

**VOTE 03**

**Department of  
HEALTH**

<b>Department of Health</b>	<b>Vote 03</b>
To be appropriated by Vote in 2017/18	R 10 461 340 000
Direct Charge	Not Applicable
Responsible MEC	MEC for Health
Administering Department	Department of Health
Accounting Officer	Superintendent General for Health

## **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 shown below.

TABLE A1: National Strategic Goals

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

Improved health facility planning and infrastructure delivery .	<p>To improve health facility planning through implementation of Infrastructure norms and standards.</p> <p>Improve access to health facilities.</p>	<p>Accelerate the pace of infrastructure delivery, using alternative methods of delivery where possible to accelerate progress</p> <p>Strengthen teams for health facility planning and infrastructure delivery</p> <p>213 new clinics and community health centres and 43 hospitals will be constructed</p> <p>Over 870 health facilities in all 11 NHI pilot districts will undergo major and minor refurbishments</p>
Improve human resources for health by ensuring appropriate appointments, adequate training and accountability measures.	<p>To develop a responsive health workforce by ensuring adequate training and accountability measures are in place.</p> <p>Implement HR norms and standard.</p> <p>To accelerate the improvement of quality of care in the health sector through the enhancement of accountability and implementation frameworks.</p>	<p>Strengthen the Cuban Medical Training program</p> <p>Accredit 220 Public Nursing Colleges to offer the new nursing qualification.</p> <p>Increase capacity of Central Hospitals to strengthen for local decision making and accountability to facilitate semi-autonomy of 10 central hospitals</p> <p>Ensure that appropriately qualified and adequately skilled managers are appointed for all health facilities</p> <p>Partner with Health Sciences faculties to increase the intake of medical professionals</p> <p>Improved MPAT report</p> <p>Appropriate delegations will also be given to eligible hospital managers</p> <p>Improve Health District governance and strengthen management and leadership of the district health system</p> <p>Develop and implement uniform structures for primary health care facilities</p> <p>Develop training programme for Hospital CEOs and PHC Facility Managers</p> <p>Establish a coaching and mentoring program for Health Managers</p>
Develop an efficient health management information system for improved decision making	<p>To overhaul the health information system in order to improve integration and data usage for planning and service delivery</p>	<p>System design for a National Integrated Patient based information system completed by March 2018</p> <p>National Integrated Patient based information system implemented from April 2018</p>
Improve financial management by improving capacity, contract management, revenue collection and supply chain management.	<p>To comply with code of good financial practices and PFMA</p> <p>Improve audit outcomes</p> <p>Improve MPAT outcomes</p>	<p>Cost reductions have been achieved in the centralization of procurement of medicines</p> <p>Prompt payment of suppliers to avoid additional charges and interest</p>
Universal Health coverage progressively achieved through implementation of National Health Insurance.	<p>To continuously implement the requirements of the norms and standard of the NHI in the facilities</p>	<p>Various consultation Fora will be established.</p> <p>The NHI Pilot districts will be progressively expanded over the next five years</p> <p>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</p>

## **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 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 Specialised Hospitals rendering psychiatric services for the North West Province.

### **Central and Tertiary Hospitals (C&THS)**

The purpose of this programme is to provide 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 health care system. 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 an 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 health facilities branding called the “ideal clinic” for each district.

### **Legislative Mandate**

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 the departmental budgets to achieve government's prescribed outcomes**

To enhance the change agenda in government, the Presidency 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; and
- Fill posts with skilled, committed and competent individuals.

All the priorities are integrated into what is termed the Provincial Program of Action (POA) for Bokone Bophirima. 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	SDG Goals 2030	2014 – 19 MTSTF Priorities	NWDoH Strategic Goals 2015- 2020
Average male and female life expectancy at birth increase to 70 years		HIV & AIDS and Tuberculosis prevented and successfully managed	Prevent disease and reduce its burden, and promote health through a multi stakeholder Fora
Tuberculosis (TB) prevention and cure progressively improved	End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	Maternal, infant and child mortality reduced	
Maternal, infant and child mortality reduced	Reduce the global maternal mortality ratio to less than 70 per 100 000 live births.  End preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1 000 live births and under-5 mortality to at least as low as 25 per 1 000 live births		
Prevalence of Non-Communicable Diseases reduced	Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol		
Injury, accidents and violence reduced by 50% from 2010 levels	By 2020, halve the number of global deaths and injuries from road traffic accidents		
Health systems reforms completed	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	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	Implement an efficient health management information system for improved decision making
		Improved quality of health care	Improve the quality of care by implementing 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	Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes	Re-engineering of Primary Health Care	Make progress towards universal health coverage through participation in the development of the National Health Insurance scheme, and
Universal health coverage achieved	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	Universal Health coverage achieved through implementation of National Health Insurance	improve the readiness of health facilities for its implementation
Posts filled with skilled, committed and competent individuals	Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	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 the Setsokotsane Program of action is carried out at different programme levels of the department and reports are submitted to the Office of the Premier on a regular basis.

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.; and
  - Stakeholder / partner engagement (e.g. inter-governmental relations, PPP's).
- Improved health status
  - Reduced mortality;
  - Reduced morbidity;
  - Reduced malnutrition;
  - Increased life expectancy; and
  - 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; and
  - 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; and
- Improved health infrastructure.

## **2. Review of the current financial year (2016/17)**

The department is of the view that more still needs to be done to improve the health condition of our people. CHC expanded services to strengthen the immunization programme. Potential routes have been identified as part of the Planned Patient Transport. Consultation with Private Transport Industry is ongoing in the affected areas. School Health Teams and Electronic Medical Record (EMR) has been establishment.

### **Rebranding, Repositioning and Renewal (RRR)**

The ideal clinic project is part of the department's contribution to contribute to RRR. 40 clinics has been accredited as ideal clinics.

### **Villages, Townships and Small Dorpies (VTSD)**

Maintenance of health facilities is focusing more in VTSD areas. In an effort to strengthen health services in Villages, Townships 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. The department contracted the services of an EMS service provider to undertake this inter-facility transfer of patients. This will free up the provincial EMS fleet to respond to emergency calls in all areas including rural areas. Included in this contract are the services of a helicopter air ambulance service which has night-flying capacity, also therefore improving the 24hour availability of rapid EMS response time across the province. 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.

### **Saamtrek-Saamwerk philosophy**

The department is working with the department of Social Development to ensure access to Rehabilitation centres and the service across the Province. A pilot project in the Ventersdorp area has been started in collaboration with the Taxi industry to improve patient transport as part of Saamtrek-Saamwerk.

### **Setsokotsane Approach**

The department participated in Setsokotsane programmes in all districts and participated at local municipality level with resulted positive responses for health needs of communities. These will continue to be heightened with emphasis on preventative health care. Cost-cutting measures are still continuing by putting restrictions on meetings, subsistence and travelling, telephones and purchasing of some technological equipment.

### **Health Service Delivery**

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

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

- Basic Nursing Students = 318;
- Post Basic Nursing Students = 226;
- North West University Nursing Students funded by Department of Health who graduated in March and May 2016 = 48, and
- Total number graduating in 2016/17: 592.

### **Summary of infrastructure**

#### **Hospital Revitalisation**

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

**Bophelong Psychiatric Hospital (Phase 2A – State and Forensic wards):** Practical completion was achieved on 11 December 2015. This was then followed by works completion which was achieved on 17 March 2016.

**Bophelong Psychiatric Hospital (New accommodation for staff):** Following a High Court Order, construction commenced in the fourth quarter of the 2015/16 financial year and work on site is progressing very well. The new staff accommodation should be completed in the first quarter of the 2017/18 financial year.

**Lichtenburg Hospital:** The design for this project was completed and the few comments received from the National Department of Health, following a Peer Review done by them, are currently attended to by the appointed consultant team. It is planned to go out on tender with this project in the second half of the 2017/18 financial year.

**JST Hospital (Upgrade):** The project reached practical completion stage and the new and upgraded sections of the Hospital was occupied by the department. Changes as requested by National Department of Health on the mental health unit have been incorporated and this is the chief contributor leading to the expansion of the contract amount.

**Sekhing CHC:** Project is still under construction because of under-performance of the contractor. The project should have been completed but is now only at 86 per cent complete. Indications are that the project will be completed in the first quarter of the 2017/18 financial year.

**Boitekong CHC:** According to the latest Project Progress Review report, the overall project completion stands at 50 per cent. The schedule baseline indicated a practical completion date of 10 May 2015. Work on site came to a halt a result of the cash flow challenges experienced by the contractor. The department has now opted to enter into a contract with another contractor in order to ensure completion of the project. Other challenges include design errors by consultants resulting in corrective action by means of varying the scope. Variation orders have been submitted to the relevant committees for consideration and approval. Once granted, the contractor will be in a position to indicate the anticipated date of practical completion.

**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. The schedule baseline indicated a practical completion date of 25 July 2014. According to the latest Project Progress Review report the project will be completed in the fourth quarter of the current 2016/17 financial year. The department assisted the contractor with an advance payment of R 5.7 million in order to assist with cash flow. This advance payment has been made against the contractor's construction guarantee of a similar amount.

**Witrاند:** Practical completion was achieved on 09 March 2016. Works completion has been achieved. The defects liability period can only commence upon the issue or deemed issue of the certificate of works completion.

**New Jouberton CHC:** Construction on this project commenced on 19 September 2017 and it is anticipated that the new CHC will be completed in the fourth quarter of the 2017/18 financial year.

**New Mmakaunyana Clinic:** Construction started in September 2015 and the new facility should be completed in the first quarter of the 2017/18 financial year.

**New Weltevrede Clinic:** Construction started in August 2015 and the new facility should be completed in the first quarter of the 2017/18 financial year.

**New Madikwe Clinic:** Construction of the new clinic commenced in January 2017 and should be completed in May 2018.

**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:** There are 7417 Community Health Workers appointed additional to the structure and paid through PERSAL, a pool out of which 2 800 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 rolled out to 388 teams (end of financial year 2015/16).

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 216 professional nurses currently leading teams against a target of 715. A shortage of 499 professional nurses are experienced due to 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 shortage gap.

Training of Ward Based PHC Outreach Teams is continuing. Total Community Health Workers (CHW's) trained in phase 1 were 2 394, in phase 2 were 968 and in phase 3 were 152.

Total Households registered for support is 708 266 against a target of 1 098 316. Registration will continue in 2017/18 financial year.

M-Health system has been rolled-out to 38 teams (20 in Dr RSM and 18 in Dr KK districts) This is a system that uses cell phones that captures data, helps teams to reduce paper work, helps with storage, and helps with the scheduling of visits.

### **Future plans**

- To roll-out to 234 PHCWOBOT new teams;
- To sustain current 38 M-Health sites in RSM and Dr KK; and
- To expand School Health teams and sustain the current District Clinical Specialist Teams.

### **Ward Based PHC Outreach Teams (WBPHCOT)**

#### **Achievements**

- Total functional Outreach teams = 394 against a full scale target of = 715;
- Total Professional nurses in WBPHCOT = 174 against a current target of = 391;
- Total CHWs in WBPHCOT = 2 362;
- M-health system implementation = 20 wards in RSM and 18 wards in Dr Kenneth Kaunda;
- Phase 1 training = from 2 394 to 2 436 (cumulative since 2011);
- Phase 2 training = from 968 to 1 345 (cumulative since 2015) only 377 trained this year; and
- Phase 3 training = from 152 to 148. Decrease in number as a result of death and resignations.

#### **Performance**

- Household registration visits ( raw) = 926 957 (76 per cent coverage); and
- Weak supervisory and management system; lack of PN's to lead teams of which 220 teams are without PN's;

### **Integrated School Health Services**

#### **Achievements**

- Total Functional School Health Teams = 33 against a target of 49; and
- Total Learners screened as at December 2016 = 72 279. This was made by totals of Grade R screening which was 15 942, Grade 1 learners screened = 36 577 and grade 8 learners screened

### **District Clinical Specialist Teams (DCST)**

Only 2 Team out of 4 achieved full complement. Lack of two specialists namely Paediatrician and Obstetric/Gynaecologist experienced.

#### **Achievements**

- Supported implementation of DIP 90-90-90 targets;
- Supported Implementation of Mentor Mother Program;
- On-going facility support visits and ward-rounds, mentoring, on-site training and quality checks;
- Sustaining ANC High-risk clinics;
- On-going facility governance support to MMR, PPIP, CHPIP;
- Clinical governance support to PSG, PTC, DMT etc.; and
- Training, BANC, Partogram, ESMOE, Implants, HBB, IMCI.

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; and
- 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 2015/16 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

- Dr KK as the National Health Insurance (NHI) district received a set of mobile vehicles to improve integrated school health program;
- The Province successfully conducted HPV (Human Papillomavirus) vaccination in the whole province to all eligible grade 4 girl learners at public schools; and
- Provincial training for school health team members conducted to empower the newly delegated nurses for school health program.

#### 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 grades 8 and 10.

### **3. Outlook for the coming financial year (2017/18)**

#### **District Health Services**

- Maintenance of health facilities will be focused more in Villages, Townships and Small Dorpies to propel economic development and ensure that basic and small jobs are done in collaboration with local entrepreneurs and cooperatives;
- TB targeted intervention is continuing together with the department of Correctional Services, Mines, developmental partners and Are Batleng TB Research Project. This points to a great success when government and community join hands to tackle social challenges;
- Plans are in place to improve immunization coverage to above 95 per cent. The department will engage other relevant departments and other stakeholders to address challenges of infant mortality, particularly management of malnutrition in the Province;
- The department will expand to a Nurse Connect project to provide workplace support to nurses and midwives through a targeted programme; and
- The department undertook to work with the department of Agriculture to expand the food gardens programme primarily targeting rural areas;
- The department will also strengthen the education and awareness for both the general public and employees in the department on physical activity, healthy diet as well as harmful effects of tobacco and excessive alcohol usage;
- About 55 out of 109 clinics have been assessed and put on Ideal clinic programme as part of the department's plan to roll out the Ideal Clinic Project to the entire province. However 40 achieved Ideal Clinic Status;
- The department started a pilot project in collaboration with the Taxi industry to improve patient transport. A Provincial Task Team has been appointed to deal with this matter;



- A Medical Male Circumcision Centre of Excellence will be established in order to improve MMC uptake and proper management of adverse events;
- Integrated Health service delivery will continue to be improved; and
- A Provincial Pharmacovigilance committee will be established to monitor ART treatment failure.

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

- Transportation of patients by taxis, allocation commenced in 2016/17 financial year in goods and services. A provincial task team has been appointed to start discussions on this matter.
- Obesity programme.

**Agriculture, Culture and Tourism (ACT)**

The planning process in the department is always influenced by the ward based approach and the IDP to ensure integrated provision of services to the people of Bokone Bophirima. With this approach the department strives to take into consideration the developmental agenda of a particular ward in a municipality. This ensures that tourist attracting places and events within the province are catered for in health plans. To provide comfort to tourists that in case of emergencies, access to health services in the province is on par with the competing provinces and other countries.

The provision of mobile services to farming areas also ensures health workforce as a result increased productivity and better economic outcomes for the province. The following key strategies will support this pillar:-

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

The following projects will be implemented over the MTEF:-

- Creation of food and herbal gardens within Health establishments;
- Health facilities revamping and visual appeal;
- Collaboration with Traditional Leaders and Health Practitioners;
- Establish a platform for information sharing with the Department of Tourism; and
- Establishment of Health services at High Transmission Areas (HTAs).

### **Villages, Townships and Small Dorpies (VTSD)**

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; and
- To ensure improved maintenance of health facilities.

The following projects will be implemented over the MTEF:-

- Decongesting Health Facilities (Decanting);
- Planned patient transport for the rural areas in collaboration with Taxi associations;
- Expanded public Works programme support to health institutions;
- PHC re-engineering model; and
- Build, upgrade and maintain Healthcare facilities in a VTSD approach.

### **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 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; and
- To develop a responsive health workforce by ensuring adequate training and development.

The following projects will be implemented over the MTEF:-

- Strengthen the quality improvement team to intervene decisively in various health facilities;
- Citizen redress and second opinion;

- Increase access to healthcare for previously disadvantaged groups;
- Maintain and intensify interventions for survivors of violence; and
- Climate meeting strategy.

### **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.

The following projects will be implemented over the MTEF:-

- Forge partnership with Private Institutions;
- Inter-governmental collaboration;
- Strengthen District Health System;
- Strengthening partnership between North West Department of Health and the Traditional Health Practitioners to protect users of Traditional Medicine; and
- Maximize opportunity and resources by collaborating with partners.

### **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.

The following projects will be implemented over the MTEF:-

- Market preventive and promotive health services;
- Implement War on Poverty Initiatives in identified Municipal wards;
- Popularization of health careers to special schools through career exhibitions to empower learners with disabilities;
- Encourage community participation through Health Governance Structures; and
- Oversight support visits to facilities.

#### **4. Reprioritisation**

Reprioritization of functions and activities in the 2017/18 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 2015/16 financial year was less than those of 2014/15, level of accruals for 2016/17 are estimated at R450 million. 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 although this was not hundred per cent achieved and is still ongoing. 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; and
- 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 funding non-negotiables in line with inflation and the need.

Reprioritisation 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 department is moving away from a curative health care system to a preventative one and therefore places a strong emphasis on Primary Health Care. The allocated budget over the MTEF 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).

The department's allocation is directed in the following areas to improve the efficiency of services:-

- Inter-facility ambulance services to improve response time and efficiency of patients delivery in order to save lives especially for maternal and child cases;
- Distribution of chronic medications to patients in order to reduce long queues at health facilities;
- Contracting General Practitioners to manage patients within their radius of operation for public health facilities thus improving the efficiency of consultation to patients; and
- Provision of intensified and integrated health screening services especially during the Setsokotsane campaigns thus reaching out to community members in educating them about health services and preventing the spread of infectious and non-communicable diseases.

## **5. Procurement**

The major/key projects for 2017/18 as per procurement plan are listed and includes, amongst others:-

- Bophelong Psychiatric Hospital Phase II (Package B) of R84.5 million;
- Gelukspan Hospital Upgrading of R51.9 million;
- Construction of new Jouberton Ext 21 CHC of R51.9 million; and
- Brits Hospital Staff Housing of R74.9 million; and
- A number of smaller projects for the replacement, upgrading and/or replacement of existing facilities at an estimated total cost of R50 million which includes new Delareyville and Ventersdorp Bulk Pharmacies as well as Motswedi Clinic.

## 6. Receipts and financing

### 6.1 Summary of receipts

Table 3.1 : Summary of receipts

R thousand	Outcome			Main appropriation	Adjusted appropriation 2016/17	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
Equitable share	6 398 085	6 299 325	7 031 986	7 390 772	7 506 829	7 506 829	8 117 129	8 660 347	9 347 482
Conditional grants	1 729 815	1 819 840	2 098 031	1 994 703	2 028 496	2 028 496	2 265 644	2 378 442	2 576 767
Comprehensive HIV and Aids Grant	825 302	936 938	1 012 984	1 127 523	1 137 969	1 137 969	1 296 769	1 455 195	1 600 959
Hospital Facility Revitalisation Grant	530 823	517 277	713 082	480 434	502 812	502 812	558 261	500 821	528 867
Health Professions Training and Development Grant	98 666	104 586	106 970	111 565	111 565	111 565	119 194	126 107	132 452
National Tertiary Services Grant	243 385	237 264	242 625	253 096	253 518	253 518	267 538	283 055	300 482
National Health Insurance Grant	6 874	7 000	8 038	7 543	8 090	8 090	–	–	–
Expanded Public Works Programme Incentive Grant for Provinces	–	–	2 000	2 000	2 000	2 000	2 000	–	–
Social Sector Expanded Public Works Programme Incentive Grant for Provinces	24 765	16 775	12 332	12 542	12 542	12 542	21 882	–	–
Human Pappilomavirus Vaccine Grant	–	–	–	–	–	–	–	13 264	14 007
Donations	–	–	438	1 997	1 997	1 997	1 856	1 967	2 085
Nedcare	–	–	438	1 751	1 751	1 751	1 856	1 967	2 085
Estate: Mr. NF Finkel	–	–	–	246	246	246	–	–	–
Financing	162 667	–	–	–	65 557	65 557	–	–	–
Departmental receipts	62 455	65 578	69 250	73 058	73 058	73 058	76 711	80 547	85 058
<b>Total receipts</b>	<b>8 353 022</b>	<b>8 184 743</b>	<b>9 199 705</b>	<b>9 460 530</b>	<b>9 675 937</b>	<b>9 675 937</b>	<b>10 461 340</b>	<b>11 121 303</b>	<b>12 011 392</b>

The allocation is made up of the equitable share of 77.6 per cent, 77.9 per cent and 77.8 per cent, conditional grants 21.7 per cent, 21.4 per cent and 21.5 per cent, own revenue receipts of 0.7 per cent and donations of zero per cent in 2017/18, 2018/19 and 2019/20 respectively.

