

VOTE 03

DEPARTMENT OF HEALTH

Department of Health	Vote 03
To be appropriated by vote in 2016/17	R 9 460 530 000
Responsible MEC	MEC for Health
Administering Department	Department of Health
Accounting Officer	Superintendent General of Health of Department

1. Overview

Vision

Healthy self-reliant communities in the North West Province

Mission

To render accessible, equitable and integrated quality health care services

Values

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

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

Strategic Goals

The departmental strategic goals are based on the NDP and the PDP outcomes. The linkages are showed below.

TABLE A1: National Strategic Goals

STRATEGIC GOAL	GOAL STATEMENT	EXPECTED OUTCOMES
1. Prevent disease and reduce its burden, and promote health through a multi stakeholder engagement	<ul style="list-style-type: none"> To increase life expectancy by progressively implementing programmes and systemic interventions that combat: <ul style="list-style-type: none"> Decreasing the prevalence of MDR-TB Reduce the number of new cases of HIV Expand access to ART for people living with HIV and AIDS Scale up access to treatment care and support services in households Increase the percentage of pregnant women who book for antenatal care before 20 weeks Reduce maternal mortality ratio Increase the number of designated primary health facilities providing Choice of Termination of pregnancy (CTOP) Increase community households involvement in security and promoting the health of children 	<ul style="list-style-type: none"> Increase the number of HIV positive people who are on treatment from 2.4 to 5.1 million by 2019 Improve TB treatment outcomes Increasing access to a preventive package of Sexual and Reproductive Health (SRH) services, including medical male circumcision and provision of both male and female condoms Expand the PMTCT coverage to pregnant women by ensuring all HIV positive Antenatal clients are placed on ARVs and reducing the positivity rate to below 1% Maximize opportunities for testing and screening to ensure that everyone in South Africa is tested for HIV and screened for TB at least annually Expand the implementation of the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) Improve quality of antenatal and postnatal care Accelerate and expand contraception and family planning programmes which will expand access to sexual and reproductive health service Massive, education, information and advocacy, promoting dual protection against teenage pregnancy Achieve an 80% HPV immunization coverage of Grade 4 learners
2. Improve the quality of care by setting and monitoring national norms and standards, improving systems for user feedback, increasing safety in health care, and by improving clinical governance	<ul style="list-style-type: none"> Re-engineering of Primary Health Care Reduce the risk factors for Non-Communicable Diseases by designing and implementing mass mobilization strategy focusing on healthy options Improve capacity in government in key areas of weakness Strengthen coordination within government and to make sure that government policies and programmes are better aligned Strengthen performance management 	<ul style="list-style-type: none"> The creation and expansion of Ward Based Primary Health Care Outreach Teams. Expand contracting of general practitioners Accelerate the appointments of District Clinical Specialist Teams Expand and strengthen Integrated School Health Service Public Health facilities will conduct Patient Satisfaction Surveys annually All Regional Tertiary and Central Hospitals will be made compliant with the extreme and vital measures of the National Core Standards for Health facilities To strengthen the inputs from patients on their experience of the health services the functioning all public health facility governance structures will be strengthened Direct delivery of pharmaceuticals will be

STRATEGIC GOAL	GOAL STATEMENT	EXPECTED OUTCOMES
		introduced, which will improve turnaround times
3. Improved health facility planning and infrastructure delivery	<ul style="list-style-type: none"> To improve health facility planning through implementation of Infrastructure norms and standards Improve access to health facilities 	<ul style="list-style-type: none"> Accelerate the pace of infrastructure delivery, using alternative methods of delivery where possible to accelerate progress Strengthen teams for health facility planning and infrastructure delivery 213 new clinics and community health centres and 43 hospitals will be constructed Over 870 health facilities in all 11 NHI pilot districts will undergo major and minor refurbishments
4. Improve human resources for health by ensuring appropriate appointments, adequate training and accountability measures.	<ul style="list-style-type: none"> To develop a responsive health workforce by ensuring adequate training and accountability measures are in place Implement HR norms and standard To accelerate the improvement of quality of care in the health sector through the enhancement of accountability and implementation frameworks 	<ul style="list-style-type: none"> Strengthen the Cuban Medical Training program Accredit 220 Public Nursing Colleges to offer the new nursing qualification. Increase capacity of Central Hospitals to strengthen for local decision making and accountability to facilitate semi-autonomy of 10 central hospitals Ensure that appropriately qualified and adequately skilled managers are appointed for all health facilities Partner with Health Sciences faculties to increase the intake of medical professionals Improved MPAT report Appropriate delegations will also be given to eligible hospital managers Improve Health District governance and strengthen management and leadership of the district health system Develop and implement uniform structures for primary health care facilities Develop training programme for Hospital CEOs and PHC Facility Managers Establish a coaching and mentoring program for Health Managers
5. Develop an efficient health management information system for improved decision making	<ul style="list-style-type: none"> To overhaul the health information system in order to improve integration and data usage for planning and service delivery 	<ul style="list-style-type: none"> System design for a National Integrated Patient based information system completed by March 2018 National Integrated Patient based information system implemented from April 2018
6. Improve financial management by improving capacity, contract management, revenue collection and supply chain management	<ul style="list-style-type: none"> To comply with code of good financial practices and PFMA Improve audit outcomes Improve MPAT outcomes 	<ul style="list-style-type: none"> Cost reductions have been achieved in the centralization of procurement of medicines Prompt payment of suppliers to avoid additional charges and interest
7. Universal Health coverage progressively	<ul style="list-style-type: none"> To continuously implement the requirements of the norms and 	<ul style="list-style-type: none"> Various consultation Fora will be established.

STRATEGIC GOAL	GOAL STATEMENT	EXPECTED OUTCOMES
achieved through implementation of National Health Insurance	standard of the NHI in the facilities	<ul style="list-style-type: none"> The NHI Pilot districts will be progressively expanded over the next five years The Health Reform will include the reorganization of services including Central Hospitals and they will be strengthened to increase capacity for local decision-making and accountability

Main services provided by the Department

The Department is responsible for the delivery of District Health Services (DHS), primary health care services (PHC), hospital services, forensic pathology services, emergency medical services and Central and Tertiary Health Services to uninsured population of the Province. The provision of health care services is guided by the mission to render accessible, equitable and integrated quality health care services.

The following are the core health services provided by the Department:

District Health Services (DHS)

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

Emergency Medical Rescue Services (EMRS)

There are two sub-programmes: emergency transport and planned patient transport. The programme provides the basic services as required by the department. The department has identified the need to increase the EMRS fleet annually until numbers are in line with the norms and standards for rendering effective and efficient emergency and rescue medical services.

Provincial Hospital services

The purpose of this programme is to provide Regional Hospital Care Services to the people of the North West Province. There are 3 Regional Hospitals in the North West Province: Potchefstroom Hospital, Mafikeng Provincial Hospital, and Joe Morolong Memorial Hospital.

Witrand and Bophelong Psychiatric Hospitals are the 2 Specialized Hospitals rendering psychiatric services for the North West Province.

Central & Tertiary Hospitals (C&THS)

The purpose of this programme is to provide access to Tertiary Hospital care services for patients in the North West Province, retention and training of health care professionals, and research. The North West Province does not have a fully developed tertiary or central hospital; tertiary services are incrementally initiated and sustained at Klerksdorp/Tshepong Hospital and Job Shimankana Tabane Hospital.

Demand for changes in services of the Department

The Department is moving away from a curative health care system to a preventative one. The Department therefore places a strong emphasis on Primary Health Care. The budget reflects that shift in focus.

This approach will also go a long way in reducing the long queues in our hospitals and clinics and provide a better service closer to patient homes in Villages, Townships and Small Dorpies (VTSD).

The Department will also pilot electronic records management system to speed up access to patient files and further reduce patient waiting times in health facilities.

The Department will implement the process of branding called the “ideal clinic” for each District.

Legislative mandates and new policy initiative

The Department derives its mandate from the following laws:

- Constitution of the Republic of South Africa Act, 108 of 1996.
- National Health Act, 61 of 2003.
- Medical Schemes Act, 131 of 1998.
- Medicines and Related Substances Act, 101 of 1965.
- Mental Health Care Act, 17 of 2002.
- Choice on Termination of Pregnancy Act, 92 of 1996 as amended.
- Sterilization Act, 44 of 1998.
- Tobacco Products Control Amendment Act, 12 of 1999.
- National Health Laboratory Service Act, 37 of 2000.
- Health Professions Act, 56 of 1974.
- Pharmacy Act, 53 of 1974 as amended.
- Nursing Act, 50 of 1978 as amended.
- Allied Health Professions Act, 63 of 1982.
- Dental Technicians Act, 19 of 1979.
- Hazardous Substances Act, 15 of 1973.

- Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972.
- Occupational Diseases in Mines and Works Act, 78 of 1973.
- Council for Medical Schemes Levy Act, 58 of 2000.

Other Legislation in Terms of which the Department Operates

- Public Service Act, Proclamation 103 of 1994.
- Promotion of Administrative Justice Act, 3 of 2000.
- Promotion of Access to Information Act, 2 of 2000.
- Labour Relations Act, 66 of 1995.
- Basic Conditions of Employment Act, 75 of 1997.
- Occupational Health and Safety Act, 85 of 1993.
- The Division of Revenue Act, 7 of 2003.
- Skills Development Act, 97 of 1998.
- Preferential Procurement Policy Framework Act, 5 of 2000.
- Employment Equity Act, 55 of 1998.
- State Information Technology Act, 88 of 1998.
- Children's Act, 38 of 2005.
- Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000.
- State Liability Act, 20 of 1957 (As amended).
- Institution of Legal Proceedings against Certain Organs of State Act, 40 of 2002.
- Broad Based Black Economic Empowerment Act, 53 of 2003.
- State awards contracts for services to be rendered, and incidental matters.
- Public Finance Management Act, 1 of 1999.
- Protected Disclosures Act, 26 of 2000.
- National Archives and Records Service of South Africa Act, Act No 43 of 1996 as
- Control of Access to Public Premises and Vehicles Act, 53 of 1985.
- Conventional Penalties Act, 15 of 1962.

1.1 Aligning departmental budget to achieve government's prescribed outcomes

To enhance the change agenda in government, the Presidency has identified the following outcomes in the MTSF to address the main strategic priorities for the government:

- Raised the life expectancy of South Africans to at least 70 years;
- Progressively improve TB prevention and cure
- Reduce maternal, infant and child mortality
- Significantly reduce prevalence of non-communicable diseases
- Reduce injury, accidents and violence by 50 per cent from 2010 levels

- Complete Health system reforms
- Primary healthcare teams provide care to families and communities
- Universal health care coverage
- Fill posts with skilled, committed and competent individuals

All the priorities will be integrated into what is termed the Provincial Program of Action (POA) for Bokone Bophirima in the next five years (2015-2020). The POA consists mainly of the following key priorities:-

In achieving the NDP and the PDP, the department adopted the 2014-19 MTSF to guide its strategic goals in ensuring relevancy to the 2030 health vision. This alignment was necessary to be able to tackle the health challenges and meeting the NDP and PDP outcomes. The strategic goals were coined to support the MTSF and address the unique health challenges facing the province. Table below indicates the alignment of the departmental strategic goals to the NDP, PDP and the MTSF. These strategic goals will form the basis of operations with the department for next five years

Strategic goals alignment to the NDP, PDP and MTSF

NDP Goals 2030	PDP 2030	2014 – 19 MTSF Priorities	NWDoH Strategic Goals 2015- 2020
Average male and female life expectancy at birth increased to 70 years	Reduce the disease burden to manageable levels across the North West province	HIV & AIDS and Tuberculosis prevented and successfully managed Maternal, infant and child mortality reduced	Prevent disease and reduce its burden, and promote health through a multi stakeholder National Health Commission
Tuberculosis (TB) prevention and cure progressively improved;			
Maternal, infant and child mortality reduced			
Prevalence of Non-Communicable Diseases reduced	Promote healthy behaviours and lifestyles		
Injury, accidents and violence reduced by 50 per cent from 2010 levels			
Health systems reforms completed	Access to quality health care and well managed facilities.	Improved health facility planning and infrastructure delivery	Improve health facility planning by implementing norms and standards;
		Health care costs reduced	Improve financial management by improving capacity, contract management, revenue collection and supply chain management
		Efficient Health Management Information System for improved decision making	Develop an efficient health management information system for improved decision

			making;
		Improved quality of health care	Improve the quality of care by setting and monitoring national norms and standards, improving systems for user feedback, increasing safety in health care, and by improving clinical governance
Primary health care teams deployed to provide care to families and communities	Households need information and incentives to change their behaviour toward healthy and active lifestyles.	Re-engineering of Primary Health Care	Make progress towards universal health coverage through the development of the National Health Insurance scheme, and improve the readiness of health facilities for its implementation
Universal health coverage achieved		Universal Health coverage achieved through implementation of National Health Insurance	
Posts filled with skilled, committed and competent individuals	Training and skills development of hospital managers, doctors, nurses and community health workers are a key priority. Adequate and qualified health staff, especially in terms of deploying them to the areas where they are most needed.	Improved health management and leadership Improved human resources for health	Improve human resources for health by ensuring appropriate appointments, adequate training and accountability measures.

VTSD - gives focus to development of Villages, Townships and Small Dorpies and Setsokotsane Program of action is carried out at different programme levels of the Department and reports are submitted to Premier's Office regularly.

From the above guidelines, the Department created its own Vision 2025. The following aspects need to be recorded:

Vision 2025 Outcomes

- Integrated / unified health system
 - Conducive legislation
 - Conducive policies, guidelines, etc.
 - Stakeholder / partner engagement (e.g. inter-governmental relations, PPP's)
- Improved health status
 - Reduced mortality
 - Reduced morbidity
 - Reduced malnutrition
 - Increased life expectancy

- Reduced adverse events / risks (SDG's)
- Improved health care services
 - Improved quality of health care services
 - Improved client satisfaction / service provider of choice
 - Improved access to health
 - More affordable health services
 - Improved financial risk protection for citizens (e.g. reduction of out-of-pocket payments)
- Outcomes relating to internal departmental excellence
 - Improved public image
 - Employer of choice

Within Vision 2025, the following 11 priorities were identified:

- Increased life expectancy
- Improved health status of the population
- Adequate competent staff
- A unified, integrated health care system
- A strengthened decentralised health care system
- Improved health education, promotion and disease prevention
- Improved access to funding sources for health care provision
- Improved performance management practices
- Improved clinical governance
- Improved M&E practices
- Improved health infrastructure

2. Review of the current financial year (2015/16)

Health Service Delivery

The approved departmental policies and protocols in rendering health services in the Province are being implemented. New national mandates are also implemented in compliance with the Presidential mandate.

The policy provisions of ART have been revised to cater for all clients with CD counts of 500 and below. This has been changed from previous level of 350 CD counts. The implication will be an increase in the number of clients on ART programme which will in turn, increase the expenditure on this cost item.

The National Department of Health took a resolution to take over the port health function from provincial Departments as a measure of improving the service and curbing incidents of communicable disease being imported from neighbouring countries.

The department implemented the government gazette on hospital reclassification by the Minister. This resulted in some district hospitals being reclassified as community health centres (CHC) namely, Swartruggens, Christiana and Ventersdorp Hospitals. The number of hospitals was accordingly reduced from 15 to 12 hospitals and the number of CHC's increased from 45 to 48. This has affected objectives within Programme 2.

The department is developing Klerksdorp and Job Shimankana Tabane (JST) Hospitals into tertiary hospitals. Provincial Hospital Services (Programmes 4) and Central Hospital Services (Programme 5) will be affected by this policy changing regional general hospitals from five (5) to three (3). There is a tertiary services plan to develop Neurosurgery, Ophthalmic services, Plastic and Reconstructive Surgery and Urology. The challenge is still national funding for the grants as it is mostly for sustaining existing tertiary services.

The Department purchased 20 ambulances during the 2014/15 financial year with final delivery thereof scheduled during the 2015/16 financial year.

Cost cutting measures are still continuing by putting restrictions on meetings, subsistence and travelling, telephones and purchasing of some technological equipment.

The Health Facilities Revitalization Programme is also being refocused on building staff accommodation at health facilities to reduce the high rental costs incurred by hospitals.

Finalize the Provincial Health Bill to help prepare our facilities better for National Health Insurance (NHI) and protect the decentralization model which has devolved powers to districts to capacitate them and help speed up health care service delivery where it is needed the most.

Over 50 clinics across 19 sub-districts are already operating 24 hours. A further twenty (20) clinics have extended their hours of operation mainly in rural areas.

The Department also introduced Dental Services at Geysdorp, Deelpan and introduced mobile visits at Broedersput. These are in line with the provincial policy on extending services to small dorps.

There are seventy eight (78) mobile clinics and thirty three (33) of these are already initiating patients on ART.

Kgomotso Centres are functional and have ten (10) forensic trained nurses in Ratlou, Lehurutshe/Zeerust Complex, Gelukspan, Delareyville and Itsoseng. Clients from Thusong District

Hospital are managed at Itsoseng CHC and the Department established two (2) more Thuthuzela Care Centers at Brits and Joe Morolong Hospitals, which are all functional.

Total number of students that will be graduating from both Nursing Colleges are:

- Basic Nursing Students = 270
- Post Basic Nursing Students = 197
- North West University Nursing Students funded by Department of Health who graduated in March and May 2015 = 65
- Total number graduating in 2015/16 : 532

Summary of infrastructure

Hospital Revitalisation

Progress in the implementation of Health Facility Revitalization Grant is as follows:

Brits Hospital: The project is complete and the hospital was officially opened on the 4th April 2014. The hospital is currently functional but some areas have not yet been commissioned.

Bophelong Hospital (Phase2): The project is currently at 97 per cent completion. Extension of time application was granted to the contractor. A meeting with ESKOM was convened wherein the issue of permanent supply was resolved; a commitment was made by ESKOM to have permanent supply of electricity to the facility. There is still a challenge with regard to permanent supply of electricity on site causing delays on the commissioning of services. Eskom is however on board to attend to the challenge.

Lichtenburg Hospital: The design processes encompasses the following different stages:

Stage 1 – Inception.

Stage 2 – Concept& Viability (Concept design).

Stage 3 –Design Development.

Stage 4– Documentation and procurement before the construction with close out in stages 5 and6.

According to the design stages we cannot proceed to implementation stage without approval from NDoH and the design stages took longer than anticipated. As indicated in our report we are in stage 4 and designs are still to be finalized and signed off in preparation of the implementation of the project. Design documents have been sent to NDoH for Peer Review and approval. Planning of the project is at an advanced stage.

JST Hospital (Upgrade): The project is still under construction and progress is at 88 per cent. The project is however behind schedule. Changes as requested by National Department of Health on the mental health unit have been incorporated.

Sekhing CHC: Project is currently under construction and is behind schedule. Cession agreements have been entered into so as to assist the contractor with improving progress on site.

Boitekong CHC: The project is behind schedule and is currently at 35 per cent. Work on site is very slow which is as a result of the cash flow challenges experienced by the contractor. The department has however provided assistance by granting approval for the advance payment and attended to the appointment of a mechanical sub-contractor, which contributed to the delay of the project.

Mathibestadt CHC: The project is currently at 99 per cent with the outstanding work being on the water tank, sewer plant, purification plant and solar panels, which are being addressed.

Witrاند: The project is currently at 90 per cent. Slow progress on site is still a challenge. First practical completion was not achieved due to challenges with regard to labour and materials on site.

PHC Re-engineering: In terms of progress, monthly PHC Re-engineering Forum meetings at all levels; Province, District and Sub-District were held to coordinate activities for all streams.

Ward Based PHC Outreach Teams 298: There are 7538 Community Health Workers appointed additional to the structure and paid through PERSAL, a pool out of which 2279 are placed in Ward Based Outreach Teams (WBOT) to reach out to families, with greater emphasis on disease prevention, health promotion and community participation with the main goal of improving health outcomes i.e.

- Increasing life expectancy;
- Decreasing maternal and child mortality;
- Combating HIV and AIDS and decreasing the burden from TB; and
- Strengthening the Health System Effectiveness.

The intention is to roll-out WBPHCOTs to reach a target of 715 teams (new target based on population stats SA of 2011) covering all uninsured population by 2017. Currently the Department has rolled out to 298 teams

Availability of professional nurses is a major determinant of successful roll-out as they are placed in these teams for leadership and supervision. There are 283 professional nurses currently leading teams against a target of 715. A shortage of 432 professional nurses is experienced due to mainly scarcity of nurses and funding for posts. To mitigate this challenge, the department partly recruited

retired nurses and partly utilized serving nurses from clinics. Some nurses are leading more than one team 2-4 to bridge the professional nurse gap.

Training of Ward Based PHC Outreach Teams is continuing. Total Community Health Workers (CHW's) trained in phase 1 were 2307, in phase 2 were 312 and in phase3 were 155. The 155 CHW's started phase 3 training, which a qualification phase, and is due to end in March 2016.

The restructuring project makes provision for the number of Ward Based Outreach Teams (WBOT) required in 2016/17. The result of that project will be communicated and has an impact on the structure of the 2016/17 budget. It is unfortunately not yet available and can therefore not yet be reflected in this version of the Budget document.

Total Households registered for support is 513422 against a target of 1 098316. Registration will continue in 2015/16 financial year.

M-Health system has rolled-out from 1 team to 9 teams in Dr Ruth Segomotsi Mompati. Wards covered include: w18 Magogong, w20 Mamutla, w11 Taung Station, w25 Taung Gateway, w13 Taung Gateway, w14 Manthe, w4 Dryharts, w5 Pudumong, w26 Matsheng, and w12 Taung Gateway. This is a system that uses cell phones that captures data, helps teams to reduce paper work, helps with storage, it helps scheduling of visits.

Future plans

- Plans to roll-out to 92 wards are underway in 2015/16. Bojanala 47, NMM 6, Dr KK 28, Dr RSM 11 with an estimated budget of R237million;
- M-Health roll-out to 17 Dr Kenneth Kaunda in 2015/16;
- Procurement of bicycles for CHW's in 2015/16.

Re-engineering of Primary Health Care which is core to the APP and focuses on:

- School health;
- Ward based teams; and
- Teams of specialists have been identified.

Integrated School Health Program (ISHP) is one of the three streams of Primary health care Reengineering concept that was announced by the Minister of Health in 2010 as an endeavour to achieve better health outcomes. These three streams encompass the following:

- Primary Health Care (PHC) outreach teams;
- School health services;

- Specialist teams focusing on maternal and child health.

The intention of PHC reengineering strategy on school health is to strengthen the existing school health services. Integration of the three streams is therefore critical to strengthening school health services.

The National Department of Health (NDOH) in collaboration with National Department of Basic Education and Social Development came with a comprehensive approach called ISHP to address barriers to learning whereby all relevant stakeholders are involved. This led to a development of ISHP policy which was officially launched by the President of the country, Mr Jacob Zuma in October 2012.

Background

ISHP is being implemented in all 4 districts that constitute the North West Province which are Ngaka Modiri Molema, Bojanala, Dr. Kenneth Kaunda and Dr. Ruth Segomotsi Mompati and these districts are further divided into 5 sub-districts each, except for Dr. KK which has 4 sub-districts.

In order for the districts to be able to render school health services there is a need to have school health teams that visits schools on a daily basis to carry out school health activities. An ideal school health team should be formed by at least one professional nurse, assistant nurse and a health promoter per health local area at sub districts. Despite implementation of numerous strategies that intended at improving school health outcomes in all districts, there are still challenges and gaps in school health implementation, main challenge being insufficient and incomplete school health teams.

The Province has 33 school health teams which report on school health activities according to the monitoring and evaluation system that has been put in place to monitor performance. Screening of learners has been extended from focusing on quintile 1 and 2 to cover all quintiles, i.e. quintile 1 to 5 schools and a significant number of learners have been successfully screened at these schools and some were referred for suspected TB, hearing problems, eye care, overweight, deworming, immunization, speech problem, oral health and underweight. Referral system is in place and documented.

In 2015/2016 the package of services focused on assessment and screening of grade R, grade 1 and grade 8 learners in Q1 to Q5 schools, health education and immunisation.

Achievements

- Mobile vehicles in National Health Insurance (NHI);
- Successfully conducted HPV (Human Papillomavirus) vaccination in the whole province to all grade 4 girl learners at public schools;
- Appointments made in some areas.

Challenges

- Shortage of Human and non-human resources.
- More schools visited but a lot of schools have a lesser number of learners at secondary schools, especially grade 8 and 10.

Future plans

- Appointment/designation of school health teams at local Area level i.e. 49 Teams;
- Mapping of Schools in each local area;
- Procurement of essential school health equipment by all districts, e.g. audiometers, ENT sets and weighing scale;
- Creation and funding of posts to expand school health teams;
- Extension of the service to all public schools.

3. Outlook for the coming financial year (2016/17)

Three capital projects that are planned for implementation during 2016/2017 and these are Lichtenburg Hospital, Delarey Bulk Pharmacy and Ventersdorp Bulk Pharmacy.

Planning for these projects are on-going as a budget was set aside for the finalization of planning processes. Infrastructure budget in excess of 60 per cent is envisaged for spending on projects falling under the Villages, Townships and Small "Dorps" (VTSD) category.

District Health Services

State of the Province Address (SOPA 2016/17) injunctions:

- Obesity Awareness Campaign, the department set aside R2.5 million for this programme from the HIV/AIDS Conditional Grant and this will be incorporated in the business plan for 2016/17.
- Transportation of patients by taxis, each of the four districts will set aside R1.5 million from the Goods and Services budget towards this service, thus totalling R6 million.

CHC's will expand their coverage of services to improve access to services for the uninsured population in response to the increasing number of unemployed in communities who need health care. They must render full package of services to reduce self-referrals to hospitals. The cost of treating Primary Health Care (PHC) cases is very high in hospitals. If patients are treated at PHC facilities, they get health care closer to homes and hospitals will be released to treat referred cases. The CHC's will thus take care of low income communities and the elderly accessing quality health care services.

Strengthening the immunization programme will be prioritised as one of the efforts to reduce infant and child mortality due to preventable diseases. Additional 62 teams will be established in the current financial year. District Clinical Specialist Teams (DCSTs) are functional in all the four districts and the establishment of School Health Teams will continue in the 2016/17 financial year.

Access of health services will be further broadened via planned patient transport to make access to health facilities easier for patients. A pilot project will be run in Bojanala and Dr Ruth Segomotsi Mompati Districts which will involve the local taxi association to provide transport services for communities.

The introduction of an electronic medical record (EMR) to contain accurate patient Demographics, contain all images, laboratory data, clinical notes of every provincial citizen. This can reduce high litigation that all our health departments face because of inaccurate records. It further serves as a basis for the upcoming NHI and will improve departmental and provincial planning regarding vaccinations and feeding schemes amongst others.

The department of health as such has ensured that health services within the province are in line with the provincial concretes.

Agriculture, Culture and Tourism (ACT)

- Expanded and re-engineered primary health care, including municipal Ward-based;
- Outreach Teams and school health services;
- Expanded district-based piloting of NHI services;
- Promotion of healthy lifestyles and encouragement of regular screening for non-communicable Diseases.

Villages, Townships and Small Dorpies (VTSD)

In an effort to strengthen health services in villages, Towns and small dorpies (VTSD) the department will improve mobile health services to affected areas. The department also plans to improve response time of ambulances to 40 minutes in rural areas. An effort to keep malaria case fatalities to zero are on course, especially in endemic areas which are mostly rural, farming and township areas. The department is facing increased number of TB patients defaulting treatment in farming, rural and township areas, as a result, the department will put additional resources in VTSD areas to improve TB outcomes in the province. The capital project plans will also focus on the need to improve and refurbish health facilities at VTSD area.

