

VOTE 7

Health

Operational budget	R 32 979 964 423
MEC remuneration	R 1 821 577
Total amount to be appropriated	R 32 981 786 000
Responsible MEC	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 (NDP) 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 NDP 2030, the 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 86.6 per cent of the province's total population of 10 694 400 (2014 Mid-Year Population Estimates, Stats 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 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)
- Allied Health Professions Act (Act No. 63 of 1982)

2. Review of the 2014/15 financial year

Section 2 provides a review of 2014/15, outlining the main achievements and progress made by the department, as well as providing a brief discussion on the challenges and new developments.

Preventing and reducing the burden of disease with the main focus on maternal, neonatal, child and women's health and nutrition, TB, HIV and AIDS, and non-communicable conditions. According to 2014/15 mid-year data:

- The mother to child transmission of HIV was reduced from 1.6 per cent in 2013/14 to 1.2 per cent.
- The facility maternal mortality ratio reduced from 147 per 100 000 live births to 140.3 per 100 000 live births.
- The child under 5 years severe acute malnutrition incidence decreased from 5.6 per 1 000 in 2013/14 to 5.5 per 1 000.
- The cumulative number of HIV positive clients remaining on anti-retroviral (ARV) therapy increased from 840 738 in 2013/14 to 883 577.
- The TB incidence decreased from 1 027 per 100 000 population in 2012/13 to 898 per 100 000 population in 2013/14 (annual indicator).

Implementation of primary health care (PHC) re-engineering by increasing household coverage by ward-based outreach teams, school health teams and district clinical specialist teams. According to 2014/15 mid-year data:

- One district clinical specialist team has all specialist and nursing posts filled and nine teams have all nursing posts filled. The turn-over rate of team members is high, and filling of posts in rural districts remains a challenge.
- School health teams increased from 176 in 2013/14 to 186, and the PHC outreach teams increased from 33 to 78 complete teams. The household coverage increased from 35.3 per cent in 2013/14 to 44.7 per cent.

Strengthening of hospital services:

- Clinical governance was prioritised, including outreach programmes and mentorship. Outreach services were strengthened through the partnership with Red Cross Aero Medical Services. Between April and November 2014, an average of 40 hospitals were visited per month, 827 clinic visits were undertaken, 11 885 patients were seen and 3 349 doctors and nurses attended ward rounds conducted by specialists during outreach services.

Improving human resources:

- The MOU between the department and the University of KwaZulu-Natal (UKZN) was signed in December 2014. As part of the partnership, the decentralised training on the PHC model is at an advanced stage of development which will, *inter alia*, increase the production of Health Sciences professionals and ensure intensified focus on PHC re-engineering.
- An agreement was reached between the department and UKZN for the training of mid-level workers such as pharmacist assistants, dental assistants, physiotherapy technicians and nutritional advisors, to substitute scarce resources. The training of clinical associates is also being explored.

Strengthening health information management:

- 40 per cent of hospitals and 25 per cent of PHC facilities have broadband access which serves as an enabler for the implementation of a web-based health information system in these facilities.
- Tele-medicine sites increased from 37 to 41 to expand distance teaching and learning through information communication technology in a variety of clinical specialities including radiology, ultrasonography, burn and wound management etc., especially in rural areas.

Improving quality of care:

- The department continues to implement the National Core Standards, focussing on seven domains, each with a vast number of standards and criteria, intended to improve quality and efficiency of health establishments. These include patient rights, patient safety, clinical governance and care, clinical support services, public health, leadership and corporate governance, operational management, as well as facilities and infrastructure.
- Implementation of the Ideal Clinic Realisation and Maintenance (ICRM – Operation *Phakisa*) project in PHC facilities commenced in 2014/15, aimed at improving the quality of PHC services. Self-assessments undertaken in the fourth quarter of 2014/15, to determine a baseline against the Ideal Clinic standards, show that, out of 288 targeted clinics, 68 (23.6 per cent) scored less than 49 per cent, 149 (51.7 per cent) between 50-69 per cent, and 70 (24.3 per cent) more than 70 per cent.

Improve universal health coverage

- The department continues to implement the National Health Insurance (NHI) pilot in the districts of uMgungundlovu, Umzinyathi and Amajuba, with a focus on:
 - Effective functioning and integration of new primary care delivery models.
 - Monitoring and evaluation of community and facility-based PHC and outreach services to ensure evidence-based planning.
 - Improved pharmaceutical supplies management systems to improve access to services and patient satisfaction.
 - Improved supply chain management.
 - Strengthening leadership and management at district and facility levels.
 - Pilot effective referral system(s) based on a re-engineered primary health care platform with a particular focus on rural areas.

3. Outlook for the 2015/16 financial year

Section 3 looks at the key focus areas of 2015/16, 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:

The bulk of the department's budget allocation is for the delivery of PHC services to the approximately 87 per cent uninsured population of KZN. The main services rendered at PHC level include the comprehensive management of HIV and AIDS, as well as the provision of clinic (including mobiles) and hospital care at a district level. The department also provides hospital care at a general, tertiary and central level, for patients whose levels of care require more specialised services, as well as emergency transport for patients who require urgent attention. In 2015/16, the department will continue with these services and will strive to achieve improvements and enhancements to these services, as set out below.

Prevent and reduce the burden of disease with the main focus on maternal, neonatal, child and women's health, nutrition, TB, HIV and AIDS, and non-communicable conditions, as follows:

- Reduce the mother to child transmission rate of HIV to less than 0.5 per cent by March 2018.
- Reduce the facility maternal mortality ratio to 100 maternal deaths per 100 000 live births by March 2018.
- Establish 11 district hospital caesarean section centres by March 2018 to improve maternal health outcomes.
- Decrease the child under-five year severe acute malnutrition incidence to 4.9 per 1 000 by March 2018.
- Decrease the TB incidence to 500 per 100 000 population by March 2018.
- Maintain the TB new client treatment success rate at 85 per cent (or more) from March 2016 onward.

- Increase the total number of clients on ARVs to 1 450 000 (cumulative) by March 2018.
- Decrease the hypertension incidence to 15.2 per 1 000 by March 2018.
- Decrease the diabetes incidence to 1.2 per 1 000 by March 2018.

Scale up PHC re-engineering with the main focus on implementing the ICRM (Operation *Phakisa*):

- Increase the percentage of fixed PHC facilities that score above 80 per cent against the Ideal Clinic criteria (dashboard) to 60 per cent by March 2018.
- Establish four complete district clinical specialist teams (full composition of nursing and medical specialists) by March 2018.

Strengthen and improve hospital efficiencies with the main focus on implementation of an approved Hospital Rationalisation Plan over the next 5 to 10 years. This includes the following:

- Re-classification of hospitals based on the package of services and aligned post establishment, review of bed norms per clinical discipline, hospital complexes, emergency units in selected hospitals, roll-out of a patient information system using a phased approach, tele-health, and strengthening of clinical governance.
- In 2015/16, key focus areas will be the rationalisation of the oncology, nephrology, orthopaedics and neurosurgery services.

Improving human resources for health with the main focus on the finalisation of a costed long-term human resources plan through the following:

- Costing the organisational structure based on service gaps and established norms and standards using empirical evidence from current research conducted by the Epidemiology unit, the Health Economics and HIV and AIDS Research Division and UKZN, and supported by the workload indicators of staffing needs currently implemented in the NHI pilot districts.
- Decentralising community-based training in the PHC model for Health Sciences, in partnership with UKZN to increase supply of critical skills (including mid-level workers) and piloting this training model in Region 4 (Zululand, Umkhanyakude and uThungulu) in 2015/16.

Strengthening health information systems and management:

- Establish bandwidth connectivity in 90 per cent of hospitals (64 facilities) and 45 per cent of Clinics/community health centres (241 facilities) as an enabler for the implementation of a web-based health information system.
- Increase tele-medicine sites to 65 by March 2018 to advance clinical training and development.

Improving financial management:

- Implement an electronic inventory management system in all hospitals and community health centres, along with an electronic billing system in central, tertiary and regional hospitals and selected high volume district hospitals.
- Centralise the acquisition processes at district offices with the appointment of dedicated SCM managers at district offices.
- Undertake organisation-wide introduction and training of standard operating procedures for finance and SCM, as well as leadership training of district finance managers, benchmarking of best finance practices, mentoring and coaching of junior staff, refining of budget boundaries per activity, the roll-out of an electronic pharmacy management system at all facilities, the introduction of an electronic National Health Laboratory Services (NHLS) system in all hospitals and community health centres (CHC), and the roll-out of an electronic ordering system for clinics.

Improving quality of care with focus on implementation and annual self-assessment of the National Core Standards and development and implementation of Quality Improvement Plans to address identified gaps:

- Increase the percentage of hospitals that are compliant with all extreme and vital measures of the core standards to 60 per cent (or more) by March 2020. These include, but are not limited to, measures

which ensure that the safety of patients and staff are safeguarded so as not to result in unnecessary harm or death.

- Achieve and sustain a patient satisfaction rate of 95 per cent (or more) in all health facilities by March 2020.

Improve universal health coverage by implementing the NHI pilot in 3 identified districts:

- Scale up of the ICRM (Operation *Phakisa*) in all PHC facilities.
- Roll-out of the Chronic Medication Dispensing and Supply Model, which is a community-based distribution of chronic medication (pre-packed and distributed at community outlets). This will decongest clinics and hospitals as patients on chronic medication will receive their medication outside health facilities.

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 2011/12 to 2017/18. The table also compares actual and budgeted receipts against actual and budgeted payments.

Table 7.1 : Summary of receipts and financing

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Equitable share	20 152 053	22 014 761	23 428 519	24 638 533	24 636 764	24 636 764	26 017 187	27 476 629	28 888 461
Conditional grants	4 435 205	5 023 849	5 429 296	6 228 886	6 428 886	6 228 886	6 903 719	7 264 366	7 985 087
Health Professions Training and Development grant	249 917	261 860	276 262	292 837	292 837	292 837	299 513	312 377	331 943
Health Facility Revitalisation grant	906 169	1 176 452	1 072 531	1 162 469	1 362 469	1 362 469	1 229 775	1 047 521	1 099 898
National Tertiary Services grant	1 201 831	1 323 114	1 415 731	1 496 427	1 496 427	1 496 427	1 530 246	1 596 286	1 696 266
Comprehensive HIV and AIDS grant	1 889 427	2 225 423	2 652 072	3 257 992	3 257 992	3 057 992	3 813 094	4 293 096	4 840 948
Forensic Pathology Services grant	161 550	-	-	-	-	-	-	-	-
Social Sector EPWP Incentive Grant for Provinces	25 775	-	-	2 581	2 581	2 581	13 000	-	-
EPWP Integrated Grant for Provinces	536	1 000	3 000	2 580	2 580	2 580	3 683	-	-
National Health Insurance grant	-	33 000	9 700	14 000	14 000	14 000	14 408	15 086	16 032
AFCON: Medical Services grant	-	3 000	-	-	-	-	-	-	-
Total receipts	24 587 258	27 038 610	28 857 815	30 867 419	31 065 650	30 865 650	32 920 906	34 740 995	36 873 548
Total payments	24 791 118	27 390 533	29 531 410	30 914 196	31 119 465	30 919 465	32 981 786	34 741 665	36 873 548
Surplus/(Deficit) before financing	(203 860)	(351 923)	(673 595)	(46 777)	(53 815)	(53 815)	(60 880)	(670)	-
Financing									
of which									
Provincial roll-overs	81 838	-	14 949	-	5 848	5 848	-	-	-
Provincial cash resources	-	252 320	346 446	46 777	47 967	47 967	60 880	670	-
Surplus/(Deficit) after financing	(122 022)	(99 603)	(312 200)	-	-	-	-	-	-

In 2011/12, 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.

Also 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 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 fee for services/flat fee 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.

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 2013/14, 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 R346.446 million from provincial cash resources as follows:

- R94.866 million for the take-over costs of McCord Hospital 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 over-spending of R312.200 million in 2013/14 relates mainly to pressures against medical supplies and medicines from the clearing of backlog payments from 2012/13 (particularly for ARV drugs), and the introduction of new (more expensive) tenders in District Health Services (DHS). Also causing pressure was the increased demand for regional services, as well as costs for TB medication. In addition, there was pressure resulting from medico-legal claims and higher than expected staff exit costs. Most of the litigation is at regional hospital level, with the additional challenge of a high attrition rate among medical specialists (who provide leadership) and critical shortage of specialised nursing staff. Furthermore, there were more staff exits than anticipated, particularly among the nursing staff.

This 2013/14 over-expenditure resulted in unauthorised expenditure in terms of the adoption of the resolutions of SCOPA by the Legislature on 9 December 2014. Thus, in terms of Section 34(2) of the PFMA, the department is liable for the repayment of the over-expenditure. This has resulted in the first instalment of the first charge of R107.607 million being implemented against the budget in 2015/16 and 2016/17. A final instalment of R107.608 million is implemented in 2017/18. This is reflected as a footnote in Tables 7.6 and 7.7 below.

In 2014/15, a roll-over of R5.848 million was approved in respect of the NHI grant, to pay for the development of a patient record system, with orders placed in 2013/14, but only delivered in 2014/15.

The department is also allocated funding from provincial cash resources in 2014/15 for trade creditors and VAT at McCord Hospital (R15.870 million, with minor carry-through 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.

In the 2014/15 Adjusted Appropriation, the department's equitable share was reduced by R1.769 million related to previous years' irregular expenditure. Cabinet approved that, where departments were unable to provide sufficient justification for the irregular expenditure, it becomes a first charge against the vote. Also in 2014/15, the department received additional funding of R200 million for the Health Facility Revitalisation grant to fund in-year infrastructure pressures. This amount was taken from the indirect National Health grant and allocated to the province as a direct grant. Note that, in 2014/15, there is a planned reduction by the NDOH in the Comprehensive HIV and AIDS grant of R280 million, to assist in funding pressures in the NHLS. The department has identified savings of R200 million at the time of writing this report, and still needs to identify a further R80 million.

The department began rolling out the Human Papilloma Virus (HPV) vaccine in 2014/15, which has been shown to prevent cervical cancer in women. The funding for the roll-out in 2014/15 and 2015/16 is 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.

In 2015/16, the department is allocated additional equitable share funding to assist with the carry-through costs of the under-funded 2014 wage agreement (R79.755 million in 2015/16, R95.748 million in 2016/17 and R138.470 million in 2017/18). Included in provincial cash resources in 2015/16 is R60 million for the anticipated purchase of St. Aiden's Hospital.

It is noted that the Health Facility Revitalisation grant declines in the outer two years of the MTEF due to reforms 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 needed to bid for the infrastructure allocation two years in advance and financial incentives would be built into the infrastructure grant for provinces that implement best practices. The grant is provided with some funding in 2016/17 and 2017/18 due to concerns expressed by provinces over the difficulty in planning ahead without knowing allocations for the two outer years. The "incentive" allocations for the two outer years remain unallocated at National Treasury and will be accessible to provinces when the next round of planning documents are submitted for the 2016/17 MTEF. In this regard, the department received an increase of R139.344 million in 2015/16 in this grant, as the required planning documents were submitted.

It is further noted that a number of conditional grants are affected by the fiscal consolidation cuts announced by the National Minister of Finance in 2014, with cuts in 2015/16 and 2016/17 in the Health Professionals Training and Development grant, the NHI grant and the National Tertiary Services grant. The Comprehensive HIV and AIDS grant was protected from these cuts, but, as mentioned, there is a planned reduction by NDOH in this grant of R280 million in 2014/15, to assist in funding pressures in the NHLS. This grant was also reduced over the 2015/16 MTEF to fund various NHLS functions moved from the provincial sphere to the national sphere. These functions relate to the National Institute of Communicable Diseases (NICD), the National Institute of Occupational Health (NIOH), the National Cancer Registry (NCR) and the teaching, training and research functions of the NHLS. These functions are currently funded through a combination of cross-subsidisation within the NHLS tariffs and a subsidy from NDOH. The funding shift is being moved from both the department's equitable share and from the Comprehensive HIV and AIDS grant on a 60:40 basis. The amounts decreased from the equitable share are R72.008 million, R75.426 million and R79.066 million over the 2015/16 MTEF, while the grant is decreased by R60.991 million, R63.887 million and R66.970 million.

The department has been allocated nine national conditional grants over the seven-year period, and these are described in more detail in Section 5.4.

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*.

Table 7.2 : Summary of departmental receipts collection

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Tax receipts	-	-	-	-	-	-	-	-	-
Casino taxes	-	-	-	-	-	-	-	-	-
Horse racing taxes	-	-	-	-	-	-	-	-	-
Liquor licences	-	-	-	-	-	-	-	-	-
Motor vehicle licences	-	-	-	-	-	-	-	-	-
Sale of goods and services other than capital assets	196 395	207 758	237 077	220 512	220 512	220 512	231 538	243 810	256 000
Transfers received	-	-	-	-	-	-	-	-	-
Fines, penalties and forfeits	17	12	29	21	21	21	21	22	23
Interest, dividends and rent on land	366	140	5 988	217	217	217	217	229	240
Sale of capital assets	-	17 929	9 607	10 000	10 000	10 000	10 000	10 530	11 057
Transactions in financial assets and liabilities	11 220	12 650	18 046	15 411	15 411	15 411	16 182	17 040	17 892
Total	207 998	238 489	270 747	246 161	246 161	246 161	257 958	271 630	285 211

The bulk of revenue collected by the 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. The high collection in 2013/14 was due to higher than anticipated receipts on patient fees. This was due to continued joint implementation of revenue enhancement initiatives by the department and Provincial Treasury. Also, the revenue retention incentive by Provincial Treasury, focusing solely on patient fees, is expected to further improve the department's performance going forward.

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:

- Due to the socio-economic challenges that exist in the province, most recipients of health services are unable to make a meaningful contribution for the services provided. Through the revenue enhancement programme, the department is focusing on how to optimise revenue from patients who can afford but are currently receiving free services.
- 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 2013/14 was due to improved recoveries mainly from Road Accident Fund (RAF) and the Compensation of Injuries and Disease Act (COIDA) after a concerted effort aimed at improving revenue collections was instituted by the department. Growth over the 2015/16 MTEF is due to expected sustenance of the momentum to optimise own-revenue collection in respect to the above-mentioned sources.

Fines, penalties and forfeits reflects revenue from staff transgressions (such as illegal parking), which are difficult to anticipate accurately.

Interest, dividends and rent on land largely reflects interest on staff debts. The high 2013/14 amount is due to the high collection on 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 relates largely to the sale of redundant assets such as motor vehicles and equipment. The amounts collected in 2012/13 and 2013/14 are based on the auction sale of vehicles. The amount the department projects to receive over the 2015/16 MTEF is from the auctioning of redundant assets and is budgeted for conservatively due to the inconsistency in collecting revenue from this source.

Transactions in financial assets and liabilities relates to the recovery of staff debts, which emanate mainly from salary over-payments, breached bursary contracts, refunds of previous years' expenditure, etc. The revenue budget grows steadily from 2014/15 through the outer years. 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. It is noted that spending on donor funds in Table 7.4 exceeds receipts in Table 7.3 in most years. 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 European Union PHC project and Atlantic Philanthropies. The bulk of remaining donations are small once-off allocations. The Global Fund for HIV and AIDS patients was largely finalised in 2011/12 and the European Union PHC project was finalised in 2014/15.

Table 7.3 : Details of donor funding

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Donor funding	4 231	884	3 677	331	331	331	-	-	-
Aspen	3 500	-	-	-	-	-	-	-	-
Comrades Marathon	10	-	-	-	-	-	-	-	-
Conforth Investments	151	-	-	-	-	-	-	-	-
European Union	-	-	2 000	-	-	-	-	-	-
HWSETA Learnership - Bethesda Sub-Campus	121	-	-	-	-	-	-	-	-
HWSETA Learnership - Edendale Campus	-	126	-	-	-	-	-	-	-
HWSETA Learnership - Head Office	-	199	-	-	-	-	-	-	-
HWSETA Learnership - HIV/AIDS Support	-	-	-	-	-	-	-	-	-
HWSETA Learnership - King Edward Sub-Campus	126	262	-	-	-	-	-	-	-
HWSETA Learnership - Ngwelezane	-	-	158	-	-	-	-	-	-
HWSETA Learnership - Nkandla	-	105	-	-	-	-	-	-	-
HWSETA Learnership - Pharmacy	-	-	28	-	-	-	-	-	-
HWSETA Learnership - St Aidan's	323	-	-	-	-	-	-	-	-
HWSETA Learnership - Social & Aux	-	137	-	-	-	-	-	-	-
HWSETA	-	-	1 266	331	331	331	-	-	-
MRI Novartis Training	-	55	-	-	-	-	-	-	-
PSETA Learnership - Church of Scotland, Ekombe and Nkandla Hospitals	-	-	225	-	-	-	-	-	-
Total	4 231	884	3 677	331	331	331	-	-	-

Table 7.4 : Details of payments and estimates of donor funding

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Donor funding	6 227	5 353	668	12 487	12 487	12 156	331	-	-
Aspen	1 000	2 500	-	-	-	-	-	-	-
Astra Zeneca	14	79	88	29	29	29	-	-	-
Atlantic Philanthropies	144	1 507	305	7 617	7 617	7 617	-	-	-
Bayer Health Care: Greys	-	6	-	-	-	-	-	-	-
Ben Booysen	1	-	-	-	-	-	-	-	-
Canadian HIV Trials Network: Greys	58	-	-	-	-	-	-	-	-
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	2 462	602	-	2 000	2 000	2 000	-	-	-
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	15	-	-	45	45	45	-	-	-
HWSETA Learnership - King Edward Sub-Campus	-	109	1	278	278	278	-	-	-
HWSETA Learnership - Mosvold	-	-	-	91	91	91	-	-	-
HWSETA Learnership - Mseleni	-	-	-	12	12	12	-	-	-
HWSETA Learnership - Ngwelezane	-	-	-	158	158	158	-	-	-
HWSETA Learnership - Nkandla	-	-	73	32	32	32	-	-	-
HWSETA Learnership - Pharmacy	-	-	-	28	28	28	-	-	-
HWSETA Learnership - Prince Mshiyeni Hospital	32	21	18	15	15	15	-	-	-
HWSETA Learnership - Social and Auxilliary	-	102	-	35	35	35	-	-	-
HWSETA Learnership - St Aidan's	-	-	128	195	195	195	-	-	-
HWSETA	-	-	-	1 266	1 266	935	331	-	-
Impumelelo Trust Innovation	-	-	-	24	24	24	-	-	-
MRI Novartis Training	-	-	55	-	-	-	-	-	-
PSETA Learnership - Church of Scotland, Ekombe and Nkandla Hospitals	-	-	-	225	225	225	-	-	-
Rashid Suliman and Associates	2	-	-	-	-	-	-	-	-
SA Breweries	48	-	-	2	2	2	-	-	-
Zinc Study (Nu Health and Pfizer)(Greys)	3	-	-	-	-	-	-	-	-
Total	6 227	5 353	668	12 487	12 487	12 156	331	-	-

In 2008/09 and 2009/10, the department received a donation in two instalments of R6 million each from Atlantic Philanthropies, which was used to strengthen the capacity of nursing education institutions in KZN. These funds could not be fully utilised by 2013/14 due to continued delays experienced with the tender process, and R7.617 million was rolled over to 2014/15. The department anticipates fully spending this funding in 2014/15.

The department received new donor funding in 2014/15 from the Health and Welfare Sector Training Authority (HWSETA) amounting to R331 000. These are funds for the learnership programmes in hospitals still to be identified, and will be spent in 2015/16.

No donations are expected over the 2015/16 MTEF, at this stage.

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:

- National Treasury imposed fiscal consolidation cuts on the equitable share and conditional grant allocations of provinces for 2015/16 and 2016/17. In KZN, the bulk of the equitable share cut is absorbed by reducing the Contingency Reserve, stopping of the Strategic Cabinet Initiatives Fund, etc. As part of the fiscal consolidation, National Treasury has not provided any funding for the carry-through costs of the 2014 wage agreement. Provincial Treasury has provided approximately 40 per cent of the funding from the provincial fiscus, and the department therefore had to fund the balance by internal reprioritisation and lowering growth of non-essential item budgets.
- Provision was made for the carry-through costs of the 2014 wage agreement and an inflationary wage adjustment of 5.6, 5.5 and 5 per cent for each of the three years of the 2015/16 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 municipal clinics will be provided *via* transfer payments over the 2015/16 MTEF.
- The expanded cost-cutting measures, as reissued by Provincial Treasury in 2014/15, will continue to be adhered to over the 2015/16 MTEF, in conjunction with National Treasury Instruction 01 of 2013/14: Cost-containment measures. However, the provincial cost-cutting measures have been updated to include those that were adopted by the Committee of HODs (COHODs) in December 2014, and an updated circular has been reissued to departments and public entities.

5.2 Additional allocations for the 2013/14 to 2015/16 MTEF

Table 7.5 shows additional funding received by the department over the three MTEF periods: 2013/14, 2014/15 and 2015/16.

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 2013/14 and 2014/15 MTEF periods (i.e. for the financial year 2017/18) are based on the incremental percentage used in the 2015/16 MTEF.

Table 7.5 : Summary of additional provincial allocations for the 2013/14 to 2015/16 MTEF

R thousand	2013/14	2014/15	2015/16	2016/17	2017/18
2013/14 MTEF period	257 068	(352)	140 408	146 867	154 210
Carry-through of 2012/13 Adjustments Estimate - 2012 wage agreement	513 767	629 426	894 376	935 517	982 293
Census data update and 1%, 2% and 3% baseline cuts	(313 796)	(646 991)	(802 590)	(839 509)	(881 485)
National priorities:	6 517	17 213	48 622	50 859	53 402
<i>TB - GeneXpert</i>	6 517	17 213	48 622	50 859	53 402
Regional laundry in Dundee	50 580	-	-	-	-
2014/15 MTEF period		231 986	311 746	396 378	416 196
Re-grading of clerical staff		59 505	68 132	72 561	76 189
Carry-through of previous wage agreements		125 704	242 734	280 486	294 510
National priorities:		-	-	42 661	44 794
<i>Roll-out of HPV Vaccine</i>		-	-	42 661	44 794
McCord Hospital (trade creditors and VAT)		15 870	880	670	703
St Mary's Hospital - operations		30 907	-	-	-
2015/16 MTEF period			47 368	(1 137)	36 104
Function shift to Port Health Services to NDOH			(20 379)	(21 459)	(22 597)
Provincial cash resources: Assist with 2014 wage agreement carry-through			79 755	95 748	138 470
NHLS - Function shift of NICD, NIOH, NCR and training			(72 008)	(75 426)	(79 066)
Removal of McCord Hospital (trade creditors and VAT) in 2017/18			-	-	(703)
Purchase of St Aidan's Hospital			60 000	-	-
Total	257 068	231 634	499 522	542 108	606 510

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 were 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 trade creditors and VAT 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.