### Conditional Grants

In 2017/18 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.

**Comprehensive HIV and AIDS grant:** Decrease the burden of disease related to the HIV and tuberculosis epidemics; to minimise maternal and child mortality and morbidity; and to optimise good health for children, adolescents and women

**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 help to 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.

**Social Sector Expanded Public Works Programme Incentive grant to Provinces:** To incentivise provincial social departments identified in the 2015 Social Sector EPWP Log-frame to increase job creation by focusing on the strengthening and expansion of social service 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	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16		2016/17		2017/18	2018/19	2019/20
Tax receipts	-	-	-	-	-	-	-	-	-
Casino taxes	-	-	-	-	-	-	-	-	-
Horse racing taxes	-	-	-	-	-	-	-	-	-
Liquor licences	-	-	-	-	-	-	-	-	-
Motor vehicle licences	-	-	-	-	-	-	-	-	-
Sales of goods and services other than capital assets	56 385	57 729	55 275	68 658	68 658	68 658	72 288	75 867	80 116
Transfers received	-	-	-	-	-	-	-	-	-
Fines, penalties and forfeits	-	-	-	-	-	-	-	-	-
Interest, dividends and rent on land	-	-	-	-	-	-	-	-	-
Sales of capital assets	-	-	-	-	-	-	-	-	-
Transactions in financial assets and liabilities	-	6 931	9 175	4 400	4 400	4 400	4 423	4 680	4 942
<b>Total departmental receipts</b>	<b>56 385</b>	<b>64 660</b>	<b>64 450</b>	<b>73 058</b>	<b>73 058</b>	<b>73 058</b>	<b>76 711</b>	<b>80 547</b>	<b>85 058</b>

Departmental fees on patients are revised once a year and the review is done by National Department of Health taking into the consideration the Consumer Price Index. The role of the province is to implement the fees across all hospitals. The Electronic Data Interchange that is implemented at all hospitals also contributes to improve collection at all hospitals in the medical schemes fraternity.

Other factors that negatively impact on collection of revenue:-

- Approximately 85 per cent of patients attending the department's health facilities are unable to make a meaningful contribution for the services provided;
- The provision of free services to children under 6 years of age, pensioners, the disabled, the unemployed and patients on the ARV programme;
- The on-going review of the Uniform Patient Fee Structure (UPFS), resulting in more groups being included under the categories exempt from the payment of fees and the reduction in fees payable by certain categories of patients.;
- Expiry of the debt collection contract will certainly affect the debt recovery rate negatively pending the implementation of Patient Verification System in the next financial year; and
- Non-existence of the contract between Clinix and the department of Health affects the smooth debt recovery process.

### **Implementation of Revenue Enhancement Strategy**

The department took a decision as part of its revenue enhancement strategy to improve the quality of the patient data across hospitals so as to improve on revenue collection. This is an online ITC linked System validating the demographic details of each and every person using the services of our hospitals. The data to be improved and validated includes the following:-

- Names, Initials and Surname;
- Date of Birth and ID Number;
- Employment History including Positions Held with Period of Employment;
- Address History with Period;
- Telephone Numbers History with Period;
- Cell phone Numbers History with Period; and
- Monthly Income Estimation.

Once the department has full details as above there may be an increase to the revenue envelope from R73 million to R100 million over the MTEF and will improve the debt recovery rate with 25 per cent without the assistance of external collectors.

The costing in the first year of implementation is estimated at R7.6 million (R4.20 per transaction with total accounts with volume of 1.8 million) as per guidelines provided by SITA in July 2016. The process costing will decline over the MTEF once the initial data clean-up is completed.

Although the whole information in the PAAB will be cleaned and verified, the first seven hospitals to go online are Brits, Klerksdorp/Tshepong, Mafikeng Provincial, Vryburg, Potchefstroom, Job Shimankane and Potchefstroom. The rest will be introduced over the MTEF period.



### **6.3 Donor funding**

Amounts of R2 million in 2016/17, R1.9 million, R2 million and R2.1 million were allocated over the MTEF as a donation received from Netcare to fund four (4) Registrar posts for a period of four years. This agreement was effective towards end of 2015/16 financial year. These Registrars are based in Klerksdorp Tertiary Hospital.

## **7. Payment Summary**

### **7.1 Key assumptions**

Key assumptions underpinning the development of the 2017 MTEF Budgets include:-

- Where feasible, CPI projections were used to calculate inflation related items. Revised inflation projections for non-personnel items are: 6.1 per cent in 2017/18, 5.9 per cent in 2018/19 and 5.8 per cent in 2019/20. Compensation of employees is budgeted at CPI plus 1 per cent;
- The department started to earnestly contain expenditure on non-essential items such as travelling, catering, consultants and general administration in line with National Treasury Instruction 01 and Provincial Treasury directives 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 allocated 63 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; and
- Present cost cutting measures will continue to be adhered to over the MTEF.

### **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; and
- Efficient Health Management Information System for improved decision making.

The National Department of Health 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 allocated funds to Non Negotiable items over the MTEF to ensure continued monitoring and quality of service in health facilities. The funds may not be adequate when taking into consideration the projected accrual for 2016/17. All non-core are allocated less to augment non-negotiable allocations. The Non Negotiable will be protected by ensuring that funds are not shifted away from these items.

	Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2016/17			2017/18	2018/19	2019/20
ITEMS	R'000	R'000	R'000	R'000	R'000	R'000
<b>1. NON-NEGOTIABLE COMPONENTS</b>	<b>1 753 951</b>	<b>1 819 351</b>	<b>2 493 194</b>	<b>2 413 732</b>	<b>2 691 210</b>	<b>3 054 635</b>
1.1 Infection Control and Cleaning	77 277	84 979	85 829	101 697	107 697	113 943
1.2 Medical Supplies including Dry Dispensary	170 410	203 432	311 935	222 385	296 439	316 004
1.3 Medicines	262 722	269 272	608 999	363 558	376 749	536 561
1.4 Medical Waste	46 180	38 875	36 362	68 485	81 292	96 249
1.5 Laboratory Services: NHLS	295 255	273 936	304 989	335 271	379 652	413 265
1.6 Blood Supply and Services: (SANBS)	57 808	62 443	98 605	75 439	100 561	107 198
1.7 Medical Gas	27 699	18 500	22 967	30 446	35 812	51 747
1.8 Food Services and Relevant Supplies	138 414	131 077	172 497	181 599	185 231	212 831
1.9 Security Services	157 790	160 854	203 166	241 734	272 676	275 676
1.10 Laundry Services	10 479	12 268	12 485	16 054	18 109	18 308
1.11 Essential Equipment and Maintenance of Equipment	106 668	75 303	76 299	124 482	141 784	167 447
1.12 Infrastructure and Non-Infrastructure Maintenance	113 164	110 687	109 881	176 001	205 509	216 725
1.13 Childrens Vaccines	51 363	86 234	157 690	167 309	172 180	182 166
1.14 ARV'S	238 722	291 491	291 491	309 272	317 519	346 515
<b>2. AIDS OBJECTIVE</b>	<b>1 127 523</b>	<b>1 146 951</b>	<b>1 146 951</b>	<b>1 296 769</b>	<b>1 455 195</b>	<b>1 600 959</b>
<b>3. Human Papillomavirus</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13 264</b>	<b>14 007</b>

### Other Key Assumptions underpinning the development of the 2017 MTEF Budgets

#### Training

Financing for undergraduate medical and allied health students currently occurs from one primary source namely: Health Sciences Programme of the provincial health budget. With the dwindling financial resource allocations for the Province, there has been a gradual decrease in the number of bursaries awarded. The following is the bursary allocation breakdown:-

- 2015/16 financial year: 77 (local universities : 31 medicine & 46 Allied health courses) 35 medicine Cuban Programme;
- 2016/17 financial year: 74 (local universities: 25 medicine & 49 Allied health courses) 0 Cuban Programme;
- Projected 2017/2018: With the centralisation of bursaries to the Office of the Premier, there will be no new intake funded from our department for local universities and for the Cuban Programme during the 2017/2018 financial year. However there are two hundred and eight (208) students in

local universities and a further four hundred and thirteen (413) students in Cuba who are still to be funded by the department; and

- The non-intake for the 2017/2018 financial year does not in any way reduce the costs in the training of students in Cuba. The volatile rand / dollar exchange rate has a great impact on the transfers that have to be made for students studying in Cuba. Travel costs for students on vacation and those who have to do their elective too in local universities greatly impact on the budget. For the 2017/2018 financial year we are expecting approximately two hundred students (200) to come for vacation in June/July 2017.

Staff development has been stagnant in the past three years due to obligations that the directorate has to fulfil towards its bursars. Furthermore the department cannot meet the Cabinet's decision that the number of young people involved in Internship and Learnership programmes should reach 5 per cent of the establishment of government departments. The department only managed to reach 1.2 per cent of the department total staff establishment.

### **Compensation of Employees**

The department managed to balance the 2017/18 to 2019/20 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.

The approved structure has 36,225 posts that include 41 amendments since January 2008. A draft organisational structure has been developed that is aligned to the allocated personnel budget, and should be finalised during the 2017/18 financial year.

### **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 budget aligned structure that is close to being finalised.

## **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.

### **Accuracy of staff establishment at all level against service requirements**

The current approved structure was implemented in January 2008. Service delivery changes as well as strategies that changed since then were addressed by means of 41 amendments to the structure.

The organisational and post structure has been drafted and is aligned with the personnel budget. Significant downscaling took place and some services are to be deleted, and most other services to be reduced. Quality of care is likely to suffer as more staff is needed to deal with the provincial workload.

### **Staff recruitment and retention systems and challenges**

The department developed recruitment and retention strategy and policy which consolidate a number of interventions and strategies such as rural allowance, strengthening of OSD implementation and availing adequate funding for bursaries especially for students from the rural and underserved areas.

### **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.

The average turnover rate over the last 3 years increased from 9.2 per cent to 13.3 per cent (ranging from 9.2 per cent to 21 per cent). There may be a need for research to be done to determine the reason for this increase.

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

The project on WISN is underway and while it started in the NHI pilot district, it has since been rolled out to the other three districts. Progress reports are sent to national department of health on a regular basis.

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.

## 7.2 Programme Summary

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16		2016/17		2017/18	2018/19	2019/20
1. Administration	256 567	269 418	297 176	329 730	337 044	405 043	329 778	336 724	347 601
2. District Health Services	4 167 183	4 408 279	4 693 400	4 940 426	4 996 095	5 244 082	5 484 877	5 802 860	6 262 184
3. Emergency Medical Services	263 660	255 515	273 449	305 969	288 594	318 566	312 417	326 722	348 418
4. Provincial Hospital Services	2 036 212	2 217 643	1 348 509	1 391 252	1 432 247	1 514 286	1 551 296	1 698 288	1 860 828
5. Central Hospital Services	243 385	237 261	1 247 322	1 320 323	1 359 566	1 491 389	1 472 847	1 640 166	1 763 906
6. Health Science And Training	305 311	276 190	319 589	393 564	473 710	491 677	418 140	442 593	465 543
7. Health Care Support Services	126 245	124 536	121 703	234 154	221 191	255 733	261 238	269 746	324 666
8. Health Facilities And Maintenance	994 914	584 011	741 529	545 112	567 490	613 971	630 747	604 204	638 246
<b>Total payments and estimates</b>	<b>8 393 477</b>	<b>8 372 853</b>	<b>9 042 677</b>	<b>9 460 530</b>	<b>9 675 937</b>	<b>10 334 747</b>	<b>10 461 340</b>	<b>11 121 303</b>	<b>12 011 392</b>

\*Includes MEC remuneration: R2 million in 2017/18, R2.1 million in 2018/19, R2.2 million in 2019/20

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

### Budget Allocation and Additional funding since 2013/14- 2019/20 MTEF

**2013/14:** During the 2013/14 Adjusted Appropriation, additional once off allocation amounting to R260 million was received in order to assist the department to mitigate the overspending on personnel. R390 million was received for acquiring the new office park which hosts all provincial staff members and two sub districts from Ngaka Modiri Molema District. The adjusted appropriation was R8.4 billion of which R40.5 million was overspent at the end of the financial year.

**2014/15:** Main appropriation for 2014/15 was R8.2 billion, R14 million was allocated during adjustment budget for the Health Infrastructure Grant for renovations of Excelsius Nursing College. Furthermore, rollover of R17 million was included. The department overspent its allocation with R188.1 million mainly on compensation of employees. Health Facility Revitalisation Grant and National Health Insurance both underspent by R18 million of which rollover of funds was requested. Rollover of R20 million were requested on equitable share for the payment 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 adjusted to R9.2 billion. The additional funds amounting to R295.6 million in total (First Adjustment and Second Adjustment Budget) were allocated to compensation of employees and goods and services. With the tight fiscus the total 2014/15 accruals amounting to R750.7 million could however not be absorbed in the 2015/16 financial year. Efficiency measures and reprioritisation strategies were implemented during the financial year to prevent the non-payment of some critical items.

During the 2015/16 Adjusted Appropriation, additional funding of R179.6 million has been made available to the department as well as an R116 million during the Second Adjustment Budget towards the payment of accruals and 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 as well as a further R116 million during the Second Adjustment Budget was allocated to pay for some essential services related to the 2014/15 accruals.

**Roll overs:** Health Hospital Revitalisation Grant received R17.7 million and National Health Insurance Grants R834 thousand.

**Net Care (Donation):** Our partners in Health have signed the SLA with the department to fund four Registrar posts with effect from January 2016 amounting to R438 thousand.

**2016/17:** The main appropriation for 2016/17 was R9.5 billion, the additional funds are directed to compensation of employees and goods and services the payment of accruals and the remaining funds has been directed to new mandates and other core items. The department also prioritised some funds for Cuban Medical Students of R112 million.

The pharmaceutical budget 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 65 per cent over the MTEF due to the trimming down of the Administration wing and savings thereof will be directed to other programmes.

During the past financial year the national economic growth has been revised downwards and the equitable share and conditional grants allocation funding reduced. The budget reduction was 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 department received a donation from Net Care of R1.997 million for four Registrar posts which will end in 2019/20.

#### **2017/18 MTEF**

The appropriation for 2017/18 is R10.5 billion, an increase of 1.2 per cent compared to the revised estimates, however it is an increase of 10.6 per cent against the baseline which is above the inflationary adjustments. It should be noted that the Revised Estimates is based on the projected outcome which includes 2016/17 accruals and thus the low percentage growth in 2017/18.

Compensation of employees comprises of 63.4 per cent, goods and services of 27.9 per cent, transfers and subsidies of 2.2 per cent and capital assets of 6.5 per cent.

**Changes to baseline:** Compensation of employees has been reduced with R130.9 million and redirected to address accruals. Furthermore, ICT Transformation Programme also reduced with R19.4 million to Office of the Premier which affected goods and services in Programme 7. R220 million was allocated to address accruals. The net effect is estimated at R69.7 million after the reductions and additions.

#### **2018/19 MTEF**

The appropriation for 2018/19 is R11.1 billion, an increase of 6.3 per cent. Compensation of employees comprises of 62.7 per cent, goods and services of 29.3 per cent, transfers and subsidies of 2.1 per cent and capital assets.

**Changes to baseline:** Compensation of employees has been reduced with R138.3 million and redirected to address accruals. Furthermore, ICT Transformation Programme also reduced with R50.5 million to Office of the Premier which affected goods and services in Programme 7. R245 million was allocated to address accruals. The net effect is estimated at R86.2 million after the reductions and additions.

#### **2019/20 MTEF**

The appropriation is R12 billion, an increase of 8 per cent of which compensation of employees comprises of 61.7 per cent, goods and services of 30.4 per cent, transfers and subsidies of 2 per cent and capital assets of 5.9 per cent

**Change to baseline:** Compensation of employees has been reduced with R146 million and redirected to address accruals as well as an additional amount of R102 million for COE inflationary adjustments. Furthermore, ICT Transformation Programme also reduced with R21.7 million to Office of the Premier which affected goods and services in Programme 7. R270 million was allocated to address accruals. R88.9 million was received for health priorities which includes the exchange depreciation on medicine prices. The net effect is estimated at R293.2 million after the reductions and additions.

### 7.3 Summary of economic classification

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16	2016/17	2016/17	2016/17	2017/18	2018/19	2019/20
<b>Current payments</b>	<b>7 232 307</b>	<b>7 677 293</b>	<b>8 192 813</b>	<b>8 657 359</b>	<b>8 775 942</b>	<b>9 366 708</b>	<b>9 552 536</b>	<b>10 234 812</b>	<b>11 056 905</b>
Compensation of employees	4 860 617	5 389 881	5 609 901	6 198 704	6 187 037	6 312 156	6 628 383	6 970 131	7 408 285
Goods and services	2 371 382	2 286 569	2 581 210	2 457 454	2 587 430	3 053 024	2 923 058	3 263 623	3 647 501
Interest and rent on land	308	843	1 702	1 201	1 475	1 528	1 095	1 058	1 119
<b>Transfers and subsidies to:</b>	<b>122 454</b>	<b>115 783</b>	<b>174 453</b>	<b>191 837</b>	<b>305 587</b>	<b>330 867</b>	<b>233 057</b>	<b>232 864</b>	<b>242 742</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	3 215	10 429	16 762	16 762	16 762	19 953	24 877	26 270
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	1 549	-	8 423	-	11 417	10 912	-	-	-
Households	120 905	112 568	155 601	175 075	277 408	303 193	213 104	207 987	216 472
<b>Payments for capital assets</b>	<b>1 038 716</b>	<b>579 777</b>	<b>675 411</b>	<b>611 334</b>	<b>594 408</b>	<b>637 172</b>	<b>675 747</b>	<b>653 627</b>	<b>711 745</b>
Buildings and other fixed structures	904 094	475 338	616 753	467 731	488 609	531 384	512 036	472 661	502 417
Machinery and equipment	134 622	104 439	58 658	143 603	105 799	105 788	163 711	180 966	209 328
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>8 393 477</b>	<b>8 372 853</b>	<b>9 042 677</b>	<b>9 460 530</b>	<b>9 675 937</b>	<b>10 334 747</b>	<b>10 461 340</b>	<b>11 121 303</b>	<b>12 011 392</b>

#### Current Payments

The allocation for current payments is R7.7 billion in 2014/15; R8.2 billion in 2015/16, R8.8 billion as per Adjustment Budget in 2016/17, R10.5 billion in 2017/18, R11.1 billion in 2018/19 and R12 billion in 2019/20.

The budget allocation for personnel increased from to R5.4 billion in 2014/15, actual spending for 2015/16 was R5.6 billion; allocated R6.1 billion for 2016/17 and further increases to R6.6 billion, R6.9 billion and R7.4 billion over the MTEF.

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 underspending on compensation of employees. 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 organisational structure to the allocated budget. In addition the rationalisation of facilities and placement of staff will also be considered.

The department managed to balance the 2017/18 to 2019/20 MTEF to the revised baseline allocation, a number of additional and critical services are however not adequately funded in 2019/20. A new organisational structure is being developed that is aligned to the allocated personnel budget, and should be finalised during the second half of 2017/18.



The department do not envisage filling any new posts except those funded from conditional grants which is exempted from the moratorium and replacement of critical skills will be prioritised over filling of support posts.

The department will stay within the required compensation of employees range and will only fill critical vacant core posts. Other non-core posts will only be prioritised upon approval of the organisational structure in line with the MTEF budget allocation and provided that funds are available.

### **Goods and Services**

Spending on goods and services is largely influenced by various priorities in health sector such as patient catering, NHLS, medicine, medical suppliers, security services and most non-negotiable items. Items such as telephones, stationery, electricity is key to the department for day to day running of health care facilities.