Departmental expenditure is already skewed towards VTSD area as more than 60 per cent of the budget is automatically allocated to the affected areas. The strategic objectives supporting the pillar are:

- To improve health promotion and prevention efforts, including early detection and treatment of NCDs, to decrease morbidity and mortality;
- To improve the management and control of Emergency Medical Services;
- Improve quality of health services through the use of evidence;
- NHI focused facilities improvement;
- To ensure improved maintenance of health facilities.

Reconciliation, Healing and Renewal

The department strives to provide accessible, equitable and integrated health services. This is an effort to address the inequality of the past and ensure that health services in Bokone Bophirima are available to all who live in it. It is the departmental intent to ensure that health services in the province are accessible within the 5KM radius. In achieving that, capital projects are skewed towards areas without health care facilities. The department has established nursing colleges to ensure that adequate and appropriate staffing is done to new facilities of areas where they were absent before. Provision of health services will always be based on need and not on class, race or affiliation of some sort. Some of the strategic objectives to support the pillar are:

- Accelerate delivery on the Health Facilities Revitalization Programme;
- Improve quality of life of persons with disabilities;
- Improve access to essential medical supplies;
- To develop a responsive health workforce by ensuring adequate training and development.

Saamtrek-Saamwerk philosophy

The provision of health services will always be guided by the needs of the community of Bokone Bophirima. The demand for better health care services will always be above the supply particular within the current resource constraint environment. It is therefore imperative to bring on board all the partners, business, Non-Profit Organisations (NPO) and community structures to meet the community expectations. The department will ensure community participation on health matters by establishing clinic committees and hospital boards. This provides the community's perspective towards provision of health care services. The department will engage partners and NGOs to assist in providing the required services to the community. This is more evident in programmes such as HIV&AIDS management, eye care services, screening for the diseases of lifestyle and other priority health programmes. The department will continually engage the business community to assist in addressing health challenges in the province. Provision of health care services should lead to better outcomes when partners, business and the community are involved. This is the approach the department will embrace towards meeting the community expectation on health care.

Setsokotsane Approach

The department is able to identify community challenges regarding health service and address them on the spot. Health services are mostly affected by the social determinants of disease. The Setsokotsane approach ensures that social determinants of diseases are addressed and the burden of disease is reduced. The community outcry for quality water provision and the solution thereof reduces the incidences of water borne diseases as a result the burden of disease in the province. This is also evident where a family without an Identity Document (ID) can receive one, can therefore apply and get social grants and can provide improved nutritional care to the family which in-turn also has a bearing on the burden of disease.

The department will continuously use the Setsokotsane approach to screen the community on diseases and provide appropriate on time health intervention as early as possible. This has proven to reduce health costs and to reduce the burden of disease in the province.

Training and Development

The Department intends to send learners to Cuba to study medicine. Twenty (20) will be sent to local universities, while sixty (60) will be targeted for allied health care workers like pharmacy, dental therapy and surgery, dietetics, optometry, optical dispensing, physiotherapy and speech therapy.

The projected numbers for 2016/2017 is to train 636 students of which are Basic Nursing Students amounts to 405 and post Basic Nursing Students amounting to 231.

Achievements

Total number of Basic Nursing Students graduated amounts to 335. This is an achievement beyond the set target of 270.

Challenges

- Limitation in enrolling projected number of basic nursing students (serving officials) due to shortages of staff at the clinical areas.
- Inadequate funding which impacted on the reduction for North West University nursing students.
- Limited funding to acquire Learner Information System for both Colleges.
- High vacancy rate of academic staff members due to non-lucrative salary packages.

4. Reprioritisation

Reprioritization of functions and activities in the 2016/17 financial year is crucial for the successful implementation of the programmes of the department in the face of increasing health sector inflation within the allocated budget.

The level of accruals from the 2014/15 financial year was at such a high level that the Department took a critical look at the way it was conducting its business. A number of efficiency and rationalization measures were introduced during the 2015/16 financial year in the attempt to bring down expenditure to the level of the allocated budget. These measures were additional to the provincial cost cutting measures implemented in the prior years. The efficiency measures include:

- Implementing gate-keeping measures in the procurement of laboratory and blood services;
- Moving District and Sub-District Offices to Health facilities to save on lease rental;
- Implementing shared corporate services between health facilities and District /Sub-District Offices.

The rationalization measures involved a critical look at the physical positioning of current health facilities, the number of hours of operations, the composition and mode of operation for the delivery of health services.

In addition to the reprioritization of funds resulting from the efficiency and rationalization measures, there was direct reprioritization of the equitable share budget for maintenance and equipment to supplement the budget for goods and services in the 2015/16 financial year to ensure that the clearing of accruals did not adversely affect public health service delivery in the province.

Reprioritization will be a continued process in which assessments are done in terms of performance and achievements. Similarly, implementing efficiency measures is on-going and the savings realized will be reprioritized to augment allocations towards national and provincial priorities as well as core spending activities.

The equitable share growth for Health is maintained at 6.9 per cent. Consideration was also given to the accruals and compensation of employees' pressures. Funds allocated for new projects from the Conditional grant are to be directed to maintenance and the equitable share from maintenance to accruals.

The Department intends moving away from a curative health care system to a preventative one and therefore places a strong emphasis on Primary Health Care. The 2016/17 allocated budget has been reprioritised to reflect that shift in focus. This approach will also go a long way in reducing the long queues in our hospitals and clinics and provide a better service closer to patient homes in Villages, Townships and Small Dorpies (VTSD).

5. Procurement

The major/key projects as per procurement plan were listed and includes, among others:-

- Gelukspan Hospital Upgrading of R50 million;
- Refurbishment of Steve Tshwete Clinic, Marcus Zenzile Clinic and Moses Kotane Hospital of R13 million, R13 million and R6 million respectively;
- Replacement of boilers at both Klerksdorp Hospital and Mafikeng Provincial Hospital at a cost of R18 million each;
- Construction of both Delareyville and Ventersdorp Bulk Pharmacy amounting to R8 million each;
- Distribution of pharmaceutical and surgical supplies from the Medical Depot to Hospitals of R15 million;
- A rotor wing helicopter service for the transport of critical ill-patients of R12 million
- Collection, removal, treatment and final disposal of Health Care Waste from participative Health Care Facilities in the North West Province of R45 million, etc.

6. Receipts and financing

6.1 Summary of Receipts

Table 3.1 : Summary of receipts

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15	2015/16	2015/16	2015/16	2016/17	2017/18	2018/19
Equitable share	5 423 364	6 162 652	6 299 325	6 755 302	6 915 986	6 915 986	7 390 772	8 047 466	8 574 103
Conditional grants	1 563 592	1 674 174	1 819 840	2 079 519	2 098 031	2 098 031	1 994 703	2 174 639	2 390 622
Comprehensive HIV and Aids Grant	706 124	825 302	936 938	1 012 984	1 012 984	1 012 984	1 127 523	1 295 768	1 455 157
Hospital Facility Revitalisation Grant	522 912	513 667	499 456	695 404	713 082	713 082	480 434	491 371	512 226
Health Professions Training and Development Grant	93 522	98 666	104 586	106 970	106 970	106 970	111 565	118 552	125 428
National Tertiary Services Grant	192 833	243 385	237 264	242 625	242 625	242 625	253 096	268 948	284 547
National Health Insurance Grant	8 817	6 874	5 889	7 204	8 038	8 038	7 543	–	–
African Cup of Nation	2 938	–	–	–	–	–	–	–	–
Expanded Public Works Programme Incentive Grant for Provinces	–	–	–	2 000	2 000	2 000	2 000	–	–
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	17 004	24 765	16 775	12 332	12 332	12 332	12 542	–	–
Human Papillomavirus Vaccine Grant	–	–	–	–	–	–	–	–	13 264
Donations	–	–	–	–	438	438	1 997	1 856	1 967
Nedcare	–	–	–	–	438	438	1 751	1 856	1 967
Estate:Mr. NF Finkel	–	–	–	–	–	–	246	–	–
Financing	128 641	555 741	–	–	–	–	–	–	–
Departmental receipts	59 481	62 455	65 578	69 250	69 250	69 250	73 058	76 711	80 547
Total receipts	7 175 078	8 455 022	8 184 743	8 904 071	9 083 705	9 083 705	9 460 530	10 300 672	11 047 239

The MTEF allocation is made up of the equitable share, eight conditional grants, own revenue receipts and donations. The donations are from Netcare over the MTEF and from estate of Nahum Fivel Finkel to Job Shimankana Tabane Hospital only for 2016/17 financial year.

The budget allocation for the 2015/16 financial year amounted to R8.9 billion. Over the 2016 MTEF the department's budget allocation increases to R9.5 billion in 2016/17, R10.3billion in 2017/18 and R11 billion in 2018/19.

Conditional Grants

In the beginning of 2014/15, the two conditional grants, i.e. Health Infrastructure and Health Facility Revitalization were consolidated into one grant called the Health Facility Revitalisation grant.

Conditional grants increased to R2.1 billion in 2015/16 and decreased to R2 billion in 2016/17. The allocation then increases to R2.2 billion in 2017/18 and R2.4 billion in 2018/19.

Reductions in Conditional grants relate to Comprehensive HIV/Aids and TB grants which has been reduced over the MTEF by R216 million of which R176 million in 2016/17 and R40 million in 2017/18. However, the grant benefits additional funds to extend ART coverage and the TB scope is included in the grant. The Health Facility Revitalization Grant has also been reduced over the MTEF by R365.1 million.

In 2016/17 the National Health Insurance (NHI) Grant to provinces will come to an end as the effectiveness of this grant in preparing for the roll out of NHI has been quite opaque. Efficient NHI preparedness can be achieved from a more targeted approach. To this end, the National Health Insurance Grant is reconfigured over the MTEF to meet this objective.

Conditional Grants within the department of Health over the 2016 MTEF receive allocations as stated in the above table and the purpose of these conditional grants is as follows: -

Comprehensive HIV and AIDS grant: The grant serves to enable the Health Sector to develop an effective response to HIV and AIDS. Furthermore, to support the national department of Health (NDoH) with the President's Emergency Plan for AIDS Relief (PEPFAR) transition process.

National Tertiary Services grant: The grant is for the provision of tertiary health services in the North West Province and to compensate tertiary facilities for the additional costs associated with provision of these services.

Health Professions Training and Development grant: The grant seeks to fund service costs associated with training of health science trainees on the public service platform.

Health Facility Revitalization grant: The grant must help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health, including health technology, organizational design (OD) systems and quality assurance (QA) and to enhance capacity to deliver Health infrastructure.

National Health Insurance grant: The grant is to ensure test innovations in health service delivery and provision for implementing NHI, allowing each district to interpret and design innovations relevant to its specific context, in line with the vision for realizing universal health coverage for all. It further

serves to undertake health system strengthening activities in identified focus areas. It also serves to assess the effectiveness of interventions / activities undertaken in the districts funded through this grant.

Expanded Public Works Programme Integrated Grant to Provinces: The grant is to incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas in compliance with the EPWP guideline, amongst others, namely for other economic and social infrastructure.

Expanded Public Works Programme Incentive Grant to Provinces (Social Sector): The grant is to incentivise provincial social sector departments, identified in the 2014 social sector EPWP log frame to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential.

Human Papillomavirus Vaccine Component grant: The grant is to enable the health sector to prevent cervical cancer by making available HPV vaccination for grade 4 schoolgirls in all public and special schools.

6.2 Departmental receipts collection

Table 3.2 : Summary of departmental receipts collection

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
Tax receipts	-	-	-	-	-	-	-	-	-
Casino taxes	-	-	-	-	-	-	-	-	-
Horse racing taxes	-	-	-	-	-	-	-	-	-
Liquor licences	-	-	-	-	-	-	-	-	-
Motor vehicle licences	-	-	-	-	-	-	-	-	-
Sales of goods and services other than capital assets	51 966	56 385	57 729	67 250	67 250	67 285	68 746	72 288	75 867
Transfers received	-	-	-	-	-	-	-	-	-
Fines, penalties and forfeits	-	-	-	-	-	-	-	-	-
Interest, dividends and rent on land	-	-	-	-	-	-	-	-	-
Sales of capital assets	-	-	-	-	-	-	-	-	-
Transactions in financial assets and liabilities	4 763	-	6 931	2 000	2 000	6 345	4 312	4 423	4 680
Total departmental receipts	56 729	56 385	64 660	69 250	69 250	73 630	73 058	76 711	80 547

The revenue target of departmental receipts is informed largely by the CPIX index and the number of hospitals in the Province. The tariffs structure for patients' fees, which is decided by the National Department of Health, is aligned to the CPI index.

The Department collected slightly below the target in the financial year 2014/15 with 99 per cent. The slow response by the cash paying patients including the externally funded patients affected the recovery rate by the Department. Road Accident Fund had financial distress in the last quarter of the financial year and it could not afford to pay the invoices submitted within the financial year.

Departmental revenue is made up mainly of patient's fees followed by the Itokolle rental of health equipment. Colleges are no longer forming part of the departmental revenue stream because of the bursary scheme option adopted by the Department. There is a potential of under recovery due to the

reduction in the number of hospitals by converting them into Community Health Centres. This category of health institutions collect fees only from externally funded patients.

7. Payment summary

7.1 Key assumptions

Key assumptions underpinning the development of the 2016 MTEF Budgets include:

- Where feasible, CPI projections were used to calculate inflation related items. Revised inflation projections for cost of living are: 6.2 per cent in 2015/16, 6.2 per cent in 2016/17, 5.8 per cent in 2017/18 and 5.8 per cent in 2018/19.
- The Department started to earnestly contain expenditure on non-essential items such as travelling, catering, consultants and general administration in line with the 2013/14 National Treasury Instruction 01 on Cost Containment Measures, and allocated a greater share of Goods and Services budgets towards core areas of service delivery.
- Due to pronouncement of the Minister for Finance regarding filling of administration posts, the Department has allocated 66 per cent of the vote to Compensation of Employee over the MTEF, and this is in line of departmental quest with regards to trimming down administration.

The Department is responding to the following Priorities:

Ten (10) Priority Areas of the MTSF 2014-2019

- Universal Health coverage achieved through implementation of National Health Insurance
- Improved quality of health care
- Re-engineering of Primary Health Care
- Health care costs reduced
- Improved human resources for health
- Improved health management and leadership
- Improved health facility planning and infrastructure delivery
- HIV & AIDS and Tuberculosis prevented and successfully managed
- Maternal, infant and child mortality reduced
- Efficient Health Management Information System for improved decision making

The National Department of Health has identified the above items as core items to health service delivery and therefore the department has to monitor and report on spending monthly. The department has allocated to non-negotiable items over the MTEF to ensure continued monitoring and quality of services in health facilities.

During 2015/16 financial year, some funds were moved to other items to allow payments of accruals, only the non-negotiable items were adequately funded. Nonetheless, as of now, the entire budget has been ring fenced.

	Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2015/16			2016/17	2017/18	2018/19
ITEMS	R'000	R'000	R'000	R'000	R'000	R'000
1. NON-NEGOTIABLE COMPONENTS	1 601 721	1 651 553	1 790 574	1 753 949	1 855 678	1 963 308
1.1 Infection Control and Cleaning	69 229	72 766	74 213	77 277	81 760	86 502
1.2 Medical Supplies including Dry Dispensary	164 580	160 461	174 443	170 410	180 293	190 750
1.3 Medicines	304 013	247 384	276 351	262 722	277 960	294 081
1.4 Medical Waste	47 063	43 484	43 411	46 180	48 858	51 692
1.5 Laboratory Services: NHLS	208 895	278 018	297 296	295 255	312 380	330 498
1.6 Blood Supply and Services: (SANBS)	65 654	54 433	62 501	57 808	61 161	64 708
1.7 Medical Gas	9 786	26 082	20 550	27 699	29 306	31 005
1.8 Food Services and Relevant Supplies	131 758	130 333	140 338	138 414	146 442	154 935
1.9 Security Services	58 163	148 578	167 807	157 790	166 942	176 624
1.10 Laundry Services	5 391	9 867	8 473	10 479	11 087	11 730
1.11 Essential Equipment and Maintenance of Equipment	84 726	100 441	83 361	106 668	112 855	119 401
1.12 Infrastructure and Non-Infrastructure Maintenance	120 373	106 557	120 459	113 164	119 727	126 671
1.13 Childrens Vaccines	99 605	48 364	95 672	51 363	54 342	57 493
1.14 ARV'S	232 485	224 785	225 699	238 722	252 568	267 216
2. AIDS OBJECTIVE	1 029 484	1 029 484	1 029 484	1 127 523	1 295 768	1 455 157
3. Human Papillomavirus	-	-	-	-	-	13 779

Other Key Assumptions underpinning the development of the 2016 MTEF Budgets

7.1.1 Training

Department has been a participant in the South African / Cuban scholarship since 1998. The numbers sent then were few ranging from ten (10) to twenty two (22). In 2012, Government to Government Agreement between the Republic of Cuba and the Republic of South Africa was reviewed with the Cuban Government committing to register one thousand (1000) students per annum in their medical School. The Department heeded this call because of the rural nature of the Province and increased the number of recruits to over 400 to date. The breakdown is as follows:

- 2012 –eighty six (86) students recruited.
- 2013 – hundred and eighty eight (188) students recruited
- 2014 – one hundred and twenty seven (127) students recruited.
- 2015 – thirty one (31) students recruited.

7.1.2 Compensation of Employees

The department managed to balance the 2016/17 to 2018/19 MTEF to the revised baseline allocation, even though a number of additional and critical services may not be adequately funded. Efficiency measures will be implemented to secure funding should funding be inadequate.

A new organisational structure is being developed that is aligned to the allocated personnel budget, and should be finalised during 2016. This process may result in the downscaling of facilities as well as the possible closure of underperforming facilities, mainly clinics, CHCs and some smaller hospitals. The structures of all hospitals are based on the Ministerial gazette, but an amendment to this gazette is envisaged.

The moratorium on all appointments as issued by the DG of the province has serious implications for the department at service delivery points. It has resulted in an increase in overtime to ensure that the gaps left by those employees who left and not replaced are filled. Appointments of new staff will be considered based relevant approvals, availability offunds and the core service delivery points of the department to prevent stagnation. The replacements of clinical staff will be requested in terms of conditional grant funds for vacant funded posts when falling within the conditional grant framework. The non-filling of posts may place pressure on the staff both at the coal face as well as those supporting the health staff.

Imbalances in service structures and staff mix.

The changes in policy regarding staff mix as a result of changes in functions and strategies (e.g. NHI, PHC re-engineering) is being implemented in the new proposed budget aligned structure.

Summary of performance against Provincial Human Resource Plan

Current deployment of staff

Due to the budget constraints, as well as the current approved structure not being aligned to the budget, filling of posts and distribution of staff is done by means of design, but on an ad hoc basis. The department will correct this situation when the new structure is implemented.

Accuracy of staff establishment at all level against service requirements:

The current approved structure was implemented in Jan 2008. Service delivery changes as well as strategies that changed since then were addressed by means of amendments to the structure. However, these amendments did not address the whole spectrum of changes and this can only be addressed by the full revision of the structure, which is currently underway. The department is aligning the structure towards Primary Health Care to ensure that proper services are rendered at this level.

Staff recruitment and retention systems and challenges

The recruitment and retention of non-OSD staff is not limited by regulation, but only by budget. However, OSD staff remuneration is limited by regulation and retention and recruitment measures

outside of remuneration is the only available path, which is also limited in its application, such as housing, leave, bonus's etc.

Absenteeism and staff turnovers

The categories of staff of nursing, allied health and general support staff took the highest amount of leave, while EMS and medical took a lower amount of leave. This is an indication of the budget constraints which result in less staffing at service points resulting in overworked staff which get sick at an increased rate.

In the 2014/2015 financial year, the turnover rate increased from 16 per cent to 20.7 per cent. This is an indication that an increased number of staff is either unhappy about the conditions in the department and/or is seeking greener grass outside. The impact is increased expenditure to replace these officials, sometimes with less experienced officials which might not perform on the same level of those they replaced.

Human resource information from the Provincial District Health Expenditure Review (DHER) summary could also be used as a resource for this section of the plan

Progress on the rollout of the Workload Indicators Staffing Need (WISN) tool and methodology.

Due to capacity and budget constraints, the roll-out of the WISN program has been limited, and only Dr KK saw a reasonable presence of officials dealing with this program. Some progress is also being registered at Job ShimankanaTabane (JST) hospital in Bojanala. The programme has since been rolled out to other sub-districts.

7.2 Programme summary

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. Administration	237 410	256 567	269 418	286 120	317 401	317 401	329 730	339 784	333 714
2. District Health Services	3 648 331	4 167 183	4 408 279	4 670 399	4 728 087	4 818 690	4 940 426	5 489 088	6 036 488
3. Emergency Medical Services	229 706	263 660	255 515	293 372	293 991	338 831	305 969	320 439	332 326
4. Provincial Hospital Services	1 788 728	2 036 212	2 217 643	1 284 576	1 304 627	1 390 364	1 391 252	1 575 258	1 695 977
5. Central Hospital Services	192 812	243 385	237 261	1 109 787	1 236 907	1 322 359	1 320 323	1 330 794	1 446 072
6. Health Science And Training	242 110	305 311	276 190	313 548	291 091	339 246	393 564	444 586	391 633
7. Health Care Support Services	106 464	126 245	124 536	149 195	138 343	136 353	234 154	238 866	195 420
8. Health Facilities And Maintenance	575 273	994 914	584 011	797 074	773 258	773 646	545 112	561 857	615 609
Total payments and estimates	7 020 834	8 393 477	8 372 853	8 904 071	9 083 705	9 436 890	9 460 530	10 300 672	11 047 239

*Includes MEC remuneration: R1.913 million in 2016/17, R2.008 million in 2017/18, R2.109 million in 2018/19

The overall budget of the department consists of eight programmes as indicated above including eight conditional grants allocation.

Budget Allocation and Additional funding since 2012/13- 2018/19 MTEF

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

2013/14: Within the 2013/14 adjusted Appropriation, additional once off allocation for R260 million was received from the Provincial Treasury in order to assist the department to mitigate the overspending on personnel as well as R390 million being budget for purchasing of new office park which hosted all provincial staff members and two sub districts from Ngaka Modiri Molema District. The Department had adjusted appropriation of R8.4 billion, of which R8.4 billion was spent leaving overspending of R59 million where R17 million was for unspent conditional grant (Hospital Revitalisation). Roll over of funds was requested and approved during 2014/15 financial year.

2014/15: Main appropriation for 2014/15 was R8.2 billion, a decrease by 0.2 per cent as compared to 2013/14 financial allocation. The decrease was mainly due to the once-off allocation not being carried forward over the MTEF. An amount of R14 million was allocated to the Department during adjustment period to Health Infrastructure Grant for renovations of Exelsius Nursing College. Furthermore, rollover of R17 million was included and R20 million was reduced from the Departmental Vote. Overspending on Compensation of Employees was not allocated anything despite the fact that the projected overspending on this economic classification was reported. The allocation for Goods and Services was so tight that there were no funds available to be shifted to Compensation of Employee except at the end of 2014/15 were some funds where shifted to reduce overspending on this Economic Classification. The equitable share allocation overspent with R259 million in Programme 2 and programme 4. Two Conditional Grants namely Health Infrastructure and National Health Insurance both underspent by R18 million in 2014/15 and rollover of funds was requested. The department requested for rollover of R20 million on equitable share for payments of ambulances that were delivered late and maintenance that was completed on closure.

2015/16: The main appropriation for 2015/16 was R8.9 billion, an increase of 8 per cent. The increased funds are allocated to Compensation of Employees, thus Goods and Services for 2015/16 is less with 8 per cent. This left the department with inadequate budget to pay the accruals amounting to R750 million. To prevent that some critical items not being paid, efficiency measures and reprioritization strategies were implemented during the financial year.

During the 2015/16 Adjusted Appropriation, additional funding of R179.6 million has been made to the departments' main appropriation and was allocated as follows:

Compensation of Employees: The allocated amount of R100 million came as a result of 7 per cent which is 0.8 per cent points higher than the projected 6.2 per cent provided for the main budget. In addition to the 7 per cent increase, the housing allowance was increased from R900.00 to R1 200.00 per month.

Goods and Services: Since the Department had the largest amount of accruals, R60.7 million will assist to pay for some critical services e.g. water and lights.

Roll overs: Health Hospital Revitalisation Grant received R17.7 million and National Health Insurance Grants received R834 thousand as a roll over as a result of unspent funds for outstanding services that could not be completed before year end.

Net Care (Donation): Our partners in Health have signed the SLA with the Department to fund two Registrars with effect from January 2016 amounting to R438 thousand.

2016/17: The main appropriation for 2016/17 is R9.5 billion, an increase of 4 per cent. The increased funds are directed to Compensation of Employees and Goods and Services increased between 3 per cent and 8 per cent. These allocated increases will pay accruals and the remaining funds will be directed to new mandates and other core items. The department also prioritised some funds for Cuban Medical Students. In total, R200 million has to be allocated to this programme and the department has only allocated 60 per cent and directed funds to other key services.

The pharmaceutical budget has also been moved from District Health Services (Programme 2) to Health Care Support Services (Programme 7) where it is managed as a medicine trading account. The Compensation of Employees (COE) has been allocated 66 per cent over the MTEF due to trimming down of Administration wing and savings thereof will be directed to other programmes.

2016 MTEF

Subsequent to the tabling of the 2016 Medium Term Budget Policy Statement (MTBPS) in October 2015, the national economic growth has been revised downwards and the equitable share and conditional grants allocation funding reduced. The budget reduction is targeted at inefficiencies in the system, especially the non-core spending and the compensation of employees which is currently threatening to overcrowd other spending priorities.

The departmental allocation for the 2016/17 financial year has been protected from the January budget cut. The equitable share allocation also make provision for an amount of R40 million for the Emergency Medical Service in 2016/17, which seeks to improve access to the emergency care in the province in meeting the Constitutional rights of the community.

Furthermore, the Executive Council resolved to suspend the construction of new clinics: Maquassie CHC, Jouberton CHC, and General Delarey Hospital and to direct funding towards maintenance of existing facilities. The equitable share funding earmarked for the maintenance must therefore be directed towards payment of accruals.

The Department of Health receives a budget allocation of R9.5 billion for 2016/17, increasing to R10.3 billion for 2017/18 and further increases to R11 billion in 2018/19 financial year.

Summary of Donor Funds

R1.8 million, R1.9 million and R1.9 million were allocated over the MTEF as a donation received from Net care to fund 4 Registrar Posts for a period of four years. Another donation of R246 thousand were received from the Estate of Nahum Five Finke for Job Shimankane Hospital.