In the 2015/16 MTEF, the following changes are made to the department's baseline:

- Carry-through costs of the 2014 wage agreement. Note that this does not cover the full carry-through costs as National Treasury did not provide provinces with any funds for the above-mentioned wage agreement, in line with fiscal consolidation. As a result, the province has assisted as far as possible in this regard, with approximately 40 per cent of the carry-through costs covered.
- Additional funding related to the purchase of St Aidan's Hospital.
- The budget is reduced as a result of the function shift of Port Health Services to NDOH.
- The budget is also reduced due to NHLS, where it was agreed that the funding of some functions would move from the provincial sphere to the national sphere. These functions are currently funded through a combination of cross-subsidisation within the NHLS tariffs and a subsidy from NDOH. The funding shift is being moved from both the department's equitable share and from the Comprehensive HIV and AIDS grant on a 60:40 basis. The reductions in this table relate to the equitable share reductions only.

- Also shown is the ceasing of funding for McCord Hospital in 2017/18.

Note that additional funding was allocated in the 2012/13 MTEF for improving infrastructure support. Although no longer visible in Table 7.5, this funding was specifically and exclusively appropriated and the department has not yet completed the implementation of its revised infrastructure staffing structure that this funding was intended for. Thus, amounts of R21.743 million, R22.743 million and R23.880 million remain ring-fenced for this purpose over the three years of the 2015/16 MTEF.

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

Table No. 6: Summary of payments and estimates by programme: Health									
R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
1. Administration	577 395	635 763	689 089	581 340	581 140	581 140	737 119	776 143	818 148
2. District Health Services	10 124 651	11 516 435	12 947 599	14 720 035	14 726 806	14 526 805	15 578 862	16 620 279	17 782 175
3. Emergency Medical Services	1 070 387	926 036	1 009 940	1 073 438	1 073 438	1 073 438	1 160 311	1 196 476	1 256 299
4. Provincial Hospital Services	6 897 820	7 567 375	8 121 196	8 788 275	8 785 841	8 785 841	8 775 638	9 370 522	9 832 823
5. Central Hospital Services	3 240 467	3 338 850	3 640 586	3 079 392	3 079 392	3 079 392	3 984 966	4 097 277	4 368 087
6. Health Sciences and Training	860 431	901 935	999 351	1 051 400	1 051 367	1 051 368	1 055 250	1 135 410	1 192 681
7. Health Care Support Services	124 968	130 541	122 844	140 959	140 934	140 934	138 288	146 337	153 654
8. Health Facilities Management	1 894 999	2 373 597	2 000 806	1 479 357	1 680 547	1 680 547	1 551 352	1 399 221	1 469 681
Total	24 791 118	27 390 533	29 531 410	30 914 196	31 119 465	30 919 465	32 981 786	34 741 665	36 873 548
Unauth. Exp. (1st charge) not available for spending	-	-	-	-	-	-	(107 607)	(107 607)	(107 608)
Baseline available for spending after 1st charge	24 791 118	27 390 533	29 531 410	30 914 196	31 119 465	30 919 465	32 874 179	34 634 058	36 765 940

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

	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
R thousand	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	22 374 653	24 746 845	26 890 291	28 624 542	28 780 978	28 545 638	30 780 575	32 579 143	34 548 177
Compensation of employees	15 118 307	16 886 345	18 676 776	20 188 402	20 211 032	20 109 624	21 138 481	22 383 173	23 592 758
Goods and services	7 256 326	7 860 500	8 213 347	8 436 140	8 569 946	8 435 393	9 642 094	10 195 970	10 955 419
Interest and rent on land	20	-	169	-	-	621	-	-	-
Transfers and subsidies to:	515 845	486 764	740 159	692 479	694 193	860 320	648 156	681 322	711 308
Provinces and municipalities	88 878	26 330	79 199	137 663	157 672	185 808	111 290	117 762	122 050
Departmental agencies and accounts	23 249	25 351	11 370	13 069	13 069	15 927	16 171	17 025	17 876
Higher education institutions	-	57	501	-	-	16	-	-	-
Foreign governments and international organisations	-	-	-	-	-	66	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	273 487	277 586	256 751	250 647	230 638	225 153	215 100	227 412	235 953
Households	130 231	157 440	392 339	291 100	292 814	433 350	305 595	319 123	335 429
Payments for capital assets	1 900 011	2 156 923	1 867 332	1 597 175	1 644 294	1 513 101	1 445 448	1 373 593	1 506 456
Buildings and other fixed structures	1 048 172	1 662 936	1 530 972	1 249 773	1 269 855	1 219 675	1 143 659	1 014 780	1 130 675
Machinery and equipment	825 384	493 987	336 179	347 402	374 439	293 426	301 789	358 813	375 781
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	26 455	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	181	-	-	-	-	-	-
Payments for financial assets	609	1	33 629	-	-	406	107 607	107 607	107 607
Total	24 791 118	27 390 533	29 531 410	30 914 196	31 119 465	30 919 465	32 981 786	34 741 665	36 873 548
Unauth. Exp. (1st charge) not available for spending	-	-	-	-	-	-	(107 607)	(107 607)	(107 608)
Baseline available for spending after 1st charge	24 791 118	27 390 533	29 531 410	30 914 196	31 119 465	30 919 465	32 874 179	34 634 058	36 765 940

As explained previously, the department is liable for the repayment of previous year's over-expenditure, resulting in a first charge against the department's budget in all three years of the 2015/16 MTEF, and this is reflected under Programme 1: Administration and against *Payments for financial assets*. This is shown below the total in Tables 7.6 and 7.7.

Most programmes show sustained growth from 2011/12 to 2017/18, with conditional grants accounting for a significant portion of this increase. As previously mentioned, the allocation for the Health Facility Revitalisation grant declines in the two outer years 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 2016/17 and 2017/18.

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 2015/16 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 2012/13 was due to improved personnel capacity at head office to reduce dependence on consultants, as well as to improve audit outcomes, to cover extensive fraud investigations at head office and to provide for an increase in municipal services and security costs. The project to replace redundant computer equipment in order to address the risk of losing essential data also contributed to the high growth in 2012/13. The increase in 2013/14 was due to pressures from forensic investigations, communications and computer services. The high growth in 2015/16 is attributed to the baseline being under-funded in previous years.

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 2012/13 was caused by over-expenditure due to the restructuring of PHC services, increased costs of 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 increase in 2013/14 was related mainly to pressures in medicines, particularly for ARVs and medical supplies due to the clearing of backlog payments from 2012/13, higher than expected litigation costs (medico-legal claims mainly in respect of maternity related cases), as well as staff exit costs, with more nurses leaving employment than expected. The increase in the 2014/15 Adjusted Appropriation is due to the filling of critical nursing posts in terms of the community outreach programmes and the roll-out of flu and HPV vaccines. The decrease in the 2014/15 Revised Estimate relates to the previously mentioned savings identified for the planned reduction by NDOH in the Comprehensive HIV and AIDS grant of R280 million, to assist in funding pressures in the NHLS. The 2015/16 MTEF includes funding for the carry-through costs of previous wage agreements, as mentioned, and general capacity building, as well as strong growth in the Comprehensive HIV and AIDS 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 high spending in 2011/12 was 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 2013/14 was mainly due to the increased demand for air ambulance services, increasing fuel costs and pressures arising from the implementation of danger allowances for paramedic staff. The 2015/16 MTEF includes carry-through costs for the various wage agreements, OSD payments, funding to expand emergency medical services, as well as the carry-through costs of the danger allowance.

Overall, Programme 4: Provincial Hospital Services grows consistently over the entire period. The increase in 2012/13 was due to increased demand in various non-negotiable items such as medicines, blood transfusion costs, as well as unexpected increased costs for water and electricity. The increase in 2013/14 was mainly due to the higher than expected medico-legal claims against the state and higher than anticipated staff exit costs, as well as pressures in the cost of medicines. The minor decrease in the

2014/15 Adjusted Appropriation relates to the movement of funds to Programme 2 to offset pressures in municipal clinics. The 2015/16 MTEF includes carry-through costs for previous wage agreements.

The growth in Programme 5: Central Hospital Services from 2011/12 to 2017/18 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 2012/13 was mainly due to higher than expected costs for the PPP at the Inkosi Albert Luthuli Central Hospital (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 2015/16 MTEF includes carry-through costs of previous wage agreements.

Programme 6: Health Sciences and Training shows consistent growth. 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. The increase in 2013/14 related to training of additional doctors (351) under the Cuban Doctors' programme, which commenced in 2012/13. Additional doctors were enrolled in this programme in 2014/15 accounting for the increase in 2014/15. Growth over the 2015/16 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 significant reduction in 2013/14 was because there was no need to top-up the Medicine Trading Account in that financial year, due to sufficient funding. From 2013/14, the department centralised the Laundry and Orthotic and Prosthetic Services as separate sub-programmes within Programme 7 in accordance with the generic budget structure for the sector, and historical data was adjusted accordingly. The decrease in 2015/16 relates to once-off spending in 2014/15 for the purchase of linen and motor vehicles for the commissioning of Prince Mshiyeni Laundry services.

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 also account for the variances against *Buildings and other fixed structures*. The increase in 2012/13 was due to the acceleration in the delivery of infrastructure projects such as Dr. Pixley ka Seme Hospital, Pomeroy and Dannhauser CHCs, King Dinuzulu Hospital (former King George V Hospital) TB Complex, alterations and additions to the Lower Umfolozi War Memorial (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 2013/14 which also included pressures in the supply of the KZN Provincial 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 increase in the 2014/15 Adjusted Appropriation relates to the previously mentioned additional R200 million received for the Health Facility Revitalisation grant. As mentioned, baseline cuts were effected in relation to the fiscal consolidation 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.

Compensation of employees shows a strong upward trend from 2011/12 to 2017/18, 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 (not shown in the table), 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 2013/14 was mainly due to the late implementation of OSD for maternity nursing staff, and the filling of critical HIV and AIDS and CHC posts. The increase in 2014/15 is due to pressures from the take-over of McCord Hospital (R53 million), the 2014 annual wage agreement being higher than budgeted (R171 million) and the absorption of staff (mainly community service) with contractual obligations (R70 million). The increase in

the 2014/15 Adjusted Appropriation was largely to fund pressures in the EPWP Integrated Grant for Provinces, where grant funding for contract workers was exhausted. The decrease in the 2014/15 Revised Estimate is due to slow recruitment process and the deferment of the filling of some posts to 2015/16. The growth over the 2015/16 MTEF is mainly for inflationary adjustments. Note that, as previously mentioned, approximately 40 per cent of the pressure from the 2014 wage agreement has been funded through the provincial fiscus, with the balance having to be funded through internal reprioritisation.

Goods and services increases substantially from 2011/12 to 2017/18. 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, the HPV vaccine campaign, as well as a substantial increase in the Comprehensive HIV and AIDS grant. The increase in 2013/14 included pressure from ARVs and other medication, forensic investigations and rising fuel costs. The increase in the 2014/15 Adjusted Appropriation relates to the acceleration in the maintenance and repairs of existing facilities, pressures in forensic investigations, IT services and consultants. In addition, there are pressures against medicine (increased demand for HPV and flu vaccines and oral contraceptives), increased contract prices for medical supplies and security, patient catering and groceries. The decrease in the 2014/15 Revised Estimate is due to forced savings to address pressures for medico-legal claims and pressures against municipal clinics. The growth over the 2015/16 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. Note that the department continues to provide for the payment of NHLS costs *via* a flat fee (although approximately R230 million higher than previous years) rather than a fee-for-service mechanism. Note that, as mentioned previously, there has been a reduction in the department's equitable share for the shifting of various NHLS functions to national, and these reductions were effected across *Goods and services* items other than NHLS.

In 2013/14 and the 2014/15 Revised Estimate, spending on *Interest and rent on land* largely relates to interest costs on medico-legal claims, with minor spending in 2011/12 being interest on an over-due account.

The fluctuations from 2011/12 to 2013/14 against *Transfers and subsidies to: Provinces and municipalities* was mainly due to the non-signing of SLAs by municipalities relating to municipal clinics. Adding to the reduction in 2012/13 was the provincialisation of some municipal clinics. The increase in 2013/14 relates to 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. The increase in 2014/15 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 2013/14 following delays in the signing of SLAs with the eThekweni Metro and uMhlathuze Municipality. Most municipal clinics were taken over by the department by the end of 2012/13. The increase in the 2014/15 Adjusted Appropriation relates to municipal clinics' carry-over expenditure from 2013/14, due to the late presentation of invoices. The funding in the 2015/16 MTEF is for the eThekweni Metro only, with the final two clinics in uMhlathuze provincialised in 2014/15. The increase over the 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 decrease against *Transfers and subsidies to: Departmental agencies and accounts* in 2013/14 was because there was no need to top-up the Medicine Trading Account in that year. The increase in the 2014/15 Revised Estimate relates to under-budgeting for HWSETA. The increasing trend over the 2015/16 MTEF provides for the HWSETA levy, in line with the growth in *Compensation of employees*.

The decrease in *Transfers and subsidies to: Non-profit institutions* in 2013/14 was due to the transfers budgeted for McCord Hospital, which were no longer required following the negotiations and take-over by the state. The reduction in the 2014/15 Adjusted Appropriation and the Revised Estimate is due to funds earmarked for further negotiations with the non-profit institutions across various sub-programmes and thus not allocated to any specific project, being reprioritised to offset the previously mentioned pressures under the municipal clinics. The lower growth over the 2015/16 MTEF is due to the provincialisation of McCord

Hospital as the funding for the hospital has moved to other categories such as *Compensation of employees* and *Goods and services*, as discussed in more detail above. In addition, the department 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 fluctuations reflected in *Transfers and subsidies to: Households* relate to staff exit costs, litigation and the Cuban Doctors' programme. The peak in 2013/14 was related 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 increase in the 2014/15 Revised Estimate is due to unanticipated litigation costs, as well as an increase in the Cuban Doctors' programme. The decrease in 2015/16 is due to the once-off nature of the litigation costs in 2013/14 and 2014/15, 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 the previously mentioned Census based budget cuts, as well as the difficulty in estimating the litigation and staff exit 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 increase in the 2014/15 Adjusted Appropriation is due to additional funding received for the Health Facility Revitalisation grant, offset largely by reprioritisation to *Goods and services* for accelerating the maintenance of facilities. The decrease in the 2014/15 Revised Estimate is due to further pressures in maintenance. The MTEF trend is affected by the previously mentioned reduction in the Health Facility Revitalisation grant from 2015/16. Major projects to be funded over the 2015/16 MTEF include the new Dr. Pixley ka Seme Hospital, Ngwelezane Hospital (construct new 192 bed medical ward) and Stanger Hospital (construct new labour and neo-natal ward).

The high base 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. The decrease in 2012/13 and 2013/14 was due to the Census related baseline cuts and the department had to reprioritise funding to other non-negotiable service delivery imperatives. 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 increase in the 2014/15 Adjusted Appropriation was due to funding moved from *Buildings and other fixed structures* to fund the replacement of essential medical equipment. The decrease in the 2014/15 Revised Estimate can mainly be attributed to the Census related baseline budget cuts which were made, as the funding is required for committed and contracted capital projects which are in construction phase. The MTEF trend grows strongly to provide for the cyclical replacement of essential medical equipment.

The spending against *Land and subsoil assets* in 2011/12 was due to the department being 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, as well as the previously mentioned first charge over the 2015/16 MTEF.

5.4 Summary of conditional grant payments and estimates

Tables 7.8 and 7.9 illustrate conditional grant payments and estimates from 2011/12 to 2017/18. 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 Tables 7.8 and 7.9 for the period 2011/12 to 2014/15 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 7.1 above.

Table 7.8 : Summary of conditional grants payments and estimates by name

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Health Professions Training and Development grant	249 917	261 860	276 262	292 837	292 837	292 837	299 513	312 377	331 942
Health Facility Revitalisation grant	906 169	1 176 514	1 072 529	1 162 469	1 362 469	1 362 469	1 229 775	1 047 521	1 099 898
National Tertiary Services grant	1 201 831	1 323 114	1 415 743	1 496 427	1 496 427	1 496 427	1 530 246	1 596 286	1 696 266
Comprehensive HIV and AIDS grant	1 907 312	2 225 423	2 651 997	3 257 992	3 257 992	3 057 992	3 813 094	4 293 096	4 840 949
Forensic Pathology Services grant	161 550	-	-	-	-	-	-	-	-
Social Sector EPWP Incentive Grant for Provinces	25 775	-	-	2 581	2 581	2 581	13 000	-	-
EPWP Integrated Grant for Provinces	536	1 000	3 000	2 580	2 580	2 580	3 683	-	-
National Health Insurance grant	-	17 115	15 520	14 000	19 848	19 848	14 408	15 086	16 032
AFCON 2013: Medical Services grant	-	1 672	-	-	-	-	-	-	-
Total	4 453 090	5 006 698	5 435 051	6 228 886	6 434 734	6 234 734	6 903 719	7 264 366	7 985 087

Table 7.9 : Summary of conditional grants payments and estimates by economic classification

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	3 494 958	3 710 600	4 339 798	5 036 932	5 036 232	4 838 467	5 676 469	6 176 360	6 851 703
Compensation of employees	2 067 124	2 132 513	2 725 666	3 007 647	3 012 474	3 021 222	3 176 492	3 473 270	3 748 750
Goods and services	1 427 834	1 578 087	1 614 127	2 029 285	2 023 758	1 817 245	2 499 977	2 703 089	3 102 952
Other	-	-	5	-	-	-	-	-	-
Transfers and subsidies to:	14 749	11 336	16 464	78 411	80 111	66 941	67 009	68 797	68 797
Provinces and municipalities	55	-	7	47 000	50 000	40 001	30 000	32 000	32 000
Departmental agencies and accounts	56	-	-	-	-	-	-	-	-
Universities and technikons	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	12 871	11 336	12 742	25 370	22 370	18 664	27 000	28 429	28 429
Households	1 767	-	3 715	6 041	7 741	8 276	10 009	8 368	8 368
Payments for capital assets	943 383	1 284 762	1 078 790	1 113 543	1 318 391	1 329 324	1 160 241	1 019 209	1 064 587
Buildings and other fixed structures	733 971	979 788	1 021 353	912 508	1 112 508	1 112 508	1 143 659	1 004 773	1 050 150
Machinery and equipment	198 005	304 974	57 438	201 035	205 883	216 816	16 582	14 436	14 437
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	11 407	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	2	-	-	-
Total	4 453 090	5 006 698	5 435 051	6 228 886	6 434 734	6 234 734	6 903 719	7 264 366	7 985 087

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. Note that the previously mentioned fiscal consolidation cuts are effected against this grant, with reductions of R6.795 million and R10.164 million in 2015/16 and 2016/17, respectively. The grant receives additional funding of R9.401 million in 2017/18.

The Health Facility Revitalisation grant has the following aims:

- 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 accelerate the construction, maintenance, upgrading and rehabilitation of new and existing health infrastructure.

- 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 2013/14 relates to the need to address infrastructure pressures during this period. The increase in the 2014/15 Adjusted Appropriation relates to the previously mentioned R200 million allocated to this grant for pressures in committed infrastructure projects. Also mentioned previously, is that the grant is now provided with funding in 2016/17 and 2017/18 due to concerns expressed by provinces over the difficulty in planning ahead without knowing allocations for the two outer years. The “incentive” allocations for the two outer years remain unallocated at National Treasury and will be accessible to provinces when the next round of planning documents are submitted for the 2016/17 MTEF. However, the department received an increase in 2015/16 in this grant of R139.344 million, as the required planning documents were submitted.

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. The previously mentioned fiscal consolidation cuts are also effected against this grant with reductions of R35.017 million and R51.936 million in 2015/16 and 2016/17, respectively. The grant receives additional funding of R48.044 million in 2017/18.

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. 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 MTEF, with the growth in 2016/17 providing for increased ARV take-up rate and the impact of the withdrawal of the President’s Emergency Plan for AIDS Relief (PEPFAR) donor funding used for HIV and AIDS prevention, care and treatment programmes within this grant. Furthermore, KZN has succeeded in motivating for an increase based on the fact that, historically, KZN received 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 (2014/15 and 2015/16) to allow other provinces time to adjust to their lower levels of funding. The grant also provides for the CD4 threshold rising from 350 to 500 from 2015/16 onward. Although this grant has been protected from the fiscal consolidation cuts, it is affected by the previously mentioned NHLS function shift to national, with cuts of R280 million in 2014/15 (R200 million savings already identified in the Revised Estimate, with the balance still to be found), as well as R60.991 million, R63.887 million and R66.970 million over the MTEF. Substantial additional funding of R550.935 million is allocated in 2017/18 for the raising of the CD4 threshold from 350 to 500.

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 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 the equitable share. With the resumption of the grant in 2014/15 and 2015/16, the department utilises the funding to subsidise home-based community care-givers (CCG). The grant grows strongly in 2015/16 due to historical data regarding CCGs reported to the National Department of Public Works.

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. This grant is allocated on an annual basis, hence no funds are allocated in the two outer years of the 2015/16 MTEF, at this stage.

The National Health Insurance grant provides 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 high amount in the 2014/15 Adjusted Appropriation relates to a roll-over of R5.848 million from 2013/14 for a patient record system, ordered in 2013/14 but only delivered in 2014/15. Growth over the 2015/16 MTEF is for inflationary purposes.

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

The increase from 2012/13 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. The decrease in the 2014/15 Adjusted Appropriation relates to the movement within the grant to *Compensation of employees* for pressures related to voluntary counselling and testing staff. The further reduction in the 2014/15 Revised Estimate is the above-mentioned savings identified for the NHLS. The growth over the MTEF has been reduced by the previously mentioned function shift of part of the NHLS to national.

Transfers and subsidies to: Provinces and municipalities grows significantly in 2014/15 related to support for municipal clinics in the treatment of HIV and AIDS. The increase in the 2014/15 Adjusted Appropriation relates to HIV and AIDS pressures in municipal clinics. The reduction in 2015/16 is due to the provincialisation of uMhlathuze municipal clinics. The funding against *Transfers and subsidies to: Non-profit institutions* relates to similar 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 increase in 2013/14 relates to over-expenditure against the Health Facility Revitalisation grant. The increase in the 2014/15 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 MTEF trend is downward from 2016/17 due to the previously mentioned decrease in the Health Facility Revitalisation grant.

The fluctuations in *Machinery and equipment* relate 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 substantial decrease in 2013/14 is attributed to reprioritisation to *Buildings and other fixed structures* to address pressures. The increase in the 2014/15 Adjusted Appropriation is due to the previously mentioned roll-over related to the NHI grant with the further increase in the Revised Estimate due to the purchase of vehicles in the Comprehensive HIV and AIDS grant. The MTEF allocations have been made in accordance with the business plans of the relevant grants. However, the decrease in 2016/17 relates to the previously mentioned decrease in the Health Facility Revitalisation grant.

5.5 Summary of infrastructure payments and estimates

Table 7.10 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 2011/12 to 2013/14, resulting from a focussed drive by the department to improve its physical facilities and medical equipment to an acceptable level. Thereafter, the trend decreases due to the previously mentioned baseline cuts and reductions in conditional grants, affecting

mainly *New infrastructure assets: Capital, Upgrades and additions: Capital*, as well as *Refurbishment and rehabilitation: Capital*.

Over the seven-year period, the department has 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 7.10 : Summary of infrastructure payments and estimates by category

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Existing infrastructure assets	928 875	1 675 290	1 480 827	1 159 753	1 273 435	1 311 210	925 285	781 358	666 248
Maintenance and repair: Current	423 950	439 636	325 401	232 193	303 190	353 223	363 758	337 441	287 006
Upgrades and additions: Capital	399 883	1 015 627	840 089	758 765	709 245	684 533	402 569	205 937	224 412
Refurbishment and rehabilitation: Capital	105 042	220 027	315 337	168 795	261 000	273 454	158 958	237 980	154 830
New infrastructure assets: Capital	856 919	654 434	475 909	382 023	359 420	345 431	578 921	580 863	761 434
Infrastructure transfers	10 000	20 000	20 022	-	-	-	-	-	-
Infrastructure transfers: Current	-	-	22	-	-	-	-	-	-
Infrastructure transfers: Capital	10 000	20 000	20 000	-	-	-	-	-	-
Infrastructure: Payments for financial assets	-	-	-	-	-	-	-	-	-
Infrastructure: Leases	-	-	-	-	-	-	-	-	-
Total	1 795 794	2 349 724	1 976 758	1 541 776	1 632 855	1 656 641	1 504 206	1 362 221	1 427 682
<i>Capital infrastructure</i>	<i>1 371 844</i>	<i>1 910 088</i>	<i>1 651 335</i>	<i>1 309 583</i>	<i>1 329 665</i>	<i>1 303 418</i>	<i>1 140 448</i>	<i>1 024 780</i>	<i>1 140 676</i>
<i>Current infrastructure</i>	<i>423 950</i>	<i>439 636</i>	<i>325 423</i>	<i>232 193</i>	<i>303 190</i>	<i>353 223</i>	<i>363 758</i>	<i>337 441</i>	<i>287 006</i>

Maintenance and repair: Current expenditure fluctuates over the period. The higher amounts in 2011/12 and 2012/13 were 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 2013/14 was due to poor performance relating to no-period contracts in place for the department, as well as poor performance from contractors. The funding was moved to *Buildings and other fixed structures* to accommodate the over-committed value of projects in construction. The increase in the 2014/15 Adjusted Appropriation and further increase in the Revised Estimate relate to funding reprioritised from *Upgrades and additions: Capital* to address pressures in maintenance costs. The department planned to have period contracts in place by the end of 2014/15 and those for electrical and mechanical maintenance are on track, but the process for building maintenance period contracts has not yet commenced. Over the 2015/16 MTEF, the trend reduces in line with the previously mentioned 2011 Census related baseline cuts.