Spending trends in the outer year will remain modest, meaning that the department will have to impose stringent measures to contain spending but not sacrificing core function of the department.

The increase from 2016/17 to 2019/20 is primarily due to the increase in demand for health services and the high rate of inflation on medicine, medical supplies and services. Focus is more on child health interventions and improvement of maternal health through Mom Connect and specific projects like efficiency of inter facility transfer services, upscale of MMC performance, CCMDD as mentioned by MEC in the budget speech and also to sustain MDR/XDR TB units, 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.

Adjustment to baseline earmarked for payment of accruals as directed has been allocated mainly on core items over the MTEF. In addition, funds earmarked for Health Priorities has been allocated to Programme 2: Clinics for medicines, medical supplies, equipment's, property payments that includes most of non-negotiables.

Items which have an impact on the costs for goods and services include the high costs of rendering outsourced security in facilities across the province .i.e. (clinics, CHC's, hospitals, offices and colleges), costs for patient catering and fleet services (all government-owned vehicles). Medicine, laboratory services and medical suppliers have been prioritised when preparing the budget; however, funds will not be sufficient to sustain the remainder of the financial year taking into consideration the amount of accruals each year. This economic classification was seriously affected by 2015/16 accruals.

The department will continuously review the allocation of goods and services with a view of identifying funds that can be shifted to non negotiables if need be during the year to ensure that core services are not hampered with.

### **Transfers and Subsidies**

The allocation for transfers and subsidies decreased in 2017/18 and 2018/19 due to the fact that there will be no student intake for Cuban Programme and the number of intake for student nurses has been reduced due to budget constraints. In 2019/20, the allocation increased to 5.8 per cent. Other factors that impact negatively on spending is claims against the state (litigations) which are higher than expected, leave gratuity which cannot be adequately funded as employees exit without warning when preparing the budget. Allocation for Skills Development Levy has also been decreased due to outstanding debts which is now on par and expenditure thereof is in line with compensation of employees.

### **Payment for Capital Assets**

Buildings and other fixed structures allocation decreases in 2018/19 due to the reduction in the Health Facility Revitalisation Grant.

Machinery and equipment includes procurement of departmental fleet vehicles (White/Red Fleet and Patient Transport) and machinery and equipment which includes specialised and allied and medical equipment. During 2015/16, the department had prioritised paying accruals and all non-committed funds in the first quarter were shifted to goods and services to effect payments to suppliers. During 2016/17 non- committed funds were taken as at second quarter to process payment of Cuban Student due to insufficient budget. Ambulances allocation was reserved to enable procurement of ambulances in order to effectively improve response time.

A substantial increase of machinery and equipment's in 2017/18 relates mainly to clear backlog of procurement of Health Technology Equipment since 2015/16 where funds were withdrawn to goods and services. In 2018/19 ambulances and white fleet vehicles will be procured within the available allocation. Strong growth of 15.7 per cent in 2019/20 is evident and will be utilised to procure additional ambulances to expand emergency medical services to underserved rural areas.

## 7.4 Infrastructure payments

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2016/17	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
Existing infrastructure assets	146 508	179 612	269 426	310 394	298 894	298 894	319 873	273 405	284 494
Maintenance and repair	84 638	48 737	66 835	91 881	91 881	91 881	133 405	160 400	169 000
Upgrades and additions	61 870	126 788	151 159	189 105	157 569	157 569	170 018	108 505	89 994
Refurbishment and rehabilitation	–	4 087	51 432	29 408	49 444	49 444	16 450	4 500	25 500
New infrastructure assets	848 408	404 393	471 295	232 718	266 596	266 596	308 874	330 799	353 752
Infrastructure transfers	–	–	–	–	–	–	–	–	–
Current	–	–	–	–	–	–	–	–	–
Capital	–	–	–	–	–	–	–	–	–
Infrastructure payments for financial assets	–	–	–	–	–	–	–	–	–
Infrastructure leases	–	–	–	–	–	–	–	–	–
Non infrastructure	–	–	–	–	–	–	–	–	–
Total department infrastructure	994 916	584 005	740 721	543 112	565 490	565 490	628 747	604 204	638 246

### 7.4.1 Departmental infrastructure payments

Refer to Table B5

### 7.4.2 Maintenance

The maintenance of health facilities is an important national priority to ensure that the infrastructure investment is maintained and meets basic community requirements as well as related staff retention initiatives. The services are routinely sourced at a local level thus providing employment in the districts, as most of the health facilities are placed in a decentralized manner to reach coverage of all communities in the province. Maintenance spending is within the Grant as per the 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 2016/17	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
Roucomp System	1 549	–	–	–	–	–	–	–	–
Tapologo	–	–	8 423	–	11 417	10 912	–	–	–
Total departmental transfers	1 549	–	8 423	–	11 417	10 912	–	–	–

From 2013/14 to 2014/15 all Community Health Workers were linked to PERSAL. During 2015/16 the department transferred funds from compensation of employees to transfers and subsidies to enable transfer of funds to the affected partners of PEPFAR-based on the directive from National Department of Health.

### 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.

### Programme 1: Administration

#### Description and objective

#### 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.

High Level Strategic Priorities	Priority Indicators
Supply Chain Management Financial Management	• Unqualified Audit opinion from Auditor General South Africa
Human Resources	• Number of medical officers per 100 000 people • Number of professional nurses per 100 000 people • Number of pharmacists per 100 000 people
Information Management	• Percentage of facilities on Ideal clinic program complying to information management tool

## Strategic objectives of Administration

- To strengthen financial and supply chain Management System by 2018;
- To provide appropriate Human Resources for Health by 2020; and
- To strengthen health information systems by 2020.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
1. Office Of The Mec	8 099	7 673	7 457	7 701	8 101	8 101	7 529	8 111	8 640
2. Management	248 468	261 745	289 719	322 029	328 943	396 942	322 249	328 613	338 961
<b>Total payments and estimates</b>	<b>256 567</b>	<b>269 418</b>	<b>297 176</b>	<b>329 730</b>	<b>337 044</b>	<b>405 043</b>	<b>329 778</b>	<b>336 724</b>	<b>347 601</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
<b>Current payments</b>	<b>234 001</b>	<b>251 123</b>	<b>282 578</b>	<b>307 879</b>	<b>320 179</b>	<b>382 128</b>	<b>313 419</b>	<b>318 294</b>	<b>328 126</b>
Compensation of employees	153 242	174 062	182 673	190 247	190 647	190 646	207 759	214 021	223 473
Goods and services	80 759	76 965	99 798	117 432	129 332	191 282	105 486	104 073	104 442
Interest and rent on land	–	96	107	200	200	200	174	200	211
<b>Transfers and subsidies to:</b>	<b>10 974</b>	<b>13 785</b>	<b>14 396</b>	<b>13 069</b>	<b>13 069</b>	<b>19 119</b>	<b>14 287</b>	<b>14 535</b>	<b>15 354</b>
Provinces and municipalities	–	–	–	–	–	–	–	–	–
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	10 974	13 785	14 396	13 069	13 069	19 119	14 287	14 535	15 354
<b>Payments for capital assets</b>	<b>11 592</b>	<b>4 510</b>	<b>202</b>	<b>8 782</b>	<b>3 796</b>	<b>3 796</b>	<b>2 072</b>	<b>3 895</b>	<b>4 121</b>
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	11 592	4 510	202	8 782	3 796	3 796	2 072	3 895	4 121
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
<b>Payments for financial assets</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
<b>Total economic classification</b>	<b>256 567</b>	<b>269 418</b>	<b>297 176</b>	<b>329 730</b>	<b>337 044</b>	<b>405 043</b>	<b>329 778</b>	<b>336 724</b>	<b>347 601</b>

Negative growth from 2017/18 by 18.6 per cent is attributed to reprioritisation to fund non negotiables mainly in goods and services. Furthermore an increase by 2.1 per cent in 2018/19 will address shortfall realised in the preceding year and an increase of 3.2 per cent in 2019/20 to cater for administrative costs.

**Sub-programme 1: Office of the MEC** provides political and legislative interface between government, civil society and all other relevant stakeholders. The allocation of Office of the MEC is also affected in reduction of some funds to other programmes and reflect a negative growth of 7.1 per cent in 2017/18. An increase of 7.7 per cent in 2018/19 and 6.5 per cent in 2019/20 which is in line with inflationary increase. The MEC's salary is inclusive in the allocation.

**Sub-programme 2: Management** decrease significantly by 18.8 per cent in 2017/18 as a results of shifting of funds to other programmes to increase non-negotiable items. Low growth of 2.0 per cent in 2018/19 is due to the increased expenditure for items that are managed from Programme 1 e.g. legal Services, audit fees and kilometer logsheets and further increase to 3.1 per cent in 2019/20 to

augment allocations of these items. Most goods and services allocation is used by other six (6) programmes that are housed in the New Office Park building. Electricity, telephones and cleaning materials are the sole responsibility of this sub programme. In addition to the departmental programmes that are housed here, Premier's office and 2 Sub District Offices for Modiri Molema District are also accommodated.

The management allocation has been allocated to cost centers/ directorates in line with departmental delegations to enable them to perform administrative function as a support function to core programmes. The directorate, Capital Planning, has been allocated funds for key operations of the program for property payments and Supply Chain Management for payment of communication services, while Assets and Inventory Management is allocated a budget for all assets and inventory items for the New Office Park residence.

### **Compensation of Employees**

The allocation is increased by 9 per cent in 2017/18 to sustain payments for personnel expenditure, increased by 3.0 per cent in 2018/19 and further increased by 4.4 per cent in 2019/20 and the entire allocations are inclusive of the Political Head salary. Personnel numbers remains stagnant over the MTEF.

### **Goods and Services**

Decreased allocation in 2017/18 and 2018/19 by 44.6 and 1.3 respectfully is caused by reprioritisation of funds to supplement funding for Non-Negotiables in other programmes, further increased by 0.4 per cent in 2019/20 which is caused by high costs of security services, cleaning materials, stationery, electricity, telephones and machinery and equipment etc. for the entire Office Park.

Amongst items that are prioritised over the MTEF are, audit fees in order for the department to proactively prepare for the annual audit, kilometre log sheets, contractors for maintenance of the building, property payments that includes most of non-negotiables. Non-core items' allocation has been reduced to fund core items in other programmes.

### **Transfers and Subsidies**

Negative growth of 25.3 per cent in 2017/18 is caused by projected number of staff exit and litigations in 2016/17 that cannot be accurately funded. An increase of 1.7 per cent in 2018/19 and 5.6 per cent in 2019/20 is mainly for payment of litigations for the entire department. Other payments includes gratuity and injury on duty.

## Machinery and Equipment

The allocation for 2017/18 has a negative growth of 45.4 per cent due to reprioritisation in 2016/17 for the payment of accrual, it increase to 88 per cent in 2018/19 to address backlog and 5.8 per cent in 2019/20. Allocation is mainly for procurement of laptops and computers as the furniture is still new and in good condition.

## Service delivery Measures

Programme Performance Indicators	Medium term targets		
	2017/18	2018/19	2019/20
Percentage of facilities on Ideal clinic program complying to information management tool	40%	50%	60%
Audit opinion from Auditor-General	Unqualified	Unqualified	Unqualified
Number of Medical officers per 100 000 people	21	22	22
Number of Professional nurses per 100 000 people	115	127	127
Number of pharmacists per 100 000 people	9	10	10
Percentage of Sub – KPA receiving a score of three or more in the MPAT report	50%	50%	60%

## Programme 2: District Health Services

### Description and objective

#### 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.

High Level Strategic Priorities	Priority Indicators
PHC Re-engineering	<ul style="list-style-type: none"> <li>No. of School Grade 1 learners screened</li> <li>OHV registration visit coverage (annualised)</li> </ul>
T90 strategy	<ul style="list-style-type: none"> <li>TB client treatment success rate</li> <li>TB MDR treatment success rate</li> <li>Male condom distribution Rate (Annualised)</li> <li>Medical male circumcision performed - Total</li> </ul>
CARMMA	<ul style="list-style-type: none"> <li>Immunisation coverage under 1 year (Annualised)</li> <li>Maternal Mortality in facilities Ratio (MMR)</li> <li>Inpatient early neonatal death rate</li> <li>Human Papilloma Virus Vaccine 1st dose coverage</li> <li>Human Papilloma Virus Vaccine 2nd dose coverage</li> <li>Infant 1st PCR test positive around 10 weeks rate</li> <li>Cervical cancer screening coverage 20yrs and above</li> </ul>
Quality Health Services	<ul style="list-style-type: none"> <li>Percentage of fixed PHC Facilities that achieving the ideal clinic status</li> <li>PHC utilisation rate</li> <li>Complaint resolution within 25 working days rate (PHC)</li> <li>Percentage of Hospitals compliant with 90 vital measures of the national core standards (District Hospitals)</li> <li>Percentage of Hospitals compliant with all vital measures of the national core standards (District Hospitals)</li> </ul>
Reduction of mortality and morbidity in communicable and non-communicable diseases	<ul style="list-style-type: none"> <li>Clients screened for hypertension</li> <li>Clients screened for diabetes</li> <li>Malaria case fatality rate</li> <li>Clients screened for mental health</li> </ul>

## Programme Strategic Objectives

- Improve quality of health through the use of evidence;
- To scale up combination of Prevention intervention to reduce new infection including HCT, Male Medical Circumcision and condom distribution;
- To progressively improve access to and the quality of Maternal, Child and Woman's Health services in order to decrease morbidity and mortality; and
- Improve quality of hospital services.

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		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
1. District Management	386 744	402 079	426 747	422 495	422 422	433 200	428 431	442 777	465 372
2. Community Based Services	19 430	12 813	13 490	8 980	8 980	8 980	9 000	9 147	9 279
3. Community Health Centres	750 406	829 620	981 963	1 024 339	1 043 471	1 113 673	1 152 251	1 152 569	1 202 662
4. Other Community Services	161 618	188 494	225 402	210 797	216 322	305 638	250 468	291 396	341 734
5. HIV/ Aids	911 094	953 848	1 014 216	1 140 067	1 150 513	1 150 513	1 318 651	1 468 459	1 614 966
6. Nutrition	9 062	9 205	5 159	4 472	4 472	4 472	3 689	3 758	3 975
7. Community Health Clinics	824 300	862 356	855 090	992 294	970 327	914 236	1 001 606	1 054 408	1 101 799
8. Coroner Services	41 144	38 402	41 831	44 061	52 836	55 583	79 651	53 641	55 972
9. District Hospitals	1 063 385	1 111 462	1 129 502	1 092 921	1 126 752	1 257 787	1 241 130	1 326 705	1 466 425
<b>Total payments and estimates</b>	<b>4 167 183</b>	<b>4 408 279</b>	<b>4 693 400</b>	<b>4 940 426</b>	<b>4 996 095</b>	<b>5 244 082</b>	<b>5 484 877</b>	<b>5 802 860</b>	<b>6 262 184</b>

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		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
<b>Current payments</b>	<b>4 120 567</b>	<b>4 356 703</b>	<b>4 646 745</b>	<b>4 898 038</b>	<b>4 934 093</b>	<b>5 175 870</b>	<b>5 431 550</b>	<b>5 738 004</b>	<b>6 184 729</b>
Compensation of employees	2 758 982	3 087 921	3 220 579	3 579 815	3 568 398	3 613 920	3 836 056	4 025 696	4 239 604
Goods and services	1 361 339	1 268 555	1 425 541	1 317 624	1 364 981	1 561 242	1 594 864	1 711 643	1 944 421
Interest and rent on land	246	227	625	599	714	708	630	665	704
<b>Transfers and subsidies to:</b>	<b>13 601</b>	<b>21 910</b>	<b>33 584</b>	<b>8 307</b>	<b>36 157</b>	<b>42 378</b>	<b>19 770</b>	<b>18 537</b>	<b>19 575</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	1 549	-	8 423	-	11 417	10 912	-	-	-
Households	12 052	21 910	25 161	8 307	24 740	31 466	19 770	18 537	19 575
<b>Payments for capital assets</b>	<b>33 015</b>	<b>29 666</b>	<b>13 071</b>	<b>34 081</b>	<b>25 845</b>	<b>25 834</b>	<b>33 557</b>	<b>46 319</b>	<b>57 880</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	33 015	29 666	13 071	34 081	25 845	25 834	33 557	46 319	57 880
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>4 167 183</b>	<b>4 408 279</b>	<b>4 693 400</b>	<b>4 940 426</b>	<b>4 996 095</b>	<b>5 244 082</b>	<b>5 484 877</b>	<b>5 802 860</b>	<b>6 262 184</b>

District Health Services accounts for 52.4 per cent of the departmental budget and includes the Comprehensive HIV/AIDS, EPWP grants and National Health Insurance Fund will cease in 2017/18. The allocation grows with 4.6 per cent, 5.8 per cent and 7.9 per cent over the MTEF.

As a mechanism to improve district health services, the department are implementing 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 targeted around 109 health facilities for this initiative.

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 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 plays 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 Strategy for both TB and HIV. This strategy seek 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.

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.

### **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 the United Nations Population Fund (UNFPA), formerly the United Nations Fund for Population Activities, 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**, decrease with 1.1 per cent in 2017/18 caused by reprioritising of funds within the programme, 3.3 per cent and 5.7 per cent in the outer years.

The inclusion of the District Clinical Specialist Teams are budgeted under this sub-programme on compensation of employees together with their other expenditures in goods and services. The key role of these teams is to serve as an interface between different layers of the healthcare system and to strengthen collaboration and teamwork, ultimately improving the quality of District Health Services.

**Sub-programme 2: Community Based Services** ever increasing trend of 0.2 per cent, 1.6 per cent and 1.4 per cent of the MTEF is as a results of payment related to consultative forum, Training of member of mayoral committee and council and to hold workshop traditional health practitioners.

**Sub-programme 3: Community Health Centres** is rendering full package of services to reduce self-referrals to hospitals. Allocation for the sub programme is increasing to enable services to keep going at all times. There is a 3.5 per cent increase in 2017/18, zero per cent in 2018/19 and an increase of 4.3 per cent in 2019/20. 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-** allocation decline in 2017/18 by 18.3 per cent and grows to 16.3 per cent and 17.3 per cent in 2018/19 and 2019/20 respectively. The allocation for compensation of employees is for community service doctors and nurses inclusive of their benefits.

**Sub-programme 5: HIV/AIDS:** High growth of 14.6 per cent, 11.4 per cent and 10 per cent over the MTEF is as a result of the Comprehensive HIV/AIDS and TB Grant. The purpose of the sub-programme is to combat HIV&AIDS through preventative, treatment, care and support services and improve health outcomes and to incentivise provincial social sector departments, identified in the 2015 social sector EPWP log-frame to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential The funds are predominantly for goods and services to implement the activities outlined below:-

- **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 districts 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 R100 million for 2017/18;
- **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;
- **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;



## Goods and Services

The allocation for 2017/18 grow with 2.2 per cent, 4.9 per cent and 5.3 per cent in the outer two year to cater for most of non-negotiable items. Amongst critical items that is key is medicine, laboratory services, security, medical suppliers and patient catering.

## Transfers and Subsidies

The allocation for 2017/18 has a negative growth of 53.3 per cent due to unforeseen staff benefits in 2016/17, further by 6.2 per cent in 2018/19 and increase by 5.6 per cent in the outer year. The main cost drivers is leave gratuity and injury on duty.

## Machinery and Equipment

Machinery and equipment is increasing by 29.9 per cent, 38 per cent and 25 per cent over the MTEF to procure medical and allied equipment. The high increase is as a result of procurement of equipment that was deferred in order to settle outstanding payment on non-negotiable items under goods and services.