7.3 Summary of economic classification

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

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2012/13	2013/14	2014/15	2015/16	2015/16	2015/16	2016/17	2017/18	2018/19
Current payments	6 236 000	7 232 307	7 677 293	7 996 240	8 204 264	8 481 523	8 657 359	9 424 886	10 199 888
Compensation of employees	4 129 321	4 860 617	5 389 881	5 834 800	5 933 920	5 832 903	6 198 704	6 839 078	7 108 385
Goods and services	2 106 501	2 371 382	2 286 569	2 159 368	2 268 754	2 647 030	2 457 454	2 585 008	3 090 657
Interest and rent on land	178	308	843	2 072	1 590	1 590	1 201	800	846
Transfers and subsidies to:	184 939	122 454	115 783	100 039	113 926	215 839	191 837	246 871	165 849
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	3 900	-	3 215	10 325	10 429	10 429	16 762	21 623	24 877
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	127 637	1 549	-	-	8 718	9 688	-	-	-
Households	53 402	120 905	112 568	89 714	94 779	195 722	175 075	225 248	140 972
Payments for capital assets	599 895	1 038 716	579 777	807 792	765 515	739 528	611 334	628 915	681 502
Buildings and other fixed structures	487 879	904 094	475 338	668 897	638 275	611 847	467 731	445 058	492 036
Machinery and equipment	112 016	134 622	104 439	138 895	127 240	127 681	143 603	183 857	189 466
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	7 020 834	8 393 477	8 372 853	8 904 071	9 083 705	9 436 890	9 460 530	10 300 672	11 047 239

Current Payments

The allocation for current payments (includes compensation of employees, goods and services and interest and rent on land) increase from R7.2 billion in 2013/14 to R7.7 billion in 2014/15; R8 billion in 2015/16 and adjusted to R8.2 billion, increased to R8.7 billion, in 2016/17, increased to R9.4 billion in 2017/18 and R10.2 billion in the outer year.

Actual expenditure of Compensation for 2012/13 grew between 0.9 per cent to 17.7 per cent in 2013/14 because of relocating payments for community care givers, who were previously paid from Transfers and Subsidies through NGOs, to compensation of employees, and a budget of R130 million

was shifted from transfer payments to compensation of employees. Negotiations are underway to shift back payments of these Community Care Givers to Transfers and Subsidies.

The budget allocation for personnel increased from R4.1 billion in 2012/13 to R4.9 billion in 2013/14, R5.4 billion in 2014/15 to R5.8 billion in 2015/16; and further increases to R6.2 billion, R6.8 billion, and R7.1 billion over the MTEF. The Department adjusted the allocations from 2015/16 to 2017/18 to accommodate personnel costs. Expenditure in the second quarter of 2015/16 was below the target with 2 per cent due to the moratorium of filling of post since third quarter of 2014/15. In addition, there are some outstanding pay progression payments for the previous years that have not been processed.

The extreme high vacancy rate in clinical occupations is a cause of concern, as the core services are rendered by clinicians. Posts that become vacant must be considered crucial to be filled and must be funded within the allocated budget to prevent overspending on COE. Critical health practitioner posts must be funded and where funded vacant positions for doctors and nurses exists or become available, health professionals with bursary obligations may be considered to be retained to prevent loss to other provinces. Hence the department is realigning its organizational structure to the allocated budget. In addition the rationalization of facilities and placement of staff will also be considered.

The department managed to balance the 2016/17 to 2018/19 MTEF to the revised baseline allocation, a number of additional and critical services are however not adequately funded in 2016/17.

A new organisational structure is being developed that is aligned to the allocated personnel budget, and should be finalised during 2016. This process may result in the downscaling of facilities as well as the possible closure of underperforming facilities, mainly clinics, CHCs and some smaller hospitals. The structures of all hospitals are based on the Ministerial gazette, but an amendment to this gazette is envisaged.

The moratorium on all appointments as issued by the DG of the province has serious implications for the department at service delivery points. It has resulted in an increase in overtime to ensure that the gaps left by those employees who left and not replaced are filled. The Department do not envisage filling any new posts except those funded from conditional grants. Replacement of critical skills will be prioritized over filling of support post.

Goods and Services

Spending on Goods and Services increased substantially to 12.6 per cent in 2013/14. During 2014/15 financial year, an amount of R110 million was shifted from this economic classification to COE to reduce shortage and this translates to 1 per cent increase on this economic classification as compared to 2013/14 final allocation. Between 2016/17 and 2017/18 allocation does not bear negative growth. This increase is primarily related to the increase in demand for health services, the

high rate of inflation on medical supplies and services. Other contributing factors are the increased MDR/XDR TB units, specific projects mentioned by MEC in the budget speech such as the reduction of infant and child mortality through immunization, awareness of activities to reduce chronic illness to employees and the community, branding of ideal clinic without and additional funding received.

The 2015/16 MTEF includes additional funding for ARV treatment, the carry-through costs of national priority initiatives, acceleration in the day-to-day maintenance of existing facilities, as well as inflationary adjustments.

The department has reviewed the allocation of goods and services and identified funds that had been shifted from non-core items to Compensation of Employees over the MTEF, further shift from goods and services will lead to poor service delivery i.e. hospitals and clinics will have employees with no medicines or food for the patients.

Other items which had an impact on costs for Goods and Services include, high costs of rendering outsourced security in facilities across the province i.e. (clinics, CHC's, hospitals, offices and colleges), increase in costs for catering patients, fleet services (All government owned vehicles). Medicines, laboratory services and medical suppliers have been prioritized when preparing the budget; however, funds will not be sufficient to sustain the remainder of the financial year by looking at the annual price increase of these critical items. These economic classification items were seriously affected by accruals amounting to R572 million for 2014/15.

Transfers and Subsidies

The allocation for transfers and subsidies decreases from R185 million in 2012/13 to R122.5 million in 2013/14, R115.8 million in 2014/15, R215.8 million in 2015/16, R191.8 million and R246.9 million and R165.8 million over the MTEF. The increase was vital to cater for more than 400 Cuban medical students and other health professionals studying in the country, social benefits and skills levy that is been calculated up to 30 per cent SETA/s – One Third for Administration and Two thirds to fund discretionary Projects amounting to R20 million Levy for the Department per annum.

Capital payments

Capital payments has spending outcome of R904 million on building and other fixed structures in 2013/14, which included a once off allocation of R390 million for purchasing of office park for provincial office. Capital payments budget then decreases to R579.8 million in 2014/15, increased to R739.5 million in 2015/16 and then decrease to R611.3 million in 2016/17, R628.9 million and R681.5 million in the two outer years. Included under capital payments is the allocation for Machinery and equipment of R143.6 million, R183.9 million and R189.5 million over the MTEF.

7.4 Infrastructure payments

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
Existing infrastructure assets	185 280	217 096	179 612	431 445	397 351	397 351	310 394	333 146	344 546
Maintenance and repair	43 557	51 833	48 737	96 856	62 762	62 762	91 881	102 412	117 000
Upgrades and additions	141 723	165 263	126 788	273 657	273 657	273 657	189 105	224 234	143 446
Refurbishment and rehabilitation	-	-	4 087	60 932	60 932	60 932	29 408	6 500	84 100
New infrastructure assets	389 987	777 820	404 393	365 629	342 685	373 907	232 718	228 711	271 063
Infrastructure transfers	-	-	-	-	-	-	-	-	-
Current	-	-	-	-	-	-	-	-	-
Capital	-	-	-	-	-	-	-	-	-
Infrastructure payments for financial assets	-	-	-	-	-	-	-	-	-
Infrastructure leases	-	-	-	-	-	-	-	-	-
Total department infrastructure	575 267	994 916	584 005	797 074	740 036	771 258	543 112	561 857	615 609

Spending for 2012/13 was R575.3 million and increases to R994.9 million in 2013/14. The budget decreases to R584 million in 2014/15 due to once off allocation for purchasing of the New Office Park, including the rollover of R17 million and additional allocation of R14 million for upgrading of Excelsius College. The budget then increases to R771.3 million in 2015/16, decrease to R543.1million in 2016/17, then R561.9 million in 2017/18 and increased to R615.6million in 2018/19.

7.4.1 Departmental infrastructure payments

Refer to Table B5

7.4.2 Maintenance (Table B 5)

The maintenance of health facilities is an important national priority to ensure that the infrastructure investment is maintained and meets basic community requirements as well as related staff retention initiatives. The services are routinely sourced at a local level thus providing employment in the districts, as most of the health facilities are placed in a decentralized manner to reach coverage of all communities in the province. Maintenance spending is within the Grant as per Dora Framework and also on equitable share.

7.5 Departmental Public-Private Partnership (PPP) projects

The Department does not have PPP projects.

7.6 Transfers

7.6.1 Transfers to public entities

None

7.6.2 Transfers to other entities

Table 3.6 : Summary of departmental transfers to other entities

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
Ragoga	7 007	-	-	-	-	-	-	-	-
Ditamelwa Trading Enterprise	20 709	-	-	-	-	-	-	-	-
Roucomp System	45 307	1 549	-	-	-	-	-	-	-
Masedi Project	30 513	-	-	-	-	-	-	-	-
Life Line	8 491	-	-	-	-	-	-	-	-
Mpho ya bophelo	8 963	-	-	-	-	-	-	-	-
Life Line Rustenburg	6 489	-	-	-	-	-	-	-	-
North West Life Line	-	-	-	-	-	-	-	-	-
Skills development Levy	3 900	-	-	-	-	-	-	-	-
High Education institutions	16 760	-	-	-	-	-	-	-	-
Tapologo	-	-	-	-	8 718	8 718	-	-	-
Total departmental transfers	148 139	1 549	-	-	8 718	8 718	-	-	-

From 2013/14 all Community Health Workers were linked to PERSAL. During 2015/16 the department transferred R8.7 million from Compensation of Employees to Transfers and Subsidies to enable transfer of funds to the affected partners of PEPFAR based directive from National Department of Health, this was assessed by Provincial Treasury and eventually approved the movement.

7.6.3 Transfers to local government

None

8. Receipts and retentions

Not applicable

9. Programme description

The different programmes are presented in this section, beginning with an overall description of respective programmes and their objectives, which are measurable. Policy developments specific to each programme is detailed here. Most of the information in this section is relating to the information in the strategic and annual performance plans.

Administration has an internal focus. It performs a support function to the various programmes within a Vote, while all the other programmes deliver particular services to communities.

After the introduction of the programme, each sub-programme is discussed briefly, showing the receipt and payment estimates.

The following Tables provides a summary of departmental payments by sub-programme and the underneath provides for the breakdown of payments by economic classification.

Programme 1: Administration**Purpose**

The aim of the Programme is to provide strategic management and administrative support to all departmental programmes. The Programme's function is also to ensure that health services are rendered in accordance with approved policies and that comprehensive health care services are coordinated in the Province.

The Programme has two sub-programmes namely, Office of the MEC and Management.

Priorities	Priority Indicators
Adequate competent staff (Human resource)	<ul style="list-style-type: none"> Number of medical officers per 100 000 people Number of professional nurses per 100 000 people Number of pharmacists per 100 000 people
To strengthen health information systems	Percentage of Health facilities assessed for compliance to Information Management Tools
Strengthen financial and supply chain management	Unqualified Audit opinion from Auditor General South Africa

Strategic objectives of Administration

- Improve the quality of care by setting and monitoring national norms and standards, improving system for user feedback, increasing safety in health care, and by improving clinical governance.
- Improve financial management by improving capacity, contract management, revenue collection and supply chain management
- Improve human resources for health by ensuring appropriate appointments, adequate training and accountability measures.
- Develop an efficient health management information system for improved decision-making

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. Office Of The Mec	7 200	8 099	7 673	7 981	8 231	8 231	7 701	8 044	8 511
2. Management	230 210	248 468	261 745	278 139	309 170	309 170	322 029	331 740	325 203
Total payments and estimates	237 410	256 567	269 418	286 120	317 401	317 401	329 730	339 784	333 714

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
Current payments	229 457	234 001	251 123	267 608	302 553	302 554	307 879	320 488	313 299
Compensation of employees	129 930	153 242	174 062	184 620	189 120	189 120	190 247	220 547	220 643
Goods and services	99 498	80 759	76 965	82 978	113 303	113 304	117 432	99 941	92 656
Interest and rent on land	29	–	96	10	130	130	200	–	–
Transfers and subsidies to:	5 596	10 974	13 785	14 512	14 643	14 643	13 069	13 724	14 520
Provinces and municipalities	–	–	–	–	–	–	–	–	–
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	5 596	10 974	13 785	14 512	14 643	14 643	13 069	13 724	14 520
Payments for capital assets	2 357	11 592	4 510	4 000	205	204	8 782	5 572	5 895
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	2 357	11 592	4 510	4 000	205	204	8 782	5 572	5 895
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification	237 410	256 567	269 418	286 120	317 401	317 401	329 730	339 784	333 714

The programme has been allocated R317.4 million in 2015/16 due to funds that were shifted from Machinery and Equipment to assist in allowing payments of accruals. R329.7 million will be allocated for 2016/17, R339 .8 million for 2017/18 and R333.7 million for the outer year.

Sub-Programmes

Sub-programme 1: Office of the MEC is allocated 3 per cent of the adjusted budget of R7.7 million of the total budget of the programme in 2014/15. The adjusted allocation for the Sub- programme in 2015/16 is R8.2 million, R7.7 million in 2016/17, R8 million in 2017/18 and R8.5 million in 2018/19.MEC's salary is inclusive in the allocation. The MEC's office is supporting the Political Head of the Department with all activities.

Sub-programme 2: Management is allocated R261.7 million of the adjusted budget of the programme in 2014/15. The adjusted allocation for 2015/16 is R309.2 million and R322 million in 2016/17, R331.7 million in 2017/18 and R325.2 million in 2018/19.The allocation of this sub-programme cannot be decreased as it is responsible for payments of all services namely electricity, telephone, cleaning and security services etc. including payment for shared services for 6 programmes and 2 Sub District Offices that are hosted in Office Park.

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

Compensation of Employees

The allocation has been increased to R184.6 million in 2015/16, R190.2 million in 2016/17, R220.5 million in 2017/18 and R220.6 million in 2018/19 for the salaries including the Political Head.

Goods and Services

The budget increases from R77 million in 2014/15 to R83 million in 2015/16, R117.4 million in 2016/17, R99.9 million for 2017/18 and R92.7 million in 2018/19. The increase is caused by high costs of security, cleaning materials, stationery, electricity, telephones etc. for the entire Office Park.

There was a budget pressure in this economic classification in 2014/15 due to accruals and the prioritised items for 2016/17 are Property Payments (including Security and Cleaning Services, Communication since Programme 1 services all occupants in the building)

Transfers and Subsidies

The allocation increased from R13.8 million in 2014/15 to R14.5 million in 2015/16 and dropped to R13.1 million in 2016/17, R13.7 million in 2017/18 and increased to R14, 5 million in 2018/19. The cost driver in this economic classification is payment of litigations for the entire department which is not always sufficient. This item is administered in Programme 1.

Machinery and Equipment

The allocation is decreased from R4.5 million in 2014/15 to R4 million in 2015/16, increased to R8.8 million in 2016/17 and further decreased to R5.6 million in 2017/18 and R5.9 million in 2018/19; the reduction is attributed by the fact that the New Office Park has been fitted with new furniture in 2013/14.

Service delivery Measures

Programme Performance Indicators	Medium-term targets		
	2016/17	2017/18	2018/19
Number of hospitals complying with minimum physical security standards	5	11	19
Percentage of Sub –KPA receiving a score of three or more in the MPAT report	60%	70%	80%
Audit Opinion from Auditor General of South Africa (AGSA)	unqualified	unqualified	unqualified
Number of Medical officers per 100 000 people	20	21	22
Number of Professional nurses per 100 000 people	125	126	127
Number of pharmacists per 100 000 people	8	9	10
Percentage of facilities on Ideal clinic program complying to information	40%	50%	75%

management tool			
Percentage of APP targets achieved	≥60%	≥70%	≥75%
Number of hospitals complying to records management systems	7	12	16

Programme 2: District Health Services

Purpose

The purpose of the Programme is to provide accelerated promotive, preventive, curative and rehabilitative health care services in an accessible, affordable, integrated manner. This will be achieved through rural development, effective partnerships in an equitable, dynamic, efficient, effective and unified District Health System.

Priorities	Priority Indicators
PHC Re-engineering	<ul style="list-style-type: none"> School Grade 1 screening coverage (annualised) OHV registration visit coverage (annualised)
T 90 strategy	<ul style="list-style-type: none"> 90% of people living with HIV know their status tested 90% of people with diagnosed HIV infection put on treatment 90% of people on ART to be virally suppressed Adults remaining on ART – Total Total Children (under 15 years) remaining on ART – Total 90% TB success rate
CARMMA	<ul style="list-style-type: none"> Immunisation coverage under 1 year (Annualised) Maternal mortality in facilities Ratio (MMR) Inpatient early neonatal death rate Human Papilloma Virus Vaccine 1st dose coverage Human Papilloma Virus Vaccine 2nd dose coverage Infant 1st PCR test positive around 10 weeks rate Cervical cancer screening coverage(annualised)
Quality health services	<ul style="list-style-type: none"> Percentage of targeted fixed PHC Facilities scoring above 70% on the ideal clinic dashboard NCS self-assessment rate

Priorities	Priority Indicators
	<ul style="list-style-type: none"> Patient Satisfaction rate
Reduction of mortality and morbidity in communicable and non-communicable diseases.	<ul style="list-style-type: none"> Clients screened for hypertension Clients screened for diabetes Malaria case fatality rate Clients screened for mental health

Programme Strategic Objectives

- To scale up combination of prevention interventions to reduce new infections including HCT, Male Medical Circumcision and condom distribution.
- Improve the effectiveness and efficiency of routine TB Control programme
- To improve the functioning of the MDR-TB control programme including early initiation and decentralised treatment.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
1. District Management	345 518	386 744	402 079	400 675	453 733	453 745	422 495	438 103	465 007
2. Community Based Services	5 369	19 430	12 813	16 500	16 500	16 499	8 980	9 213	9 747
3. Community Health Centres	674 530	750 406	829 620	900 300	975 418	1 016 756	1 024 339	1 128 163	1 322 624
4. Other Community Services	140 275	161 618	188 494	169 397	177 672	221 276	210 797	238 408	267 246
5. Hiv/ Aids	730 849	911 094	953 848	1 027 316	1 025 316	1 025 316	1 140 067	1 295 768	1 455 157
6. Nutrition	11 773	9 062	9 205	6 176	6 176	6 176	4 472	4 686	4 458
7. Community Health Clinics	740 494	824 300	862 356	895 548	889 722	889 778	992 294	1 002 798	1 083 559
8. Coroner Services	26 302	41 144	38 402	37 966	41 383	47 762	44 061	19 588	45 641
9. District Hospitals	973 221	1 063 385	1 111 462	1 216 521	1 142 167	1 141 382	1 092 921	1 352 361	1 383 049
Total payments and estimates	3 648 331	4 167 183	4 408 279	4 670 399	4 728 087	4 818 690	4 940 426	5 489 088	6 036 488

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15		2015/16		2016/17	2017/18	2018/19
Current payments	3 473 252	4 120 567	4 356 703	4 631 431	4 698 566	4 774 066	4 898 038	5 426 011	5 971 632
Compensation of employees	2 264 102	2 758 982	3 087 921	3 490 786	3 468 344	3 398 344	3 579 815	3 969 869	4 124 331
Goods and services	1 209 053	1 361 339	1 268 555	1 140 076	1 229 615	1 375 120	1 317 624	1 455 513	1 846 636
Interest and rent on land	97	246	227	569	607	602	599	629	665
Transfers and subsidies to:	142 633	13 601	21 910	4 993	14 672	29 704	8 307	19 520	18 537
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	127 637	1 549	-	-	8 718	9 688	-	-	-
Households	14 996	12 052	21 910	4 993	5 954	20 016	8 307	19 520	18 537
Payments for capital assets	32 446	33 015	29 666	33 975	14 849	14 920	34 081	43 557	46 319
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	32 446	33 015	29 666	33 975	14 849	14 920	34 081	43 557	46 319
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	3 648 331	4 167 183	4 408 279	4 670 399	4 728 087	4 818 690	4 940 426	5 489 088	6 036 488

Main appropriation for 2015/16 was R4.7 billion and revised allocation of R4.8 billion, this increase was attributed by shifts that were made from Machinery and Equipment and Centralised and District Management in order to facilitate payments of accruals at the districts. R4.9 billion is allocated for 2016/17, R5.5 billion for 2017/18 and R6 billion for 2018/19. The allocations include two conditional grants namely HIV/AIDS and National Health Insurance Fund. No funds were available to sustain PHC Re-engineering from 2016/17, however, both grants will continue to assist activities.

As a mechanism to improve district health services, the department will implement PHC re-engineering. The re-engineering of Primary Health Care (PHC) aims to increase access of health services to the general public and to improve the quality of health services in general. In ensuring effective implementation and monitoring, the programme is divided into three streams, which are the Ward Based PHC Outreach Teams for each electoral ward; strengthening school health services; and district based Clinical Specialist Teams with an initial focus on improving maternal and child health.

Complementary to PHC re-engineering, the Ideal Clinic programme was initiated to systematically improve Primary Health Care (PHC) facilities and the quality of care they provide. Typically, the purpose of a health facility is to promote health and prevent illness and further complications through early detection, treatment and appropriate referral. An Ideal Clinic is defined as a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes, and sufficient adequate bulk supplies. It uses applicable clinical policies, protocols and guidelines, and it harnesses partner and stakeholder support. All these things contribute to ensure the provision of good-quality health services to the community. An Ideal Clinic also collaborates with other government departments, the private sector and non-governmental organisation to address the social determinants of health. The department has targeted around 100 health facilities for this initiative.

The six ministerial priorities will also become the vehicle of ensuring better provision of quality health care. The department will also focus on ensuring efficient management of district hospitals.

The department is also in a drive to implement the 90-90-90 Strategic for both TB and HIV. This strategy seeks to ensure that by 2020, 90 per cent of all people living with HIV will know their HIV status, 90 per cent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and that 90 per cent of all people receiving antiretroviral therapy will have viral suppression. This strategy is the premises from which the department will set its targets and manage TB, HIV and AIDS.

One of the projects introduced by the department to improve MCWH&N in the province is CARMMA. The Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) is an African Union Commission (AUC) and UNFPA initiative for the reduction of maternal mortality in the Africa region. CARMMA was initiated by the AUC in recognition of the daunting challenge of reducing maternal mortality and promoting Sexual and Reproductive Health and Rights. The IMCI strategy for promoting child health is still a major intervention mode of reducing childhood mortality and morbidity.

This will be achieved by intensifying immunization programmes, better management of child illnesses to reduce mortality rate and management of HIV and AIDS.

The department normally conduct awareness campaigns, wellness activities and educational drives on the risk associated with unhealthy living as a measure to control the burden of disease in the province. As a measure of managing chronic diseases, the department will introduce the chronic care model. The Chronic Care Model (CCM) identifies the essential elements of a health care system that encourage high-quality chronic disease care. These elements are the community, the health system, self-management support, delivery system design, decision support and clinical information systems. It seeks to introduce other entities other than the health care facilities in the provision of chronic medication. This model will strengthen compliance of patients to treatment protocol.

Sub Programme District Hospital Services

The purpose of the sub-programme is to ensure the implementation of the full package of hospital services as part of improving access to quality of health services. The department will implement government gazette on hospital categorisation as part of ensuring equity on hospital services. This has resulted in the reduction of district hospitals to 12 in the province but also ensuring equitable distribution of resource. The six ministerial priorities will also become the vehicle of ensuring better provision of quality health care. The department will also focus on ensuring efficient management of district hospitals.

HIV & AIDS, STI & TB CONTROL (HAST)

The purpose of the sub-programme is to combat HIV&AIDS through preventative, treatment, care and support services and improve health outcomes. This play a major role for the department to develop an effective response to the HIV and AIDS epidemic and TB. The increasing number of patients on ARV treatment has implications for more budgets on medicines, laboratory tests and personnel for ART sites and even for programmes such as VCT, PMTCT, Home Based Care and Step Down. The demand on drugs and blood services continues to grow as a response to curb HIV/AIDS as well as TB. The department is now able to detect TB patients as a result increase demand for treatment and care.

The department is also in a drive to the implement the 90-90-90 Strategic for both TB and HIV. This strategy seek to ensure that by 2020, 90% of all people living with HIV will know their HIV status, 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy and that 90% of all people receiving antiretroviral therapy will have viral suppression. This strategy is the premises from which the department will set its targets and manage TB, HIV and AIDS.

Maternal, Child and Women's Health and Nutrition (MCWH&N)

The purpose is to reduce morbidity and mortality of women, new born and children through prevention of diseases and promotion of healthy lifestyle through integrated high quality health services. The sub-programme includes provision of immunization to children below five years as part of preventative strategy to disease. This increase child survival rate and reduce mortality in children. Maternal care is an integral service provided with the sub-programme. This includes ante-natal and post-natal care. The department has been doing well on this service. School health services have been improved and it also forms a vital programme for prevention and early detection of diseases. It also promotes healthy lifestyle among teenagers.

One of the projects introduced by the department to improve MCWH&N in the province is CARMMA. The Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA) is an African Union Commission (AUC) and UNFPA initiative for the reduction of maternal mortality in the Africa region. CARMMA was initiated by the AUC in recognition of the daunting challenge of reducing maternal mortality and promoting Sexual and Reproductive Health and Rights. The IMCI strategy for promoting child health is still a major intervention mode of reducing childhood mortality and morbidity. This will be achieved by intensifying immunization programmes, better management of child illnesses to reduce mortality rate and management of HIV and AIDS.

Sub-programme 1: District Management, final allocation for the sub programme was R402.1 million of the adjustment budget in 2014/15, the allocation was revised to R453.8 million in 2015/16, R422.5 million in 2016/17, R438.1 million in 2017/18, R465 million in 2018/19.

District Specialist teams are linked to sub programme and are trained to conduct community health work at a household level. Personnel costs will continue to increase for this objective to be achieved which will have the effect of increasing employment levels and reducing poverty at a community level.

Sub-programme 2: Final allocation for Community based services was R12.8 million in 2014/15, R16.5 million in 2015/16, R9 million in 2016/17, R9.2 million in 2017/18 and R9.7 million in 2018/19. The Earmarked funds for PHC re-engineering was only allocated from 2012/13 to 2015/16 (three financial years) Funds were used to address needs for WBOTS.

Vision 2025 provides for the Department to focus on preventative/primary Health care. A range of projects has been initiated to support the focus.

The shift of the Department towards PHC reflects under this Sub-programme (R681 million). Examples of such projects are as follow:

- Full implementation of WBOT in all the districts of the Province
- Implementation of Central Chronic Medication Dispensing and Distribution (CCMDD) Project to provide chronic medicine to stable patients as close as possible to their homes.
- Making use of sub-district initiatives to distribute the chronic medicine from local pick up points (PUP's) that aligns with the VTSD priority of the province.

Sub-programme 3: Community Health Centres: The sub programme is rendering full package of services to reduce self-referrals to hospitals. This sub programme's allocation is R829.6 million in 2014/15, R1 billion in 2015/16, R1 billion in 2016/17, R 1.1 billion in 2017/18 and R1.3 billion in 2018/19. Community Health Centres are the link between the Community Health Clinics and Hospitals and most of them are operating 24 hours.

Sub-programme 4: Other community services, the allocated funds were R188.5 million in 2014/15, increased to R221.3 million in 2015/16, R210.8 million in 2016/17, R238.4 million in 2017/18 and R267.2 million in 2018/19. There are 784 estimated Community Service Health Professionals who joined the Department during 2015/16. The bulk of the allocation is paying salaries and part is allocated to Goods and Services.

The growth in the sub programme does not cater for the entire number of health professionals within the Province and most of them are bursary holders.

Sub-programme 5: HIV/AIDS was allocated R953.8 million in 2014/15, R1.3 billion in 2015/16, R1.1 billion in 2016/17, R1.3 billion in 2017/18 and R1.5 billion in 2018/19. HIV/AIDS Conditional Grant has allocated funds into 11 programmes to be able to quantify activities as planned and to monitor performance in terms of set targets and indicators.

