincial cash resources for pressures in the supply of laundry and essential health technology equipment, LUWM Hospital for alterations and additions, as well as for the upgrade of electrical systems at the Ngwelezane District Hospital. As mentioned above, this category shows a marked decline over the 2014/15 MTEF due to the Census-based baseline cuts effected in 2013/14, but this will be reviewed during 2014/15. The decrease in 2016/17 relates to the previously mentioned decrease in the Health Facility Revitalisation grant.

Rehabilitation, renovations and refurbishments shows strong growth from 2010/11 to 2012/13 with the significant increase in 2012/13 due to the refurbishment of Addington Hospital and the KZN Provincial Laundry in eThekweni. Also contributing was the renovation of the maternity, female and paediatric wards at the Mosveld Hospital, as well as the complete renovation of the Ekuhlengeni Life Care Centre. The declining trend over the 2014/15 MTEF is due to the Census-based baseline cuts effected in 2013/14, which will be reviewed in 2014/15. The decrease to no budget in 2016/17 relates to the previously mentioned decrease in the Health Facility Revitalisation grant.

Maintenance and repairs expenditure shows a fluctuating trend over the period. The increasing trend from 2010/11 to 2012/13 is a result of a conscious decision taken by the department to accelerate delivery on day-to-day maintenance and small maintenance projects after Provincial Treasury expressed a concern over significant under-expenditure against this category in 2010/11. The reduction in the 2013/14 Adjusted Appropriation is due to poor performance relating to no-period contracts in place for the department, as well as poor performance from contractors. The funding has been moved to *Buildings and other fixed structures* to accommodate the over-committed value of projects in construction. The department is hoping to have the period contracts in place by 2014/15. Over the 2014/15 MTEF, the trend reduces in line with the previously mentioned baseline cuts.

The funds reflected under the category *Infrastructure transfers: Capital* from 2011/12 to 2013/14 are for the transfer to the KZN Children's Hospital Trust for the development and refurbishment of the KZN Children's Hospital in eThekweni, which was completed in 2013/14.

5.7 Summary of Public Private Partnerships (PPP)

Table 7.12 below provides a summary of PPP projects in the department. In 2002/03, the department entered into a PPP with Impilo Consortium (Pty) Ltd. The agreement covered the provision of equipment, information management and technology and facilities management for the IALCH. This agreement enables the department to focus on the clinical services at the hospital, and to promote the hospital as a central referral hospital, operating at the highest standards in terms of quality, efficiency, effectiveness and patient focused care. Note that the current contract with Impilo Consortium (Pty) Ltd comes to an end in 2016/17, and the Provincial Treasury PPP unit is currently assisting to DOH regarding its exit strategy.

Table 7.12 : Summary of departmental Public-Private Partnership projects

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Projects under implementation	593 328	543 190	647 788	625 750	625 750	625 750	657 435	690 307	724 822
PPP unitary charge	593 328	543 190	647 788	625 750	625 750	625 750	657 435	690 307	724 822
Total	593 328	543 190	647 788	625 750	625 750	625 750	657 435	690 307	724 822

Payments made for services rendered are index-linked and are thus subject to movements in CPI. Payments over the 2014/15 MTEF have been calculated based on current estimates. The high base in 2010/11 is as per the project agreement. The increase in 2012/13 was due to the cost of medical inflation being higher than anticipated and an additional payment of R70 million on the PPP, made by IALCH to address a backlog in quarterly payments. The increasing trend relates mainly to the deterioration in the Rand/Dollar exchange rate.

5.8 Transfers to public entities listed in terms of Schedule 3 of the PFMA – Nil

5.9 Transfers to other entities

Table 7.13 provides a list of entities that receive funding from the department for the provision of general clinic, HIV and AIDS, district hospital, general hospital and TB services. The varying trend across the seven years relates mainly to the inclusion/exclusion of entities, as well as to the implementation of OSD for doctors in certain institutions which qualify.

Table 7.13 : Summary of departmental transfers to other entities

R thousand	Sub-programme	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
		2010/11	2011/12	2012/13				2014/15	2015/16	2016/17
						2013/14				
Austerville Halfway House	2.2: Comm. Hlth Clinics	474	500	525	551	520	520	536	552	569
Azalea House	2.2: Comm. Hlth Clinics	438	462	485	509	480	480	495	510	525
Bekuwandle Bekimpelo	2.2: Comm. Hlth Clinics	6 687	7 238	7 600	7 980	7 904	7 904	8 141	8 385	-
Benedictine Clinic (Thwasana Clinic)	2.2: Comm. Hlth Clinics	335	363	350	368	175	175	88	44	-
Careways	2.2: Comm. Hlth Clinics	-	-	20	-	-	-	-	-	-
Claremont Day Care Centre	2.2: Comm. Hlth Clinics	324	353	371	390	367	367	378	389	401
Day Care Club 91	2.2: Comm. Hlth Clinics	52	96	101	106	100	100	102	105	108
Durban Coastal - Happy Hours Amaoti	2.2: Comm. Hlth Clinics	335	471	495	519	490	490	505	520	537
Durban Coastal - Happy Hours Durban North	2.2: Comm. Hlth Clinics	223	235	247	259	245	245	252	260	267
Durban Coastal - Happy Hours Durban Overport	2.2: Comm. Hlth Clinics	167	177	186	195	184	184	190	196	202
Durban Coastal - Happy Hours KwaXimba	2.2: Comm. Hlth Clinics	335	377	396	416	392	392	404	416	429
Durban Coastal - Happy Hours Mpumalanga	2.2: Comm. Hlth Clinics	335	377	396	416	392	392	404	416	429
Durban Coastal - Happy Hours Ninikhona	2.2: Comm. Hlth Clinics	179	235	247	259	245	245	252	259	267
Durban Coastal - Happy Hours Nyangwini	2.2: Comm. Hlth Clinics	234	248	260	274	257	257	265	273	281
Durban Coastal - Happy Hours Phoenix	2.2: Comm. Hlth Clinics	223	235	247	259	245	245	252	260	267
Durban Coastal - Marianhill	2.2: Comm. Hlth Clinics	100	118	124	130	123	123	127	130	134
Durban School for the Deaf	2.2: Comm. Hlth Clinics	179	193	203	-	-	-	-	-	-
Ekukhanyeni Clinic (AIDS step down centre)	2.2: Comm. Hlth Clinics	718	884	926	936	911	911	938	967	-
Elandsop Clinic	2.2: Comm. Hlth Clinics	403	436	458	481	449	449	440	-	-
Enkumane Clinic	2.2: Comm. Hlth Clinics	243	263	276	290	270	270	265	-	-
Hlanganani Ngothando	2.2: Comm. Hlth Clinics	179	200	210	221	208	208	214	220	227
Ikwezi Cripple Care	2.2: Comm. Hlth Clinics	1 344	1 443	1 515	1 591	1 136	1 136	1 170	1 205	1 242
Ikwezi District Nursing Services	2.2: Comm. Hlth Clinics	155	-	-	-	-	-	-	-	-
Jewel House	2.2: Comm. Hlth Clinics	304	321	337	354	-	-	-	-	-
John Peattie House	2.2: Comm. Hlth Clinics	1 192	1 284	1 348	1 415	1 335	1 335	1 139	1 173	1 208
Jona Vaughn Centre	2.2: Comm. Hlth Clinics	2 130	2 247	2 359	2 477	2 335	2 335	2 017	2 077	2 139
Keep a Child Alive	2.2: Comm. Hlth Clinics	-	-	-	-	-	-	3 000	-	-
KZN Blind and Deaf Society	2.2: Comm. Hlth Clinics	-	-	-	-	-	-	800	824	849
Lynn House	2.2: Comm. Hlth Clinics	633	562	590	620	584	584	593	611	629
Madeline Manor	2.2: Comm. Hlth Clinics	767	809	849	891	841	841	866	892	919
Magaye school for the Blind	2.2: Comm. Hlth Clinics	-	-	-	-	-	-	500	515	530
Masada Workshop	2.2: Comm. Hlth Clinics	67	71	75	79	74	74	-	-	-
Masibambeni Day Care Centre	2.2: Comm. Hlth Clinics	134	141	148	155	147	147	-	-	-
Matikwe Oblate Clinic	2.2: Comm. Hlth Clinics	436	472	496	521	491	491	486	481	-
Mhlumayo Clinic	2.2: Comm. Hlth Clinics	518	560	588	617	-	-	-	-	-
Noyi Bazi Oblate Clinic	2.2: Comm. Hlth Clinics	440	477	501	526	496	496	511	-	-
Place of Restoration	2.2: Comm. Hlth Clinics	-	-	200	-	-	-	-	-	-
Prenaid A L P	2.2: Comm. Hlth Clinics	91	96	101	106	100	100	-	-	-
Rainbow Haven	2.2: Comm. Hlth Clinics	355	374	393	413	385	385	397	409	421
Scadifa Centre	2.2: Comm. Hlth Clinics	913	913	959	1 007	949	949	925	953	982
Sparkes Estate	2.2: Comm. Hlth Clinics	1 166	1 016	1 067	1 120	-	-	1 099	1 132	1 166
St Lukes Home	2.2: Comm. Hlth Clinics	482	695	730	767	430	430	443	456	470
Sun Coast Hospice	2.2: Comm. Hlth Clinics	-	-	-	-	-	-	174	179	185
Sunfield Home	2.2: Comm. Hlth Clinics	127	294	309	324	303	303	261	269	277
Umlazi Halfway House	2.2: Comm. Hlth Clinics	237	250	263	276	260	260	268	276	284
Ethembeni Care Centre	2.6: HIV and AIDS	3 836	3 692	4 366	5 061	4 881	4 881	5 027	5 179	-
Genesis Care Centre	2.6: HIV and AIDS	2 659	2 763	2 890	3 095	2 919	2 919	2 889	2 861	-
HIV and AIDS NIP sites (HBC stipends)	2.6: HIV and AIDS	57 814	3 753	-	-	-	-	-	-	-
Humana People to People	2.6: HIV and AIDS	-	-	-	4 328	2 828	2 828	3 131	-	-
Philanjalo Hospice (step down centre)	2.6: HIV and AIDS	2 109	1 956	3 378	2 811	2 551	2 551	2 525	2 500	-
Power of God	2.6: HIV and AIDS	-	-	-	-	-	-	1 100	1 133	1 167
Greytown Hospital	2.9: District Hospitals	-	191	-	-	-	-	-	-	-
Pongola Hospital	2.9: District Hospitals	3 545	3 837	3 436	3 608	2 300	2 300	-	-	-
Montebello Chronic Sick Home	4.3: Psch/Mental Hosp.	4 372	4 732	4 969	-	-	-	-	-	-
KZN Children's Hospital Trust	8.6: Other Facilities	-	10 000	20 000	20 000	20 000	20 000	-	-	-
McCord Hospital	Various	76 275	90 042	70 251	56 368	52 000	79 075	15 870	880	670
Mountain View Hospital	Various	8 774	9 496	9 971	10 470	9 871	9 871	9 773	9 675	-
Siloah Hospital	Various	15 471	15 702	19 149	19 111	18 958	18 958	21 873	21 934	-
St Mary's Hosp Marianhill	Various	90 500	101 837	112 225	119 998	112 037	112 037	151 465	124 174	-
Earmarked for reallocation to Districts	Various	-	-	-	1 500	-	-	8 097	18 420	206 241
Total departmental transfers		289 009	273 487	277 586	274 168	252 168	279 243	250 647	212 110	224 022

The effect of the higher than anticipated wage agreements and the OSD for doctors is shown under those institutions which qualify for the state salary increases.

The decrease in 2011/12 was caused by the closure of the HIV and AIDS NIP sites and the incorporation of these services into the department's operations, as previously mentioned. The reduction in the 2013/14

Adjusted Appropriation is a result of the previously mentioned reduction in transfer to McCord Hospital following its take-over by the province, as well as delays in signing SLAs for various NGOs.

The significant decrease in funding in 2014/15 is due to the ceasing of funding for McCord Hospital as it has been taken over as a provincial hospital and funding will be from other categories. In addition, the funding for the KZN Children's Hospital Trust for the development and refurbishment of this hospital in the eThekweni Metro ceases, due to the completion of the contract.

Over the MTEF, the baseline growth is for inflationary purposes only. Note that the funds against *Earmarked for reallocation to districts* are funds awaiting recommendations upon receipt of requests for additional or new funding from the districts (for NGOs). This table will be updated as soon as the figures from the department's Committee for Grant Funding are received.

5.10 Transfers to local government

Table 7.14 indicates transfers to local government, per category of municipality. All transfers are made to a single grant, namely municipal clinics within the sub-programme: Community Health Clinics. Although the payment of motor vehicle licences falls under *Transfers and subsidies to: Provinces and municipalities*, the funds are not transferred to any municipality, hence these are excluded from the table.

Although these funds are earmarked for transfer to municipalities, the transfer is dependent upon the provision of satisfactory services in line with SLAs signed by municipalities. The purpose of the transfer is to subsidise primary health care for services provided by local authorities/municipal clinics. Until the negotiations for the take-over of these clinics has been finalised, these funds will remain in this category. Further details of amounts per grant type and municipality are given in *Annexure – Vote 7: Health*.

Table 7.14 : Summary of departmental transfers to local government by category

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13				2014/15	2015/16	2016/17
Category A	44 540	47 212	-	122 500	136 000	136 000	109 000	122 400	138 365
Category B	79 348	38 828	22 894	21 000	20 313	20 313	23 600	27 000	28 431
Category C	-	-	-	-	-	-	-	-	-
Unallocated	-	-	-	-	-	-	-	-	-
Total	123 888	86 040	22 894	143 500	156 313	156 313	132 600	149 400	166 796

The increase from 2010/11 to 2016/17 in Category A, which represents the eThekweni Metro, pertains mainly to inflation, and relates to transfers to municipal clinics within the Metro. The nil expenditure in 2012/13 against Category A was due to a delay in the signing of the SLAs with the Metro. The significant increase from 2013/14 relates to the department's decision to provide additional funding to meet the health funding requirements of the clinics in the Metro and the transfer payment expenditure carried over from 2012/13 due to delays in the signing of SLAs, as previously mentioned. The increase in trend over the 2014/15 MTEF is largely due to the commitment to assist clinics with pressures in the treatment of HIV and AIDS, the extension of hours of services, as well as to cater for an increase in neonatal services.

The varying trend in Category B relates to the anticipated provincialisation of the municipal clinics. The majority of the municipal clinics were taken over by the department by the end of 2012/13, and funding from 2014/15 only provides for the uMhlathuze Municipality. In addition, funding was provided in 2012/13 for the finalisation of the provincialisation of clinics in Umlalazi (uThungulu), as well as municipalities in the uMgungundlovu and Ilembe Districts. Funding will continue to be provided over the 2014/15 MTEF for the eThekweni Metro and uMhlathuze Municipality, as mentioned previously.

5.11 Transfers and subsidies

Table 7.15 gives a summary of spending on *Transfers and subsidies* by programme and main category.

Table 7.15 : Summary of transfers and subsidies by programme and main category

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
1. Administration	1 750	3 392	6 172	3 549	1 549	2 037	3 061	3 133	3 299
Provinces and municipalities	33	26	95	48	48	48	60	132	139
Motor vehicle licences	33	26	95	48	48	48	60	132	139
Departmental agencies and accounts	-	1	-	1	1	4	1	1	1
SABC - TV licences	-	1	-	1	1	4	1	1	1
Households	1 717	3 365	6 077	3 500	1 500	1 985	3 000	3 000	3 159
Social benefits	1 067	3 215	2 289	3 500	1 500	1 985	3 000	3 000	3 159
Other transfers to households	650	150	3 788	-	-	-	-	-	-
2. District Health Services	398 098	327 024	270 091	408 044	393 487	447 010	391 617	369 166	397 139
Provinces and municipalities	124 850	86 807	24 232	145 584	158 027	158 027	134 838	151 748	169 212
Motor vehicle licences	962	767	1 339	2 084	1 714	1 714	2 238	2 348	2 417
Municipalities	123 888	86 040	22 893	143 500	156 313	156 313	132 600	149 400	166 795
Departmental agencies and accounts	27	130	6	31	31	31	32	33	35
SABC - TV licences	27	130	6	31	31	31	32	33	35
Non-profit institutions	247 899	213 387	204 686	225 339	203 339	230 392	220 147	179 010	189 168
Non-profit institutions (see Table 7.13)	247 899	213 387	204 686	225 339	203 339	230 392	220 147	179 010	189 168
Households	25 322	26 700	41 167	37 090	32 090	58 560	36 600	38 375	38 724
Social benefits	25 094	26 487	30 227	36 696	31 696	58 166	36 600	38 375	38 724
Other transfers to households	228	213	10 940	394	394	394	-	-	-
3. Emergency Medical Services	2 966	3 230	4 165	6 110	4 774	4 419	4 340	4 552	4 793
Provinces and municipalities	1 461	1 842	1 537	2 415	2 879	2 680	2 040	2 142	2 256
Motor vehicle licences	1 461	1 842	1 537	2 415	2 879	2 680	2 040	2 142	2 256
Households	1 505	1 388	2 628	3 695	1 895	1 739	2 300	2 410	2 538
Social benefits	937	915	970	2 846	1 046	1 046	1 368	1 460	1 537
Other transfers to households	568	473	1 658	849	849	693	932	950	1 000
4. Provincial Hospital Services	71 742	71 253	70 795	51 441	108 077	122 717	67 085	69 752	73 448
Provinces and municipalities	229	111	287	525	361	361	549	581	612
Motor vehicle licences	229	111	287	525	361	361	549	581	612
Departmental agencies and accounts	54	47	56	56	56	16	36	63	66
SABC - TV licences	54	47	56	56	56	16	36	63	66
Non-profit institutions	32 600	35 802	37 770	28 829	28 829	28 829	30 500	33 100	34 854
Non-profit institutions (see Table 7.13)	32 600	35 802	37 770	28 829	28 829	28 829	30 500	33 100	34 854
Households	38 859	35 293	32 682	22 031	78 831	93 511	36 000	36 008	37 916
Social benefits	18 683	24 146	28 331	19 945	21 745	21 745	36 000	36 008	37 916
Other transfers to households	20 176	11 147	4 351	2 086	57 086	71 766	-	-	-
5. Central Hospital Services	7 817	2 257	2 773	2 760	4 762	4 524	5 004	5 096	5 366
Provinces and municipalities	6	4	9	10	12	16	4	4	4
Motor vehicle licences	6	4	9	10	12	16	4	4	4
Departmental agencies and accounts	-	-	-	-	-	52	-	-	-
SABC - TV licences	-	-	-	-	-	52	-	-	-
Households	7 811	2 253	2 764	2 750	4 750	4 456	5 000	5 092	5 362
Social benefits	5 241	2 183	2 656	2 550	4 550	4 256	4 790	4 872	5 130
Other transfers to households	2 570	70	108	200	200	200	210	220	232
6. Health Sciences and Training	68 625	83 361	96 138	146 737	214 761	216 231	220 698	224 043	235 917
Provinces and municipalities	25	26	33	22	42	49	48	53	56
Motor vehicle licences	25	26	33	22	42	49	48	53	56
Departmental agencies and accounts	7 637	8 588	10 176	11 315	11 315	11 315	13 000	14 000	14 742
HWSETA	7 637	8 588	10 119	11 315	11 315	11 315	13 000	14 000	14 742
Higher education institutions	-	-	57	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	470	-	-	-
Higher education institutions	-	-	-	-	-	470	-	-	-
Non-profit institutions	8 510	14 298	15 130	-	-	-	-	-	-
Non-profit institutions (see Table 7.13)	8 510	14 298	15 130	-	-	-	-	-	-
Households	52 453	60 449	70 799	135 400	203 404	204 397	207 650	209 990	221 120
Social benefits	-	1 397	1 650	2 400	2 400	2 400	2 000	2 200	2 317
Other transfers to households	52 453	59 052	69 149	133 000	201 004	201 997	205 650	207 790	218 803
7. Health Support Services	11 376	14 545	16 630	16 527	1 571	1 602	674	708	19 646
Provinces and municipalities	152	62	137	79	127	159	124	130	137
Motor vehicle licences	152	62	137	79	127	159	124	130	137
Departmental agencies and accounts	11 224	14 483	15 170	16 448	444	444	-	-	18 900
Social security funds	460	512	-	444	444	444	-	-	-
Medicine Trading Account	10 764	13 971	15 170	16 004	-	-	-	-	18 900
Households	-	-	1 323	-	1 000	999	550	578	609
Social benefits	-	-	1 318	-	1 000	999	550	578	609
Other transfers to households	-	-	5	-	-	-	-	-	-
8. Health Facilities Management	-	10 783	20 000	20 000	20 000	20 022	-	-	-
Non-profit institutions	-	10 000	20 000	20 000	20 000	20 000	-	-	-
KZN Childrens' Hospital Trust	-	10 000	20 000	20 000	20 000	20 000	-	-	-
Households	-	783	-	-	-	22	-	-	-
Social benefits	-	783	-	-	-	22	-	-	-
Total	562 374	515 845	486 764	655 168	748 981	818 562	692 479	676 450	739 608

The various trends in each programme are as follows:

- In Programmes 1, 2 and 4, the amounts reflected against *Departmental agencies and accounts* relate to TV licences which arose from an amendment to SCOA in 2012/13, shifting the allocation from *Goods and services* to this category. Historical data was restated for comparison purposes.
- In Programme 1, the fluctuating trend in *Households* is mainly due to staff exit costs.
- The high spending in Programme 2 against *Provinces and municipalities* in 2010/11 related mainly to expenditure resulting from the signing of the SLAs pertaining to 2008/09 and 2009/10. The reduction in 2011/12 and 2012/13 resulted from the provincialisation of some municipal clinics. The significant increase from 2013/14 onward relates to the eThekweni Metro and uMhlathuze Municipality for additional funding allocated to assist clinics in the treatment of HIV and AIDS. The further increase in the 2013/14 Adjusted Appropriation relates to municipal clinics' carry-over expenditure from 2012/13, due to the late presentation of invoices.
- In Programme 2, the reduction in *Non-profit institutions* in 2011/12 relates mainly to the decision to close the NIP sites and to manage these services centrally. The further reduction in 2012/13 is a result of the decision to reassess the NGO institutions and to enter into new agreements, resulting in a number of the allocations to these institutions being lower than in the past. The reduction in the 2013/14 Adjusted Appropriation is due to delays in signing of SLAs with various NGOs benefiting from the Comprehensive HIV and AIDS grant. The over-spending in the 2013/14 Revised Estimate is due to running costs of McCord Hospital, incurred before the take-over by the province in February 2014. The reduction in 2014/15 is due to the provincialisation of McCord Hospital during 2013/14. The amounts allocated in the 2014/15 MTEF provide for inflationary increases only.
- With regard to Programme 3, the fluctuating trend against *Households* pertains to staff exit costs.
- In Programme 4, the increased trend against *Non-profit institutions* in 2011/12 related to the impact of the 2010 and 2011 wage agreements. The substantial reduction in 2013/14 was the result of the reassessment of all the department's non-profit institutions. The amounts allocated in the 2014/15 MTEF provide for inflationary increases only. The high amounts against *Households* in the 2013/14 Adjusted Appropriation and Revised Estimate relate to litigation costs for medico-legal claims.
- Programme 5's inflated 2010/11 amount against *Households* results from a medico-legal claim, while the increase in the 2013/14 Adjusted Appropriation relates to higher than expected staff exit costs.
- In Programme 6, *Departmental agencies and accounts* relates to the compulsory levy paid to the HWSETA on an annual basis and shows strong growth from 2011/12 through to 2013/14, which is ascribed to the HWSETA levy, which is in line with the growth in *Compensation of employees*.
- Also in Programme 6, the significant increase against *Households* over the entire period (and particularly in the 2013/14 Adjusted Appropriation and Revised Estimate) relates to the department's decision to implement intensive training programmes through bursaries in order to address the shortage of personnel in the health fields, including the previously mentioned Cuban Doctors' programme. The low growth in 2014/15 is due to the decision to no longer expand the bursary programme due to budget pressures.
- In Programme 7, the high growth against *Departmental agencies and accounts* in 2011/12 results from the additional funding that was required to enable the provincial Medical Supply Centre to carry sufficient medical stock to meet demand. The decrease in the 2013/14 Adjusted Appropriation was due to the account having sufficient funding for the supply of pharmaceuticals and medical sundries, with no top-up needed. This situation is carried through to 2015/16, but will be reviewed in-year for the next budget process.
- In Programme 8 in 2011/12 and the subsequent two years, the department transferred funds to the KZN Children's Hospital Trust for the development and refurbishment of this hospital in the eThekweni Metro. There is no funding over the MTEF and the contract is finalised.