## Service Delivery Measures: District Health Services.

Programme Performance Indicators	Medium term targets		
	2017/18	2018/19	2019/20
Ideal clinic status rate	20% 64/311	60% 188/311	100% 311/311
OHH registration visit coverage (annualised)	10%	7%	5%
PHC utilisation rate	≥2%	≥2%	≥2%
Complaints resolution rate (PHC)	>85%	>85%	>85%
Complaint resolution within 25 working days rate (PHC)	>85%	>85%	>85%

## Service Delivery Measures: District Hospitals

Programme Performance Indicators	Medium term targets		
	2017/18	2018/19	2019/20
Percentage of Hospitals compliant with 90% of vital measures of the national core standards (District Hospitals)	15.7%	30,7%	46,1%
Average Length of Stay (District Hospitals)	3 – 5 days	3 – 5 days	3- 5 days
Inpatient Bed Utilisation Rate (District Hospitals)	65-75%	65-75%	65-75%
Expenditure per PDE (District Hospitals)	R2500 – R3000	R2500 – R3000	R 2800.00
Complaints resolution rate (District Hospitals)	≥85%	≥85%	≥85%
Complaint Resolution within 25 working days rate (District Hospitals)	≥95%	≥95%	≥95%

## Service Delivery Measures: HAST

Programme Performance Indicators	Medium term targets		
	2017/18	2018/19	2019/20
Total clients remaining on ART – Total	≥248 304	≥280 000	≥318 280
HIV Test done -total	≥678 988	≥722 067	≥765 146
Male condom distribution coverage	≥28	≥32	≥36
Female condom distribution coverage	0.7 - 1	0.7 - 1	0.7 - 1
Medical male circumcision performed - Total	≥25 275	≥25 275	≥25 275
TB client treatment success rate	≥80%	≥85%	≥90%
TB client lost to follow up rate	<5%	<5%	<5%
TB client death rate	<5%	<5%	<5%
TB MDR treatment success rate	≥60%	≥60%	≥65%

## Service Delivery Measures: MCWH&N

Programme Performance Indicators	Medium term targets		
	2017/18	2018/19	2019/20
Antenatal 1st visit before 20 weeks rate	≥68%	≥75%	≥80%
Infant PCR test positive around 10 weeks rate	<1.5%	<1.5%	<1%
Immunisation coverage under 1 year (annualised)	≥75%	≥80%	≥85%
Measles 2nd dose coverage (annualised)	≥80%	≥85%	≥90%
Diarrhoea case fatality under 5 years rate	<3%	<3%	<3%
Pneumonia case fatality under 5 years rate	<3%	<3%	<3%
Severe acute malnutrition death under 5 years rate	<10%	<10%	<8%
Maternal mortality in facility ratio	<120/100K	<120/100K	<120/100K
Early neonatal death in facility rate	≤9/1000	≤8/1000	<7/1000
School Grade R learners screened	14,000-15,000	14,500-15,000	14,500-15,500
School Grade 1 learners screened	36,000-37,000	36,500-37,000	36,500-37,000
Couple year protection rate (international)	≥42%	≥50%	≥65%
Cervical cancer screening coverage 20 years and older	≥65%	≥70%	≥70%
Human Papilloma Virus Vaccine 2nd dose coverage	≥80%	≥85%	≥90%
Human Papilloma Virus Vaccine 1st dose coverage	≥80%	≥85%	≥90%

## Service Delivery Measures: Disease Prevention Control

Programme Performance Indicators	Medium term targets		
	2017/18	2018/19	2019/20
Clients screened for Mental Health	≥500 000	≥550 000	≥550 000
Cataract Surgery Rate annualised	≥500	≥500	≥500
Malaria death reported	0	0	0
Clients 40 years and older screened for hypertension	377 784	415 562	453 340
Clients 40 years and older screened for diabetes	283 338	297 504	311 670

## Programme 3: Emergency Medical Services

### Description and objective

#### Purpose

To establish and maintain a 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. The department 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.

Priorities	Priority Indicators
Improve patient response times	<ul style="list-style-type: none"> <li>EMS P1 urban response under 15 minutes rate</li> <li>EMS P1 rural response under 40 minutes rate</li> </ul>
Provide Medical Equipment Vehicles Red fleet	Number of Red Fleet Vehicles procured

#### Strategic Objective

- Improve fleet availability;
- To improve the management and control of Emergency Medical Services.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20
1. Emergency Transport	251 047	255 513	256 560	285 778	273 685	303 657	291 792	304 900	325 330
2. Planned Patient Transport	12 613	2	16 889	20 191	14 909	14 909	20 625	21 822	23 088
<b>Total payments and estimates</b>	<b>263 660</b>	<b>255 515</b>	<b>273 449</b>	<b>305 969</b>	<b>288 594</b>	<b>318 566</b>	<b>312 417</b>	<b>326 722</b>	<b>348 418</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16	2016/17			2017/18	2018/19	2019/20
<b>Current payments</b>	<b>245 012</b>	<b>251 169</b>	<b>256 101</b>	<b>282 352</b>	<b>272 151</b>	<b>302 123</b>	<b>288 664</b>	<b>300 532</b>	<b>320 710</b>
Compensation of employees	181 396	191 429	203 489	215 904	223 004	248 004	236 385	243 447	260 335
Goods and services	63 603	59 727	52 585	66 404	49 046	54 018	52 233	57 036	60 323
Interest and rent on land	13	13	27	44	101	101	46	49	52
<b>Transfers and subsidies to:</b>	<b>178</b>	<b>1 568</b>	<b>459</b>	<b>926</b>	<b>926</b>	<b>926</b>	<b>1 022</b>	<b>1 082</b>	<b>1 143</b>
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	178	922	459	926	926	926	1 022	1 082	1 143
<b>Payments for capital assets</b>	<b>18 470</b>	<b>2 778</b>	<b>16 889</b>	<b>22 691</b>	<b>15 517</b>	<b>15 517</b>	<b>22 731</b>	<b>25 108</b>	<b>26 565</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	18 470	2 778	16 889	22 691	15 517	15 517	22 731	25 108	26 565
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>263 660</b>	<b>255 515</b>	<b>273 449</b>	<b>305 969</b>	<b>288 594</b>	<b>318 566</b>	<b>312 417</b>	<b>326 722</b>	<b>348 418</b>

Allocation for 2017/18 grows negatively by 1.9 per cent due to reprioritization and further increase to 4.6 per cent and 6.6 per cent in the outer two years which focus on the day to day running of EMRS activities. In addition, the department intends to contract private EMS to assist with hospitals patient transfers to improve patient response time.

**Sub-programme 1: Emergency Medical Transport** allocation has a negative growth of 3.9 per cent in 2017/18, 4.5 per cent in 2018/19 and 6.7 per cent in 2019/20 of which will be utilised to improve response time.

**Sub-programme 2: Planned Patient Transport** is allocated 38.3 per cent, 5.8 per cent and 5.8 per cent over the MTEF to procure departmental red fleet (ambulances) 116 in total over the MTEF.

### **Compensation of Employees**

The allocation for 2017/18 grows by -4.7 per cent as a result of the outstanding overtime payments (from 2013/14), then increase by 3 per cent in 2018/19 and 6.9 per cent in 2019/20. The main cost driver remains the overtime for EMRS officials. The allocation has been increased due to changes made to increase working 40 hours a week and 173 hours a month since 2009, this was raised in the Chamber and only resolved recently.

### **Goods and Services**

The allocation for 2017/18 grows negatively with 3.3 per cent in 2017/18 due to reprioritisation of funds to Programme 5, 9.2 per cent in 2018/19 and 5.8 per cent in 2019/20 in line with inflation. Funds will be used for the following:-

- Establish centralised communication system for receiving calls, dispatching and tracking emergency vehicles to improve response time in both rural and urban areas to improve quality of care;
- Strengthen inter-facility transfers (P1 and P2 are critical patients) from facility to facility;
- Strengthen response time from scene of accident and home to nearest facility for early intervention;
- Scale up emergency staff skills.

### **Transfers and Subsidies**

Allocation over the MTEF increases by 10.4 per cent, 5.9 per cent and 5.6 to cater for leave gratuity and injury on duty.



## Machinery and Equipment

The majority of the budget is allocated for Planned Patient Transport for procuring ambulances and emergency medical equipment. The allocation for 2017/18 increase by 46.5 per cent in 2017/18, 10.5 per cent in 2018/19 and 5.8 per cent in 2019/20 for the procurement of emergency vehicles and planned patient transport (PTT) for P3 patients (delayed care attended after P1 and P2 patients) as well as medical and allied equipment.

## Service Delivery Measures

Programme Performance Indicators	Medium term targets		
	2017/18	2018/19	2019/20
EMS operational ambulance coverage	0.20	0.20	0,25
EMS P1 urban response under 15 minutes rate	50%	55%	60%
EMS P1 rural response under 40 minutes rate	60%	63%	65%
EMS inter-facility transfer rate	20%	20%	30%
Number of Red Fleet Vehicles procured	40	39	37

## Programme 4: Provincial Hospital Services

### Description and objective

#### Purpose:

To provide Regional Hospital Care Services to the people of the North West Province. There are three (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 and rehabilitative services for the entire North West Province.

The focus is on improving efficiency in managing diseases, quality of care through provision of appropriate resources, 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 staff attitudes; Cleanliness; Waiting times; Patient safety and security; Infection prevention and control and Drug availability.

Priorities	Priority Indicators
Improved quality of health care	<ul style="list-style-type: none"> <li>Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate</li> </ul>
Effective user feedback systems	<ul style="list-style-type: none"> <li>Complaints resolution rate</li> <li>Complaint resolution within 25 working days rate</li> </ul>
Safe health care	<ul style="list-style-type: none"> <li>Inpatient Bed Utilization rate</li> <li>Average Length of Stay</li> </ul>
Effective clinical governance	<ul style="list-style-type: none"> <li>Inpatient Crude fatality rate</li> </ul>
Integration of Mental Health Services	<ul style="list-style-type: none"> <li>Mental health involuntary admission rate</li> </ul>

## 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 programs focusing on quadruple burden of diseases; and
- Prevent and reduce the disease burden and promote mental health.

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2016/17	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
1. Provincial Hospitals	1 685 413	1 838 913	965 084	988 630	1 009 198	1 082 079	1 078 549	1 148 952	1 257 554
2. Psychiatric/ Mental Hospitals	350 799	378 730	383 425	402 622	423 049	432 207	472 747	549 336	603 274
<b>Total payments and estimates</b>	<b>2 036 212</b>	<b>2 217 643</b>	<b>1 348 509</b>	<b>1 391 252</b>	<b>1 432 247</b>	<b>1 514 286</b>	<b>1 551 296</b>	<b>1 698 288</b>	<b>1 860 828</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2016/17	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
<b>Current payments</b>	<b>2 016 565</b>	<b>2 196 895</b>	<b>1 340 699</b>	<b>1 367 575</b>	<b>1 411 183</b>	<b>1 493 040</b>	<b>1 537 172</b>	<b>1 683 715</b>	<b>1 845 419</b>
Compensation of employees	1 447 431	1 616 034	964 828	1 036 925	1 039 925	1 064 925	1 159 033	1 220 975	1 303 348
Goods and services	569 101	580 389	375 656	330 366	370 974	427 831	378 022	462 685	542 013
Interest and rent on land	33	472	215	284	284	284	117	55	58
<b>Transfers and subsidies to:</b>	<b>8 272</b>	<b>8 646</b>	<b>5 341</b>	<b>7 095</b>	<b>7 030</b>	<b>7 212</b>	<b>3 497</b>	<b>3 330</b>	<b>3 516</b>
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	8 272	8 046	5 341	7 095	7 030	7 212	3 497	3 330	3 516
<b>Payments for capital assets</b>	<b>11 375</b>	<b>12 102</b>	<b>2 469</b>	<b>16 582</b>	<b>14 034</b>	<b>14 034</b>	<b>10 627</b>	<b>11 243</b>	<b>11 893</b>
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—
Machinery and equipment	11 375	12 102	2 469	16 582	14 034	14 034	10 627	11 243	11 893
Heritage Assets	—	—	—	—	—	—	—	—	—
Specialised military assets	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—
<b>Payments for financial assets</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>
<b>Total economic classification</b>	<b>2 036 212</b>	<b>2 217 643</b>	<b>1 348 509</b>	<b>1 391 252</b>	<b>1 432 247</b>	<b>1 514 286</b>	<b>1 551 296</b>	<b>1 698 288</b>	<b>1 860 828</b>

The allocation comprises of Equitable Share and Conditional grants which include the Health Professions, Training and Development Grant. The purpose of the grant is to support provinces to fund service costs associated with clinical teaching and training of health science trainees on the public service platform. Four institutions benefit from this grant namely Mafikeng Provincial, Klerksdorp, Job Shimankane Tabane, and Joe Morolong Memorial Hospitals.

The allocation increase by 2.4 per cent in 2017/18, 9.5 per cent in 2018/19 and 9.6 per cent in 2019/20. The increase is caused by expenditure regarding the New Bophelong Psychiatric Hospital.

**Sub-programme 1: Provincial Hospitals:** Allocation for 2017/18 is -0.3 per cent as funds were shifted to augment allocation in programme 5, 6.5 per cent in 2018/19 and 9.5 per cent in 2019/20. 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/Mental Hospitals** 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 allocation grows by 9.4 per cent, 16.2 per cent and 9.8 per cent over the MTEF. The significant growth is to provide for additional cost for New Bophelong Psychiatric Hospital.

### Compensation of Employees

Compensation of employees grows with 8.8 per cent for 2017/18, 5.3 in 2018/19 and 6.7 per cent in 2019/20.

### Goods and Services

The allocation for 2017/18 grows negatively with 11.6 per cent as funding were reduced to reduce pressure in Programme 5, it then increase to 22.4 per cent in 2018/19 and 17.1 per cent in 2019/20 to deal with the shortfall caused by the reprioritisation. The Health Professions, Training & Development Grant remained with the programme although Job Shimankana and Klerksdorp/Tshepong Hospitals which are beneficiaries of this grant have moved to programme 5.

### Transfers and Subsidies

The allocation for 2017/18 decreased by 51.5 per cent, 4.8 per cent in 2018/19 and increased to 5.6 per cent in 2019/20 for leave gratuity and injury on duty payments.

### Machinery and Equipment

The allocation for 2017/18 has a negative growth of 24.34 per cent due to reprioritisation in 2016/17 for the payment of accrual, it increase to 5.8 per cent in 2018/19 and 2019/20 for the procurement of medical and allied equipment.

### Service Delivery Measures for Regional Hospitals

Programme Performance Indicators	Medium term targets		
	2017/18	2018/19	2019/20
Percentage of Hospitals compliant with all vital measures of the national core standards	85%	90%	100%
Quality improvement plan after self-assessment rate	100%	100%	100%
Hospital achieved 75% and more on National Core Standards self-assessment rate (Regional)	100%	100%	100%
Complaints resolution rate (Regional Hospitals)	≥85%	≥85%	≥85%
Complaint Resolution within 25 working days rate (Regional Hospitals)	≥85%	≥85%	≥85%
Delivery by Caesarean section rate	≤45%	≤45%	≤45%
Inpatient Crude Fatality rate	<7%	<7%	<7%
Average Length of Stay (Regional Hospitals)	4-7 days	4-7 days	4-7 days
Inpatient Bed Utilisation Rate (Regional Hospitals)	75-80%	75-80%	75-80%
Expenditure per PDE (Regional Hospitals)	R2500–R2800	R2500–R2800	R2500–R2800

## Service Delivery Measures for Specialised Hospitals

Programme Performance Indicators	Medium term targets		
	2017/18	2018/19	2019/20
Quality improvement plan after self-assessment rate	100%	100%	100%
Hospital achieved 75% and more on National Core Standards self-assessment rate (Specialised)	100%	100%	100%
Complaints resolution rate	≥90%	≥90%	≥90%
Complaint Resolution within 25 working days rate	≥90%	≥90%	≥90%
Inpatient Crude Fatality rate	<2%	<2%	<2%
Average Length of Stay (Regional Hospitals)	100-300 days	100-300 days	100-300 days
Inpatient Bed Utilisation Rate (Regional Hospitals)	75-80%	75-80%	75-80%
Expenditure per PDE (Regional Hospitals)	R1200–R1800	R1200–R1800	R1200–R1800
Mental health involuntary admission rate	≤17%	≤16%	≤15%

## Programme 5: Central Hospital Services

### Description and objective

#### 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 through provision of appropriate resource, 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 staff attitudes; Cleanliness; Waiting times; Patient safety and security; Infection prevention and control; Drug availability.

The programme is being developed to fully provide tertiary services in the province. New services are introduced with assistance from NDoH and through Service Level Agreements with universities.

National Tertiary Services Grant is included in this programme and the purpose of this grant is to: -

- Ensure provision of tertiary health services for all South African citizens (including documented foreign nationals);
- Compensate tertiary facilities for the additional costs associated with provision of these services.

## Tertiary Services Priorities

Priorities	Priority Indicators
Improved quality health care	Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate Complaint Resolution within 25 working
To strengthen and sustain existing tertiary services and develop new services	Number of CT Scans performed Number of new tertiary service points developed
Improving clinical governance	<ul style="list-style-type: none"> <li>Average Length of Stay</li> <li>Bed Utilization Rate</li> <li>Hip Replacement Rate</li> </ul>

## 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; and
- 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	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16		2016/17		2017/18	2018/19	2019/20
1. Provincial Hospital Tertiary Services	243 385	237 261	1 247 322	1 320 323	1 359 566	1 491 389	1 472 847	1 640 166	1 763 906
<b>Total payments and estimates</b>	<b>243 385</b>	<b>237 261</b>	<b>1 247 322</b>	<b>1 320 323</b>	<b>1 359 566</b>	<b>1 491 389</b>	<b>1 472 847</b>	<b>1 640 166</b>	<b>1 763 906</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16		2016/17		2017/18	2018/19	2019/20
<b>Current payments</b>	<b>209 550</b>	<b>220 078</b>	<b>1 230 325</b>	<b>1 286 086</b>	<b>1 327 936</b>	<b>1 459 072</b>	<b>1 437 112</b>	<b>1 601 453</b>	<b>1 713 962</b>
Compensation of employees	110 767	120 461	851 808	955 471	955 221	980 221	982 406	1 041 402	1 134 180
Goods and services	98 783	99 617	378 007	330 579	372 588	478 665	454 651	559 993	579 721
Interest and rent on land	–	–	510	36	127	186	55	58	61
<b>Transfers and subsidies to:</b>	<b>–</b>	<b>456</b>	<b>4 024</b>	<b>3 332</b>	<b>3 562</b>	<b>4 249</b>	<b>3 500</b>	<b>3 587</b>	<b>3 788</b>
Provinces and municipalities	–	–	–	–	–	–	–	–	–
Departmental agencies and accounts	–	–	–	–	–	–	–	–	–
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	–	456	4 024	3 332	3 562	4 249	3 500	3 587	3 788
<b>Payments for capital assets</b>	<b>33 835</b>	<b>16 727</b>	<b>12 973</b>	<b>30 905</b>	<b>28 068</b>	<b>28 068</b>	<b>32 235</b>	<b>35 126</b>	<b>46 156</b>
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	33 835	16 727	12 973	30 905	28 068	28 068	32 235	35 126	46 156
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
<b>Payments for financial assets</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
<b>Total economic classification</b>	<b>243 385</b>	<b>237 261</b>	<b>1 247 322</b>	<b>1 320 323</b>	<b>1 359 566</b>	<b>1 491 389</b>	<b>1 472 847</b>	<b>1 640 166</b>	<b>1 763 906</b>

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 National Tertiary Services Grant and equitable share. The allocation grows negatively with 1.2 per cent in 2017, although the allocation in percentage is minimal, changes to baseline is reflecting a growth of 11.6 per cent or R152.5 million

and further increase by 11.4 per cent in 2018/19 and 7.5 per cent in the outer year. Allocations are determined by the approved business plan. Tertiary services are incrementally initiated and sustained at Klerksdorp/Tshepong Hospital and Job Shimankana Tabane Hospital.

Inclusive in the allocation are donations by Netcare to fund Registrars for four years from 2015 to 2019 financial years and these Registrars are based at Klerksdorp Hospital.

### **Compensation of Employees**

The allocation for 2017/18 increase by 0.2 per cent, 6 per cent in 2018/19 and 8.9 per cent in 2019/20. The programme has number of vacant critical posts that has to be filled.

### **Goods and Services**

The allocation grows with a negative 5 per cent when taking the revised estimate which is caused by accruals, however baseline growth is 37.5 per cent in 2017/18. The department shifted funds during 2016/17 to reduce the projected overspending. Allocation then increase by 23.2 per cent in 2018/19 and reduced by 3.5 per cent. This programme spent more on medicine than medical supplies and had more accruals reported as at third quarter with only two facilities. Allocations were based on number of outstanding invoices and spending in the new financial year. The new tender for patient catering has been awarded for 3 years from August 2016.