- **Inter facility Ambulance Service:** This serves to contract Private Ambulance services to provide prompt response for obstetric cases. The service will be provided in the entire district within the province and it will be serving the purpose of improved response turnaround time. The affected level four item is Agency and Outsourced: Professional staff with the total cost of R36 million for 2016/17.
- **Distribution of Chronic Medication:** This refers to contracting service providers to deliver chronic medication to all patients in the province. This will serve the purpose of reducing the burden of dispensing chronic medication to the facilities. The process will therefore benefit both the patient and the health facilities by improving adherence. The affected level four item is Agency and Outsourced: Professional staff with the total cost of R5.4 million for 2016/17
- **Private Provider Commissioning:** Private General Practitioners will be contracted to manage public facility patients at a fee and provide comprehensive report to the facility. This will serve to

improve overall patient care in all facilities within the province. The affected level four item is Agency and Outsourced: Professional staff with the total cost of R8.9 million for 2016/17

- **Medical Male Circumcision:** (MMC) – Departmental partners will be contracted to provide MMC to communities including hard to reach areas (e.g. farms). This will serve the purpose of creating demand for the service and increasing the uptake of the provincial MMC figures. The cost incurred will be for the payment of personnel for the developmental partner and the province will procure necessary medical supplies. The affected level four item is Medical Supplier and Agency and Outsourced: Professional staff with the total cost of R19.5 million for 2016/17

Sub-programme 6: Nutrition. This sub programme has been allocated R4.5 million in 2016/17 and R4.7 million in 2017/18 and dropped to R4.5 million in 2018/19. The primary function of this function is to reduce morbidity and mortality of women, new born and children through prevention of diseases and promotion of healthy lifestyle through integrated high quality health services.

Sub-programme 7: Community Health Clinics: The sub programme is rendering Primary Health Care at the early stage. Some clinics within the Province are rendering the service for 24 hours. This sub programme was allocated R 862.4 million 2014/15, R889.8 million in 2015/16, R992.3 million in 2016/17, R1 billion in 2017/18 and R1.1 billion in 2018/19.

Sub-programme 8: Coroner services: was allocated R38.4 million in 2014/15 and decreased to R47.8 in 2015/16 due to reprioritization. The allocations increased over the MTEF to R 44.1 million in 2016/17, R 19.6 million in 2017/18 and R 45.6 million in 2018/19. The provision for Forensic Services, directed at ensuring impartial professional evidence for the criminal justice system concerning death due to unnatural causes, reflects under this sub-programme.

Sub-programme 9: District hospitals are rendering level 1 care to both insured and uninsured communities. The purpose of the sub-programme is to ensure the implementation of the full package of hospital services as part of improving access to quality health services.

District hospitals was allocated R1.1 billion in 2014/15, increased to R1.1 billion in 2015/16, R1.1 billion in 2016/17, R1.4 billion in 2017/18 and R1.4 billion in 2018/19. The allocation for buffer stock has been moved to medical depot sub-programme to Medicine Training Account.

Economic Classification

Compensation of Employees

This economic classification has been increased from R3.1 billion in 2014/15 to R3.4 billion in 2015/16, R3.6 billion in 2016/17, R4 billion in 2017/18 and R 4.1 billion in 2018/19. Inclusive to this allocation is provision of funds for two conditional grants namely HIV/Aids and National Health

Insurance Funds. The District Specialised Teams are paid on equitable share and their salaries are ranging from over R1 million each.

Goods and Services

The budget is decreased from R1.3 billion in 2014/15 to R1.4 billion in 2015/16 because of some funds were shifted to augment COE, increased to R1.3 billion in 2016/17, R1.5 billion in 2017/18 and R1.8 billion in 2018/19 over the MTEF.

Amongst critical items that are key to this sub programmes are Medicine, Laboratory Services, Security, Medical Suppliers and Patient Catering and expenditures thereof are determined by CPIX.

Transfers and Subsidies

The allocation decreased from R21.9 million in 2014/15 to R29.7 million in 2015/16, decrease to R8.3 million in 2016/17, R19.5 million in 2017/18 and R 18.5 million in 2018/19. The cost driver in this economic classification is injury on duty.

Machinery and Equipment

The economic classification was allocated R 29.7 million in 2014/15, during 2015/16 funds were surrendered to Goods and Services to assist in paying accruals, only conditional grants funds were of R14.9 million were left, R34.1 million in 2016/17, R43.6 million in 2017/18 and R46.3 million in 2018/19.

Service Delivery Measures: District Health Services.

Programme Performance Indicators	Medium-term targets		
	2016/17	2017/18	2018/19
Percentage of targeted fixed PHC Facilities scoring above 70% on the ideal clinic dashboard	40%	40%	60%
PHC Utilisation rate	2.2	3	2.3
Complaint resolution within 25 working days rate	>85%	>85%	85%
Complaints Resolution Rate	86%	87%	88%
Clients Satisfaction Survey Rate (PHC)	75%	80%	85%
Clients Satisfaction rate (PHC)	60%	70%	80%
Total Number of Ward based teams established	444	460	471
Number of District with fully fledged District Clinical Specialist Teams (DCST)	0	0	0
Outreach Households (OHH) registration visit coverage	40%	70%	75%

Service Delivery Measures: District Hospitals

Programme Performance Indicators	Medium-term targets		
	2016/17	2017/18	2018/19
Complaint Resolution rate	≥85%	≥90%	≥95%
Complaint resolution within 25 working days rate(District Hospitals)	≥93%	≥94%	≥95%
National Core Standards self-assessment rate	100%	100%	100%
Quality Improvement plan after self-assessment rate.	100%	100%	100%
Percentage of hospitals compliant with all extreme measures of the National Core standards.	33%	35%	40%
Percentage of hospitals compliant with all vital measures of the National Core standards.	16%	21%	28%
Average Length of Stay(District Hospitals)	2 - 4	2 - 4	2 - 4
Inpatient bed utilization Rate(District Hospitals)	65%-70%	70%	71%
Expenditure per patient day equivalent(District Hospitals)	R2400 - R2500	R2500 -R2600	R 2600-R2700
Patient Satisfaction Survey rate	100%	100%	100%
Patient Satisfaction rate	≥85%	≥85%	≥90%

Service Delivery Measures: HIV & AIDS, STIs AND TB CONTROL

Programme Performance Indicators	Medium-term targets		
	2016/17	2017/18	2018/19
Total clients remaining on ART	223 331	258 228	298 000
Adults remaining on ART – Total	209 931	242 734	280 120
Total Children (under 15 years) remaining on ART – Total	13400	15494	17990
Client tested for HIV (incl. ANC)	843 193	580 772	600 000
Male condom distribution Rate (annualised)	38	38	38
Female condom distribution rate	0.95	0.95	0.95
Medical Male Circumcisions performed-Total	48 774	48 774	32 5000
TB/HIV co-infected client on ART rate	85%	≥90%	≥90%
TB new client treatment success rate	85%	85%	85%
TB symptoms 5yrs and older screened rate	75%	80%	85%
TB client lost to follow up rate	<5%	<5%	<5%
TB client death rate	<5%	<5%	<5%
TB-MDR confirmed treatment initiation rate	≥80%	≥80%	≥80%
TB- MDR treatment success rate	60%	60%	65%

Service Delivery Measures: MCWH&N

Programme Performance Indicators	Medium-term targets		
	2016/17	2017/18	2018/19
Antenatal 1st visit before 20 weeks rate	70%	73%	75%
Mother postnatal visit within 6 days rate	80%	80%	85%
Antenatal client initiated on ART rate	95%	95%	95%
Infant 1st PCR test positive around 10 weeks rate	<2%	<1.5%	<1.5%
Immunisation coverage under 1 year (annualised)	90%	92%	95%
Measles 2nd dose coverage (annualised)	90%	92%	95%
DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate	<5%	<5%	<5%
Child under 5 years diarrhoea case fatality rate	3.2%	<3%	<3%
Child under 5 years pneumonia case fatality rate	<3%	<3%	<3%
Child under 5 years severe acute malnutrition case fatality rate	<10%	<10%	<10%
Vitamin A 12-59 months coverage (annualised)	55%	60%	65%
Infant exclusively breastfed at HepB 3rd dose rate	40%	45%	50%
Maternal mortality in facility ratio (annualised)	<120/100K	<120/100K	<120/100K
Inpatient early neonatal death rate	9%	8.5%	8%
School Grade R screening coverage	15%	20%	25%
School Grade 1 screening coverage (annualised)	50%	55%	55%
School Grade 8 screening coverage (annualised)	30%	35%	40%
Couple year protection rate (annualised)	40%	45%	50%
Cervical cancer screening coverage (annualised)	70%	70%	70%
Human Papilloma Virus Vaccine 1st dose coverage	85%	85%	85%
Human Papilloma Virus Vaccine 2nd dose coverage	85%	85%	85%

Service Delivery Measures: Disease Prevention and Control

Programme Performance Indicators	Medium-term targets		
	2016/17	2017/18	2018/19
Clients screened for hypertension	700 000	750 000	800 000
Clients screened for diabetes	415 000	425 000	435 000
Hypertension incidence rate	18%	19%	19%
Diabetes incidence rate	1%	1%	1%
PHC Client screened for Mental Health	145 000	147 000	149 000
PHC Client treated for mental health	2100	2200	2300
Cataract Surgery Rate annualised	600	700	800
Malaria case fatality rate	0	0	0

Programme 3: Emergency Medical Services

Purpose

The purpose of the programme is to establish and maintain well-functioning emergency medical services throughout the province. There are two sub-programmes: emergency transport and planned patient transport. The programme provides the basic services as required by the department. The department has identified the need to increase the EMS fleet annually until numbers are in line with the norms and standards for rendering effective and efficient emergency and rescue medical services.

In addition the department intends to contract private EMS to assist with hospital patient transfers. This initiative is expected to improve patient response time.

Priorities	Priority Indicators
Improve patient response times	<ul style="list-style-type: none"> EMS P1 urban response under 15 minutes rate
	<ul style="list-style-type: none"> EMS P1 rural response under 40 minutes rate

Strategic Objective

Improve the quality of care by setting and monitoring national norms and standards, improving systems for user feedback, increasing safety in health care, and by improving clinical governance

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. Emergency Transport	214 811	251 047	255 513	272 622	277 102	321 942	285 778	299 814	310 504
2. Planned Patient Transport	14 895	12 613	2	20 750	16 889	16 889	20 191	20 625	21 822
Total payments and estimates	229 706	263 660	255 515	293 372	293 991	338 831	305 969	320 439	332 326

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
Current payments	205 390	245 012	251 169	269 077	276 293	321 133	282 352	295 686	306 136
Compensation of employees	160 158	181 396	191 429	210 108	217 333	202 333	215 904	231 870	241 319
Goods and services	45 219	63 603	59 727	58 927	58 920	118 760	66 404	63 770	64 768
Interest and rent on land	13	13	13	42	40	40	44	46	49
Transfers and subsidies to:	141	178	1 568	809	809	809	926	1 022	1 082
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	646	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	141	178	922	809	809	809	926	1 022	1 082
Payments for capital assets	24 175	18 470	2 778	23 486	16 889	16 889	22 691	23 731	25 108
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	24 175	18 470	2 778	23 486	16 889	16 889	22 691	23 731	25 108
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	229 706	263 660	255 515	293 372	293 991	338 831	305 969	320 439	332 326

Allocation for this programme has decreased from R338.8 million to R306 million in 2016/17, R320.4 million and to R332.3 million over the MTEF.

In addition, the department intends to contract private EMS to assist with hospitals patient transfers. This initiative is expected to improve patient response time.

Sub-programme 1: Emergency transport was allocated R255.5 million 2014/15 and increased to R321.9 million in 2015/16, R285.8 million in 2016/17, R299.8 million in 2017/18 and R310.5 million in 2018/19 over the MTEF.

Sub-programme 2: Planned patient transport was allocated R16.9 million in 2015/16 however, this was shifted to Goods and services to be used as part of paying accruals, R20.2 million in 2016/17, R20.6 million in 2017/18 and increased to R21.8 million in 2018/19.

Compensation of employees

The allocation for 2014/15 was R191.4 million and increased to R202.3 million in 2015/16, R215.9 million in 2016/17, R231.9 million in 2017/18 and R241.3 million in 2018/19. Cost driver is overtime payments for EMRS officials.

Goods and Services

The allocation for 2014/15 was R59.7 million and increased to R118.8 million in 2015/2016, R66.4 million in 2016/17, and 64.7 million in 2018/19, from 2013/14 to 2015/16, services for EAROMED was funded R12 million per year and the department could not fund due to insufficient allocation.

Transfers and subsidies

Allocation over the MTEF increases to cater for expenditure relating to personnel benefits within the economic classification. The economic classification is allocation R809 thousand in 2015/16, R926 thousand, R1 million and R1.1 million over the MTEF period.

Transfers and subsidies increased by 79 per cent between 2012/13 and 2015/16, increase of 10.2 per cent between 2015/16 and 2018/19, and increased by 40.4 per cent between 2012/13 and 2018/19.

Machinery and Equipment

The majority of the budget is allocated to Planned Patient Transport for procuring ambulances and emergency medical equipment. Revised allocation for 2015/16 is R16.9 million, R22.7 million in 2016/17 and R23.7 million in 2017/18 and R25.1 million in 2018/19.

Machinery and Equipment decreased by 1.0 per cent between 2012/13 and 2015/16, increased by 2.3 per cent between 2015/16 and 2018/19 and increases by 0.6 per cent between 2012/13 and 2018/19.

Service Delivery Measures

Programme Performance Indicators	MTEF Projection		
	2016/17	2017/18	2018/19
EMS operational ambulance coverage	0.20	0.20	0,20
EMS P1 urban response under 15 minutes rate	50	60	60%
EMS P1 rural response under 40 minutes rate	50	60	60%
EMS inter-facility transfer rate	30	20%	20

Programme 4: Provincial Hospital Services

Purpose:

The purpose of this programme is to provide Regional Hospital Care Services to the people of the North West Province. There are 3 Regional Hospitals in the North West Province: Potchefstroom Hospital, Mafikeng Provincial Hospital, and Joe Morolong Memorial Hospital.

Witrand and Bophelong Psychiatric Hospitals are the 2 Specialized Hospitals rendering psychiatric services for the entire North West Province, specializing in Acute and Chronic Psychiatry, Child & Adolescent, Forensics, Intellectual Disability, Substance Abuse and Psycho-Geriatrics.

The focus is on improving efficiency in managing diseases, quality of care thorough provision of appropriate resource, personnel, protocols and SOPs. This will be driven by the implementation of the

National Core Standard, patient's feedback mechanisms and ministerial six priorities for hospital care such as Value and attitudes of staff; Cleanliness; Waiting times; Patient safety and security; Infection prevention and control; Basic medicines and supplies

Priorities	Priority Indicators
Improved quality of care	<ul style="list-style-type: none"> Percentage of Hospitals compliant with vital measures of the national core standards Percentage of Hospitals compliant with all extreme measures of the National Core Standards
Effective user feedback systems	<ul style="list-style-type: none"> Complaints resolution rate
Safe health care	<ul style="list-style-type: none"> In patient bed utilization rate
Effective clinical governance	<ul style="list-style-type: none"> Crude Fatality Rate
Integration of Mental Health Services	<ul style="list-style-type: none"> Mental health involuntary admission rate

Strategic Goals for both Regional and Specialised Hospitals

- Improve compliance with National Core Standards
- To develop a strong service delivery platform that responds to the health and access needs of the population
- To strengthen programmes focusing on quadruple burden of disease

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. Provincial Hospitals	1 484 084	1 685 413	1 838 913	873 729	905 080	969 389	988 630	1 112 892	1 212 083
2. Psychiatric/ Mental Hospitals	304 644	350 799	378 730	410 847	399 547	420 975	402 622	462 366	483 894
Total payments and estimates	1 788 728	2 036 212	2 217 643	1 284 576	1 304 627	1 390 364	1 391 252	1 575 258	1 695 977

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
Current payments	1 761 985	2 016 565	2 196 895	1 268 502	1 297 713	1 372 615	1 367 575	1 561 484	1 681 404
Compensation of employees	1 291 652	1 447 431	1 616 034	929 115	982 515	982 515	1 036 925	1 248 215	1 303 031
Goods and services	470 306	569 101	580 389	339 325	314 931	389 833	330 366	313 217	378 318
Interest and rent on land	27	33	472	62	267	267	284	52	55
Transfers and subsidies to:	8 782	8 272	8 646	2 996	3 846	14 596	7 095	3 147	3 330
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	600	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	8 782	8 272	8 046	2 996	3 846	14 596	7 095	3 147	3 330
Payments for capital assets	17 961	11 375	12 102	13 078	3 068	3 153	16 582	10 627	11 243
Buildings and other fixed structures	-	-	-	-	-	85	-	-	-
Machinery and equipment	17 961	11 375	12 102	13 078	3 068	3 068	16 582	10 627	11 243
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	1 788 728	2 036 212	2 217 643	1 284 576	1 304 627	1 390 364	1 391 252	1 575 258	1 695 977

The focus is on improving efficiency in managing diseases, quality of care thorough provision of appropriate resource, personnel, protocols and SOPs. This will be driven by the implementation of the National Core Standard, patient's feedback mechanisms and ministerial six priorities for hospital care such as Value and attitudes of staff; Cleanliness; Waiting times; Patient safety and security; Infection prevention and control; Basic medicines and supplies.

The programme has been allocated R1.3 billion in 2015/16 and adjusted to R1.3 billion, increased to R1.4 billion in 2016/17, R1.6 billion and R1.7 billion over the MTEF. Hospitals in the programme are rendering level 1 to 3 services within the Province.

Sub-programme 1: The Provincial hospitals was allocated R1.8 billion in 2014/15 and declined to R969.4 million in 2015/16 due to the migration of Klerksdorp and Job Shimankana Tabane Hospitals to Programme 5 increased to R988.6 million in 2016/17, R1.1 billion in 2017/18 and R1.2 billion in 2018/19. The growth is essential because the sub-programme is providing level 1 to level 3 care services through provincial hospitals regarding both in and out patient care.

Sub-programme 2: Psychiatric Hospitals: The sub programme is rendering acute, chronic psychiatry services and geriatric services. Witrand Hospital provides for acute and sub-acute psychiatry service which is key to the department's core functions. The sub programme was allocated R378.7 million in 2014/15 and R421 million in 2015/16, R 402.6 million in 2016/17, R462.4 million in 2017/18 and R483.9 million in 2018/19.

Compensation of Employees

The allocation has decreased to R982.5 million in 2015/16 due to movement of two Tertiary Hospitals and R1billion in 2016/17, R1.2 billion in 2017/18 and R1.3 billion in 2018/19. Overtime payments are the cost driver due to high vacancy rate.

Goods and Services

The economic classification has decreased from R580.4 million in 2014/15 to R389.8 million in 2015/16 and further adjusted to R314.9 million, R330.4 million in 2016/17 and R313.2 million in 2017/18 and R378.3 million in 2018/19. The Health Professional Grant has remained with the programme although Job Shimankana and Klerksdorp Tshepong Hospitals which are also the beneficiaries of this grant have moved to programme 5.

Transfers and Subsidies

The allocation for 2015/16 is R 14.6 million, R7.1 million in 2016/17, R3.1 million in 2017/18 and R3.3 million over the MTEF. Cost driver in this economic classification is payment of Leave gratuities and injury on duty.

Machinery and equipment

Movement of Job Shimankana Tabane and Klerksdorp/Tshepong hospitals to Programme 5 also affects machinery and Equipment. Provincial Hospital's budget was R12.1 million in 2014/15 and decreased to R3.1 million in 2015/16 and R16.6 million in 2016/17 to make provision for procured of modernised medical and allied equipment in Provincial Hospitals, decreased to R10.6million in 2017/18 and R11.2 million in 2018/19. Portion of the allocation has been shifted to Compensation of Employees to address the shortfall thereon.

Service Delivery Measures for Regional Hospitals

Programme Performance Indicators	Medium-term targets		
	2016/17	2017/18	2018/19
Percentage of Hospitals compliant with all extreme measures of the national core standards	66%	100%	100%
Percentage of Hospitals compliant with all vital measures of the national core standards	100%	100%	100%
National Core Standards self-assessment rate	100%	100%	100%
Quality improvement plan after self-assessment rate	100%	100%	100%
Complaints resolution rate	≥75%	≥75%	≥75%
Complaint Resolution within 25 working days rate	≥90	≥90%	≥90
Patient Satisfaction rate	≥80%	≥80%	≥85%
Patient Satisfaction Survey rate	100%	100%	100%
In patient bed utilization rate	≤85%	≤85%	≤85%
Average length of stay	≤7days	≤7days	≤7days
Expenditure Per Patient Day Equivalent	R2500	R2600	R2700

Caesarean section rate	≤45%	≤45%	≤45%
Crude Fatality Rate	<7%	<7%	<7%

Service Delivery Measures for Specialised Hospitals

Programme Performance Indicators	Medium-term targets		
	2016/17	2017/18	2018/19
Percentage of Hospitals compliant with all extreme measures of the national core standards	50 (1/2)	50 (1/2)	50 (1/2)
Percentage of Hospitals compliant with vital measures of the National Core Standards	50 (1/2)	50 (1/2)	50 (1/2)
National Core Standards self-assessment rate	100 (2/2)	100 (2/2)	100 (2/2)
Quality improvement plan after self-assessment rate	100 (2/2)	100 (2/2)	100 (2/2)
Complaints resolution rate	≥90%	≥90%	≥90%
Complaint resolution within 25 working days rate	≥90%	≥90%	≥90%
Patient Satisfaction rate	≥80	≥80	≥80
Patient Satisfaction Survey rate	100%	100%	100%
Inpatient Bed Utilisation rate	75-80%	75-80%	75-80%
Average Length of Stay	250 – 325 days	250 – 325 days	250 – 325 days
Expenditure per patient day equivalent (PDE)	R1100 - R1700	R1200 - R2000	R1300 - R2500
Crude fatality rate	<2%	<2%	<2%
Mental health involuntary admission rate	≤22%	≤21%	≤20%

Programme 5: Central Hospital Services

Purpose

The purpose of this programme is to provide access to Tertiary Hospital care services for patients in the North West Province, retention and training of health care professionals, and research. The North West Province does not have a fully developed Tertiary or Central hospital; tertiary services are incrementally initiated and sustained at Klerksdorp/Tshepong Hospital and Job Shimankana Tabane Hospital.

The focus is on improving efficiency in managing diseases, quality of care thorough provision of appropriate resource, personnel, protocols and SOPs. This will be driven by the implementation of the

National Core Standard, patients' feedback mechanisms and ministerial six priorities for hospital care such as Value and attitudes of staff; Cleanliness; Waiting times; Patient safety and security; Infection prevention and control; Basic medicines and supplies.

The programme is being developed to fully provide tertiary services in the province. The number of new services is being introduced with assistance from NDoH in both hospitals to can fully meeting the tertiary level. Service level agreements with universities will be strengthened as part of introducing new tertiary services.

Improved quality care	<ul style="list-style-type: none"> Percentage of Hospitals compliant with vital measures of the national core standards
To strengthen and sustain existing tertiary services and develop new services	<ul style="list-style-type: none"> Number of CT Scans performed Number of new tertiary service points developed
To rollout and sustain quality management systems	<ul style="list-style-type: none"> Patient experience of Care Survey rate
Improving clinical governance	<ul style="list-style-type: none"> Expenditure per patient day equivalent

Strategic Objectives for Tertiary Hospitals

- Improve compliance with National Core Standards
- To develop a strong service delivery platform that responds to the health and access needs of the population
- To strengthen and sustain existing tertiary services and develop new tertiary services

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. Provincial Hospital Tertiary Services	192 812	243 385	237 261	1 109 787	1 236 907	1 322 359	1 320 323	1 330 794	1 446 072
Total payments and estimates	192 812	243 385	237 261	1 109 787	1 236 907	1 322 359	1 320 323	1 330 794	1 446 072

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
Current payments	180 564	209 550	220 078	1 074 335	1 211 339	1 266 678	1 286 086	1 288 059	1 400 859
Compensation of employees	99 548	110 767	120 461	779 801	862 238	855 238	955 471	924 918	958 889
Goods and services	81 016	98 783	99 617	294 464	348 863	411 201	330 579	363 086	441 912
Interest and rent on land	-	-	-	70	238	239	36	55	58
Transfers and subsidies to:	134	-	456	3 261	3 278	33 391	3 332	1 500	1 587
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	134	-	456	3 261	3 278	33 391	3 332	1 500	1 587
Payments for capital assets	12 114	33 835	16 727	32 191	22 290	22 290	30 905	41 235	43 626
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	12 114	33 835	16 727	32 191	22 290	22 290	30 905	41 235	43 626
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	192 812	243 385	237 261	1 109 787	1 236 907	1 322 359	1 320 323	1 330 794	1 446 072

The programme is being developed to fully provide tertiary services in the province. The number of new services is being introduced with assistance from NDoH in both hospitals to fully meet the tertiary level. Service level agreements with universities will be strengthened as part of introducing new tertiary services.

Provincial hospital tertiary services, is funded through the conditional grant (National Tertiary Services Grant) and equitable share. The programme was allocated R237.3 million in 2014/15, increasing to R1.1 billion in 2015/16 with a revised estimate of R1.3 billion. In 2016/17 an amount of R1.3 billion is allocated, R1.3 billion in 2017/18 and R1.4 billion in 2018/19. The growth is caused by migration of Klerksdorp / Tshepong and Job Shimankana Tabane Hospitals of equitable share to this programme. Inclusive in the allocation are donations by Netcare to fund Registrars for four years and that of an estate from Mr Nahum Fivel Finkel for Job Shimankana Tabane Hospital.

Compensation of Employees

The allocation has increased from R120.5 million in 2014/15 to R779.8 million in 2015/16 and revised to R855.2 million the increase caused additional allocated received from the Provincial Treasury and virements that have been implemented, allocated R955.5 million in 2016/17, R924.9 million in 2017/18 and R958.9 million in 2018/19.

Goods and Services

The economic classification increased from R99.6 million in 2014/15 to R294.5 million in 2015/16 with revised estimate of R411.2 million, R330.6 million in 2016/17, R363.1 million in 2017/18 and R441.9 million in 2018/19 for both Equitable Share and National Tertiary Services Conditional Grant.

Transfers and Subsidies

An allocation of R456 thousand in 2014/15 increasing to R3.3 million in 2015/16 with revised estimate of R33.4 million mainly due to accruals, R3.3 million in 2016/17 and R1.5 million in 2017/18 and R1.6 million in 2018/19.

Machinery and Equipment

Machinery and equipment was allocated R16.7 million in 2014/15 increasing to R32.2 million in 2015/16 revised to R22.3 million as the equitable share funds was moved to Goods and Services to assist in paying accruals. R30.9 million is allocated in 2016/17, R41.2 million for 2017/18 and R43.6 million in 2018/19 for procurement of specialized medical equipment.