6. Programme description

The services rendered by this department are categorised under eight programmes, further details of which are discussed below. The department largely conforms to the uniform budget structure for the Health sector. The information for each programme is given in terms of sub-programmes and economic classification, with details of economic classification given in *Annexure – Vote 7: Health*.

6.1 Programme 1: Administration

Programme 1 comprises two sub-programmes, namely Office of the MEC and Management, with the objectives of providing overall strategic leadership, co-ordination and management of activities toward the achievement of optimal health status of all the communities in the province, as well as the administration of the department in line with good governance practice. The programme also includes the formulation of policies and strategies in line with national and provincial priorities.

Tables 7.16 and 7.17 summarise information for the period 2010/11 to 2016/17. It is the department's policy to keep the allocation of this programme to a maximum of two per cent of total budget, which has been achieved over the past four years and will be maintained over the 2014/15 MTEF. Note that the costs for computer services against *Goods and services* have been centralised from all programmes to this programme from 2013/14, and historical data has been amended for comparative purposes.

Table 7.16 : Summary of payments and estimates by sub-programme: Administration

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
1. Office of the MEC	14 452	15 615	20 371	18 419	19 416	18 928	19 498	20 672	21 768
2. Management	449 196	560 810	613 587	572 659	575 294	603 918	561 842	577 028	607 610
Total	463 648	576 425	633 958	591 078	594 710	622 846	581 340	597 700	629 378

Table 7.17 : Summary of payments and estimates by economic classification: Administration

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	454 816	463 100	531 385	559 879	553 070	578 300	571 829	564 117	594 015
Compensation of employees	183 201	208 965	246 972	273 032	276 230	276 376	307 734	335 390	353 166
Goods and services	271 615	254 115	284 413	286 847	276 840	301 924	264 095	228 727	240 850
Interest and rent on land	-	20	-	-	-	-	-	-	-
Transfers and subsidies to:	1 750	3 392	6 172	3 549	1 549	2 037	3 061	3 133	3 299
Provinces and municipalities	33	26	95	48	48	48	60	132	139
Departmental agencies and accounts	-	1	-	1	1	4	1	1	1
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 717	3 365	6 077	3 500	1 500	1 985	3 000	3 000	3 159
Payments for capital assets	6 702	109 386	96 400	27 650	40 084	42 502	6 450	30 450	32 064
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	6 702	109 386	96 400	27 650	40 084	42 502	6 450	30 450	32 064
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	380	547	1	-	7	7	-	-	-
Total	463 648	576 425	633 958	591 078	594 710	622 846	581 340	597 700	629 378

Both sub-programmes show negative or minimal growth in 2013/14 and 2014/15. This is attributable to the decision to scale down in respect of the procurement of new computers and motor vehicles and focus on the replacement of essential equipment only. The replacement of all leased computer and printing equipment was also mostly completed in 2012/13, hence minimal spending on this project in 2013/14. Growth in the two outer years of the MTEF is for inflationary purposes only.

The increasing trend in *Compensation of employees* from 2010/11, as well as the increase over the 2014/15 MTEF, relates to the need to improve management capacity at head office to address the challenges of service delivery. The high growth from 2011/12 to 2013/14 is attributed to the provision for financial management capacity to improve audit outcomes and filling of various critical posts related to the SCM and Asset Management functions.

The significant decrease in *Goods and services* in 2011/12 results from the decision to replace consultants with permanent staff in order to address capacity constraints, as well as a change in policy to purchase computers rather than to lease them, due to the cost of contracted computer services. The budget from 2012/13 includes funding to support infrastructure capacity building. The reduction in 2014/15 and 2015/16 relates to the projected forced savings from computer services. The increase in 2016/17 allows for inflationary adjustments only.

The expenditure against *Interest and rent on land* in 2011/12 relates to a medico-legal claim which, following arbitration, resulted in the department being ordered to pay interest.

The expenditure against *Transfers and subsidies to: Provinces and municipalities* is for motor vehicle licences. The marked increases over the 2014/15 MTEF are due to provisions made for additional vehicles to be purchased late in 2013/14 and 2014/15, as well as in the outer years, in line with the growth in *Machinery and equipment*.

Transfers and subsidies to: Departmental agencies and accounts relates to payments for TV licences.

The fluctuating trend in *Transfers and subsidies to: Households* is due to staff exit costs.

The notable increase in *Machinery and equipment* in 2011/12 relates to the decision to purchase computer equipment rather than to lease it, as well as to provide new file servers to avoid the loss of critical information. Also, the department purchased motor vehicles centrally in 2011/12, which was rectified in the following years, and hence a decrease in 2012/13. In addition, funding was made available in 2012/13 for the purchasing of replacement vehicles at head office, as well as vehicles for the Ministry. The increase in the 2013/14 Adjusted Appropriation and Revised Estimate was mainly the provision for already committed computer equipment projects. In the 2014/15 MTEF, amounts are provided to replace essential equipment only, with strong growth for vehicles in the two outer years.

Service delivery measures – Programme 1: Administration

Table 7.18 illustrates the main service delivery measures relating to Programme 1. The performance indicators provided comply fully with the customised measures for the Health sector.

Table 7.18 : Service delivery measures – Programme 1: Administration

Outputs	Performance indicators	Estimated performance	Medium-term targets			
		2013/14	2014/15	2015/16	2016/17	
Administration:	Human Resources					
To conduct the strategic management and overall administration of the Department of Health	• Proportion of health facilities connected to the internet	8%	25%	45%	70%	
	• Develop provincial human resources for Health Plan	Yes	Yes	Yes	Yes	
	• Develop provincial long term Health Plan	Yes	Yes	Yes	Yes	

6.2 Programme 2: District Health Services

The purpose of Programme 2: District Health Services is to render primary health care services and district hospital services. This programme comprises nine sub-programmes, which are used to facilitate identification of the different functions. The main aims of these sub-programmes are:

- To render primary health care services with a nurse-driven service at clinic level, including visiting points, mobile and local authority clinics.

- To provide service planning, administration of services, managing personnel and financial administration and the co-ordination and monitoring of district health services, including those rendered by district councils and non-government organisations (NGOs).
- To render primary health care services in respect of maternal child and women's health, geriatrics, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable diseases, oral and dental health, mental health, rehabilitation and disability and chronic health.
- To render primary health care services at non-health facilities in respect of home-based care, abuse victims, mental and chronic care, school health.
- To render primary health care services related to the comprehensive management of HIV and AIDS campaigns and special projects.
- To provide services directed at providing nutrition for the malnourished members of the population.
- To render forensic pathology services and medico-legal services in the province.
- To render hospital services at general practitioner level.

Tables 7.19 and 7.20 summarise payments and estimates for Programme 2: District Health Services.

Table 7.19 : Summary of payments and estimates by sub-programme: District Health Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
1. District Management	133 675	165 967	218 769	201 548	217 355	212 894	246 328	238 357	250 990
2. Community Health Clinics	2 054 214	2 314 985	2 480 474	2 832 671	2 864 331	2 894 334	3 055 573	3 351 017	3 454 180
3. Community Health Centres	628 582	767 716	955 757	1 030 648	1 041 619	1 057 906	1 296 961	1 376 940	1 449 918
4. Community Based Services	101 399	25 774	790	-	-	-	2 580	-	-
5. Other Community Services	524 369	616 453	693 031	854 055	914 405	914 996	955 141	1 015 904	1 112 408
6. HIV and AIDS	1 500 250	1 914 057	2 392 690	2 652 072	2 652 072	2 846 150	3 257 992	3 874 085	4 356 983
7. Nutrition	36 614	65 237	44 433	49 348	49 348	49 315	47 772	50 161	52 820
8. Coroner Services	122 338	141 632	146 150	159 265	157 241	155 366	158 329	167 738	176 628
9. District Hospitals	4 177 839	4 289 725	4 901 829	5 284 169	5 226 691	5 279 103	5 699 359	5 891 136	6 204 036
Total	9 279 280	10 301 546	11 833 923	13 063 776	13 123 062	13 410 064	14 720 035	15 965 338	17 057 963

Table 7.20 : Summary of payments and estimates by economic classification: District Health Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	8 850 195	9 823 474	11 466 027	12 532 421	12 623 523	12 857 002	14 210 678	15 482 420	16 538 488
Compensation of employees	6 016 821	6 846 189	7 916 084	8 706 221	8 905 277	8 938 420	9 832 214	10 690 888	11 326 737
Goods and services	2 833 374	2 977 285	3 549 944	3 826 200	3 718 246	3 918 567	4 378 464	4 791 532	5 211 750
Interest and rent on land	-	-	-	-	-	15	-	-	-
Transfers and subsidies to:	398 098	327 024	270 091	408 044	393 487	447 010	391 617	369 166	397 138
Provinces and municipalities	124 850	86 807	24 232	145 584	158 027	158 027	134 838	151 748	169 212
Departmental agencies and accounts	27	130	6	31	31	31	32	33	35
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	247 899	213 387	204 686	225 339	203 339	230 392	220 147	179 010	189 168
Households	25 322	26 700	41 167	37 090	32 090	58 560	36 600	38 375	38 724
Payments for capital assets	28 298	151 005	97 805	123 311	106 052	106 052	117 740	113 752	122 338
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	28 298	151 005	97 805	123 311	106 052	106 052	117 740	113 752	122 338
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	2 689	43	-	-	-	-	-	-	-
Total	9 279 280	10 301 546	11 833 923	13 063 776	13 123 062	13 410 064	14 720 035	15 965 338	17 057 963

The significant allocation to this programme supports the policy of providing access to the less expensive, but most important level of health care. The programme provides for, *inter alia*, the commissioning of new

clinics and community health centres, the development of district offices, and the comprehensive management of HIV and AIDS and its related diseases, especially TB.

The increases over the seven-year period for the programme as a whole relate to the various higher than anticipated wage agreements and carry-through costs of the various OSDs for medical personnel and other categories of staff. Also contributing was additional funding provided for inflationary increases in medical supplies and services, improving infant and child mortality rates, substantial increases in HIV and AIDS funding each year, as well as a provision for an improvement in the general health capacity in 2011/12. Further amounts were allocated for national priorities from 2011/12, with carry-through costs over the 2014/15 MTEF, to provide for capacity building for personnel and *Goods and services*, funding for family health team pilots/models, improving hospital norms and standards, and the general policy adjustment. In addition, the NHI grant commenced from 2012/13, aimed at establishing two pilot districts in line with the implementation of NHI. As mentioned previously, this funding decreased in 2013/14 due to a new indirect National Health grant, which will be spent by the NDOH on behalf of provinces. The increase in 2011/12 relates to capacity building at district office level in order to improve service delivery within the districts, as well as the 2011 wage agreement. The 2014/15 MTEF provides for the commissioning of Dannhauser and Pomeroy CHCs, as well as additional funding for the carry-through costs of the relevant wage agreements and inflationary costs.

The strong growth from 2010/11 to 2013/14 in the Community Health Clinics and Community Health Centres sub-programmes includes additional funding for the various wage agreements, the OSDs for medical personnel, funding for inflationary costs in medical related *Goods and services* and reducing infant and child mortality. The increase from 2011/12 was also due to national priority funding for personnel and goods, family health teams and for the general policy adjustment, as well as funding to encourage growth in PHC service delivery. The increase in 2012/13 was mainly related to the increased costs of medicines, vaccines, municipal payments and increased patient demand at PHC level, the addressing of critical staff needs at PHC level, which included, the closing of the gap in standards for municipal clinics taken over from local government. This includes addressing staffing levels, basic medical equipment, etc.

The decrease in the sub-programme: Community Based Services in 2011/12 resulted from the absorption of the majority of the community health workers into the HIV and AIDS sub-programme and a decision to take over the management of the HIV and AIDS NIP sites from the NGOs, in an effort to minimise fraud. The Social Sector EPWP Incentive Grant for Provinces was phased out from 2012/13, and it was decided to place all community health workers' expenditure into other sub-programmes within Programme 2, where the costs are incurred, hence there was no spending or allocations in respect of this sub-programme from 2013/14 onward. Although the grant is now funded again (in 2014/15 only), the funding will support the community health workers' stipends, and will be shifted in-year to the appropriate sub-programme.

The increase from 2011/12 onward in the sub-programme: Other Community Services was due to the introduction of community nursing services and an additional intake of community doctors resulting from the extension of the medical intern programme to two years, as well as the various OSDs for medical personnel.

The strong growth in the HIV and AIDS sub-programme relates mainly to increases in the Comprehensive HIV and AIDS grant to cater for increased uptake of patients on ARV therapy. Additional funds were allocated in 2012/13 to assist with the increase of the ARV threshold to a CD4 count of 350, with a further increase in 2012/13 for equipment and the increasing costs of ARV medication. The high projected spending in the 2013/14 Revised Estimate (and against *Goods and services*) relates to expected over-spending of the Comprehensive HIV and AIDS grant, particularly regarding the cost of ARVs. The strong growth over the 2014/15 MTEF, and in 2016/17, in particular, aligns with the growth in the Comprehensive HIV and AIDS grant.

The peak in the sub-programme: Nutrition in 2011/12 was due to once-off equitable share support provided to the department's nutritional programme, complementing the Comprehensive HIV and AIDS grant funding. Payments carried over from 2010/11 also contributed to this growth. In 2012/13, this co-funding was phased out as proper management processes and controls were put in place, with HIV and

AIDS based nutrition funded from the grant and against the HIV and AIDS sub-programme. The relatively flat growth over the 2014/15 MTEF is due to this sub-programme being subject to strict cost-cutting to ensure more critical services are able to be funded.

The sub-programme: Coroner Services was funded through the Forensic Pathology Services grant until 2011/12. From 2012/13, these services were paid from the department's equitable share. The increase in 2011/12 was mainly to cover the cost of the OSD for mortuary workers, for which no funding was provided in the grant. The reduction in 2012/13 resulted from the scaling down in the replacement of mortuary vehicles due to cost-cutting. Otherwise, figures across the seven years include the various wage agreements and inflationary increases only.

The sub-programme: District Hospitals increases in 2012/13 largely as a result of delays in the processing of the OSD for occupational therapists caused by programmatic challenges (PERSAL) at a national level, and also the filling of essential posts in line with national requirements for service delivery related to the NHI. Adding to the growth in 2012/13, was the restructuring and commissioning of the King Dinuzulu District Hospital. The reduction in the 2013/14 Adjusted Appropriation relates to forced savings to address pressures in the Community Health Clinics sub-programme and to Programme 4: Provincial Hospital Services to address pressures in *Compensation of employees* and medico-legal claims, respectively. Growth over the 2014/15 MTEF is largely for inflationary increases.

The increase in *Compensation of employees* from 2011/12 onward is mainly due to the OSDs for medical personnel and other categories of staff, as well as the various wage agreements. The increase in 2011/12 also included the filling of essential posts in line with the national requirements for service delivery related to the NHI, the ongoing process of implementing family health teams, capacity building and the general policy adjustment. The increase in 2012/13 relates to an increased number of school health teams, district family teams and district specialist teams, as well as TB tracing and injection teams. Also affecting the growth was the closing of the gap in standards for municipal clinics taken over from local government, as previously mentioned. This included addressing staffing levels and basic medical equipment. In 2014/15 and 2015/16, additional funding is included from the Comprehensive HIV and AIDS grant, to improve treatment access.

The fluctuating trend in *Goods and services* is mainly due to the variable CPI over the period, high medical inflation, the increase in NHLS costs, as well as the increase in the number of patients suffering from HIV and AIDS and TB. In addition to carry-through costs from previous allocations, funding for national priorities in 2011/12 provided for family health teams, the general policy adjustment, capacity building and, in 2012/13 and 2013/14, additional funding for the reduction of the ARV threshold to a CD4 count of 350. The carry-through costs of these initiatives are reflected over the 2014/15 MTEF. In the 2013/14 Revised Estimate, the department is anticipating pressures from ARVs and other medication. Additional funding has been provided from 2012/13 from the NHI grant to implement a pilot programme in two districts, to contract private practitioners and other private suppliers in the provision of medical services. National priority funding is added in 2016/17 relating to the decentralised roll-out of the HPV vaccine to provinces.

The fluctuations in *Transfers and subsidies to: Provinces and municipalities* are mainly due to the uncertainty of the provincialisation process for municipal clinics, as well as the non-signing of SLAs. The reduction in 2011/12 and 2012/13 resulted from the provincialisation of some municipal clinics. The significant increase from 2013/14 onward relates to the eThekweni Metro and uMhlathuze Municipality for additional funding allocated to assist clinics in the treatment of HIV and AIDS. The further increase in the 2013/14 Adjusted Appropriation relates to municipal clinics' carry-over expenditure from 2012/13, due to the late presentation of invoices.

Transfers and subsidies to: Departmental agencies and accounts relates to payments for TV licences and growth over the 2014/15 MTEF provides for an inflationary increase only.

The reduction in *Transfers and subsidies to: Non-profit institutions* in 2011/12 relates to the department's decision to take over the management of the HIV and AIDS NIP sites from NGOs. The further reduction in 2012/13 is a result of the decision to reassess the NGO institutions and to enter into new agreements,

resulting in a number of the allocations to these institutions being lower than in the past. The reduction in the 2013/14 Adjusted Appropriation is due to delays in signing of SLAs with various NGOs benefiting from the Comprehensive HIV and AIDS grant. The high projection in the 2013/14 Revised Estimate relates to running costs of McCord Hospital, incurred before the take-over by the province in February 2014. The reduction in 2014/15 is due to the provincialisation of McCord Hospital during 2013/14. The amounts allocated over the 2014/15 MTEF provide for inflationary increases only.

Transfers and subsidies to: Households relates to staff exit costs and medico-legal claims, and historical fluctuations are based on actual payments made. The high 2013/14 Revised Estimate amount is due to more medico-legal claims being finalised than expected. This is a once-off cost and accounts for the decrease in 2014/15. The growth thereafter is for inflationary pressures only.

The significant increase against *Machinery and equipment* in 2011/12 was for the replacement of deteriorating essential equipment and the purchase of mobile clinics and other service delivery vehicles. This process did not continue in 2012/13 due to forced savings implemented by the department in order to offset pressures in infrastructure projects already on site, hence the decrease in 2012/13. In the 2014/15 MTEF, amounts are provided to replace essential equipment at a reduced rate, due to the baseline cuts.

Service delivery measures – Programme 2: District Health Services

Table 7.21 illustrates the main service delivery measures of Programme 2: District Health Services. The performance indicators provided comply fully with the customised measures for the Health sector.

It should be noted that a significant number of patients suffering from TB are treated in community clinics and community health centres within Programme 2. TB patients who have been admitted and discharged from hospital are monitored at clinics and community health centres. For this reason, TB statistics have been included in this programme.

It is also noted that a number of measures are new and the department is still establishing baselines before targets can be set. These are indicated by “Establish baseline”, with no targets set for the MTEF, at this stage. Where a baseline is established, the indicator is marked as “New” with targets set from 2014/15.