### **Transfers and Subsidies**

Allocation for 2017/18 declined to 17.6 per cent, 2.5 per cent and 5.6 per cent in the two outer years.

### **Machinery and Equipment**

Machinery and equipment significant growth in 2017/18 of 14.8 per cent is as a result of non-procurement of machinery from 2015 to 2016. The allocation further increase by 9 per cent in 2018/19 and 31.4 per cent in 2019/20 for procurement of specialised medical equipment and other equipment.

## Service Delivery Measures

Programme Performance Indicators	Medium term targets		
	2017/18	2018/19	2019/20
Quality improvement plan after self-assessment rate	100%	100%	100%
Hospital achieved 75% and more on National Core Standards self-assessment rate (Tertiary	100%	100%	100%
Complaints resolution rate (Tertiary Hospitals)	≥85%	≥85%	≥85%
Complaint Resolution within 25 working days rate (Tertiary Hospitals)	≥90%	≥90%	≥90%
Average Length of Stay (Tertiary Hospitals)	4-7 days	4-7 days	4-7 days
Inpatient Bed Utilisation Rate (Tertiary Hospitals)	75-80%	75-80%	75-80%
Expenditure per PDE (Tertiary Hospitals)	R2300-R3000	R2300-R3000	R2300-R3000
Hip replacement rate	≤10%	≤10%	≤10%
Knee replacement rate	≤4%	≤4%	≤4%
Haemodialysis rate	≥85%	≥85%	≥85%
Number of Radiotherapy Sessions	≥6800	≥6800	≥34,000
Number of MRI scans performed	≥1200	≥1200	≥1200
Number of CT Scans performed	≥9600	≥9600	≥48000

## Programme 6: Health Sciences and Training

### Description and objective

#### 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 Colleges:** 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 Diploma in Clinical Nursing Science, Health Assessment, Treatment and Care at Nursing Schools.

**Training (Other):** skills development interventions for all personnel categories in the department as well as the awarding of bursaries for health science training programmes at undergraduate level. Target group includes actual and potential employees.

### Strategic Objectives Health Sciences and Training

- To develop a responsive health workforce by ensuring adequate training and development.

Priorities	Indicators
To develop a responsive health workforce by ensuring adequate training and development.	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 2016/17	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
1. Nurses Training Colleges	172 860	154 170	167 351	188 812	194 212	207 280	195 810	201 911	212 584
2. Ems Training College	22 727	21 256	20 650	27 210	23 954	24 588	17 889	22 126	23 533
3. Primary Health Care Training	9 508	9 639	9 484	10 820	11 820	11 820	20 656	25 809	27 442
4. Training Other	100 216	91 125	122 104	166 722	243 724	247 989	183 785	192 747	201 984
<b>Total payments and estimates</b>	<b>305 311</b>	<b>276 190</b>	<b>319 589</b>	<b>393 564</b>	<b>473 710</b>	<b>491 677</b>	<b>418 140</b>	<b>442 593</b>	<b>465 543</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2016/17	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
<b>Current payments</b>	<b>214 537</b>	<b>203 338</b>	<b>202 022</b>	<b>231 525</b>	<b>227 367</b>	<b>233 225</b>	<b>221 209</b>	<b>246 476</b>	<b>261 602</b>
Compensation of employees	144 658	135 078	126 798	141 024	135 024	135 213	130 553	138 491	148 683
Goods and services	69 875	68 260	75 017	90 472	92 309	97 978	90 589	107 955	112 887
Interest and rent on land	4	–	207	29	34	34	67	30	32
<b>Transfers and subsidies to:</b>	<b>89 236</b>	<b>69 228</b>	<b>116 535</b>	<b>158 978</b>	<b>244 692</b>	<b>256 801</b>	<b>190 842</b>	<b>191 636</b>	<b>199 200</b>
Provinces and municipalities	–	–	–	–	–	–	–	–	–
Departmental agencies and accounts	–	1 969	10 429	16 762	16 762	16 762	19 953	24 877	26 270
Higher education institutions	–	–	–	–	–	–	–	–	–
Foreign governments and international organisations	–	–	–	–	–	–	–	–	–
Public corporations and private enterprises	–	–	–	–	–	–	–	–	–
Non-profit institutions	–	–	–	–	–	–	–	–	–
Households	89 236	67 259	106 106	142 216	227 930	240 039	170 889	166 759	172 930
<b>Payments for capital assets</b>	<b>1 538</b>	<b>3 624</b>	<b>1 032</b>	<b>3 061</b>	<b>1 651</b>	<b>1 651</b>	<b>6 089</b>	<b>4 481</b>	<b>4 741</b>
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	1 538	3 624	1 032	3 061	1 651	1 651	6 089	4 481	4 741
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
<b>Payments for financial assets</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
<b>Total economic classification</b>	<b>305 311</b>	<b>276 190</b>	<b>319 589</b>	<b>393 564</b>	<b>473 710</b>	<b>491 677</b>	<b>418 140</b>	<b>442 593</b>	<b>465 543</b>

As a result of the high accruals, the allocation in 2017/18 for the programme is growing negatively with 15 per cent, however baseline growth reflects a good growth of 6.2 per cent. Compensation of employees was reduced due to historical underspending. Allocation increase by 5.8 per cent in 2018/19 and 5.2 per cent in 2019/20.

**Sub-programme 1: Nurses training colleges'** allocation for 2017/18 declines by 5.5 per cent of which compensation of employees and other economic classifications are sufficiently allocated taking into consideration the projected accruals for local universities. The significant decrease in compensation of employees is caused by non-filling of post. Most students are awarded departmental bursaries at the universities and at the two nursing colleges.

**Sub-programme 2: EMS Training Colleges'** training of rescue and ambulance personnel's target group includes permanent and potential employees. The department is negotiating with universities to ensure that ECT training at the college gets accredited. EMS Training College allocation reduced as a result of slow spending and increase by 23.7 and 6.4 per cent in 2019/20.

**Sub-programme 3: Primary Health Care** related training for personnel are provided by the districts. Primary Health Care Training grows significantly by 74.8 per cent in 2017/18 as part of the baseline correction. Allocation increase by 24.9 per cent and 6.3 per cent over the two outer years of the MTEF.



**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 allocation has a negative growth of 25.9 in 2017/18 against the revised estimates where it was indicating overspending on household. The allocation increase to 4.9 per cent in 2018/19 and 4.8 per cent in 2019/20 due to the number of intake for Cuban Programme and higher institutions within the country. The department managed to process all outstanding funds to Cuban Government for 2016/17 financial year.

## **Economic Classifications**

### **Compensation of Employees**

The allocation for 2017/18 has a negative growth of 3.4 per cent against the revised estimates, 6.1 per cent in 2018/19 and 7.4 per cent in 2019/20. The declined growth is caused by non-filling of posts in 2016/17 and the reduced number of interns.

### **Goods and Services**

Negative growth of 3.4 per cent is evident in 2017/18 caused by the projected accruals for 2016/17 as well as reprioritisation to adequately fund transfers and subsidies, the allocation further increase to 19.2 per cent and 4.6 per cent over the outer two year. The cost drivers are accommodation for Nursing Students, training of employees, student's catering on agency and outsourced services, travelling allowance of students as per SLA and other related costs for Cuban students.

### **Transfers and Subsidies**

The 2017/18 allocation reflects a declined growth due to the accruals for the Cuban Medical Student Program and nursing colleges, furthermore increase by 0.4 per cent in 2018/19 and by 3.9 per cent in 2019/20 as a result of the declined numbers in bursary holders. The 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 increase by 268.8 per cent in 2017/18 to make provision for additional equipment at nursing colleges and PHC which was not allocated in the previous years. In 2018/19 allocation is reduced by 26.4 per cent as more equipment will be procured in 2017/18 and further increase by 5.8 per cent.

## Service Delivery Measures

Programme Performance Indicators	Medium term targets		
	2017/18	2018/19	2019/20
Total number of first year students enrolled for Basic Nursing programme	200	200	200
Number of Basic Nurse Students graduating	270	380	364
Number of medicine bursars graduating	25	30	50
Number of Allied Health programme bursars graduating	15	15	15

## Programme 7: Health Care Support and Services (HCSS)

### Description and objective

#### Purpose

The purpose of this programme is to provide health care support services, namely, Pharmaceutical Services, Transport Management Service, Health Technology Services, Information and Communication Technology as well as Rehabilitation Services to the department.

Priorities	Priority Indicators
Improve availability of essential medical supplies	<ul style="list-style-type: none"> <li>Percentage availability of essential medical supplies</li> </ul>
Improve access to assistive devices for people with disabilities	<ul style="list-style-type: none"> <li>Wheelchairs issued rate</li> <li>Hearing aids issued rate</li> </ul>
Improve availability of medical equipment	<ul style="list-style-type: none"> <li>Percentage of essential medical equipment procured in line with departmental medical equipment replacement plan.</li> <li>Percentage of essential medical equipment serviced according to departmental maintenance plan.</li> </ul>
Efficient Health Management Information System for improved decision making	<ul style="list-style-type: none"> <li>Number of provincial and tertiary hospitals implementing patient Verification system</li> <li>Number of facilities provided with network cabling</li> </ul>

### Strategic Objectives for Health Care Support Services

- Improve access to essential medical supplies;
- Improve quality of life of persons with disabilities;
- Strengthen maintenance and replacement of medical equipment; and
- Strengthen Health Information systems.

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		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
1. Engineering	57 424	61 955	41 306	71 224	58 795	58 484	63 601	66 848	70 888
2. Provincial Laundry Services	35 763	24 632	31 732	30 740	27 791	29 686	30 262	36 880	39 185
3. Orthotic And Prosthetic Services	8 793	8 854	6 548	10 017	7 107	7 107	10 842	11 164	11 883
4. Medicine Trading Account	24 265	29 095	42 117	122 173	127 498	160 456	156 533	154 854	202 710
<b>Total payments and estimates</b>	<b>126 245</b>	<b>124 536</b>	<b>121 703</b>	<b>234 154</b>	<b>221 191</b>	<b>255 733</b>	<b>261 238</b>	<b>269 746</b>	<b>324 666</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation 2016/17	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
<b>Current payments</b>	<b>107 559</b>	<b>111 361</b>	<b>119 631</b>	<b>215 323</b>	<b>214 452</b>	<b>248 963</b>	<b>236 783</b>	<b>248 740</b>	<b>302 442</b>
Compensation of employees	44 803	47 591	46 477	51 318	46 818	51 227	54 124	56 443	69 005
Goods and services	62 744	63 735	73 143	163 996	167 619	197 721	182 653	192 296	233 436
Interest and rent on land	12	35	11	9	15	15	6	1	1
<b>Transfers and subsidies to:</b>	<b>71</b>	<b>190</b>	<b>114</b>	<b>130</b>	<b>151</b>	<b>182</b>	<b>139</b>	<b>157</b>	<b>166</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	71	190	114	130	151	182	139	157	166
<b>Payments for capital assets</b>	<b>18 615</b>	<b>12 985</b>	<b>1 958</b>	<b>18 701</b>	<b>6 588</b>	<b>6 588</b>	<b>24 316</b>	<b>20 849</b>	<b>22 058</b>
Buildings and other fixed structures	-	-	-	1 500	-	-	-	-	-
Machinery and equipment	18 615	12 985	1 958	17 201	6 588	6 588	24 316	20 849	22 058
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>126 245</b>	<b>124 536</b>	<b>121 703</b>	<b>234 154</b>	<b>221 191</b>	<b>255 733</b>	<b>261 238</b>	<b>269 746</b>	<b>324 666</b>

The programme's allocated budget increase by 2.2 per cent in 2017/18, however the baseline growth is 11.6 per cent, 3.3 per cent and a huge increase of 20.4 per cent in the outer year for the exchange depreciation on medicine prices amounting to because R68.9 million. The programme is procuring buffer stock for medicine, departmental white fleet vehicles and other aids on behalf of institutions in the province.

**Sub-programme 1: Engineering Services** renders routine, day-to-day and emergency maintenance services to buildings, engineering installations and medical equipment. Allocation increase by 8.7 per cent in 2017/18, additional funds will be used for revenue collection enhancement and this allocation covers the entire MTEF period. Further growth of 5.1 per cent in 2018/19 and 6 per cent. In 2019/20 The sub programme is responsible for the procurement of departmental fleet vehicles, payment of SITA related fees and general support to the department with regards to ICT. Part of ICT Transformation programme budget amounting to R19.4 million, R20.5 million and R21.7 million was reduced over the MTEF to the Premier's Office.

**Sub-programme 2: Provincial Laundry Services** render laundry and related technical support service to health facilities. Allocation increase by 1.9 per cent and is attributed by the fact that some of machinery used are worn-out and needs to be replaced as well as the procurement of patient clothing. The significant increase in 2018/20 of 21.9 per cent and 6.3 per cent in 2019/20 is for procurement of laundry equipment.

**Sub-programme 3: Orthotic and Prosthetic Service** render specialised orthotic and prosthetic services The allocation increase by 52.6 per cent in 2017/18 for procurement of wheel chairs and other artificial aids to address the backlog. A further increase of 3 per cent and 6.4 per cent in the outer two years. Wheelchairs are allocated to the qualifying citizens and the department is estimating to procure 400 wheelchairs per annum over the MTEF.

**Sub-programme 4: Medicine trading account** manages and supply pharmaceuticals and medical supplies to health facilities. The allocation for medicines has been in District Health Services and from 2016/17 has been moved to this sub programme. The 2017/18 allocation is growing negatively against the revised budget by 2.4 per cent, however high growth of 28.1 per cent is reflected when taking the baseline budgets. Stock levels for the Medical Depot is 12 weeks, this is to ensure that stock levels (buffer stock) are always adequate to supply health facilities. The budget for medicines under this programme is utilized to facilitate payment of suppliers for stock that is procured and supplied to health facilities and these funds are recovered from the facilities through journals for stock supplied by the Medical Depot.

Distribution from the Medical Depot to the facilities is outsourced to two local (Provincial) service providers. The tender for distribution from the hospitals to Primary Health Care facilities target service providers in the sub-districts as per specification.

### **Economic Classifications**

#### **Compensation of Employees**

The allocation increase by 5.7 per cent in 2017/18 addressing the shortfall allocation in 2016/17 in the Medicine Trading Account sub programme. A further increase of 4.3 per cent in 2018/19 and 22.3 per cent in 2019/20 as the department is intending to increase personnel mainly in the outer year from 220 to 254.

#### **Goods and Services**

The economic classification has been reduced as a result of the transfer of ICT to Office of the Premier over the MTEF. The significantly high growth in 2019/20 is realised in medicine inventory in order to prioritise prompt response to medicine requirements at the hospitals as a non-negotiable service.

#### **Transfers and Subsidies**

The economic classification decreased in 2017/18, then increase by 12.9 per cent in 2018/19 and 5.7 per cent in 2019/20. These payments are pertaining to injury on duty payments and leave gratuities to employees.

#### **Machinery and Equipment**

The budget allocation increased by 269.1 per cent in 2017/18 to make provision for procurement of laundry machines that are worn out and decline by 14.3 per cent in 2018/19 and increases to 5.8 per cent in 2019/20.

## Service Delivery Measures

Programme Performance Indicators	Medium term targets		
	2017/18	2018/19	2019/20
Percentage availability of essential medical supplies	85%	90%	95%
Number of essential medical equipment procured in line with departmental medical equipment replacement plan.	50	50	50
Number of essential medical equipment serviced according to departmental maintenance plan.	70	70	70
Wheelchairs issued rate.	85%	85%	85%
Hearing aids issued rate	75%	75%	75%
Number of provincial and tertiary hospitals implementing patient Verification system	4	4	4
Number of facilities provided with network cabling	10	10	10

## Programme 8: Health Facilities Management (HFM)

### Description and objective

### 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 centres, district, regional, tertiary and specialized hospitals, as well as other health related facilities; and
- Provide technical support and monitor implementation of maintenance at health facilities.

Health Facility Grants are EPWP Conditional Grants are allocation with the Programme and details are as follows:-

- **EPWP Integrated Fund** 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 guidelines;
- **Health Facility Revitalisation Grant** is to help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance and to enhance capacity to deliver health infrastructure;

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 (IPMPs);	Compliance rate to HFRG bidding process requirement
Focused planning to align infrastructure development, budgets, organisational readiness, National and Provincial priorities ;	Number of Project plans completed and compliant to infrastructure gazetted norms and standards.
Upgrading/refurbishment of Health Infrastructure;	Number of projects completed
Maintenance of Health Infrastructure.	Number of maintenance projects of which construction started.

## Strategic objective

- Accelerate delivery on the Health Facilities Revitalisation Programme;
- Improve quality;
- Health Infrastructure; and
- 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	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
1. Community Health Facilities	429 910	19 094	–	–	–	–	–	–	–
2. District Hospital Services	361 168	499 462	691 490	482 432	504 810	547 586	560 261	500 821	528 867
3. Other Facilities	152 003	16 718	32 477	33 799	33 799	33 799	35 574	58 383	61 379
4. Health Maintenance	51 833	48 737	17 562	28 881	28 881	32 586	34 912	45 000	48 000
<b>Total payments and estimates</b>	<b>994 914</b>	<b>584 011</b>	<b>741 529</b>	<b>545 112</b>	<b>567 490</b>	<b>613 971</b>	<b>630 747</b>	<b>604 204</b>	<b>638 246</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
<b>Current payments</b>	<b>84 516</b>	<b>86 626</b>	<b>114 712</b>	<b>68 581</b>	<b>68 581</b>	<b>72 287</b>	<b>86 627</b>	<b>97 598</b>	<b>99 915</b>
Compensation of employees	19 338	17 305	13 249	28 000	28 000	28 000	22 067	29 656	29 657
Goods and services	65 178	69 321	101 463	40 581	40 581	44 287	64 560	67 942	70 258
Interest and rent on land	–	–	–	–	–	–	–	–	–
<b>Transfers and subsidies to:</b>	<b>122</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
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	–	–	–	–	–	–	–	–
<b>Payments for capital assets</b>	<b>910 276</b>	<b>497 385</b>	<b>626 817</b>	<b>476 531</b>	<b>498 909</b>	<b>541 684</b>	<b>544 120</b>	<b>506 606</b>	<b>538 331</b>
Buildings and other fixed structures	904 094	475 338	616 753	466 231	488 609	531 384	512 036	472 661	502 417
Machinery and equipment	6 182	22 047	10 064	10 300	10 300	10 300	32 084	33 945	35 914
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
<b>Payments for financial assets</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
<b>Total economic classification</b>	<b>994 914</b>	<b>584 011</b>	<b>741 529</b>	<b>545 112</b>	<b>567 490</b>	<b>613 971</b>	<b>630 747</b>	<b>604 204</b>	<b>638 246</b>

**Sub-programme 1: Community Health Facilities** plan, design, construct, upgrade, refurbish, additions and maintenance of community health centres and community day centres. No allocation over the MTEF as allocation is accommodated in the other sub-programmes.

**Sub-programme 2: District Hospital Facilities** plan, design, construct, upgrade, refurbish, additions and maintenance of district hospitals. The allocated budget increased by 2.3 per cent in 2017/18, decline by 10.6 per cent in 2018/19 and increase to 5.6 per cent in 2019/20 as a result of the Health Facility Revitalisation Grant that was reduced to R558.3 million, R500.8 million and R528.9 million

over the MTEF. The decrease in 2018/19 is also caused by the fact that the department still have to bid for The EPWP Incentive Grant. EPWP Grant to Provinces is included in the allocation which only relates to compensation of employees. Refurbishment of Ideal Clinics will be funded from the Health Facility Revitalisation Grant over the MTEF.

**Sub-programme 3: Other Facilities** plan, design, construct, upgrade, refurbish, additions, and maintenance of other health facilities, including clinics, forensic pathology facilities and nursing colleges. Clinic buildings has a positive growth of 5.3 per cent in 2017/18, R64.1 million in 2018/19 and 5.1 per cent in 2019/20. Funds will be used for maintenance of health facilities.