Upgrades and additions: Capital grew strongly in 2012/13 as 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 decrease in 2013/14 was due to the Dundee regional laundry not commencing, the acquisition of St. Aidan's Hospital did not materialise, as well as slow spending on the King Dinuzulu Hospital health technology equipment and Natalia building phase 1 and 2 projects. The decrease in the 2014/15 Adjusted Appropriation and Revised Estimate relates to the previously mentioned reprioritisation to *Maintenance and repair: Current* to address spending pressures in maintenance. Mitigating this movement to some degree, was once-off additional funding received for the Health Facilities Revitalisation grant, as mentioned previously. As mentioned above, this category shows a marked decline over the 2015/16 MTEF due to the Census-based baseline cuts effected in 2013/14. The decrease in 2016/17 relates to the previously mentioned decrease in the Health Facility Revitalisation grant.

Refurbishment and rehabilitation: Capital shows strong growth from 2011/12 to 2013/14, with the significant increase in 2013/14 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 Ekuhlangeni Life Care Centre. The increase in the 2014/15 Adjusted Appropriation and Revised Estimate relates to the previously mentioned once-off additional funding for the Health Facility Revitalisation grant. The decrease in 2015/16 is due to the Census-based baseline cuts effected from 2013/14. The trend over the two outer years of the MTEF relates to project requirement, but is also affected by the previously mentioned decrease in the Health Facility Revitalisation grant.

The fluctuations in *New infrastructure assets: Capital* from 2011/12 to 2014/15 relate 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 high spending against *New infrastructure assets: Capital* 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 resulted from 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 were identified as current expenditure and from 2013/14 they are being paid accordingly. The decrease in 2013/14 relates to the previously mentioned budget cuts and 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 decrease in the 2014/15 Adjusted Appropriation and Revised Estimate relates to reprioritisation to maintenance projects. The main project contributing to the growth in 2015/16 is the Dr. Pixley ka Seme Hospital. Also affecting the growth is the construction of CHCs in Dannhauser, Jozini and Bruntville. The fluctuations over the 2015/16 MTEF relate to project requirements, as well as the previously mentioned decrease in the Health Facility Revitalisation grant.

The funds reflected under *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 in terms of the SLA agreement with the trust.

5.6 Summary of Public Private Partnerships (PPP)

Table 7.11 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 focuses on the department's clinical services at the hospital, and promotes 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 the department regarding its exit strategy and final works.

Table 7.11 : Summary of departmental Public-Private Partnership projects

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Projects signed in terms of Treasury Regulation 16	543 190	647 788	679 454	657 435	657 435	681 636	701 000	731 000	-
PPP unitary charge*	543 190	647 788	679 454	657 435	657 435	681 636	701 000	731 000	-
Total	543 190	647 788	679 454	657 435	657 435	681 636	701 000	731 000	-

* Only projects that have received Treasury approval

Payments made for services rendered are index-linked and are thus subject to movements in CPI, as well as the Rand/Dollar exchange rate. Payments over the 2015/16 MTEF were calculated based on current estimates. 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 decline to zero in 2017/18 is due to the anticipated ending of the PPP in 2017.

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

5.8 Transfers to other entities

Table 7.12 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 fluctuations across the seven years relate mainly to the inclusion/exclusion of entities, as well as to the implementation of OSD for doctors in certain institutions which qualify.

Table 7.12 : Summary of departmental transfers to other entities

R thousand	Sub-programme	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
		2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Austerville Halfway House	2.2: Comm. Hlth Clinics	500	525	520	536	536	536	552	569	-
Azalea House	2.2: Comm. Hlth Clinics	462	485	480	495	495	495	510	525	-
Claremont Day Care Centre	2.2: Comm. Hlth Clinics	353	371	367	378	378	378	389	401	-
Ekukhanyeni Clinic (AIDS step down centre)	2.2: Comm. Hlth Clinics	884	926	946	938	938	938	967	-	-
Elandskop Clinic	2.2: Comm. Hlth Clinics	436	458	187	440	440	440	-	-	-
Humana People to People	2.6: HIV and AIDS	-	-	2 073	4 328	4 328	4 328	3 131	-	-
Enkumane Clinic	2.2: Comm. Hlth Clinics	263	276	271	265	265	265	-	-	-
Ethembeni Care Centre	2.6: HIV and AIDS	3 692	4 366	4 715	5 027	5 027	4 213	5 179	-	-
Ikwezi Cripple Care	2.2: Comm. Hlth Clinics	1 443	1 515	1 136	1 170	1 170	1 170	1 205	1 242	-
Lyn House	2.2: Comm. Hlth Clinics	562	590	584	593	593	593	611	629	-
Madeline Manor	2.2: Comm. Hlth Clinics	809	849	841	866	866	866	892	919	-
Magaye school for the Blind	2.2: Comm. Hlth Clinics	-	-	-	500	500	500	515	530	-
Matikwe Oblate Clinic	2.2: Comm. Hlth Clinics	472	496	491	486	486	486	481	-	-
McCord Hospital	Various	90 042	70 251	52 959	15 870	7 347	4 562	880	670	-
Mountain View Hospital	Various	9 496	9 971	9 871	9 773	9 773	9 773	9 675	-	-
Noyi Bazi Oblate Clinic	2.2: Comm. Hlth Clinics	477	501	496	511	511	511	-	-	-
Philanjalo Hospice (step down centre)	2.6: HIV and AIDS	2 109	2 881	3 378	2 811	2 811	2 811	2 525	2 500	-
Power of God	2.6: HIV and AIDS	-	-	-	1 100	1 100	1 100	1 133	1 167	-
John Peattie House	2.2: Comm. Hlth Clinics	1 284	1 348	1 335	1 139	1 139	1 139	1 173	1 208	-
Jona Vaughn Centre	2.2: Comm. Hlth Clinics	2 247	2 359	2 335	2 017	2 017	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	800	800	824	849	-
Scadifa Centre	2.2: Comm. Hlth Clinics	913	959	949	925	925	925	953	982	-
Siloah Hospital	Various	15 702	19 149	18 958	21 873	21 873	21 873	21 934	-	-
Sparkes Estate	2.2: Comm. Hlth Clinics	1 016	1 067	445	1 099	1 099	1 099	1 132	1 166	-
St Lukes Home	2.2: Comm. Hlth Clinics	695	730	430	443	443	443	456	470	-
The Bekimpelo Trust	2.2: Comm. Hlth Clinics	7 238	7 600	7 904	8 141	8 141	8 141	8 385	-	-
Other entities	Various	27 418	34 403	25 245	2 275	1 886	-	667	1 394	-
St Mary's Hosp Marianhill	Various	101 837	112 226	116 963	151 465	151 465	151 465	124 174	-	-
Genesis Care Centre	2.6: HIV and AIDS	2 763	2 891	2 487	2 889	2 889	2 889	2 861	-	-
Earmarked for further negotiations	Various	-	-	-	8 097	-	-	21 410	209 631	235 953
Rainbow Haven	2.9: District Hospitals	374	393	385	397	397	397	409	421	-
Total departmental transfers		273 487	277 586	256 751	250 647	230 638	225 153	215 100	227 412	235 953

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 reduction in 2013/14 results from 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 further decrease 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 has been moved to other categories. The amounts depicted in 2014/15 to 2016/17 relate to the take-over costs of the hospital. 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. The decrease in the 2014/15 Adjusted Appropriation and Revised Estimate relate to funds *Earmarked for further negotiations* which were not required and thus moved, mainly to fund pressures in municipal clinics.

Over the MTEF, the baseline growth is for inflationary purposes only. Note that the funds against *Earmarked for further negotiations* are funds awaiting recommendations upon receipt of requests for additional or new funding from the districts (for NGOs). These funds will be allocated as soon as the figures from the department's Committee for Grant Funding are received. For the 2015/16 amount, this will take place early in 2015/16 and will therefore be formalised in the 2015/16 Adjustments Estimate, while the process for 2016/17 onward will be completed in time for the 2016/17 MTEF budget process.

5.9 Transfers to local government

Table 7.13 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.

It is also noted that, although the payment of motor vehicle licences falls under *Transfers and subsidies to: Provinces and municipalities*, these funds will not be transferred to any municipality, and hence these are excluded from the table below. 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 have 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 7.13 : Summary of departmental transfers to local government by category

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Category A	47 212	-	61 051	109 000	129 009	169 473	105 000	111 048	115 000
Category B	38 828	22 893	13 685	23 600	23 600	10 642	-	-	-
Category C	-	-	-	-	-	-	-	-	-
Unallocated	-	-	-	-	-	-	-	-	-
Total	86 040	22 893	74 736	132 600	152 609	180 115	105 000	111 048	115 000

The amounts from 2011/12 to 2017/18 in Category A, pertain to the eThekweni Metro, and relate 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 eThekweni. The significant increase from 2013/14 to the 2014/15 Revised Estimate 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 and 2013/14 due to delays in the signing of SLAs, as previously mentioned. The increase over the 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 fluctuations in Category B relate to the anticipated provincialisation of municipal clinics. The majority of the municipal clinics were taken over by the department by the end of 2012/13, and funding in 2014/15 only provides for the uMhlathuze Municipality whose clinics were provincialised by December 2014, hence no funding is provided over the 2015/16 MTEF. 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.

5.10 Transfers and subsidies

Table 7.14 gives a summary of spending on *Transfers and subsidies* by programme and main category. The various trends in each programme are explained above and below the table 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, all motor vehicle licences for the department are now centralised within this programme (except for Programme 3) and historical data has been restated. However, the department inadvertently omitted to move the entire budget from Programmes 2, 4, 5, 6, and 7 in the Adjustments Estimate process and this explains the residual amounts that remain in the 2014/15 Adjusted Appropriation and Revised Estimate columns in these programmes.
- In Programme 1, the fluctuations in *Households* are mainly due to staff exit costs.
- The reduction in Programme 2 against *Provinces and municipalities* in 2012/13 resulted from the provincialisation of some municipal clinics. The significant increase in 2013/14 and 2014/15 relates to the eThekweni Metro and uMhlathuze Municipality for additional funding to assist clinics in the treatment of HIV and AIDS. The further increase in the 2014/15 Adjusted Appropriation and Revised Estimate relates to municipal clinics' carry-over expenditure from 2013/14, due to the late presentation of invoices. The decline in 2015/16 is due to the provincialisation of uMhlathuze municipal clinics and provision is made for the remaining eThekweni Metro clinics over the MTEF.
- In Programme 2, the reduction in *Non-profit institutions* in 2012/13 resulted from the decision to re-assess 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 minimal growth in 2013/14, 2014/15 and further reduction in 2015/16 is due the provincialisation of McCord Hospital. The amounts allocated over the 2015/16 MTEF provide for inflationary increases only.

Table 7.14 : Summary of transfers and subsidies by programme and main category

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
1. Administration	4 362	7 977	3 201	3 061	4 630	6 565	6 101	6 519	6 845
Provinces and municipalities	996	1 900	1 952	60	1 629	3 035	3 100	3 359	3 527
Motor vehicle licences	996	1 900	1 952	60	1 629	3 035	3 100	3 359	3 527
Departmental agencies and accounts	1	-	-	1	1	1	1	1	1
SABC - TV licences	1	-	-	1	1	1	1	1	1
Higher education institutions	-	-	3	-	-	-	-	-	-
Donations & gifts higher education institutions	-	-	3	-	-	-	-	-	-
Foreign government and international organisations	-	-	-	-	-	66	-	-	-
Foreign government gift exchange	-	-	-	-	-	66	-	-	-
Households	3 365	6 077	1 246	3 000	3 000	3 463	3 000	3 159	3 317
Social benefits	3 215	2 289	1 236	3 000	3 000	3 463	3 000	3 159	3 317
Other transfer to households	150	3 788	10	-	-	-	-	-	-
2. District Health Services	326 249	268 218	333 524	391 617	394 240	451 459	332 658	349 025	361 893
Provinces and municipalities	86 040	22 893	74 736	134 838	153 806	180 647	105 000	111 048	115 000
Motor vehicle licences	-	-	-	2 238	1 197	532	-	-	-
Municipalities - municipal clinics	86 040	22 893	74 736	132 600	152 609	180 115	105 000	111 048	115 000
Departmental agencies and accounts	130	6	21	32	32	41	38	41	43
SABC - TV licences	130	6	21	32	32	41	38	41	43
Non-profit institutions	213 387	204 686	207 922	220 147	202 102	194 288	182 000	192 558	199 356
Non-profit institutions	213 387	204 686	207 922	220 147	202 102	194 288	182 000	192 558	199 356
Households	26 692	40 633	50 846	36 600	38 300	76 483	45 620	45 378	47 494
Social benefits	26 479	29 841	47 441	36 600	38 300	55 209	45 620	45 378	47 494
Other transfers to households	213	10 792	3 405	-	-	21 274	-	-	-
3. Emergency Medical Services	3 230	4 165	3 946	4 340	4 340	3 909	4 891	5 148	5 406
Provinces and municipalities	1 842	1 537	2 511	2 040	2 040	1 949	3 190	3 355	3 523
Motor vehicle licences	1 842	1 537	2 511	2 040	2 040	1 949	3 190	3 355	3 523
Departmental agencies and accounts	-	-	-	-	-	1	1	2	2
SABC - TV licences	-	-	-	-	-	1	1	2	2
Households	1 388	2 628	1 435	2 300	2 300	1 959	1 700	1 791	1 881
Social benefits	915	970	862	1 368	1 368	1 279	750	791	831
Other transfers to households	473	1 658	573	932	932	680	950	1 000	1 050
4. Provincial Hospital Services	68 019	68 886	124 336	67 085	64 651	120 228	63 607	66 995	70 346
Provinces and municipalities	-	-	-	549	79	80	-	-	-
Motor vehicle licences	-	-	-	549	79	80	-	-	-
Departmental agencies and accounts	47	56	15	36	36	64	77	82	86
SABC - TV licences	47	56	15	36	36	64	77	82	86
Non-profit institutions	35 802	37 770	28 829	30 500	28 536	30 865	33 100	34 854	36 597
Non-profit institutions	35 802	37 770	28 829	30 500	28 536	30 865	33 100	34 854	36 597
Households	32 170	31 060	95 492	36 000	36 000	89 219	30 430	32 059	33 663
Social benefits	21 083	26 561	35 867	36 000	36 000	43 096	30 430	32 059	33 663
Other transfers to households	11 087	4 499	59 625	-	-	46 123	-	-	-
5. Central Hospital Services	5 384	4 920	45 259	5 004	5 004	26 022	10 324	10 856	11 399
Provinces and municipalities	-	-	-	4	4	8	-	-	-
Motor vehicle licences	-	-	-	4	4	8	-	-	-
Departmental agencies and accounts	-	-	52	-	-	52	54	57	60
SABC - TV licences	-	-	52	-	-	52	54	57	60
Households	5 384	4 920	45 207	5 000	5 000	25 962	10 270	10 799	11 339
Social benefits	5 254	4 812	11 387	4 790	4 790	3 779	10 270	10 798	11 338
Other transfers to households	130	108	33 821	210	210	22 183	-	1	1
6. Health Sciences and Training	83 335	96 105	208 586	220 698	220 665	251 069	230 000	242 173	254 782
Provinces and municipalities	-	-	-	48	15	15	-	-	-
Motor vehicle licences	-	-	-	48	15	15	-	-	-
Departmental agencies and accounts	8 588	10 119	11 282	13 000	13 000	15 768	16 000	16 842	17 684
HWSETA	8 588	10 119	11 282	13 000	13 000	15 768	16 000	16 842	17 684
Higher education institutions	-	57	498	-	-	16	-	-	-
Donations & gifts higher education institutions	-	57	498	-	-	16	-	-	-
Non-profit institutions	14 298	15 130	-	-	-	-	-	-	-
Non-profit institutions	14 298	15 130	-	-	-	-	-	-	-
Households	60 449	70 799	196 806	207 650	207 650	235 270	214 000	225 331	237 098
Social benefits	1 397	1 650	2 083	2 000	2 000	1 929	2 000	2 107	2 213
Other transfers to households	59 052	69 149	194 723	205 650	205 650	233 341	212 000	223 224	234 885
7. Health Support Services	14 483	16 493	1 285	674	649	1 032	575	606	637
Provinces and municipalities	-	-	-	124	99	74	-	-	-
Motor vehicle licences	-	-	-	124	99	74	-	-	-
Departmental agencies and accounts	14 483	15 170	-	-	-	-	-	-	-
Social security funds	512	-	-	-	-	-	-	-	-
Medicine Trading Account	13 971	15 170	-	-	-	-	-	-	-
Households	-	1 323	1 285	550	550	958	575	606	637
Social benefits	-	1 318	1 285	550	550	958	575	606	637
Other transfers to households	-	5	-	-	-	-	-	-	-
8. Health Facilities Management	10 783	20 000	20 022	-	14	36	-	-	-
Non-profit institutions	10 000	20 000	20 000	-	-	-	-	-	-
KZN Childrens' Hospital Trust	10 000	20 000	20 000	-	-	-	-	-	-
Households	783	-	22	-	14	36	-	-	-
Social benefits	783	-	22	-	14	36	-	-	-
Total	515 845	486 764	740 159	692 479	694 193	860 320	648 156	681 322	711 308

- With regard to Programme 3, the fluctuating trend against *Households* pertains to staff exit costs. The fluctuating trend against *Provinces and municipalities* relates to motor vehicle licenses and depends on the purchase and disposal of EMS vehicles.
- In Programme 4, the reduction against *Non-profit institutions* in 2013/14 was the result of the reassessment of all the department's non-profit institutions. The reduction in the 2014/15 Adjusted Appropriation is due to the decision to move unallocated funding for non-profit institutions to other service delivery pressures. This decision was not carried over the 2015/16 MTEF, hence the substantial increase in 2015/16 with provision for inflationary increases in the outer years. The increase in the 2014/15 Revised Estimate is due to pressures at NGOs related to TB treatment.
- The increase against Programme 5 in 2013/14 against *Households* relates to higher than expected staff exit costs. The high spending in the 2014/15 Revised Estimate relates to medico-legal claims against the department. No provision was made for these claims over the 2015/16 MTEF period due to the Census and fiscal consolidation baseline budget cuts, hence the negative growth in 2015/16.
- 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 2014/15, in line with the growth in *Compensation of employees*. The increase in the 2014/15 Revised Estimate is due to a re-assessment of the levy calculation which the department had under-budgeted for.
- Also in Programme 6, the significant increase against *Households* over the entire period (and particularly in 2013/14) relates to the department's decision to implement intensive training programmes through bursaries to address the shortage of personnel in the health fields, including the previously mentioned Cuban Doctors' programme. The increase over the 2015/16 MTEF relates to inflationary adjustments with no plans to expand the bursary programme due to budget pressures.
- In Programme 7, the spending against *Departmental agencies and accounts* in 2011/12 and 2012/13 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 2013/14 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 over the 2015/16 MTEF.
- 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 as all payments were completed in 2013/14 in terms of the SLA agreement with the trust.

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 7.15 and 7.16 summarise information for the period 2011/12 to 2017/18. 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 2015/16 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 7.15 : Summary of payments and estimates by sub-programme: Administration

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
1. Office of the MEC	15 615	20 371	17 011	19 498	19 498	15 939	18 189	19 160	20 118
2. Management	561 780	615 392	672 078	561 842	561 642	565 201	718 930	756 983	798 030
Total	577 395	635 763	689 089	581 340	581 140	581 140	737 119	776 143	818 148
Unauth. Exp. (1st charge) not available for spending	-	-	-	-	-	-	(107 607)	(107 607)	(107 608)
Baseline available for spending after 1st charge	577 395	635 763	689 089	581 340	581 140	581 140	629 512	668 536	710 540

Table 7.16 : Summary of payments and estimates by economic classification: Administration

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	463 100	531 385	610 665	571 829	570 060	549 130	615 311	653 405	694 653
Compensation of employees	208 965	246 972	273 361	307 734	307 734	295 591	326 673	345 804	371 672
Goods and services	254 115	284 413	337 290	264 095	262 326	253 501	288 638	307 601	322 981
Interest and rent on land	20	-	15	-	-	38	-	-	-
Transfers and subsidies to:	4 362	7 977	3 201	3 061	4 630	6 565	6 101	6 519	6 845
Provinces and municipalities	996	1 900	1 952	60	1 629	3 035	3 100	3 359	3 527
Departmental agencies and accounts	1	-	-	1	1	1	1	1	1
Higher education institutions	-	-	3	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	66	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	3 365	6 077	1 246	3 000	3 000	3 463	3 000	3 159	3 317
Payments for capital assets	109 386	96 400	41 594	6 450	6 450	25 438	8 100	8 612	9 043
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	109 386	96 400	41 413	6 450	6 450	25 438	8 100	8 612	9 043
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	181	-	-	-	-	-	-
Payments for financial assets	547	1	33 629	-	-	7	107 607	107 607	107 607
Total	577 395	635 763	689 089	581 340	581 140	581 140	737 119	776 143	818 148
Unauth. Exp. (1st charge) not available for spending	-	-	-	-	-	-	(107 607)	(107 607)	(107 608)
Baseline available for spending after 1st charge	577 395	635 763	689 089	581 340	581 140	581 140	629 512	668 536	710 540

The decrease in 2014/15 and 2015/16 is attributed 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 there was minimal spending on this project from 2013/14. Growth in the two outer years of the MTEF is for inflationary purposes only.

The increasing trend in *Compensation of employees* from 2012/13, as well as the increase over the 2015/16 MTEF, relates to the need to improve management capacity at head office to address the challenges of service delivery. The high growth in 2012/13 and 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 low spending in the 2014/15 Revised Estimate is due to the decision to defer the filling of head office posts to 2015/16, hence higher growth in 2015/16 and 2016/17. Note that additional funding was allocated in the 2012/13 MTEF for improving infrastructure support. As mentioned earlier, this funding was specifically and exclusively appropriated and the department has not yet completed the implementation of its revised infrastructure staffing structure that this funding was intended for. Thus, amounts of R21.743 million, R22.743 million and R23.880 million remain ring-fenced within this category for this purpose over the three years of the 2015/16 MTEF.

The growth in *Goods and services* from 2012/13 reflects the decision to include funding to support infrastructure capacity building. The reduction in 2014/15 and over the 2015/16 MTEF period relates to the projected forced savings from computer services and the reduced utilisation of consultants in disciplinary cases, with only complex cases to be referred to consultants.

The expenditure against *Interest and rent on land* relates to interest paid on overdue accounts.

The expenditure against *Transfers and subsidies to: Provinces and municipalities* is for motor vehicle licences. The increases over the 2015/16 MTEF relate to inflationary adjustments as only replacement vehicles will be purchased. Note that, in the 2014/15 Adjustments Appropriation, the department centralised all motor vehicle licences under Programme 1, with the exception of Programme 3. All historical data was restated for comparative purposes. However, the department inadvertently omitted to move the entire budget from Programmes 2, 4, 5, 6, and 7 in the Adjustments Appropriation process and this explains the residual amounts that remain in the 2014/15 Adjusted Appropriation and Revised Estimate columns in these programmes.

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 high base 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, hence the 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 reductions in 2013/14 and 2014/15 are attributed to the scaling down in the purchase of replacement computer equipment and vehicles due to the previously mentioned Census based budget cuts. The increase in the 2014/15 Revised Estimate is due to the unanticipated replacement of motor vehicles. Over the 2015/16 MTEF, funding is provided to replace essential equipment only.

The department is liable for the repayment of previous year's over-expenditure, resulting in a first charge against the department's budget in all three years of the 2015/16 MTEF, and this is reflected under the sub-programme: Management and against *Payments for financial assets*.

Service delivery measures – Programme 1: Administration

Table 7.17 illustrates the main service delivery measures relating to Programme 1. The performance indicators provided comply fully with the customised measures for the Health sector. Note that one new measure commences from 2015/16, with 2014/15 marked as “New” as it is not a current measure.

Table 7.17 : Service delivery measures – Programme 1: Administration

Outputs	Performance indicators	Estimated performance		Medium-term targets	
		2014/15	2015/16	2016/17	2017/18
Administration:					
To conduct the strategic management and overall administration of the Department of Health	• Audit opinion from Auditor-General	New	Unqualified	Unqualified	Unqualified
	• Percentage of hospitals with broadband access	40%	90%	100%	100%
	• Percentage of fixed PHC facilities with broadband access	25%	45%	68%	100%

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

Table 7.18 : Summary of payments and estimates by sub-programme: District Health Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
1. District Management	165 891	218 582	217 300	246 328	233 858	226 468	238 592	267 750	280 814
2. Community Health Clinics	2 314 886	2 480 318	2 790 347	3 055 573	3 065 892	3 112 750	3 321 028	3 510 238	3 686 101
3. Community Health Centres	767 666	955 647	1 048 435	1 296 961	1 281 471	1 214 357	1 388 550	1 506 905	1 583 750
4. Community Based Services	25 774	790	-	2 580	2 580	2 580	13 000	-	-
5. Other Community Services	616 374	692 921	906 723	955 141	988 742	1 042 913	1 089 351	1 031 545	1 082 688
6. HIV and AIDS	1 914 056	2 392 689	2 725 639	3 257 992	3 257 992	3 057 992	3 813 094	4 293 097	4 840 949
7. Nutrition	65 237	44 433	44 089	47 772	47 772	47 772	50 000	52 649	55 281
8. Coroner Services	141 575	146 073	156 225	158 329	158 208	158 208	173 157	182 318	191 434
9. District Hospitals	4 113 192	4 584 982	5 058 841	5 699 359	5 690 291	5 663 765	5 492 090	5 775 777	6 061 158
Total	10 124 651	11 516 435	12 947 599	14 720 035	14 726 806	14 526 805	15 578 862	16 620 279	17 782 175

Table 7.19 : Summary of payments and estimates by economic classification: District Health Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	9 647 354	11 151 083	12 510 682	14 210 678	14 210 378	13 976 385	15 106 704	16 124 560	17 266 722
Compensation of employees	6 710 880	7 690 784	8 714 714	9 832 214	9 837 336	9 779 724	10 184 010	10 727 085	11 324 131
Goods and services	2 936 474	3 460 300	3 795 947	4 378 464	4 373 042	4 196 551	4 922 694	5 397 475	5 942 591
Interest and rent on land	-	-	22	-	-	110	-	-	-
Transfers and subsidies to:	326 249	268 218	333 524	391 617	394 240	451 459	332 658	349 025	361 893
Provinces and municipalities	86 040	22 893	74 736	134 838	153 806	180 647	105 000	111 048	115 000
Departmental agencies and accounts	130	6	21	32	32	41	38	41	43
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	213 387	204 686	207 922	220 147	202 102	194 288	182 000	192 558	199 356
Households	26 692	40 633	50 846	36 600	38 300	76 483	45 620	45 378	47 494
Payments for capital assets	151 005	97 134	103 393	117 740	122 188	98 941	139 500	146 694	153 560
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	151 005	97 134	103 393	117 740	122 188	98 941	139 500	146 694	153 560
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	43	-	-	-	-	20	-	-	-
Total	10 124 651	11 516 435	12 947 599	14 720 035	14 726 806	14 526 805	15 578 862	16 620 279	17 782 175

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 CHCs, 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 2015/16 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 NDOH on behalf of provinces. The high growth in 2012/13 and 2013/14 was related to 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, and infrastructure backlogs, an increased number of school health teams, district family teams and district specialist teams, as well as TB tracing and injection teams, the progressive commissioning of CHCs and the King Dinuzulu Hospital, higher than expected litigation costs (medico-legal claims mainly in respect of maternity related cases), as well as the filling of critical posts for accelerating the HIV and AIDS programme and staff exit costs, with more nurses leaving employment than expected.