Service Delivery Measures

Programme Performance Indicators	MTEF Projection		
	2016/17	2017/18	2018/19
Percentage of hospitals compliant to all Extreme Measures of National Core Standards	50%	100%	100%
Percentage of Hospitals compliant with vital measures of the national core standards	100%	100%	100%
National Core Standards self-assessment rate	100%	100%	100%
Complaint Resolution within 25 working days rate	≥90%	≥90%	≥90%
Complaints resolution rate	≥80%	≥85%	≥85%
Quality improvement plan after self-assessment rate	100%	100%	100%
Patient Satisfaction rate	≥80%	≥80%	≥85%
Patient Satisfaction Survey rate	100%	100%	100%
Inpatient Bed Utilization Rate	83-88%	83-88%	83-88%
Average Length of Stay	<7days	<7days	<7 days
Expenditure per patient day equivalent	R2600-R3800	R2600-R3800	R3800-R4000
Hip replacement rate	>20%	>20%	>30%
Knee replacement rate	>10%	>10%	>20%
Number of new tertiary service points developed	2	2	4
Haemodialysis rate	≥85%	≥85%	≥85%
Number of Radiotherapy Sessions	≥6800	≥6800	≥6800
Number of MRI scans performed	≥1200	≥1200	≥1200
Number of CT Scans performed	≥9600	≥9600	≥9600

Programme 6: Health Sciences and Training

Purpose

To support health care service delivery through the provision of education, training and development. The programme comprises of the following sub-programmes:-

- **Nurses Training College:** Training of nurses at undergraduate and post-basic level, target group includes actual and potential employees.
- **Emergency Medical Services (EMS) Training College:** Training of rescue and ambulance personnel, target group includes actual and potential employees. The department is negotiating with universities to ensure that ECT training at the college gets accredited.
- **Primary Health Care (PHC) Training:** Provision of PHC related training for personnel.
- **Training (Other):** Provision of skills development interventions for all personnel categories in the Department, target group includes actual and potential employees Provision of bursaries for health science training programmes at undergraduate and postgraduate levels. The Premier's office is also assisting the department to provide bursaries to deserving students.

Strategic Objectives Health Sciences and Training

Priorities	Indicators
<ul style="list-style-type: none"> • Increasing access to Education and Training opportunities (with priority on youth from VTSD) 	<ul style="list-style-type: none"> • Total number of first year students offered Bursaries for Medicine • Total number of first year students offered Bursaries for Allied Health Programmes • Total number of first year students enrolled for Basic Nursing programme

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. Nurses Training Colleges	155 147	172 860	154 170	176 370	171 247	180 111	188 812	183 500	197 401
2. Ems Training College	17 691	22 727	21 256	29 939	22 573	21 701	27 210	27 908	29 526
3. Primary Health Care Training	10 167	9 508	9 639	10 707	9 707	9 729	10 820	16 833	17 809
4. Training Other	59 105	100 216	91 125	96 532	87 564	127 705	166 722	216 345	146 897
Total payments and estimates	242 110	305 311	276 190	313 548	291 091	339 246	393 564	444 586	391 633

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
Current payments	213 435	214 537	203 338	236 384	213 548	215 622	231 525	232 541	260 516
Compensation of employees	121 944	144 658	135 078	155 873	135 873	130 705	141 024	161 389	174 631
Goods and services	91 480	69 875	68 260	80 496	77 390	84 632	90 472	71 135	85 867
Interest and rent on land	11	4	-	15	285	285	29	17	18
Transfers and subsidies to:	27 501	89 236	69 228	73 334	76 492	122 503	158 978	207 810	126 636
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	3 900	-	1 969	10 325	10 429	10 429	16 762	21 623	24 877
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	23 601	89 236	67 259	63 009	66 063	112 074	142 216	186 187	101 759
Payments for capital assets	1 174	1 538	3 624	3 830	1 051	1 121	3 061	4 235	4 481
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1 174	1 538	3 624	3 830	1 051	1 121	3 061	4 235	4 481
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	242 110	305 311	276 190	313 548	291 091	339 246	393 564	444 586	391 633

Sub-programme 1: Nurses training colleges was allocated R154.2 million in 2014/15 increased to R176.4 million in 2015/16 with revised estimate of R180.1 million In 2016/17 allocation is R188.8 million, R183.5 million in 2017/18 and R197.4 million in 2018/19. The significance of increasing the allocation for the sub-programme is to reduce high vacancy rate. Most students are awarded departmental bursaries at Universities at the two Nursing Colleges.

Sub-programme 2: Training of rescue and ambulance personnel, target group includes actual and potential employees. The department is negotiating with universities to ensure that ECT training at the college gets accredited. EMS Training Colleges was allocated R21.3 million in 2014/15, increasing to R29.9 million in 2015/16 with revised estimate of R21.7 million. Allocation is R27.2 million in 2016/17 increasing to R27.9 million in 2017/18 and R29.5 million in 2018/19. The allocation has a substantial growth over the MTEF.

Sub-programme 3: Provision of PHC related training for personnel, provided by the districts. Primary Health Care Training was allocated R9.6 million for 2014/15, increasing to R10.7 million in 2015/16 with revised estimate of R9.7 million, R10.8 million in 2016/17, increased to R16.8 million for 2017/18 and to R17.8 million in 2018/19.

Sub-programme 4: Training Other: Provision of skills development interventions for all personnel categories in the department, targeting actual and potential employees, providing bursaries for health science training programmes at undergraduate and postgraduate levels. The sub-programme was allocated R91.1 million in 2014/15, increasing to R96.5 million in 2015/16 with revised estimate of R127.7 million, increasing to R166.7 million in 2016/17, R216.3 million in 2017/18 and R146.9 million in 2018/19 due to the number of intake for Cuban Programme at higher institutions within the country.

Economic Classifications

Compensation of Employees

Compensation of Employees for 2015/16 has been allocated R135.1 million and decreased by R20 million due to under spending during adjustment budget process, hence revised estimate of R130.7 million. The allocation increases to R141 million in 2016/17, R161.4 million in 2017/18 and R174.6 million for 2018/19.

Goods and Services

The allocation has been increased from R68.3 million in 2014/15 to R80.5 million in 2015/16 with the revised estimate of R84.6 million, increasing to R90.5 million in 2016/17 and R71.1 million in 2017/18 and R85.9 million in 2018/19 to cater for payments of accommodation for Nursing Students, training of employees and other related costs for Cuban Student.

Transfers and subsidies

The economic classification has decreased from R69.2 million in 2014/15 to R73.3 million in 2015/16 with revised estimate of R122.5 million, increasing to R159 million in 2016/17, R207.8 million in 2017/18 and R126.6 million in 2018/19 allocation consist of payment of tuition Fees and other benefits to National Health for Cuban Student Doctors, Nurses at Tertiary Education to improve their qualifications and for skills development levy.

Machinery and equipment

The allocation increases from R1.1 million revised estimate in 2015/16 to R3.1 million in 2016/17, R4.2 million in 2017/18 and further increases to R4.5 million in 2018/19. The allocation is to equip training centres appropriately for students and includes laptops for Cuban students.

Service Delivery Measures

Programme Performance Indicators	MTEF Projection		
	2016/17	2017/18	2018/19
Total number of new students offered Bursaries for Medicine	30	30	30
Total number of new students offered Bursaries for Allied Health Programmes	40	40	40
Total number of first year students enrolled for Basic Nursing programme	320	320	320
Number of Basic Nurse Students graduating.	270	270	2
Total number of new students enrolled for the Emergency Care Technician programme	0(36)	30	60

Number of medicine bursars graduating	44	30	30
Number of Allied Health programme bursars graduating	21	21	21

Programme 7: Health Care Support and Services (HCSS)

Purpose

The purpose of this programme is to provide health care support services. The following are the sub-programmes related to this programme:

- **Laundry Services** render laundry and related technical support service to health facilities
- **Engineering Services** renders routine, day-to-day and emergency maintenance services to buildings, engineering installations and medical equipment.
- **Orthotic and Prosthetic Services** render specialised orthotic and prosthetic services
- **Medicine Trading Account** manages and supply of pharmaceuticals and medical supplies to health facilities.

Priorities	Priority Indicators
Improve availability of essential medical supplies	<ul style="list-style-type: none"> • Percentage availability of essential medical supplies
Provide Medical Equipment Vehicles (Red fleet)	<ul style="list-style-type: none"> • Number of Red Fleet Vehicles procured
Improve access to services for vulnerable people	<ul style="list-style-type: none"> • Number of wheelchairs issued
	<ul style="list-style-type: none"> • Percentage of assault and rape victims accessing PEP services

Strategic Objectives for Health Care Support Services

- Improve access to essential medical supplies
- Improve Transport Management Systems
- Strengthen maintenance and replacement of medical equipment
- Improve quality of life of persons with disabilities.
- Enhance Health Information systems effectiveness.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
1. Engineering	53 053	57 424	61 955	71 127	51 375	50 742	71 224	68 788	67 488
2. Provincial Laundry Services	25 255	35 763	24 632	31 561	45 160	44 160	30 740	26 508	26 546
3. Orthotic And Prosthetic Services	7 337	8 793	8 854	10 598	7 399	7 968	10 017	10 568	11 181
4. Medicine Trading Account	20 819	24 265	29 095	35 909	34 409	33 483	122 173	133 002	90 205
Total payments and estimates	106 464	126 245	124 536	149 195	138 343	136 353	234 154	238 866	195 420

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15	2015/16			2016/17	2017/18	2018/19
Current payments	91 514	107 559	111 361	130 726	136 683	134 385	215 323	215 902	176 414
Compensation of employees	40 532	44 803	47 591	58 618	50 618	46 578	51 318	62 293	64 406
Goods and services	50 981	62 744	63 735	72 107	86 042	87 780	163 996	153 608	112 007
Interest and rent on land	1	12	35	1	23	27	9	1	1
Transfers and subsidies to:	152	71	190	134	186	193	130	148	157
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	152	71	190	134	186	193	130	148	157
Payments for capital assets	14 798	18 615	12 985	18 335	1 474	1 775	18 701	22 816	18 849
Buildings and other fixed structures	-	-	-	-	-	-	1 500	-	-
Machinery and equipment	14 798	18 615	12 985	18 335	1 474	1 775	17 201	22 816	18 849
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	106 464	126 245	124 536	149 195	138 343	136 353	234 154	238 866	195 420

Sub-programme 1: Engineering is allocated R62 million in 2014/15, R71.1 million in 2015/16 with revised estimate of R50.7 million, increasing to R71.2 million in 2016/17, R68.8 million in 2017/18 and R67.5 million in 2018/19. The sub programme is responsible for procurement of departmental fleet vehicles and payment of SITA related fees.

Sub-programme 2: Provincial Laundry Services received R24.6 million in 2014/15, R31.6 million in 2015/16 with revised estimate of R44.2 million. Allocation is R30.7 million in 2016/17, R26.5 million in 2017/18 and R26.5 million in 2018/19. The sub programme renders laundry services in the Province.

Sub-programme 3: Orthotic and Prosthetic Service. The sub programme was allocated R8.9 million in 2014/15 and increased to R10.6 million in 2015/16 with revised estimate of R7.9 million, increasing to R10 million in 2016/17, R10.6 million in 2017/18 and R11.2 million for 2018/19 of which funds are earmarked for procurement of wheelchairs and other related costs. The allocation is growing over the MTEF to increase number of wheelchairs to be allocated to the qualifying citizens.

Sub-programme 4: Medicine Trading account was allocated from R29.1 million in 2014/15, R35.9 million in 2015/16 and revised estimate R33.5 million, R122.2 million in 2016/17, R133 million in 2017/18 and R90.2 million in 2018/19. The core function of the sub programme is to transport

medicine to hospitals in the province and procurement of medical suppliers and medicines. The allocation for medicines has been in District Health Services.

Economic Classifications

Compensation of employees

The allocation for 2014/15 was R47.6 million and increased to R58.6 million in 2015/16 million with revised estimate of R46.6 million, increasing to R51.3 million in 2016/17, R62.3 million in 2017/18 and R64.4 million in 2018/19.

Goods and Services

The economic classification increased from R63.7 million in 2014/15 to R72.1 million in 2015/16 and revised estimate of R87.8 million. R122 million for the medicine budget has been moved back to this programme from District Health Services, hence R163.9 million has been allocated for 2016/17, R153.6 million in 2017/18 and R112 million in 2018/19.

Transfers and subsidies

The economic classification was allocated R190 thousand in 2014/15, R134 thousand in 2015/16 with revised estimate of R193 thousand, decreasing to R130 thousand in 2016/17, then gradually increasing to R148 in 2017/18 and R157 thousand in 2018/19.

Machinery and Equipment

The allocation was R13 million in 2014/15; R18.3 million in 2015/16 reduced to R1.5 million as revised estimate. The budget allocated for 2016/17 increases to R17.2 million, R22.8 million in 2017/18 and decreases to R18.8 million in 2018/19. This allocation is inclusive of funds for procurement of departmental fleet.

Service Delivery Measures

Programme Performance Indicators	MTEF Projection		
	2016/17	2017/18	2018/19
Percentage availability of essential medical supplies	80%	85%	90%
Number Of Red Fleet Vehicles procured	33	33	33
Number of health facilities (hospitals and sub districts) adhering to the equipment replacement plan	41	41	41
Number of health facilities (hospitals and sub districts) adhering to the equipment maintenance plan	41	41	41

Number of wheelchairs issued	700	700	700
% of hospitals with broadband connectivity.	33%	40%	50%
% of PHC facilities with broadband connectivity	15%	20%	30%

Programme 8: Health Facilities Management (HFM)

Purpose

The purpose of the Health Facilities Management Programme is to:

- To oversee the planning and construction of health facilities to contribute towards the provision of comprehensive quality health services.
- To facilitate the upgrade, rehabilitation, replacement and renovation of clinics, community health centers, district, regional, tertiary and specialized hospitals, as well as other health related facilities.
- Provide technical support and monitor implementation of maintenance at health facilities

The programme is sub-divided into:

- **Community Health Facilities:** Plan, design, construction, upgrade, refurbishment, additions and maintenance of community health centres, community day centres, and clinics;
- **District Hospital Services:** Plan, design, construction, upgrade, refurbishment, additions, and maintenance of district hospitals;
- **Other Facilities:** Plan, design, construction, upgrade, refurbishment, additions, and maintenance of other health facilities, including forensic pathology facilities and nursing colleges;

The emphasis for the year will be maintenance of health facilities, which will be in line with the conversion of health facilities to meet the National Core standards and the Ideal Clinic status.

Priority	Priority Indicator
Alignment of LTP and the Departmental User Asset Management Plans (U-AMPS) and Infrastructure Programme Management Plans (IPMP's);	<ul style="list-style-type: none"> • Number of projects plans completed
Focused planning to align infrastructure development, budgets, organizational readiness, National and Provincial priorities ;	<ul style="list-style-type: none"> • Number of existing facilities compliant to the gazetted infrastructure norms and standards
Upgrading/refurbishment of Health Infrastructure;	<ul style="list-style-type: none"> • Number of projects completed
Maintenance of Health Infrastructure.	<ul style="list-style-type: none"> • Number of health facilities receiving

	maintenance (renovation).
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Strategic objective

- Improve quality of Health Infrastructure
- Accelerate delivery on the Health Facilities Revitalization Programme
- To ensure effective maintenance of health facilities

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. Community Health Facilities	17 478	429 910	19 094	–	–	–	–	–	–
2. District Hospital Services	392 616	361 168	499 462	695 404	715 082	715 080	482 432	491 368	512 226
3. Other Facilities	121 622	152 003	16 718	41 071	41 071	41 071	33 799	35 489	66 353
4. Health Maintenance	43 557	51 833	48 737	60 599	17 105	17 495	28 881	35 000	37 030
Total payments and estimates	575 273	994 914	584 011	797 074	773 258	773 646	545 112	561 857	615 609

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
Current payments	80 403	84 516	86 626	118 177	67 569	94 470	68 581	84 715	89 628
Compensation of employees	21 455	19 338	17 305	25 879	27 879	28 070	28 000	19 977	21 135
Goods and services	58 948	65 178	69 321	90 995	39 690	66 400	40 581	64 738	68 493
Interest and rent on land	–	–	–	1 303	–	–	–	–	–
Transfers and subsidies to:	–	122	–	–	–	–	–	–	–
Provinces and municipalities	–	–	–	–	–	–	–	–	–
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	–	122	–	–	–	–	–	–	–
Payments for capital assets	494 870	910 276	497 385	678 897	705 689	679 176	476 531	477 142	525 981
Buildings and other fixed structures	487 879	904 094	475 338	668 897	638 275	611 762	466 231	445 058	492 036
Machinery and equipment	6 991	6 182	22 047	10 000	67 414	67 414	10 300	32 084	33 945
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification	575 273	994 914	584 011	797 074	773 258	773 646	545 112	561 857	615 609

Sub-programme 1: Community health facilities, was allocated R19.1 million of the adjusted budget in 2014/15 and no allocation have been made over the MTEF.

Sub-programme 2: District hospital services were allocated R499.5 million in 2014/15, R695.4 million in 2015/16. A rollover of R17 million was requested and approved for work that was not finalized at the end 2014/15 and the allocation increased to R715.1 million. A budget allocation of R482.4 million is for 2016/17, increasing to R491.4 million in 2017/18 and R512.2 million in 2018/19.

Sub-programme 3: Other facilities were allocated R16.7 million in 2014/15, R41.1 million in 2015/16, R33.8 million in 2016/17, increasing to R35.5 million in 2017/18 and R66.4 million in 2018/19.

Sub-programme 4: Health Facilities Maintenance was allocated R48.7 million in 2014/15, R60.6 million in 2015/16 with revised estimate of R17.5 million. The allocation for 2016/17 amounts to R28.9 million increasing to R35 million in 2017/18 and R37 million in 2018/19.

Economic Classifications

Compensation of Employees

The allocation for 2014/15 was R17.3 million increased to R25.9 million in 2015/16 with revised estimate of R28.1 million. An allocation of R28 million is secured for 2016/17 and decreasing to R20 million due to reprioritization in 2017/18 and then increasing to R21.1 million in 2018/19.

Goods and Services

The allocation was allocated R69.3 million 2014/15 increased to R91 million in 2015/16 with revised estimate of R66.4 million. During 2016/17 allocation is R40.6 million, increasing to R64.7 million in 2017/18 and R68.5 million in 2018/19. Part of the allocation is for Revitalization Grant and also includes maintenance budget.

Transfers and Subsidies

The programme does not have allocation for this economic classification. The need will be addressed as and when required.

Capital Payments

Building and Fixed Structures was allocated R475.3 million in 2014/15. This allocation increased to R668.9 million for 2015/16 with revised estimate of R611.8 million. The allocation decreases to R466.2 million in 2016/17, R445.1 million in 2017/18 and increases to R492 million in 2018/19

Machinery and Equipment was allocated R22.1 million during 2014/15 and has been reduced to R10 million in 2015/16 with revised estimate of R67.4 million. An allocation of R10.3 million is for 2016/17, increasing to R32.1 million in 2017/18 and R33.9 million in 2018/19.

Service delivery measures

Programme Performance Indicators	Medium-term targets		
	2016/17	2017/18	2018/19
Number of health facilities that have undergone major and minor refurbishment) in NHI Pilot District	5	0	1
Number of health facilities that have undergone major and minor	3	2	2

refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)			
Establish Service Level Agreements (SLAs) with Departments of Public Works (and any other implementing agent)			
Number of existing facilities compliant to the gazetted infrastructure norms and standards	7	5	5
Number of projects plans completed	5	5	3
Number of Projects on which construction started	7	5	4
Number of projects completed	4	5	5
Number of health facilities receiving maintenance (renovation)	50	45	40
Proportion of infrastructure budget allocated to maintenance	17%	21%	23%
Proportion of infrastructure budget spent on all maintenance (preventative and scheduled)	17%	21%	23%

The North West Department of Health does not have any changes in structures, service establishments and geographic distributions of services. It only has new policy initiative called Setsokotsane Approach for Socio-Economic Transformation with Special Focus on Villages, Townships and Small Dorpies.

Strategic objectives for the planned output in terms of quantity and quality are captured at the programme level. Reference can be made from Five Year Strategic Plan. The planned outcomes of the objectives are implemented through indicators in the Annual Performance Plans of the Department.

9.1 Other programme information

9.1.1 Personnel numbers and costs

Table 3.23 : Personnel numbers and costs by programme

Personnel numbers	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 2017	As at 31 March 2017
1. Administration	507	530	590	558	564	566	566
2. District Health Services	11 867	19 985	18 208	18 146	18 171	18 285	18 305
3. Emergency Medical Services	1 117	966	908	891	891	891	891
4. Provincial Hospital Services	6 684	6 629	6 074	3 372	3 432	3 488	3 536
5. Central Hospital Services	383	327	274	2 884	2 884	2 884	2 884
6. Health Science And Training	1 256	1 968	1 759	1 618	1 618	1 618	1 618
7. Health Care Support Services	339	273	245	233	233	233	233
8. Health Facilities And Maintenance	25	46	39	30	32	32	46
Direct charges	–	–	–	–	–	–	–
Total provincial personnel numbers	22 178	30 724	28 097	27 732	27 825	27 997	28 079
Total provincial personnel cost (R thousand)	4 129 321	4 860 617	5 389 881	5 832 903	6 198 704	6 839 078	7 108 385
Unit cost (R thousand)	186	158	192	210	223	244	253

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

R thousands	Actual										Revised estimate				Medium-term expenditure estimate						Average annual growth over MTEF		
	2012/13		2013/14		2014/15		2015/16		2016/17		2017/18		2018/19		2015/16 - 2018/19		Personnel growth rate	Costs growth rate	% Costs of Total				
	Personnel numbers ¹	Costs	Personnel numbers ¹	Costs	Personnel numbers ¹	Costs	Filled posts	Additional posts	Personnel numbers ¹	Costs	Personnel numbers ¹	Costs	Personnel numbers ¹	Costs	Personnel numbers ¹	Costs							
Salary level																							
1 - 6	13 920	1 653 888	13 291	1 812 213	11 919	1 977 539	11 686	-	11 686	2 079 454	11 686	2 145 126	11 686	2 421 821	11 686	2 487 323	-	6.2%	35.3%				
7 - 10	6 040	1 715 800	6 350	1 984 400	5 731	2 225 871	5 882	-	5 882	2 384 515	5 914	2 534 028	6 060	2 781 967	6 111	2 908 444	1.3%	6.8%	40.8%				
11 - 12	1 448	703 857	1 420	816 451	1 277	932 488	1 245	-	1 245	1 070 107	1 300	1 201 881	1 327	1 300 794	1 357	1 353 301	2.1%	8.1%	18.8%				
13 - 16	55	35 480	52	43 010	50	47 092	47	-	47	49 468	53	56 963	52	60 651	53	63 710	4.1%	8.8%	0.9%				
Other	715	20 296	9 611	204 543	9 120	206 890	8 872	-	8 872	249 359	8 872	259 306	8 872	273 845	8 872	279 580	-	5.8%	4.1%				
Total	22 178	4 129 321	30 724	4 860 617	28 097	5 389 881	27 732	-	27 732	5 832 903	27 825	6 198 704	27 997	6 839 078	28 079	7 108 385	0.4%	6.8%	100.0%				
Programme																							
1. Administration	507	129 930	530	153 242	590	174 062	558	-	558	189 120	564	190 247	566	220 547	566	220 643	0.5%	5.3%	3.2%				
2. District Health Services	11 867	2 264 102	19 985	2 758 982	18 208	3 087 921	18 146	-	18 146	3 398 344	18 171	3 579 815	18 285	3 969 889	18 305	4 124 331	0.3%	6.7%	58.1%				
3. Emergency Medical Services	1 117	160 158	966	181 396	908	191 429	891	-	891	202 333	891	215 904	891	231 870	891	241 319	-	6.0%	3.4%				
4. Provincial Hospital Services	6 684	1 291 652	6 629	1 447 431	6 074	1 616 034	3 372	-	3 372	982 515	3 432	1 038 676	3 488	1 250 071	3 536	1 304 998	1.6%	9.9%	17.9%				
5. Central Hospital Services	383	99 548	327	110 767	274	120 461	2 884	-	2 884	855 238	2 884	953 720	2 884	923 062	2 884	956 922	-	3.8%	13.8%				
6. Health Science And Training	1 256	121 944	1 968	144 658	1 759	135 078	1 618	-	1 618	130 705	1 618	141 024	1 618	161 389	1 618	174 631	-	10.1%	2.4%				
7. Health Care Support Services	339	40 532	273	44 803	245	47 591	233	-	233	46 578	233	51 318	233	62 293	233	64 406	-	11.4%	0.9%				
8. Health Facilities And Maintenance	25	21 455	46	19 338	39	17 305	30	-	30	28 070	32	28 000	32	19 977	46	21 135	15.3%	-9.0%	0.3%				
Direct charges	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-				
Total	22 178	4 129 321	30 724	4 860 617	28 097	5 389 881	27 732	-	27 732	5 832 903.0	27 825	6 198 704.0	27 997	6 839 078.0	28 079	7 108 385.0	0.4%	6.8%	100.0%				
Employee dispensation classification																							
Public Service Act appointees not covered by OSDs							7 758	-	7 758	1 746 675	7 758	1 833 012	7 758	2 039 973	7 758	2 071 483	-	5.8%	29.6%				
Public Service Act appointees still to be covered by OSDs							5	-	5	-	5	-	5	-	5	-	-	-	-				
Professional Nurses, Staff Nurses and Nursing Assistants							8 275	-	8 275	2 652 647	8 300	2 759 939	8 435	3 129 683	8 429	3 205 604	0.6%	6.5%	45.4%				
Legal Professionals							3	-	3	1 832	3	1 988	3	2 087	3	2 254	-	7.2%	0.0%				
Social Services Professions							58	-	58	19 374	58	21 020	58	22 071	58	23 839	-	7.2%	0.3%				
Engineering Professions and related occupations							52	-	52	13 984	52	15 176	52	16 386	52	17 687	-	8.2%	0.2%				
Medical and related professionals							2 100	-	2 100	1 193 534	2 168	1 345 300	2 295	1 395 495	2 293	1 535 455	3.0%	8.8%	20.9%				
Therapeutic, Diagnostic and other related Allied Health Professionals							614	-	614	203 107	614	220 370	614	231 389	614	249 900	-	7.2%	3.5%				
Educators and related professionals							-	-	-	-	-	-	-	-	-	-	-	-	-				
Others such as interns, EPWP, learnerships, etc.							8 867	-	8 867	1 752	8 867	1 809	8 867	1 954	8 867	2 153	-	7.1%	0.0%				
Total							27 732	-	27 732	5 832 903	27 825	6 198 704	27 997	6 839 078	28 079	7 108 385	0.4%	6.8%	100.0%				

Personnel numbers per programme for full-time equivalent positions need to be disclosed at the end of each departmental chapter for the previous and current financial years, along with estimates over the MTEF.

In preparing departmental budgets, departments must take account the full cost of all aspects of personnel policy. This includes general salary adjustments for pay progression, overtime, medical aid, homeowners allowance and any other allowances that may apply. The full carry through effects of salary increases must also be factored into departmental budgets.

Furthermore, it is also intended to highlight risks with regards to vacancies and the ability to deliver in line with the mandates assigned to these functions. Compensation of employees is ordinarily a major component of each department's budget and if budgeted for more accurately, the overall budget should be more precise.

Although the department include general salary adjustments, pay progression, overtime, medical aid, homeowners allowance and all other allowances in the budgeting process, the difference between the budgeted salary increase and the agreed actual increase must normally be funded from own budgets which leads to the department having to reprioritize and utilize funds earmarked for appointing staff into newly build facilities, retention of community service workers and payment of performance bonuses to cover these differences. The department is also required to implement agreements signed at the bargaining councils that have salary implications. To this effect the upgrading of clerks and other categories had to be funded from within the department's own budget and this was not planned for.