**Sub-programme 4: Health Facilities Maintenance** is funded through equitable share and is allocated 7.1 per cent, 28.9 per cent and 6.7 per cent over the MTEF for maintenance of all health facilities. Ten (10) clinics will be maintained in 2017/18 to receive Ideal Clinic status.

### **Economic Classifications**

#### **Compensation of Employees**

The allocation for 2017/18 is reduced by 21.2 per cent, increase by 34.4 per cent in 2018/19 and zero per cent in the outer year. There is a dire shortage of skilled personnel to be appointed in the grant.

#### **Goods and Services**

The allocation increase by 45.8 per cent in 2017/18 to make provision for maintenance in ideal clinics, 5.2 per cent in 2018/19 and 3.4 per cent in 2019/20. Part of the allocation is for Health Facility Revitalisation Grant and also includes maintenance budget.

#### **Capital Payments**

Building and other fixed structure has a declined growth as a result of the reduction in the conditional grant allocation over the MTEF. Department are focusing more on refurbishment, upgrades and additions and less on new infrastructure assets. Machinery and equipment allocation is s211.5 per cent, 5.8 per cent and 5.8 per cent over the MTEF.

## Service Delivery Measures

Programme Performance Indicators	Medium term targets		
	2017/18	2018/19	2019/20
Number of projects plans completed that are compliant to the gazetted infrastructure norms and standards	11	5	4
Number of Projects on which construction started	29	5	3
Number of projects completed	15	16	8
Number of maintenance projects on which construction started	11	3	1
Proportion of infrastructure budget allocated to maintenance	21%	23%	25%
Proportion of infrastructure budget spent on all maintenance (preventative and scheduled)	21%	23%	25%
Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	2	3	0
Number of health facilities that have undergone major and minor refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)	6	4	1
% Completeness of the Project Management Information System (PMIS)	85%	90%	95%
Compliance rate to HFRG bidding process requirement	65%	70%	75%

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.

## 10. Other Programme Information

## 10.1 Personnel numbers and costs

Table 3.23 : Summary of departmental personnel numbers and costs by component

	Actual				Revised estimate				Medium-term expenditure estimate						Average annual growth over MTEF		
	2013/14		2014/15		2015/16		2016/17		2017/18		2018/19		2019/20		2016/17 - 2019/20		% Costs of Total
R thousands	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Filled posts	Additional posts	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel numbers <sup>1</sup>	Costs	Personnel growth rate	Costs growth rate	
<b>Salary level</b>																	
1 - 6	13 367	1 812 213	11 989	1 977 539	11 754	1 956 454	10 634	-	10 634	2 273 394	10 797	2 377 131	10 963	2 456 676	1.6%	4.9%	35.5%
7 - 10	6 274	1 984 400	5 665	2 225 871	5 818	2 284 515	5 320	-	5 320	2 403 510	5 452	2 576 940	5 552	2 735 929	2.6%	7.0%	39.1%
11 - 12	1 420	816 451	1 277	932 489	1 245	1 070 107	1 427	-	1 427	1 301 745	1 477	1 333 042	1 526	1 429 858	3.3%	4.3%	20.3%
13 - 16	52	43 010	50	47 092	47	49 468	133	-	133	48 004	140	56 437	147	61 199	3.9%	10.2%	0.8%
Other	9 611	204 543	9 120	206 890	8 872	249 357	8 874	-	8 874	285 503	8 872	285 933	8 872	286 469	9.365	301.311	4.2%
<b>Total</b>	<b>30 724</b>	<b>4 860 617</b>	<b>28 101</b>	<b>5 389 881</b>	<b>27 736</b>	<b>5 609 901</b>	<b>26 388</b>	-	<b>26 388</b>	<b>6 312 156</b>	<b>26 738</b>	<b>6 628 383</b>	<b>27 060</b>	<b>6 970 131</b>	<b>2.0%</b>	<b>5.5%</b>	<b>100.0%</b>
<b>Programme</b>																	
1. Administration	530	153 242	590	174 062	558	162 673	530	-	530	190 646	549	207 759	549	214 021	1.2%	5.4%	3.0%
2. District Health Services	19 985	2 759 962	18 208	3 087 921	18 146	3 220 579	17 373	-	17 373	3 613 920	17 541	3 836 095	17 687	4 025 696	18.305	4 239 694	1.8%
3. Emergency Medical Services	966	181 396	912	191 429	895	203 489	840	-	840	249 004	858	226 385	883	243 447	904	260 335	2.5%
4. Provincial Hospital Services	6 629	1 447 431	6 074	1 616 034	3 372	964 828	3 155	-	3 155	1 064 925	3 189	1 159 033	3 248	1 220 975	3.362	1 303 340	2.1%
5. Central Hospital Services	327	110 767	274	120 461	2 884	851 808	2 645	-	2 645	980 221	2 720	982 406	2 783	1 041 402	2 858	1 134 180	2.6%
6. Health Science And Training	1 968	144 658	1 759	135 078	1 618	126 798	1 594	-	1 594	135 213	1 608	130 553	1 620	138 491	1 709	148 683	2.3%
7. Health Care Support Services	273	44 803	245	47 591	233	46 477	220	-	220	51 227	235	54 124	245	56 443	254	69 005	4.9%
8. Health Facilities And Maintenance	46	19 338	39	17 305	30	13 249	31	-	31	28 000	38	22 067	45	29 656	45	29 657	13.2%
Direct charges	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>30 724</b>	<b>4 860 617</b>	<b>28 101</b>	<b>5 389 881</b>	<b>27 736</b>	<b>5 609 901</b>	<b>26 388</b>	-	<b>26 388</b>	<b>6 312 156</b>	<b>26 738</b>	<b>6 628 383</b>	<b>27 060</b>	<b>6 970 131</b>	<b>2.0%</b>	<b>5.5%</b>	<b>100.0%</b>
<b>Employee dispensation classification</b>																	
Public Service Act appointees not covered by OSDs	-	-	-	-	-	1 746 675	7 758	-	7 758	1 833 012	7 758	1 902 957	7 758	1 962 158	7 958	2 057 980	0.9%
Public Service Act appointees still to be covered by OSDs	-	-	-	-	-	-	5	-	5	-	5	-	5	-	5	-	-
Professional Nurses, Staff Nurses and Nursing Assistants	-	-	-	-	-	2 652 647	8 300	-	8 300	2 873 391	8 347	2 981 215	8 429	3 167 976	9 597	3 403 344	5.0%
Legal Professionals	-	-	-	-	-	1 832	3	-	3	1 988	3	2 147	3	2 278	3	2 406	-
Social Services Professions	-	-	-	-	-	19 374	58	-	58	21 020	58	22 701	58	24 086	58	25 435	-
Engineering Professions and related occupations	-	-	-	-	-	13 984	52	-	52	15 176	52	16 389	52	17 389	52	18 391	-
Medical and related professionals	-	-	-	-	-	970 532	2 168	-	2 168	1 345 300	2 293	1 462 924	2 293	1 541 553	2 462	1 630 775	4.3%
Therapeutic, Diagnostic and other related Allied Health Professionals	-	-	-	-	-	203 107	614	-	614	220 370	614	247 999	614	252 517	614	266 658	-
Educators and related professionals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Others such as interns, EPWP, learnerships, etc	-	-	-	-	-	1 750	-	-	8 867	1 899	8 867	2 050	8 857	2 174	8 856	2 296	-0.0%
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>5 609 901</b>	<b>27 825</b>	-	<b>27 825</b>	<b>6 312 156</b>	<b>27 997</b>	<b>6 628 383</b>	<b>28 069</b>	<b>6 970 131</b>	<b>2.1%</b>	<b>5.5%</b>	<b>100.0%</b>

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 vacancies 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**

From the 2015/2016 financial year there has been drastic decrease in the number of students recruited to study medicine in Cuba. In the 2015/2016 financial year, thirty - five (35) students were recruited under the auspice of the RSA/Cuban Programme. The financial years 2016/2017 and 2017/2018 will see nil (0) recruitment for this programme. For local universities however the 2015/2016 and the 2016/2017 saw recruitment for medical and allied health workers moving from seventy seven (77) and seventy four (74) respectively. It is envisaged that the number of students to be allocated bursaries for the financial 2017/2018 will be eighty one (81) or more depending on the budget allocated.

The rand/dollar exchange and the running costs for the RSA/Cuban programme impact heavily on the equitable share of Programme Six (Training Other- Sub programme).

### **Internships**

Commitment five of the National Skills Development Strategy (NSDS 111) emphasizes the need for young people to have access to education and training opportunities that will increase their chances of success in further vocational training and sustainable employment. Despite the limited resources the department managed to recruit one hundred and fifty (150) graduate and student interns for experiential learning across the Province during the 2015/2016 financial year. The number will still be maintained in the 2016/2017 and 2017/2018 financial years. From the 2016/2017 and subsequent financial years the remuneration of these interns will be aligned to the Sectoral Determination of

interns in the Public Service. Furthermore these interns will be taken through the Breaking Barriers to Entry into the Public Service programme.

## Compulsory Induction Programme (CIP)

The department still has a backlog in terms of training of personnel in this programme despite the fact that the number of trainers has been increased. The challenges range from budgetary constraints in respect of learners as each block for training stretches over a period of five days. With the limited budget the Districts cannot afford to release employees for extended periods of time. The planned target for training for the 2015/2016 financial year was estimated at four-hundred (400) and only one hundred and eighty seven (187) officials were trained. The plan for this year – 2016/2017 is to train at least five hundred (500) officials and train at the most six hundred and fifty (650) officials in the 2017/2018 financial year. Another cost driver for this programme is the learning/ training material which material can only be purchased from the National School of Government. Departments are not allowed to reproduce the materials for themselves

## 10.2 Training

Table 3.24 : Information on training: Health

	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
R thousand	2013/14	2014/15	2015/16		2016/17		2017/18	2018/19	2019/20
Number of staff	30 724	28 101	27 736	26 388	26 388	26 388	26 738	27 060	27 986
Number of personnel trained	7 000	4 510	9 106	9 400	9 400	9 400	10 000	10 700	11 299
of which									
Male	3 000	1 100	2 784	3 000	3 000	3 000	3 500	4 000	4 224
Female	4 000	3 410	6 322	6 400	6 400	6 400	6 500	6 700	7 075
Number of training opportunities	241	241	386	415	415	415	429	445	470
of which									
Tertiary	35	35	35	40	40	40	42	44	47
Workshops	181	181	181	200	200	200	210	222	235
Seminars	25	25	25	30	30	30	32	33	35
Other	–	–	145	145	145	145	145	145	153
Number of bursaries offered	97	157	186	419	419	419	441	450	475
Number of interns appointed	393	123	114	115	115	115	115	115	121
Number of learnerships appointed	128	145	150	160	160	160	170	180	190
Number of days spent on training	–	–	–	–	–	–	–	–	–
<b>Payments on training by programme</b>									
1. Administration	70	258	–	–	–	–	–	–	–
2. District Health Services	10 023	11 189	16 261	11 944	11 944	11 944	13 582	14 370	15 174
3. Emergency Medical Services	1 887	1 561	2 000	1 726	1 726	1 726	1 826	1 932	2 040
4. Provincial Hospital Services	1 776	3 723	2 255	2 000	2 000	2 000	2 380	2 518	2 659
5. Central Hospital Services	–	122	–	–	–	–	–	–	–
6. Health Science And Training	17 043	20 568	24 962	29 924	29 924	29 924	35 696	37 766	39 881
7. Health Care Support Services	1 578	1 869	2 142	2 256	2 256	2 256	2 369	2 506	2 647
8. Health Facilities And Maintenance	–	–	–	–	–	–	–	–	–
<b>Total payments on training</b>	<b>32 377</b>	<b>39 290</b>	<b>47 620</b>	<b>47 850</b>	<b>47 850</b>	<b>47 850</b>	<b>55 853</b>	<b>59 092</b>	<b>62 401</b>

## Mandatory Management Development programme

In the 2015/16 financial year no officials were taken through the mandatory development programmes. For the 2016/17 year it is envisaged that at least a one hundred (100) be taken through Emerging, Advanced and Executive Development Programme. However the fact that each programme has three blocks each of five days, this might put a strain on the limited resources that the

districts have. It is envisaged that for the 2017/2018 financial at least two hundred (200) shall be taken through these programmes.

### 10.3 Reconciliation of structural changes

**Table 3.25 : Reconciliation of structural changes: Health**

2016/17		2017/18	
Programmes	R'000	Programmes	R'000
	–	<b>1. Administration</b>	<b>329 778</b>
		1. Office Of The Mec	7 529
		2. Management	322 249
		<b>2. District Health Services</b>	<b>5 484 877</b>
		1. District Management	428 431
		2. Community Based Services	9 000
		3. Community Health Centres	1 152 251
		4. Other Community Services	250 468
		5. Hiv/ Aids	1 318 651
		6. Nutrition	3 689
		7. Community Health Clinics	1 001 606
		8. Coroner Services	79 651
		9. District Hospitals	1 241 130
		<b>3. Emergency Medical Services</b>	<b>312 417</b>
		1. Emergency Transport	291 792
		2. Planned Patient Transport	20 625
		<b>4. Provincial Hospital Services</b>	<b>1 551 296</b>
		1. Provincial Hospitals	1 078 549
		2. Psychiatric/ Mental Hospitals	472 747
		<b>5. Central Hospital Services</b>	<b>1 472 847</b>
		1. Provincial Hospital Tertiary Services	1 472 847
		2. Central Hospital Services	–
		<b>6. Health Science And Training</b>	<b>418 140</b>
		1. Nurses Training Colleges	195 810
		2. Ems Training College	17 889
		3. Primary Health Care Training	20 656
		4. Training Other	183 785
		<b>7. Health Care Support Services</b>	<b>261 238</b>
		1. Engineering	63 601
		2. Provincial Laundry Services	30 262
		3. Orthotic And Prothetic Services	10 842
		4. Medicine Trading Account	156 533
		<b>8. Health Facilities And Maintenance</b>	<b>630 747</b>
		1. Community Health Facilities	–
		2. District Hospital Services	560 261
		3. Other Facilities	35 574
		4. Health Maintenance	34 912
<b>Total</b>	<b>–</b>		<b>10 461 340</b>

## **Annexure to the Estimates of Provincial Revenue and Expenditure**

Table B.1: Specification of receipts: Health

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
<b>Tax receipts</b>	-	-	-	-	-	-	-	-	-
Casino taxes	-	-	-	-	-	-	-	-	-
Horse racing taxes	-	-	-	-	-	-	-	-	-
Liquor licences	-	-	-	-	-	-	-	-	-
Motor vehicle licences	-	-	-	-	-	-	-	-	-
<b>Sales of goods and services other than capital assets</b>	<b>56 385</b>	<b>57 729</b>	<b>55 275</b>	<b>68 658</b>	<b>68 658</b>	<b>68 658</b>	<b>72 288</b>	<b>75 867</b>	<b>80 116</b>
Sale of goods and services produced by department (excluding capital assets)	56 385	57 729	55 275	68 658	68 658	68 658	72 288	75 867	80 116
Sales by market establishments	-	-	-	-	-	-	-	-	-
Administrative fees	3 865	-	-	-	-	-	2 211	2 340	2 471
Other sales	52 520	57 729	55 275	68 658	68 658	68 658	70 077	73 527	77 645
Of which									
Health patient fees	40 211	49 494	45 082	57 939	57 939	57 939	58 577	61 361	64 798
Other (Specify)	1 583	500	766	500	500	500	525	555	586
Other (Specify)	4 959	5 280	3 407	6 000	6 000	6 000	5 775	6 110	6 452
Other (Specify)	5 767	2 455	6 020	4 219	4 219	4 219	5 200	5 501	5 809
Sales of scrap, waste, arms and other used current goods (excluding capital assets)	-	-	-	-	-	-	-	-	-
<b>Transfers received from:</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Other governmental units	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments	-	-	-	-	-	-	-	-	-
International organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households and non-profit institutions	-	-	-	-	-	-	-	-	-
<b>Fines, penalties and forfeits</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Interest, dividends and rent on land</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Interest	-	-	-	-	-	-	-	-	-
Dividends	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
<b>Sales of capital assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Other capital assets	-	-	-	-	-	-	-	-	-
<b>Transactions in financial assets and liabilities</b>	<b>-</b>	<b>6 931</b>	<b>9 175</b>	<b>4 400</b>	<b>4 400</b>	<b>4 400</b>	<b>4 423</b>	<b>4 680</b>	<b>4 942</b>
<b>Total departmental receipts</b>	<b>56 385</b>	<b>64 660</b>	<b>64 450</b>	<b>73 058</b>	<b>73 058</b>	<b>73 058</b>	<b>76 711</b>	<b>80 547</b>	<b>85 058</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16	2016/17	2016/17	2016/17	2017/18	2018/19	2019/20
<b>Current payments</b>	<b>7 232 307</b>	<b>7 677 293</b>	<b>8 192 813</b>	<b>8 657 359</b>	<b>8 775 942</b>	<b>9 366 708</b>	<b>9 552 536</b>	<b>10 234 812</b>	<b>11 056 905</b>
Compensation of employees	4 860 617	5 389 881	5 609 901	6 198 704	6 187 037	6 312 156	6 628 383	6 970 131	7 408 285
Salaries and wages	4 259 080	4 747 505	4 917 243	5 485 226	5 390 772	5 519 787	5 862 930	6 162 396	6 545 624
Social contributions	601 537	642 376	692 658	713 478	796 265	792 369	765 453	807 735	862 661
Goods and services	2 371 382	2 286 569	2 581 210	2 457 454	2 587 430	3 053 024	2 923 058	3 263 623	3 647 501
Administrative fees	3 743	7 111	1 516	2 296	2 842	2 822	1 598	2 372	2 513
Advertising	26 648	12 454	5 180	7 388	6 754	6 707	2 689	2 466	2 610
Minor assets	23 860	20 711	5 449	20 041	22 084	21 963	19 895	14 761	16 314
Audit cost: External	18 847	18 060	22 564	17 278	20 217	20 217	18 738	18 575	19 653
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	19 783	16 907	9 664	7 870	7 674	7 694	2 223	3 381	3 577
Communication (G&S)	40 318	42 849	47 885	32 211	40 140	46 324	46 379	44 891	48 884
Computer services	26 564	26 253	26 892	33 815	32 837	32 837	20 924	31 922	33 773
Consultants and professional services: Business and advisory services	8 919	5 637	21 239	4 870	46 311	46 836	6 880	6 172	6 162
Infrastructure and planning	-	-	-	-	-	-	-	-	-
Laboratory services	226 916	248 209	335 304	360 446	274 334	328 389	335 271	379 652	413 265
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	9 272	20 737	14 559	16 867	32 831	38 832	14 013	9 653	10 636
Contractors	55 290	59 243	126 305	57 013	87 528	91 607	97 237	77 607	76 652
Agency and support / outsourced services	184 842	206 611	252 078	206 222	249 328	293 887	305 767	363 013	429 668
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	65 336	65 070	79 145	157 663	128 714	184 709	114 511	142 050	143 972
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	15 186	9 631	10 581	10 994	15 334	15 800	11 175	8 359	17 356
Inventory: Farming supplies	251	301	118	125	116	158	18	21	22
Inventory: Food and food supplies	7 240	8 717	8 983	7 239	13 172	13 502	8 263	7 043	7 852
Inventory: Fuel, oil and gas	13 681	18 089	26 355	18 989	21 662	34 341	30 446	35 812	51 747
Inventory: Learner and teacher support material	1 299	-	1 771	1 837	3 655	3 655	2 300	-	-
Inventory: Materials and supplies	15 100	9 944	9 407	8 753	13 274	13 381	10 029	6 085	6 387
Inventory: Medical supplies	267 413	264 897	283 034	245 465	303 564	365 948	320 279	427 088	455 145
Inventory: Medicine	632 564	558 631	580 063	669 042	615 163	718 626	840 139	866 448	1 065 242
Medas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	4 825	5 315	-	234	-	-	-
Consumable supplies	70 605	70 120	72 189	48 014	69 907	94 810	82 659	83 955	87 977
Consumable: Stationery, printing and office supplies	43 700	40 209	37 997	43 743	46 207	45 802	41 884	40 604	43 367
Operating leases	85 515	87 788	100 318	70 341	70 404	81 717	58 141	76 855	81 050
Property payments	333 256	323 871	394 329	295 433	371 329	442 779	452 704	510 870	516 349
Transport provided: Departmental activity	9 256	8 590	2 540	1 627	1 986	2 014	756	855	1 095
Travel and subsistence	119 171	99 748	79 229	78 594	65 579	73 093	61 560	78 791	79 649
Training and development	19 159	12 013	7 101	12 903	9 194	8 741	6 858	9 775	10 602
Operating payments	11 527	10 617	8 414	10 057	8 319	8 570	8 312	12 115	13 373
Venues and facilities	10 958	8 704	3 949	4 575	2 491	2 549	1 222	2 279	2 444
Rental and hiring	5 163	4 847	2 227	428	4 480	4 480	188	153	165
Interest and rent on land	308	843	1 702	1 201	1 475	1 528	1 095	1 058	1 119
Interest	308	843	1 702	1 201	1 475	1 528	1 095	1 058	1 119
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>122 454</b>	<b>115 783</b>	<b>174 453</b>	<b>191 837</b>	<b>305 587</b>	<b>330 867</b>	<b>233 057</b>	<b>232 864</b>	<b>242 742</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	3 215	10 429	16 762	16 762	16 762	19 953	24 877	26 270
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	3 215	10 429	16 762	16 762	16 762	19 953	24 877	26 270
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	1 549	-	8 423	-	11 417	10 912	-	-	-
Households	120 905	112 568	155 601	175 075	277 408	303 193	213 104	207 987	216 472
Social benefits	81 874	33 144	35 853	21 130	21 404	28 752	30 691	28 808	30 642
Other transfers to households	39 031	79 424	119 748	153 945	256 004	274 441	182 413	179 179	185 830
<b>Payments for capital assets</b>	<b>1 038 716</b>	<b>579 777</b>	<b>675 411</b>	<b>611 334</b>	<b>594 408</b>	<b>637 172</b>	<b>675 747</b>	<b>653 627</b>	<b>711 745</b>
Buildings and other fixed structures	904 094	475 338	616 753	467 731	488 609	531 384	512 036	472 661	502 417
Buildings	904 094	475 338	584 276	466 231	488 609	531 384	512 036	472 661	502 417
Other fixed structures	-	-	32 477	1 500	-	-	-	-	-
Machinery and equipment	134 622	104 439	58 658	143 603	105 799	105 788	163 711	180 966	209 328
Transport equipment	26 569	14 738	22 867	34 039	16 283	12 220	35 815	35 248	37 293
Other machinery and equipment	108 053	89 701	35 791	109 564	89 516	93 568	127 896	145 718	172 035
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>8 393 477</b>	<b>8 372 853</b>	<b>9 042 677</b>	<b>9 460 530</b>	<b>9 675 937</b>	<b>10 334 747</b>	<b>10 461 340</b>	<b>11 121 303</b>	<b>12 011 392</b>