Table 7.21 : Service delivery measures – Programme 2: District Health Services

Outputs		Performance indicators	Estimated performance	Medium-term targets			
			2013/14	2014/15	2015/16	2016/17	
1. Clinics and Community Health Centres							
To provide facilities for patients to be treated at PHC level	• PHC utilisation rate (annualised)	3	3	3.1	3.1		
	• OHH registration visit coverage	-	Establish baseline	-	-		
	• PHC supervisor visit rate (fixed clinic / CHC / CDC)	63.8%	66.4%	68%	75%		
	• Complaints resolution within 25 working days rate	New	70%	75%	80%		
	• No. of fully fledged District Clinical specialist Teams appointed	9 incomplete	4 (complete medical teams)	4 (complete medical teams)	4 (complete medical teams)		
			11 (complete nursing teams)	11 (complete nursing teams)	11 (complete nursing teams)		
	• No. of fully-fledged Ward Based Outreach Teams appointed	33 (DHIS reporting)	95	110	115		
	• School ISHP coverage	46%	70%	75%	80%		
	• School Grade 1 screening coverage (annualised)	New	Establish baseline	-	-		
	• School Grade 4 screening coverage (annualised)	New	Establish baseline	-	-		
	• School Grade 8 screening coverage (annualised)	New	Establish baseline	-	-		
	• Percentage of fixed facilities that have conducted gap assessments for compliance against National Core Standards	New	90%	100%	100%		
	• Compliance rate of PHC facilities (of National Core Standards)	New	25%	35%	50%		
	• Provincial PHC expenditure per uninsured person	R830	R888	R968	R986		
	• Percentage of facilities conducting annual patient satisfaction surveys (PSS)	New	100%	100%	100%		
• PHC patient satisfaction rate	New	70%	75%	80%			

Table 7.21 : Service delivery measures – Programme 2: District Health Services

Outputs		Performance indicators	Estimated performance	Medium-term targets		
			2013/14	2014/15	2015/16	2016/17
2. District Hospitals						
Rendering hospital service at district level	• Average length of stay	5.8 days	5.6 days	5.5 days	5.5 days	
	• Inpatient bed utilisation rate	70.6%	63.8%	64.5%	65.1%	
	• Expenditure per patient day equivalent (PDE)	R1 836	R2 011	R2 140	R2 316	
	• Complaint resolution within 25 working days rate	63.2%	70%	75%	75%	
	• Mental health admission rate	1%	1.1%	1.5%	1.4%	
	• Proportion of hospitals assessed as compliant with the Extreme Measures of National Core Standards	New	Establish baseline	-	-	
	• Percentage of hospitals that have conducted gap assessments for compliance against the National Core Standards	New	100%	100%	100%	
	• Patient satisfaction rate	80%	90%	90%	90%	
3. HIV and AIDS, TB and STI control						
Rendering primary health care service in respect of HIV and AIDS, TB and STI control	• Total clients remaining on ART (TROA) at end of the month	770 009	1 038 556	1 192 247	1 368 247	
	• No. of medical male circumcisions conducted	339 997 cum	469 280 (809 277 cum)	581 600 (1 390 877 cum)	693 920 (2 084 797 cum)	
	• TB (new pulmonary) defaulter rate	4.9%	4.5%	4%	3.5%	
	• TB AFB sputum result turn-around time under 48 hours rate	74%	80%	85%	85%	
	• TB new client treatment success rate	81.5%	85%	85%	85%	
	• HIV testing coverage (15 – 49 years – annualised)	30.7%	55.7%	56.7%	57.7%	
	• TB (new pulmonary) cure rate	78.9%	85%	85%	85%	
	• TB MDR confirmed treatment initiation rate	53%	57.8%	60%	66%	
4. Maternal, child and women health						
Rendering a comprehensive and integrated maternal, child and women health at primary health care level	• Immunisation coverage under 1 year (annualised)	95.8%	96%	96.3%	96.6%	
	• Vitamin A 12 – 59 months coverage (annualised)	51.2%	55%	60%	65%	
	• Deworming 12 – 59 months coverage (annualised)	New	Establish baseline	-	-	
	• Child under 2 years underweight for age incidence (annualised)	New	20/ 1 000	17/ 1 000	15/ 1 000	
	• Measles 1 st dose under 1 year coverage (annualised)	93.1%	94.6%	96.4%	98.1%	
	• Pneumococcal vaccine (PCV) 3rd dose coverage (annualised)	95.1%	96.2%	97.5%	98.7%	
	• Rota Virus (RV) 2nd dose coverage (annualised)	103.7%	104.4%	105.2%	106%	
	• Cervical cancer screening coverage (annualised)	79.2%	79.7%	80.4%	81%	
	• HPV vaccine coverage amongst Grade 4 girls	New	Establish baseline	-	-	
	• Antenatal 1 st visit before 20 weeks rate	54.4%	60%	60%	60%	
	• Infant given NVP within 72 hours after birth uptake rate	99.6%	98%	98%	100%	
	• Infant 1 st PCR test positive within 2 months rate	1.8%	1.2%	<1%	<1%	
	• Couple year protection rate	50.7%	45%	50%	55%	
	• Maternal mortality in facility ratio (MMR)	135.6/100 000	133/100 000	126/100 000	119/100 000	
	• Delivery in facility under 18 years rate	9.4%	9%	8.8%	8.5%	
	• Child under 1 year mortality in facility rate	6.5%	7%	7%	6.9%	
	• Inpatient death under 5 years rate	5.4%	5.3%	5.2%	5%	
	• Child under 5 years severe acute malnutrition case fatality rate	11%	10.2%	8.7%	7.4%	
	• Child under 5 years diarrhoea case fatality rate	3.6%	3.6%	3.2%	2.6%	
	• Child under 5 years pneumonia case fatality rate	3.3%	2.9%	2.4%	2.1%	
5. Disease prevention and control						
Rendering preventive and promotive health services	• Hypertension incidence (annualised)	23.6/1 000	22.8/1 000	22.4/1 000	21.6/1 000	
	• Diabetes incidence (annualised)	1.3/1 000	2.1/1 000	2/1 000	1.9/1 000	
	• Cataract surgery rate (uninsured population)	628/1mil	749/1mil	930/1mil	1 154/1mil	
	• Malaria case fatality rate	2%	<0.5%	<0.5%	<0.5%	

6.3 Programme 3: Emergency Medical Services

The purpose of Programme 3: Emergency Medical Services is to render pre-hospital emergency medical services, including inter-hospital transfers and planned patient transport.

Poverty and topography are major cost drivers for both the Emergency Transport and Planned Patient Transport sub-programmes. Tables 7.22 and 7.23 below summarise payments and budgeted estimates pertaining to Programme 3.

Table 7.22 : Summary of payments and estimates by sub-programme: Emergency Medical Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
1. Emergency Services	790 015	1 032 954	863 099	907 217	911 181	959 416	1 012 736	1 068 971	1 125 626
2. Planned Patient Transport	32 603	37 433	62 937	65 145	59 845	35 882	60 702	64 757	68 189
Total	822 618	1 070 387	926 036	972 362	971 026	995 298	1 073 438	1 133 728	1 193 816

Table 7.23 : Summary of payments and estimates by economic classification: Emergency Medical Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	733 709	856 411	870 638	936 252	934 952	959 619	1 026 957	1 093 538	1 151 496
Compensation of employees	521 434	595 253	641 810	702 642	710 642	713 131	751 280	801 017	843 471
Goods and services	212 275	261 158	228 827	233 610	224 310	246 488	275 677	292 521	308 025
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	2 966	3 230	4 165	6 110	4 774	4 419	4 340	4 552	4 793
Provinces and municipalities	1 461	1 842	1 537	2 415	2 879	2 680	2 040	2 142	2 256
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 505	1 388	2 628	3 695	1 895	1 739	2 300	2 410	2 538
Payments for capital assets	85 673	210 745	51 234	30 000	31 300	31 260	42 141	35 638	37 527
Buildings and other fixed structures	19	-	-	-	-	-	-	-	-
Machinery and equipment	85 654	210 745	51 234	30 000	31 300	31 260	42 141	35 638	37 527
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	270	1	-	-	-	-	-	-	-
Total	822 618	1 070 387	926 036	972 362	971 026	995 298	1 073 438	1 133 728	1 193 816

The fluctuating trend over the seven-year period is largely due to funding provided to appoint additional staff and to purchase additional vehicles, as well as the planned expansion of emergency medical services to under-served areas. The significant increase in 2011/12 relates to the appointment of additional emergency personnel and procurement of additional emergency medical vehicles. The reduction in 2012/13 is attributed to savings realised from the replacement process of ageing emergency fleet vehicles, as the repair and fuel costs of the new ambulances were lower. Funding increased in 2013/14 to provide for inflationary adjustments and the gradual filling of vacant posts dependent upon availability of skilled candidates and the number of ambulances in the fleet. The overall increase in the sub-programme: Planned Patient Transport results from the successful implementation of the inter-hospital transfer programme.

The increase in *Compensation of employees* from 2011/12 onward relates to the various wage agreements, the introduction of the OSD for emergency personnel, as well as reprioritisation of funding to bring the salaries of emergency medical workers in line with those in other provinces, in order to retain staff and avoid strike action. The high growth in 2013/14 relates to the planned absorption of trainees, the strengthening of obstetrical ambulance services, as well as the provision for standard danger allowances to various categories of Emergency Medical Services personnel.

The main cost drivers under *Goods and services* are fuel and repairs to emergency vehicles, the latter being related to the rough terrain in rural areas and these costs will increase as the service expands. The increase in 2011/12 relates mainly to an increase in fuel costs and the costs of maintaining vehicles. The negative growth in 2012/13 relates mainly to lower costs on maintenance and repairs of the new fleet of vehicles. The reduction in the 2013/14 Adjusted Appropriation was due to forced savings in order to

address the pressures within the programme, such as the implementation of danger allowances and the installation of night goggles in helicopters linked to aero-medical services. The high expected spending in the 2013/14 Revised Estimate relates to higher than expected fuel costs. The high growth in 2014/15 is attributable to the high cost of fuel and related maintenance and repair costs. The growth over the remainder of the 2014/15 MTEF provides for inflation only.

The variable trend in *Transfers and subsidies to: Provinces and municipalities* is driven by the size of the fleet of emergency medical service vehicles in each year, with ambulances being procured and the old fleet being disposed of, and registration and licensing costs thereof will thus vary accordingly.

With regard to *Transfers and subsidies to: Households*, the inflated 2012/13 figure relates to a legal claim against the department by the First Aid League, and an increase in staff exit costs.

Regarding *Machinery and equipment*, the significant increase in 2011/12 is attributed to the late delivery of ambulances ordered in 2010/11 and additional ambulances purchased to address shortages. This was supporting the drive to meet the national norms for this service. The reduced amount from 2013/14 onward relates to the reprioritisation of funding which will be reviewed during 2015/16, with funding provided only for the replacement of ambulances.

The expenditure against *Payments for financial assets* relates to the write-off of various losses.

Service delivery measures – Programme 3: Emergency Medical Services

Table 7.24 below illustrates the main service delivery measures pertaining to Programme 3. The performance indicators provided comply fully with the customised measures for the Health sector.

Table 7.24 : Service delivery measures – Programme 3: Emergency Medical Services

Outputs	Performance indicators	Estimated performance	Medium-term targets		
		2013/14	2014/15	2015/16	2016/17
Emergency Medical Services					
Rendering emergency medical services including ambulance services, special operations, communications and air ambulance services	• EMS P1 urban response under 15 minutes rate	6%	15%	22%	30%
	• EMS P1 rural response under 40 minutes rate	34%	40%	50%	55%
	• EMS P1 call response under 60 minutes rate	46%	65%	75%	80%
	• EMS operational ambulance coverage	0.19	0.26	0.32	0.39

6.4 Programme 4: Provincial Hospital Services

The purpose of this programme is the delivery of hospital services which are accessible, appropriate and effective and the provision of general specialist services including a specialised rehabilitation service, and a platform for training health professionals and research. Programme 4 comprises five sub-programmes, with the following main objectives:

- To render regional hospital services at a general specialist level and a platform for training of health workers and research.
- To render hospital services for tuberculosis, including multi-drug resistance.
- To render specialist psychiatric hospital services for people with mental illness and intellectual disability and providing a platform for training of health workers and research.
- To provide medium to long-term care to patients who require rehabilitation and/or a minimum degree of active medical care but cannot be sent home.
- To render an affordable and comprehensive oral health service, based on primary health care.

Tables 7.25 and 7.26 summarise payments and estimates relating to Programme 4.

Table 7.25 : Summary of payments and estimates by sub-programme: Provincial Hospital Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
1. General (Regional) Hospitals	4 473 068	5 773 286	6 375 683	6 766 177	6 849 277	6 891 397	7 114 952	7 582 087	7 983 938
2. Tuberculosis Hospitals	832 030	891 705	591 900	624 381	624 391	628 315	669 183	710 328	747 975
3. Psychiatric-Mental Hospitals	533 949	570 999	641 667	700 652	701 182	692 950	743 815	788 396	830 181
4. Sub-acute, Step-down and Chronic Medical Hospitals	183 463	199 149	203 283	219 021	218 917	218 731	242 501	256 829	270 441
5. Dental Training Hospital	12 266	14 481	14 868	16 170	16 270	16 062	17 824	18 886	19 887
Total	6 034 776	7 449 620	7 827 401	8 326 401	8 410 037	8 447 455	8 788 275	9 356 526	9 852 422

Table 7.26 : Summary of payments and estimates by economic classification: Provincial Hospital Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	5 941 971	7 317 820	7 745 523	8 220 260	8 248 260	8 273 858	8 634 529	9 163 024	9 648 664
Compensation of employees	4 479 044	5 505 036	5 851 153	6 288 416	6 378 416	6 370 970	6 814 383	7 239 517	7 623 211
Goods and services	1 462 927	1 812 784	1 894 370	1 931 844	1 869 739	1 902 783	1 820 146	1 923 507	2 025 453
Interest and rent on land	-	-	-	-	105	105	-	-	-
Transfers and subsidies to:	71 742	71 253	70 795	51 441	108 077	122 717	67 085	69 752	73 449
Provinces and municipalities	229	111	287	525	361	361	549	581	612
Departmental agencies and accounts	54	47	56	56	56	16	36	63	66
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	32 600	35 802	37 770	28 829	28 829	28 829	30 500	33 100	34 854
Households	38 859	35 293	32 682	22 031	78 831	93 511	36 000	36 008	37 916
Payments for capital assets	18 863	60 532	11 083	54 700	53 700	50 880	86 661	123 750	130 309
Buildings and other fixed structures	-	-	-	-	-	78	-	-	-
Machinery and equipment	18 863	60 532	11 083	54 700	53 700	50 802	86 661	123 750	130 309
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	2 200	15	-	-	-	-	-	-	-
Total	6 034 776	7 449 620	7 827 401	8 326 401	8 410 037	8 447 455	8 788 275	9 356 526	9 852 422

The sustained growth in Programme 4 over the seven-year period relates to the various wage agreements, the OSD for medical personnel, high inflation rates on medical supplies and services, as well as NHLS costs. Further contributing factors include the carry-through costs of the MDR/XDR TB facilities opened in the Greytown, Murchison and Thulasizwe Hospitals.

The significant increase in 2011/12 in the General (Regional) Hospitals sub-programme includes once-off funding that was provided for essential equipment and motor vehicles, the reclassification of a number of district hospitals as general hospitals, funding for various national priorities, costs of the various OSDs, registrars moved to this programme, the replacement of redundant essential hospital equipment and the filling of various professional posts. In 2012/13, expenditure included the continued process of reclassification of certain district hospitals to general hospitals and carry-through costs of the 2011 wage agreement. The increase in the 2013/14 Revised Estimate relates to the provision for commissioning of an additional 80 beds at LUWM Hospital, pressures in the costs of medicines, as well as funding for unbudgeted medico-legal claims against the state. The 2013/14 Main Appropriation included the carry-through costs for the wage agreements, OSDs and national health priorities.

The Tuberculosis Hospitals sub-programme shows a peak in 2011/12 due to additional funding provided against *Goods and services* for the purchase of patient clothing and bed linen. The reduction in 2012/13 relates mainly to the decision to move funding to other categories of hospitals which are also dealing with TB, primarily district and regional hospitals, as well as a reduction in NHLS costs in TB hospitals, due to the successful flat fee arbitration. The 2014/15 MTEF includes inflationary increases only.

The increasing trend in the sub-programme: Psychiatric/Mental Hospitals relates to the various wage agreements and OSDs, and the MTEF includes carry-through costs and inflationary increases only.

The increase in the sub-programme: Sub-acute, Step-down and Chronic Medical Hospitals in 2011/12 relates to staff exit costs and medico-legal claims in that year, as well as the purchase of critical medical equipment and additional patient clothing and bed linen. Included in the trend are carry-through costs of the various wage agreements and OSDs. In 2012/13, Clairwood Hospital was reclassified into this sub-programme. The 2014/15 MTEF includes the carry-through costs of the various wage agreements, OSDs and inflationary increases only.

The Dental Training Hospital sub-programme shows steady growth over the entire period, with inflationary growth over the 2014/15 MTEF.

The increase against *Compensation of employees* in 2011/12 is partly related to the improvement of the general health capacity provided as a national priority in the 2009/10 MTEF, as well as carry-through costs of the various OSDs and wage agreements. The increase in 2011/12 also included various national priorities which commenced in 2011/12. In addition, a number of district hospitals were reclassified as general hospitals. The increase in 2012/13 was mainly for inflationary adjustments including the higher than budgeted 2012 wage agreement. A number of district hospitals were further reclassified to categories of hospitals within this programme in 2012/13. In the 2013/14 Adjusted Appropriation, the increase is to fund the higher than expected 2013 wage agreement and clerical re-grading, as well as funds moved within the programme from forced savings in *Goods and services* to address the commissioning of 80 additional beds at LUWM Hospital. In the 2014/15 MTEF, provision is made for the employment of food services staff, due to the decision to in-source this service. Additional budget was also allocated for the carry-through costs of the commissioning of additional beds at LUWM Hospital and also to cover the existing *Compensation of employees* budget gaps in this programme. The carry-through costs of the various projects mentioned, as well as funding for OSDs and various wage agreements are reflected over the 2014/15 MTEF.

The notable increase in *Goods and services* in 2011/12 was due to increased payments to the NHLS related to an agreement to increase the monthly payment from R34 million to R43 million, backdated to January 2011, increased stock levels for medical supplies, as well as clearing of payment backlogs which arose due to some facilities not paying within 30 days. The slower growth in 2012/13 was a result of reduced NHLS costs as mentioned above, as well as efficiency savings against medicine and medical supplies. Included from 2013/14 onward, is national priority funding for improving norms and standards at public hospitals, additional capacity for purchasing *Goods and services* and funding for the general policy adjustment. The reduction in the 2013/14 Adjusted Appropriation is attributed to efficiency gains realised from high cost drivers such as medicine, vaccines, blood products, medical and surgical inventory items, medical gas and medical waste removal. The minimal increase in 2014/15 is due to the shifting of funds from *Goods and services* to *Compensation of employee* related to the proposed employment of food services staff, due to the decision to in-source this service.

Transfers and subsidies to: Provinces and municipalities relates to the payment of motor vehicle licences and fluctuates according to the size of the programme's fleet.

The amounts against *Transfers and subsidies to: Departmental agencies and accounts* relate to TV licences.

The increase in *Transfers and subsidies to: Non-profit institutions* in 2011/12 relates to the impact of the 2010 and 2011 wage agreements. The substantial reduction in 2013/14 was the result of the reassessment of all the department's non-profit institutions. The amounts allocated in the 2014/15 MTEF provide for inflationary increases only.

The high 2010/11 spending against *Transfers and subsidies to: Households* relates to a number of medico-legal claims. The increase in the 2013/14 Adjusted Appropriation provides for increased staff exit costs and medico-legal claims, with a significant peak in once-off spending expected in the Revised Estimate. There is no provision for medico-legal claims in the 2014/15 MTEF due to budget cuts, hence the drop in 2014/15 and minimal growth thereafter. This will be reviewed in-year as medico-legal costs arise.

The significant increase in 2011/12 against *Machinery and equipment* relates mainly to a once-off drive to replace all the redundant essential medical equipment in all facilities. The decrease in 2012/13 is partly

due to this once-off spending, as well as to the delay in the delivery of replacement essential medical equipment ordered for provincial hospitals. This equipment was ordered in 2012/13 but only delivered in 2013/14 and contributes to the significant growth in 2013/14. Additional funding is provided over the 2014/15 MTEF for the replacement of redundant essential medical equipment under this programme, and increases are matched to identified cyclical replacement needs.

Service delivery measures – Programme 4: Provincial Hospital Services

Table 7.27 below illustrates the main service delivery measures pertaining to Programme 4. The measures comply fully with the customised measures of the health sector.

Also to be noted is that a number of measures are new and the department is still establishing baselines before targets can be set and these are indicated by “Establish baseline”, and no targets set for the MTEF, at this stage. Where a baseline has been established, the indicator is marked as “New” with targets set from 2014/15.

Table 7.27 : Service delivery measures – Programme 4: Provincial Hospital Services

Table 7.27 : Service delivery measures – Programme 4: Provincial Hospital Services					
Outputs	Performance indicators	Estimated performance	Medium-term targets		
		2013/14	2014/15	2015/16	2016/17
General (Regional) Hospitals					
Rendering of hospital services at a general specialist level and a platform for training of health workers and research	• Average length of stay	6.1 Days	5.3 Days	5.3 Days	5.2 Days
	• Inpatient Bed utilisation rate	86.5%	76.5%	78.6%	80.6%
	• Expenditure per patient day equivalent (PDE)	R2 230	R2 254	R2 348	R2 419
	• Complaint resolution within 25 working days rate	61.9%	70%	75%	80%
	• Mental health admission rate	1.2%	1.4%	1.4%	1.3%
	• Percentage of hospitals that have conducted gap assessments for compliance against National Core Standards	New	100%	100%	100%
	• Proportion of hospitals assessed as compliant with the extreme measures of National Core Standards	New	Establish baseline	-	-
	• Patient satisfaction rate	75%	80%	85%	90%
Specialised Hospitals					
Rendering of hospital services at a specialist level including TB, psychiatric, oral and dental, step-down and chronic	• Inpatient Bed utilisation rate	63.8%	64.1%	64.7%	65.4%
	• Expenditure per patient day equivalent (PDE)	R 1 293	R 1 217	R 1 345	R 1 450
	• Complaint resolution within 25 working days rate	New	65%	73%	82%
	• Mental health admission rate	1.3%	2.8%	2.7%	2.7%
	• Percentage of hospitals that conducted gap assessments for compliance against the National Core Standards	New	100%	100%	100%
	• Proportion of hospitals assessed as compliant with the extreme measures of National Core Standards	New	22%	44%	61%
	• Patient satisfaction rate	New	Establish Baseline	-	-

6.5 Programme 5: Central Hospital Services

The main purpose of Programme 5: Central Hospital Services is to provide tertiary health services and to create a platform for the training of health workers.

Tables 7.28 and 7.29 below summarise payments and budgeted estimates relating to this programme.

Table 7.28 : Summary of payments and estimates by sub-programme: Central Hospital Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
1. Central Hospital Services	689 717	758 623	873 086	834 199	840 499	889 796	888 645	932 870	982 312
2. Provincial Tertiary Hospital Services	1 413 665	1 754 031	1 889 885	2 087 926	2 111 480	2 063 172	2 190 747	2 357 557	2 482 508
Total	2 103 382	2 512 654	2 762 971	2 922 125	2 951 979	2 952 968	3 079 392	3 290 427	3 464 820

Table 7.29 : Summary of payments and estimates by economic classification: Central Hospital Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	2 083 951	2 504 543	2 752 833	2 898 365	2 920 217	2 920 035	3 053 388	3 241 331	3 413 122
Compensation of employees	942 537	1 154 360	1 383 329	1 515 000	1 533 000	1 530 744	1 619 167	1 716 839	1 807 831
Goods and services	1 141 414	1 350 183	1 369 504	1 383 365	1 387 217	1 389 291	1 434 221	1 524 492	1 605 290
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	7 817	2 257	2 773	2 760	4 762	4 524	5 004	5 096	5 366
Provinces and municipalities	6	4	9	10	12	16	4	4	4
Departmental agencies and accounts	-	-	-	-	-	52	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	7 811	2 253	2 764	2 750	4 750	4 456	5 000	5 092	5 362
Payments for capital assets	11 559	5 854	7 365	21 000	27 000	28 409	21 000	44 000	46 332
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	11 559	5 854	7 365	21 000	27 000	28 409	21 000	44 000	46 332
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	55	-	-	-	-	-	-	-	-
Total	2 103 382	2 512 654	2 762 971	2 922 125	2 951 979	2 952 968	3 079 392	3 290 427	3 464 820

The positive trend over the entire period is due to the increasing demand for tertiary and central hospital services, as well as the various OSDs and annual wage agreements, and related carry-through costs. The significant increase in 2011/12 relates mainly to the high inflation rate on medicines, medical supplies and service costs, the Rand/Dollar exchange rate, as well as increased costs of blood products and increased stock levels of medical supplies to meet the increasing demand of services. The 2011/12 expenditure also included the capacity building national priority (originally allocated in the 2009/10 MTEF to commence in 2011/12), and additional funding provided in 2011/12 for the previously mentioned national priorities. The 2014/15 MTEF includes the carry-through costs of wage agreements, OSDs, and national priorities.