Due to the fact that the department's growth on COE budget is less than the annual cost of living adjustment, the department should have a negative personnel growth as the budget would not be sufficient to cater for the warm bodies already in the system. Posts that become vacant cannot be replaced as it would be projected that the department would overspend on COE. This leaves critical

health practitioner posts vacant where doctors and nurses that have bursary obligations cannot be retained and will be lost to other provinces. Non appointment or replacement of clinical staff will result in services being closed down as the department will not have the relevant expertise to render the service anymore. This will result in patients being referred to other provinces at an additional cost to the department.

Bursaries

In terms of the implementation of the above-mentioned circular, the 50 per cent portion of the training budget referred above does not include bursaries awarded to by Departments to employees and or students in the tertiary institutions. The Departments will have to allocate budgets for purposes of awarding such bursaries, in addition to the 1 per cent of total department's annual personnel budget. Within the Department there is an anomaly regarding payment of bursaries. Bursaries for both students and employees are paid from the equitable share of the HRD Directorate.

Furthermore for the past years allied health professionals were not given the attention that they deserved thus bursaries were skewed towards medicine. With the aging of these professionals the Department needs to step up financial assistance to these categories of health workers.

The department has recruited 155 students for studying in local universities with bursaries to date. The number is expected to increase on annual basis since there are new recruits. The average costs per programme R120 000. Taking into account the ever increasing costs of education it is prudent to increase the budget for bursary for students studying at local universities.

Cost for bursaries at local universities: R20 million per annum. The proposal therefore is that bursary funds must be ring-fenced and not from part of HRD equitable share.

The Department has been implementing the above-mentioned programmes to respond to the commitments of the National Skills Strategy 111 (NSDS 111) with specific emphasis on Commitment Five. Commitment Five seeks to ensure that young people have access to education and training that enhances opportunities and increases their chances of success in further vocational training and sustainable employment.

Departments have to ensure that an amount equivalent of up to 5 per cent minimum of Interns and learners are appointed against a total staff establishment of the department on an annual basis. Furthermore Departments shall set aside funds to the value of a minimum of 20 per cent of the Personnel Training and Development Budget to cover among others internship and learnership programme costs which includes:

- Costs as per paragraph 5.2 of the Determination (leave)
- Monthly stipend or allowances;

- Compulsory Induction Programme for Interns and learners.
- Costs for Personal Development Programmes

The remuneration of interns in the Department has to been reviewed and aligned to the Sectoral Determination of interns in the Public Service. In essence the interns must be remunerated according to their qualifications, an important factor which the Department has not been implementing in the previous years.

9.1.2 Training

Table 3.25 : Payments on training by programme

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
1. Administration	26	70	258	-	-	-	-	-	-
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	26	70	258	-	-	-	-	-	-
2. District Health Services	8 207	10 023	11 189	16 261	16 261	16 261	11 944	13 582	14 370
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	8 207	10 023	11 189	16 261	16 261	16 261	11 944	13 582	14 370
3. Emergency Medical Services	1 404	1 887	1 561	2 000	2 000	2 000	1 726	1 826	1 932
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	1 404	1 887	1 561	2 000	2 000	2 000	1 726	1 826	1 932
4. Provincial Hospital Services	1 908	1 776	3 723	2 255	2 255	2 255	2 000	2 380	2 518
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	1 908	1 776	3 723	2 255	2 255	2 255	2 000	2 380	2 518
5. Central Hospital Services	-	-	122	-	-	-	-	-	-
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	-	-	122	-	-	-	-	-	-
6. Health Science And Training	22 968	17 043	20 568	24 962	24 962	24 962	29 924	35 696	37 766
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	12 512	13 200	14 776	18 470	18 470	18 470	23 088	28 860	30 534
Other	10 456	3 843	5 792	6 492	6 492	6 492	6 836	6 836	7 232
7. Health Care Support Services	12	119	68	72	72	72	76	80	85
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	12	119	68	72	72	72	76	80	85
8. Health Facilities And Maintenance	1 908	1 459	1 801	2 070	2 070	2 070	2 180	2 289	2 422
Subsistence and travel	-	-	-	-	-	-	-	-	-
Payments on tuition	-	-	-	-	-	-	-	-	-
Other	1 908	1 459	1 801	2 070	2 070	2 070	2 180	2 289	2 422
Total payments on training	36 433	32 377	39 290	47 620	47 620	47 620	47 850	55 853	59 092

Mandatory Management programme

The Department has a staff establishment of over 18 000 employees who need to undergo some form of up skilling. However, with the limited budget the Department has a small fraction of employees have the opportunity to be skilled. In addition, there are mandatory program for managers at different levels undertaken with the National School of Government. The budget also does not allow HRD office to sufficiently train ideal number of managers on an annual basis.

Compulsory Induction Programme

The Directive on the implementation of the Compulsory Induction Programme which was implemented in November 2012 requires that new employees in the Public Service be undertaken through a five modules course at a considerable cost. This will also put a strain on the HRD budget as we have over 3000 employees in need of induction. As stated in the Directive, employees will only be confirmed once they have attended the first module of the program. Another clause on the same Directive refers to employees having to complete all the modules before they could enjoy pay progression. We thus have a backlog in terms of inducing employees since the implementation of the CIP.

The cost of the induction is R1.8 thousand per employee which adds up to R1.8 million per year if we are to train 1000 employees in the MTEF.

Training constitutes the group of items that provide detail about staff development and the related costs in terms of external training or the development of training materials and manuals for internal training. Examples of specific items included under training would be: subsistence and travel, registration, payments on tuition, etc. This section should also reflect the payments to institutes (SAGO, IPAC, SAICA, etc.) to attend seminars, workshops and training sessions. A more detailed definition is referenced in the SCOA classification system.

In this section a narrative in support of capacity building programme could be provided. It should speak to the needs analysis, decision on what training should be provided for whom and by when will the challenges of capacity be addressed. This section should assess whether spending on training has made an impact on the skills or capacity challenges within the department.

It has now also become important that we provide information on the number of persons trained and those to be trained in the budget year and over the MTEF. Cabinet agreed that departments should allocate at least 1 per cent of its personnel budget to learner- and internships annually. A DPSA training guide for the public service as well as the Skills and Human Resource Development Strategies, which place pressure on government departments and provinces to train existing staff and unemployed persons either as interns, learners or volunteers, etc.

In terms of Circular No.: HRD1 of 2013 the Skills Development Levy has been reviewed. All Departments are required to set aside a minimum of 1 per cent of total department's annual personnel budget for training and development of its personnel and potential employees. The 1 per cent to be appropriated as follows:

- 30 per cent SETA/s – One Third for Administration and Two thirds to fund discretionary Projects
- 20 per cent Training and Development of unemployed individuals – internships and learnerships

- 50 per cent Capacity building for serving employees, addressing skills gaps and mandatory programmes

The 50 per cent portion of the training budget referred to in (iii), does not include bursaries awarded by the Department to employees and / or students at tertiary institutions. The Department will have to allocate budget for the purpose of awarding such bursaries, in addition to the 1 per cent of total departmental annual personnel budget.

The Department undertakes training and development initiatives in conjunction with the Health and Welfare SETA (HWSETA) as well as through the Public Service Education and Training Authority (PSETA). Of the 30 per cent of skills levy payable to SETA's as indicated on (i), it is to be appropriated as follows: The 95 per cent is to be paid to the HWSETA (Line function SETA) and 5 per cent to PSETA (transversal SETA)

The National School of Government (NSG) is mandated by legislation to manage generic or transversal training. Government departments that do not contribute towards the SETA's are not eligible for grants for training.

9.1.3 Reconciliation of structural changes

No function shifts from 2016/17

ANNEXURE TO THE ESTIMATES OF PROVINCIAL REVENUE AND EXPENDITURE

Table B.1: Specifications of receipts

Table B.1: Specification of receipts: Health

R thousand	Outcome			Main appropriation	Adjusted appropriation 2015/16	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15				2016/17	2017/18	2018/19
Tax receipts	-	-	-	-	-	-	-	-	-
Casino taxes	-	-	-	-	-	-	-	-	-
Horse racing taxes	-	-	-	-	-	-	-	-	-
Liquor licences	-	-	-	-	-	-	-	-	-
Motor vehicle licences	-	-	-	-	-	-	-	-	-
Sales of goods and services other than capital assets	51 966	56 385	57 729	67 250	67 250	67 285	68 746	72 288	75 867
Sale of goods and services produced by department (excluding capital assets)	51 966	56 385	57 729	67 250	67 250	67 285	68 746	72 288	75 867
Sales by market establishments	-	-	-	-	-	-	-	-	-
Administrative fees	-	3 865	-	2 000	2 000	2 000	2 106	2 211	2 340
Other sales	51 966	52 520	57 729	65 250	65 250	65 285	66 640	70 077	73 527
Of which									
Health patient fees	39 406	40 211	51 843	58 157	58 157	58 192	55 688	58 577	61 361
Other (Specify)	1 045	1 583	500	500	500	500	500	525	555
Other (Specify)	3 920	4 959	5 280	4 200	4 200	4 200	5 500	5 775	6 110
Other (Specify)	7 595	5 767	2 455	2 393	2 393	2 393	4 952	5 200	5 501
Sales of scrap, waste, arms and other used current goods (excluding capital assets)	-	-	-	-	-	-	-	-	-
Transfers received from:	-	-	-	-	-	-	-	-	-
Other governmental units	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments	-	-	-	-	-	-	-	-	-
International organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households and non-profit institutions	-	-	-	-	-	-	-	-	-
Fines, penalties and forfeits	-	-	-	-	-	-	-	-	-
Interest, dividends and rent on land	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Dividends	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Sales of capital assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Other capital assets	-	-	-	-	-	-	-	-	-
Transactions in financial assets and liabilities	4 763	-	6 931	2 000	2 000	6 345	4 312	4 423	4 680
Total departmental receipts	56 729	56 385	64 660	69 250	69 250	73 630	73 058	76 711	80 547

2016/17 Estimates of Provincial Revenue and Expenditure

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15	2015/16	2015/16	2015/16	2016/17	2017/18	2018/19
Current payments	6 236 000	7 232 307	7 677 293	7 996 240	8 204 264	8 481 523	8 657 359	9 424 886	10 199 888
Compensation of employees	4 129 321	4 860 617	5 389 881	5 834 800	5 933 920	5 832 903	6 198 704	6 839 078	7 108 385
Salaries and wages	3 579 102	4 259 080	4 747 505	5 163 103	5 212 798	5 126 572	5 485 226	6 075 625	6 300 650
Social contributions	550 219	601 537	642 376	671 697	721 122	706 331	713 478	763 453	807 735
Goods and services	2 106 501	2 371 382	2 286 569	2 159 368	2 268 754	2 647 030	2 457 454	2 585 008	3 090 657
Administrative fees	4 276	3 743	7 111	5 482	3 112	3 112	2 296	1 658	1 755
Advertising	17 878	26 648	12 454	4 601	8 585	8 585	7 388	3 439	3 636
Minor assets	17 975	23 860	20 711	20 249	13 430	13 430	20 041	18 010	19 055
Audit cost: External	22 230	18 847	18 060	15 162	22 086	22 086	17 278	18 968	20 069
Bursaries: Employees	—	—	—	—	—	—	—	—	—
Catering: Departmental activities	14 517	19 783	16 907	4 967	11 187	11 187	7 870	5 335	10 643
Communication (G&S)	38 619	40 318	42 849	27 389	41 083	42 757	32 211	32 107	35 139
Computer services	21 745	26 564	26 253	35 023	34 415	36 363	33 815	27 842	29 456
Consultants and professional services: Business and advisory services	7 311	8 919	5 637	5 673	12 973	13 035	4 870	2 680	2 835
Consultants and professional services: Infrastructure and planning	—	—	—	—	—	—	—	—	—
Consultants and professional services: Laboratory services	235 502	226 916	248 209	212 814	279 382	312 288	360 446	357 305	528 218
Consultants and professional services: Scientific and technological services	—	—	—	—	—	—	—	—	—
Consultants and professional services: Legal costs	8 832	9 272	20 737	5 775	11 579	12 037	16 867	7 755	8 203
Contractors	46 683	55 290	59 243	63 195	51 880	78 233	57 013	67 639	71 678
Agency and support / outsourced services	136 491	184 842	206 611	212 789	210 167	257 867	206 222	285 355	297 375
Entertainment	—	—	—	—	—	—	—	—	—
Fleet services (including government motor transport)	307	65 336	65 070	62 796	80 048	140 162	157 663	102 619	162 873
Housing	—	—	—	—	—	—	—	—	—
Inventory: Clothing material and accessories	—	15 186	9 631	8 231	11 390	12 000	10 994	6 000	6 347
Inventory: Farming supplies	—	251	301	134	202	202	125	105	111
Inventory: Food and food supplies	17 838	7 240	8 717	13 672	9 964	10 048	7 239	11 834	10 403
Inventory: Fuel, oil and gas	12 742	13 681	18 089	12 961	30 910	31 649	18 989	7 440	7 513
Inventory: Learner and teacher support material	157	1 299	—	35	1 765	1 765	1 837	39	41
Inventory: Materials and supplies	13 281	15 100	9 944	18 243	12 821	12 821	8 753	7 717	6 146
Inventory: Medical supplies	221 364	267 413	264 897	280 196	255 034	267 585	245 465	362 865	342 699
Inventory: Medicine	535 590	632 564	558 631	595 443	487 573	579 448	669 042	638 872	770 533
Medsas inventory interface	—	—	—	—	—	—	—	—	—
Inventory: Other supplies	—	—	—	2 431	—	12 735	5 315	—	—
Consumable supplies	74 994	70 605	70 120	46 406	62 597	73 520	48 014	46 785	49 464
Consumable: Stationery, printing and office supplies	48 232	43 700	40 209	46 918	42 166	41 403	43 743	41 576	40 347
Operating leases	87 307	85 515	87 788	81 642	90 378	100 172	70 341	81 234	86 055
Property payments	286 545	333 256	323 871	236 449	369 255	436 485	295 433	319 497	425 025
Transport provided: Departmental activity	8 824	9 256	8 590	5 821	3 025	3 069	1 627	3 751	3 966
Travel and subsistence	161 911	119 171	99 748	99 049	84 360	85 422	78 594	91 944	112 515
Training and development	23 920	19 159	12 013	19 414	11 318	11 116	12 903	19 007	22 108
Operating payments	33 665	11 527	10 617	9 857	9 418	9 797	10 057	11 165	11 812
Venues and facilities	6 460	10 958	8 704	6 009	5 031	5 031	4 575	3 860	3 995
Rental and hiring	1 305	5 163	4 847	542	1 620	1 620	428	605	642
Interest and rent on land	178	308	843	2 072	1 590	1 590	1 201	800	846
Interest	178	308	843	2 072	1 590	1 590	1 201	800	846
Rent on land	—	—	—	—	—	—	—	—	—
Transfers and subsidies	184 939	122 454	115 783	100 039	113 926	215 839	191 837	246 871	165 849
Provinces and municipalities	—	—	—	—	—	—	—	—	—
Provinces	—	—	—	—	—	—	—	—	—
Provincial Revenue Funds	—	—	—	—	—	—	—	—	—
Provincial agencies and funds	—	—	—	—	—	—	—	—	—
Municipalities	—	—	—	—	—	—	—	—	—
Municipalities	—	—	—	—	—	—	—	—	—
Municipal agencies and funds	—	—	—	—	—	—	—	—	—
Departmental agencies and accounts	3 900	—	3 215	10 325	10 429	10 429	16 762	21 623	24 877
Social security funds	—	—	—	—	—	—	—	—	—
Provide list of entities receiving transfers	3 900	—	3 215	10 325	10 429	10 429	16 762	21 623	24 877
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	127 637	1 549	—	—	8 718	9 688	—	—	—
Households	53 402	120 905	112 568	89 714	94 779	195 722	175 075	225 248	140 972
Social benefits	37 689	84 828	33 144	18 754	15 087	30 909	21 130	39 338	40 106
Other transfers to households	15 713	36 077	79 424	70 960	79 692	164 813	153 945	185 910	100 866
Payments for capital assets	599 895	1 038 716	579 777	807 792	765 515	739 528	611 334	628 915	681 502
Buildings and other fixed structures	487 879	904 094	475 338	668 897	638 275	611 847	467 731	445 058	492 036
Buildings	487 879	904 094	475 338	668 897	597 204	570 884	466 231	445 058	492 036
Other fixed structures	—	—	—	—	41 071	40 963	1 500	—	—
Machinery and equipment	112 016	134 622	104 439	138 895	127 240	127 681	143 603	183 857	189 466
Transport equipment	29 109	26 569	14 738	36 750	18 352	20 251	34 039	38 315	35 248
Other machinery and equipment	82 907	108 053	89 701	102 145	108 888	107 430	109 564	145 542	154 218
Heritage Assets	—	—	—	—	—	—	—	—	—
Specialised military assets	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—
Payments for financial assets	—	—	—	—	—	—	—	—	—
Total economic classification	7 020 834	8 393 477	8 372 853	8 904 071	9 083 705	9 436 890	9 460 530	10 300 672	11 047 239

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15	2015/16	2015/16	2015/16	2016/17	2017/18	2018/19
Current payments	229 457	234 001	251 123	267 608	302 553	302 554	307 879	320 488	313 299
Compensation of employees	129 930	153 242	174 062	184 620	189 120	189 120	190 247	220 547	220 643
Salaries and wages	112 317	132 800	152 369	164 326	168 823	166 394	168 877	198 109	196 904
Social contributions	17 613	20 442	21 693	20 294	20 297	22 726	21 370	22 438	23 739
Goods and services	99 498	80 759	76 965	82 978	113 303	113 304	117 432	99 941	92 666
Administrative fees	1 675	1 189	926	910	1 041	1 041	1 095	1	1
Advertising	4 945	3 668	3 351	3 321	2 420	2 420	2 115	1 958	2 071
Assets less than the capitalisation threshold	1 044	5 234	2 092	2 200	4	4	865	1 027	1 086
Audit cost: External	15 957	9 250	11 064	9 536	12 062	12 062	11 400	12 255	12 966
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	2 546	2 885	2 133	749	1 421	1 421	1 398	868	919
Communication (G&S)	5 652	3 912	4 487	3 614	5 033	5 033	5 735	5 061	5 355
Computer services	-	118	440	-	-	1	-	-	-
Consultants and professional services: Business and advisory services	943	1 666	-	3 358	7 738	7 738	2 899	210	222
Consultants and professional services: Infrastructure and planning	-	-	-	-	-	-	-	-	-
Consultants and professional services: Laboratory services	-	-	-	-	-	-	-	-	-
Consultants and professional services: Scientific and technological services	-	-	-	-	-	-	-	-	-
Consultants and professional services: Legal costs	8 832	4 527	7 000	3 775	5 385	5 385	5 572	4 451	4 708
Contractors	802	511	2 218	380	480	480	1 223	534	565
Agency and support / outsourced services	315	90	-	-	40	40	10 001	-	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	7	4 166	6 008	7 702	16 588	16 588	21 590	19 496	10 046
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	485	457	-	144	144	28	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	248	-	-	10	24	24	60	260	275
Inventory: Fuel, oil and gas	-	-	-	1	1	1	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	39	208	687	115	199	199	121	127	135
Inventory: Medical supplies	-	-	13	-	114	114	-	6	6
Inventory: Medicine	1	-	-657	-	-	-	-	-	-
Medas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	309	2 186	657	499	657	657	457	405	428
Consumable: Stationery, printing and office supplies	5 228	3 536	3 399	2 336	3 977	3 977	4 433	3 890	3 117
Operating leases	25 160	14 816	12 456	17 997	18 987	18 987	4 103	2 949	3 120
Property payments	4 535	4 474	7 407	7 661	19 604	19 604	25 691	25 401	25 464
Transport provided: Departmental activity	120	265	-	-	-	-	-	-	-
Travel and subsistence	17 058	15 608	10 750	18 103	15 150	15 150	15 755	18 969	20 068
Training and development	26	70	-	-	201	201	257	-	-
Operating payments	3 331	821	871	600	1 902	1 902	1 996	1 117	1 182
Venues and facilities	645	739	475	42	22	22	638	880	841
Rental and hiring	80	335	731	69	109	109	-	76	81
Interest and rent on land	29	-	96	10	130	130	200	-	-
Interest	29	-	96	10	130	130	200	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	5 596	10 974	13 785	14 512	14 643	14 643	13 069	13 724	14 520
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	-	-	-	-	-	-	-	-	-
Households	5 596	10 974	13 785	14 512	14 643	14 643	13 069	13 724	14 520
Social benefits	5 596	-	539	-	631	631	500	-	600
Other transfers to households	-	10 974	13 246	14 512	14 012	14 012	12 569	13 724	13 920
Payments for capital assets	2 357	11 592	4 510	4 000	205	204	8 782	5 572	5 895
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2 357	11 592	4 510	4 000	205	204	8 782	5 572	5 895
Transport equipment	412	-	-	-	-	-	-	-	-
Other machinery and equipment	1 945	11 592	4 510	4 000	205	204	8 782	5 572	5 895
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	237 410	256 567	269 418	286 120	317 401	317 401	329 730	339 784	333 714

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15	2015/16	2015/16	2015/16	2016/17	2017/18	2018/19
Current payments	3 473 252	4 120 567	4 356 703	4 631 431	4 698 566	4 774 066	4 898 038	5 426 011	5 971 632
Compensation of employees	2 264 102	2 758 982	3 087 921	3 490 786	3 468 344	3 398 344	3 579 815	3 969 869	4 124 331
Salaries and wages	1 958 359	2 421 069	2 726 252	3 112 942	3 098 588	2 996 417	3 181 863	3 537 445	3 666 824
Social contributions	305 743	337 913	361 669	377 844	369 756	401 927	397 952	432 424	457 507
Goods and services	1 209 053	1 361 339	1 268 555	1 140 076	1 229 615	1 375 120	1 317 624	1 455 513	1 846 636
Administrative fees	1 823	1 584	1 303	952	1 073	1 073	285	986	1 044
Advertising	12 686	21 317	8 446	805	5 525	5 525	4 583	861	910
Assets less than the capitalisation threshold	8 484	10 659	10 734	6 511	6 316	6 388	7 155	5 412	5 725
Audit cost: External	6 273	7 599	3 574	3 626	6 021	6 021	3 521	4 829	5 109
Bursaries: Employees	—	—	—	—	—	—	—	—	—
Catering: Departmental activities	8 956	13 639	12 741	2 380	8 454	8 454	5 248	2 774	7 935
Communication (G&S)	18 960	22 639	24 860	13 153	22 095	22 428	13 606	14 267	16 267
Computer services	71	50	—	1 545	5 920	5 921	551	1 871	1 979
Consultants and professional services: Business and advisory services	6 297	3 777	5 588	2 147	5 117	5 175	1 716	2 290	2 423
Consultants and professional services: Infrastructure and planning	—	—	—	—	—	—	—	—	—
Consultants and professional services: Laboratory services	164 088	173 814	190 501	162 744	208 257	218 465	222 581	267 145	397 418
Consultants and professional services: Scientific and technological services	—	—	—	—	—	—	—	—	—
Consultants and professional services: Legal costs	—	1 359	536	500	2 999	3 000	6 767	553	585
Contractors	19 200	18 983	16 817	17 481	15 919	15 919	25 213	15 321	16 326
Agency and support / outsourced services	38 426	53 567	59 877	72 487	60 414	75 507	59 469	96 100	111 673
Entertainment	—	—	—	—	—	—	—	—	—
Fleet services (including government motor transport)	190	26 631	24 991	20 579	27 060	27 337	69 601	54 285	78 497
Housing	—	—	—	—	—	—	—	—	—
Inventory: Clothing material and accessories	—	5 685	2 519	2 862	4 441	4 441	1 750	4 400	4 655
Inventory: Farming supplies	—	72	72	84	137	136	35	40	42
Inventory: Food and food supplies	14 801	3 904	4 512	11 451	6 637	6 637	5 278	9 739	8 187
Inventory: Fuel, oil and gas	8 388	7 771	8 748	3 829	15 092	15 092	7 345	4 800	4 719
Inventory: Learner and teacher support material	—	1 027	—	—	—	—	—	—	—
Inventory: Materials and supplies	5 254	7 603	3 859	6 198	3 746	3 746	2 588	3 277	1 447
Inventory: Medical supplies	78 933	104 290	83 187	115 852	105 545	112 286	132 263	206 587	194 354
Inventory: Medicine	467 580	518 728	463 077	488 486	415 311	469 125	496 433	437 695	593 035
Medas inventory interface	—	—	—	—	—	—	—	—	—
Inventory: Other supplies	—	—	—	—	—	—	—	—	—
Consumable supplies	33 567	29 953	31 392	10 598	22 281	25 682	17 732	17 123	18 083
Consumable: Stationery, printing and office supplies	26 454	23 634	22 231	23 277	19 486	18 711	21 346	22 264	20 911
Operating leases	25 668	31 882	32 173	32 464	30 880	31 194	40 594	38 030	40 346
Property payments	139 127	166 171	169 716	74 672	173 379	228 353	115 883	168 766	224 567
Transport provided: Departmental activity	1 694	3 505	1 962	1 654	1 441	1 441	1 437	2 003	2 117
Travel and subsistence	105 495	73 951	64 144	45 148	40 767	41 825	39 182	50 008	60 797
Training and development	8 206	10 005	5 504	9 886	5 573	5 472	7 078	12 422	15 143
Operating payments	3 303	4 666	4 827	5 490	3 740	3 777	4 289	8 346	8 829
Venues and facilities	3 912	8 103	6 947	2 762	4 557	4 557	3 667	2 818	2 982
Rental and hiring	1 217	4 771	3 717	453	1 432	1 432	428	501	531
Interest and rent on land	97	246	227	569	607	602	599	629	665
Interest	97	246	227	569	607	602	599	629	665
Rent on land	—	—	—	—	—	—	—	—	—
Transfers and subsidies	142 633	13 601	21 910	4 993	14 672	29 704	8 307	19 520	18 537
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	127 637	1 549	—	—	8 718	9 688	—	—	—
Households	14 996	12 052	21 910	4 993	5 954	20 016	8 307	19 520	18 537
Social benefits	14 996	12 052	21 910	4 993	5 954	20 016	8 307	19 520	18 537
Other transfers to households	—	—	—	—	—	—	—	—	—
Payments for capital assets	32 446	33 015	29 666	33 975	14 849	14 920	34 081	43 557	46 319
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—
Buildings	—	—	—	—	—	—	—	—	—
Other fixed structures	—	—	—	—	—	—	—	—	—
Machinery and equipment	32 446	33 015	29 666	33 975	14 849	14 920	34 081	43 557	46 319
Transport equipment	831	—	4 114	—	—	—	—	—	—
Other machinery and equipment	31 615	33 015	25 552	33 975	14 860	11 558	34 081	43 557	46 319
Heritage Assets	—	—	—	—	—	—	—	—	—
Specialised military assets	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—
Payments for financial assets	—	—	—	—	—	—	—	—	—
Total economic classification	3 648 331	4 167 183	4 408 279	4 670 399	4 728 087	4 818 690	4 940 426	5 489 088	6 036 488

Table B.2: Payments and estimates by economic classification: Emergency Medical Services