## 2017/18 Estimates of Provincial Revenue and Expenditure

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
<b>Current payments</b>	<b>234 001</b>	<b>251 123</b>	<b>282 578</b>	<b>307 879</b>	<b>320 179</b>	<b>382 128</b>	<b>313 419</b>	<b>318 294</b>	<b>328 126</b>
Compensation of employees	153 242	174 062	182 673	190 247	190 647	190 646	207 759	214 021	223 473
Salaries and wages	132 800	152 369	158 996	168 877	169 227	167 454	185 321	190 282	198 120
Social contributions	20 442	21 693	23 677	21 370	21 420	23 192	22 438	23 739	25 353
Goods and services	80 759	76 965	99 798	117 432	129 332	191 282	105 486	104 073	104 442
Administrative fees	1 189	926	557	1 095	1 154	1 154	599	775	820
Advertising	3 668	3 351	465	2 115	1 985	1 957	1 860	1 314	1 390
Minor assets	5 234	2 092	4	865	142	142	527	736	779
Audit cost: External	9 250	11 064	12 062	11 400	11 400	11 400	12 225	12 631	13 364
Bursaries: Employees	—	—	—	—	—	—	—	—	—
Catering: Departmental activities	2 885	2 133	1 129	1 398	1 312	1 336	767	819	866
Communication (G&S)	3 912	4 487	5 208	5 735	5 779	5 787	5 861	5 945	6 289
Computer services	118	440	—	—	—	—	—	—	—
Consultants and professional services: Business and advisory services	1 666	—	7 180	2 899	5 748	6 398	1 810	1 722	1 822
Infrastructure and planning	—	—	—	—	—	—	—	—	—
Laboratory services	—	—	—	—	—	—	—	—	—
Scientific and technological services	—	—	—	—	—	—	—	—	—
Legal services	4 527	7 000	5 365	5 572	21 599	27 599	4 251	4 308	4 558
Contractors	511	2 218	276	1 223	2 323	2 323	3 534	665	704
Agency and support / outsourced services	90	—	79	10 001	6 706	6 056	—	—	—
Entertainment	—	—	—	—	—	—	—	—	—
Fleet services (including government motor transport)	4 166	6 008	16 506	21 590	21 590	77 590	28 146	26 816	22 642
Housing	—	—	—	—	—	—	—	—	—
Inventory: Clothing material and accessories	485	457	56	28	22	22	30	35	37
Inventory: Farming supplies	—	—	—	—	—	—	—	—	—
Inventory: Food and food supplies	—	—	22	60	60	60	47	61	65
Inventory: Fuel, oil and gas	—	—	—	—	1	3 012	—	—	—
Inventory: Learner and teacher support material	—	—	—	—	—	—	—	—	—
Inventory: Materials and supplies	208	687	188	121	16	16	127	135	143
Inventory: Medical supplies	—	13	—	—	—	—	—	—	—
Inventory: Medicine	—	-657	—	—	—	3	—	—	—
Medsas inventory interface	—	—	—	—	—	—	—	—	—
Inventory: Other supplies	—	—	—	—	—	—	—	—	—
Consumable supplies	2 186	657	272	457	1 166	1 166	1 075	1 134	1 200
Consumable: Stationery, printing and office supplies	3 536	3 399	3 769	4 433	5 192	5 190	3 890	4 054	4 289
Operating leases	14 816	12 466	17 956	4 103	1 344	1 344	2 949	3 120	3 367
Property payments	4 474	7 407	17 489	25 691	21 559	17 848	26 015	28 464	30 115
Transport provided: Departmental activity	265	—	—	—	—	—	—	—	—
Travel and subsistence	15 608	10 750	9 418	15 755	15 012	15 679	10 556	9 653	10 208
Training and development	70	—	57	257	378	328	—	—	—
Operating payments	821	871	1 708	1 996	1 140	1 168	1 117	1 182	1 251
Venues and facilities	739	475	2	638	66	66	100	504	533
Rental and hiring	335	731	30	—	3 638	3 638	—	—	—
Interest and rent on land	—	96	107	200	200	200	174	200	211
Interest	—	96	107	200	200	200	174	200	211
Rent on land	—	—	—	—	—	—	—	—	—
<b>Transfers and subsidies</b>	<b>10 974</b>	<b>13 785</b>	<b>14 396</b>	<b>13 069</b>	<b>13 069</b>	<b>19 119</b>	<b>14 287</b>	<b>14 535</b>	<b>15 354</b>
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	10 974	13 785	14 396	13 069	13 069	19 119	14 287	14 535	15 354
Social benefits	—	539	631	500	500	507	563	615	654
Other transfers to households	10 974	13 246	13 765	12 569	12 569	18 612	13 724	13 920	14 700
<b>Payments for capital assets</b>	<b>11 592</b>	<b>4 510</b>	<b>202</b>	<b>8 782</b>	<b>3 796</b>	<b>3 796</b>	<b>2 072</b>	<b>3 895</b>	<b>4 121</b>
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—
Buildings	—	—	—	—	—	—	—	—	—
Other fixed structures	—	—	—	—	—	—	—	—	—
Machinery and equipment	11 592	4 510	202	8 782	3 796	3 796	2 072	3 895	4 121
Transport equipment	—	—	—	—	—	—	—	—	—
Other machinery and equipment	11 592	4 510	202	8 782	3 796	3 796	2 072	3 895	4 121
Heritage Assets	—	—	—	—	—	—	—	—	—
Specialised military assets	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—
<b>Payments for financial assets</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>
<b>Total economic classification</b>	<b>256 567</b>	<b>269 418</b>	<b>297 176</b>	<b>329 730</b>	<b>337 044</b>	<b>405 043</b>	<b>329 778</b>	<b>336 724</b>	<b>347 601</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
<b>Current payments</b>	<b>4 120 567</b>	<b>4 356 703</b>	<b>4 646 745</b>	<b>4 898 038</b>	<b>4 934 093</b>	<b>5 175 870</b>	<b>5 431 550</b>	<b>5 738 004</b>	<b>6 184 729</b>
Compensation of employees	2 758 982	3 087 921	3 220 579	3 579 815	3 568 398	3 613 920	3 836 056	4 025 696	4 239 604
Salaries and wages	2 421 069	2 726 252	2 832 200	3 181 863	3 146 406	3 185 481	3 403 632	3 568 189	3 750 987
Social contributions	337 913	361 669	388 379	397 952	421 992	428 439	432 424	457 507	488 617
Goods and services	1 361 339	1 268 555	1 425 541	1 317 624	1 364 961	1 561 242	1 594 864	1 711 643	1 944 421
Administrative fees	1 584	1 303	429	285	437	416	236	889	941
Advertising	21 317	8 446	4 199	4 583	3 659	3 640	–	671	710
Minor assets	10 659	10 734	2 920	7 155	8 582	8 473	6 107	5 272	5 650
Audit cost: External	7 599	3 574	6 005	3 521	7 121	7 121	3 629	4 109	4 347
Bursaries: Employees	–	–	–	–	–	–	–	–	–
Catering: Departmental activities	13 639	12 741	7 730	5 248	5 501	5 500	782	1 196	1 266
Communication (G&S)	22 639	24 860	26 868	13 606	19 855	24 749	24 297	22 585	25 286
Computer services	50	–	5 896	551	432	432	–	1 777	1 880
Consultants and professional services: Business and advisory services	3 777	5 588	13 987	1 716	40 295	40 166	4 852	4 283	4 139
Infrastructure and planning	–	–	–	–	–	–	–	–	–
Laboratory services	173 814	190 501	242 793	222 581	212 907	237 826	241 671	251 754	257 934
Scientific and technological services	–	–	–	–	–	–	–	–	–
Legal services	1 359	536	2 999	6 767	6 767	6 767	5 053	585	619
Contractors	18 983	16 817	15 828	25 213	30 276	30 900	27 373	29 376	31 079
Agency and support / outsourced services	53 567	59 877	83 313	59 469	97 850	103 888	137 020	139 773	157 879
Entertainment	–	–	–	–	–	–	–	–	–
Fleet services (including government motor transport)	26 631	24 991	26 824	69 601	63 394	63 389	47 792	68 355	69 474
Housing	–	–	–	–	–	–	–	–	–
Inventory: Clothing material and accessories	5 685	2 519	2 513	1 750	4 398	4 865	5 360	2 532	12 461
Inventory: Farming supplies	72	72	118	35	21	21	–	–	–
Inventory: Food and food supplies	3 904	4 512	5 626	5 278	9 259	8 791	4 039	4 291	4 940
Inventory: Fuel, oil and gas	7 771	8 748	11 468	7 345	8 829	11 906	11 539	12 818	19 477
Inventory: Learner and teacher support material	1 027	–	–	–	5	5	–	–	–
Inventory: Materials and supplies	7 603	3 859	3 685	2 588	3 631	3 433	1 318	827	803
Inventory: Medical supplies	104 290	83 187	107 439	132 263	119 259	131 667	116 288	160 422	215 810
Inventory: Medicine	518 728	463 077	505 169	496 433	441 656	520 594	646 731	621 810	758 862
Medsas inventory interface	–	–	–	–	–	–	–	–	–
Inventory: Other supplies	–	–	–	–	–	–	–	–	–
Consumable supplies	29 953	31 392	27 549	17 732	24 499	29 795	34 874	32 234	34 104
Consumable: Stationery, printing and office supplies	23 634	22 231	17 249	21 346	20 992	20 586	19 984	18 511	19 584
Operating leases	31 882	32 173	36 753	40 594	28 455	29 942	29 942	39 446	42 085
Property payments	166 171	169 716	207 949	115 883	170 553	225 720	194 365	232 899	221 077
Transport provided: Departmental activity	3 505	1 962	1 113	1 437	775	803	556	600	635
Travel and subsistence	73 951	64 144	45 896	39 182	25 940	30 431	23 154	40 797	38 611
Training and development	10 005	5 504	4 230	7 078	3 209	3 259	3 523	4 493	4 754
Operating payments	4 666	4 827	2 988	4 289	3 466	3 173	3 189	7 479	8 045
Venues and facilities	8 103	6 947	3 887	3 667	2 231	2 257	1 002	1 736	1 836
Rental and hiring	4 771	3 717	2 118	428	727	727	188	123	133
Interest and rent on land	246	227	625	599	714	708	630	665	704
Interest	246	227	625	599	714	708	630	665	704
Rent on land	–	–	–	–	–	–	–	–	–
<b>Transfers and subsidies</b>	<b>13 601</b>	<b>21 910</b>	<b>33 584</b>	<b>8 307</b>	<b>36 157</b>	<b>42 378</b>	<b>19 770</b>	<b>18 537</b>	<b>19 575</b>
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	1 549	–	8 423	–	11 417	10 912	–	–	–
Households	12 052	21 910	25 161	8 307	24 740	31 466	19 770	18 537	19 575
Social benefits	12 052	21 910	25 161	8 307	8 307	14 953	19 770	18 537	19 575
Other transfers to households	–	–	–	–	16 433	16 513	–	–	–
<b>Payments for capital assets</b>	<b>33 015</b>	<b>29 666</b>	<b>13 071</b>	<b>34 081</b>	<b>25 845</b>	<b>25 834</b>	<b>33 557</b>	<b>46 319</b>	<b>57 880</b>
Buildings and other fixed structures	–	–	–	–	–	–	–	–	–
Buildings	–	–	–	–	–	–	–	–	–
Other fixed structures	–	–	–	–	–	–	–	–	–
Machinery and equipment	33 015	29 666	13 071	34 081	25 845	25 834	33 557	46 319	57 880
Transport equipment	–	4 114	4 481	–	2 250	–	–	–	–
Other machinery and equipment	33 015	25 552	8 590	34 081	23 595	25 834	33 557	46 319	57 880
Heritage Assets	–	–	–	–	–	–	–	–	–
Specialised military assets	–	–	–	–	–	–	–	–	–
Biological assets	–	–	–	–	–	–	–	–	–
Land and sub-soil assets	–	–	–	–	–	–	–	–	–
Software and other intangible assets	–	–	–	–	–	–	–	–	–
<b>Payments for financial assets</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>	<b>–</b>
<b>Total economic classification</b>	<b>4 167 183</b>	<b>4 408 279</b>	<b>4 693 400</b>	<b>4 940 426</b>	<b>4 996 095</b>	<b>5 244 082</b>	<b>5 484 877</b>	<b>5 802 860</b>	<b>6 262 184</b>