The high trend in *Compensation of employees* includes the various wage agreements and OSDs, with carry-through costs. The increase in 2011/12 was also due to funding for the improvement of general health capacity, as well as the previously mentioned national priorities. The increase in 2012/13 provided for the higher than expected 2012 wage agreement and the reclassification of Grey's Hospital as a tertiary hospital, as indicated in Government Gazette No. 35101. The 2014/15 MTEF comprises carry-through costs for previous wage agreements, national priorities and increases in the National Tertiary Services grant.

The notable increase in *Goods and services* in 2011/12 was mainly due to the high inflation rate on medical supplies, medicines and medical services, the Rand/Dollar exchange rate, increased costs of blood products, as well as increased stock levels of medical supplies to meet the increasing demand for services. The 2011/12 expenditure also included funding for the previously mentioned national priorities. In the 2012/13 audit report, the ruling by the A-G was that all equipment expenditure incurred against the PPP agreement for IALCH should be paid from current expenditure. Funding was therefore shifted from *Machinery and equipment* to this category and the historical figures were adjusted accordingly for comparative purpose. The lower trends in 2012/13 and 2013/14 are attributed to efficiency gains from high cost drivers such as medicines, medical supplies and blood products. The 2013/14 Adjusted Appropriation provided for the roll-over from 2012/13 of committed NHI grant funding. Growth over the 2014/15 MTEF caters for inflation only.

Transfers and subsidies to: Provinces and municipalities relates to the payment of motor vehicle licences and fluctuates according to the size of the programme's fleet.

The high expenditure against *Transfers and subsidies to: Households* in 2010/11 relates to medico-legal claims against the department, while the increase in the 2013/14 Adjusted Appropriation relates to higher than expected staff exit costs.

The significant decrease against *Machinery and equipment* in 2011/12 relates mainly to delays in tender processes in respect of the supply of essential cardiology equipment for Grey's Hospital. The 2012/13 expenditure was adjusted to give effect to the A-G's ruling regarding the PPP, as mentioned above. However, this was mitigated by the replacement of critical medical equipment at Grey's following the decision to decentralise the procurement of this equipment from Programme 8. The increase in the 2013/14 Adjusted Appropriation was for critical medical equipment ordered in 2012/13, but only delivered in 2013/14. The increase in 2015/16 and 2016/17 is a provision for the planned replacement and modernisation of tertiary services critical major medical equipment.

Service delivery measures – Programme 5: Central Hospital Services

Table 7.30 illustrates service delivery measures pertaining to Programme 5: Central Hospital Services. The measures comply fully with the customised measures of the health sector. Where an indicator is newly introduced and baseline has been established, the indicator is marked as “New” with targets set from 2014/15.

Table 7.30 : Service delivery measures – Programme 5: Central Hospital Services

Table 7.50 : Service delivery measures – Programme 3: Central Hospital Services					
Outputs	Performance indicators	Estimated performance	Medium-term targets		
		2013/14	2014/15	2015/16	2016/17
1. Tertiary Hospitals					
To provide tertiary health services and create a platform for the training of health workers	• Average length of stay	10.4 Days	9.3 Days	8.7 Days	8.2 Days
	• Inpatient bed utilisation rate	106%	75%	75%	75%
	• Expenditure per patient day equivalent (PDE)	R4 815	R4 803	R5 043	R5 012
	• Complaints resolution within 25 working days rate	76.3%	90%	90%	90%
	• Mental health admission rate	3.4%	1.6%	1.6%	1.5%
	• Percentage of hospitals that have conducted gap assessments for compliance against the National Core Standards	New	100%	100%	100%
	• Proportion of hospitals assessed as compliant with the extreme measures of National Core Standards	New	0%	50%	100%
	• Patient satisfaction rate	80%	90%	90%	90%
2. Central Hospitals					
Rendering of a highly specialised medical health and quaternary service on a national basis and a platform for the training of health workers and research	• Average length of stay	8.6 Days	7.8 Days	7.5 Days	7.2 Days
	• Inpatient Bed utilisation rate	71.8%	71.9%	72.8%	73.6%
	• Expenditure per patient day equivalent (PDE)	R2 948	R3 003	R3 201	R3 272
	• Complaints resolution within 25 working days rate	80%	85%	90%	90%
	• Mental health admission rate	0%	0%	0%	0%
	• Percentage of hospitals that have conducted gap assessments for compliance against the National Core Standards	New	100%	100%	100%
	• Proportion of hospitals assessed as compliant with the extreme measures of National Core Standards	New	50%	50%	100%
	• Patient satisfaction rate	80%	90%	90%	95%

6.6 Programme 6: Health Sciences and Training

The purpose of this programme is to render training and development opportunities for actual and potential employees of the department. The five sub-programmes have the following main aims:

- To provide for training of nurses at under-graduate and post-basic level.
- To provide training of rescue and ambulance personnel.
- To provide PHC related training for personnel.
- To provide skills development interventions for all occupational categories in the department.
- To provide bursaries for health science training at undergraduate and post-graduate levels.

Tables 7.31 and 7.32 summarise information relating to Programme 6 for the period 2010/11 to 2016/17.

Table 7.31 : Summary of payments and estimates by sub-programme: Health Sciences and Training

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
1. Nursing Training Colleges	367 268	355 905	334 032	348 035	309 027	298 351	302 768	321 743	338 795
2. EMS Training Colleges	14 118	11 417	10 904	12 453	5 481	5 401	7 570	7 983	8 406
3. Bursaries	54 272	64 433	82 997	138 000	206 004	213 507	216 950	219 560	231 197
4. Primary Health Care Training	73 061	58 922	54 574	57 912	49 912	47 795	52 172	55 563	58 508
5. Training Other	323 560	369 780	419 461	435 846	451 846	447 698	471 940	500 004	526 504
Total	832 279	860 457	901 968	992 246	1 022 270	1 012 752	1 051 400	1 104 853	1 163 410

Table 7.32 : Summary of payments and estimates by economic classification: Health Sciences and Training

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	763 205	776 485	804 266	839 509	803 509	795 346	824 702	874 210	920 543
Compensation of employees	717 464	720 257	746 254	763 333	740 333	740 733	766 143	812 351	855 406
Goods and services	45 741	56 228	58 012	76 176	63 176	54 613	58 559	61 859	65 138
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	68 625	83 361	96 138	146 737	214 761	216 231	220 698	224 043	235 917
Provinces and municipalities	25	26	33	22	42	49	48	53	56
Departmental agencies and accounts	7 637	8 588	10 119	11 315	11 315	11 315	13 000	14 000	14 742
Higher education institutions	-	-	57	-	-	470	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	8 510	14 298	15 130	-	-	-	-	-	-
Households	52 453	60 449	70 799	135 400	203 404	204 397	207 650	209 990	221 119
Payments for capital assets	427	610	1 564	6 000	4 000	1 175	6 000	6 600	6 950
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	427	610	1 564	6 000	4 000	1 175	6 000	6 600	6 950
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	22	1	-	-	-	-	-	-	-
Total	832 279	860 457	901 968	992 246	1 022 270	1 012 752	1 051 400	1 104 853	1 163 410

The increasing trend in this programme and *Compensation of employees* can largely be attributed to the various OSDs and wage agreements, the introduction of a compulsory two-year internship for medical doctors and the drive to increase the capacity of nursing personnel. Also contributing was a training drive, increased bursary allocation and provision for the intake of medical, dental, pharmaceutical, and other interns. The small increase in the programme in 2011/12, and the negative growth in the EMS Training Colleges sub-programme, was attributed to the college not being able to find a suitable venue and it was therefore not functional in that year. The increase in 2012/13 relates to the training of an additional 148 learners in basic life and support skills for emergency and medical rescue services, as well as the training of additional doctors under the Cuban Doctors' programme. This funding is evident in the trends in the EMS Training Colleges and Bursaries sub-programmes, respectively. The reduction in *Compensation of employees* in the 2013/14 Adjusted Appropriation is due to the movement of student nurses from the more expensive salary system to a system of stipends. Also contributing to the reduction was cost-cutting aimed at reducing training and travelling costs. The increase in *Transfers and subsidies to: Households* in the 2013/14 Adjusted Appropriation is attributed to the pressures in bursary payments related to the unbudgeted increase in student numbers on the Cuban Doctors' programme. The trends over the 2014/15 MTEF are for inflationary purposes only.

The increases in the sub-programme: Bursaries in 2011/12 and 2012/13 resulted from a decision that was taken to provide additional funding to this sub-programme to increase training of personnel in health related fields. The increase in the 2013/14 Adjusted Appropriation relates to the unbudgeted increase in student numbers on the Cuban Doctors' programme.

In the sub-programme: Training Other, the increase over the seven-year period is due to the extension of the medical internship period to two years and the OSD for doctors. The increase in 2011/12 is attributed

to the training of additional health personnel to address the current shortage in the department. Additional funding for this purpose is also provided in the 2014/15 MTEF, together with the carry-through costs of the various wage agreements.

The trend across the seven-year period shows a steady increase in *Compensation of employees* and includes carry-through costs for OSDs for medical personnel and wage agreements. The low growth in 2012/13 through to 2014/15 reflects the change in department's policy, with regard to nurses being paid by stipend and no longer on the more expensive permanent salary basis. The decision to discontinue certain nurse training programmes in light of budget cuts also contributed to this low growth in *Compensation of employees*. The decrease in the 2013/14 Adjusted Appropriation relates to the stipend payments for student nurses mentioned previously.

The fluctuating trend in *Goods and services* is attributed to the travelling costs related to the Cuban Doctors' programme, as well as the training of personnel in health related fields. The decrease in the 2013/14 Adjusted Appropriation was due to forced savings to address the previously mentioned bursary pressures related to the Cuban Doctors' programme. Growth over the 2014/15 MTEF addresses inflationary pressures only.

Transfers and subsidies to: Provinces and municipalities relates to the payment of motor vehicle licences and fluctuates according to the size of the programme's fleet. The high growth from 2013/14 is the provision for the licensing of the planned purchase of additional vehicles under this programme.

The category *Transfers and subsidies to: Departmental agencies and accounts* shows strong growth from 2011/12 through to 2013/14, which is ascribed to the HWSETA levy, which is in line with the growth in *Compensation of employees*.

The increase in the expenditure against *Transfers and subsidies to: Non-profit institutions* in 2011/12 results from the decision to pay OSD related costs, as well as a departmental commitment to provide funding to allow NGOs to increase their medical salaries in line with the province. The ceasing of funding from 2013/14 is attributed to the provincialisation of McCord Hospital during 2013/14.

The significant increase in *Transfers and subsidies to: Households* over the entire period relates to the department's decision to implement intensive training programmes through bursaries in order to address the shortage of personnel in the health fields, including the previously mentioned Cuban Doctors' programme. The low growth in 2014/15 is due to the decision to no longer expand the bursary programme due to budget pressures.

The increase against *Machinery and equipment* from 2011/12 to 2013/14 relates to provision of additional equipment at the various training campuses. The reduced amount in the 2013/14 Adjusted Appropriation relates to funding moved to the service delivery programmes, to address pressures in these programmes. The budget over the 2014/15 MTEF seeks to address shortages that have arisen in the past and grows marginally from a relatively high base in 2014/15.

The expenditure against *Payments for financial assets* relates to the write-off of losses.

Service delivery measures – Programme 6: Health Sciences and Training

Table 7.33 below illustrates service delivery pertaining to Programme 6.

Note that, with regard to the measure *Intake of nurse students*, the department can only project to a certain point, as the college will need to get accreditation for training provided. This target is therefore based on the last intake of nurses if the college does not receive accreditation as an institute of higher learning before 2013.

Also to be noted is that one measure is new and the department is still establishing a baseline before a target can be set and this is indicated by "Establish baseline", and no target set for the MTEF, at this stage.

Table 7.33 : Service delivery measures – Programme 6: Health Sciences and Training

Outputs	Performance indicators	Estimated performance	Medium-term targets			
		2013/14	2014/15	2015/16	2016/17	
1. Nursing Training Colleges						
Training of nurses at under-graduate, and post-basic level. Target group includes actual and potential employees	• Basic professional nurse students graduating	2 303	1 400	1 400	1 400	
2. Bursaries						
Provision of bursaries for health science training programmes at undergraduate and postgraduate levels. Target group includes actual and potential employees	• Proportion of bursary holders permanently employed	New	Establish baseline	-	-	

6.7 Programme 7: Health Care Support Services

The aim of this programme is to house a number of centralised services including:

- The provincial Medical Supply Centre, which manages the supply of pharmaceuticals and medical sundries to hospitals, community health centres, clinics and local authorities, via the Medicine Trading Account.
- Provision of laundry services to hospitals, care and rehabilitation centres and certain local authorities.
- Provision of specialised orthotic and prosthetic services to hospitals and clinics.

Tables 7.34 and 7.35 below summarise the payments and estimates relating to this programme for the period 2010/11 to 2016/17.

Table 7.34 : Summary of payments and estimates by sub-programme: Health Care Support Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
1. Medicine Trading Account	10 764	13 971	15 170	16 004	-	-	-	-	18 900
2. Laundry Services	77 550	85 054	90 172	102 246	98 196	96 516	104 578	106 978	112 648
3. Orthotic and Prosthetic Services	23 442	26 005	25 336	25 036	25 197	25 742	36 381	38 558	40 602
Total	111 756	125 030	130 678	143 286	123 393	122 258	140 959	145 536	172 149

Table 7.35 : Summary of payments and estimates by economic classification: Health Care Support Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	100 327	110 448	112 663	126 157	116 157	115 039	132 685	143 673	151 288
Compensation of employees	69 843	75 511	78 745	92 285	82 285	81 135	89 900	99 136	104 503
Goods and services	30 484	34 937	33 918	33 872	33 872	33 904	42 785	44 537	46 785
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	11 376	14 545	16 630	16 527	1 571	1 602	674	708	19 646
Provinces and municipalities	152	62	137	79	127	159	124	130	137
Departmental agencies and accounts	11 224	14 483	15 170	16 448	444	444	-	-	18 900
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	1 323	-	1 000	999	550	578	609
Payments for capital assets	40	35	1 385	602	5 665	5 617	7 600	1 155	1 216
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	40	35	1 385	602	5 665	5 617	7 600	1 155	1 216
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	13	2	-	-	-	-	-	-	-
Total	111 756	125 030	130 678	143 286	123 393	122 258	140 959	145 536	172 149

Note that from 2013/14, the department has centralised within Programme 7, the Laundry Services and the Orthotic and Prosthetic Services as separate sub-programmes, which is in line with the budget and programme structure for the Health sector. These functions were previously spread over Programmes 2, 4 and 5. Historical data has been adjusted accordingly.

The high growth against the Medicine Trading Account sub-programme in 2011/12 results from the additional funding that was required to enable the provincial Medical Supply Centre to carry sufficient medical stock to meet demand. The reduction in the 2013/14 Adjusted Appropriation was due to the account having sufficient funding for the supply of pharmaceuticals and medical sundries, with no top-up needed. This situation is carried through to 2015/16, but will be reviewed in-year for the next budget process. This also accounts for the trend against *Transfers and subsidies to: Departmental agencies and accounts*.

The notable increase in 2014/15 against the Laundry Services sub-programme is due to the additional laundry linen and laundry vehicles for the commissioning of the Prince Mshiyeni Laundry.

Compensation of employees grows steadily over the seven-year period, driven mainly by the various higher than expected wage agreements. During the 2013/14 EPRE budget process, the eThekweni Forensic Pathology Laboratory Services funding of R10 million was misallocated as *Compensation of employees* in the Laundry Services sub-programme, and this funding was now shifted to Programme 2 against the Other Community Services sub-programme, hence the reduction in the 2013/14 Adjusted Appropriation.

Goods and services also grows steadily over the entire period, and provision has been made for inflationary increases only over the 2014/15 MTEF.

Transfers and subsidies to: Provinces and municipalities relates to the costs of motor vehicle licences.

Expenditure against *Machinery and equipment* relates to office equipment and laundry vehicles for the programme. The increase in the 2013/14 Adjusted Appropriation relates to savings within the category in Programme 2 being moved to this programme, to provide for the procurement of 10 laundry vehicles, as the existing vehicles are beyond economical repair. The department is planning once-off purchase of special/modified laundry vehicles in 2014/15, hence the drop in 2015/16 and an inflationary increase in 2016/17.

6.8 Programme 8: Health Facilities Management

Programme 8: Health Facilities Management consists of six sub-programmes, the main aim of which is the facilities management of community health clinics, community health centres, district hospitals, emergency medical services facilities, provincial hospitals, central and tertiary hospitals, as well as all other buildings and structures.

The main activities of the programme are to provide new health facilities, and rehabilitate, upgrade and maintain existing facilities. This includes the provision of additional primary health care facilities, to ensure improved access to health services in under-served areas of the province, as well as the provision of major medical equipment.

Tables 7.36 and 7.37 below summarise payments and estimates relating to Programme 8.

Table 7.36 : Summary of payments and estimates by sub-programme: Health Facilities Management

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
1. Community Health Facilities	347 565	426 102	562 070	162 723	559 509	575 760	266 614	110 478	42 249
2. District Hospital Services	424 314	720 786	651 614	519 777	769 143	664 852	461 884	228 268	17 463
3. Emergency Medical Services	428	3 285	5 377	9 679	1 010	1 066	1 737	1 737	1 737
4. Provincial Hospital Services	204 691	531 961	812 898	514 276	355 636	436 920	607 395	742 939	129 497
5. Central Hospital Services	11 982	4 720	28 598	25 281	12 824	17 731	12 230	33 961	6 331
6. Other Facilities	98 267	208 145	313 041	404 867	246 745	248 538	129 497	170 088	90 525
Total	1 087 247	1 894 999	2 373 597	1 636 603	1 944 867	1 944 867	1 479 357	1 287 471	287 802

Table 7.37 : Summary of payments and estimates by economic classification: Health Facilities Management

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	258 169	522 372	463 510	472 871	354 283	356 194	169 774	207 468	233 071
Compensation of employees	5 037	12 736	21 998	14 628	25 853	25 181	7 581	5 000	5 000
Goods and services	253 132	509 636	441 511	458 243	328 430	331 013	162 193	202 468	228 071
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	-	10 783	20 000	20 000	20 000	20 022	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	10 000	20 000	20 000	20 000	20 022	-	-	-
Households	-	783	-	-	-	-	-	-	-
Payments for capital assets	829 078	1 361 844	1 890 088	1 143 732	1 570 584	1 568 651	1 309 583	1 080 003	54 731
Buildings and other fixed structures	778 730	1 048 172	1 662 936	864 152	1 425 231	1 429 298	1 249 773	1 076 903	54 731
Machinery and equipment	49 550	287 217	227 152	279 580	145 353	139 353	59 810	3 100	-
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	798	26 455	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	1 087 247	1 894 999	2 373 597	1 636 603	1 944 867	1 944 867	1 479 357	1 287 471	287 802

The increasing trend from 2010/11 to 2012/13 is largely the result of a drive to improve and maintain the infrastructure of the department and is also related to increasing conditional grant funding, especially the Health Facility Revitalisation grant, as well as the department's equitable share. The declining trend in the two outer years of the 2014/15 MTEF (and 2016/17 in particular) in all sub-programmes and in *Buildings and other fixed structures*, as well as *Machinery and equipment* relates to the previously mentioned decrease to zero of the Health Facility Revitalisation grant in 2016/17.

The increase in *Compensation of employees* shown from 2011/12 to 2013/14 is due to the implementation of the EPWP Integrated Grant for Provinces, which utilises local people to maintain grounds and clean buildings. The decrease from 2014/15 onward is due to the low level of funding from the grant in 2014/15. However, the programme is continuing and thus funds will be made available in-year for this.

The day-to-day maintenance drive accounts for the substantial increase against *Goods and services* in 2011/12 and is an effort to bring facilities up to standard for the roll-out of the NHI. The reduction in *Goods and services* in 2012/13 is as a result of the hired/leased properties being paid under capital projects, and this has been reversed in 2013/14. The reduction in the 2013/14 Adjusted Appropriation is due to the provincial tenders not being in place, poor performing contractors were also reported by some districts and lack of capacity at some institutions in carrying out the maintenance functions. The savings were moved mainly to *Buildings and other fixed structures* to address the previously mentioned pressures. The level of funding for maintenance decreases over the 2014/15 MTEF due to the previously mentioned census-based baseline budget cuts initiated in 2013/14, as well as the reduction to zero of the Health Facility Revitalisation grant.

Contributing to the increase in the overall baseline in 2011/12 was the improvement in performance of Ithala and IDT in the delivery of CHCs and nursing accommodation projects. Expenditure in 2011/12 also included an additional R63.953 million rolled over from 2009/10 in respect of the Health Facility Revitalisation grant.

In 2012/13, the Health Facility Revitalisation grant received additional funding of R200 million for in-year pressures. In addition, R185.963 million was allocated from provincial cash resources due to acceleration in infrastructure projects, including pressures in the supply of laundry and essential health technology equipment and R6.250 million for the upgrade of the PABX communication system.

Some additional funding was provided in 2013/14 for the refurbishment of nurses training colleges provided in the Health Facility Revitalisation grant, as well as additional funding allocated under *Current*

payments to enable the department to address capacity issues in order to provide better support to infrastructure management.

In the 2013/14 Adjusted Appropriation, the Health Facility Revitalisation grant received an additional R110 million funding, and R200 million of equitable share funding was allocated due to the acceleration of infrastructure projects which include three CHCs, the Regional Laundry in eThekweni and clinics in Umlalazi, Msinga, Mthonjaneni and Jozini.

With regard to *Transfers and subsidies to: Non-profit institutions*, the department transferred R10 million in 2011/12 and R20 million in 2012/13, and will transfer a further R20 million in 2013/14 to the KZN Children's Hospital Trust for the development and refurbishment of the KZN Children's Hospital in the eThekweni Metro.

The high growth against *Machinery and equipment* in 2011/12 was due to once-off payments for essential medical equipment, needed to meet the requirements of the NHI. The negative growth in 2012/13 can mainly be attributed to reprioritisation undertaken, as the funding was required for the committed and contracted capital projects which were already in the construction phase.

The trend against *Land and subsoil assets* is driven by the purchase of land during the construction phase of the projects. In 2010/11, there was a purchase of land for the continuation of the Health Facility Revitalisation grant project at the LUWM Hospital, where extra accommodation was provided for a paediatric ICU and High Care Unit. In 2011/12, the department was obliged to purchase additional land for the Dr Pixley ka Seme Hospital due to its status having been change from a district hospital to a regional hospital, as well as the purchase of the Richmond Chest Hospital.

Service delivery measures – Programme 8: Health Facilities Management

Table 7.38 below illustrates service delivery pertaining to Programme 8. Note that these are new measures promulgated by the sector from 2014/15. Where a new indicator has been introduced and a baseline has been established, the indicator is marked as “New” with targets set from 2014/15.