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15	2015/16	2015/16	2015/16	2016/17	2017/18	2018/19
Current payments	205 390	245 012	251 169	269 077	276 293	321 133	282 352	295 686	306 136
Compensation of employees	160 158	181 396	191 429	210 108	217 333	202 333	215 904	231 870	241 319
Salaries and wages	133 990	152 536	161 638	179 635	186 860	170 695	183 816	198 178	205 672
Social contributions	26 168	28 860	29 791	30 473	30 473	31 638	32 088	33 692	35 647
Goods and services	45 219	63 603	59 727	58 927	58 920	118 760	66 404	63 770	64 768
Administrative fees	214	24	96	30	30	30	—	42	44
Advertising	81	147	13	150	74	74	166	170	180
Assets less than the capitalisation threshold	2 121	1 354	216	900	204	204	1 008	1 210	1 280
Audit cost: External	—	998	1 000	1 000	1 400	1 400	1 071	1 284	1 369
Bursaries: Employees	—	—	—	—	—	—	—	—	—
Catering: Departmental activities	392	480	206	100	27	27	39	111	117
Communication (G&S)	4 664	4 260	4 381	3 300	3 684	3 684	3 632	3 830	4 052
Computer services	—	—	—	1 000	—	—	1 038	1 055	1 116
Consultants and professional services: Business and advisory services	—	—	—	—	17	21	—	—	—
Consultants and professional services: Infrastructure and planning	—	—	—	—	—	—	—	—	—
Consultants and professional services: Laboratory services	748	—	—	—	—	—	—	—	—
Consultants and professional services: Scientific and technological services	—	—	—	—	—	—	—	—	—
Consultants and professional services: Legal costs	—	966	4 760	1 000	1 000	1 000	1 866	1 000	1 058
Contractors	2 899	1 570	1 376	700	1 014	1 014	799	850	899
Agency and support / outsourced services	1 005	9 413	11 249	6 818	7 827	7 827	1 560	2 550	—
Entertainment	—	—	—	—	—	—	—	—	—
Fleet services (including government motor transport)	9	19 096	21 166	22 700	23 733	83 569	33 479	34 600	36 607
Housing	—	—	—	—	—	—	—	—	—
Inventory: Clothing material and accessories	—	1 441	1 465	1 500	1 455	1 455	1 500	—	—
Inventory: Farming supplies	—	—	—	—	—	—	—	—	—
Inventory: Food and food supplies	—	2	—	30	—	—	35	37	39
Inventory: Fuel, oil and gas	539	487	416	500	778	778	626	750	794
Inventory: Learner and teacher support material	—	125	—	—	—	—	—	—	—
Inventory: Materials and supplies	416	320	85	350	190	190	400	420	444
Inventory: Medical supplies	1 797	1 283	703	1 592	1 347	1 347	1 676	1 760	1 882
Inventory: Medicine	413	530	321	779	686	686	800	861	911
Meddas inventory interface	—	—	—	—	—	—	—	—	—
Inventory: Other supplies	—	—	—	—	—	—	—	—	—
Consumable supplies	3 478	2 197	1 084	1 800	1 767	1 767	2 000	2 131	2 255
Consumable: Stationery, printing and office supplies	2 561	2 438	1 227	1 600	1 290	1 290	1 000	1 022	1 081
Operating leases	2 982	3 407	3 872	1 700	2 850	2 850	2 100	2 130	2 254
Property payments	8 613	7 655	3 182	5 880	4 969	4 969	8 276	4 090	4 327
Transport provided: Departmental activity	—	52	46	55	10	10	—	100	106
Travel and subsistence	10 274	3 269	2 638	3 400	3 089	3 089	1 416	1 502	1 586
Training and development	1 404	1 887	160	1 639	1 343	1 343	1 726	1 812	1 917
Operating payments	600	130	39	324	87	87	191	358	379
Venues and facilities	9	72	25	80	—	—	—	95	101
Rental and hiring	—	—	1	—	49	49	—	—	—
Interest and rent on land	13	13	13	42	40	40	44	46	49
Interest	13	13	13	42	40	40	44	46	49
Rent on land	—	—	—	—	—	—	—	—	—
Transfers and subsidies	141	178	1 568	809	809	809	926	1 022	1 082
Provinces and municipalities	—	—	—	—	—	—	—	—	—
Provinces	—	—	—	—	—	—	—	—	—
Provincial Revenue Funds	—	—	—	—	—	—	—	—	—
Provincial agencies and funds	—	—	—	—	—	—	—	—	—
Municipalities	—	—	—	—	—	—	—	—	—
Municipalities	—	—	—	—	—	—	—	—	—
Municipal agencies and funds	—	—	—	—	—	—	—	—	—
Departmental agencies and accounts	—	—	646	—	—	—	—	—	—
Social security funds	—	—	—	—	—	—	—	—	—
Provide list of entities receiving transfers	—	—	646	—	—	—	—	—	—
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	141	178	922	809	809	809	926	1 022	1 082
Social benefits	141	178	922	809	809	809	926	1 022	1 082
Other transfers to households	—	—	—	—	—	—	—	—	—
Payments for capital assets	24 175	18 470	2 778	23 486	16 889	16 889	22 691	23 731	25 108
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—
Buildings	—	—	—	—	—	—	—	—	—
Other fixed structures	—	—	—	—	—	—	—	—	—
Machinery and equipment	24 175	18 470	2 778	23 486	16 889	16 889	22 691	23 731	25 108
Transport equipment	14 895	12 613	1 046	20 750	16 889	16 889	20 191	20 625	21 822
Other machinery and equipment	9 280	5 857	1 732	2 736	—	—	2 500	3 106	3 286
Heritage Assets	—	—	—	—	—	—	—	—	—
Specialised military assets	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—
Payments for financial assets	—	—	—	—	—	—	—	—	—
Total economic classification	229 706	263 660	255 515	293 372	293 991	338 831	305 969	320 439	332 326

2016/17 Estimates of Provincial Revenue and Expenditure

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15	2015/16	2015/16	2015/16	2016/17	2017/18	2018/19
Current payments	1 761 985	2 016 565	2 196 895	1 268 502	1 297 713	1 372 615	1 367 575	1 561 484	1 681 404
Compensation of employees	1 291 652	1 447 431	1 616 034	929 115	982 515	982 515	1 036 925	1 248 215	1 303 031
Salaries and wages	1 128 999	1 268 791	1 421 422	737 323	790 647	865 856	834 968	1 036 160	1 078 677
Social contributions	162 653	178 640	194 612	191 792	191 868	116 659	201 957	212 055	224 354
Goods and services	470 306	569 101	580 389	339 325	314 931	389 833	330 366	313 217	378 318
Administrative fees	57	189	315	99	69	69	104	110	116
Advertising	154	858	398	152	220	220	158	165	174
Assets less than the capitalisation threshold	4 074	4 716	3 572	1 291	418	418	1 801	1 987	2 102
Audit cost: External	—	1 000	2 422	1 000	1 681	1 681	1 286	600	635
Bursaries: Employees	—	—	—	—	—	—	—	—	—
Catering: Departmental activities	513	1 209	480	125	21	21	126	134	142
Communication (G&S)	8 090	7 375	7 368	1 758	4 041	4 041	2 333	2 800	2 962
Computer services	84	—	96	40	—	—	—	—	—
Consultants and professional services: Business and advisory services	34	46	49	148	53	53	142	158	167
Consultants and professional services: Infrastructure and planning	—	—	—	—	—	—	—	—	—
Consultants and professional services: Laboratory services	66 349	46 798	51 628	12 571	28 387	38 935	48 026	30 263	49 429
Consultants and professional services: Scientific and technological services	—	—	—	—	—	—	—	—	—
Consultants and professional services: Legal costs	—	948	5 844	500	500	499	1 662	553	585
Contractors	9 443	13 197	14 878	288	4 465	4 465	326	3 361	3 556
Agency and support / outsourced services	68 092	92 062	109 063	85 688	67 276	83 255	71 715	73 539	79 500
Entertainment	—	—	—	—	—	—	—	—	—
Fleet services (including government motor transport)	99	11 435	10 797	5 935	6 572	6 572	9 117	5 965	29 840
Housing	—	—	—	—	—	—	—	—	—
Inventory: Clothing material and accessories	—	3 009	737	3 669	813	813	3 079	1 350	1 428
Inventory: Farming supplies	—	137	229	50	—	—	60	65	69
Inventory: Food and food supplies	2 681	3 270	4 149	1 648	2 600	2 662	1 256	1 318	1 395
Inventory: Fuel, oil and gas	3 709	5 379	8 895	3 183	4 138	4 751	779	781	826
Inventory: Learner and teacher support material	23	37	—	35	—	—	37	39	41
Inventory: Materials and supplies	4 635	4 997	3 055	2 310	1 115	1 115	847	—	—
Inventory: Medical supplies	98 173	116 596	129 262	92 540	55 587	57 836	46 714	52 236	40 266
Inventory: Medicine	58 584	101 872	79 711	32 999	24 110	52 196	46 747	57 782	79 300
Medias inventory interface	—	—	—	—	—	—	—	—	—
Inventory: Other supplies	—	—	—	2 431	—	—	—	—	—
Consumable supplies	31 021	30 382	33 390	13 694	20 171	20 171	11 799	12 145	12 848
Consumable: Stationery, printing and office supplies	7 704	7 668	7 842	8 524	4 374	4 374	5 321	6 662	7 049
Operating leases	22 978	18 719	20 575	9 892	16 676	21 902	10 211	10 880	11 511
Property payments	67 431	78 049	70 051	47 727	63 931	75 733	59 989	45 923	49 719
Transport provided: Departmental activity	3 757	1 645	1 300	415	1 374	1 374	—	61	64
Travel and subsistence	8 049	10 772	8 940	9 126	5 177	5 177	5 632	3 920	4 149
Training and development	1 908	1 776	841	1 005	535	535	759	—	—
Operating payments	2 659	4 913	4 046	453	627	965	340	357	378
Venues and facilities	—	11	88	9	—	—	—	35	37
Rental and hiring	5	36	368	20	—	—	—	28	30
Interest and rent on land	27	33	472	62	267	267	284	52	55
Interest	27	33	472	62	267	267	284	52	55
Rent on land	—	—	—	—	—	—	—	—	—
Transfers and subsidies	8 782	8 272	8 646	2 996	3 846	14 596	7 095	3 147	3 330
Provinces and municipalities	—	—	—	—	—	—	—	—	—
Provinces	—	—	—	—	—	—	—	—	—
Provincial Revenue Funds	—	—	—	—	—	—	—	—	—
Provincial agencies and funds	—	—	—	—	—	—	—	—	—
Municipalities	—	—	—	—	—	—	—	—	—
Municipalities	—	—	—	—	—	—	—	—	—
Municipal agencies and funds	—	—	—	—	—	—	—	—	—
Departmental agencies and accounts	—	—	600	—	—	—	—	—	—
Social security funds	—	—	—	—	—	—	—	—	—
Provide list of entities receiving transfers	—	—	600	—	—	—	—	—	—
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	8 782	8 272	8 046	2 996	3 846	14 596	7 095	3 147	3 330
Social benefits	8 782	8 112	8 046	2 996	3 846	3 836	7 095	3 147	3 330
Other transfers to households	—	160	—	—	—	10 760	—	—	—
Payments for capital assets	17 961	11 375	12 102	13 078	3 068	3 153	16 582	10 627	11 243
Buildings and other fixed structures	—	—	—	—	—	85	—	—	—
Buildings	—	—	—	—	—	85	—	—	—
Other fixed structures	—	—	—	—	—	—	—	—	—
Machinery and equipment	17 961	11 375	12 102	13 078	3 068	3 068	16 582	10 627	11 243
Transport equipment	—	—	—	—	—	—	—	—	—
Other machinery and equipment	17 961	11 375	12 102	13 078	3 068	3 068	16 582	10 627	11 243
Heritage Assets	—	—	—	—	—	—	—	—	—
Specialised military assets	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—
Payments for financial assets	—	—	—	—	—	—	—	—	—
Total economic classification	1 788 728	2 036 212	2 217 643	1 284 576	1 304 627	1 390 364	1 391 252	1 575 258	1 695 977

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15	2015/16	2015/16	2015/16	2016/17	2017/18	2018/19
Current payments	180 564	209 550	220 078	1 074 335	1 211 339	1 266 678	1 286 086	1 288 059	1 400 859
Compensation of employees	99 548	110 767	120 461	779 801	862 238	855 238	955 471	924 918	958 889
Salaries and wages	87 591	98 859	107 515	765 336	786 964	752 807	940 239	908 925	941 968
Social contributions	11 957	11 908	12 946	14 465	75 274	102 431	15 232	15 993	16 921
Goods and services	81 016	98 783	99 617	294 464	348 863	411 201	330 579	363 086	441 912
Administrative fees	-	-	-	88	89	59	71	47	50
Advertising	8	-	-	143	43	43	-	157	166
Assets less than the capitalisation threshold	209	371	363	2 174	912	797	468	1 152	1 219
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-2	110	43	43	50	121	128
Communication (G&S)	77	67	55	3 100	3 759	5 195	3 798	3 151	3 333
Computer services	-	-	-	98	98	158	100	30	32
Consultants and professional services: Business and advisory services	-	-	-	20	48	48	63	22	23
Consultants and professional services: Infrastructure and planning	-	-	-	-	-	-	-	-	-
Consultants and professional services: Laboratory services	4 317	6 304	6 080	37 499	37 449	49 599	89 839	59 897	81 371
Consultants and professional services: Scientific and technological services	-	-	-	-	-	-	-	-	-
Consultants and professional services: Legal costs	-	-	-	-	737	737	1 000	1 198	1 267
Contractors	9 376	16 357	12 315	17 575	15 584	15 584	3 499	11 400	12 062
Agency and support / outsourced services	21 332	22 869	17 963	40 381	57 381	72 673	53 057	103 956	96 458
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	-	5	3	4 500	4 510	4 510	19 579	-12 789	5 618
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	255	-	200	150	693	103	250	264
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	50	51	45	459	686	708	599	465	492
Inventory: Fuel, oil and gas	10	13	6	5 281	9 824	9 824	10 124	924	978
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	49	137	30	1 606	1 080	1 080	917	307	324
Inventory: Medical supplies	28 174	31 664	35 041	62 226	81 152	84 741	53 023	88 027	93 132
Inventory: Medicine	8 990	12 029	16 179	69 626	47 436	57 411	35 062	55 981	54 227
Medias inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	12 735	5 315	-	-
Consumable supplies	1 540	1 412	881	15 864	13 871	20 945	13 409	12 061	12 760
Consumable: Stationery, printing and office supplies	139	181	258	5 353	3 361	3 361	3 140	669	708
Operating leases	8	379	2 302	2 018	2 419	2 571	600	16 020	16 949
Property payments	3 321	2 519	2 605	20 294	63 066	62 566	32 894	16 325	56 418
Transport provided: Departmental activity	3 253	3 789	5 282	3 697	200	244	190	1 587	1 679
Travel and subsistence	163	346	183	1 732	2 398	2 310	1 119	1 798	1 905
Training and development	-	-	-	250	150	150	154	300	317
Operating payments	-	35	28	100	2 347	2 346	2 364	-	-
Venues and facilities	-	-	-	70	70	70	42	30	32
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	70	238	239	36	55	58
Interest	-	-	-	70	238	239	36	55	58
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	134	-	456	3 261	3 278	33 391	3 332	1 500	1 587
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	-	-	-	-	-	-	-	-	-
Households	134	-	456	3 261	3 278	33 391	3 332	1 500	1 587
Social benefits	134	-	456	3 261	3 278	3 391	3 332	1 500	1 587
Other transfers to households	-	-	-	-	-	30 000	-	-	-
Payments for capital assets	12 114	33 835	16 727	32 191	22 290	22 290	30 905	41 235	43 626
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	12 114	33 835	16 727	32 191	22 290	22 290	30 905	41 235	43 626
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	12 114	33 835	16 727	32 191	22 290	22 290	30 905	41 235	43 626
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	192 812	243 385	237 261	1 109 787	1 236 907	1 322 359	1 320 323	1 330 794	1 446 072

2016/17 Estimates of Provincial Revenue and Expenditure

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15	2015/16	2015/16	2015/16	2016/17	2017/18	2018/19
Current payments	213 435	214 537	203 338	236 384	213 548	215 622	231 525	232 541	260 516
Compensation of employees	121 944	144 658	135 078	155 873	135 873	130 705	141 024	161 389	174 631
Salaries and wages	102 572	129 006	122 496	126 040	109 465	108 505	109 610	128 404	139 733
Social contributions	19 372	15 652	12 582	29 833	26 408	22 200	31 414	32 985	34 898
Goods and services	91 480	69 875	68 260	80 496	77 390	84 632	90 472	71 135	85 867
Administrative fees	359	719	4 416	3 082	404	429	561	441	467
Advertising	4	631	7	6	29	29	66	7	7
Assets less than the capitalisation threshold	701	1 013	1 469	2 513	287	294	3 065	2 505	2 651
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	1 309	1 167	1 114	1 011	498	498	689	1 129	1 193
Communication (G&S)	952	1 127	1 227	2 017	1 473	1 473	1 668	2 726	2 883
Computer services	-	-	68	25	-	25	-	-	-
Consultants and professional services: Business and advisory services	37	-	-	-	-	-	50	-	-
Consultants and professional services: Infrastructure and planning	-	-	-	-	-	-	-	-	-
Consultants and professional services: Laboratory services	-	-	-	-	-	-	-	-	-
Consultants and professional services: Scientific and technological services	-	-	-	-	-	-	-	-	-
Consultants and professional services: Legal costs	-	-	-	-	958	1 416	-	-	-
Contractors	770	320	1 745	7 562	4 870	4 870	18 494	8 361	8 845
Agency and support / outsourced services	4 768	4 062	4 618	5 190	5 285	6 859	5 620	5 739	6 071
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	2	3 392	1 707	630	585	586	3 642	697	1 879
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	3 939	4 005	-	4 287	4 287	4 175	-	-
Inventory: Farming supplies	-	4	-	-	65	65	30	-	-
Inventory: Food and food supplies	40	-	-	57	-	-	-	9	9
Inventory: Fuel, oil and gas	96	31	24	138	51	51	55	153	162
Inventory: Learner and teacher support material	134	110	-	-	1 765	1 765	1 800	-	-
Inventory: Materials and supplies	307	579	420	5 575	544	544	563	635	673
Inventory: Medical supplies	819	433	301	385	311	311	355	425	450
Inventory: Medicine	22	-	-	30	30	30	-	33	35
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	2 525	1 687	1 252	3 139	1 359	1 360	1 327	1 470	1 555
Consumable: Stationery, printing and office supplies	5 292	5 333	4 436	4 011	7 592	7 593	6 226	6 101	6 455
Operating leases	10 401	12 234	12 356	12 594	16 936	21 008	12 659	11 142	11 788
Property payments	11 164	12 893	10 905	9 128	13 672	14 738	13 627	13 093	15 968
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	16 920	13 718	11 468	15 103	13 542	13 542	13 410	12 291	20 356
Training and development	10 456	3 843	4 801	4 492	2 106	2 106	1 423	4 178	4 420
Operating payments	23 340	833	766	1 093	660	672	841	-	-
Venues and facilities	1 062	1 807	1 155	2 715	51	51	126	-	-
Rental and hiring	-	-	-	-	30	30	-	-	-
Interest and rent on land	11	4	-	15	285	285	29	17	18
Interest	11	4	-	15	285	285	29	17	18
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	27 501	89 236	69 228	73 334	76 492	122 503	158 978	207 810	126 636
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	3 900	-	1 969	10 325	10 429	10 429	16 762	21 623	24 877
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	3 900	-	1 969	10 325	10 429	10 429	16 762	21 623	24 877
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	23 601	89 236	67 259	63 009	66 063	112 074	142 216	186 187	101 759
Social benefits	7 888	64 293	1 081	6 561	383	2 033	840	14 001	14 813
Other transfers to households	15 713	24 943	66 178	56 448	65 680	110 041	141 376	172 186	86 946
Payments for capital assets	1 174	1 538	3 624	3 830	1 051	1 121	3 061	4 235	4 481
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1 174	1 538	3 624	3 830	1 051	1 121	3 061	4 235	4 481
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	1 174	1 538	3 624	3 830	1 051	1 121	3 061	4 235	4 481
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total economic classification	242 110	305 311	276 190	313 548	291 091	339 246	393 564	444 586	391 633

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15	2015/16	2015/16	2015/16	2016/17	2017/18	2018/19
Current payments	91 514	107 559	111 361	130 726	136 683	134 385	215 323	215 902	176 414
Compensation of employees	40 532	44 803	47 591	58 618	50 618	46 578	51 318	62 293	64 406
Salaries and wages	34 498	37 808	40 276	52 478	44 928	39 184	44 853	55 504	57 224
Social contributions	6 034	6 995	7 315	6 140	5 690	7 394	6 465	6 789	7 182
Goods and services	50 981	62 744	63 735	72 107	86 042	87 780	163 996	153 608	112 007
Administrative fees	9	29	8	28	113	113	80	31	33
Advertising	–	27	–	12	12	12	–	13	14
Assets less than the capitalisation threshold	85	14	–	1 249	148	184	284	1 068	1 131
Audit cost: External	–	–	–	–	922	922	–	–	–
Bursaries: Employees	–	–	–	–	–	–	–	–	–
Catering: Departmental activities	268	204	155	81	312	312	120	90	95
Communication (G&S)	223	927	465	246	797	702	439	272	287
Computer services	20 042	26 396	25 649	32 315	28 397	30 258	32 126	24 886	26 329
Consultants and professional services: Business and advisory services	–	3 430	–	–	–	–	–	–	–
Consultants and professional services: Infrastructure and planning	–	–	–	–	–	–	–	–	–
Consultants and professional services: Laboratory services	–	–	–	–	5 289	5 289	–	–	–
Consultants and professional services: Scientific and technological services	–	–	–	–	–	–	–	–	–
Consultants and professional services: Legal costs	–	–	2 597	–	–	–	–	–	–
Contractors	1 654	1 965	8 915	8 389	7 208	7 241	7 459	4 500	4 761
Agency and support / outsourced services	2 553	2 779	2 072	2 225	11 944	11 706	4 800	3 471	3 673
Entertainment	–	–	–	–	–	–	–	–	–
Fleet services (including government motor transport)	–	611	398	750	1 000	1 000	655	365	386
Housing	–	–	–	–	–	–	–	–	–
Inventory: Clothing material and accessories	–	3	448	–	100	167	359	–	–
Inventory: Farming supplies	–	38	–	–	–	1	–	–	–
Inventory: Food and food supplies	6	–	–	5	5	5	6	6	6
Inventory: Fuel, oil and gas	–	–	–	29	1 026	1 152	60	32	34
Inventory: Learner and teacher support material	–	–	–	–	–	–	–	–	–
Inventory: Materials and supplies	2 526	805	1 808	2 027	2 165	2 165	2 217	2 951	3 123
Inventory: Medical supplies	13 125	12 574	15 534	7 016	10 513	10 485	10 884	13 727	12 526
Inventory: Medicine	–	10	–	3 523	–	–	90 000	86 520	43 025
Meddas inventory interface	–	–	–	–	–	–	–	–	–
Inventory: Other supplies	–	–	–	–	–	–	–	–	–
Consumable supplies	2 282	2 519	639	812	1 391	1 838	1 290	1 450	1 535
Consumable: Stationery, printing and office supplies	806	433	446	760	1 629	1 640	2 227	839	890
Operating leases	60	2 029	804	75	228	258	74	83	87
Property payments	5 669	7 426	3 262	9 488	11 940	11 455	10 092	10 899	11 532
Transport provided: Departmental activity	–	–	–	–	–	–	–	–	–
Travel and subsistence	1 242	286	407	1 206	506	586	580	1 336	1 410
Training and development	12	119	55	72	340	239	206	80	84
Operating payments	408	99	40	1 797	55	48	36	987	1 044
Venues and facilities	8	–	3	2	2	2	2	2	2
Rental and hiring	3	21	30	–	–	–	–	–	–
Interest and rent on land	1	12	35	1	23	27	9	1	1
Interest	1	12	35	1	23	27	9	1	1
Rent on land	–	–	–	–	–	–	–	–	–
Transfers and subsidies	152	71	190	134	186	193	130	148	157
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	–	–	–	–	–	–	–	–	–
Households	152	71	190	134	186	193	130	148	157
Social benefits	152	71	190	134	186	193	130	148	157
Other transfers to households	–	–	–	–	–	–	–	–	–
Payments for capital assets	14 798	18 615	12 985	18 335	1 474	1 775	18 701	22 816	18 849
Buildings and other fixed structures	–	–	–	–	–	–	1 500	–	–
Buildings	–	–	–	–	–	–	–	–	–
Other fixed structures	–	–	–	–	–	–	1 500	–	–
Machinery and equipment	14 798	18 615	12 985	18 335	1 474	1 775	17 201	22 816	18 849
Transport equipment	12 971	13 956	9 578	16 000	1 474	–	13 848	17 690	13 426
Other machinery and equipment	1 827	4 659	3 407	2 335	–	1 775	3 353	5 126	5 423
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
Payments for financial assets	–	–	–	–	–	–	–	–	–
Total economic classification	106 464	126 245	124 536	149 195	138 343	136 353	234 154	238 866	195 420

2016/17 Estimates of Provincial Revenue and Expenditure

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2012/13	2013/14	2014/15	2015/16	2015/16	2015/16	2016/17	2017/18	2018/19
Current payments	80 403	84 516	86 626	118 177	67 569	94 470	68 581	84 715	89 628
Compensation of employees	21 455	19 338	17 305	25 879	27 879	28 070	28 000	19 977	21 135
Salaries and wages	20 776	18 211	15 537	25 023	26 523	26 714	21 000	12 900	13 648
Social contributions	679	1 127	1 768	856	1 356	1 356	7 000	7 077	7 487
Goods and services	58 948	65 178	69 321	90 995	39 690	66 400	40 581	64 738	68 493
Administrative fees	139	9	47	293	293	298	100	—	—
Advertising	—	—	239	12	262	262	300	108	114
Assets less than the capitalisation threshold	1 257	499	2 265	3 411	5 141	5 141	5 395	3 649	3 861
Audit cost: External	—	—	—	—	—	—	—	—	—
Bursaries: Employees	—	—	—	—	—	—	—	—	—
Catering: Departmental activities	533	199	80	411	411	411	200	108	114
Communication (G&S)	1	11	6	201	201	201	1 000	—	—
Computer services	1 548	—	—	—	—	—	—	—	—
Consultants and professional services: Business and advisory services	—	—	—	—	—	—	—	—	—
Consultants and professional services: Infrastructure and planning	—	—	—	—	—	—	—	—	—
Consultants and professional services: Laboratory services	—	—	—	—	—	—	—	—	—
Consultants and professional services: Scientific and technological services	—	—	—	—	—	—	—	—	—
Consultants and professional services: Legal costs	—	1 472	—	—	—	—	—	—	—
Contractors	2 539	2 387	979	10 820	2 340	28 660	—	23 312	24 664
Agency and support / outsourced services	—	—	1 769	—	—	—	—	—	—
Entertainment	—	—	—	—	—	—	—	—	—
Fleet services (including government motor transport)	—	—	—	—	—	—	—	—	—
Housing	—	—	—	—	—	—	—	—	—
Inventory: Clothing material and accessories	—	369	—	—	—	—	—	—	—
Inventory: Farming supplies	—	—	—	—	—	—	—	—	—
Inventory: Food and food supplies	12	13	11	12	12	12	5	—	—
Inventory: Fuel, oil and gas	—	—	—	—	—	—	—	—	—
Inventory: Learner and teacher support material	—	—	—	—	—	—	—	—	—
Inventory: Materials and supplies	55	451	—	62	3 782	3 782	1 100	—	—
Inventory: Medical supplies	343	573	856	585	465	465	550	97	103
Inventory: Medicine	—	605	—	—	—	—	—	—	—
Medsas inventory interface	—	—	—	—	—	—	—	—	—
Inventory: Other supplies	—	—	—	—	—	—	—	—	—
Consumable supplies	272	269	825	—	1 100	1 100	—	—	—
Consumable: Stationery, printing and office supplies	48	477	370	1 057	457	457	50	129	136
Operating leases	50	2 049	3 250	4 902	1 402	1 402	—	—	—
Property payments	46 685	54 069	56 743	61 599	18 694	19 067	28 981	35 000	37 030
Transport provided: Departmental activity	—	—	—	—	—	—	—	—	—
Travel and subsistence	2 710	1 221	1 218	5 231	3 731	3 743	1 500	2 120	2 244
Training and development	1 908	1 459	652	2 070	1 070	1 070	1 300	215	227
Operating payments	24	30	—	—	—	—	—	—	—
Venues and facilities	824	226	11	329	329	329	100	—	—
Rental and hiring	—	—	—	—	—	—	—	—	—
Interest and rent on land	—	—	—	1 303	—	—	—	—	—
Interest	—	—	—	1 303	—	—	—	—	—
Rent on land	—	—	—	—	—	—	—	—	—
Transfers and subsidies	—	122	—	—	—	—	—	—	—
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	—	—	—	—	—	—	—	—	—
Households	—	122	—	—	—	—	—	—	—
Social benefits	—	122	—	—	—	—	—	—	—
Other transfers to households	—	—	—	—	—	—	—	—	—
Payments for capital assets	494 870	910 276	497 385	678 897	705 689	679 176	476 531	477 142	525 981
Buildings and other fixed structures	487 879	904 094	475 338	668 897	638 275	611 762	466 231	445 058	492 036
Buildings	487 879	904 094	475 338	668 897	597 204	570 884	466 231	445 058	492 036
Other fixed structures	—	—	—	—	41 071	40 878	—	—	—
Machinery and equipment	6 991	6 182	22 047	10 000	67 414	67 414	10 300	32 084	33 945
Transport equipment	—	—	—	—	—	—	—	—	—
Other machinery and equipment	6 991	6 182	22 047	10 000	67 414	67 414	10 300	32 084	33 945
Heritage Assets	—	—	—	—	—	—	—	—	—
Specialised military assets	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—
Payments for financial assets	—	—	—	—	—	—	—	—	—
Total economic classification	575 273	994 914	584 011	797 074	773 258	773 646	545 112	561 857	615 609