The strong growth from 2011/12 to 2014/15 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. In 2011/12, there was also 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 high base in the sub-programme: Community Based Services in 2011/12 and the subsequent reduction thereafter 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 in 2013/14. The grant was funded again in 2014/15 and 2015/16 only, and the funding supports CCG stipends.

The increase from 2012/13 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 increase in the 2014/15 Adjusted Appropriation and Revised Estimate is due to the movement of qualified nutrition advisors from Programme 6. The lower growth over the 2015/16 MTEF is due to the function shift of Port Health Services to NDOH, as per a sectoral agreement, with funds following function.

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 from 2012/13 to 2016/17 to assist with the increase of the ARV threshold to a CD4 count of 350 in 2012/13 and 500 in 2014/15, the introduction of the Fixed Dose Combination ARV drugs, as well as provision for equipment and the increasing costs of ARV medication. The strong growth over the 2015/16 MTEF, and in 2015/16 in particular, aligns with the growth in the Comprehensive HIV and AIDS grant. As previously mentioned, although the grant was protected from budget cuts related to fiscal consolidation, there have been reductions in the 2014/15 Revised Estimate and over the 2015/16 MTEF to fund various NHLS functions moved from the provincial sphere to the national sphere.

The high base 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 peak. 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 low growth over the 2015/16 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 are paid from the equitable share. The low growth 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 2011/12 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 Hospital. The reduction in the 2014/15 Adjusted Appropriation and Revised Estimate relates to forced savings to address pressures in the Community Health Clinics sub-programme and to Programme 4 to address pressures in *Compensation of employees* and medico-legal claims, respectively. Growth over the 2015/16 MTEF is largely for inflationary increases.

The increase in *Compensation of employees* from 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. The growth over the 2015/16 MTEF is mainly for inflationary adjustments.

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 2015/16 MTEF. The growth in 2013/14 was attributed to pressures from ARVs and other medication. The increase in the 2014/15 Revised Estimate is caused by the roll-out of HPV and flu vaccines being funded by the indirect grant from NDOH. Additional funding was 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. Note that, as previously mentioned, NHLS is still funded by way of a monthly flat fee payment (*albeit* at an increased level) as opposed to a fee-for-service mechanism.

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 non-signing of SLAs. The reduction in 2012/13 resulted from the provincialisation of some municipal clinics. The significant increase in 2014/15 relates to the eThekweni Metro and uMhlathuze Municipality for additional funding to assist clinics in the treatment of HIV and AIDS. The further increase in the 2014/15 Adjusted Appropriation and Revised Estimate relates to municipal clinics' carry-over expenditure from 2013/14, due to the late presentation of invoices. The decline in 2015/16 is due to the provincialisation of uMhlathuze municipal clinics and for the remaining eThekweni Metro clinics over the MTEF period.

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

The reduction in *Transfers and subsidies to: Non-profit institutions* 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 minimal growth in 2013/14, 2014/15 and further reduction over the 2015/16 MTEF is due the provincialisation of McCord Hospital.

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 growth in the 2014/15 Revised Estimate is due to more medico-legal claims cases being finalised. This is a once-off cost and accounts for the fluctuations under this category. The 2015/16 MTEF allocations provide for staff exit costs only.

The high base 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. The increase in 2014/15 and 2015/16 is due to the need to procure additional vehicles for the new outreach teams. In the 2015/16 MTEF, amounts are provided to replace essential equipment at a reduced rate, due to the Census and fiscal consolidation baseline cuts.

Service delivery measures – Programme 2: District Health Services

Table 7.20 illustrates the main service delivery measures of Programme 2. The performance indicators provided comply fully with the customised measures for the Health sector. It should be noted that a significant number of TB patients are treated in clinics and community health centres in Programme 2. For this reason, TB statistics are included in this programme.

A number of indicators are these are indicated as “New” in 2014/15 and “Est. baseline” in 2015/16, with no targets set for the MTEF.

Table 7.20 : Service delivery measures – Programme 2: District Health Services

Outputs	Performance indicators	Estimated performance	Medium-term targets			
		2014/15	2015/16	2016/17	2017/18	
1. Clinics and Community Health Centres						
To provide facilities for patients to be treated at PHC level	• No. of districts piloting NHI interventions	3	3	3	3	
	• Established NHI Consultation Forum	Not established	Established	Established	Established	
	• No. of districts consulted by the NHI Consultative Forum	0	3	7	11	
	• National core standards self-assessment rate (fixed PHC facilities)	69.2%	100%	100%	100%	
	• Quality improvement plan after self-assessment rate (fixed PHC facilities)	New	100%	100%	100%	
	• Percentage of fixed PHC facilities scoring above 80% on the Ideal Clinic Dashboard	6.3%	20%	40%	60%	
	• Patient satisfaction survey rate (fixed PHC facilities)	59.8%	100%	100%	100%	
	• Patient satisfaction rate at PHC facilities	71.2%	75%	85%	95%	
	• Outreach to household registration visit coverage (annualised)	44.7%	55%	65%	70%	
	• No. of districts with district clinical specialist teams (DCSTs)	1 complete team and 9 teams with all nursing posts filled	2 complete teams and remaining 9 teams with all nursing posts filled	3 complete teams and remaining 8 teams with all nursing posts filled	4 complete teams and remaining 7 teams with all nursing posts filled	
	• PHC utilisation rate (annualised)	3	3.1	3.1	3.2	
	• Complaint resolution rate	78%	80%	83%	85%	
	• Complaint resolution within 25 working days rate	89%	90%	91%	92%	
2. District Hospitals						
Rendering hospital service at district level	• National core standards self-assessment rate	81%	100%	100%	100%	
	• Quality improvement plan (QIP) after self-assessment rate	New	100%	100%	100%	
	• Percentage of hospitals compliant with all extreme and vital measures of the national core standards	New	14%	30%	46%	
	• Patient satisfaction survey rate	87%	100%	100%	100%	
	• Patient satisfaction rate	82%	90%	95%	95%	
	• Average length of stay - total	5.9 Days	5.8 Days	5.8 Days	5.8 Days	
	• Inpatient bed utilisation rate - total	63.6%	64.7%	66.1%	67.4%	
	• Mental health admission rate	1.5%	1.5%	1.6%	1.6%	
	• Expenditure per patient day equivalent (PDE)	R 1 971	R1 808	R1 882	R1 956	
	• Complaints resolution rate	68.6%	75%	80%	90%	
	• Complaint resolution within 25 working days rate	84%	85%	85%	85%	

Table 7.20 : Service delivery measures – Programme 2: District Health Services

Outputs	Performance indicators	Estimated performance	Medium-term targets		
		2014/15	2015/16	2016/17	2017/18
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 at the end of the month	926 416	1 276 200	1 368 247	1 450 000
	• Client tested for HIV (including ANC)	1 186 634	2 067 065 (4 134 130 cumulative)	2 067 065 (6 201 195 cumulative)	2 067 065 (8 268 260 cumulative)
	• TB symptom 5yrs and older screened rate	9%	20%	35%	45%
	• Male condom distribution coverage (annualised)	62.8	62.9	61.8	60.8
	• Female condom distribution rate (annualised)	1.5	0.9	0.9	0.9
	• Medical male circumcision performed	47 295 (mid-year)	631 374 cumulative	1 826 544 cumulative	3 021 714 cumulative
	• TB new client treatment success rate	86.6%	85%	85%	85%
	• TB client lost to follow up rate	3.6%	3.9%	3.5%	2.9%
	• TB death rate	4.7%	4%	3.5%	2.25%
	• TB MDR confirmed treatment initiation rate	Data not available	60%	70%	80%
	• TB MDR treatment success rate	50%	60.9%	62.5%	65%
4. Maternal, child and women health					
Rendering a comprehensive and integrated maternal, child and women health at primary health care level	• Antenatal 1st visit before 20 weeks rate	56.1%	60%	62.6%	56.1%
	• Mother postnatal visit within 6 days rate	68.7%	74.4%	82%	90%
	• Antenatal client initiated on ART rate	92.7%	95%	97%	98%
	• Infant 1st PCR test positive around 6 weeks rate	1.2%	<1%	<1%	<0.5%
	• Immunisation coverage under 1 year (annualised)	89.7%	90%	90%	90%
	• Measles 2nd dose coverage (annualised)	90.1%	85%	90%	95%
	• DTap-IPV-HepB-Hib 3 - Measles 1st dose drop-out rate	5.6%	7%	6%	5%
	• Child under 5 years diarrhoea case fatality rate	3.2%	3.2%	2.6%	2%
	• Child under 5 years pneumonia case fatality rate	3.3%	2.4%	2.1%	2%
	• Child under 5 years severe acute malnutrition case fatality rate	8.4%	8%	7.5%	7%
	• School Grade R learners screening coverage (annualised)	New	40%	50%	60%
	• School Grade 1 learners screening coverage (annualised)	31.7%	55%	60%	65%
	• School Grade 8 learners screening coverage (annualised)	16.2%	40%	50%	60%
	• Couple year protection rate (annualised)	54.3%	55%	60%	65%
	• Cervical cancer screening coverage (annualised)	73.5%	75%	75%	75%
	• HPV vaccine 1st dose coverage	82.9%	85%	85%	90% (or more)
	• Vitamin A dose 12-59 months coverage (annualised)	56.6%	60%	65%	70%
	• Maternal mortality in facility ratio (annualised)	140.3/ 100 000	120/ 100 000	110/ 100 000	100/ 100 000
	• Inpatient early neonatal death rate	10.3/ 1000	9.7/ 1000	9.3/1000	8.9/ 1000
5. Disease prevention and control					
Rendering preventive and promotive health services	• Clients screened for hypertension – 25 years and older	New	Est. baseline	-	-
	• Clients screened for diabetes – 5 years and older	New	Est. baseline	-	-
	• Client screened for mental disorders	New	Est. baseline	-	-
	• Client treated for mental disorders - new	New	Est. baseline	-	-
	• Cataract surgery rate (annualised)	905.7/ 1mil	930/ 1mil	1 154/ 1mil	1 395/ 1 mil
	• Malaria case fatality rate	1.8%	<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 7.21 and 7.22 below summarise payments and budgeted estimates pertaining to Programme 3.

Table 7.21 : Summary of payments and estimates by sub-programme: Emergency Medical Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
1. Emergency Services	1 032 954	863 099	967 208	1 012 736	1 012 736	1 027 223	1 094 031	1 137 189	1 194 048
2. Planned Patient Transport	37 433	62 937	42 732	60 702	60 702	46 215	66 280	59 287	62 251
Total	1 070 387	926 036	1 009 940	1 073 438	1 073 438	1 073 438	1 160 311	1 196 476	1 256 299

Table 7.22 : Summary of payments and estimates by economic classification: Emergency Medical Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	856 411	870 638	975 416	1 026 957	1 026 957	1 042 907	1 095 120	1 143 906	1 201 100
Compensation of employees	595 253	641 810	715 735	751 280	751 280	770 618	789 187	826 698	868 032
Goods and services	261 158	228 827	259 679	275 677	275 677	272 275	305 933	317 208	333 068
Interest and rent on land	-	-	2	-	-	14	-	-	-
Transfers and subsidies to:	3 230	4 165	3 946	4 340	4 340	3 909	4 891	5 148	5 406
Provinces and municipalities	1 842	1 537	2 511	2 040	2 040	1 949	3 190	3 355	3 523
Departmental agencies and accounts	-	-	-	-	-	1	1	2	2
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 388	2 628	1 435	2 300	2 300	1 959	1 700	1 791	1 881
Payments for capital assets	210 745	51 234	30 578	42 141	42 141	26 252	60 300	47 422	49 793
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	210 745	51 234	30 578	42 141	42 141	26 252	60 300	47 422	49 793
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	1	-	-	-	-	370	-	-	-
Total	1 070 387	926 036	1 009 940	1 073 438	1 073 438	1 073 438	1 160 311	1 196 476	1 256 299

The fluctuations over the seven-year period are 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 high base 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 the once-off purchases in 2011/12, as well as savings realised from the replacement process of ageing emergency fleet vehicles, as the repair and fuel costs of the new ambulances were lower. The increase in 2013/14 was mainly due to inflationary adjustments, the gradual filling of vacant posts, as well as increased fuel costs. The overall increase over the seven year period 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 2012/13 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 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 growth over the 2015/16 MTEF provides for inflation only.

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 high base in 2011/12 is largely due to an increase in fuel costs and the costs of maintaining vehicles. The decrease in 2012/13 relates mainly to lower costs on maintenance and repairs of the new fleet of vehicles. The high growth in 2013/14 was due to high fuel costs, the related maintenance and repair costs, as well as costs on aeromedical services. The growth over the remainder of the 2015/16 MTEF is attributed to the new fleet of emergency vehicles that will be procured which will attract lower running costs.

The fluctuations in *Transfers and subsidies to: Provinces and municipalities* are driven by the size of the fleet of EMS 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 high expenditure 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 fluctuations from 2013/14 onward relates to the reprioritisation of funding which will be reviewed during 2016/17, 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 7.23 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 7.23 : Service delivery measures – Programme 3: Emergency Medical Services

Outputs	Performance indicators	Estimated performance		Medium-term targets	
		2014/15	2015/16	2016/17	2017/18
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	5.1%	6.5%	7.2%	7.9%
	• EMS P1 rural response under 40 minutes rate	30.8%	33%	35.3%	37.9%
	• EMS inter-facility transfer rate	36.2%	37%	38%	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 7.24 and 7.25 summarise payments and estimates relating to Programme 4.

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.

Table 7.24 : Summary of payments and estimates by sub-programme: Provincial Hospital Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
1. General (Regional) Hospitals	5 221 536	6 115 757	6 560 190	7 114 952	7 114 482	7 034 859	6 881 905	7 398 047	7 761 725
2. Tuberculosis Hospitals	891 682	591 880	631 342	669 183	667 219	674 971	746 111	772 749	811 386
3. Psychiatric-Mental Hospitals	570 974	641 596	686 549	743 815	743 815	751 398	797 229	835 469	877 242
4. Sub-acute, Step-down and Chronic Medical Hospitals	199 147	203 274	226 848	242 501	242 501	307 214	331 496	344 359	361 577
5. Dental Training Hospital	14 481	14 868	16 267	17 824	17 824	17 399	18 897	19 898	20 893
Total	6 897 820	7 567 375	8 121 196	8 788 275	8 785 841	8 785 841	8 775 638	9 370 522	9 832 823

Table 7.25 : Summary of payments and estimates by economic classification: Provincial Hospital Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	6 772 925	7 486 935	7 969 342	8 634 529	8 634 529	8 613 784	8 644 111	9 180 340	9 633 133
Compensation of employees	5 100 164	5 654 254	6 146 682	6 814 383	6 814 383	6 745 935	6 735 829	7 195 285	7 548 324
Goods and services	1 672 761	1 832 681	1 822 532	1 820 146	1 820 146	1 867 715	1 908 282	1 985 055	2 084 809
Interest and rent on land	-	-	128	-	-	134	-	-	-
Transfers and subsidies to:	68 019	68 886	124 336	67 085	64 651	120 228	63 607	66 995	70 346
Provinces and municipalities	-	-	-	549	79	80	-	-	-
Departmental agencies and accounts	47	56	15	36	36	64	77	82	86
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	35 802	37 770	28 829	30 500	28 536	30 865	33 100	34 854	36 597
Households	32 170	31 060	95 492	36 000	36 000	89 219	30 430	32 059	33 663
Payments for capital assets	56 861	11 554	27 518	86 661	86 661	51 824	67 920	123 187	129 344
Buildings and other fixed structures	-	-	79	-	-	-	-	-	-
Machinery and equipment	56 861	11 554	27 439	86 661	86 661	51 824	67 920	123 187	129 344
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	15	-	-	-	-	5	-	-	-
Total	6 897 820	7 567 375	8 121 196	8 788 275	8 785 841	8 785 841	8 775 638	9 370 522	9 832 823

The expenditure in 2011/12 in the General (Regional) Hospitals sub-programme includes once-off funding 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 the carry-through costs of the 2011 wage agreement. The increase in 2013/14 relates to the 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. Note that, from 2015/16, the department moved the King Edward VIII Hospital to Programme 5 as it was reclassified as a tertiary hospital. All historical data has been restated for comparative purposes. However, the data pertaining to the 2014/15 Main Appropriation were not corrected, accounting for the higher baseline in these columns when compared to 2013/14 and 2015/16.

The Tuberculosis Hospitals sub-programme shows a reduction in *Goods and services* in 2012/13, mainly due 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 flat fee paid by the department. The decrease in the 2014/15 Adjusted Appropriation relates to the movement of unallocated funding for non-profit institutions to address pressures in municipal clinics in Programme 2. The increase in the Revised Estimate is due to the purchase of motor vehicles for TB teams. The 2015/16 MTEF begins with a peak attributable to the projected medicine payments for March 2015 that will only be paid in April 2015. Thereafter, the increase includes inflationary adjustments 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 spending 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, accounting for low growth in 2012/13. 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 significant increase in the 2014/15 Revised Estimate is attributed to the take-over of McCord Hospital. The 2015/16 MTEF makes provision for the operational costs of McCord Hospital to function as a specialised eye-care hospital.

The Dental Training Hospital sub-programme shows steady growth over the entire period, with inflationary growth over the 2015/16 MTEF.

The increase against *Compensation of employees* 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 2013/14, the increase was due to the higher than expected 2013 wage agreement and clerical re-grading, as well as the introduction of 80 additional beds at LUWM Hospital. The decrease in the 2014/15 Revised Estimate is due to slow recruitment processes. Over the 2015/16 MTEF, provision is made for the commissioning of McCord Hospital as a specialised eye-care hospital, the carry-through costs of the commissioning of additional beds at LUWM Hospital and also to provide for the filling of critical vacant funded posts.

The decrease against *Goods and services* in 2013/14 was attributed to the reduction in the “buying out” of beds from private hospitals, as well as the correct allocation of NHLS expenditure, mainly to Programme 2. The increase in the 2014/15 Revised Estimate is due to the take-over of McCord Hospital. The growth over the MTEF provides for the commissioning of McCord Hospital as a specialised eye-care hospital.

Transfers and subsidies to: Provinces and municipalities relates to motor vehicle licences which have been centralised to Programme 1. Historical data were restated for comparative purposes, apart from the residual amounts in the 2014/15 Adjusted Appropriation and Revised Estimate, as mentioned previously.

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

The substantial reduction in *Transfers and subsidies to: Non-profit institutions* in 2013/14 was the result of the reassessment of all the department’s non-profit institutions. The reduction in the 2014/15 Adjusted Appropriation is due to the decision to reallocate unallocated funding for non-profit institutions to other service delivery pressures due to slow negotiations with NGOs. This situation is not expected in 2015/16, hence the increase in 2015/16, with provision for inflationary increases in the outer years. The increase in the 2014/15 Revised Estimate is due to pressures at NGOs related to TB treatment.

The high 2011/12 spending against *Transfers and subsidies to: Households* relates to medico-legal claims. The peak in 2013/14 was due to increased staff exit costs and medico-legal claims. There was no provision for medico-legal claims in the 2014/15 MTEF due to Census and fiscal consolidation based budget cuts, hence the drop in the 2014/15 Main Appropriation and low growth thereafter. This will be reviewed in-year, as medico-legal costs arise. The high 2014/15 Revised Estimate is for unanticipated legal claims.

The high base 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 the delay in the delivery of 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. The increase in the 2014/15 Main Appropriation was for the cyclical replacement of essential medical equipment. The decrease in the 2014/15 Revised Estimate is due to the slow pace of delivery of medical equipment. Additional funding is provided over the 2015/16 MTEF for the replacement of redundant essential equipment under this programme, and the increases in 2016/17 and 2017/18 are to meet identified cyclical replacement needs.

Service delivery measures – Programme 4: Provincial Hospital Services

Table 7.26 below illustrates the main service delivery measures pertaining to Programme 4. The measures comply fully with the customised measures of the health sector.

MTEF targets have been set for “New” indicators included in the National Core Standards.

Table 7.26 : Service delivery measures – Programme 4: Provincial Hospital Services

Outputs		Performance indicators	Estimated performance	Medium-term targets		
			2014/15	2015/16	2016/17	2017/18
General (Regional) Hospitals						
Rendering of hospital services at a general specialist level and a platform for training of health workers and research	• National core standards self-assessment rate	78%	100%	100%	100%	
	• Quality improvement plan after self-assessment rate	New	100%	100%	100%	
	• Percentage of hospitals compliant with all extreme and vital measures of the national core standards	New	23%	38%	62%	
	• Patient satisfaction survey rate	100%	100%	100%	100%	
	• Patient satisfaction rate	78%	85%	90%	93%	
	• Average length of stay - total	6.1 Days	6.1 Days	6 Days	6 Days	
	• Inpatient bed utilisation rate - total	76.9%	76.1 %	77.6 %	79.2 %	
	• Mental health admission rate	0.9%	1.4 %	1.5 %	1.6 %	
	• Expenditure per patient day equivalent (PDE)	R 2 365	R 2 410	R 2 566	R 2 685	
	• Complaint resolution rate	75.1%	80%	85%	90%	
	• Complaint resolution within 25 working days rate	93.8%	94%	94%	95%	

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

Table 7.27 : Summary of payments and estimates by sub-programme: Central Hospital Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
1. Central Hospital Services	1 532 389	1 697 441	1 785 076	888 645	888 645	889 625	2 154 298	2 246 075	2 338 533
2. Provincial Tertiary Hospital Services	1 708 078	1 641 409	1 855 510	2 190 747	2 190 747	2 189 767	1 830 668	1 851 202	2 029 554
Total	3 240 467	3 338 850	3 640 586	3 079 392	3 079 392	3 079 392	3 984 966	4 097 277	4 368 087

Table 7.28 : Summary of payments and estimates by economic classification: Central Hospital Services

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	3 225 558	3 326 365	3 563 853	3 053 388	3 053 388	3 051 474	3 962 062	4 072 580	4 342 155
Compensation of employees	1 694 541	1 805 528	1 984 474	1 619 167	1 619 167	1 669 802	2 226 728	2 340 298	2 482 046
Goods and services	1 531 017	1 520 837	1 579 379	1 434 221	1 434 221	1 381 347	1 735 334	1 732 282	1 860 109
Interest and rent on land	-	-	-	-	-	325	-	-	-
Transfers and subsidies to:	5 384	4 920	45 259	5 004	5 004	26 022	10 324	10 856	11 399
Provinces and municipalities	-	-	-	4	4	8	-	-	-
Departmental agencies and accounts	-	-	52	-	-	52	54	57	60
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	5 384	4 920	45 207	5 000	5 000	25 962	10 270	10 799	11 339
Payments for capital assets	9 525	7 565	31 474	21 000	21 000	1 896	12 580	13 841	14 533
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	9 525	7 565	31 474	21 000	21 000	1 896	12 580	13 841	14 533
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	3 240 467	3 338 850	3 640 586	3 079 392	3 079 392	3 079 392	3 984 966	4 097 277	4 368 087

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 the related carry-through costs. The significant increase in 2012/13 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 for 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 2015/16 MTEF includes the carry-through costs of wage agreements, OSDs, and national priorities. Note that, as previously mentioned, King Edward VIII Hospital has been reclassified to this programme as a tertiary hospital, from 2015/16 onward. Also, the tertiary portion of IALCH was reclassified from the sub-programme: Provincial Tertiary Hospital Services to the Central Hospital Services sub-programme. Historical data for both movements were restated, except for that in the 2014/15 Main Appropriation, as previously mentioned in Programme 4.

The high amount in *Compensation of employees* in 2012/13 was due to the higher 2012 wage agreement and the reclassification of Grey's Hospital as a tertiary hospital, as indicated in Government Gazette No. 35101, as well as the filling of critical posts in order to reduce the buying out of beds. The increase in the 2014/15 Revised Estimate is due to the filling of critical posts to strengthen neonatal services. The 2015/16 MTEF comprises carry-through costs for previous wage agreements and national priorities and increases in the National Tertiary Services grant, although this grant has been reduced due to the previously mentioned fiscal consolidation cuts.

The decrease in *Goods and services* in 2012/13 is attributed to efficiency gains from high cost drivers such as medicines, medical supplies and blood products. The increase in 2015/16 and negative growth in 2016/17 is due to the final 2014/15 PPP payment and medical supplies payments that will only be made in April 2015. Growth over the 2015/16 MTEF caters for inflation only.

Transfers and subsidies to: Provinces and municipalities relates to motor vehicle licences which were centralised under Programme 1 in the 2014/15 Adjusted Appropriation. Historical data was restated for comparative purposes, apart from the previously mentioned residual amounts in the 2014/15 Adjusted Appropriation and Revised Estimate, due to an oversight.