Table 7.38 : Service delivery measures – Programme 8: Health Facilities Management

Table 1.00: Service delivery measures – Programme 8: Health Facilities Management						
Outputs	Performance indicators	Estimated performance	Medium-term targets			
		2013/14	2014/15	2015/16	2016/17	
1. Health Facilities Management						
Provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities	• Proportion of programme 8 budget spent on maintenance (preventative and scheduled)	New	11%	11%	11%	
	• No. of districts spending more than 90% of maintenance budget	New	11	11	11	11

7. Other programme information

7.1 Personnel numbers and costs

Tables 7.39 and 7.40 reflect personnel information for the Department of Health. The following personnel are not included in the information provided as they are not paid from the department's voted funds:

- Personnel working at the Provincial Pharmacy Supply Depot, who are paid from the Medicine Trading Account.
- Staff occupying sub-vented (shared costs) posts and whose salaries are claimed from the University of KwaZulu-Natal.

The high staff numbers in 2010/11 is largely due to the department placing student nurses and CCGs on the payroll. Although the numbers have increased significantly, the cost to the department for CCGs has

not increased, as the affected staff were paid *via* transfers to NGOs previously. In the case of student nurses, the costs are lower as they now receive a stipend, instead of a full salary. Also affecting the upward trend from 2011/12 was the restructuring of the department, with the focus placed on the less expensive and more efficient primary health care services. This has required the employment of additional professional staff, as well as community health workers.

Table 7.39 : Personnel numbers and costs by programme

Personnel numbers	As at 31 March 2011	As at 31 March 2012	As at 31 March 2013	As at 31 March 2014	As at 31 March 2015	As at 31 March 2016	As at 31 March 2017
1. Administration	680	731	781	779	793	814	814
2. District Health Services	47 376	43 224	41 895	45 237	46 595	46 545	46 545
3. Emergency Medical Services	2 914	3 228	3 168	3 241	3 541	3 541	3 541
4. Provincial Hospital Services	20 410	21 200	22 099	22 338	22 541	22 541	22 541
5. Central Hospital Services	3 514	4 125	4 507	4 475	4 495	4 563	4 563
6. Health Sciences and Training	4 447	4 613	4 212	4 159	3 340	3 077	3 077
7. Health Care Support Services	499	497	499	495	577	597	597
8. Health Facilities Management	19	9	565	882	141	9	9
Total	79 859	77 627	77 726	81 606	82 023	81 687	81 687
Total personnel cost (R thousand)	12 935 381	15 118 307	16 886 345	18 676 690	20 188 402	21 700 138	22 919 325
Unit cost (R thousand)	162	195	217	229	246	266	281

Table 7.40 : Summary of departmental personnel numbers and costs by component

	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Total for the department									
Personnel numbers (head count)	79 859	77 627	77 726	81 945	81 606	81 606	82 023	81 687	81 687
Personnel cost (R thousands)	12 935 381	15 118 307	16 886 345	18 355 557	18 652 036	18 676 690	20 188 402	21 700 138	22 919 325
Human resources component									
Personnel numbers (head count)	1 126	1 074	1 138	1 268	1 268	1 268	1 268	1 268	1 268
Personnel cost (R thousands)	204 439	205 109	22 598	232 678	312 595	312 595	332 601	353 887	376 181
Head count as % of total for department	1.41	1.38	1.46	1.55	1.55	1.55	1.55	1.55	1.55
Personnel cost as % of total for department	1.58	1.36	0.13	1.27	1.68	1.67	1.65	1.63	1.64
Finance component									
Personnel numbers (head count)	3 042	3 547	2 702	3 014	3 014	3 014	3 014	3 014	3 014
Personnel cost (R thousands)	441 262	421 121	442 681	448 914	547 493	547 493	582 532	619 814	658 862
Head count as % of total for department	3.81	4.57	3.48	3.68	3.69	3.69	3.67	3.69	3.69
Personnel cost as % of total for department	3.41	2.79	2.62	2.45	2.94	2.93	2.89	2.86	2.87
Full time workers									
Personnel numbers (head count)	75 331	73 096	73 250	77 226	80 242	80 242	80 659	80 323	80 323
Personnel cost (R thousands)	12 312 747	14 540 411	16 318 828	17 730 486	18 378 036	18 378 036	19 872 124	21 363 618	22 561 605
Head count as % of total for department	94.33	94.16	94.24	94.24	98.33	98.33	98.34	98.33	98.33
Personnel cost as % of total for department	95.19	96.18	96.64	96.59	98.53	98.40	98.43	98.45	98.44
Part-time workers									
Personnel numbers (head count)	774	798	902	827	825	825	825	825	825
Personnel cost (R thousands)	97 523	141 256	135 763	159 614	220 469	220 469	234 579	249 592	265 316
Head count as % of total for department	0.97	1.03	1.16	1.01	1.01	1.01	1.01	1.01	1.01
Personnel cost as % of total for department	0.75	0.93	0.80	0.87	1.18	1.18	1.16	1.15	1.16
Contract workers									
Personnel numbers (head count)	3 754	3 733	3 574	3 892	539	539	539	539	539
Personnel cost (R thousands)	525 111	436 639	431 754	465 457	76 785	76 785	81 699	86 928	92 404
Head count as % of total for department	4.70	4.81	4.60	4.75	0.66	0.66	0.66	0.66	0.66
Personnel cost as % of total for department	4.06	2.89	2.56	2.54	0.41	0.41	0.40	0.40	0.40

7.2 Training

Tables 7.41 and 7.42 reflect departmental expenditure on training, which is centralised under Programme 6: Health Sciences and Training. The department is required by the Skills Development Act to budget at least 1 per cent of its salary expenses on staff training, to cater for human resource development. As the percentage spent on training exceeds three per cent of the department's baseline, this requirement is fully achieved.

The costs reflected include the costs of staff and other running costs within Programme 6, hence the total cost is more than that reflected against *Training and development* in Annexure 7B. The training provided is for medical interns, nurses, emergency medical rescue and ambulance personnel and skills development for all occupational categories in the department. The department has several training programmes aimed at developing and retaining skills. These include training at Nursing Colleges, the Cuban Doctors' programme, as well as registrar training programmes in respect of specialist medical training. The most significant portion of the training costs within Programme 6 is for *Other*, and relates to the running costs of the various institutions (including *Compensation of employees* for training staff).

Table 7.41 : Payments on training by programme

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
1. Administration	-	-	-	-	-	-	-	-	-
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
2. District Health Services	-	-	-	-	-	-	-	-	-
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
3. Emergency Medical Services	-	-	-	-	-	-	-	-	-
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
4. Provincial Hospital Services	-	-	-	-	-	-	-	-	-
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
5. Central Hospital Services	-	-	-	-	-	-	-	-	-
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
6. Health Sciences and Training	832 279	860 457	901 968	992 246	1 022 270	1 012 752	1 051 400	1 104 853	1 163 410
Subsistence and travel	3 799	8 297	18 048	14 951	11 157	11 157	12 136	12 780	13 457
Payments on tuition	70 829	93 032	111 738	184 526	241 605	241 605	229 536	233 910	246 307
Other	757 651	759 128	772 182	792 769	769 508	759 990	809 728	858 163	903 646
7. Health Care Support Services	-	-	-	-	-	-	-	-	-
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
8. Health Facilities Management	-	-	-	-	-	-	-	-	-
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Total	832 279	860 457	901 968	992 246	1 022 270	1 012 752	1 051 400	1 104 853	1 163 410

Table 7.42 : Information on training: Health

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Number of staff	79 859	77 627	77 726	81 945	81 606	81 606	82 023	81 687	81 687
Number of personnel trained	11 242	13 703	24 950	24 974	24 974	24 974	24 825	22 925	24 300
of which									
Male	2 670	3 850	6 904	6 928	6 928	6 928	6 764	6 419	6 804
Female	8 572	9 853	18 046	18 046	18 046	18 046	18 061	16 506	17 496
Number of training opportunities	12 107	12 150	12 410	13 155	13 155	13 155	13 943	13 943	14 778
of which									
Tertiary	1 618	1 600	1 700	1 802	1 802	1 802	1 910	1 910	2 024
Workshops	523	500	550	583	583	583	618	618	655
Seminars	22	50	60	64	64	64	67	67	71
Other	9 944	10 000	10 100	10 706	10 706	10 706	11 348	11 348	12 028
Number of bursaries offered	877	1 103	897	1 487	1 487	1 487	1 900	2 000	2 100
Number of interns appointed	314	380	500	500	500	183	500	500	600
Number of learnerships appointed	40	250	250	250	250	250	250	250	250
Number of days spent on training	-	-	-	-	-	-	-	-	-

ANNEXURE – VOTE 7: HEALTH

Table 7.A : Details of departmental receipts: Health

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Tax receipts	-	-	-	-	-	-	-	-	-
Casino taxes	-	-	-	-	-	-	-	-	-
Horse racing taxes	-	-	-	-	-	-	-	-	-
Liquor licences	-	-	-	-	-	-	-	-	-
Motor vehicle licences	-	-	-	-	-	-	-	-	-
Sale of goods and services other than capital assets	164 198	196 395	207 758	217 666	217 666	219 090	220 512	231 538	243 810
Sale of goods and services produced by dept. (excl. capital assets)	163 929	195 657	207 520	216 856	216 856	218 576	219 702	230 728	242 957
Sales by market establishments	17 791	16 492	23 858	13 924	13 924	14 467	22 005	23 185	24 414
Administrative fees	3 337	3 028	169	783	783	1 125	783	783	824
Other sales	142 801	176 137	183 493	202 149	202 149	202 984	196 914	206 760	217 718
Of which									
Health patient fees	89 382	100 665	114 720	127 255	127 255	126 939	120 319	126 335	133 031
Reimbursement of goods issued	30	25	-	-	-	22	-	-	-
Services rendered	51 986	64 728	56 763	61 710	61 710	61 710	63 667	66 845	70 388
Special events: Ambulance services	693	9 983	11 010	12 129	12 129	12 129	11 815	12 406	13 064
Sale of scrap, waste, arms and other used current goods (excl. capital assets)	269	738	238	810	810	514	810	810	853
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	2 449	17	12	21	21	27	21	21	22
Interest, dividends and rent on land	816	366	140	217	217	264	217	217	229
Interest	816	366	140	217	217	264	217	217	229
Dividends	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Sales of capital assets	7 231	-	17 929	12 000	12 000	3 830	10 000	10 000	10 530
Land and sub-soil assets	7 231	-	17 929	12 000	12 000	3 830	10 000	10 000	10 530
Other capital assets	-	-	-	-	-	-	-	-	-
Transactions in financial assets and liabilities	16 527	11 220	12 650	13 577	13 577	18 033	15 411	16 182	17 040
Total	191 221	207 998	238 489	243 481	243 481	241 244	246 161	257 958	271 630

Table 7.B : Payments and estimates by economic classification: Health

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	19 186 343	22 374 653	24 746 845	26 585 714	26 553 971	26 855 393	28 624 542	30 769 781	32 650 686
Compensation of employees	12 935 381	15 118 307	16 886 345	18 355 557	18 652 036	18 676 690	20 188 402	21 700 138	22 919 325
Salaries and wages	11 232 137	13 137 130	14 687 243	15 987 344	16 255 091	16 264 044	17 591 149	18 875 230	19 983 939
Social contributions	1 703 244	1 981 177	2 199 102	2 368 213	2 396 945	2 412 646	2 597 253	2 824 908	2 935 386
Goods and services	6 250 962	7 256 326	7 860 500	8 230 157	7 901 830	8 178 583	8 436 140	9 069 643	9 731 361
Administrative fees	67	28	32	38	37	29	32	34	36
Advertising	8 877	11 982	12 940	9 476	13 192	13 684	25 561	26 938	11 216
Assets less than the capitalisation threshold	36 373	69 826	68 901	74 852	66 126	64 068	100 132	104 550	100 969
Audit cost: External	30 915	9 257	9 315	42 755	5 730	65 992	13 000	13 650	14 373
Bursaries: Employees	1 033	1 877	151	2 000	1 546	1 395	2 350	2 465	2 596
Catering: Departmental activities	2 056	4 929	2 314	3 682	2 329	2 492	8 111	8 586	3 472
Communication (G&S)	82 047	83 607	90 818	95 423	92 923	92 509	112 863	108 020	116 985
Computer services	80 192	164 578	152 689	153 089	139 920	173 415	133 765	96 801	98 275
Cons & prof serv: Business and advisory services	15 247	43 016	53 502	14 347	72 029	26 386	25 600	19 888	20 942
Cons & prof serv: Infras and planning	8 668	4 912	72	4 753	-	-	-	-	-
Cons & prof serv: Laboratory services	408 246	566 011	539 752	612 000	610 260	595 074	706 562	716 998	816 906
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	4 267	5 037	7 321	3 629	3 292	5 590	3 891	4 107	4 325
Contractors	220 537	240 942	175 450	124 308	140 052	139 092	111 633	116 486	140 563
Agency and support / outsourced services	875 676	943 067	929 848	966 697	964 462	957 296	833 839	894 106	933 441
Entertainment	3	62	33	24	13	5	520	116	122
Fleet services (incl. govt motor transport)	108 746	126 562	205 900	20 877	206 430	191 804	260 374	274 759	288 863
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	10 464	10 511	1 902	1 908	1 896
Inventory: Farming supplies	-	-	-	-	7	8	-	-	-
Inventory: Food and food supplies	123 636	126 371	101 721	119 814	118 874	119 751	194 796	203 613	214 404
Inventory: Fuel, oil and gas	141 302	171 538	200 656	397 398	181 956	221 117	158 444	171 761	181 342
Inventory: Learner and teacher support material	-	-	-	-	217	114	1 010	1 111	1 170
Inventory: Materials and supplies	48 403	6 269	27 361	8 149	1 319	1 822	7	7	1 784
Inventory: Medical supplies	918 512	1 203 372	1 283 784	1 254 770	1 261 527	1 271 906	1 332 450	1 463 579	1 419 575
Inventory: Medicine	1 853 822	1 864 528	2 317 378	2 520 395	2 396 787	2 601 042	2 731 810	3 049 074	3 489 928
Medias inventory interface	-	-	-	-	6	6	-	-	-
Inventory: Other supplies	-	-	-	-	303	350	1 500	1 558	1 641
Consumable supplies	230 709	208 012	214 645	227 283	190 650	194 104	199 929	211 983	225 540
Consumable: Stationery, printing and office supplies	43 989	51 454	52 930	59 237	30 324	30 788	54 781	57 706	58 443
Operating leases	96 543	43 400	109 010	46 337	113 971	107 991	116 150	114 590	116 944
Property payments	668 325	1 054 893	1 085 911	1 240 053	1 081 439	1 098 679	1 087 027	1 177 540	1 239 560
Transport provided: Departmental activity	30 360	35 270	21 840	27 411	51 678	54 934	57 971	60 462	60 551
Travel and subsistence	38 063	54 336	75 510	68 669	60 498	62 604	71 374	74 985	81 275
Training and development	29 646	29 605	45 043	57 834	34 978	31 526	42 108	43 735	41 294
Operating payments	87 463	60 067	73 729	73 770	46 284	39 838	44 143	45 912	40 828
Venues and facilities	1 443	5 544	1 944	1 087	1 759	2 068	2 505	2 615	2 102
Rental and hiring	55 796	65 974	-	-	448	593	-	-	-
Interest and rent on land	-	20	-	-	105	120	-	-	-
Interest	-	20	-	-	105	120	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	562 374	515 845	486 764	655 168	748 981	818 562	692 479	676 450	739 608
Provinces and municipalities	126 756	88 878	26 330	148 683	161 496	161 340	137 663	154 790	172 415
Provinces	2 868	2 838	3 437	5 183	5 183	5 027	5 063	5 390	5 620
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	2 868	2 838	3 437	5 183	5 183	5 027	5 063	5 390	5 620
Municipalities	123 888	86 040	22 893	143 500	156 313	156 313	132 600	149 400	166 795
Municipalities	123 888	86 040	22 893	143 500	156 313	156 313	132 600	149 400	166 795
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	18 942	23 249	25 351	27 851	11 847	11 862	13 069	14 097	33 744
Social security funds	460	512	-	444	444	444	-	-	-
Provide list of entities receiving transfers	18 482	22 737	25 351	27 407	11 403	11 418	13 069	14 097	33 744
Higher education institutions	-	-	57	-	-	470	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	289 009	273 487	277 586	274 168	252 168	279 243	250 647	212 110	224 022
Households	127 667	130 231	157 440	204 466	323 470	365 647	291 100	295 453	309 427
Social benefits	51 022	59 126	67 441	67 937	63 937	90 597	84 308	86 493	89 392
Other transfers to households	76 645	71 105	89 999	136 529	259 533	275 050	206 792	208 960	220 035
Payments for capital assets	980 640	1 900 011	2 156 923	1 406 995	1 838 385	1 834 546	1 597 175	1 435 348	431 466
Buildings and other fixed structures	778 749	1 048 172	1 662 936	864 152	1 425 231	1 429 376	1 249 773	1 076 903	54 731
Buildings	778 749	1 048 172	1 662 936	864 152	1 425 231	1 429 376	1 249 773	1 076 903	54 731
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	201 093	825 384	493 987	542 843	413 154	405 170	347 402	358 445	376 735
Transport equipment	61 691	227 852	112 017	108 600	102 880	101 792	109 498	114 266	115 634
Other machinery and equipment	139 402	597 532	381 970	434 243	310 274	303 378	237 904	244 179	261 101
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	798	26 455	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	5 629	609	1	-	7	7	-	-	-
Total	20 734 986	24 791 118	27 390 533	28 647 877	29 141 344	29 508 508	30 914 196	32 881 579	33 821 760

Table 7.C : Payments and estimates by economic classification: Administration

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	454 816	463 100	531 385	559 879	553 070	578 300	571 829	564 117	594 015
Compensation of employees	183 201	208 965	246 972	273 032	276 230	276 376	307 734	335 390	353 166
Salaries and wages	158 063	181 356	214 728	237 538	240 320	240 375	267 622	290 665	306 070
Social contributions	25 138	27 609	32 244	35 494	35 910	36 001	40 112	44 725	47 095
Goods and services	271 615	254 115	284 413	286 847	276 840	301 924	264 095	228 727	240 850
Administrative fees	27	1	3	5	-	-	1	1	1
Advertising	680	1 084	2 235	966	3 827	3 746	3 024	3 175	3 343
Assets less than the capitalisation threshold	791	204	2 239	1 245	289	321	2 520	2 646	2 786
Audit cost: External	18 609	1	-	31 453	-	53 446	13 000	13 650	14 373
Bursaries: Employees	-	-	24	-	3	3	100	105	111
Catering: Departmental activities	156	222	756	220	375	416	900	945	995
Communication (G&S)	5 130	3 210	7 143	6 888	5 381	3 944	13 820	6 111	6 435
Computer services	76 119	144 531	140 220	147 719	128 715	151 315	122 490	93 329	98 275
Cons & prof serv: Business and advisory services	13 663	34 500	40 204	12 903	61 547	15 704	21 000	19 228	20 247
Cons & prof serv: Infras and planning	-	-	-	-	-	-	-	-	-
Cons & prof serv: Laboratory services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	77	274	1 108	215	180	384	240	252	265
Contractors	49	341	185	195	112	68	30	32	34
Agency and support / outsourced services	2 447	4 069	4 577	4 357	4 920	6 111	6 100	4 305	4 533
Entertainment	3	11	6	1	1	3	110	116	122
Fleet services (incl. govt motor transport)	753	1 535	2 706	-	3 765	2 995	4 560	4 866	5 124
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	57	101	48	66	66	42	80	84	88
Inventory: Fuel, oil and gas	923	1 368	1 228	4 856	-	947	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	27	59	26	22	22	23	-	-	-
Inventory: Medical supplies	494	237	-	11	69	170	-	-	-
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	275	327	2 815	500	44	67	450	473	498
Consumable: Stationery, printing and office supplies	3 052	4 364	3 894	4 776	3 560	3 234	4 400	4 620	4 865
Operating leases	63 064	6 392	5 471	6 731	5 936	4 098	4 570	4 799	5 053
Property payments	21 838	25 049	33 139	34 502	32 317	30 913	42 200	44 310	46 658
Transport provided: Departmental activity	-	-	-	-	432	-	-	-	-
Travel and subsistence	13 038	16 312	22 714	19 823	17 782	19 951	22 100	23 205	24 435
Training and development	266	755	2 332	1 171	2 213	2 685	1 000	1 050	1 106
Operating payments	49 713	8 972	10 766	8 090	4 878	356	500	525	553
Venues and facilities	364	196	574	132	402	978	900	900	948
Rental and hiring	-	-	-	-	4	4	-	-	-
Interest and rent on land	-	20	-	-	-	-	-	-	-
Interest	-	20	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1 750	3 392	6 172	3 549	1 549	2 037	3 061	3 133	3 299
Provinces and municipalities	33	26	95	48	48	48	60	132	139
Provinces	33	26	95	48	48	48	60	132	139
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	33	26	95	48	48	48	60	132	139
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	1	-	1	1	4	1	1	1
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	1	-	1	1	4	1	1	1
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 717	3 365	6 077	3 500	1 500	1 985	3 000	3 000	3 159
Social benefits	1 067	3 215	2 289	3 500	1 500	1 985	3 000	3 000	3 159
Other transfers to households	650	150	3 788	-	-	-	-	-	-
Payments for capital assets	6 702	109 386	96 400	27 650	40 084	42 502	6 450	30 450	32 064
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	6 702	109 386	96 400	27 650	40 084	42 502	6 450	30 450	32 064
Transport equipment	-	12 643	7 468	1 600	1 600	1 600	1 450	1 450	1 527
Other machinery and equipment	6 702	96 743	88 932	26 050	38 484	40 902	5 000	29 000	30 537
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	380	547	1	-	7	7	-	-	-
Total	463 648	576 425	633 958	591 078	594 710	622 846	581 340	597 700	629 378

Table 7.D : Payments and estimates by economic classification: District Health Services