Table B5 Department of Health - Payments infrastructure by category

Project No.	Project name	Project Status	Ward No	VTSD Type	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant,machinery & Equipments, COE)	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechanism (Individual project or Packaged Program)	Total project cost	Total Expenditure to date from previous years	Total Budget Available 2016/17	MTEF Forward Estimates	
							School - primary/ secondary/ specialised; admin block; water; electricity; sanitation/toilet; fencing etc	Date: Start	Date: Finish							MTEF 2017/18	MTEF 2018/19
1. New and replacement assets																	
1	HRG Grant Management	Construction 1% - 25%	All wards	V, T and SD	Provincial	Buildings and Other Fixed Structures	Grant Management for the whole	01/04/2015	31/03/2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	84 000	24 000	26 000	28 000	30 000
2	Brits New Staff Accomodation	On hold	23	Small Dorpie	Madibeng	Buildings and Other Fixed Structures	Staff Accomodation	01 Apr 2017	30 Mar 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	203 840	34 640	0	5 000	25 000
3	New Mathibestadt CHC	Construction 76% - 99%	12	Small Dorpie	Moretele	Buildings and Other Fixed Structures	CHC	25 Sep 2012	30 Jun 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	114 000	110 042	2 000	0	0
4	Mathibestadt CHC HT	Tender	12	Small Dorpie	Moretele	Buildings and Other Fixed Structures	HT,OD & QA	1 Apr 2016	31 Marl 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	4 000	2 000	2 000	0	0
5	Mathibestadt CHC QA	Tender	12	Small Dorpie	Moretele	Buildings and Other Fixed Structures	HT,OD & QA	1 Apr 2016	31 Marl 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	1 000	500	500	0	0
6	Mathibestadt CHC IT	Tender	12	Small Dorpie	Moretele	Buildings and Other Fixed Structures	HT,OD & QA	1 Apr 2016	31 Marl 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	6 301	0	6 301	0	0
7	Klipgat CHC	Feasibility	24	Village	Madibeng	Buildings and Other Fixed Structures	New CHC	01 Mar 2018	28 Sept 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	144 000	0	0	11 797	6 800
8	Mmakaunyane Clinic	Construction 1% - 25%	8	Village	Moretele	Buildings and Other Fixed Structures	New Clinic	14 Oct 2015	15 Dec 2016	Equitable Share	Health Facilities Management	Individual Project	28 000	9 977	14 582	1 500	0
9	Mmakaunyane Clinic HT	Feasibility	8	Village	Moretele	Buildings and Other Fixed Structures	HT,OD & QA	1 Apr 2016	30 April 2017	Equitable Share	Health Facilities Management	Individual Project	1 000	0	500	500	0
10	Madikwe Clinic	Tender	19	Village	Moses Kotane	Buildings and Other Fixed Structures	New Clinic	1 Aug 2016	30 Nov 2017	Equitable Share	Health Facilities Management	Individual Project	32 000	3 000	2 500	22 400	0
11	Madikwe Clinic HT	Feasibility	19	Village	Moses Kotane	Buildings and Other Fixed Structures	HT,OD & QA	1 Apr 2017	31 Mar 2019	Equitable Share	Health Facilities Management	Individual Project	1 500	0	0	1 500	0
12	Madikwe Clinic OD	Feasibility	19	Village	Moses Kotane	Buildings and Other Fixed Structures	HT,OD & QA	1 Apr 2017	31 Mar 2019	Equitable Share	Health Facilities Management	Individual Project	750	0	0	750	0
13	Madikwe Clinic QA	Feasibility	19	Village	Moses Kotane	Buildings and Other Fixed Structures	HT,OD & QA	1 Apr 2017	31 Mar 2019	Equitable Share	Health Facilities Management	Individual Project	400	0	0	400	0
14	Moruleng Clinic	Feasibility	9	Village	Moses Kotane	Buildings and Other Fixed Structures	New Clinic	1 Apr 2019	31 Jul 2020	Equitable Share	Health Facilities Management	Individual Project	20 000	0	0	1 800	23 300
13	Lichtenburg(General Delarey Hospital)	Design	3	Small Dorpie	Ditsobotla	Buildings and Other Fixed Structures	Replacement Hospital	02 Mar 2017	30 Oct 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	700 000	33 859	2 000	23 850	46 763
16	Moshana Clinic	Construction 76% - 99%	2	Village	Ramotshere Moiloa	Buildings and Other Fixed Structures	New Clinic	12 Junl 2014	30 June 2016	Equitable Share	Health Facilities Management	Individual Project	28 000	25 555	500	0	0
17	Moshana Clinic. HT	Tender	3	Village	Ramotshere Moiloa	Buildings and Other Fixed Structures	HT,OD & QA	01 Apr 2016	30 Mar 2017	Equitable Share	Health Facilities Management	Individual Project	500	0	500	0	0
18	Moshana Clinic. OD	Tender	4	Village	Ramotshere Moiloa	Buildings and Other Fixed Structures	HT,OD & QA	01 Apr 2016	30 Mar 2017	Equitable Share	Health Facilities Management	Individual Project	200	0	200	0	0
19	Moshana Clinic. QA	Tender	5	Village	Ramotshere Moiloa	Buildings and Other Fixed Structures	HT,OD & QA	01 Apr 2016	30 Mar 2017	Equitable Share	Health Facilities Management	Individual Project	100	0	100	0	0
20	Bophelong Psychiatric Hospital Phase II (For. & State P. Wards)	Construction 76% - 99%	21	Small Dorpie	Mafikeng	Buildings and Other Fixed Structures	New Psychiatric Hospital	01 Oct 2012	31 May 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	590 000	579 000	3 000	0	0
21	Bophelong Hospital. HT	Tender	21	Small Dorpie	Mafikeng	Buildings and Other Fixed Structures	HT,OD & QA	01 Apr 2015	30 Apr 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	13 000	10 000	3 000	0	0
22	Bophelong Hospital. OD	Tender	21	Small Dorpie	Mafikeng	Buildings and Other Fixed Structures	HT,OD & QA	01 Apr 2015	30 Apr 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	4 500	4 000	500	0	0

Table B5 Department of Health - Payments infrastructure by category

Project No.	Project name	Project Status	Ward No	VTSD Type	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant, machinery & Equipments, COE)	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechanism (Individual project or Packaged Program)	Total project cost	Total Expenditure to date from previous years	Total Budget Available 2016/17	MTEF Forward Estimates	
							School - primary/ secondary/ specialised; admin block; water; electricity; sanitation/toilet; fencing etc	Date: Start	Date: Finish							MTEF 2017/18	MTEF 2018/19
23	Bophelong Hospital. QA	Tender	21	Small Dorpie	Mafikeng	Buildings and Other Fixed Structures	HT,OD & QA	01 Apr 2015	30 Apr 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	2 500	2 000	500	0	0
24	Bophelong H. Intersection with R503	Tender	21	Small Dorpie	Mafikeng	Buildings and Other Fixed Structures	Construction of road intersection	01 Apr 2016	31 Mar 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	7 000	0	7 000	0	0
25	Bophelong Psychiatric Hospital Phase II (Package B)	Construction 1% - 25%	21	Small Dorpie	Mafikeng	Buildings and Other Fixed Structures	New Psychiatric Hospital - Staff Accommodation	30 Oct 2015	31 May 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	319 000	31 000	60 000	59 714	27 750
26	Bophelong Psychiatric Hospital Phase II (Package C)	Feasibility	22	Small Dorpie	Mafikeng	Buildings and Other Fixed Structures	Last Phase of Hospital	01 Apr 2019	31 Mar 2021	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	140 000	0	0	0	1 500
27	Madiba A Makgabana	Construction 76% - 99%	26	Village	Mafikeng	Buildings and Other Fixed Structures	New Clinic	01 May 2013	30 Apr 2016	Equitable Share	Health Facilities Management	Individual Project	8 400	7 800	100	0	0
28	Lekgophung Clinic	Construction 76% - 99%	1	Village	Ramotshere Moiloa	Buildings and Other Fixed Structures	New Clinic with extended package that includes maternity	01 May 2013	30 Jun 2016	Equitable Share	Health Facilities Management	Individual Project	8 000	7 300	100	0	0
29	Mosweu Clinic	Construction 76% - 99%	8	Village	Ramotshere Moiloa	Buildings and Other Fixed Structures	New Clinic	01 May 2013	30 Jun 2016	Equitable Share	Health Facilities Management	Individual Project	8 000	6 700	300	0	0
30	Makgobistad CHC	Feasibility	2	Village	Ratou	Buildings and Other Fixed Structures	New CHC	01 JUL 2018	31 May 2020	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	134 000	0	0	0	19 900
31	Wetevreden	Construction 1% - 25%	24	Village	Mafikeng	Buildings and Other Fixed Structures	New Clinic	4 Aug 2015	30 Nov 2016	Equitable Share	Health Facilities Management	Individual Project	23 600	10 500	12 765	1 000	0
32	Wetevrede Clinic HT	Construction 1% - 25%	25	Village	Mafikeng	Buildings and Other Fixed Structures	New Clinic	1 Apr 2016	31 May 2017	Equitable Share	Health Facilities Management	Individual Project	1 000	0	500	500	0
33	Motswedi Clinic		9	Village	Ramotshere Moiloa	Buildings and Other Fixed Structures	Clinic	1 Aug 2016	30 Sep 2018	Equitable Share	Health Facilities Management	Individual Project	22 000	0	1 000	1 000	4 000
34	Maquassi Hills CHC	Tender	1	Village	Maquassihills	Buildings and Other Fixed Structures	New CHC	01 Apr 2017	31 Jul 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	140 000	2 556	0	5 500	79 150
35	Jouberton Ext 121	Tender	5	Small Dorpie	Matlosana	Buildings and Other Fixed Structures	New CHC	15 Feb 2016	31 Oct 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	160 000	500	69 000	60 000	0
36	Sekhing CHC	Construction 26% - 50%	21	Village	Greater Taung	Buildings and Other Fixed Structures	New CHC	10 Oct 2012	30 Jun 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	112 000	100 000	11 620	0	0
37	Sekhing CHC HT	Tender	22	Village	Greater Taung	Buildings and Other Fixed Structures	HT,OD & QA	01 Apr 2016	31 Mar 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	4 500	0	4 500	0	0
38	Sekhing CHC OD	Tender	23	Village	Greater Taung	Buildings and Other Fixed Structures	HT,OD & QA	01 Apr 2016	31 Mar 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	500	0	500	0	0
39	Sekhing CHC QA	Tender	24	Village	Greater Taung	Buildings and Other Fixed Structures	HT,OD & QA	01 Apr 2016	31 Mar 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	500	0	500	0	0
40	Ganyesa CHC	Feasibility	4	Village	Kagisano Molopo	Buildings and Other Fixed Structures	New CHC	01 Dec 2017	31 Aug 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	144 000	0	0	3 500	6 900
41	Buxton Clinic	Construction 76% - 99%	6	Village	Lekwa Teemane	Buildings and Other Fixed Structures	New Clinic	01 Sep 2012	31 May 2016	Equitable Share	Health Facilities Management	Individual Project	16 127	14 475	50	0	0
42	Tweelingspan Clinic	Construction 76% - 99%	7	Village	Dr Ruth Segomotsi Mompati District Municipality	Buildings and Other Fixed Structures	New Clinic	01 Sep 2012	30 Apr 2016	Equitable Share	Health Facilities Management	Individual Project	18 700	14 465	100	0	0
Total New infrastructure assets													3 246 918	1 033 869	232 718	228 711	271 063

Table B5 Department of Health - Payments infrastructure by category

Project No.	Project name	Project Status	Ward No	VTSD Type	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant,machinery & Equipments, COE)	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechanism (Individual project or Packaged Program)	Total project cost	Total Expenditure to date from previous years	Total Budget Available 2016/17	MTEF Forward Estimates	
							School - primary/ secondary/ specialised; admin block; water; electricity; sanitation/toilet; fencing etc	Date: Start	Date: Finish							MTEF 2017/18	MTEF 2018/19
2. Upgrades and additions																	
43	Job Shimankane Tabane (Upgrade)	Construction 76% - 99%	17	Not VTSD	Rustenburg	Buildings and Other Fixed Structures	Upgrading of Hospital	04 Oct 2012	31 May 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	206 333	188 000	2 000	0	0
44	JST Hosp. HT	Tender	17	Not VTSD	Rustenburg	Buildings and Other Fixed Structures	HT,OD & QA	1 Apr 2016	31 Mar 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	5 500	2 000	3 500	0	0
45	Job Shimankane Tabane (Maternal Obstet)	Design	17	Not VTSD	Rustenburg	Buildings and Other Fixed Structures	Upgrading and additions to the existing CHC	01 Apr 2017	30 Jun 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	171 000	0	0	17 510	43 763
46	Job Shimankane Tabane (Staff Accom.)	Feasibility	17	Not VTSD	Rustenburg	Buildings and Other Fixed Structures	Construction Staff Accommodation	1 Apr 2019	30 Sept 2020	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	113 280	0	0	0	4 000
47	Boitekong CHC	Construction 54% - 50%	19	Township	Rustenburg	Buildings and Other Fixed Structures	Upgrading and additions to the existing CHC	10 Jul 2013	30 Jun 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	97 658	77 697	11 620	0	0
48	Boitekong CHC HT	Tender	19	Township	Rustenburg	Buildings and Other Fixed Structures	Upgrading of existing facility	01 Mar 2016	31 Mar 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	5 500	1 000	4 500	0	0
49	Boitekong CHC OD	Tender	19	Township	Rustenburg	Buildings and Other Fixed Structures	Upgrading of existing facility	01 Mar 2016	31 Mar 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	1 300	800	500	0	0
50	Boitekong CHC QA	Tender	19	Township	Rustenburg	Buildings and Other Fixed Structures	Upgrading of existing facility	01 Mar 2016	31 Mar 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	700	200	500	0	0
51	Gelukspan Hospital	Design	25	Village	Mafikeng	Buildings and Other Fixed Structures	Relocation of kitchen,fencing & MDR Unit	01 Feb 2017	30 Jun 2018	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	73 000	5 500	2 000	35 000	7 500
52	Mmabatho College of Nursing	Tender	2	Small Dorpie	Mafikeng	Buildings and Other Fixed Structures	Upgrading of existing facility	05 Feb 2016	30 Jun 2018	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	265 000	29 003	85 485	70 000	23 050
53	Logageng Clinic	Feasibility	2	Village	Ratlou	Buildings and Other Fixed Structures	HT,OD & QA	01 Jun 2018	31 Oct 2019	Equitable Share	Health Facilities Management	Individual Project	29 000	0	0	1 200	18 000
54	Delarey ville Hospital Bulk Pharmacy	Design	9	Small Dorpie	Tswaing	Buildings and Other Fixed Structures	Construction of pharmacy as addition/extension to existing hospital	1 Mar 2017	31 May 2018	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	8 000	0	1 000	7 000	0
55	Deelpan Clinic	Feasibility	1	Village	Tswaing	Buildings and Other Fixed Structures	Upgrade of Clinic	1 Jun 2019	31 Aug 2020	Equitable Share	Health Facilities Management	Individual Project	24 000	0	0	0	1 000
56	Ventersdorp Bulk Pharmacy	Design	2	Small Dorpie	Ventersdorp	Buildings and Other Fixed Structures	New Bulk Pharmacy	15 Jan 2017	31 Mar 2018	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	8 000	0	1 000	7 000	0
57	Witrand Hospital	Construction 76% - 99%	4	Not VTSD	Tlokwe	Buildings and Other Fixed Structures	Upgrading of Existing facility	31 Aug 2012	31 May 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	139 432	127 165	1 000	0	0
58	Witrand Hosp. HT	Tender	4	Not VTSD	Tlokwe	Buildings and Other Fixed Structures	HT,OD & QA	1 Nov 2015	31 Aug 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	2 000	1 000	1 000	0	0
59	Ventersdorp Hospital - Upgrading of Hospital	Tender	2	Small Dorpie	Ventersdorp	Buildings and Other Fixed Structures	Upgrading of Existing facility	01 Apr 2018	30 Nov 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	100 000	0	0	0	4 000
60	Excelsior Nursing College	Tender	13	Not VTSD	Mattosana	Buildings and Other Fixed Structures	Upgrading of existing facility	01 Jun 2016	30 Nov 2018	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	278 000	44 152	60 000	68 500	23 050
61	Marcus Zenzile	Tender	24	Small Dorpie	Tlokwe	Buildings and Other Fixed Structures	Upgrade of Clinic	01 Jun 2016	31 Aug 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	13 000	0	8 000	7 000	3 500
62	Steve Tshwete Clinic	Tender	24	Small Dorpie	Tlokwe	Buildings and Other Fixed Structures	Upgrade of Clinic	01 Jun 2016	31 Aug 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	13 000	0	7 000	8 000	3 500
63	Promosa Clinic	Feasibility	17	Small Dorpie	Tlokwe	Buildings and Other Fixed Structures	Upgrade of Clinic	01 Mar 2017	31 Aug 2018	Equitable Share	Health Facilities Management	Individual Project	24 000	1 000	0	3 024	12 083
Total Upgrades and additions													1 577 703	477 517	189 105	224 234	143 446

Table B5 Department of Health - Payments infrastructure by category

Table 35: Department of Health - Payments Infrastructure by category																	
Project No.	Project name	Project Status	Ward No	VTSD Type	Municipality / Region	Economic Classification (Buildings and Other fixed Structures, Goods & Services, Plant,machinery & Equipments, COE)	Type of infrastructure	Project duration		Source of funding	Budget programme name	Delivery Mechanism (Individual project or Packaged Program)	Total project cost	Total Expenditure to date from previous years	Total Budget Available 2016/17	MTEF Forward Estimates	
							School - primary/ secondary/ specialised; admin block; water; electricity; sanitation/toilet; fencing etc	Date: Start	Date: Finish							MTEF 2017/18	MTEF 2018/19
3. Rehabilitation, renovations and refurbishments																	
64	JST Hosp. Refurbishment of Ward 10	Construction 26% - 50%	17	Not VTSD	Rustenburg	Buildings and Other Fixed Structures	Refurbishment of Ward 10 at Hospital	08 May 2015	30 Jun 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	1050	1531	1 050	0	0
65	Moses Kotane Hospital - Refurbish	Feasibility	13	Village	Moses Kotane	Buildings and Other Fixed Structures	Refurbish existing Hospital	01 Apr 2016	31 Mar 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	7 000	0	2 000	0	0
66	Koster Hospital	Feasibility	3	Small Dorpie	Kgetleng	Buildings and Other Fixed Structures	Rehabilitate Hospital	01 May 2018	15 Dec 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	72 000	0	0	4 500	43 100
67	Thusong Hospital	Construction 1% - 25%	6	Village	Ditsobotla	Buildings and Other Fixed Structures	Refurbishments	10 Jan 2016	31 Mar 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	2 358	0	2 358	0	0
68	Mafikeng Provincial Hospital	Design	5	Small Dorpie	Mafikeng	Buildings and Other Fixed Structures	Refurbishments	01 Apr 2016	31 Mar 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	8 000	0	8 000	0	0
69	Isoseng CHC. Water Supply	Design	6	Township	Ditsobotla	Buildings and Other Fixed Structures	Refurbish water supply network	01 Apr 2015	31 Jul 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	4 000	2 500	1 500	0	0
70	Tshepong Hospital	Feasibility	15	Not VTSD	Matlosana	Buildings and Other Fixed Structures	Rehabilitate Hospital	01 Jul 2018	30 Jun 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	44 000	0	0	0	10 500
71	Potchefstroom Hosp. Replace Lifts	Construction 1% - 25%	4	Not VTSD	Tlokwe	Buildings and Other Fixed Structures	Replace lifts in Hospital	08 Dec 2015	31 Jul 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	10 000	3 500	6 500	0	0
72	Klerksdorp Hosp. Replace Boilers	Tender	7	Not VTSD	Matlosana	Buildings and Other Fixed Structures	Replace boilers at Hospital	01 Apr 2015	31 Aug 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	8 000	3 000	5 000	0	0
73	Vryburg Hosp. Refurbish	Feasibility	7	Small Dorpie	Naledi	Buildings and Other Fixed Structures	Refurbish existing Hospital	01 Apr 2017	30 Mar 2017	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	9 000	8 000	0	2 000	0
74	Bloemhof CHC	Feasibility	6	Small Dorpie	Lekwa Teemane	Buildings and Other Fixed Structures	Rehabilitate existing CHC	01 Jul 2018	31 May 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	39 000	0	0	0	30 500
75	Conditional Assessment on Hospitals	Feasibility	All wards	V, T and SD	North West Povince	Buildings and Other Fixed Structures	Conditional assessments of Hospitals	01 Oct 2015	31 May 2016	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	42000	39000	3 000	0	0
Total Rehabilitation, renovations and refurbishments													204 408	18 531	29 408	6 500	84 100

79	Bojanala District - Hospitals and PHC's	Tender	All wards	V, T and SD	Bojanala	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Equitable Share	Health Facilities Management	Individual Project	6088	0	1 523	1 977	2 588
80	Bojanala District - Hospitals and PHC's	Tender	All wards	V, T and SD	Bojanala	Buildings and Other Fixed Structures	All Health Facilities	2 Apr 2016	32 Mar 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	28 725	0	8 450	9 575	10 700
81	Ngaka Modiri Molema Maintenance ES	Tender	All wards	V, T and SD	Ngaka Modiri Molema District Municipality	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Equitable Share	Health Facilities Management	Individual Project	16 218	0	4 504	5 446	6 268
82	NMM Generator Term Contracts HFRG	Tender	All wards	V, T and SD	Ngaka Modiri Molema District	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	9 000	0	3 000	3 000	3 000
83	NMM Boiler Term Contracts HFRG	Tender	All wards	V, T and SD	Ngaka Modiri Molema District	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	14 694	0	4 898	4 898	4 898
84	Ngaka Modiri Molema Maintenance HFRG	Tender	All wards	V, T and SD	Ngaka Modiri Molema	Buildings and Other Fixed Structures	Day to day maintenance	01 Apr 2016	31 Mar 2019	Equitable Share	Health Facilities Management	Individual Project	8 022	0	1 754	2 256	4 012
85	Ngaka Modiri M. Maintenance HFRG	Tender	All wards	V, T and SD	Ngaka Modiri Molema District	Buildings and Other Fixed Structures	All Health Facilities	2 Apr 2016	32 Mar 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	30 550	0	9 075	10 175	11 300
86	KK Maintenance ES	Tender	All wards	V, T and SD	Dr Kenneth Kaunda District Municipality	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Equitable Share	Health Facilities Management	Individual Project	17 420	0	4 678	5 656	7 086
87	KK Generator Term Contracts HFRG	Tender	All wards	V, T and SD	Dr Kenneth Kaunda District Municipality	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	7 260	0	2 420	2 420	2 420
88	KK Boiler Term Contracts HFRG	Tender	All wards	V, T and SD	Dr Kenneth Kaunda District Municipality	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	13 713	0	4 571	4 571	4 571
89	KK Maintenance ES	Tender	All wards	V, T and SD	Dr Kenneth Kaunda District Municipality	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Equitable Share	Health Facilities Management	Individual Project	8 489	0	1 870	2 395	4 224
90	KK Maintenance HFRG	Tender	All wards	V, T and SD	Dr Kenneth Kaunda District Municipality	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	31 425	0	9 350	10 475	11 600
91	RSM Maintenance ES	Tender	All wards	V, T and SD	Dr Ruth Segomotsi Mompoti District Municipality	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Equitable Share	Health Facilities Management	Individual Project	14 617	0	3 985	4 818	5 814
92	RSM Generator Term Contracts HFRG	Tender	All wards	V, T and SD	Dr Ruth Segomotsi Mompoti District Municipality	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	9 579	0	3 193	3 193	3 193
93	RSM Boiler Term Contracts HFRG	Tender	All wards	V, T and SD	Dr Ruth Segomotsi Mompoti District Municipality	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	10 776	0	3 592	3 592	3 592
94	RSM Maintenance ES	Tender	All wards	V, T and SD	Dr Ruth Segomotsi Mompoti District Municipality	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Equitable Share	Health Facilities Management	Individual Project	6 621	0	1 408	1 837	3 376
95	RSM Maintenance HFRG	Tender	All wards	V, T and SD	Dr Ruth Segomotsi Mompoti District Municipality	Buildings and Other Fixed Structures	All Health Facilities	01 Apr 2016	31 Mar 2019	Health Facility Revitalisation Grant	Health Facilities Management	Individual Project	27 800	0	8 125	9 275	10 400
96	Maintenance on Office Park	Design	All wards	V, T and SD	Mafikeng	Buildings and Other Fixed Structures	Refurbish existing Health Facilities	01 Apr 2016	31 Mar 2019	Equitable Share	Health Facilities Management	Individual Project	16500	0	5 000	5 500	6 000
Total Maintenance and repairs													311 293	0	91 881	102 412	117 000
5. Infrastructure transfers - current																	
Total Infrastructure transfers - current																	
6. Infrastructure transfers - capital																	
7. Programme Management Fees 1																	
8. CoE (HR capacitation; EIG / HFRG)																	
Total Infrastructure transfers - capital																	
Total Health Infrastructure													5 340 322	1 529 917	543 112	561 857	615 609