The high spending against *Transfers and subsidies to: Households* in 2013/14 and the 2014/15 Revised Estimate relates to medico-legal claims against the department. No provision was made for these claims in the 2015/16 MTEF due to Census and fiscal consolidation cuts and, hence, the decrease in 2015/16 and minimal growth thereafter. This will be addressed from savings in-year should any claims arise.

The low spending 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 2013/14 was due to critical medical equipment ordered in 2012/13, but only delivered in 2013/14. The decrease in the 2014/15 Revised Estimate is due to the slow pace of delivery of medical equipment. The increase over the 2015/16 MTEF 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 7.29 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 the baseline has been established, the indicator is marked as "New" with targets set from 2015/16.

Table 7.29 : Service delivery measures – Programme 5: Central Hospital Services

Outputs	Performance indicators	Estimated performance	Medium-term targets		
		2014/15	2015/16	2016/17	2017/18
1. Tertiary Hospitals					
To provide tertiary health services and create a platform for the training of health workers	• National core standards self-assessment rate	100%	100%	100%	100%
	• Quality improvement plan after self-assessment rate	New	100%	100%	100%
	• Percentage of hospitals compliant with all extreme and vital measures of the national core standards	New	50%	50%	50%
	• Patient satisfaction survey rate	100%	100%	100%	100%
	• Patient satisfaction rate	81%	85%	90%	95%
	• Average length of stay - total	10 Days	9.6 Days	9.4 Days	9.3 Days
	• Inpatient bed utilisation rate - total	83.9%	84 %	84.4 %	84.5 %
	• Mental health admission rate	1.2%	1.3%	1.4 %	1.4 %
	• Expenditure per patient day equivalent (PDE)	R 5 392	R 5 553	R 5 721	R 6 275
	• Complaint resolution rate	73%	75%	80%	85%
	• Complaint resolution within 25 working days rate	100%	100%	100%	100%
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	• National core standards self-assessment rate	100%	100%	100%	100%
	• Quality improvement plan after self-assessment rate	New	100%	100%	100%
	• Percentage of hospitals compliant with all extreme and vital measures of the national core standards	New	100%	100%	100%
	• Patient satisfaction survey rate	100%	100%	100%	100%
	• Patient satisfaction rate	82%	96%	97%	98%
	• Average length of stay - total	8.4 Days	8.2 Days	7.7 Days	7.2 Days
	• Inpatient bed utilisation rate - total	68.5%	74.3%	75.2%	76.1%
	• Mental health admission rate	0%	0%	0%	0%
	• Expenditure per patient day equivalent (PDE)	R 3 728	R 3 254	R 3 271	R 3 303
	• Complaint resolution rate	42.9%	80%	86.2%	90%
	• Complaint resolution within 25 working days rate	100%	95%	96%	97%

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 7.30 and 7.31 summarise information relating to Programme 6 for the period 2011/12 to 2017/18.

Table 7.30 : 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		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
1. Nursing Training Colleges	355 879	334 013	292 602	302 768	302 756	276 379	296 953	312 765	328 403
2. EMS Training Colleges	11 417	10 890	5 968	7 570	7 549	5 042	4 709	4 967	5 215
3. Bursaries	64 433	82 997	205 880	216 950	216 950	258 458	237 500	250 034	263 036
4. Primary Health Care Training	58 922	54 574	47 043	52 172	52 172	43 481	49 610	52 256	54 869
5. Training Other	369 780	419 461	447 858	471 940	471 940	468 008	466 478	515 388	541 158
Total	860 431	901 935	999 351	1 051 400	1 051 367	1 051 368	1 055 250	1 135 410	1 192 681

Table 7.31 : 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		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	776 485	804 266	789 339	824 702	824 702	796 332	816 250	886 916	931 263
Compensation of employees	720 257	746 254	736 405	766 143	766 143	737 958	743 354	810 108	850 613
Goods and services	56 228	58 012	52 931	58 559	58 559	58 374	72 896	76 808	80 650
Interest and rent on land	-	-	3	-	-	-	-	-	-
Transfers and subsidies to:	83 335	96 105	208 586	220 698	220 665	251 069	230 000	242 173	254 782
Provinces and municipalities	-	-	-	48	15	15	-	-	-
Departmental agencies and accounts	8 588	10 119	11 282	13 000	13 000	15 768	16 000	16 842	17 684
Higher education institutions	-	57	498	-	-	16	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	14 298	15 130	-	-	-	-	-	-	-
Households	60 449	70 799	196 806	207 650	207 650	235 270	214 000	225 331	237 098
Payments for capital assets	610	1 564	1 426	6 000	6 000	3 963	9 000	6 321	6 636
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	610	1 564	1 426	6 000	6 000	3 963	9 000	6 321	6 636
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	1	-	-	-	-	4	-	-	-
Total	860 431	901 935	999 351	1 051 400	1 051 367	1 051 368	1 055 250	1 135 410	1 192 681

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 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 Bursaries sub-programme. The reduction in *Compensation of employees* in 2013/14 was 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 reduction in the 2014/15 Revised Estimate was due to the movement of Nutrition Advisors to Other Community Services in Programme 2. The training programme for these employees was under Programme 6 and, after completion of training, the staff are shifted to Programme 2. Note that this training programme is not continuing over the 2015/16 MTEF. The significant increase in *Transfers and subsidies to: Households* from 2013/14 onward is attributed to the pressures in bursary payments related to the increase in student numbers on the Cuban Doctors' programme. The trends over the 2015/16 MTEF are for inflationary purposes only.

The increase in the sub-programme: Bursaries in 2012/13 resulted from a decision to provide additional funding to this sub-programme to increase training of personnel in health related fields. The increase over the entire seven-year period relates to the 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 2015/16 MTEF increase provides for 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 the department's policy, with regard to nurses being paid by stipend and no longer on the more expensive permanent salary basis. The decision to reduce intakes in nurse training programmes in light of budget cuts also contributed to this low growth in *Compensation of employees*. The further decrease in the 2014/15 Revised Estimate relates to the previously mentioned shifting of Nutritional Advisors to Programme 2 after completion of the training.

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 2013/14

was due to forced savings to address the previously mentioned bursary pressures related to the Cuban Doctors' programme. Growth over the 2015/16 MTEF addresses the related travelling costs of increased number of students in the Cuban Doctors' programme and inflationary pressures in the outer two years.

Transfers and subsidies to: Provinces and municipalities relates to motor vehicle licences which have been centralised to Programme 1 in the 2014/15 Adjusted Appropriation. Historical data was restated for comparative purposes, apart from the previously mentioned residual amounts in the 2014/15 Adjusted Appropriation and Revised Estimate, due to an oversight.

The category *Transfers and subsidies to: Departmental agencies and accounts* shows growth from 2011/12 through to 2014/15, which is ascribed to the HWSETA levy, which is in line with the growth in *Compensation of employees*.

The expenditure against *Transfers and subsidies to: Non-profit institutions* in 2011/12 and 2012/13 relates to McCord Hospital. 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* from 2013/14 onward 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 2015/16 compared to the 2014/15 Adjusted Appropriation 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 2012/13 relates to provision of additional equipment at the various training campuses. The reduced amount in 2013/14 relates to funding moved to the service delivery programmes, to address pressures in these programmes. The increase in 2014/15 seeks to address shortages that have arisen in the past and grows erratically over the 2015/16 MTEF, as per the cyclical nature of equipment replacement.

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

Service delivery measures – Programme 6: Health Sciences and Training

Table 7.32 below illustrates service delivery pertaining to Programme 6. The measures comply fully with the customised measures of the health sector.

Table 7.32 : Service delivery measures – Programme 6: Health Sciences and Training

Table 1.52: Service delivery measures – Programme 6: Health Sciences and Training					
Outputs	Performance indicators	Estimated performance	Medium-term targets		
		2014/15	2015/16	2016/17	2017/18
Bursaries					
Provision of bursaries for health science training programmes at undergraduate and postgraduate levels. Target group includes actual and potential employees	• No. of bursaries awarded for first year medicine students	131 (35 RSA + 96 Cuban)	154 (54 RSA + 100 Cuban)	150 (50 RSA + 100 Cuban)	160 (60 RSA + 100 Cuban)
	• No. of bursaries awarded for first year nursing students	450	450	450	450

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 7.33 and 7.34 summarise the payments and estimates relating to this programme for the period 2011/12 to 2017/18.

Table 7.33 : 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		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
1. Medicine Trading Account	13 971	15 170	-	-	-	-	-	-	-
2. Laundry Services	84 995	90 040	90 271	104 578	112 439	115 402	104 280	110 413	115 934
3. Orthotic and Prosthetic Services	26 002	25 331	32 573	36 381	28 495	25 532	34 008	35 924	37 720
Total	124 968	130 541	122 844	140 959	140 934	140 934	138 288	146 337	153 654

Table 7.34 : 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		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	110 448	112 663	121 545	132 685	132 685	138 176	135 113	142 995	150 145
Compensation of employees	75 511	78 745	81 357	89 900	89 900	85 596	95 700	100 895	105 940
Goods and services	34 937	33 918	40 188	42 785	42 785	52 580	39 413	42 100	44 205
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	14 483	16 493	1 285	674	649	1 032	575	606	637
Provinces and municipalities	-	-	-	124	99	74	-	-	-
Departmental agencies and accounts	14 483	15 170	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	1 323	1 285	550	550	958	575	606	637
Payments for capital assets	35	1 385	14	7 600	7 600	1 726	2 600	2 736	2 872
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	35	1 385	14	7 600	7 600	1 726	2 600	2 736	2 872
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	2	-	-	-	-	-	-	-	-
Total	124 968	130 541	122 844	140 959	140 934	140 934	138 288	146 337	153 654

Note that, from 2013/14, the department 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 was adjusted accordingly.

The expenditure against the Medicine Trading Account sub-programme in 2011/12 and 2012/13 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 2013/14 was due to the 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 additional laundry linen and laundry vehicles for the commissioning of the Prince Mshiyeni Central Laundry. The further increase in the 2014/15 Adjusted Appropriation and Revised Estimate was a provision for outsourcing the laundry service due to the delays in the commissioning of Prince Mshiyeni Central Laundry services.

The sub programme: Orthotic and Prosthetic Services grows steadily over the seven-year period. The decrease in the 2014/15 Adjusted Appropriation and Revised Estimate was due to funds moved within the programme to address the above mentioned laundry service pressures.

Compensation of employees grows steadily over the seven-year period, driven mainly by the various higher than expected wage agreements.

The high growth in *Goods and services* in the 2014/15 Revised Estimate is due to the provision for the bulk purchase of linen for the commissioning of Prince Mshiyeni Central Laundry, the once-off procurement of laundry vehicles, as well as the outsourcing of laundry services during this period while awaiting the commissioning of the laundry. This accounts for the lower amount in 2015/16, with inflationary growth thereafter.

Transfers and subsidies to: Provinces and municipalities relates to motor vehicle licences which have been centralised under Programme 1 in the 2014/15 Adjusted Appropriation. Historical data has been restated for comparative purposes, apart from the previously mentioned residual amounts in 2014/15 Adjusted Appropriation and Revised Estimate, due to an oversight.

The fluctuating trend against *Transfers and subsidies to: Households* relates to the unpredictable nature of staff exit costs.

Expenditure against *Machinery and equipment* relates to office equipment and laundry vehicles for the programme. The reduction in 2013/14 was related to the delay in the delivery of laundry vehicles. The increase in the 2014/15 Main Appropriation was due to the planned once-off purchase of special/modified laundry vehicles, which has not materialised due to slow delivery hence the drop in the 2014/15 Revised Estimate. Provision is made for inflationary increases in 2016/17 and 2017/18.

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 7.35 and 7.36 below summarise payments and estimates relating to Programme 8.

The increasing trend from 2011/12 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 or flat trend in the two outer years of the 2015/16 MTEF in most sub-programmes and in *Buildings and other fixed structures*, as well as *Machinery and equipment* relates to the previously mentioned decrease in the Health Facility Revitalisation grant in 2016/17.

Table 7.35 : Summary of payments and estimates by sub-programme: Health Facilities Management

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
1. Community Health Facilities	426 102	562 070	523 719	266 614	307 486	403 524	200 842	79 226	105 229
2. District Hospital Services	720 786	651 614	588 488	461 884	540 694	526 685	159 266	165 428	165 508
3. Emergency Medical Services	3 285	5 377	1 328	1 737	694	-	2 381	2 413	27 413
4. Provincial Hospital Services	531 961	812 898	600 958	607 395	539 311	522 422	941 445	918 712	967 110
5. Central Hospital Services	4 720	28 598	24 396	12 230	18 362	15 149	11 897	11 235	11 234
6. Other Facilities	208 145	313 041	261 917	129 497	274 000	212 767	235 521	222 207	193 187
Total	1 894 999	2 373 597	2 000 806	1 479 357	1 680 547	1 680 547	1 551 352	1 399 221	1 469 681

Table 7.36 : Summary of payments and estimates by economic classification: Health Facilities Management

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	522 372	463 510	349 449	169 774	328 279	377 450	405 904	374 441	329 006
Compensation of employees	12 736	21 998	24 048	7 581	25 089	24 400	37 000	37 000	42 000
Goods and services	509 636	441 511	325 401	162 193	303 190	353 050	368 904	337 441	287 006
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies to:	10 783	20 000	20 022	-	14	36	-	-	-
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	-	-	-	-	-	-
Households	783	-	22	-	14	36	-	-	-
Payments for capital assets	1 361 844	1 890 088	1 631 335	1 309 583	1 352 254	1 303 061	1 145 448	1 024 780	1 140 675
Buildings and other fixed structures	1 048 172	1 662 936	1 530 893	1 249 773	1 269 855	1 219 675	1 143 659	1 014 780	1 130 675
Machinery and equipment	287 217	227 152	100 442	59 810	82 399	83 386	1 789	10 000	10 000
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	26 455	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	1 894 999	2 373 597	2 000 806	1 479 357	1 680 547	1 680 547	1 551 352	1 399 221	1 469 681

The increase in *Compensation of employees* shown from 2011/12 to 2015/16 is due to the implementation of the EPWP Integrated Grant for Provinces, which utilises local people to maintain grounds and clean buildings. The decrease in the 2014/15 Main Appropriation was due to insufficient grant funding received, which was addressed in the 2014/15 Adjusted Appropriation and Revised Estimate, with movement of funding from within the programme to address pressures in stipends for contract workers doing maintenance.

The day-to-day maintenance drive accounts for the peak 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 a result of the hired/leased properties being paid under capital projects, and this has been reversed in 2013/14. The reduction in 2013/14 was 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 reduction in the 2014/15 Main Appropriation relates to the Census based budget cuts. This 2014/15 allocation was not sufficient to cover the department's maintenance requirements, hence an increase in the 2014/15 Adjusted Appropriation and Revised Estimate. These were forced savings from *Buildings and other fixed structures* to address the previously mentioned pressures. The level of funding for maintenance decreases over the 2015/16 MTEF due to the previously mentioned Census-based baseline budget cuts initiated in 2013/14, as well as the reduction of the Health Facility Revitalisation grant.

With regard to *Transfers and subsidies to: Non-profit institutions*, the department transferred R10 million in 2011/12 and R20 million in 2012/13, with a final transfer of 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.

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 2013/14, the Health Facility Revitalisation grant received an additional R110 million, and R200 million of equitable share funding was allocated due to the acceleration of infrastructure projects which included three CHCs, the regional laundry in eThekweni and clinics in uMlalazi, Msinga, Mthonjaneni and Jozini.

In the 2014/15 Adjusted Appropriation, R1.190 million was allocated to *Buildings and other fixed structures* in Programme 8 for various infrastructure changes that need to be made at the McCord Hospital to convert it to a specialist eye hospital and R200 million was allocated to *Buildings and other fixed structures* for infrastructure pressures in the Health Facility Revitalisation grant. The main project over the 2015/16 MTEF is the new Dr. Pixley ka Seme Hospital, with funding also for the Ngwelezane Hospital (construct new 192 bed medical ward) and Stanger Hospital (construct new labour and neo-natal ward).

The high base 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 decreases in 2012/13 can mainly be attributed to this once-off expenditure, while the further decrease in 2013/14 is due to reprioritisation undertaken, as the funding was required for committed and contracted capital projects which were already in construction phase. The increase in the 2014/15 Adjusted Appropriation and Revised Estimate is funding reprioritised from *Buildings and other fixed structures* for equipment for newly constructed facilities. The low base over the 2015/16 MTEF is due to prioritising budget to *Buildings and other fixed structures*. This will be reviewed in year.

The expenditure against *Land and subsoil assets* in 2011/12 was for the purchase of additional land for the Dr. Pixley ka Seme Hospital due to its status having changed 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 7.37 below illustrates service delivery pertaining to Programme 8. The measures comply fully with the customised measures of the Health sector.

Table 7.37 : Service delivery measures – Programme 8: Health Facilities Management

Table 10.1: Service delivery measures – Programme of Health Facilities Management					
Outputs	Performance indicators	Estimated performance	Medium-term targets		
		2014/15	2015/16	2016/17	2017/18
1. Health Facilities Management					
Provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities	• No. of health facilities that have undergone major and minor refurbishment	56	21	8	8
	• Establish SLAs with DOPW (and any other implementing agents)	1	1	1	1

7. Other programme information

7.1 Personnel numbers and costs

Tables 7.38 and 7.39 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 UKZN.

The high staff number in 2011/12 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 7.38 indicates that the department's level of employment will stabilise at 83 192, but it must be noted that this is not the full staff establishment (approximately 92 400) and only reflects the level of employment that is able to be accommodated within the current budget.

Table 7.38 : Personnel numbers and costs by programme

Personnel numbers	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	As at 31 March 2018
1. Administration	731	781	779	781	781	781	781
2. District Health Services	43 224	38 895	48 237	46 968	46 968	46 968	46 968
3. Emergency Medical Services	3 228	3 168	3 241	3 213	3 213	3 213	3 213
4. Provincial Hospital Services	21 200	22 099	22 338	22 702	22 702	22 702	22 702
5. Central Hospital Services	4 125	4 507	4 475	4 564	4 564	4 564	4 564
6. Health Sciences and Training	4 613	4 212	4 159	3 799	3 799	3 799	3 799
7. Health Care Support Services	497	499	495	489	489	489	489
8. Health Facilities Management	9	565	882	676	676	676	676
Total	77 627	74 726	84 606	83 192	83 192	83 192	83 192
Total personnel cost (R thousand)	15 118 307	16 886 345	18 676 776	20 109 624	21 138 481	22 383 173	23 592 758
Unit cost (R thousand)	195	226	221	242	254	269	284

Table 7.39 : Summary of departmental personnel numbers and costs by component

	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Total for the department									
Personnel numbers (head count)	77 627	74 726	84 606	83 531	83 192	83 192	83 192	83 192	83 192
Personnel cost (R thousands)	15 118 307	16 886 345	18 676 776	20 188 402	20 211 032	20 109 624	21 138 481	22 383 173	23 592 758
Human resources component									
Personnel numbers (head count)	1 074	1 138	1 268	1 303	1 303	1 303	1 268	1 268	1 268
Personnel cost (R thousands)	205 109	22 598	312 595	264 610	344 527	344 527	353 887	376 181	394 990
Head count as % of total for department	1.38	1.52	1.50	1.56	1.57	1.57	1.52	1.52	1.52
Personnel cost as % of total for department	1.36	0.13	1.67	1.31	1.70	1.71	1.67	1.68	1.67
Finance component									
Personnel numbers (head count)	3 547	2 702	3 014	3 023	3 023	3 023	3 014	3 014	3 014
Personnel cost (R thousands)	421 121	442 681	547 493	551 507	650 086	650 086	619 814	658 862	691 805
Head count as % of total for department	4.57	3.62	3.56	3.62	3.63	3.63	3.62	3.62	3.62
Personnel cost as % of total for department	2.79	2.62	2.93	2.73	3.22	3.23	2.93	2.94	2.93
Full time workers									
Personnel numbers (head count)	73 096	73 250	80 242	71 945	71 945	71 945	71 966	71 966	71 966
Personnel cost (R thousands)	14 540 412	16 318 828	18 379 522	19 712 386	19 735 016	19 633 608	20 638 889	21 852 857	23 033 003
Head count as % of total for department	94.16	98.02	94.84	86.13	86.48	86.48	86.51	86.51	86.51
Personnel cost as % of total for department	96.18	96.64	98.41	97.64	97.64	97.63	97.64	97.63	97.63
Part-time workers									
Personnel numbers (head count)	798	902	825	848	846	846	825	825	825
Personnel cost (R thousands)	141 256	135 763	220 469	231 016	231 016	231 016	249 592	265 316	277 255
Head count as % of total for department	1.03	1.21	0.98	1.02	1.02	1.02	0.99	0.99	0.99
Personnel cost as % of total for department	0.93	0.80	1.18	1.14	1.14	1.15	1.18	1.19	1.18
Contract workers									
Personnel numbers (head count)	3 733	574	3 539	10 401	10 401	10 401	10 401	10 401	10 401
Personnel cost (R thousands)	436 639	431 754	76 785	245 000	245 000	245 000	250 000	265 000	282 500
Head count as % of total for department	4.81	0.77	4.18	12.45	12.50	12.50	12.50	12.50	12.50
Personnel cost as % of total for department	2.89	2.56	0.41	1.21	1.21	1.22	1.18	1.18	1.20

7.2 Training

Tables 7.40 and 7.41 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 7.40 : Payments on training by programme

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
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	860 457	901 968	1 012 752	1 051 400	1 051 400	1 051 400	1 104 853	1 163 410	1 221 581
Subsistence and travel	8 297	18 048	11 157	11 300	11 300	11 300	11 876	12 482	13 118
Payments on tuition	93 032	111 738	241 605	205 650	205 650	205 650	216 138	227 161	238 746
Other	759 128	772 182	759 990	834 450	834 450	834 450	876 839	923 767	969 717
7. Health Care Support Services	-	-	-	-	-	-	-	-	-
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
8. Health Facilities Management	-	-	-	-	-	-	-	-	-
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Total	860 457	901 968	1 012 752	1 051 400	1 051 400	1 051 400	1 104 853	1 163 410	1 221 581

Table 7.41 : Information on training: Health

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Number of staff	77 627	74 726	84 606	83 531	83 192	83 192	83 192	83 192	83 192
Number of personnel trained	13 703	24 950	9 530	9 500	9 500	9 500	11 500	13 500	15 500
of which									
Male	3 850	6 904	2 439	3 330	3 330	3 330	4 130	4 930	5 730
Female	9 853	18 046	7 091	6 170	6 170	6 170	7 370	8 570	9 770
Number of training opportunities	12 150	12 410	13 155	8 030	8 030	8 030	8 916	8 975	9 048
of which									
Tertiary	1 600	1 700	1 802	32	32	32	100	120	140
Workshops	500	550	583	618	618	618	618	655	688
Seminars	50	60	64	198	198	198	198	200	220
Other	10 000	10 100	10 706	7 182	7 182	7 182	8 000	8 000	8 000
Number of bursaries offered	1 103	897	1 487	1 581	1 581	1 581	1 600	1 700	1 800
Number of interns appointed	380	500	183	272	272	272	150	200	250
Number of learnerships appointed	250	250	250	181	181	181	250	250	263
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		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Tax receipts	-	-	-	-	-	-	-	-	-
Casino taxes	-	-	-	-	-	-	-	-	-
Horse racing taxes	-	-	-	-	-	-	-	-	-
Liquor licences	-	-	-	-	-	-	-	-	-
Motor vehicle licences	-	-	-	-	-	-	-	-	-
Sale of goods and services other than capital assets	196 395	207 758	237 077	220 512	220 512	220 512	231 538	243 810	256 000
Sale of goods and services produced by dept. (excl. capital assets)	195 657	207 520	236 584	219 702	219 702	219 702	230 728	242 957	255 104
Sales by market establishments	16 492	23 858	14 369	22 005	22 005	22 005	23 185	24 414	25 634
Administrative fees	3 028	169	4 347	783	783	783	783	824	866
Other sales	176 137	183 493	217 868	196 914	196 914	196 914	206 760	217 718	228 604
Of which									
Health patient fees	100 665	114 720	144 630	120 319	120 319	120 319	126 335	133 031	139 682
Reimbursement of goods issued	25	-	19	-	-	-	-	-	-
Services rendered	64 728	56 763	71 301	63 667	63 667	63 667	66 845	70 388	73 907
Special events: Ambulance services	9 983	11 010	978	11 815	11 815	11 815	12 406	13 064	13 717
Sale of scrap, waste, arms and other used current goods (excl. capital assets)	738	238	493	810	810	810	810	853	896
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	17	12	29	21	21	21	21	22	23
Interest, dividends and rent on land	366	140	5 988	217	217	217	217	229	240
Interest	366	140	5 988	217	217	217	217	229	240
Dividends	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Sales of capital assets	-	17 929	9 607	10 000	10 000	10 000	10 000	10 530	11 057
Land and sub-soil assets	-	17 929	9 607	10 000	10 000	10 000	10 000	10 530	11 057
Other capital assets	-	-	-	-	-	-	-	-	-
Transactions in financial assets and liabilities	11 220	12 650	18 046	15 411	15 411	15 411	16 182	17 040	17 892
Total	207 998	238 489	270 747	246 161	246 161	246 161	257 958	271 630	285 211