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	8 850 195	9 823 474	11 466 027	12 532 421	12 623 523	12 857 002	14 210 678	15 482 420	16 538 488
Compensation of employees	6 016 821	6 846 189	7 916 084	8 706 221	8 905 277	8 938 420	9 832 214	10 690 888	11 326 737
Salaries and wages	5 201 843	5 935 092	6 856 450	7 574 412	7 759 032	7 789 519	8 497 998	9 229 271	9 826 897
Social contributions	814 978	911 097	1 059 634	1 131 809	1 146 245	1 148 901	1 334 216	1 461 617	1 499 840
Goods and services	2 833 374	2 977 285	3 549 944	3 826 200	3 718 246	3 918 567	4 378 464	4 791 532	5 211 750
Administrative fees	34	20	29	26	27	26	30	32	34
Advertising	5 937	9 104	8 627	5 704	6 962	7 266	20 113	21 220	5 194
Assets less than the capitalisation threshold	12 523	23 097	26 151	28 875	27 707	28 748	45 304	48 302	49 305
Audit cost: External	5 782	4 438	4 413	4 812	-	6 069	-	-	-
Bursaries: Employees	-	-	-	-	-	6	-	-	-
Catering: Departmental activities	1 366	4 269	1 199	2 400	1 233	1 416	6 661	7 054	1 859
Communication (G&S)	42 686	44 070	46 241	48 636	50 863	52 377	61 750	64 540	71 201
Computer services	218	108	8	-	-	8 141	11 275	3 472	-
Cons & prof serv: Business and advisory services	846	186	2 878	36	1 913	2 058	4 000	-	-
Cons & prof serv: Infras and planning	312	-	-	8	-	-	-	-	-
Cons & prof serv: Laboratory services	327 513	406 987	364 539	443 166	420 929	407 583	518 562	511 719	600 747
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	624	918	1 488	670	836	1 503	1 220	1 278	1 346
Contractors	35 037	28 670	27 145	20 000	20 117	21 066	36 699	38 660	30 152
Agency and support / outsourced services	130 033	85 363	96 390	110 667	106 916	106 225	46 772	49 179	43 733
Entertainment	-	51	14	3	1	1	410	-	-
Fleet services (incl. govt motor transport)	61 993	70 027	77 000	-	91 653	83 285	88 093	91 603	96 000
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	2 040	2 060	1 800	1 801	1 896
Inventory: Farming supplies	-	-	-	-	7	7	-	-	-
Inventory: Food and food supplies	96 991	91 126	65 374	81 162	76 286	76 433	121 048	128 195	134 989
Inventory: Fuel, oil and gas	41 250	51 091	68 099	162 839	62 991	68 444	48 986	55 364	58 776
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	4 012	548	6 501	585	319	559	-	-	-
Inventory: Medical supplies	282 611	359 862	370 318	342 500	353 060	358 469	490 458	579 407	488 541
Inventory: Medicine	1 301 874	1 279 929	1 749 938	1 907 000	1 836 424	2 004 127	2 103 737	2 380 601	2 786 026
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	298	345	1 500	1 558	1 641
Consumable supplies	106 304	82 601	98 882	100 724	76 957	80 667	80 100	84 921	91 744
Consumable: Stationery, printing and office supplies	21 991	24 324	27 613	30 892	17 094	18 418	32 167	33 752	36 717
Operating leases	17 310	17 674	19 804	21 717	20 599	19 591	24 286	25 461	26 589
Property payments	313 129	355 781	433 005	462 068	505 978	525 915	570 945	597 417	629 495
Transport provided: Departmental activity	718	818	895	918	947	1 040	3 970	4 198	1 305
Travel and subsistence	12 992	17 701	22 818	19 582	20 267	21 106	23 485	24 660	28 283
Training and development	2 522	3 300	15 621	12 911	1 715	2 792	16 708	17 710	13 890
Operating payments	6 134	10 329	14 287	17 769	13 192	11 714	17 185	18 158	11 603
Venues and facilities	632	4 893	667	530	703	757	1 200	1 270	686
Rental and hiring	-	-	-	-	213	354	-	-	-
Interest and rent on land	-	-	-	-	-	15	-	-	-
Interest	-	-	-	-	-	15	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	398 098	327 024	270 091	408 044	393 487	447 010	391 617	369 166	397 138
Provinces and municipalities	124 850	86 807	24 232	145 584	158 027	158 027	134 838	151 748	169 212
Provinces	962	767	1 339	2 084	1 714	1 714	2 238	2 348	2 417
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	962	767	1 339	2 084	1 714	1 714	2 238	2 348	2 417
Municipalities	123 888	86 040	22 893	143 500	156 313	156 313	132 600	149 400	166 795
Municipalities	123 888	86 040	22 893	143 500	156 313	156 313	132 600	149 400	166 795
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	27	130	6	31	31	31	32	33	35
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	27	130	6	31	31	31	32	33	35
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	247 899	213 387	204 686	225 339	203 339	230 392	220 147	179 010	189 168
Households	25 322	26 700	41 167	37 090	32 090	58 560	36 600	38 375	38 724
Social benefits	25 094	26 487	30 227	36 696	31 696	58 166	36 600	38 375	38 724
Other transfers to households	228	213	10 940	394	394	394	-	-	-
Payments for capital assets	28 298	151 005	97 805	123 311	106 052	106 052	117 740	113 752	122 338
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	28 298	151 005	97 805	123 311	106 052	106 052	117 740	113 752	122 338
Transport equipment	6 105	43 220	65 190	72 398	61 615	61 615	50 640	58 132	56 525
Other machinery and equipment	22 193	107 785	32 615	50 913	44 437	44 437	67 100	55 620	65 813
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	2 689	43	-	-	-	-	-	-	-
Total	9 279 280	10 301 546	11 833 923	13 063 776	13 123 062	13 410 064	14 720 035	15 965 338	17 057 963

Table 7.E : Payments and estimates by economic classification: Emergency Medical Services

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	733 709	856 411	870 638	936 252	934 952	959 619	1 026 957	1 093 538	1 151 496
Compensation of employees	521 434	595 253	641 810	702 642	710 642	713 131	751 280	801 017	843 471
Salaries and wages	443 006	503 369	540 298	608 688	615 648	620 364	635 481	677 072	712 957
Social contributions	78 428	91 884	101 512	93 954	94 994	92 767	115 799	123 945	130 514
Goods and services	212 275	261 158	228 827	233 610	224 310	246 488	275 677	292 521	308 025
Administrative fees	-	-	-	-	3	3	-	-	-
Advertising	803	87	391	340	78	62	100	106	112
Assets less than the capitalisation threshold	585	434	1 231	2 000	160	143	3 000	3 180	3 349
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	127	-	70	-	-	-	100	106	112
Communication (G&S)	9 786	9 574	10 766	11 654	9 166	8 913	9 058	9 601	10 110
Computer services	-	-	-	-	-	2 233	-	-	-
Cons & prof serv: Business and advisory services	-	-	-	-	2	2	-	-	-
Cons & prof serv: Infras and planning	-	-	-	-	-	-	-	-	-
Cons & prof serv: Laboratory services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	304	1 155	49	85	126	144	200	212	223
Contractors	68 421	84 568	7 198	6 860	2 344	1 827	5 767	6 113	6 437
Agency and support / outsourced services	433	497	585	347	437	459	700	742	781
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. govt motor transport)	-	-	59 091	20 745	94 495	86 924	152 884	163 340	171 997
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	8 074	8 047	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	65 480	75 955	83 678	107 982	25 500	56 084	5 000	5 300	5 581
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	102	89	17	-	4	(3)	-	-	-
Inventory: Medical supplies	8 343	10 843	7 281	6 718	6 908	4 541	8 808	9 337	9 832
Inventory: Medicine	238	608	319	427	421	266	600	636	670
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	8 156	18 375	5 537	11 954	455	357	9 215	9 768	10 286
Consumable: Stationery, printing and office supplies	1 398	1 063	1 516	1 197	778	479	1 596	1 691	1 781
Operating leases	4 722	4 469	2 591	3 138	5 056	2 433	2 520	2 671	2 813
Property payments	11 162	13 497	14 034	16 185	14 256	14 345	16 624	17 621	18 555
Transport provided: Departmental activity	28 003	34 302	20 924	26 467	50 293	53 892	54 000	56 262	59 244
Travel and subsistence	3 266	4 936	4 991	6 211	4 469	4 078	5 100	5 406	5 693
Training and development	47	73	10	-	-	-	-	-	-
Operating payments	899	633	8 485	11 300	1 149	1 123	400	424	446
Venues and facilities	-	-	63	-	-	-	5	5	5
Rental and hiring	-	-	-	-	136	136	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	2 966	3 230	4 165	6 110	4 774	4 419	4 340	4 552	4 793
Provinces and municipalities	1 461	1 842	1 537	2 415	2 879	2 680	2 040	2 142	2 256
Provinces	1 461	1 842	1 537	2 415	2 879	2 680	2 040	2 142	2 256
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	1 461	1 842	1 537	2 415	2 879	2 680	2 040	2 142	2 256
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 505	1 388	2 628	3 695	1 895	1 739	2 300	2 410	2 538
Social benefits	937	915	970	2 846	1 046	1 046	1 368	1 460	1 537
Other transfers to households	568	473	1 658	849	849	693	932	950	1 000
Payments for capital assets	85 673	210 745	51 234	30 000	31 300	31 260	42 141	35 638	37 527
Buildings and other fixed structures	19	-	-	-	-	-	-	-	-
Buildings	19	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	85 654	210 745	51 234	30 000	31 300	31 260	42 141	35 638	37 527
Transport equipment	55 586	167 972	31 132	30 000	30 000	29 960	36 841	33 108	34 863
Other machinery and equipment	30 068	42 773	20 102	-	1 300	1 300	5 300	2 530	2 664
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	270	1	-	-	-	-	-	-	-
Total	822 618	1 070 387	926 036	972 362	971 026	995 298	1 073 438	1 133 728	1 193 816

Table 7.F : Payments and estimates by economic classification: Provincial Hospital Services

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	5 941 971	7 317 820	7 745 523	8 220 260	8 248 260	8 273 858	8 634 529	9 163 024	9 648 664
Compensation of employees	4 479 044	5 505 036	5 851 153	6 288 416	6 378 416	6 370 970	6 814 383	7 239 517	7 623 211
Salaries and wages	3 890 915	4 782 140	5 089 085	5 473 417	5 551 617	5 544 119	5 976 876	6 331 160	6 666 711
Social contributions	588 129	722 896	762 068	814 999	826 799	826 851	837 507	908 357	956 500
Goods and services	1 462 927	1 812 784	1 894 370	1 931 844	1 869 739	1 902 783	1 820 146	1 923 507	2 025 453
Administrative fees	6	7	-	7	7	-	1	1	1
Advertising	672	1 124	1 378	2 166	2 004	2 202	2 081	2 182	2 298
Assets less than the capitalisation threshold	10 216	16 172	30 328	17 349	20 197	18 681	24 115	25 530	26 883
Audit cost: External	6 524	4 818	4 901	6 490	5 730	6 477	-	-	-
Bursaries: Employees	-	-	-	-	-	19	-	-	-
Catering: Departmental activities	219	50	59	62	88	83	220	233	245
Communication (G&S)	19 167	21 595	21 634	22 009	21 966	22 288	21 287	22 496	23 688
Computer services	1 425	108	805	-	2 868	2 949	-	-	-
Cons & prof serv: Business and advisory services	17	3	22	4	5	18	-	-	-
Cons & prof serv: Infras and planning	-	-	-	-	-	-	-	-	-
Cons & prof serv: Laboratory services	62 236	159 024	141 716	155 834	155 834	153 994	150 000	163 279	171 933
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	3 027	2 425	3 584	1 266	1 544	2 858	1 581	1 682	1 771
Contractors	66 249	91 037	57 318	30 535	24 700	19 544	26 423	28 080	29 568
Agency and support / outsourced services	126 783	127 093	128 050	139 879	150 390	142 578	37 257	39 069	41 140
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. govt motor transport)	46 000	55 000	67 031	-	11 008	12 556	13 950	14 021	14 764
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	107	129	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	24 731	31 249	32 399	34 186	37 987	38 735	65 596	71 058	74 824
Inventory: Fuel, oil and gas	9 464	13 032	11 468	82 054	60 697	64 665	68 104	72 847	76 708
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	2 829	106	336	352	507	493	-	-	-
Inventory: Medical supplies	367 893	496 160	537 799	519 889	520 467	536 808	485 300	509 556	536 562
Inventory: Medicine	373 700	395 396	425 541	464 139	411 167	435 690	456 370	483 970	509 620
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	94 026	82 247	79 956	78 915	63 361	63 497	77 480	82 774	87 161
Consumable: Stationery, printing and office supplies	14 077	17 097	16 541	17 158	5 949	6 197	13 607	14 558	15 330
Operating leases	9 484	11 225	10 794	11 734	10 323	9 887	11 904	12 555	13 220
Property payments	190 228	255 868	280 723	307 895	331 740	332 754	336 000	350 088	368 643
Transport provided: Departmental activity	1 469	29	21	26	6	2	-	1	1
Travel and subsistence	3 856	5 723	5 236	5 724	5 374	4 948	7 460	7 786	8 199
Training and development	6 355	963	96	805	784	592	-	-	-
Operating payments	22 274	25 223	36 633	33 361	24 838	24 044	21 410	21 741	22 893
Venues and facilities	-	10	-	5	-	-	-	-	-
Rental and hiring	-	-	-	-	91	95	-	-	-
Interest and rent on land	-	-	-	-	105	105	-	-	-
Interest	-	-	-	-	105	105	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	71 742	71 253	70 795	51 441	108 077	122 717	67 085	69 752	73 449
Provinces and municipalities	229	111	287	525	361	361	549	581	612
Provinces	229	111	287	525	361	361	549	581	612
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	229	111	287	525	361	361	549	581	612
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	54	47	56	56	56	16	36	63	66
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	54	47	56	56	56	16	36	63	66
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	32 600	35 802	37 770	28 829	28 829	28 829	30 500	33 100	34 854
Households	38 859	35 293	32 682	22 031	78 831	93 511	36 000	36 008	37 916
Social benefits	18 683	24 146	28 331	19 945	21 745	21 745	36 000	36 008	37 916
Other transfers to households	20 176	11 147	4 351	2 086	57 086	71 766	-	-	-
Payments for capital assets	18 863	60 532	11 083	54 700	53 700	50 880	86 661	123 750	130 309
Buildings and other fixed structures	-	-	-	-	-	78	-	-	-
Buildings	-	-	-	-	-	78	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	18 863	60 532	11 083	54 700	53 700	50 802	86 661	123 750	130 309
Transport equipment	-	3 843	5 403	2 000	2 000	2 000	11 567	18 851	19 850
Other machinery and equipment	18 863	56 689	5 680	52 700	51 700	48 802	75 094	104 899	110 459
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	2 200	15	-	-	-	-	-	-	-
Total	6 034 776	7 449 620	7 827 401	8 326 401	8 410 037	8 447 455	8 788 275	9 356 526	9 852 422

Table 7.G : Payments and estimates by economic classification: Central Hospital Services

	Audited 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
Current payments	2 083 951	2 504 543	2 752 833	2 898 365	2 920 217	2 920 035	3 053 388	3 241 331	3 413 122
Compensation of employees	942 537	1 154 360	1 383 329	1 515 000	1 533 000	1 530 744	1 619 167	1 716 839	1 807 831
Salaries and wages	821 422	999 106	1 202 848	1 318 000	1 333 660	1 331 748	1 413 909	1 499 266	1 578 727
Social contributions	121 115	155 254	180 481	197 000	199 340	198 996	205 258	217 573	229 104
Goods and services	1 141 414	1 350 183	1 369 504	1 383 365	1 387 217	1 389 291	1 434 221	1 524 492	1 605 290
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	551	387	154	82	120	242	208	218	230
Assets less than the capitalisation threshold	269	582	4 654	2 988	1 648	1 707	1 800	1 890	1 990
Audit cost: External	-	-	1	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	3 106	3 405	3 433	3 300	3 627	3 460	4 700	2 835	2 985
Computer services	251	422	5 534	-	3 528	3 909	-	-	-
Cons & prof serv: Business and advisory services	-	-	340	-	-	-	-	-	-
Cons & prof serv: Infrast and planning	-	-	-	-	-	-	-	-	-
Cons & prof serv: Laboratory services	18 497	-	33 497	13 000	33 497	33 497	38 000	42 000	44 226
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	216	188	1 072	1 343	579	623	650	683	719
Contractors	12 367	12 345	14 229	13 125	16 533	17 556	17 000	17 850	18 796
Agency and support / outsourced services	601 983	709 205	700 243	700 000	701 794	701 918	743 000	800 800	843 242
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. govt motor transport)	-	-	-	-	902	531	-	-	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	226	238	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	1 835	3 894	3 899	4 400	4 535	4 541	8 072	4 276	4 503
Inventory: Fuel, oil and gas	17 499	22 020	24 972	31 000	24 893	25 241	27 000	28 350	29 853
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	131	110	-	(2)	(2)	-	-	-
Inventory: Medical supplies	245 854	324 571	360 359	377 000	371 860	363 169	334 885	351 629	370 265
Inventory: Medicine	178 007	188 595	141 577	148 827	148 769	160 953	171 103	183 867	193 612
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	5	5	-	-	-
Consumable supplies	13 851	16 903	20 766	24 588	17 286	17 161	21 302	22 367	23 552
Consumable: Stationery, printing and office supplies	2 126	3 196	2 242	3 000	1 269	884	2 400	2 520	2 654
Operating leases	430	1 813	523	1 300	530	508	918	964	1 015
Property payments	42 866	60 178	48 837	54 200	51 686	49 782	59 390	60 260	63 454
Transport provided: Departmental activity	49	1	-	-	-	-	1	1	1
Travel and subsistence	701	1 338	1 242	1 592	1 110	1 080	1 000	1 050	1 106
Training and development	16	131	475	2 200	1 430	783	1 900	1 995	2 101
Operating payments	940	878	1 345	1 420	1 388	1 501	892	937	987
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	4	4	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	7 817	2 257	2 773	2 760	4 762	4 524	5 004	5 096	5 366
Provinces and municipalities	6	4	9	10	12	16	4	4	4
Provinces	6	4	9	10	12	16	4	4	4
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	6	4	9	10	12	16	4	4	4
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	52	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	-	-	-	-	52	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	7 811	2 253	2 764	2 750	4 750	4 456	5 000	5 092	5 362
Social benefits	5 241	2 183	2 656	2 550	4 550	4 256	4 790	4 872	5 130
Other transfers to households	2 570	70	108	200	200	200	210	220	232
Payments for capital assets	11 559	5 854	7 365	21 000	27 000	28 409	21 000	44 000	46 332
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	11 559	5 854	7 365	21 000	27 000	28 409	21 000	44 000	46 332
Transport equipment	-	-	873	-	-	-	-	-	-
Other machinery and equipment	11 559	5 854	6 492	21 000	27 000	28 409	21 000	44 000	46 332
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	55	-	-	-	-	-	-	-	-
Total	2 103 382	2 512 654	2 762 971	2 922 125	2 951 979	2 952 968	3 079 392	3 290 427	3 464 820

Table 7.H : Payments and estimates by economic classification: Health Sciences and Training

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	763 205	776 485	804 266	839 509	803 509	795 346	824 702	874 210	920 543
Compensation of employees	717 464	720 257	746 254	763 333	740 333	740 733	766 143	812 351	855 406
Salaries and wages	654 839	663 094	698 061	687 120	664 120	648 897	720 401	763 865	804 350
Social contributions	62 625	57 163	48 193	76 213	76 213	91 836	45 742	48 486	51 056
Goods and services	45 741	56 228	58 012	76 176	63 176	54 613	58 559	61 859	65 138
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	117	93	81	140	164	135	-	-	-
Assets less than the capitalisation threshold	65	390	924	2 862	2 303	646	2 200	2 400	2 527
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	1 033	1 877	127	2 000	1 543	1 367	2 250	2 360	2 485
Catering: Departmental activities	167	388	229	1 000	633	577	230	248	261
Communication (G&S)	1 424	1 181	1 201	1 842	1 414	1 081	1 650	1 809	1 905
Computer services	-	-	-	-	2 067	2 126	-	-	-
Cons & prof serv: Business and advisory services	-	-	(0)	1 400	315	357	600	660	695
Cons & prof serv: Infras and planning	-	3	-	-	-	-	-	-	-
Cons & prof serv: Laboratory services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	19	77	15	50	27	78	-	-	-
Contractors	42	224	58	94	37	38	99	110	116
Agency and support / outsourced services	8 059	2	3	6	5	5	10	11	12
Entertainment	-	-	13	20	11	1	-	-	-
Fleet services (incl. govt motor transport)	-	-	69	132	1 116	1 488	553	593	624
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	5	10	-	-	-
Inventory: Farming supplies	-	-	-	-	-	1	-	-	-
Inventory: Food and food supplies	22	1	1	-	-	-	-	-	-
Inventory: Fuel, oil and gas	1 164	1 943	1 905	2 282	1 713	536	2 329	2 523	2 657
Inventory: Learner and teacher support material	-	-	-	-	-	-	1 010	1 111	1 170
Inventory: Materials and supplies	124	6	21	-	6	13	-	-	-
Inventory: Medical supplies	123	100	43	1 007	1 141	327	(1)	-	-
Inventory: Medicine	3	-	-	-	6	6	-	-	-
Medsas inventory interface	-	-	-	-	6	6	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	1 374	1 335	1 347	2 371	1 859	1 386	1 780	1 958	2 062
Consumable: Stationery, printing and office supplies	1 186	1 046	984	1 794	1 613	1 525	432	475	500
Operating leases	1 508	1 249	1 168	1 640	1 475	1 428	1 850	2 029	2 137
Property payments	5 674	4 437	4 515	5 802	5 308	5 337	4 831	5 304	5 585
Transport provided: Departmental activity	121	120	-	-	-	-	-	-	-
Travel and subsistence	3 799	8 297	18 048	14 951	11 157	11 109	12 136	12 780	13 457
Training and development	13 544	23 806	24 413	34 575	27 901	23 739	22 500	22 980	24 198
Operating payments	5 926	9 368	2 206	1 788	697	958	3 700	4 068	4 284
Venues and facilities	247	279	640	420	654	333	400	440	463
Rental and hiring	-	6	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	68 625	83 361	96 138	146 737	214 761	216 231	220 698	224 043	235 917
Provinces and municipalities	25	26	33	22	42	49	48	53	56
Provinces	25	26	33	22	42	49	48	53	56
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	25	26	33	22	42	49	48	53	56
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	7 637	8 588	10 119	11 315	11 315	11 315	13 000	14 000	14 742
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	7 637	8 588	10 119	11 315	11 315	11 315	13 000	14 000	14 742
Higher education institutions	-	-	57	-	-	470	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	8 510	14 298	15 130	-	-	-	-	-	-
Households	52 453	60 449	70 799	135 400	203 404	204 397	207 650	209 990	221 119
Social benefits	-	1 397	1 650	2 400	2 400	2 400	2 000	2 200	2 317
Other transfers to households	52 453	59 052	69 149	133 000	201 004	201 997	205 650	207 790	218 803
Payments for capital assets	427	610	1 564	6 000	4 000	1 175	6 000	6 600	6 950
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	427	610	1 564	6 000	4 000	1 175	6 000	6 600	6 950
Transport equipment	-	174	817	2 000	2 000	1 000	2 000	2 200	2 317
Other machinery and equipment	427	436	747	4 000	2 000	175	4 000	4 400	4 633
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	22	1	-	-	-	-	-	-	-
Total	832 279	860 457	901 968	992 246	1 022 270	1 012 752	1 051 400	1 104 853	1 163 410

Table 7.1 : Payments and estimates by economic classification: Health Care Support Services

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	100 327	110 448	112 663	126 157	116 157	115 039	132 685	143 673	151 288
Compensation of employees	69 843	75 511	78 745	92 285	82 285	81 135	89 900	99 136	104 503
Salaries and wages	57 388	61 630	64 110	74 970	66 270	65 270	72 710	80 360	84 732
Social contributions	12 455	13 881	14 635	17 315	16 015	15 865	17 190	18 776	19 771
Goods and services	30 484	34 937	33 918	33 872	33 872	33 904	42 785	44 537	46 785
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	17	54	54	56	37	31	35	37	39
Assets less than the capitalisation threshold	35	14	18	2	21	21	20	22	23
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	415	563	384	583	494	434	598	628	661
Computer services	1	-	-	-	-	-	-	-	-
Cons & prof serv: Business and advisory services	-	-	-	4	-	-	-	-	-
Cons & prof serv: Infras and planning	-	-	-	-	-	-	-	-	-
Cons & prof serv: Laboratory services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	-	-	5	-	-	-	-	-	-
Contractors	1 089	544	273	370	255	497	700	726	764
Agency and support / outsourced services	-	27	-	-	-	-	-	-	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. govt motor transport)	-	-	3	-	3 491	4 025	334	336	354
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	12	27	102	107	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	4 990	5 969	9 081	6 290	5 998	5 036	7 025	7 377	7 768
Inventory: Learner and teacher support material	-	-	-	-	217	114	-	-	-
Inventory: Materials and supplies	91	39	353	326	90	66	2	2	2
Inventory: Medical supplies	10 662	11 586	7 977	7 645	7 993	8 393	13 000	13 650	14 373
Inventory: Medicine	-	-	3	2	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	5 057	6 072	5 293	8 091	3 769	4 050	9 602	9 722	10 237
Consumable: Stationery, printing and office supplies	133	350	138	200	61	51	66	69	73
Operating leases	25	45	26	57	98	92	105	111	117
Property payments	7 943	9 644	10 172	10 136	11 129	10 867	11 047	11 593	12 207
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	26	29	103	88	65	58	93	98	103
Training and development	-	1	33	-	-	-	-	-	-
Operating payments	-	-	2	22	142	142	56	59	62
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	11 376	14 545	16 630	16 527	1 571	1 602	674	708	19 646
Provinces and municipalities	152	62	137	79	127	159	124	130	137
Provinces	152	62	137	79	127	159	124	130	137
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	152	62	137	79	127	159	124	130	137
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	11 224	14 483	15 170	16 448	444	444	-	-	18 900
Social security funds	460	512	-	444	444	444	-	-	-
Provide list of entities receiving transfers	10 764	13 971	15 170	16 004	-	-	-	-	18 900
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	1 323	-	1 000	999	550	578	609
Social benefits	-	-	1 318	-	1 000	999	550	578	609
Other transfers to households	-	-	5	-	-	-	-	-	-
Payments for capital assets	40	35	1 385	602	5 665	5 617	7 600	1 155	1 216
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	40	35	1 385	602	5 665	5 617	7 600	1 155	1 216
Transport equipment	-	-	1 134	602	5 665	5 617	7 000	525	553
Other machinery and equipment	40	35	251	-	-	-	600	630	663
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	13	2	-	-	-	-	-	-	-
Total	111 756	125 030	130 678	143 286	123 393	122 258	140 959	145 536	172 149

Table 7.J : Payments and estimates by economic classification: Health Facilities Management

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
Current payments	258 169	522 372	463 510	472 871	354 283	356 194	169 774	207 468	233 071
Compensation of employees	5 037	12 736	21 998	14 628	25 853	25 181	7 581	5 000	5 000
Salaries and wages	4 661	11 343	21 663	13 199	24 424	23 752	6 152	3 571	3 495
Social contributions	376	1 393	335	1 429	1 429	1 429	1 429	1 429	1 505
Goods and services	253 132	509 636	441 511	458 243	328 430	331 013	162 193	202 468	228 071
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	100	49	20	22	-	-	-	-	-
Assets less than the capitalisation threshold	11 889	28 933	3 356	19 531	13 801	13 801	21 173	20 580	14 106
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	21	-	-	-	-	-	-	-	-
Communication (G&S)	333	9	16	511	12	12	-	-	-
Computer services	2 178	19 409	6 123	5 370	2 742	2 742	-	-	-
Cons & prof serv: Business and advisory services	721	8 327	10 058	-	8 247	8 247	-	-	-
Cons & prof serv: Infras and planning	8 356	4 909	72	4 745	-	-	-	-	-
Cons & prof serv: Laboratory services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	-	-	-	-	-	-	-	-	-
Contractors	37 283	23 213	69 043	53 129	75 954	78 496	24 915	24 915	54 696
Agency and support / outsourced services	5 938	16 811	-	11 441	-	-	-	-	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. govt motor transport)	-	-	-	-	-	-	-	-	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	532	160	226	95	164	164	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	41 218	5 291	19 997	6 864	373	673	5	5	1 782
Inventory: Medical supplies	2 532	13	7	-	29	29	-	-	-
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	1 666	152	48	140	26 919	26 919	-	-	-
Consumable: Stationery, printing and office supplies	26	14	2	220	-	-	113	21	-
Operating leases	-	533	68 633	20	69 954	69 954	69 997	66 000	66 000
Property payments	75 485	330 439	261 486	349 265	129 025	128 766	45 990	90 947	91 486
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	385	-	358	698	274	274	-	-	-
Training and development	6 896	576	2 063	6 172	935	935	-	-	-
Operating payments	1 577	4 664	4	20	-	-	-	-	-
Venues and facilities	200	166	-	-	-	-	-	-	-
Rental and hiring	55 796	65 968	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	10 783	20 000	20 000	20 000	20 022	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	10 000	20 000	20 000	20 000	20 022	-	-	-
Households	-	783	-	-	-	-	-	-	-
Social benefits	-	783	-	-	-	-	-	-	-
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	829 078	1 361 844	1 890 088	1 143 732	1 570 584	1 568 651	1 309 583	1 080 003	54 731
Buildings and other fixed structures	778 730	1 048 172	1 662 936	864 152	1 425 231	1 429 298	1 249 773	1 076 903	54 731
Buildings	778 730	1 048 172	1 662 936	864 152	1 425 231	1 429 298	1 249 773	1 076 903	54 731
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	49 550	287 217	227 152	279 580	145 353	139 353	59 810	3 100	-
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	49 550	287 217	227 152	279 580	145 353	139 353	59 810	3 100	-
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	798	26 455	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	1 087 247	1 894 999	2 373 597	1 636 603	1 944 867	1 944 867	1 479 357	1 287 471	287 801

Table 7.K : Payments and estimates by economic classification: Conditional grants

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	2 801 976	3 494 958	3 710 600	4 307 150	4 322 223	4 515 424	5 036 532	5 726 690	6 245 320
Compensation of employees	1 361 820	2 067 124	2 132 513	2 612 789	2 612 789	2 625 789	3 007 352	3 442 414	3 829 046
Salaries and wages	1 195 687	1 828 515	1 855 637	2 273 599	2 273 599	2 286 599	2 602 111	2 970 333	3 309 167
Social contributions	166 133	238 609	276 876	339 190	339 190	339 190	405 241	472 081	519 879
Goods and services	1 440 156	1 427 834	1 578 087	1 694 361	1 709 434	1 889 635	2 029 180	2 284 276	2 416 274
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	1 207	3 242	1 899	5 022	5 022	5 022	17 022	18 022	19 000
Assets less than the capitalisation threshold	11 162	6 492	6 262	25 299	25 309	20 449	17 329	16 681	3 150
Audit cost: External	-	-	150	1 717	1 717	1 717	3 500	3 661	3 855
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	577	793	186	300	300	300	5 300	5 620	5 957
Communication (G&S)	5 077	5 441	2 794	4 311	4 311	4 311	1 561	1 624	1 180
Computer services	2 317	19 287	10 236	5 870	13 994	5 870	14 145	14 692	9 840
Cons & prof serv: Business & advisory services	721	8 369	10 059	-	-	-	2 600	2 730	2 875
Cons & prof serv: Infras and planning	748	-	-	4 580	4 580	4 580	4 580	4 580	-
Cons & prof serv: Laboratory services	244 323	354 568	280 004	239 500	239 500	239 500	271 890	300 000	350 000
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	-	85	108	-	-	-	-	-	-
Contractors	18 816	16 463	21 865	192	254	254	19 892	20 980	21 987
Agency and support / outsourced services	108 542	118 892	119 331	24 929	24 929	24 929	22 401	23 999	11 191
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. govt motor transport)	-	-	-	-	-	-	410	435	461
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	31 666	5 973	4 214	-	-	-	-	-	-
Inventory: Fuel, oil and gas	19 302	23 084	27 649	2 700	2 700	2 700	300	318	337
Inventory: Learner & teacher support material	-	-	-	4 000	4 000	4 000	-	-	-
Inventory: Materials and supplies	14	9	3	-	-	-	-	-	-
Inventory: Medical supplies	238 200	250 655	287 928	136 663	141 350	136 663	436 406	459 451	485 378
Inventory: Medicine	682 425	535 970	744 446	1 089 277	1 089 277	1 289 277	1 157 579	1 354 923	1 451 667
Medsas inventory interface	-	-	-	113 934	113 934	113 934	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	12 397	9 228	4 824	61	2 189	61	61	61	-
Consumable: Stationery, printing & office supplies	3 748	2 450	2 548	8 224	8 224	8 224	2 645	2 791	2 725
Operating leases	2 039	2 909	2 382	1 070	1 070	1 070	1 770	1 868	1 956
Property payments	34 865	49 263	38 227	836	898	898	4 051	3 869	50
Transport provided: Departmental activity	424	313	17	898	898	898	3 698	3 878	3 371
Travel and subsistence	2 189	3 425	2 954	5 618	5 618	5 618	5 938	6 035	1 820
Training and development	15 087	7 522	6 395	15 196	15 196	15 196	24 653	26 020	27 502
Operating payments	4 067	2 836	3 542	1 850	1 850	1 850	10 735	11 324	11 972
Venues and facilities	243	565	64	1 100	1 100	1 100	-	-	-
Rental and hiring	-	-	-	1 214	1 214	1 214	714	714	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies to	76 479	14 749	11 336	69 381	69 381	69 381	78 411	81 683	85 951
Provinces and municipalities	63	55	-	43 000	43 000	43 000	47 000	50 000	54 000
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	63	55	-	43 000	43 000	43 000	47 000	50 000	54 000
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	63	55	-	43 000	43 000	43 000	47 000	50 000	54 000
Departmental agencies and accounts	62	56	-	-	-	-	-	-	-
Social security funds	13	29	-	-	-	-	-	-	-
Entities receiving funds	49	27	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	68 746	12 871	11 336	24 631	24 631	24 631	25 370	26 130	26 130
Households	7 608	1 767	-	1 750	1 750	1 750	6 041	5 553	5 821
Social benefits	5 108	1 767	-	1 750	1 750	1 750	6 041	5 553	5 821
Other transfers to households	2 500	-	-	-	-	-	-	-	-
Payments for capital assets	697 213	943 383	1 284 762	942 703	1 259 142	1 247 226	1 113 943	1 042 507	12 053
Buildings and other fixed structures	536 345	733 971	979 788	729 714	1 046 153	1 034 237	912 508	840 470	-
Buildings	536 345	733 971	979 788	729 714	1 046 153	1 034 237	912 508	840 470	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	160 070	198 005	304 974	212 989	212 989	212 989	201 435	202 037	12 053
Transport equipment	5 975	878	-	-	-	-	4 200	4 452	4 720
Other machinery and equipment	154 095	197 127	304 974	212 989	212 989	212 989	197 235	197 585	7 333
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	798	11 407	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	3 575 668	4 453 090	5 006 698	5 319 234	5 650 746	5 832 031	6 228 886	6 850 880	6 343 324

Table 7.L : Payments and estimates by economic classification: Health Professions Training and Development grant

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	231 205	249 917	261 860	276 262	276 262	276 262	292 837	306 308	322 542
Compensation of employees	164 864	249 917	261 860	276 262	276 262	276 262	292 837	306 308	322 542
Salaries and wages	155 763	230 976	227 818	240 348	240 348	240 348	254 769	266 489	280 489
Social contributions	9 101	18 941	34 042	35 914	35 914	35 914	38 068	39 819	42 053
Goods and services	66 341	-	-	-	-	-	-	-	-
Communication (G&S)	332	-	-	-	-	-	-	-	-
Agency and support / outsourced services	1 543	-	-	-	-	-	-	-	-
Inventory: Medical supplies	44 975	-	-	-	-	-	-	-	-
Inventory: Medicine	9 553	-	-	-	-	-	-	-	-
Consumable supplies	1 494	-	-	-	-	-	-	-	-
Consumable: Stationery, printing & office supplies	1 683	-	-	-	-	-	-	-	-
Operating leases	12	-	-	-	-	-	-	-	-
Travel and subsistence	339	-	-	-	-	-	-	-	-
Training and development	6 306	-	-	-	-	-	-	-	-
Operating payments	104	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies to	-	-	-	-	-	-	-	-	-
Payments for capital assets	4 502	-	-	-	-	-	-	-	-
Machinery and equipment	4 502	-	-	-	-	-	-	-	-
Other machinery and equipment	4 502	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	235 707	249 917	261 860	276 262	276 262	276 262	292 837	306 308	322 542

Table 7.M : Payments and estimates by economic classification: Health Facilities Revitalisation grant

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	35 789	68 413	24 515	59 326	59 450	59 450	59 326	59 326	-
Compensation of employees	5 037	12 736	3 647	11 628	11 628	11 628	11 628	11 628	-
Salaries and wages	4 661	11 343	3 348	10 199	10 199	10 199	10 199	10 199	-
Social contributions	376	1 393	299	1 429	1 429	1 429	1 429	1 429	-
Goods and services	30 752	55 677	20 868	47 698	47 822	47 822	47 698	47 698	-
of which	-	-	-	-	-	-	-	-	-
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	88	13	-	22	22	22	22	22	-
Assets less than the capitalisation threshold	10 394	5 271	1 709	19 095	19 095	19 095	14 525	13 709	-
Catering: Departmental activities	21	-	-	-	-	-	-	-	-
Communication (G&S)	21	6	14	511	511	511	511	511	-
Computer services	2 178	19 287	6 124	5 370	5 370	5 370	5 370	5 370	-
Cons & prof serv: Business & advisory services	721	8 328	10 059	-	-	-	-	-	-
Cons & prof serv: Infras and planning	748	-	-	4 580	4 580	4 580	4 580	4 580	-
Contractors	4	1	71	192	254	254	192	192	-
Agency and support / outsourced services	2 877	16 810	-	11 441	11 441	11 441	12 441	13 441	-
Inventory: Medical supplies	2 531	-	-	-	-	-	-	-	-
Consumable supplies	1 631	70	-	61	61	61	61	61	-
Consumable: Stationery, printing & office supplies	26	13	-	220	220	220	220	220	-
Operating leases	44	71	75	20	20	20	20	20	-
Property payments	409	409	405	436	498	498	4 006	3 822	-
Transport provided: Departmental activity	-	-	-	698	698	698	698	698	-
Travel and subsistence	385	576	346	4 318	4 318	4 318	4 318	4 318	-
Training and development	6 896	4 663	2 064	20	20	20	20	20	-
Operating payments	1 578	159	1	-	-	-	-	-	-
Venues and facilities	200	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	714	714	714	714	714	-
Transfers and subsidies to	-	783	-	-	-	-	-	-	-
Households	-	783	-	-	-	-	-	-	-
Social benefits	-	783	-	-	-	-	-	-	-
Payments for capital assets	542 230	836 973	1 151 999	903 143	1 219 582	1 207 666	1 103 143	1 031 105	-
Buildings and other fixed structures	498 228	705 854	979 788	729 714	1 046 153	1 034 237	912 508	840 470	-
Buildings	498 228	705 854	979 788	729 714	1 046 153	1 034 237	912 508	840 470	-
Machinery and equipment	43 204	119 712	172 211	173 429	173 429	173 429	190 635	190 635	-
Other machinery and equipment	43 204	119 712	172 211	173 429	173 429	173 429	190 635	190 635	-
Land and sub-soil assets	798	11 407	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	578 019	906 169	1 176 514	962 469	1 279 032	1 267 116	1 162 469	1 090 431	-

Table 7.N : Payments and estimates by economic classification: National Tertiary Services grant

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	993 725	1 124 796	1 212 339	1 394 431	1 394 431	1 394 431	1 491 596	1 560 210	1 642 901
Compensation of employees	555 536	693 129	716 922	1 058 535	1 058 535	1 058 535	1 189 582	1 244 303	1 310 252
Salaries and wages	490 967	607 631	623 723	920 925	920 925	920 925	1 034 936	1 082 544	1 139 919
Social contributions	64 569	85 498	93 199	137 610	137 610	137 610	154 646	161 759	170 333
Goods and services	438 189	431 667	495 417	335 896	335 896	335 896	302 014	315 907	332 649
Advertising	375	320	108	-	-	-	-	-	-
Assets less than the capitalisation threshold	251	583	270	-	-	-	-	-	-
Audit cost: External	-	-	-	1 717	1 717	1 717	3 500	3 661	3 855
Communication (G&S)	1 917	2 291	2 251	-	-	-	-	-	-
Computer services	114	-	-	500	500	500	-	-	-
Cons & prof serv: Legal costs	-	85	108	-	-	-	-	-	-
Contractors	12 304	12 345	20 912	-	-	-	6 700	7 008	7 380
Agency and support / outsourced services	103 199	98 962	116 421	10 848	10 848	10 848	-	-	-
Inventory: Food and food supplies	882	2 350	2 117	-	-	-	-	-	-
Inventory: Fuel, oil and gas	14 330	17 290	27 302	2 000	2 000	2 000	-	-	-
Inventory: Learner & teacher support material	-	-	-	4 000	4 000	4 000	-	-	-
Inventory: Medical supplies	143 190	146 122	158 598	-	-	-	224 149	234 459	246 886
Inventory: Medicine	125 822	98 758	124 377	193 573	193 573	193 573	55 240	57 781	60 843
Medsas inventory interface	-	-	-	113 934	113 934	113 934	-	-	-
Consumable supplies	7 271	7 469	3 460	-	-	-	-	-	-
Consumable: Stationery, printing & office supplies	1 397	1 519	1 197	4 659	4 659	4 659	-	-	-
Operating leases	430	1 765	1 995	1 000	1 000	1 000	500	523	551
Property payments	26 027	39 897	34 385	-	-	-	-	-	-
Transport provided: Departmental activity	47	-	-	-	-	-	-	-	-
Travel and subsistence	359	1 223	1 035	-	-	-	-	-	-
Training and development	-	131	700	615	615	615	7 925	8 290	8 729
Operating payments	274	557	181	1 850	1 850	1 850	4 000	4 185	4 405
Venues and facilities	-	-	-	700	700	700	-	-	-
Rental and hiring	-	-	-	500	500	500	-	-	-
Transfers and subsidies to	6 690	5	-	1 300	1 300	1 300	4 831	5 053	5 321
Provinces and municipalities	1	-	-	-	-	-	-	-	-
Municipalities	1	-	-	-	-	-	-	-	-
Municipal agencies and funds	1	-	-	-	-	-	-	-	-
Households	6 689	5	-	1 300	1 300	1 300	4 831	5 053	5 321
Social benefits	4 189	5	-	1 300	1 300	1 300	4 831	5 053	5 321
Other transfers to households	2 500	-	-	-	-	-	-	-	-
Payments for capital assets	102 102	77 030	110 775	20 000	20 000	20 000	-	-	-
Machinery and equipment	102 102	77 030	110 775	20 000	20 000	20 000	-	-	-
Other machinery and equipment	102 102	77 030	110 775	20 000	20 000	20 000	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	1 102 517	1 201 831	1 323 114	1 415 731	1 415 731	1 415 731	1 496 427	1 565 263	1 648 222

Table 7.O : Payments and estimates by economic classification: National Health Insurance grant

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	-	-	9 124	4 850	19 799	-	9 400	9 963	10 491
Compensation of employees	-	-	(90)	-	-	-	1 300	1 383	1 457
Salaries and wages	-	-	(85)	-	-	-	1 160	1 234	1 300
Social contributions	-	-	(5)	-	-	-	140	149	157
Goods and services	-	-	9 214	4 850	19 799	-	8 100	8 580	9 035
Advertising	-	-	-	-	-	-	-	-	-
Assets less than the capitalisation threshold	-	-	2 027	4 850	4 860	-	-	-	-
Audit cost: External	-	-	150	-	-	-	-	-	-
Computer services	-	-	3 672	-	8 124	-	5 500	5 850	6 160
Cons & prof serv: Business and advisory services	-	-	-	-	-	-	2 600	2 730	2 875
Contractors	-	-	882	-	-	-	-	-	-
Inventory: Medical supplies	-	-	199	-	4 687	-	-	-	-
Consumable supplies	-	-	460	-	2 128	-	-	-	-
Consumable: Stationery, printing & office supplies	-	-	21	-	-	-	-	-	-
Property payments	-	-	350	-	-	-	-	-	-
Travel and subsistence	-	-	417	-	-	-	-	-	-
Training and development	-	-	1 007	-	-	-	-	-	-
Venues and facilities	-	-	29	-	-	-	-	-	-
Transfers and subsidies to	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	7 991	4 850	4 850	4 850	4 600	4 830	5 086
Machinery and equipment	-	-	7 991	4 850	4 850	4 850	4 600	4 830	5 086
Other machinery and equipment	-	-	7 991	4 850	4 850	4 850	4 600	4 830	5 086
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	-	-	17 115	9 700	24 649	4 850	14 000	14 793	15 577

Table 7.P : Payments and estimates by economic classification: Comprehensive HIV and AIDS grant