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

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	22 374 653	24 746 845	26 890 291	28 624 542	28 780 978	28 545 638	30 780 575	32 579 143	34 548 177
Compensation of employees	15 118 307	16 886 345	18 676 776	20 188 402	20 211 032	20 109 624	21 138 481	22 383 173	23 592 758
Salaries and wages	13 137 130	14 687 243	16 304 543	17 591 149	17 610 277	17 495 637	18 503 497	19 650 007	20 689 036
Social contributions	1 981 177	2 199 102	2 372 233	2 597 253	2 600 755	2 613 987	2 634 984	2 733 166	2 903 722
Goods and services	7 256 326	7 860 500	8 213 347	8 436 140	8 569 946	8 435 393	9 642 094	10 195 970	10 955 419
Administrative fees	28	32	30	32	32	24	30	32	34
Advertising	11 982	12 940	13 790	25 561	25 561	14 358	25 554	25 309	25 855
Assets less than the capitalisation threshold	69 826	68 901	48 440	100 132	98 119	42 136	50 244	61 401	61 723
Audit cost: External	9 257	9 315	15 924	13 000	13 000	13 043	10 000	11 590	12 170
Bursaries: Employees	1 877	151	734	2 350	2 350	4 269	2 500	2 633	2 765
Catering: Departmental activities	4 929	2 314	2 087	8 111	8 111	4 050	2 095	2 023	2 107
Communication (G&S)	83 607	90 818	93 271	112 863	112 867	98 439	99 521	106 596	110 794
Computer services	164 578	152 690	197 733	133 765	134 765	126 547	175 329	196 058	253 967
Cons & prof serv: Business and advisory services	43 016	53 502	74 476	25 600	34 197	37 150	40 307	34 387	36 108
Cons & prof serv: Infras and planning	4 912	72	139	-	731	832	7 262	2 375	-
Cons & prof serv: Laboratory services	566 011	539 752	587 579	706 562	706 562	624 287	937 900	1 081 908	1 157 756
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	5 037	7 321	8 907	3 891	3 891	8 292	13 783	2 211	2 322
Contractors	240 942	175 450	149 831	111 633	177 056	142 117	188 367	162 742	189 458
Agency and support / outsourced services	943 067	929 848	946 858	833 839	841 724	981 709	1 053 160	1 051 738	1 160 316
Entertainment	64	33	6	520	520	3	4	6	6
Fleet services (incl. govt motor transport)	126 560	205 900	151 338	260 374	260 374	268 844	288 501	301 245	315 879
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	2 009	1 902	1 902	12 621	17 296	17 954	18 853
Inventory: Farming supplies	-	-	2	-	-	3	-	-	-
Inventory: Food and food supplies	126 371	101 721	116 213	194 796	194 796	126 361	131 976	138 292	145 093
Inventory: Fuel, oil and gas	171 536	200 656	263 346	158 444	158 497	128 434	134 700	142 025	148 731
Inventory: Learner and teacher support material	2	-	-	1 010	1 010	527	900	1 180	1 239
Inventory: Materials and supplies	6 269	27 361	10 007	7	863	8 659	15 823	17 436	14 694
Inventory: Medical supplies	1 203 372	1 283 784	1 339 263	1 332 450	1 325 018	1 389 465	1 540 201	1 563 447	1 671 137
Inventory: Medicine	1 864 528	2 317 378	2 520 816	2 731 810	2 724 988	2 563 209	2 999 606	3 335 335	3 572 102
Medsas inventory interface	-	-	-	-	-	3	-	-	-
Inventory: Other supplies	-	-	1	1 500	1 500	869	226	239	251
Consumable supplies	208 012	214 645	255 640	199 929	225 815	251 030	242 953	242 428	247 914
Consumable: Stationery, printing and office supplies	51 454	52 930	45 413	54 781	55 181	62 675	52 524	57 787	60 402
Operating leases	43 352	109 010	98 849	116 150	116 150	129 973	159 431	126 469	142 517
Property payments	1 054 893	1 085 911	1 081 879	1 087 027	1 126 228	1 172 776	1 239 362	1 298 710	1 328 853
Transport provided: Departmental activity	35 272	21 840	58 556	57 971	57 971	73 035	76 115	77 176	81 022
Travel and subsistence	54 336	75 510	65 388	71 374	71 374	81 970	83 863	87 883	91 885
Training and development	29 605	45 043	28 420	42 108	42 108	16 939	30 640	27 423	78 676
Operating payments	60 113	73 729	33 995	44 143	44 143	46 297	18 811	16 663	17 393
Venues and facilities	5 544	1 944	2 018	2 505	2 505	4 213	3 110	3 269	3 397
Rental and hiring	65 974	-	390	-	37	234	-	-	-
Interest and rent on land	20	-	169	-	-	621	-	-	-
Interest	20	-	169	-	-	621	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	515 845	486 764	740 159	692 479	694 193	860 320	648 156	681 322	711 308
Provinces and municipalities	88 878	26 330	79 199	137 663	157 672	185 808	111 290	117 762	122 050
Provinces	2 838	3 437	4 463	5 063	5 063	5 693	6 290	6 714	7 050
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	2 838	3 437	4 463	5 063	5 063	5 693	6 290	6 714	7 050
Municipalities	86 040	22 893	74 736	132 600	152 609	180 115	105 000	111 048	115 000
Municipalities	86 040	22 893	74 736	132 600	152 609	180 115	105 000	111 048	115 000
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	23 249	25 351	11 370	13 069	13 069	15 927	16 171	17 025	17 876
Social security funds	512	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	22 737	25 351	11 370	13 069	13 069	15 927	16 171	17 025	17 876
Higher education institutions	-	57	501	-	-	16	-	-	-
Foreign governments and international organisations	-	-	-	-	-	66	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	273 487	277 586	256 751	250 647	230 638	225 153	215 100	227 412	235 953
Households	130 231	157 440	392 339	291 100	292 814	433 350	305 595	319 123	335 429
Social benefits	59 126	67 441	100 183	84 308	86 022	109 749	92 645	94 898	99 493
Other transfers to households	71 105	89 999	292 156	206 792	206 792	323 601	212 950	224 225	235 936
Payments for capital assets	1 900 011	2 156 923	1 867 332	1 597 175	1 644 294	1 513 101	1 445 448	1 373 593	1 506 456
Buildings and other fixed structures	1 048 172	1 662 936	1 530 972	1 249 773	1 269 855	1 219 675	1 143 659	1 014 780	1 130 675
Buildings	1 048 172	1 662 936	1 530 972	1 249 773	1 269 855	1 219 675	1 143 659	1 014 780	1 130 675
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	825 384	493 987	336 179	347 402	374 439	293 426	301 789	358 813	375 781
Transport equipment	227 852	112 017	95 348	109 498	109 498	89 402	134 000	119 796	125 784
Other machinery and equipment	597 532	381 970	240 831	237 904	264 941	204 024	167 789	239 017	249 997
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	26 455	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	181	-	-	-	-	-	-
Payments for financial assets	609	1	33 629	-	-	406	107 607	107 607	107 607
Total	24 791 118	27 390 533	29 531 410	30 914 196	31 119 465	30 919 465	32 981 786	34 741 665	36 873 548
Unauth. Exp. (1st charge) not available for spending	-	-	-	-	-	-	(107 607)	(107 607)	(107 608)
Baseline available for spending after 1st charge	24 791 118	27 390 533	29 531 410	30 914 196	31 119 465	30 919 465	32 874 179	34 634 058	36 765 940

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

R thousand	Audited Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2011/12	2012/13	2013/14				2015/16	2016/17	2017/18
Current payments	463 100	531 385	610 665	571 829	570 060	549 130	615 311	653 405	694 653
Compensation of employees	208 965	246 972	273 361	307 734	307 734	295 591	326 673	345 804	371 672
Salaries and wages	181 356	214 728	237 846	267 622	267 622	257 164	285 945	303 027	325 641
Social contributions	27 609	32 244	35 515	40 112	40 112	38 427	40 728	42 777	46 031
Goods and services	254 115	284 413	337 290	264 095	262 326	253 501	288 638	307 601	322 981
Administrative fees	1	3	2	1	1	-	-	-	-
Advertising	1 084	2 235	7 796	3 024	3 024	3 320	4 020	4 231	4 443
Assets less than the capitalisation threshold	204	2 239	1 082	2 520	2 520	1 160	240	260	273
Audit cost: External	1	-	15 924	13 000	13 000	13 036	10 000	10 540	11 067
Bursaries: Employees	-	24	12	100	100	(3)	-	1	1
Catering: Departmental activities	222	756	635	900	900	396	600	634	665
Communication (G&S)	3 210	7 143	4 009	13 820	13 820	10 786	13 399	14 037	14 739
Computer services	144 531	140 220	176 019	122 490	122 490	119 646	145 329	158 204	166 113
Cons & prof serv: Business and advisory services	34 500	40 204	50 623	21 000	21 000	23 069	30 035	31 093	32 648
Cons & prof serv: Infras and planning	-	-	-	-	-	-	-	-	-
Cons & prof serv: Laboratory services	-	-	-	-	-	20	-	-	-
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	274	1 108	1 195	240	240	452	2 000	2 200	2 310
Contractors	341	185	2 778	30	30	1 513	992	1 042	1 094
Agency and support / outsourced services	4 069	4 577	6 027	6 100	6 100	7 676	9 600	9 793	10 283
Entertainment	11	6	6	110	110	3	4	6	6
Fleet services (incl. govt motor transport)	1 535	2 706	4 233	4 560	4 560	4 956	4 500	4 739	4 976
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	100	105	110
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	101	48	2 569	80	80	25	74	77	81
Inventory: Fuel, oil and gas	1 368	1 228	-	-	-	-	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	59	26	2	-	-	18	25	26	27
Inventory: Medical supplies	237	-	170	-	-	(1 315)	50	53	56
Inventory: Medicine	-	-	-	-	-	707	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	327	2 815	4 366	450	450	(2 651)	630	663	697
Consumable: Stationery, printing and office supplies	4 364	3 894	2 665	4 400	4 400	7 187	4 800	5 054	5 307
Operating leases	6 392	5 471	3 879	4 570	4 570	4 734	5 580	5 348	5 615
Property payments	25 049	33 139	30 139	42 200	40 431	27 905	31 260	32 955	34 603
Transport provided: Departmental activity	-	-	18	-	-	-	-	-	-
Travel and subsistence	16 312	22 714	18 829	22 100	22 100	19 143	16 000	16 871	17 714
Training and development	755	2 332	3 020	1 000	1 000	2 829	2 400	2 314	2 430
Operating payments	8 972	10 766	350	500	500	6 427	5 000	5 252	5 515
Venues and facilities	196	574	943	900	900	2 462	2 000	2 103	2 208
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	20	-	15	-	-	38	-	-	-
Interest	20	-	15	-	-	38	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	4 362	7 977	3 201	3 061	4 630	6 565	6 101	6 519	6 845
Provinces and municipalities	996	1 900	1 952	60	1 629	3 035	3 100	3 359	3 527
Provinces	996	1 900	1 952	60	1 629	3 035	3 100	3 359	3 527
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	996	1 900	1 952	60	1 629	3 035	3 100	3 359	3 527
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	1	-	-	1	1	1	1	1	1
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	1	-	-	1	1	1	1	1	1
Higher education institutions	-	-	3	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	66	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Public corporations	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Private enterprises	-	-	-	-	-	-	-	-	-
Subsidies on production	-	-	-	-	-	-	-	-	-
Other transfers	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	3 365	6 077	1 246	3 000	3 000	3 463	3 000	3 159	3 317
Social benefits	3 215	2 289	1 236	3 000	3 000	3 463	3 000	3 159	3 317
Other transfers to households	150	3 788	10	-	-	-	-	-	-
Payments for capital assets	109 386	96 400	41 594	6 450	6 450	25 438	8 100	8 612	9 043
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	109 386	96 400	41 413	6 450	6 450	25 438	8 100	8 612	9 043
Transport equipment	12 643	7 468	8 873	1 450	1 450	11 612	3 000	3 170	3 329
Other machinery and equipment	96 743	88 932	32 540	5 000	5 000	13 826	5 100	5 442	5 714
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	181	-	-	-	-	-	-
Payments for financial assets	547	1	33 629	-	-	7	107 607	107 607	107 607
Total	577 395	635 763	689 089	581 340	581 140	581 140	737 119	776 143	818 148
Unauth. Exp. (1st charge) not available for spending	-	-	-	-	-	-	(107 607)	(107 607)	(107 608)
Baseline available for spending after 1st charge	577 395	635 763	689 089	581 340	581 140	581 140	629 512	668 536	710 540

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		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	9 647 354	11 151 083	12 510 682	14 210 678	14 210 378	13 976 385	15 106 704	16 124 560	17 266 722
Compensation of employees	6 710 880	7 690 784	8 714 714	9 832 214	9 837 336	9 779 724	10 184 010	10 727 085	11 324 131
Salaries and wages	5 818 744	6 664 600	7 572 469	8 497 998	8 503 120	8 508 624	8 891 351	9 375 125	9 869 712
Social contributions	892 136	1 026 184	1 142 245	1 334 216	1 334 216	1 271 100	1 292 659	1 351 960	1 454 419
Goods and services	2 936 474	3 460 300	3 795 947	4 378 464	4 373 042	4 196 551	4 922 694	5 397 475	5 942 591
Administrative fees	20	29	24	30	30	24	30	32	34
Advertising	9 104	8 586	3 017	20 113	20 113	7 676	18 053	17 603	17 762
Assets less than the capitalisation threshold	22 814	25 992	14 295	45 304	45 304	25 948	30 263	38 787	40 598
Audit cost: External	4 438	4 413	-	-	-	-	-	-	-
Bursaries: Employees	-	-	6	-	-	-	-	-	-
Catering: Departmental activities	4 269	1 199	1 212	6 661	6 661	3 336	1 270	1 163	1 203
Communication (G&S)	44 069	45 643	53 192	61 750	61 750	52 346	49 937	55 865	57 524
Computer services	108	8	8 141	11 275	12 275	6 692	30 000	37 854	87 854
Cons & prof serv: Business and advisory services	186	2 878	13 925	4 000	4 000	4 867	3 250	3 282	3 447
Cons & prof serv: Infras and planning	-	-	-	-	-	20	-	-	-
Cons & prof serv: Laboratory services	406 987	364 539	421 965	518 562	518 562	533 632	738 900	853 442	918 024
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	844	998	2 313	1 220	1 220	1 995	3 050	4	4
Contractors	28 175	19 531	19 024	36 699	36 699	23 283	43 566	34 990	86 209
Agency and support / outsourced services	82 688	90 454	98 536	46 772	46 772	110 071	110 440	113 789	118 778
Entertainment	51	14	-	410	410	-	-	-	-
Fleet services (incl. govt motor transport)	70 027	77 000	88 524	88 093	88 093	99 953	88 784	91 507	95 656
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	1 987	1 800	1 800	3 209	2 546	2 918	3 064
Inventory: Farming supplies	-	-	10	-	-	4	-	-	-
Inventory: Food and food supplies	90 236	63 800	67 878	121 048	121 048	75 531	77 500	82 808	86 949
Inventory: Fuel, oil and gas	48 840	62 301	54 800	48 986	48 986	38 481	40 829	45 659	47 918
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	548	6 501	1 210	-	-	3 559	2 929	1 499	1 574
Inventory: Medical supplies	346 946	345 827	356 334	490 458	490 458	454 692	514 012	540 343	607 430
Inventory: Medicine	1 270 068	1 729 191	1 896 528	2 103 737	2 096 915	1 965 549	2 326 057	2 624 094	2 828 504
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	296	1 500	1 500	346	226	239	251
Consumable supplies	81 042	95 014	119 761	80 100	80 100	109 491	101 373	102 718	107 691
Consumable: Stationery, printing and office supplies	24 030	26 864	23 235	32 167	32 567	32 316	28 280	32 650	34 009
Operating leases	17 626	19 371	19 679	24 286	24 286	36 770	72 885	53 431	54 043
Property payments	346 317	415 927	491 428	570 945	570 945	564 395	596 226	623 742	653 674
Transport provided: Departmental activity	818	895	938	3 970	3 970	956	1 115	1 407	1 465
Travel and subsistence	17 701	22 810	21 497	23 485	23 485	25 864	23 028	26 517	27 462
Training and development	3 300	15 621	3 426	16 708	16 708	2 799	6 710	2 340	52 340
Operating payments	10 329	14 227	11 614	17 185	17 185	11 445	10 765	8 089	8 421
Venues and facilities	4 893	667	761	1 200	1 200	1 149	670	703	703
Rental and hiring	-	-	390	-	-	152	-	-	-
Interest and rent on land	-	-	22	-	-	110	-	-	-
Interest	-	-	22	-	-	110	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	326 249	268 218	333 524	391 617	394 240	451 459	332 658	349 025	361 893
Provinces and municipalities	86 040	22 893	74 736	134 838	153 806	180 647	105 000	111 048	115 000
Provinces	-	-	-	2 238	1 197	532	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	2 238	1 197	532	-	-	-
Municipalities	86 040	22 893	74 736	132 600	152 609	180 115	105 000	111 048	115 000
Municipalities	86 040	22 893	74 736	132 600	152 609	180 115	105 000	111 048	115 000
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	130	6	21	32	32	41	38	41	43
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	130	6	21	32	32	41	38	41	43
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	213 387	204 686	207 922	220 147	202 102	194 288	182 000	192 558	199 356
Households	26 692	40 633	50 846	36 600	38 300	76 483	45 620	45 378	47 494
Social benefits	26 479	29 841	47 441	36 600	38 300	55 209	45 620	45 378	47 494
Other transfers to households	213	10 792	3 405	-	-	21 274	-	-	-
Payments for capital assets	151 005	97 134	103 393	117 740	122 188	98 941	139 500	146 694	153 560
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	151 005	97 134	103 393	117 740	122 188	98 941	139 500	146 694	153 560
Transport equipment	43 220	65 190	58 239	50 640	50 640	44 685	64 000	65 260	68 523
Other machinery and equipment	107 785	31 944	45 154	67 100	71 548	54 256	75 500	81 434	85 037
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	43	-	-	-	-	20	-	-	-
Total	10 124 651	11 516 435	12 947 599	14 720 035	14 726 806	14 526 805	15 578 862	16 620 279	17 782 175

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		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	856 411	870 638	975 416	1 026 957	1 026 957	1 042 907	1 095 120	1 143 906	1 201 100
Compensation of employees	595 253	641 810	715 735	751 280	751 280	770 618	789 187	826 698	868 032
Salaries and wages	503 369	540 298	608 066	635 481	635 481	670 438	673 195	704 369	739 586
Social contributions	91 884	101 512	107 669	115 799	115 799	100 180	115 992	122 329	128 446
Goods and services	261 158	228 827	259 679	275 677	275 677	272 275	305 933	317 208	333 068
Administrative fees	-	-	3	-	-	-	-	-	-
Advertising	87	391	171	100	100	18	100	106	111
Assets less than the capitalisation threshold	434	1 231	192	3 000	3 000	443	900	955	1 003
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	70	4	100	100	65	-	1	1
Communication (G&S)	9 574	10 766	8 250	9 058	9 058	8 067	8 399	8 847	9 289
Computer services	-	-	2 233	-	-	45	-	-	-
Cons & prof serv: Business and advisory services	-	-	3	-	-	11	-	-	-
Cons & prof serv: Infras and planning	-	-	-	-	-	-	-	-	-
Cons & prof serv: Laboratory services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	1 155	49	140	200	200	220	-	-	-
Contractors	84 568	7 198	925	5 767	5 767	864	350	385	405
Agency and support / outsourced services	497	585	542	700	700	497	500	527	553
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. govt motor transport)	-	59 091	36 055	152 884	152 884	141 366	173 000	180 391	189 409
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	7 134	11 000	11 000	11 550
Inventory: Farming supplies	-	-	-	-	-	(1)	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	75 955	83 678	115 351	5 000	5 000	5 605	-	16	17
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	89	17	23	-	-	73	-	-	-
Inventory: Medical supplies	10 843	7 281	6 709	8 808	8 808	11 088	10 724	11 438	12 010
Inventory: Medicine	608	319	277	600	600	347	500	527	553
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	18 375	5 537	10 986	9 215	9 215	856	1 500	2 005	2 105
Consumable: Stationery, printing and office supplies	1 063	1 516	280	1 596	1 596	1 552	500	530	557
Operating leases	4 469	2 591	2 270	2 520	2 520	1 432	1 917	2 020	2 121
Property payments	13 497	14 034	14 073	16 624	16 624	16 671	17 293	18 211	19 122
Transport provided: Departmental activity	34 302	20 924	57 591	54 000	54 000	72 072	75 000	75 769	79 557
Travel and subsistence	4 936	4 991	3 536	5 100	5 100	3 740	4 050	4 269	4 483
Training and development	73	10	14	-	-	-	-	-	-
Operating payments	633	8 485	51	400	400	110	200	211	222
Venues and facilities	-	63	-	5	5	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	2	-	-	14	-	-	-
Interest	-	-	2	-	-	14	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	3 230	4 165	3 946	4 340	4 340	3 909	4 891	5 148	5 406
Provinces and municipalities	1 842	1 537	2 511	2 040	2 040	1 949	3 190	3 355	3 523
Provinces	1 842	1 537	2 511	2 040	2 040	1 949	3 190	3 355	3 523
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	1 842	1 537	2 511	2 040	2 040	1 949	3 190	3 355	3 523
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	1	1	2	2
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	-	-	-	-	1	1	2	2
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	1 388	2 628	1 435	2 300	2 300	1 959	1 700	1 791	1 881
Social benefits	915	970	862	1 368	1 368	1 279	750	791	831
Other transfers to households	473	1 658	573	932	932	680	950	1 000	1 050
Payments for capital assets	210 745	51 234	30 578	42 141	42 141	26 252	60 300	47 422	49 793
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	210 745	51 234	30 578	42 141	42 141	26 252	60 300	47 422	49 793
Transport equipment	167 972	31 132	21 502	36 841	36 841	20 952	55 000	41 850	43 942
Other machinery and equipment	42 773	20 102	9 076	5 300	5 300	5 300	5 300	5 572	5 851
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	1	-	-	-	-	370	-	-	-
Total	1 070 387	926 036	1 009 940	1 073 438	1 073 438	1 073 438	1 160 311	1 196 476	1 256 299

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		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	6 772 925	7 486 935	7 969 342	8 634 529	8 634 529	8 613 784	8 644 111	9 180 340	9 633 133
Compensation of employees	5 100 164	5 654 254	6 146 682	6 814 383	6 814 383	6 745 935	6 735 829	7 195 285	7 548 324
Salaries and wages	4 435 239	4 923 790	5 376 242	5 976 876	5 976 876	5 868 964	5 869 564	6 385 452	6 698 000
Social contributions	664 925	730 464	770 440	837 507	837 507	876 971	866 265	809 833	850 324
Goods and services	1 672 761	1 832 681	1 822 532	1 820 146	1 820 146	1 867 715	1 908 282	1 985 055	2 084 809
Administrative fees	7	-	1	1	1	-	-	-	-
Advertising	1 063	1 301	1 855	2 081	2 081	2 813	2 691	2 780	2 920
Assets less than the capitalisation threshold	14 241	28 996	28 696	24 115	24 115	6 277	9 520	10 177	10 686
Audit cost: External	4 818	4 901	-	-	-	7	-	-	-
Bursaries: Employees	-	-	30	-	-	-	-	-	-
Catering: Departmental activities	50	59	72	220	220	51	82	95	101
Communication (G&S)	20 339	20 922	20 896	21 287	21 287	22 366	21 415	21 144	22 203
Computer services	108	805	2 963	-	-	119	-	-	-
Cons & prof serv: Business and advisory services	3	22	2 467	-	-	40	7 012	-	-
Cons & prof serv: Infras and planning	-	-	-	-	-	-	-	-	-
Cons & prof serv: Laboratory services	159 024	141 716	132 117	150 000	150 000	90 635	154 000	172 690	181 325
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	2 415	3 994	4 319	1 581	1 581	4 840	8 050	5	5
Contractors	85 666	63 236	28 367	26 423	26 423	11 767	12 820	7 351	7 718
Agency and support / outsourced services	120 095	127 640	132 417	37 257	37 257	144 113	146 162	154 011	161 712
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. govt motor transport)	54 998	67 031	13 486	13 950	13 950	16 143	16 006	18 233	19 145
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	1 626	2 700	3 255	3 418
Inventory: Farming supplies	-	-	(9)	-	-	-	-	-	-
Inventory: Food and food supplies	31 519	30 895	37 800	65 596	65 596	45 710	46 900	47 518	49 895
Inventory: Fuel, oil and gas	6 063	8 049	54 390	68 104	68 104	55 284	52 950	56 836	59 678
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	106	332	7 583	-	-	1 996	1 870	2 418	2 539
Inventory: Medical supplies	424 260	512 510	508 460	485 300	485 300	515 462	501 882	523 706	550 392
Inventory: Medicine	361 634	393 649	413 615	456 370	456 370	454 189	448 509	466 939	490 285
Medsas inventory interface	-	-	(6)	-	-	-	-	-	-
Inventory: Other supplies	-	-	(300)	-	-	-	-	-	-
Consumable supplies	77 294	78 038	64 227	77 480	77 480	83 397	79 002	78 224	82 134
Consumable: Stationery, printing and office supplies	16 108	16 123	16 071	13 607	13 607	17 870	15 728	16 085	16 888
Operating leases	10 612	10 734	9 361	11 904	11 904	9 790	10 815	11 289	11 853
Property payments	250 468	279 837	318 900	336 000	336 000	370 482	362 563	385 672	404 955
Transport provided: Departmental activity	29	21	9	-	-	7	-	-	-
Travel and subsistence	5 685	5 145	4 840	7 460	7 460	5 399	7 234	6 129	6 435
Training and development	963	96	405	-	-	48	-	-	-
Operating payments	25 183	36 628	19 500	21 410	21 410	7 244	371	498	522
Venues and facilities	10	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	40	-	-	-
Interest and rent on land	-	-	128	-	-	134	-	-	-
Interest	-	-	128	-	-	134	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	68 019	68 886	124 336	67 085	64 651	120 228	63 607	66 995	70 346
Provinces and municipalities	-	-	-	549	79	80	-	-	-
Provinces	-	-	-	549	79	80	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	549	79	80	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	47	56	15	36	36	64	77	82	86
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	47	56	15	36	36	64	77	82	86
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	35 802	37 770	28 829	30 500	28 536	30 865	33 100	34 854	36 597
Households	32 170	31 060	95 492	36 000	36 000	89 219	30 430	32 059	33 663
Social benefits	21 083	26 561	35 867	36 000	36 000	43 096	30 430	32 059	33 663
Other transfers to households	11 087	4 499	59 625	-	-	46 123	-	-	-
Payments for capital assets	56 861	11 554	27 518	86 661	86 661	51 824	67 920	123 187	129 344
Buildings and other fixed structures	-	-	79	-	-	-	-	-	-
Buildings	-	-	79	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	56 861	11 554	27 439	86 661	86 661	51 824	67 920	123 187	129 344
Transport equipment	3 843	5 203	5 239	11 567	11 567	9 274	5 000	5 307	5 571
Other machinery and equipment	53 018	6 351	22 201	75 094	75 094	42 550	62 920	117 880	123 773
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	15	-	-	-	-	5	-	-	-
Total	6 897 820	7 567 375	8 121 196	8 788 275	8 785 841	8 785 841	8 775 638	9 370 522	9 832 823