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	1 431 225	1 893 440	2 200 090	2 569 281	2 569 281	2 769 281	3 178 212	3 790 883	4 269 386
Compensation of employees	552 108	977 868	1 148 773	1 263 364	1 263 364	1 263 364	1 506 844	1 878 792	2 194 796
Salaries and wages	473 425	865 910	999 432	1 099 127	1 099 127	1 099 127	1 295 886	1 609 867	1 887 459
Social contributions	78 683	111 958	149 341	164 237	164 237	164 237	210 958	268 925	307 337
Goods and services	879 117	915 572	1 051 317	1 305 917	1 305 917	1 505 917	1 671 368	1 912 091	2 074 590
Advertising	740	2 904	1 571	5 000	5 000	5 000	17 000	18 000	19 000
Assets less than the capitalisation threshold	320	542	2 256	1 354	1 354	1 354	2 804	2 972	3 150
Catering: Departmental activities	553	793	186	300	300	300	5 300	5 620	5 957
Communication (G&S)	463	712	529	3 800	3 800	3 800	1 050	1 113	1 180
Computer services	-	-	440	-	-	-	3 275	3 472	3 680
Cons & prof serv: Laboratory services	244 323	354 568	280 004	239 500	239 500	239 500	271 890	300 000	350 000
Contractors	481	199	-	-	-	-	13 000	13 780	14 607
Agency and support / outsourced services	165	2 424	2 910	2 640	2 640	2 640	9 960	10 558	11 191
Inventory: Food and food supplies	30 780	3 623	2 097	-	-	-	-	-	-
Inventory: Fuel, oil and gas	341	566	347	700	700	700	300	318	337
Inventory: Materials and supplies	2	3	3	-	-	-	-	-	-
Inventory: Medical supplies	44 975	103 086	129 125	136 663	136 663	136 663	212 257	224 992	238 492
Inventory: Medicine	547 049	437 212	620 063	895 704	895 704	1 095 704	1 102 339	1 297 142	1 390 824
Consumable supplies	1 246	954	904	-	-	-	-	-	-
Consumable: Stationery, printing & office supplies	363	800	1 330	3 345	3 345	3 345	2 425	2 571	2 725
Operating leases	452	304	312	50	50	50	1 250	1 325	1 405
Property payments	2 109	179	2 087	400	400	400	45	47	50
Transport provided: Departmental activity	-	-	17	200	200	200	3 000	3 180	3 371
Travel and subsistence	821	1 428	1 117	1 300	1 300	1 300	1 620	1 717	1 820
Training and development	1 879	2 717	2 624	14 561	14 561	14 561	16 708	17 710	18 773
Operating payments	2 015	1 993	3 360	-	-	-	6 735	7 139	7 567
Venues and facilities	40	565	35	400	400	400	-	-	-
Transfers and subsidies to	69 668	13 851	11 336	68 081	68 081	68 081	73 580	76 630	80 630
Provinces and municipalities	3	1	-	43 000	43 000	43 000	47 000	50 000	54 000
Municipalities	3	1	-	43 000	43 000	43 000	47 000	50 000	54 000
Municipal agencies and funds	3	1	-	43 000	43 000	43 000	47 000	50 000	54 000
Non-profit institutions	68 746	12 871	11 336	24 631	24 631	24 631	25 370	26 130	26 130
Households	919	979	-	450	450	450	1 210	500	500
Social benefits	919	979	-	450	450	450	1 210	500	500
Payments for capital assets	33	21	13 997	14 710	14 710	14 710	6 200	6 572	6 967
Machinery and equipment	33	21	13 997	14 710	14 710	14 710	6 200	6 572	6 967
Transport equipment	-	-	-	-	-	-	4 200	4 452	4 720
Other machinery and equipment	33	21	13 997	14 710	14 710	14 710	2 000	2 120	2 247
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	1 500 926	1 907 312	2 225 423	2 652 072	2 652 072	2 852 072	3 257 992	3 874 085	4 356 983

Table 7.Q : Payments and estimates by economic classification: Afcon 2013 Medical Services Grant

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	-	-	1 672	-	-	-	-	-	-
Compensation of employees	-	-	1 401	-	-	-	-	-	-
Salaries and wages	-	-	1 401	-	-	-	-	-	-
Goods and services	-	-	271	-	-	-	-	-	-
Advertising	-	-	220	-	-	-	-	-	-
Inventory: Medical supplies	-	-	6	-	-	-	-	-	-
Inventory: Medicine	-	-	6	-	-	-	-	-	-
Travel and subsistence	-	-	39	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	-	-	1 672	-	-	-	-	-	-

Table 7.R : Payments and estimates by economic classification: EPWP Integrated Grant for Provinces

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13		2013/14		2014/15	2015/16	2016/17
Current payments	-	536	1 000	3 000	3 000	16 000	2 580	-	-
Compensation of employees	-	-	-	3 000	3 000	16 000	2 580	-	-
Salaries and wages	-	-	-	3 000	3 000	16 000	2 580	-	-
Goods and services	-	536	1 000	-	-	-	-	-	-
Property payments	-	536	1 000	-	-	-	-	-	-
Transfers and subsidies to	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	-	536	1 000	3 000	3 000	16 000	2 580	-	-

Table 7.S : Payments and estimates by economic classification: Forensic Pathology Services grant

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation 2013/14	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13				2014/15	2015/16	2016/17
Current payments	107 477	132 081	-	-	-	-	-	-	-
Compensation of employees	81 720	107 699	-	-	-	-	-	-	-
Salaries and wages	68 316	90 231	-	-	-	-	-	-	-
Social contributions	13 404	17 468	-	-	-	-	-	-	-
Goods and services	25 757	24 382	-	-	-	-	-	-	-
Advertising	4	5	-	-	-	-	-	-	-
Assets less than the capitalisation threshold	197	96	-	-	-	-	-	-	-
Catering: Departmental activities	3	-	-	-	-	-	-	-	-
Communication (G&S)	2 344	2 432	-	-	-	-	-	-	-
Computer services	25	-	-	-	-	-	-	-	-
Cons & prof serv: Business & advisory services	-	41	-	-	-	-	-	-	-
Contractors	6 027	3 918	-	-	-	-	-	-	-
Agency and support / outsourced services	758	696	-	-	-	-	-	-	-
Inventory: Food and food supplies	4	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	4 631	5 228	-	-	-	-	-	-	-
Inventory: Materials and supplies	12	6	-	-	-	-	-	-	-
Inventory: Medical supplies	2 529	1 447	-	-	-	-	-	-	-
Inventory: Medicine	1	-	-	-	-	-	-	-	-
Consumable supplies	755	735	-	-	-	-	-	-	-
Consumable: Stationery, printing & office supplies	279	118	-	-	-	-	-	-	-
Operating leases	1 101	769	-	-	-	-	-	-	-
Property payments	6 320	8 242	-	-	-	-	-	-	-
Transport provided: Departmental activity	377	313	-	-	-	-	-	-	-
Travel and subsistence	285	198	-	-	-	-	-	-	-
Training and development	6	11	-	-	-	-	-	-	-
Operating payments	96	127	-	-	-	-	-	-	-
Venues and facilities	3	-	-	-	-	-	-	-	-
Transfers and subsidies to	121	110	-	-	-	-	-	-	-
Provinces and municipalities	59	54	-	-	-	-	-	-	-
Municipalities	59	54	-	-	-	-	-	-	-
Municipal agencies and funds	59	54	-	-	-	-	-	-	-
Departmental agencies and accounts	62	56	-	-	-	-	-	-	-
Social security funds	13	29	-	-	-	-	-	-	-
Entities receiving funds	49	27	-	-	-	-	-	-	-
Payments for capital assets	44 808	29 359	-	-	-	-	-	-	-
Buildings and other fixed structures	38 117	28 117	-	-	-	-	-	-	-
Buildings	38 117	28 117	-	-	-	-	-	-	-
Machinery and equipment	6 691	1 242	-	-	-	-	-	-	-
Transport equipment	5 975	878	-	-	-	-	-	-	-
Other machinery and equipment	716	364	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	152 406	161 550	-	-	-	-	-	-	-

Table 7.T : Payments and estimates by economic classification: 2010 World Cup Health Preparation Strategy grant

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation 2013/14	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13				2014/15	2015/16	2016/17
Current payments	-	-	-	-	-	-	-	-	-
Transfers and subsidies to	-	-	-	-	-	-	-	-	-
Payments for capital assets	3 538	-	-	-	-	-	-	-	-
Machinery and equipment	3 538	-	-	-	-	-	-	-	-
Other machinery and equipment	3 538	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	3 538	-	-	-	-	-	-	-	-

Table 7.U : Payments and estimates by economic classification: Social Sector EPWP Incentive Grant to Provinces

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation 2013/14	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13				2014/15	2015/16	2016/17
Current payments	2 555	25 775	-	-	-	-	2 581	-	-
Compensation of employees	2 555	25 775	-	-	-	-	2 581	-	-
Salaries and wages	2 555	22 424	-	-	-	-	2 581	-	-
Social contributions	-	3 351	-	-	-	-	-	-	-
Transfers and subsidies to	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	2 555	25 775	-	-	-	-	2 581	-	-

Table 7.V : Health - Payments of infrastructure by category

No.	Project name	Municipality / Region	Type of infrastructure	Project duration		Source of funding	Budget programme name	Targeted number of jobs for 2014/15	Total project cost	Expenditure to date from previous years	Total available	MTEF Forward estimates	
				Date: Start	Date: Finish							2014/15	2015/16
School - primary/ secondary/ specialised; admin block; water; electricity; sanitation/toilet; fencing etc)													
New and replacement assets													
1	Bruntville CHC	Mpoofana	Construction of pathway/new despatching room	- 01/04/2014	01/10/2014	Revitalisation grant	Prog 8	-	5 000	49	3 601	750	-
2	Dannhauser CHC	Dannhauser	Construction of a new CHC	- 2012/03/28	2014/04/02	Revitalisation grant	Prog 8	-	164 972	97 540	13 954	4 000	-
3	Dr Pixley ka Seme Hospital	eThekwini	New 500 bed regional hospital	- 2014/04/10	2019/04/30	Revitalisation grant	Prog 8	-	2 781 073	106 642	49 402	432 136	-
4	Edendale Hospital	Msunduzi	New clinic and ARV facility	- 2012/03/07	2013/11/30	Revitalisation grant	Prog 8	-	58 228	24 283	12 445	1 500	-
5	Emmaus Hospital	Okhahlamba	New OPD/trauma/X-ray units	- 2012/03/08	2015/03/08	Revitalisation grant	Prog 8	-	132 236	32 447	39 944	8 845	-
6	Hluhluwe Clinic	Jozini	Construction of a new clinic with residences	- 2012/03/28	2013/09/30	Revitalisation grant	Prog 8	-	34 202	21 332	855	-	-
7	Ikhwezi Lokusa Clinic	Ubushebezwe	New facility	- 2016/07/01	2018/01/01	Revitalisation grant	Prog 8	-	15 393	1 348	500	13 032	-
8	Jozini CHC	Jozini	Construction of a new CHC	- 2012/08/21	2014/08/15	Revitalisation grant	Prog 8	-	268 502	20 308	155 384	21 251	-
9	King Dinuzulu Hospital	eThekwini	New level 1 hospital	- 2013/06/13	2014/06/13	Revitalisation grant	Prog 8	-	8 630	-	5 698	432	-
10	King Dinuzulu Hospital	eThekwini	Health technology equip. (TB)/new psych hosp.	- 2011/04/01	2012/03/31	Revitalisation grant	Prog 8	-	134 978	94 978	5 000	-	-
11	King Dinuzulu Hospital	eThekwini	New psychiatric secure unit	- 2011/06/07	2012/07/06	Revitalisation grant	Prog 8	-	12 847	9 867	438	-	-
12	King Dinuzulu Hospital	eThekwini	New aircon to TB multi storey	- 2011/11/30	2013/04/28	Revitalisation grant	Prog 8	-	23 012	15 820	575	-	-
13	KwaMhlangana Clinic	Nongoma	Construct new clinic	- 2011/12/01	2013/05/20	Revitalisation grant	Prog 8	-	13 950	8 404	348	-	-
14	KwaJoni Clinic	Umtzumbi	Construction of a medium clinic with residence	- 2016/04/20	2017/09/15	Revitalisation grant	Prog 8	-	18 000	3 649	-	1 038	-
15	KwaMpande Clinic	Msunduzi	Phase 9 : New clinic	- 2016/07/20	2017/01/20	Revitalisation grant	Prog 8	-	11 646	1 585	-	1 000	-
16	Mphahala Clinic	Nkandla	Construction of new medium clinic	- 12/04/2018	16/06/2019	Revitalisation grant	Prog 8	-	18 000	1 046	-	1 000	-
17	Mqatseni Clinic	Kwa Sani	New clinic : Phase 10	- 30/01/2012	30/07/2013	Revitalisation grant	Prog 8	-	14 145	7 651	350	-	-
18	Various	Various	Various	Various	Various	Various	Prog 8	-	1 293 671	95 690	93 529	59 747	-
Total New and replacement assets									5 008 485	542 639	382 023	544 731	-
Upgrades and additions													
1	Benedictine Hospital	Nongoma	Student accommodation	- 2016/09/30	2018/03/30	Equitable share	Prog 8	-	40 000	34	5 000	16 579	1 000
2	Charles Johnson Memorial Hospital	Nquthu	Upgrading of nurses residence	- 2014/04/01	2014/12/01	Equitable share	Prog 8	-	5 000	-	5 500	1 500	-
3	Edendale Hospital	Msunduzi	Health technology equipment	- 2012/04/01	2013/03/31	Revitalisation grant	Prog 8	-	36 008	30 008	20 000	-	-
4	Edendale Hospital	Msunduzi	Upgrade OPD/emergency unit	- 2012/10/31	2014/01/30	Revitalisation grant	Prog 8	-	78 493	7 783	25 321	15 633	2 339
5	Edendale Hospital	Msunduzi	Upgrade psychiatric ward	- 2012/10/16	2013/11/30	Revitalisation grant	Prog 8	-	9 926	2 033	2 657	250	-
6	Hiabisa Hospital	Hiabisa	Upgrade pharmacy, OPD	- 2017/04/01	2019/04/01	Revitalisation grant	Prog 8	-	88 000	836	13 419	-	8 236
7	King Dinuzulu Hospital	eThekwini	Initial planning for resident personnel	- 2012/04/01	2013/03/31	Revitalisation grant	Prog 8	-	26 519	22 452	1 743	-	-
8	King Dinuzulu Hospital	eThekwini	Upgrade water reservoir/helicopter/taxi stop	- 2012/01/27	2013/12/12	Revitalisation grant	Prog 8	-	69 182	16 729	29 340	1 730	-
9	King Dinuzulu Hospital	eThekwini	IT cabling and equipment	- 2013/07/01	2014/03/13	Revitalisation grant	Prog 8	-	3 332	832	2 000	-	-
10	King Dinuzulu Hospital	eThekwini	New TB complex	- 2011/09/16	2013/01/16	Revitalisation grant	Prog 8	-	81 100	44 169	14 050	2 030	-
11	King Edward VIII Hospital	eThekwini	Health technology equipment	- 2012/04/01	2013/03/31	Revitalisation grant	Prog 8	-	30 644	21 224	4 000	1 000	-
12	KwaMagwaza Hospital (St Mary's)	Mthongweni	Upgrade kitchen floor, waterproofing roof	- 2016/09/30	2018/03/16	Revitalisation grant	Prog 8	-	17 000	1 184	-	-	2 000
13	LUMWH	uMhlathuze	Alteration and additions to existing hospital	- 2010/09/09	2014/08/04	Revitalisation grant	Prog 8	-	427 521	246 226	85 757	2 174	-
14	Matatama Gandhi Hospital	eThekwini	Mental health care unit	- 2014/04/30	2016/04/30	Revitalisation grant	Prog 8	-	34 117	175	500	14 000	17 692
15	Mamulu Clinic (Kranskop)	Maphumulo	Construction of a medium clinic	- 2016/06/30	2018/12/15	Revitalisation grant	Prog 8	-	31 724	2 118	1 000	15 000	12 729
16	Montebello Hospital	Ndwedwe	Upgrade male/paediatric/maternity wards	- 2016/09/01	2018/03/01	Revitalisation grant	Prog 8	-	15 000	608	1 000	11 500	1 892
17	Mosvold Hospital (Nursing College)	Jozini	Residence/offices for lecturers	- 2015/04/01	2017/04/01	Revitalisation grant	Prog 8	-	9 000	-	-	1 000	7 996
18	Murchison Hospital	Hibiscus Coast	Construction of new MDR unit	- 2016/04/01	2017/03/30	Revitalisation grant	Prog 8	-	13 000	-	-	12 140	360
19	Various	Various	Various	Various	Various	Various	Prog 8	-	362 928	256 096	547 478	354 849	487
Total Upgrades and additions									1 378 494	652 507	758 765	449 385	54 731

Table 7.V (continued) : Health - Payments of infrastructure by category

No.	Project name	Municipality / Region	Type of infrastructure	Project duration		Source of funding	Budget programme name	Targeted number of jobs for 2014/15	Total project cost	Expenditure to date from previous years	Total available		MTEF Forward estimates	
				Date: Start	Date: Finish						2014/15	2015/16	MTEF 2016/17	
School - primary/ secondary/ specialised; admin block; water; electricity; sanitation/toilet; fencing etc)														
Renovations and additions														
Renovations and additions														
Repairs to kitchen roof/psychiatric ward														
Classroom/records room														
Renovations houses and carports														
Lift installation: Double lift to AC multi storey														
Lift installation: Single lift to AC multi storey														
Upgrade classroom/toilets														
Refurbishment of lifts to S,N & I blocks														
Repairs stormwater drainage														
Renovate MOPD/theatres/ICU/high care														
Repairs and renovations to OPD														
Renovate NI and POPD														
Renovate family clinic/psychiatric wards/kitchen														
Staff residence renovation Phase 2														
Upgrade clinic														
Complete repairs and renovations														
Renovate clinic														
Renovate clinic														
Renovate dwellings/dormitories														
Renovate clinic														
Various														
Various														
Total Rehabilitation, renovations and refurbishments														
Maintenance and repairs														
1 Institutional maintenance														
2 Institutional maintenance														
3 Institutional maintenance														
4 Institutional maintenance														
5 Institutional maintenance														
6 Institutional maintenance														
7 Institutional maintenance														
8 Institutional maintenance														
9 Institutional maintenance														
10 Institutional maintenance														
11 Institutional maintenance														
12 Various														
Total Maintenance and repairs														
Infrastructure transfers - current														
Infrastructure transfers - capital														
Total Health Infrastructure														

Table 7.W : Summary of transfers to local government (Municipal clinics)

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2010/11	2011/12	2012/13	2013/14			2014/15	2015/16	2016/17
A KZN2000 eThekweni	44 540	47 212	-	122 500	136 000	136 000	109 000	122 400	138 365
Total: Ugu Municipalities	12 153	5 616	7 270	-	-	-	-	-	-
B KZN211 Vulamehlo	-	-	-	-	-	-	-	-	-
B KZN212 Umdoni	3 493	1 663	1 585	-	-	-	-	-	-
B KZN213 Umzumbe	-	-	-	-	-	-	-	-	-
B KZN214 uMuziwabantu	1 408	417	861	-	-	-	-	-	-
B KZN215 Ezingoleni	-	-	-	-	-	-	-	-	-
B KZN216 Hibiscus Coast	7 252	3 536	4 824	-	-	-	-	-	-
C DC21 Ugu District Municipality	-	-	-	-	-	-	-	-	-
Total: uMgungundlovu Municipalities	34 475	11 039	-	-	7 239	7 239	-	-	-
B KZN221 uMshwathi	1 480	210	-	-	372	372	-	-	-
B KZN222 uMngeni	3 291	673	-	-	1 059	1 059	-	-	-
B KZN223 Mpofana	817	489	-	-	734	734	-	-	-
B KZN224 Impendle	-	-	-	-	-	-	-	-	-
B KZN225 Msunduzi	28 887	9 667	-	-	5 074	5 074	-	-	-
B KZN226 Mkhambathini	-	-	-	-	-	-	-	-	-
B KZN227 Richmond	-	-	-	-	-	-	-	-	-
C DC22 uMgungundlovu District Municipality	-	-	-	-	-	-	-	-	-
Total: Uthukela Municipalities	14 401	6 928	2 824	-	-	-	-	-	-
B KZN232 Ennambithi/Ladysmith	10 756	3 614	-	-	-	-	-	-	-
B KZN233 Indaka	-	-	-	-	-	-	-	-	-
B KZN234 Umsheshezi	2 161	1 921	1 413	-	-	-	-	-	-
B KZN235 Okhahlamba	1 484	1 393	1 411	-	-	-	-	-	-
B KZN236 Imbabazane	-	-	-	-	-	-	-	-	-
C DC23 Uthukela District Municipality	-	-	-	-	-	-	-	-	-
Total: Umzinyathi Municipalities	3 650	834	1 619	-	417	417	-	-	-
B KZN241 Endumeni	2 077	-	-	-	-	-	-	-	-
B KZN242 Nqutu	-	-	-	-	-	-	-	-	-
B KZN244 Msinga	-	-	-	-	-	-	-	-	-
B KZN245 Umvoti	1 573	834	1 619	-	417	417	-	-	-
C DC24 Umzinyathi District Municipality	-	-	-	-	-	-	-	-	-
Total: Amajuba Municipalities	1 493	1 109	-	-	-	-	-	-	-
B KZN252 Newcastle	1 493	1 109	-	-	-	-	-	-	-
B KZN253 eMadlangeni	-	-	-	-	-	-	-	-	-
B KZN254 Dannhauser	-	-	-	-	-	-	-	-	-
C DC25 Amajuba District Municipality	-	-	-	-	-	-	-	-	-
Total: Zululand Municipalities	-	-	-	-	-	-	-	-	-
B KZN261 eDumbe	-	-	-	-	-	-	-	-	-
B KZN262 uPhongolo	-	-	-	-	-	-	-	-	-
B KZN263 Abaqulusi	-	-	-	-	-	-	-	-	-
B KZN265 Nongoma	-	-	-	-	-	-	-	-	-
B KZN266 Ulundi	-	-	-	-	-	-	-	-	-
C DC26 Zululand District Municipality	-	-	-	-	-	-	-	-	-
Total: Umkhanyakude Municipalities	-	-	-	-	-	-	-	-	-
B KZN271 Umhlabuyalingana	-	-	-	-	-	-	-	-	-
B KZN272 Jozini	-	-	-	-	-	-	-	-	-
B KZN273 The Big 5 False Bay	-	-	-	-	-	-	-	-	-
B KZN274 Hlabisa	-	-	-	-	-	-	-	-	-
B KZN275 Mtubatuba	-	-	-	-	-	-	-	-	-
C DC27 Umkhanyakude District Municipality	-	-	-	-	-	-	-	-	-
Total: uThungulu Municipalities	7 320	10 467	7 149	21 000	12 000	12 000	23 600	27 000	28 431
B KZN281 Umfolozi	-	-	-	-	-	-	-	-	-
B KZN282 uMhlathuze	4 086	4 886	5 630	21 000	12 000	12 000	23 600	27 000	28 431
B KZN283 Ntambanana	-	-	-	-	-	-	-	-	-
B KZN284 uMlalazi	2 461	5 325	637	-	-	-	-	-	-
B KZN285 Mthonjaneni	773	256	882	-	-	-	-	-	-
B KZN286 Nkandla	-	-	-	-	-	-	-	-	-
C DC28 uThungulu District Municipality	-	-	-	-	-	-	-	-	-
Total: Ilembe Municipalities	5 856	2 835	4 031	-	657	657	-	-	-
B KZN291 Mandeni	1 527	541	564	-	657	657	-	-	-
B KZN292 KwaDukuza	4 329	2 294	3 467	-	-	-	-	-	-
B KZN293 Ndwedwe	-	-	-	-	-	-	-	-	-
B KZN294 Maphumulo	-	-	-	-	-	-	-	-	-
C DC29 Ilembe District Municipality	-	-	-	-	-	-	-	-	-
Total: Sisonke Municipalities	-	-	-	-	-	-	-	-	-
B KZN431 Ingwe	-	-	-	-	-	-	-	-	-
B KZN432 Kwa Sani	-	-	-	-	-	-	-	-	-
B KZN433 Greater Kokstad	-	-	-	-	-	-	-	-	-
B KZN434 Ubuhlebezwe	-	-	-	-	-	-	-	-	-
B KZN435 Umzimkulu	-	-	-	-	-	-	-	-	-
C DC43 Sisonke District Municipality	-	-	-	-	-	-	-	-	-
Unallocated	-	-	-	-	-	-	-	-	-
Total	123 888	86 040	22 893	143 500	156 313	156 313	132 600	149 400	166 796