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	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	3 225 558	3 326 365	3 563 853	3 053 388	3 053 388	3 051 474	3 962 062	4 072 580	4 342 155
Compensation of employees	1 694 541	1 805 528	1 984 474	1 619 167	1 619 167	1 669 802	2 226 728	2 340 298	2 482 046
Salaries and wages	1 462 355	1 559 993	1 722 842	1 413 909	1 413 909	1 452 728	1 948 281	2 048 338	2 177 566
Social contributions	232 186	245 535	261 632	205 258	205 258	217 074	278 447	291 960	304 480
Goods and services	1 531 017	1 520 837	1 579 379	1 434 221	1 434 221	1 381 347	1 735 334	1 732 282	1 860 109
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	448	272	853	208	208	386	600	526	552
Assets less than the capitalisation threshold	2 796	6 145	199	1 800	1 800	1 228	1 500	110	-
Audit cost: External	-	1	-	-	-	-	-	1 050	1 103
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	-	9	13	14	15
Communication (G&S)	4 662	4 743	5 449	4 700	4 700	3 348	4 733	4 977	5 227
Computer services	422	5 534	3 509	-	-	-	-	-	-
Cons & prof serv: Business and advisory services	-	340	-	-	-	-	-	-	-
Cons & prof serv: Infras and planning	-	-	-	-	-	-	-	-	-
Cons & prof serv: Laboratory services	-	33 497	33 497	38 000	38 000	-	42 000	52 626	55 257
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	272	1 152	758	650	650	777	683	2	3
Contractors	18 211	15 925	18 538	17 000	17 000	8 728	9 200	9 713	9 810
Agency and support / outsourced services	718 878	706 589	709 331	743 000	743 000	719 032	780 485	773 607	868 978
Entertainment	2	-	-	-	-	-	-	-	-
Fleet services (incl. govt motor transport)	-	-	907	-	-	593	856	689	723
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	473	400	210	221
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	4 514	6 977	7 966	8 072	8 072	5 095	7 502	7 889	8 168
Inventory: Fuel, oil and gas	31 238	34 189	35 056	27 000	27 000	24 890	36 744	35 099	36 611
Inventory: Learner and teacher support material	2	-	-	-	-	-	-	22	23
Inventory: Materials and supplies	131	114	453	-	-	56	493	210	221
Inventory: Medical supplies	409 387	410 139	452 542	334 885	334 885	402 514	502 533	476 216	488 974
Inventory: Medicine	232 218	194 216	210 390	171 103	171 103	142 417	224 540	243 775	252 760
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	5	-	-	523	-	-	-
Consumable supplies	23 415	26 552	19 132	21 302	21 302	18 455	28 421	26 205	27 226
Consumable: Stationery, printing and office supplies	4 479	3 409	1 725	2 400	2 400	2 646	1 943	2 048	2 150
Operating leases	2 426	1 016	818	918	918	440	550	1 001	1 022
Property payments	75 042	66 801	75 143	59 390	59 390	47 705	89 782	94 452	99 174
Transport provided: Departmental activity	3	-	-	1	1	-	-	-	-
Travel and subsistence	1 376	1 341	867	1 000	1 000	966	1 071	482	495
Training and development	131	475	537	1 900	1 900	130	-	6	6
Operating payments	964	1 410	1 704	892	892	936	1 285	1 353	1 390
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	325	-	-	-
Interest	-	-	-	-	-	325	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	5 384	4 920	45 259	5 004	5 004	26 022	10 324	10 856	11 399
Provinces and municipalities	-	-	-	4	4	8	-	-	-
Provinces	-	-	-	4	4	8	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	4	4	8	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	52	-	-	52	54	57	60
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	-	52	-	-	52	54	57	60
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	5 384	4 920	45 207	5 000	5 000	25 962	10 270	10 799	11 339
Social benefits	5 254	4 812	11 387	4 790	4 790	3 779	10 270	10 798	11 338
Other transfers to households	130	108	33 821	210	210	22 183	-	1	1
Payments for capital assets	9 525	7 565	31 474	21 000	21 000	1 896	12 580	13 841	14 533
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	9 525	7 565	31 474	21 000	21 000	1 896	12 580	13 841	14 533
Transport equipment	-	1 073	182	-	-	-	-	-	-
Other machinery and equipment	9 525	6 492	31 292	21 000	21 000	1 896	12 580	13 841	14 533
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	3 240 467	3 338 850	3 640 586	3 079 392	3 079 392	3 079 392	3 984 966	4 097 277	4 368 087

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		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	776 485	804 266	789 339	824 702	824 702	796 332	816 250	886 916	931 263
Compensation of employees	720 257	746 254	736 405	766 143	766 143	737 958	743 354	810 108	850 613
Salaries and wages	663 094	698 061	696 775	720 401	720 401	642 023	720 090	714 372	750 090
Social contributions	57 163	48 193	39 630	45 742	45 742	95 935	23 264	95 736	100 523
Goods and services	56 228	58 012	52 931	58 559	58 559	58 374	72 896	76 808	80 650
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	93	81	60	-	-	105	30	-	-
Assets less than the capitalisation threshold	390	924	501	2 200	2 200	594	650	690	725
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	1 877	127	686	2 250	2 250	4 272	2 500	2 632	2 764
Catering: Departmental activities	388	229	164	230	230	193	130	116	122
Communication (G&S)	1 181	1 201	1 054	1 650	1 650	1 064	1 210	1 275	1 339
Computer services	-	-	2 126	-	-	45	-	-	-
Cons & prof serv: Business and advisory services	-	(0)	54	600	600	32	10	12	13
Cons & prof serv: Infras and planning	3	-	-	-	-	-	-	-	-
Cons & prof serv: Laboratory services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	77	15	182	-	-	8	-	-	-
Contractors	224	58	16	99	99	32	-	11	12
Agency and support / outsourced services	2	3	5	10	10	-	10	11	12
Entertainment	-	13	-	-	-	-	-	-	-
Fleet services (incl. govt motor transport)	-	69	2 351	553	553	2 326	1 780	1 808	1 898
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	43	-	-	-
Inventory: Farming supplies	-	-	1	-	-	-	-	-	-
Inventory: Food and food supplies	1	1	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	1 943	1 905	374	2 329	2 329	10	200	217	228
Inventory: Learner and teacher support material	-	-	-	1 010	1 010	527	800	1 053	1 106
Inventory: Materials and supplies	6	21	48	-	-	(5)	-	-	-
Inventory: Medical supplies	100	43	198	(1)	(1)	443	-	-	-
Inventory: Medicine	-	-	6	-	-	-	-	-	-
Medsas inventory interface	-	-	6	-	-	3	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	1 335	1 347	1 160	1 780	1 780	1 333	1 430	1 507	1 583
Consumable: Stationery, printing and office supplies	1 046	984	1 369	432	432	969	1 102	1 263	1 326
Operating leases	1 249	1 168	1 221	1 850	1 850	1 415	1 580	1 665	1 749
Property payments	4 437	4 515	4 752	4 831	4 831	5 203	6 074	6 709	7 043
Transport provided: Departmental activity	120	-	-	-	-	-	-	-	-
Travel and subsistence	8 297	18 048	15 471	12 136	12 136	26 601	32 410	33 542	35 219
Training and development	23 806	24 413	20 083	22 500	22 500	11 133	21 530	22 763	23 900
Operating payments	9 368	2 206	729	3 700	3 700	1 426	1 010	1 071	1 125
Venues and facilities	279	640	314	400	400	602	440	463	486
Rental and hiring	6	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	3	-	-	-	-	-	-
Interest	-	-	3	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	83 335	96 105	208 586	220 698	220 665	251 069	230 000	242 173	254 782
Provinces and municipalities	-	-	-	48	15	15	-	-	-
Provinces	-	-	-	48	15	15	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	48	15	15	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	8 588	10 119	11 282	13 000	13 000	15 768	16 000	16 842	17 684
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	8 588	10 119	11 282	13 000	13 000	15 768	16 000	16 842	17 684
Higher education institutions	-	57	498	-	-	16	-	-	-
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	14 298	15 130	-	-	-	-	-	-	-
Households	60 449	70 799	196 806	207 650	207 650	235 270	214 000	225 331	237 098
Social benefits	1 397	1 650	2 083	2 000	2 000	1 929	2 000	2 107	2 213
Other transfers to households	59 052	69 149	194 723	205 650	205 650	233 341	212 000	223 224	234 885
Payments for capital assets	610	1 564	1 426	6 000	6 000	3 963	9 000	6 321	6 636
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	610	1 564	1 426	6 000	6 000	3 963	9 000	6 321	6 636
Transport equipment	174	817	1 313	2 000	2 000	1 303	5 000	2 107	2 212
Other machinery and equipment	436	747	113	4 000	4 000	2 660	4 000	4 214	4 424
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	1	-	-	-	-	4	-	-	-
Total	860 431	901 935	999 351	1 051 400	1 051 367	1 051 368	1 055 250	1 135 410	1 192 681

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		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	110 448	112 663	121 545	132 685	132 685	138 176	135 113	142 995	150 145
Compensation of employees	75 511	78 745	81 357	89 900	89 900	85 596	95 700	100 895	105 940
Salaries and wages	61 630	64 110	66 664	72 710	72 710	74 468	79 500	83 829	88 021
Social contributions	13 881	14 635	14 693	17 190	17 190	11 128	16 200	17 066	17 919
Goods and services	34 937	33 918	40 188	42 785	42 785	52 580	39 413	42 100	44 205
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	54	54	38	35	35	40	60	63	67
Assets less than the capitalisation threshold	14	18	46	20	20	32	300	316	332
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	563	384	399	598	598	458	428	451	473
Computer services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Business and advisory services	-	-	-	-	-	7	-	-	-
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	544	273	488	700	700	492	-	2	2
Agency and support / outsourced services	27	-	-	-	7 885	-	-	-	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (incl. govt motor transport)	-	3	5 782	334	334	3 507	3 575	3 878	4 072
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	22	102	102	136	550	466	490
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	5 969	9 081	3 223	7 025	7 025	4 104	1 520	1 618	1 699
Inventory: Learner and teacher support material	-	-	-	-	-	-	100	105	110
Inventory: Materials and supplies	39	353	105	2	2	355	501	1 001	1 051
Inventory: Medical supplies	11 586	7 977	14 307	13 000	5 115	4 838	11 000	11 691	12 275
Inventory: Medicine	-	3	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	6 072	5 293	4 639	9 602	9 602	5 385	7 050	7 431	7 803
Consumable: Stationery, printing and office supplies	350	138	67	66	66	135	150	157	165
Operating leases	45	26	97	105	105	111	104	109	114
Property payments	9 644	10 172	10 825	11 047	11 047	14 148	13 825	14 550	15 277
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	29	103	106	93	93	119	70	73	77
Training and development	1	33	-	-	-	-	-	-	-
Operating payments	-	2	46	56	56	18 708	180	189	198
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	5	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	14 483	16 493	1 285	674	649	1 032	575	606	637
Provinces and municipalities	-	-	-	124	99	74	-	-	-
Provinces	-	-	-	124	99	74	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	124	99	74	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	14 483	15 170	-	-	-	-	-	-	-
Social security funds	512	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	13 971	15 170	-	-	-	-	-	-	-
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	1 285	550	550	958	575	606	637
Social benefits	-	1 318	1 285	550	550	958	575	606	637
Other transfers to households	-	5	-	-	-	-	-	-	-
Payments for capital assets	35	1 385	14	7 600	7 600	1 726	2 600	2 736	2 872
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	35	1 385	14	7 600	7 600	1 726	2 600	2 736	2 872
Transport equipment	-	1 134	-	7 000	7 000	1 576	2 000	2 102	2 207
Other machinery and equipment	35	251	14	600	600	150	600	634	665
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	2	-	-	-	-	-	-	-	-
Total	124 968	130 541	122 844	140 959	140 934	140 934	138 288	146 337	153 654

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		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	522 372	463 510	349 449	169 774	328 279	377 450	405 904	374 441	329 006
Compensation of employees	12 736	21 998	24 048	7 581	25 089	24 400	37 000	37 000	42 000
Salaries and wages	11 343	21 663	23 639	6 152	20 158	21 228	35 571	35 495	40 420
Social contributions	1 393	335	409	1 429	4 931	3 172	1 429	1 505	1 580
Goods and services	509 636	441 511	325 401	162 193	303 190	353 050	368 904	337 441	287 006
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	49	20	-	-	-	-	-	-	-
Assets less than the capitalisation threshold	28 933	3 356	3 429	21 173	19 160	6 454	6 871	10 106	8 106
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	-	-	-	-	-
Communication (G&S)	9	16	22	-	4	4	-	-	-
Computer services	19 409	6 123	2 742	-	-	-	-	-	-
Cons & prof serv: Business and advisory services	8 327	10 058	7 404	-	8 597	9 124	-	-	-
Cons & prof serv: Infras and planning	4 909	72	139	-	731	812	7 262	2 375	-
Cons & prof serv: Laboratory services	-	-	-	-	-	-	3 000	3 150	3 150
Cons & prof serv: Scientific and tech services	-	-	-	-	-	-	-	-	-
Cons & prof serv: Legal costs	-	-	-	-	-	-	-	-	-
Contractors	23 213	69 043	79 696	24 915	90 338	95 438	121 439	109 248	84 208
Agency and support / outsourced services	16 811	-	-	-	-	320	5 963	-	-
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	160	226	152	-	53	60	2 457	2 580	2 580
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	5 291	19 997	583	5	861	2 607	10 005	12 282	9 282
Inventory: Medical supplies	13	7	543	-	453	1 743	-	-	-
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	152	48	31 369	-	25 886	34 764	23 547	23 675	18 675
Consumable: Stationery, printing and office supplies	14	2	1	113	113	-	21	-	-
Operating leases	533	68 633	61 524	69 997	69 997	75 281	66 000	51 606	66 000
Property payments	330 439	261 486	136 619	45 990	86 960	126 267	122 339	122 419	95 005
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	-	358	242	-	-	138	-	-	-
Training and development	576	2 063	935	-	-	-	-	-	-
Operating payments	4 664	4	1	-	-	1	-	-	-
Venues and facilities	166	-	-	-	-	-	-	-	-
Rental and hiring	65 968	-	-	-	37	37	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	10 783	20 000	20 022	-	14	36	-	-	-
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	-	-	-	-	-	-
Households	783	-	22	-	14	36	-	-	-
Social benefits	783	-	22	-	14	36	-	-	-
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	1 361 844	1 890 088	1 631 335	1 309 583	1 352 254	1 303 061	1 145 448	1 024 780	1 140 675
Buildings and other fixed structures	1 048 172	1 662 936	1 530 893	1 249 773	1 269 855	1 219 675	1 143 659	1 014 780	1 130 675
Buildings	1 048 172	1 662 936	1 530 893	1 249 773	1 269 855	1 219 675	1 143 659	1 014 780	1 130 675
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	287 217	227 152	100 442	59 810	82 399	83 386	1 789	10 000	10 000
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	287 217	227 152	100 442	59 810	82 399	83 386	1 789	10 000	10 000
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	26 455	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	1 894 999	2 373 597	2 000 806	1 479 357	1 680 547	1 680 547	1 551 352	1 399 221	1 469 681

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

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Current payments	3 494 958	3 710 600	4 339 798	5 036 932	5 036 232	4 838 467	5 676 469	6 176 360	6 851 703
Compensation of employees	2 067 124	2 132 513	2 725 666	3 007 647	3 012 474	3 021 222	3 176 492	3 473 270	3 748 750
Salaries and wages	1 828 515	1 855 637	2 394 996	2 602 445	2 607 311	2 629 324	2 781 702	3 042 307	3 254 994
Social contributions	238 609	276 876	330 670	405 202	405 163	391 898	394 790	430 963	493 756
Goods and services	1 427 834	1 578 087	1 614 127	2 029 285	2 023 758	1 817 245	2 499 977	2 703 089	3 102 952
Administrative fees	-	-	-	-	-	-	-	-	-
Advertising	3 242	1 899	873	17 022	17 022	4 831	15 022	14 404	14 404
Minor assets	6 492	6 262	1 442	17 329	12 704	10 173	14 109	8 022	10 022
Audit cost: External	-	150	1 566	3 500	-	-	-	-	-
Bursaries (employees)	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	793	186	220	5 400	5 400	2 706	500	349	349
Communication	5 441	2 794	998	2 813	2 813	2 267	-	3 243	3 243
Computer services	19 287	10 236	6 193	9 045	10 045	6 770	35 658	43 769	94 241
Cons/prof: Business & advisory services	8 369	10 059	1 694	3 801	3 801	4 235	2 537	2 629	3 103
Cons/prof: Infrastructure & planning	-	-	-	4 580	4 580	4 580	7 000	2 000	2 000
Cons/prof: Laboratory services	354 568	280 004	157 220	271 890	257 462	318 987	488 900	561 807	611 807
Cons/prof: Legal cost	85	108	4	-	-	-	-	-	-
Contractors	16 463	21 865	9 657	19 892	19 730	6 730	41 692	18 056	68 056
Agency & support/outourced services	118 892	119 331	11 652	22 401	24 401	20 151	20 963	13 065	13 065
Entertainment	-	-	-	-	410	-	-	-	-
Fleet services (incl. GMT)	-	-	452	410	-	150	500	68	68
Housing	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	5 973	4 214	1 815	-	2 000	2 000	-	-	-
Inventory: Fuel, oil and gas	23 084	27 649	4 270	300	4 500	4 200	-	479	479
Inventory: Learner and teacher supp material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	9	3	40	170	3 574	3 574	-	-	-
Inventory: Medical supplies	250 655	287 928	288 830	436 506	454 506	372 992	448 537	455 831	505 831
Inventory: Medicine	535 970	744 446	1 105 246	1 157 579	1 150 285	1 020 489	1 380 616	1 534 217	1 681 135
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Military stores	-	-	-	-	-	-	-	-	-
Inventory: Other consumables	9 228	4 824	8 712	208	9 208	14 195	4 520	7 422	7 422
Inventory: Stationery and printing	2 450	2 548	800	2 945	3 125	1 187	2 720	4 028	4 028
Lease payments	2 909	2 382	574	1 770	770	619	18 806	18 999	18 999
Rental and hiring	-	-	220	714	-	-	-	-	-
Property payments	49 263	38 227	996	4 251	4 980	4 988	4 122	4 630	4 630
Transport provided: Departmental activity	313	17	55	3 698	3 698	698	-	233	233
Travel and subsistence	3 425	2 954	3 283	6 473	2 555	4 567	2 895	5 341	5 341
Training and development	7 522	6 395	3 642	25 588	17 663	2 277	6 710	2 340	52 340
Operating expenditure	2 836	3 542	3 473	10 735	7 261	2 970	3 500	1 454	1 454
Venues and facilities	565	64	201	265	1 265	909	670	703	703
Interest and rent on land	-	-	5	-	-	-	-	-	-
Interest	-	-	5	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies to	14 749	11 336	16 464	78 411	80 111	66 941	67 009	68 797	68 797
Provinces and municipalities	55	-	7	47 000	50 000	40 001	30 000	32 000	32 000
Provinces	1	-	7	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	1	-	7	-	-	-	-	-	-
Municipalities	54	-	-	47 000	50 000	40 001	30 000	32 000	32 000
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	54	-	-	47 000	50 000	40 001	30 000	32 000	32 000
Departmental agencies and accounts	56	-	-	-	-	-	-	-	-
Social security funds	29	-	-	-	-	-	-	-	-
Entities receiving funds	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	12 871	11 336	12 742	25 370	22 370	18 664	27 000	28 429	28 429
Households	1 767	-	3 715	6 041	7 741	8 276	10 009	8 368	8 368
Social benefits	1 767	-	3 715	6 041	7 741	8 276	10 009	8 368	8 368
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	943 383	1 284 762	1 078 790	1 113 543	1 318 391	1 329 324	1 160 241	1 019 209	1 064 587
Buildings and other fixed structures	733 971	979 788	1 021 353	912 508	1 112 508	1 112 508	1 143 659	1 004 773	1 050 150
Buildings	733 971	979 788	1 021 353	912 508	1 112 508	1 112 508	1 143 659	1 004 773	1 050 150
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	198 005	304 974	57 438	201 035	205 883	216 816	16 582	14 436	14 437
Transport equipment	878	-	-	5 600	7 500	18 433	-	-	-
Other machinery and equipment	197 127	304 974	57 438	195 435	198 383	198 383	16 582	14 436	14 437
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	11 407	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	2	-	-	-
Total	4 453 090	5 006 698	5 435 051	6 228 886	6 434 734	6 234 734	6 903 719	7 264 366	7 985 087

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		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	249 917	261 860	276 262	292 837	292 837	292 837	299 513	312 377	331 942
Compensation of employees	249 917	261 860	276 262	292 837	292 837	292 837	299 513	312 377	331 942
Salaries and wages	230 976	227 818	253 650	254 769	254 769	254 769	260 578	271 646	288 666
Social contributions	18 941	34 042	22 612	38 068	38 068	38 068	38 935	40 731	43 276
Goods and services	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	249 917	261 860	276 262	292 837	292 837	292 837	299 513	312 377	331 942

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

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	68 413	24 515	18 532	59 326	58 926	58 926	76 364	42 748	49 748
Compensation of employees	12 736	3 647	3 639	11 628	11 333	11 333	20 000	20 000	25 000
Salaries and wages	11 343	3 348	3 274	10 199	9 943	9 943	18 500	18 500	23 250
Social contributions	1 393	299	365	1 429	1 390	1 390	1 500	1 500	1 750
Goods and services	55 677	20 868	14 893	47 698	47 593	47 593	56 364	22 748	24 748
Advertising	13	-	-	22	22	22	22	-	-
Minor assets	5 271	1 709	83	14 525	8 000	8 000	13 709	6 000	8 000
Audit cost: External	-	-	1 566	-	-	-	-	-	-
Communication	6	14	22	511	511	511	-	-	-
Computer services	19 287	6 124	2 742	5 370	5 370	5 370	-	-	-
Cons/prof: Business & advisory services	8 328	10 059	2	-	-	-	-	-	-
Cons/prof: Infrastructure & planning	-	-	-	4 580	4 580	4 580	7 000	2 000	2 000
Contractors	1	71	270	192	30	30	15 192	192	192
Agency & support/outourced services	16 810	-	7 394	12 441	14 441	14 441	15 963	10 000	10 000
Inventory: Materials and supplies	-	-	32	-	3 404	3 404	-	-	-
Inventory: Medical supplies	-	-	514	-	1 500	1 500	-	-	-
Inventory: Other consumables	70	-	344	61	4 061	4 061	100	100	100
Inventory: Stationery and printing	13	-	1	220	-	-	220	220	220
Lease payments	71	75	43	20	20	20	36	36	36
Rental and hiring	-	-	-	714	-	-	-	-	-
Property payments	409	405	714	4 006	4 735	4 735	3 822	3 900	3 900
Transport provided: Departmental activity	-	-	-	698	698	698	-	-	-
Travel and subsistence	576	346	231	4 318	200	200	300	300	300
Training and development	4 663	2 064	935	20	20	20	-	-	-
Operating expenditure	159	1	1	-	1	1	-	-	-
Transfers and subsidies to	783	-	22	-	-	-	-	-	-
Households	783	-	22	-	-	-	-	-	-
Social benefits	783	-	22	-	-	-	-	-	-
Payments for capital assets	836 973	1 151 999	1 053 976	1 103 143	1 303 543	1 303 543	1 153 411	1 004 773	1 050 150
Buildings and other fixed structures	705 854	979 788	1 021 353	912 508	1 112 508	1 112 508	1 143 659	1 004 773	1 050 150
Buildings	705 854	979 788	1 021 353	912 508	1 112 508	1 112 508	1 143 659	1 004 773	1 050 150
Machinery and equipment	119 712	172 211	32 624	190 635	191 035	191 035	9 752	-	-
Transport equipment	-	-	-	-	1 900	1 900	-	-	-
Other machinery and equipment	119 712	172 211	32 624	190 635	189 135	189 135	9 752	-	-
Land and sub-soil assets	11 407	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	906 169	1 176 514	1 072 529	1 162 469	1 362 469	1 362 469	1 229 775	1 047 521	1 099 898

Table 7.N : Payments and estimates by economic classification: Social Sector Expanded EPWP Grant for Provinces

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
Current payments	25 775	-	-	2 581	2 581	2 581	13 000	-	-
Compensation of employees	25 775	-	-	2 581	2 581	2 581	13 000	-	-
Salaries and wages	22 424	-	-	2 581	2 581	2 581	13 000	-	-
Social contributions	3 351	-	-	-	-	-	-	-	-
Goods and services	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	25 775	-	-	2 581	2 581	2 581	13 000	-	-

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

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Current payments	1 124 796	1 212 339	1 396 467	1 491 596	1 492 386	1 492 386	1 525 646	1 590 965	1 690 945
Compensation of employees	693 129	716 922	1 067 658	1 189 582	1 189 582	1 189 582	1 203 384	1 262 722	1 362 702
Salaries and wages	607 631	623 723	932 999	1 034 936	1 034 936	1 034 936	1 046 178	1 099 141	1 186 123
Social contributions	85 498	93 199	134 659	154 646	154 646	154 646	157 206	163 581	176 579
Goods and services	431 667	495 417	328 809	302 014	302 804	302 804	322 262	328 243	328 243
Advertising	320	108	-	-	-	-	-	-	-
Minor assets	583	270	344	-	1 900	1 900	400	450	450
Audit cost: External	-	-	-	3 500	-	-	-	-	-
Communication	2 291	2 251	500	-	-	-	-	-	-
Computer services	-	-	116	-	-	-	-	-	-
Cons/prof: Legal cost	85	108	-	-	-	-	-	-	-
Contractors	12 345	20 912	9 387	6 700	6 700	6 700	6 500	7 380	7 380
Agency & support/outsourced services	98 962	116 421	-	-	-	-	-	-	-
Inventory: Food and food supplies	2 350	2 117	1 815	-	2 000	2 000	-	-	-
Inventory: Fuel, oil and gas	17 290	27 302	4 221	-	4 200	4 200	-	-	-
Inventory: Materials and supplies	-	-	2	-	-	-	-	-	-
Inventory: Medical supplies	146 122	158 598	207 668	224 149	240 649	240 649	254 207	254 470	254 470
Inventory: Medicine	98 758	124 377	97 793	55 240	41 130	41 130	55 540	60 193	60 193
Inventory: Other consumables	7 469	3 460	4 224	-	5 000	5 000	4 420	5 000	5 000
Inventory: Stationery and printing	1 519	1 197	143	-	-	-	-	-	-
Lease payments	1 765	1 995	371	500	500	500	500	-	-
Property payments	39 897	34 385	6	-	-	-	-	-	-
Travel and subsistence	1 223	1 035	668	-	200	200	195	200	200
Training and development	131	700	536	7 925	-	-	-	-	-
Operating expenditure	557	181	1 015	4 000	525	525	500	550	550
Transfers and subsidies to	5	-	-	4 831	4 041	4 041	4 600	5 321	5 321
Households	5	-	-	4 831	4 041	4 041	4 600	5 321	5 321
Social benefits	5	-	-	4 831	4 041	4 041	4 600	5 321	5 321
Payments for capital assets	77 030	110 775	19 276	-	-	-	-	-	-
Machinery and equipment	77 030	110 775	19 276	-	-	-	-	-	-
Other machinery and equipment	77 030	110 775	19 276	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	1 201 831	1 323 114	1 415 743	1 496 427	1 496 427	1 496 427	1 530 246	1 596 286	1 696 266

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

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Current payments	-	9 124	10 075	9 800	11 200	11 200	9 578	10 001	10 946
Compensation of employees	-	(90)	317	1 595	1 595	1 595	1 383	1 457	1 457
Salaries and wages	-	(85)	297	1 494	1 494	1 494	1 234	1 300	1 300
Social contributions	-	(5)	20	101	101	101	149	157	157
Goods and services	-	9 214	9 758	8 205	9 605	9 605	8 195	8 544	9 489
Minor assets	-	2 027	991	-	-	-	-	-	-
Audit cost: External	-	150	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	24	100	100	100	-	-	-
Communication	-	-	-	1 252	1 252	1 252	-	-	-
Computer services	-	3 672	3 335	400	1 400	1 400	5 658	5 915	6 387
Cons/prof: Business & advisory services	-	-	1 692	3 801	3 801	3 801	2 537	2 629	3 103
Contractors	-	882	-	-	-	-	-	-	-
Agency & support/outsourced services	-	-	497	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	170	170	170	-	-	-
Inventory: Medical supplies	-	199	714	100	100	100	-	-	-
Inventory: Other consumables	-	460	171	147	147	147	-	-	-
Inventory: Stationery and printing	-	21	190	300	700	700	-	-	-
Property payments	-	350	261	200	200	200	-	-	-
Travel and subsistence	-	417	245	535	535	535	-	-	-
Training and development	-	1 007	1 480	935	935	935	-	-	-
Operating expenditure	-	-	11	-	-	-	-	-	-
Venues and facilities	-	29	147	265	265	265	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	7 991	5 445	4 200	8 648	8 648	4 830	5 085	5 086
Machinery and equipment	-	7 991	5 445	4 200	8 648	8 648	4 830	5 085	5 086
Transport equipment	-	-	-	1 400	1 400	1 400	-	-	-
Other machinery and equipment	-	7 991	5 445	2 800	7 248	7 248	4 830	5 085	5 086
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	-	17 115	15 520	14 000	19 848	19 848	14 408	15 086	16 032

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

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Current payments	1 893 440	2 200 090	2 635 462	3 178 212	3 175 722	2 977 957	3 748 685	4 220 269	4 768 122
Compensation of employees	977 868	1 148 773	1 374 798	1 506 844	1 511 966	1 520 714	1 635 529	1 876 714	2 027 649
Salaries and wages	865 910	999 432	1 201 794	1 295 886	1 301 008	1 323 021	1 438 529	1 651 720	1 755 655
Social contributions	111 958	149 341	173 004	210 958	210 958	197 693	197 000	224 994	271 994
Goods and services	915 572	1 051 317	1 260 659	1 671 368	1 663 756	1 457 243	2 113 156	2 343 554	2 740 472
Advertising	2 904	1 571	873	17 000	17 000	4 809	15 000	14 404	14 404
Minor assets	542	2 256	24	2 804	2 804	273	-	1 572	1 572
Catering: Departmental activities	793	186	196	5 300	5 300	2 606	500	349	349
Communication	712	529	476	1 050	1 050	504	-	3 243	3 243
Computer services	-	440	-	3 275	3 275	-	30 000	37 854	87 854
Cons/prof: Business & advisory services	-	-	-	-	-	434	-	-	-
Cons/prof: Laboratory services	354 568	280 004	157 220	271 890	257 462	318 987	488 900	561 807	611 807
Cons/prof: Legal cost	-	-	4	-	-	-	-	-	-
Contractors	199	-	-	13 000	13 000	-	20 000	10 484	60 484
Agency & support/outourced services	2 424	2 910	3 761	9 960	9 960	5 710	5 000	3 065	3 065
Entertainment	-	-	-	-	410	-	-	-	-
Fleet services (incl. GMT)	-	-	452	410	-	150	500	68	68
Inventory: Food and food supplies	3 623	2 097	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	566	347	49	300	300	-	-	479	479
Inventory: Materials and supplies	3	3	6	-	-	-	-	-	-
Inventory: Medical supplies	103 086	129 125	79 934	212 257	212 257	130 743	194 330	201 361	251 361
Inventory: Medicine	437 212	620 063	1 007 453	1 102 339	1 109 155	979 359	1 325 076	1 474 024	1 620 942
Inventory: Other consumables	954	904	3 973	-	-	4 987	-	2 322	2 322
Inventory: Stationery and printing	800	1 330	466	2 425	2 425	487	2 500	3 808	3 808
Lease payments	304	312	160	1 250	250	99	18 270	18 963	18 963
Rental and hiring	-	-	220	-	-	-	-	-	-
Property payments	179	2 087	15	45	45	53	300	730	730
Transport provided: Departmental activity	-	17	55	3 000	3 000	-	-	233	233
Travel and subsistence	1 428	1 117	2 131	1 620	1 620	3 632	2 400	4 841	4 841
Training and development	2 717	2 624	691	16 708	16 708	1 322	6 710	2 340	52 340
Operating expenditure	1 993	3 360	2 446	6 735	6 735	2 444	3 000	904	904
Venues and facilities	565	35	54	-	1 000	644	670	703	703
Interest and rent on land	-	-	5	-	-	-	-	-	-
Interest	-	-	5	-	-	-	-	-	-
Transfers and subsidies to	13 851	11 336	16 442	73 580	76 070	62 900	62 409	63 476	63 476
Provinces and municipalities	1	-	7	47 000	50 000	40 001	30 000	32 000	32 000
Provinces	1	-	7	-	-	-	-	-	-
Provincial agencies and funds	1	-	7	-	-	-	-	-	-
Municipalities	-	-	-	47 000	50 000	40 001	30 000	32 000	32 000
Municipal agencies and funds	-	-	-	47 000	50 000	40 001	30 000	32 000	32 000
Non-profit institutions	12 871	11 336	12 742	25 370	22 370	18 664	27 000	28 429	28 429
Households	979	-	3 693	1 210	3 700	4 235	5 409	3 047	3 047
Social benefits	979	-	3 693	1 210	3 700	4 235	5 409	3 047	3 047
Payments for capital assets	21	13 997	93	6 200	6 200	17 133	2 000	9 351	9 351
Machinery and equipment	21	13 997	93	6 200	6 200	17 133	2 000	9 351	9 351
Transport equipment	-	-	-	4 200	4 200	15 133	-	-	-
Other machinery and equipment	21	13 997	93	2 000	2 000	2 000	2 000	9 351	9 351
Payments for financial assets	-	-	-	-	-	2	-	-	-
Total	1 907 312	2 225 423	2 651 997	3 257 992	3 257 992	3 057 992	3 813 094	4 293 096	4 840 949

Table 7.R : Payments and estimates by economic classification: Afcon 2013 Medical Services grant

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
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	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	-	1 672	-	-	-	-	-	-	-

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

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Current payments	536	1 000	3 000	2 580	2 580	2 580	3 683	-	-
Compensation of employees	-	-	2 992	2 580	2 580	2 580	3 683	-	-
Salaries and wages	-	-	2 982	2 580	2 580	2 580	3 683	-	-
Social contributions	-	-	10	-	-	-	-	-	-
Goods and services	536	1 000	8	-	-	-	-	-	-
Property payments	536	1 000	-	-	-	-	-	-	-
Travel and subsistence	-	-	8	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	536	1 000	3 000	2 580	2 580	2 580	3 683	-	-

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

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14		2014/15		2015/16	2016/17	2017/18
Current payments	132 081	-	-	-	-	-	-	-	-
Compensation of employees	107 699	-	-	-	-	-	-	-	-
Salaries and wages	90 231	-	-	-	-	-	-	-	-
Social contributions	17 468	-	-	-	-	-	-	-	-
Goods and services	24 382	-	-	-	-	-	-	-	-
Advertising	5	-	-	-	-	-	-	-	-
Minor assets	96	-	-	-	-	-	-	-	-
Communication	2 432	-	-	-	-	-	-	-	-
Cons/prof: Business & advisory services	41	-	-	-	-	-	-	-	-
Contractors	3 918	-	-	-	-	-	-	-	-
Agency & support/outsourced services	696	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	5 228	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	6	-	-	-	-	-	-	-	-
Inventory: Medical supplies	1 447	-	-	-	-	-	-	-	-
Inventory: Other consumables	735	-	-	-	-	-	-	-	-
Inventory: Stationery and printing	118	-	-	-	-	-	-	-	-
Lease payments	769	-	-	-	-	-	-	-	-
Property payments	8 242	-	-	-	-	-	-	-	-
Transport provided: Departmental activity	313	-	-	-	-	-	-	-	-
Travel and subsistence	198	-	-	-	-	-	-	-	-
Training and development	11	-	-	-	-	-	-	-	-
Operating expenditure	127	-	-	-	-	-	-	-	-
Transfers and subsidies to	110	-	-	-	-	-	-	-	-
Provinces and municipalities	54	-	-	-	-	-	-	-	-
Municipalities	54	-	-	-	-	-	-	-	-
Municipal agencies and funds	54	-	-	-	-	-	-	-	-
Departmental agencies and accounts	56	-	-	-	-	-	-	-	-
Social security funds	29	-	-	-	-	-	-	-	-
Entities receiving funds	27	-	-	-	-	-	-	-	-
Payments for capital assets	29 359	-	-	-	-	-	-	-	-
Buildings and other fixed structures	28 117	-	-	-	-	-	-	-	-
Buildings	28 117	-	-	-	-	-	-	-	-
Machinery and equipment	1 242	-	-	-	-	-	-	-	-
Transport equipment	878	-	-	-	-	-	-	-	-
Other machinery and equipment	364	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	161 550	-	-	-	-	-	-	-	-

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

Project name		Municipality / Region	Type of infrastructure		Project duration		Source of funding	Budget programme name	Targeted number of jobs for 2015/16	Total project cost	Expenditure to date from previous years	Total available	MTEF	
of which:			School - primary/ secondary/ specialised; admin block; water; electricity, sanitation/toilet; fencing etc.	Units	Date: Start	Date: Finish							2015/16	Forward estimates
R thousands													2016/17	2017/18
Existing infrastructure assets	Maintenance and repair: Current	Unkhanyakude	Institutions	-	Various	Various	Equitable share	Programme 8	-	9 677 615	2 757 159	925 285	781 358	666 248
		Institutions	-	Various	Various	Equitable share	Programme 8	-	4 034 618	1 044 395	363 758	337 441	287 006	
		Anajuba	Institutions	-	Various	Various	Equitable share	Programme 8	-	198 992	17 324	12 158	12 766	13 382
		eThekwini	Institutions	-	Various	Various	Equitable share	Programme 8	-	77 710	5 616	2 810	2 950	3 098
		Ilembu	Institutions	-	Various	Various	Equitable share	Programme 8	-	626 398	75 597	63 307	48 622	50 997
		Harry Gwala	Institutions	-	Various	Various	Equitable share	Programme 8	-	130 949	13 338	8 211	8 622	9 042
		Ugu	Institutions	-	Various	Various	Equitable share	Programme 8	-	258 645	9 888	9 689	10 173	10 683
		uMgungundlovu	Institutions	-	Various	Various	Equitable share	Programme 8	-	249 214	41 252	14 634	15 285	15 985
		Unzinyathi	Institutions	-	Various	Various	Equitable share	Programme 8	-	570 386	44 970	38 438	38 259	39 309
		Uthukela	Institutions	-	Various	Various	Equitable share	Programme 8	-	203 048	18 198	13 164	13 612	15 258
		uThungulu	Institutions	-	Various	Various	Equitable share	Programme 8	-	146 080	11 093	7 846	8 239	8 651
		Zululand	Institutions	-	Various	Various	Equitable share	Programme 8	-	269 353	16 923	21 499	22 573	23 591
		Various	Institutions	-	Various	Various	Equitable share	Programme 8	-	175 034	22 051	13 916	14 612	15 343
		Various	Various	-	Various	Various	Equitable share	Programme 8	-	1 128 809	768 145	158 086	141 728	81 667
		Upgrades and additions: Capital	eThekwini	Accident and emergency unit plus 12 lifts	-	31 May 2016	31 May 2018	Equitable share	Programme 8	-	120 000	-	29 963	400
	Zululand		Student accommodation (40 beds) - phase 1	-	30 September 2014	30 March 2018	Revitalisation grant	Programme 8	-	38 446	5 000	15 000	22 000	412
	uThungulu		Demolish and rebuild new wards	-	15 April 2018	15 April 2020	Equitable share	Programme 8	-	95 000	-	-	10 000	40 000
	Various		New PHC facilities: Furniture	-	Various	Various	Various	Programme 8	-	48 434	-	20 000	10 000	10 000
	Unkhanyakude		Pharmacy and OPD	-	01 November 2014	01 November 2018	Revitalisation grant	Programme 8	-	120 000	14 000	-	40 000	40 000
	uMgungundlovu		Relocate EMS Provincial Health Operational Centre from 16th floor to Ground floor West Wing and remove wall carpet on all floors. Phase 2 electrical upgrade	-	01 July 2014	01 July 2018	Equitable share	Programme 8	-	110 000	17 170	61 000	51 000	4 000
	Ugu		Access and traffic handling facility and upgrade roof and plumbing in maternity ward	-	01 November 2014	31 March 2018	Equitable share	Programme 8	-	15 000	-	10 786	3 124	6 000
	eThekwini		Fire system	-	12 July 2014	31 March 2018	Equitable share	Programme 8	-	64 000	20 000	40 000	1 600	-
	Ilembu		New labour and neo-natal ward	-	09 April 2013	31 March 2018	Revitalisation grant	Programme 8	-	155 000	54 944	65 000	25 000	5 000
	Various		Various	-	Various	Various	Various	Programme 8	-	594 778	272 145	160 820	42 813	119 000
	Various		Various	-	Various	Various	Equitable share	Programme 8	-	110 000	17 170	61 000	51 000	4 000
	Refurbishment and rehabilitation: Capital	eThekwini	Core block of hospital	-	19 March 2012	22 March 2017	Revitalisation grant	Programme 8	-	4 282 339	1 329 505	158 958	237 980	154 830
eThekwini		Water reservoir	-	01 May 2014	31 March 2019	Revitalisation grant	Programme 8	-	171 839	145 000	20 000	6 839	-	
eThekwini		Unblocking and repair of stormwater pipes and repairs to N and S block roofs	-	13 July 2014	30 March 2018	Revitalisation grant	Programme 8	-	67 000	-	20 000	35 000	2 000	
eThekwini		Phase 2A and Phase 2B	-	10 February 2012	31 March 2017	Equitable share	Programme 8	-	300 000	50 000	-	20 000	-	
uThungulu		Medical wards (192 beds) E, F, G, H and demolish existing crisis centre parkhome and construct new crisis centre, demolish old wards E, F, G, H	-	15 July 2014	31 March 2018	Revitalisation grant	Programme 8	-	320 000	59 670	80 000	100 000	80 330	
eThekwini		Core block of hospital	-	01 June 2014	31 March 2017	Equitable share	Programme 8	-	35 242	25 124	8 418	1 700	-	
Various		Repair or replace freezers/cold rooms (48 institutions)	-	01 June 2015	31 March 2020	Equitable share	Programme 8	-	40 000	-	3 000	5 000	5 000	
eThekwini		Staff accommodation	-	01 November 2015	30 June 2019	Equitable share	Programme 8	-	80 000	-	2 000	30 000	46 000	
Ugu		Phase 2-4 casualty, trauma, admissions (completion)	-	13 May 2011	30 April 2017	Revitalisation grant	Programme 8	-	138 000	131 000	3 500	3 500	-	
Various		Various	-	Various	Various	Various	Programme 8	-	3 060 238	899 032	22 040	600	6 500	

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

Table 7.0 (Continued) - neatun - 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 2015/16	Total project cost	Expenditure to date from previous years	Total available		MTEF	
			School - primary/ secondary/ specialised; admin block; water; electricity; sanitation/toilet; fencing etc)	Units	Date: Start	Date: Finish	2015/16						2016/17	2017/18		
R thousands																
New infrastructure assets: Capital of which:	Dr. Pixley ka Seme Hospital Grootville Clinic	eThekweni Ilembe	New 500 bed regional hospital	-	10 August 2014	30 March 2019	Revitalisation grant	Programme 8	-	4 320 137	1 245 402	578 921	580 863	761 434		
			Replacement of clinic Phase 9 (including a separate PMTCT unit)	-	31 March 2016	30 September 2019	Equitable share	Programme 8	-	2 912 459	222 889	402 960	528 516	671 939		
									-	55 000	-	-	3 000	20 000		
	Jozini CHC Mszini Clinic	Umkhanyakude Umninyathi	Construction of a new CHC	-	21 August 2012	31 March 2017	Revitalisation grant	Programme 8	-	268 502	258 502	5 000	5 000	-		
			Construction of a small clinic, B2 residential accommodation and guard house	-	15 February 2010	30 June 2017	Equitable share	Programme 8	-	8 282	2 000	6 000	283	-		
	Muden Clinic	Umninyathi	New medium clinic with double accommodation	-	01 August 2012	01 July 2017	Revitalisation grant	Programme 8	-	16 878	10 274	6 154	450	-		
									-	5 471	1 412	3 750	309	-		
	Ngabayena Clinic	Umninyathi	Small clinic, B2 residential accommodation and guard house	-	15 July 2010	31 July 2017	Equitable share	Programme 8	-							
			New clinic	-	01 June 2015	30 June 2018	Revitalisation grant	Programme 8	-	18 000	-	9 200	6 500	100		
			Olafa/ Ntakuma Clinic	-	01 June 2015	30 June 2018	Revitalisation grant	Programme 8	-	18 000	-	9 000	7 300	500		
			Umninyathi clinics	-	01 June 2014	30 June 2017	Revitalisation grant	Programme 8	-	15 000	-	13 500	500	-		
			Various	-	Various	Various	Various	Programme 8	-	1 002 545	750 325	123 357	29 005	68 895		
Infrastructure transfers																
of which:																
Infrastructure transfers: Current																
Infrastructure transfers: Capital																
Infrastructure: Payments for financial assets																
Infrastructure: Leases																
Total																
Capital infrastructure																
Current infrastructure																
- 13 997 752																
- 4 002 561																
- 1 504 206																
- 1 362 221																
- 1 427 682																
- 9 963 134																
- 2 958 166																
- 1 140 448																
- 1 024 760																
- 363 758																
- 4 034 618																
- 287 006																

Table 7.V : Summary of transfers to local government

R thousand	Audited Outcome			Main Appropriation	Adjusted Appropriation	Revised Estimate	Medium-term Estimates		
	2011/12	2012/13	2013/14	2014/15			2015/16	2016/17	2017/18
A KZN2000 eThekweni	47 212	-	61 051	109 000	129 009	169 473	105 000	111 048	115 000
Total: Ugu Municipalities	5 616	7 270	-	-	-	-	-	-	-
B KZN211 Vulamehlo	-	-	-	-	-	-	-	-	-
B KZN212 Umdoni	1 663	1 585	-	-	-	-	-	-	-
B KZN213 Umzumbhe	-	-	-	-	-	-	-	-	-
B KZN214 uMuziwabantu	417	861	-	-	-	-	-	-	-
B KZN215 Ezingolweni	-	-	-	-	-	-	-	-	-
B KZN216 Hibiscus Coast	3 536	4 824	-	-	-	-	-	-	-
C DC21 Ugu District Municipality	-	-	-	-	-	-	-	-	-
Total: uMgungundlovu Municipalities	11 039	-	5 838	-	-	673	-	-	-
B KZN221 uMshwathi	210	-	-	-	-	-	-	-	-
B KZN222 uMngeni	673	-	764	-	-	673	-	-	-
B KZN223 Mpofana	489	-	-	-	-	-	-	-	-
B KZN224 Impendle	-	-	-	-	-	-	-	-	-
B KZN225 Msunduzi	9 667	-	5 074	-	-	-	-	-	-
B KZN226 Mkhambathini	-	-	-	-	-	-	-	-	-
B KZN227 Richmond	-	-	-	-	-	-	-	-	-
C DC22 uMgungundlovu District Municipality	-	-	-	-	-	-	-	-	-
Total: Uthukela Municipalities	6 928	2 824	-	-	-	534	-	-	-
B KZN232 Emnambithi/Ladysmith	3 614	-	-	-	-	534	-	-	-
B KZN233 Indaka	-	-	-	-	-	-	-	-	-
B KZN234 Umtshezi	1 921	1 413	-	-	-	-	-	-	-
B KZN235 Okhahlamba	1 393	1 411	-	-	-	-	-	-	-
B KZN236 Imbabazane	-	-	-	-	-	-	-	-	-
C DC23 Uthukela District Municipality	-	-	-	-	-	-	-	-	-
Total: Umzinyathi Municipalities	834	1 619	417	-	-	746	-	-	-
B KZN241 Endumeni	-	-	-	-	-	746	-	-	-
B KZN242 Nqutu	-	-	-	-	-	-	-	-	-
B KZN244 Msinga	-	-	-	-	-	-	-	-	-
B KZN245 Umvoti	834	1 619	417	-	-	-	-	-	-
C DC24 Umzinyathi District Municipality	-	-	-	-	-	-	-	-	-
Total: Amajuba Municipalities	1 109	-	-	-	-	-	-	-	-
B KZN252 Newcastle	1 109	-	-	-	-	-	-	-	-
B KZN253 eMadlangeni	-	-	-	-	-	-	-	-	-
B KZN254 Dannhauser	-	-	-	-	-	-	-	-	-
C DC25 Amajuba District Municipality	-	-	-	-	-	-	-	-	-
Total: Zululand Municipalities	-	-	-	-	-	450	-	-	-
B KZN261 eDumbe	-	-	-	-	-	450	-	-	-
B KZN262 uPhongolo	-	-	-	-	-	-	-	-	-
B KZN263 Abaqulusi	-	-	-	-	-	-	-	-	-
B KZN265 Nongoma	-	-	-	-	-	-	-	-	-
B KZN266 Ulundi	-	-	-	-	-	-	-	-	-
C DC26 Zululand District Municipality	-	-	-	-	-	-	-	-	-
Total: Umkhanyakude Municipalities	-	-	-	-	-	-	-	-	-
B KZN271 Umhlabyalingana	-	-	-	-	-	-	-	-	-
B KZN272 Jozini	-	-	-	-	-	-	-	-	-
B KZN273 The Big 5 False Bay	-	-	-	-	-	-	-	-	-
B KZN274 Hlabisa	-	-	-	-	-	-	-	-	-
B KZN275 Mtubatuba	-	-	-	-	-	-	-	-	-
C DC27 Umkhanyakude District Municipality	-	-	-	-	-	-	-	-	-
Total: uThungulu Municipalities	10 467	7 149	6 773	23 600	23 600	8 239	-	-	-
B KZN281 Umfolozi	-	-	-	-	-	-	-	-	-
B KZN282 uMhlatuze	4 886	5 630	6 773	23 600	23 600	8 239	-	-	-
B KZN283 Ntambanana	-	-	-	-	-	-	-	-	-
B KZN284 uMlalazi	5 325	637	-	-	-	-	-	-	-
B KZN285 Mthorjaneni	256	882	-	-	-	-	-	-	-
B KZN286 Nkandla	-	-	-	-	-	-	-	-	-
C DC28 uThungulu District Municipality	-	-	-	-	-	-	-	-	-
Total: Ilembe Municipalities	2 835	4 031	657	-	-	-	-	-	-
B KZN291 Mandeni	541	564	657	-	-	-	-	-	-
B KZN292 KwaDukuza	2 294	3 467	-	-	-	-	-	-	-
B KZN293 Ndwedwe	-	-	-	-	-	-	-	-	-
B KZN294 Maphumulo	-	-	-	-	-	-	-	-	-
C DC29 Ilembe District Municipality	-	-	-	-	-	-	-	-	-
Total: Harry Gwala Municipalities	-	-	-	-	-	-	-	-	-
B KZN431 Ingwe	-	-	-	-	-	-	-	-	-
B KZN432 Kwa Sani	-	-	-	-	-	-	-	-	-
B KZN433 Greater Kokstad	-	-	-	-	-	-	-	-	-
B KZN434 Ubuhlebezwe	-	-	-	-	-	-	-	-	-
B KZN435 Umzimkulu	-	-	-	-	-	-	-	-	-
C DC43 Harry Gwala District Municipality	-	-	-	-	-	-	-	-	-
Unallocated	-	-	-	-	-	-	-	-	-
Total	86 040	22 893	74 736	132 600	152 609	180 115	105 000	111 048	115 000