## 2017/18 Estimates of Provincial Revenue and Expenditure

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
<b>Current payments</b>	<b>245 012</b>	<b>251 169</b>	<b>256 101</b>	<b>282 352</b>	<b>272 151</b>	<b>302 123</b>	<b>288 664</b>	<b>300 532</b>	<b>320 710</b>
Compensation of employees	181 396	191 429	203 489	215 904	223 004	248 004	236 385	243 447	260 335
Salaries and wages	152 536	161 638	169 958	183 816	190 911	215 911	202 693	207 800	222 264
Social contributions	28 860	29 791	33 531	32 088	32 093	32 093	33 692	35 647	38 071
Goods and services	63 603	59 727	52 585	66 404	49 046	54 018	52 233	57 036	60 323
Administrative fees	24	96	17	—	—	—	42	44	47
Advertising	147	13	26	166	122	122	170	180	190
Minor assets	1 354	216	82	1 008	1 663	1 646	1 210	1 280	1 354
Audit cost: External	998	1 000	1 400	1 071	1 071	1 071	1 284	1 200	1 270
Bursaries: Employees	—	—	—	—	—	—	—	—	—
Catering: Departmental activities	480	206	33	39	19	19	35	46	49
Communication (G&S)	4 260	4 381	3 771	3 632	3 828	3 828	3 830	5 868	6 208
Computer services	—	—	—	1 038	239	239	1 055	316	334
Consultants and professional services: Business and advisory services	—	—	22	—	—	4	—	—	—
Infrastructure and planning	—	—	—	—	—	—	—	—	—
Laboratory services	—	—	—	—	—	—	—	—	—
Scientific and technological services	—	—	—	—	—	—	—	—	—
Legal services	966	4 760	1 000	1 866	1 802	1 803	2 000	2 008	2 124
Contractors	1 570	1 376	828	799	1 181	1 291	850	899	951
Agency and support / outsourced services	9 413	11 249	7 333	1 560	1 503	1 502	7 777	4 516	4 778
Entertainment	—	—	—	—	—	—	—	—	—
Fleet services (including government motor transport)	19 096	21 166	23 636	33 479	16 596	16 593	13 909	15 507	16 406
Housing	—	—	—	—	—	—	—	—	—
Inventory: Clothing material and accessories	1 441	1 465	1 102	1 500	2 760	2 761	1 000	1 000	1 058
Inventory: Farming supplies	—	—	—	—	—	—	—	—	—
Inventory: Food and food supplies	2	—	—	35	35	35	37	639	676
Inventory: Fuel, oil and gas	487	416	735	626	823	804	750	1 294	1 369
Inventory: Learner and teacher support material	125	—	—	—	—	—	—	—	—
Inventory: Materials and supplies	320	85	179	400	201	306	420	444	470
Inventory: Medical supplies	1 283	703	857	1 676	983	868	1 760	1 862	1 970
Inventory: Medicine	530	321	151	800	678	678	861	911	964
Medsas inventory interface	—	—	—	—	—	—	—	—	—
Inventory: Other supplies	—	—	—	—	—	—	—	—	—
Consumable supplies	2 197	1 084	1 524	2 000	2 077	2 063	2 131	2 255	2 565
Consumable: Stationery, printing and office supplies	2 438	1 227	1 101	1 000	1 466	1 466	1 022	1 081	1 144
Operating leases	3 407	3 872	3 091	2 100	2 723	7 223	2 130	2 254	2 385
Property payments	7 655	3 182	3 914	8 276	7 240	7 934	8 090	10 744	11 367
Transport provided: Departmental activity	52	46	—	—	—	—	—	106	112
Travel and subsistence	3 269	2 638	1 656	1 416	1 481	1 629	1 000	1 586	1 478
Training and development	1 887	160	64	1 726	454	—	512	617	653
Operating payments	130	39	14	191	100	100	358	379	401
Venues and facilities	72	25	—	—	1	33	—	—	—
Rental and hiring	—	1	49	—	—	—	—	—	—
Interest and rent on land	13	13	27	44	101	101	46	49	52
Interest	13	13	27	44	101	101	46	49	52
Rent on land	—	—	—	—	—	—	—	—	—
<b>Transfers and subsidies</b>	<b>178</b>	<b>1 568</b>	<b>459</b>	<b>926</b>	<b>926</b>	<b>926</b>	<b>1 022</b>	<b>1 082</b>	<b>1 143</b>
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	178	922	459	926	926	926	1 022	1 082	1 143
Social benefits	178	922	459	926	926	926	1 022	1 082	1 143
Other transfers to households	—	—	—	—	—	—	—	—	—
<b>Payments for capital assets</b>	<b>18 470</b>	<b>2 778</b>	<b>16 889</b>	<b>22 691</b>	<b>15 517</b>	<b>15 517</b>	<b>22 731</b>	<b>25 108</b>	<b>26 565</b>
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—
Buildings	—	—	—	—	—	—	—	—	—
Other fixed structures	—	—	—	—	—	—	—	—	—
Machinery and equipment	18 470	2 778	16 889	22 691	15 517	15 517	22 731	25 108	26 565
Transport equipment	12 613	1 046	16 889	20 191	14 033	12 219	20 625	21 822	23 088
Other machinery and equipment	5 857	1 732	—	2 500	1 484	3 298	2 106	3 286	3 477
Heritage Assets	—	—	—	—	—	—	—	—	—
Specialised military assets	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—
<b>Payments for financial assets</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>
<b>Total economic classification</b>	<b>263 660</b>	<b>255 515</b>	<b>273 449</b>	<b>305 969</b>	<b>288 594</b>	<b>318 566</b>	<b>312 417</b>	<b>326 722</b>	<b>348 418</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16	2016/17	2016/17	2016/17	2017/18	2018/19	2019/20
<b>Current payments</b>	<b>2 016 565</b>	<b>2 196 895</b>	<b>1 340 699</b>	<b>1 367 575</b>	<b>1 411 183</b>	<b>1 493 040</b>	<b>1 537 172</b>	<b>1 683 715</b>	<b>1 845 419</b>
Compensation of employees	1 447 431	1 616 034	964 828	1 036 925	1 039 925	1 064 925	1 159 033	1 220 975	1 303 348
Salaries and wages	1 268 791	1 421 422	844 436	834 968	862 053	904 524	946 978	996 621	1 063 738
Social contributions	178 640	194 612	120 392	201 957	177 872	160 401	212 055	224 354	239 610
Goods and services	569 101	580 389	375 656	330 366	370 974	427 831	378 022	462 685	542 013
Administrative fees	189	315	48	104	284	290	90	116	123
Advertising	858	398	203	158	185	185	444	14	16
Minor assets	4 716	3 572	312	1 801	2 517	2 519	2 796	1 202	1 271
Audit cost: External	1 000	2 422	1 166	1 286	625	625	600	635	672
Bursaries: Employees	—	—	—	—	—	—	—	—	—
Catering: Departmental activities	1 209	480	10	126	165	162	70	117	124
Communication (G&S)	7 375	7 368	5 877	2 333	4 176	4 174	5 238	3 212	3 398
Computer services	—	96	—	—	—	—	—	—	—
Consultants and professional services: Business and advisory services	46	49	42	142	155	155	158	167	177
Infrastructure and planning	—	—	—	—	—	—	—	—	—
Laboratory services	46 798	51 628	41 275	48 026	32 332	41 710	43 203	55 527	67 414
Scientific and technological services	—	—	—	—	—	—	—	—	—
Legal services	948	5 844	3 500	1 662	1 663	1 663	1 653	1 585	1 677
Contractors	13 197	14 878	5 173	326	12 172	12 198	13 054	3 256	3 418
Agency and support / outsourced services	92 062	109 063	69 896	71 715	70 389	83 088	77 087	110 547	132 081
Entertainment	—	—	—	—	—	—	—	—	—
Fleet services (including government motor transport)	11 435	10 797	6 544	9 117	8 998	9 002	8 465	9 098	9 626
Housing	—	—	—	—	—	—	—	—	—
Inventory: Clothing material and accessories	3 009	737	723	3 079	3 065	3 063	2 417	3 328	3 521
Inventory: Farming supplies	137	229	—	60	60	60	18	21	22
Inventory: Food and food supplies	3 270	4 149	2 506	1 256	2 676	3 183	2 876	1 695	1 793
Inventory: Fuel, oil and gas	5 379	8 895	4 250	779	4 809	5 729	5 250	5 426	11 741
Inventory: Learner and teacher support material	37	—	—	37	22	22	—	—	—
Inventory: Materials and supplies	4 997	3 055	988	847	2 033	2 032	1 810	584	618
Inventory: Medical supplies	116 596	129 262	67 442	46 714	64 536	74 749	53 156	64 043	72 412
Inventory: Medicine	101 872	79 711	29 366	46 747	41 728	52 566	39 426	66 300	77 617
Medsas inventory interface	—	—	—	—	—	—	—	—	—
Inventory: Other supplies	—	—	—	—	—	—	—	—	—
Consumable supplies	30 382	33 390	19 947	11 799	20 873	29 276	20 600	17 848	18 883
Consumable: Stationery, printing and office supplies	7 668	7 842	3 597	5 321	5 133	5 131	4 200	5 049	5 342
Operating leases	18 719	20 575	20 686	10 211	7 831	9 217	2 814	7 511	7 947
Property payments	78 049	70 051	84 817	59 989	75 818	78 309	89 220	101 694	118 194
Transport provided: Departmental activity	1 645	1 300	1 257	—	911	911	—	—	—
Travel and subsistence	10 772	8 940	4 980	5 632	6 037	6 031	3 120	2 700	2 857
Training and development	1 776	841	251	759	1 488	1 487	—	—	—
Operating payments	4 913	4 046	800	340	222	223	257	943	998
Venues and facilities	11	88	—	—	—	—	—	37	39
Rental and hiring	36	368	—	—	71	71	—	30	32
Interest and rent on land	33	472	215	284	284	284	117	55	58
Interest	33	472	215	284	284	284	117	55	58
Rent on land	—	—	—	—	—	—	—	—	—
<b>Transfers and subsidies</b>	<b>8 272</b>	<b>8 646</b>	<b>5 341</b>	<b>7 095</b>	<b>7 030</b>	<b>7 212</b>	<b>3 497</b>	<b>3 330</b>	<b>3 516</b>
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	8 272	8 046	5 341	7 095	7 030	7 212	3 497	3 330	3 516
Social benefits	8 112	8 046	4 581	7 095	7 030	7 212	3 497	3 330	3 516
Other transfers to households	160	—	760	—	—	—	—	—	—
<b>Payments for capital assets</b>	<b>11 375</b>	<b>12 102</b>	<b>2 469</b>	<b>16 582</b>	<b>14 034</b>	<b>14 034</b>	<b>10 627</b>	<b>11 243</b>	<b>11 893</b>
Buildings and other fixed structures	—	—	—	—	—	—	—	—	—
Buildings	—	—	—	—	—	—	—	—	—
Other fixed structures	—	—	—	—	—	—	—	—	—
Machinery and equipment	11 375	12 102	2 469	16 582	14 034	14 034	10 627	11 243	11 893
Transport equipment	—	—	—	—	—	—	—	—	—
Other machinery and equipment	11 375	12 102	2 469	16 582	14 034	14 034	10 627	11 243	11 893
Heritage Assets	—	—	—	—	—	—	—	—	—
Specialised military assets	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—
<b>Payments for financial assets</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>
<b>Total economic classification</b>	<b>2 036 212</b>	<b>2 217 643</b>	<b>1 348 509</b>	<b>1 391 252</b>	<b>1 432 247</b>	<b>1 514 286</b>	<b>1 551 296</b>	<b>1 698 288</b>	<b>1 860 828</b>

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

R thousand	Outcome			Main appropriation	Adjusted appropriation	Revised estimate	Medium-term estimates		
	2013/14	2014/15	2015/16	2016/17	2016/17	2016/17	2017/18	2018/19	2019/20
<b>Current payments</b>	<b>209 550</b>	<b>220 078</b>	<b>1 230 325</b>	<b>1 286 086</b>	<b>1 327 936</b>	<b>1 459 072</b>	<b>1 437 112</b>	<b>1 601 453</b>	<b>1 713 962</b>
Compensation of employees	110 767	120 461	851 808	955 471	955 221	980 221	982 406	1 041 402	1 134 180
Salaries and wages	98 859	107 515	746 667	940 239	856 935	873 297	964 413	1 024 481	1 116 108
Social contributions	11 908	12 946	105 141	15 232	98 286	106 924	17 993	16 921	18 072
Goods and services	98 783	99 617	378 007	330 579	372 588	478 665	454 651	559 993	579 721
Administrative fees	-	-	39	71	111	112	60	48	53
Advertising	-	-	11	-	57	57	-	166	176
Minor assets	371	363	794	468	877	877	1 510	628	1 290
Audit cost: External	-	-	1 009	-	-	-	1 000	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-2	41	50	8	8	50	128	135
Communication (G&S)	67	55	4 102	3 798	4 192	5 479	4 101	4 133	4 373
Computer services	-	-	181	100	100	100	-	-	-
Consultants and professional services: Business and advisory services	-	-	8	63	63	63	60	-	24
Infrastructure and planning	-	-	-	-	-	-	-	-	-
Laboratory services	6 304	6 080	46 472	89 839	29 095	48 853	50 397	72 371	87 917
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	1 695	1 000	1 000	1 000	1 056	1 167	1 658
Contractors	16 357	12 315	14 330	3 499	18 851	23 169	4 000	4 562	6 414
Agency and support / outsourced services	22 869	17 963	75 933	53 057	62 846	89 319	71 444	89 862	114 553
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	5	3	4 472	19 579	16 153	16 152	12 201	16 509	19 725
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	255	-	1 866	103	397	397	1 050	1 464	279
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	51	45	829	599	1 116	1 407	1 250	342	362
Inventory: Fuel, oil and gas	13	6	9 014	10 124	7 085	12 775	12 774	16 078	18 953
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	137	30	816	917	1 484	1 485	1 207	324	343
Inventory: Medical supplies	31 664	35 041	97 843	53 023	98 803	123 738	123 277	170 632	133 078
Inventory: Medicine	12 029	16 179	45 352	35 062	49 101	49 490	61 601	81 865	96 809
Medicines inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	4 825	5 315	-	234	-	-	-
Consumable supplies	1 412	881	19 931	13 409	16 314	27 532	17 807	22 394	22 526
Consumable: Stationery, printing and office supplies	181	258	2 862	3 140	4 332	4 332	3 919	4 558	4 822
Operating leases	379	2 302	3 778	600	14 379	15 661	6 020	8 649	8 410
Property payments	2 519	2 605	36 533	32 894	42 244	51 929	75 579	61 569	54 220
Transport provided: Departmental activity	3 789	5 282	170	190	300	300	200	149	348
Travel and subsistence	346	183	2 668	1 119	1 257	1 257	1 298	1 305	1 426
Training and development	-	-	200	154	203	204	200	2	219
Operating payments	35	28	2 233	2 364	2 220	2 735	2 590	1 088	1 574
Venues and facilities	-	-	-	42	-	-	-	-	34
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	510	36	127	186	55	58	61
Interest	-	-	510	36	127	186	55	58	61
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>-</b>	<b>456</b>	<b>4 024</b>	<b>3 332</b>	<b>3 562</b>	<b>4 249</b>	<b>3 500</b>	<b>3 587</b>	<b>3 788</b>
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	-	456	4 024	3 332	3 562	4 249	3 500	3 587	3 788
Social benefits	-	456	4 024	3 332	3 562	4 249	3 500	3 587	3 788
Other transfers to households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>33 835</b>	<b>16 727</b>	<b>12 973</b>	<b>30 905</b>	<b>28 068</b>	<b>28 068</b>	<b>32 235</b>	<b>35 126</b>	<b>46 156</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	33 835	16 727	12 973	30 905	28 068	28 068	32 235	35 126	46 156
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	33 835	16 727	12 973	30 905	28 068	28 068	32 235	35 126	46 156
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>243 385</b>	<b>237 261</b>	<b>1 247 322</b>	<b>1 320 323</b>	<b>1 359 566</b>	<b>1 491 389</b>	<b>1 472 847</b>	<b>1 640 166</b>	<b>1 763 906</b>

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		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
<b>Current payments</b>	<b>214 537</b>	<b>203 338</b>	<b>202 022</b>	<b>231 525</b>	<b>227 367</b>	<b>233 225</b>	<b>221 209</b>	<b>246 476</b>	<b>261 602</b>
Compensation of employees	144 658	135 078	126 798	141 024	135 024	135 213	130 553	138 491	148 683
Salaries and wages	129 006	122 496	113 798	109 610	105 452	109 072	97 568	103 593	111 412
Social contributions	15 652	12 582	13 000	31 414	29 572	26 141	32 985	34 898	37 271
Goods and services	69 875	68 260	75 017	90 472	92 309	97 978	90 589	107 955	112 887
Administrative fees	719	4 416	325	561	671	665	491	467	494
Advertising	631	7	15	66	346	346	107	7	7
Minor assets	1 013	1 469	262	3 065	3 524	3 527	3 935	651	689
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	1 167	1 114	489	689	414	414	396	922	975
Communication (G&S)	1 127	1 227	1 428	1 668	1 751	1 748	2 574	2 883	3 050
Computer services	-	68	-	-	50	50	-	-	-
Consultants and professional services: Business and advisory services	-	-	-	50	50	50	-	-	-
Infrastructure and planning	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	320	1 745	4 697	18 494	11 380	10 581	10 761	14 545	10 388
Agency and support / outsourced services	4 062	4 618	5 570	5 620	5 834	5 834	5 739	14 642	16 491
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	3 392	1 707	574	3 642	1 328	1 328	3 697	5 379	5 691
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	3 939	4 005	4 164	4 175	4 033	4 033	1 000	-	-
Inventory: Farming supplies	4	-	-	30	35	77	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	9	9	10
Inventory: Fuel, oil and gas	31	24	32	55	55	55	83	162	171
Inventory: Learner and teacher support material	110	-	1 771	1 800	3 628	3 628	2 300	-	-
Inventory: Materials and supplies	579	420	546	563	1 032	1 032	1 015	673	733
Inventory: Medical supplies	433	301	128	355	449	449	427	450	476
Inventory: Medicine	-	-	25	-	-	-	-	35	37
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	1 687	1 252	1 246	1 327	2 034	2 034	2 572	1 555	1 786
Consumable: Stationery, printing and office supplies	5 333	4 436	7 674	6 226	6 998	6 999	6 051	6 455	7 239
Operating leases	12 234	12 356	16 934	12 659	15 598	18 249	14 142	15 788	16 764
Property payments	12 893	10 905	13 073	13 627	16 467	18 026	12 093	18 968	21 068
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	13 718	11 468	13 256	13 410	13 712	15 933	19 869	19 956	22 113
Training and development	3 843	4 801	2 057	1 423	1 978	1 978	2 408	4 408	4 705
Operating payments	833	766	671	841	851	851	800	-	-
Venues and facilities	1 807	1 155	50	126	91	91	120	-	-
Rental and hiring	-	-	30	-	-	-	-	-	-
Interest and rent on land	4	-	207	29	34	34	67	30	32
Interest	4	-	207	29	34	34	67	30	32
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>89 236</b>	<b>69 228</b>	<b>116 535</b>	<b>158 978</b>	<b>244 692</b>	<b>256 801</b>	<b>190 842</b>	<b>191 636</b>	<b>199 200</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	1 969	10 429	16 762	16 762	16 762	19 953	24 877	26 270
Social security funds	-	-	-	-	-	-	-	-	-
Provide list of entities receiving transfers	-	1 969	10 429	16 762	16 762	16 762	19 953	24 877	26 270
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	89 236	67 259	106 106	142 216	227 930	240 039	170 889	166 759	172 930
Social benefits	61 339	1 081	883	840	928	723	2 200	1 500	1 800
Other transfers to households	27 897	66 178	105 223	141 376	227 002	239 316	168 689	165 259	171 130
<b>Payments for capital assets</b>	<b>1 538</b>	<b>3 624</b>	<b>1 032</b>	<b>3 061</b>	<b>1 651</b>	<b>1 651</b>	<b>6 089</b>	<b>4 481</b>	<b>4 741</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1 538	3 624	1 032	3 061	1 651	1 651	6 089	4 481	4 741
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	1 538	3 624	1 032	3 061	1 651	1 651	6 089	4 481	4 741
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	-	-	-	-	-	-	-	-	-
<b>Total economic classification</b>	<b>305 311</b>	<b>276 190</b>	<b>319 589</b>	<b>393 564</b>	<b>473 710</b>	<b>491 677</b>	<b>418 140</b>	<b>442 593</b>	<b>465 543</b>

## 2017/18 Estimates of Provincial Revenue and Expenditure

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		
	2013/14	2014/15	2015/16	2016/17	2016/17	2016/17	2017/18	2018/19	2019/20
<b>Current payments</b>	<b>107 559</b>	<b>111 361</b>	<b>119 631</b>	<b>215 323</b>	<b>214 452</b>	<b>248 963</b>	<b>236 783</b>	<b>248 740</b>	<b>302 442</b>
Compensation of employees	44 803	47 591	46 477	51 318	46 818	51 227	54 124	56 443	69 005
Salaries and wages	37 808	40 276	38 962	44 853	38 728	42 988	47 335	49 261	61 334
Social contributions	6 995	7 315	7 515	6 465	8 090	8 239	6 789	7 182	7 671
Goods and services	62 744	63 735	73 143	163 996	167 619	197 721	182 653	192 296	233 436
Administrative fees	29	8	25	80	85	85	80	33	35
Advertising	27	—	—	—	—	—	—	—	—
Minor assets	14	—	—	284	384	384	251	1 131	1 196
Audit cost: External	—	—	922	—	—	—	—	—	—
Bursaries: Employees	—	—	—	—	—	—	—	—	—
Catering: Departmental activities	204	155	164	120	55	55	15	39	41
Communication (G&S)	927	465	631	439	509	509	478	265	280
Computer services	26 396	25 649	20 815	32 126	32 016	32 016	19 869	29 829	31 559
Consultants and professional services: Business and advisory services	3 430	—	—	—	—	—	—	—	—
Infrastructure and planning	—	—	—	—	—	—	—	—	—
Laboratory services	—	—	4 764	—	—	—	—	—	—
Scientific and technological services	—	—	—	—	—	—	—	—	—
Legal services	—	2 597	—	—	—	—	—	—	—
Contractors	1 965	8 915	8 208	7 459	10 715	10 515	14 353	8 161	8 634
Agency and support / outsourced services	2 779	2 072	9 954	4 800	4 200	4 200	6 700	3 673	3 886
Entertainment	—	—	—	—	—	—	—	—	—
Fleet services (including government motor transport)	611	398	589	655	655	655	301	386	408
Housing	—	—	—	—	—	—	—	—	—
Inventory: Clothing material and accessories	3	448	157	359	659	659	318	—	—
Inventory: Farming supplies	38	—	—	—	—	—	—	—	—
Inventory: Food and food supplies	—	—	—	6	6	6	5	6	6
Inventory: Fuel, oil and gas	—	—	856	60	60	60	50	34	36
Inventory: Learner and teacher support material	—	—	—	—	—	—	—	—	—
Inventory: Materials and supplies	805	1 808	1 353	2 217	3 777	3 977	4 132	3 098	3 277
Inventory: Medical supplies	12 574	15 534	9 325	10 884	18 984	33 927	25 274	29 576	31 291
Inventory: Medicine	10	—	—	90 000	82 000	95 295	91 520	95 527	130 953
Medsas inventory interface	—	—	—	—	—	—	—	—	—
Inventory: Other supplies	—	—	—	—	—	—	—	—	—
Consumable supplies	2 519	639	1 217	1 290	1 939	1 939	3 600	6 535	6 913
Consumable: Stationery, printing and office supplies	433	446	1 360	2 227	2 059	2 063	2 689	760	803
Operating leases	2 029	804	1 120	74	74	81	144	87	92
Property payments	7 426	3 262	11 264	10 092	8 652	10 512	12 430	11 532	12 308
Transport provided: Departmental activity	—	—	—	—	—	—	—	—	—
Travel and subsistence	286	407	315	580	540	533	443	550	582
Training and development	119	55	104	206	184	184	—	28	30
Operating payments	99	40	—	36	20	20	1	1 044	1 104
Venues and facilities	—	3	—	2	2	2	—	2	2
Rental and hiring	21	30	—	—	44	44	—	—	—
Interest and rent on land	12	35	11	9	15	15	6	1	1
Interest	12	35	11	9	15	15	6	1	1
Rent on land	—	—	—	—	—	—	—	—	—
<b>Transfers and subsidies</b>	<b>71</b>	<b>190</b>	<b>114</b>	<b>130</b>	<b>151</b>	<b>182</b>	<b>139</b>	<b>157</b>	<b>166</b>
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	71	190	114	130	151	182	139	157	166
Social benefits	71	190	114	130	151	182	139	157	166
Other transfers to households	—	—	—	—	—	—	—	—	—
<b>Payments for capital assets</b>	<b>18 615</b>	<b>12 985</b>	<b>1 958</b>	<b>18 701</b>	<b>6 588</b>	<b>6 588</b>	<b>24 316</b>	<b>20 849</b>	<b>22 058</b>
Buildings and other fixed structures	—	—	—	1 500	—	—	—	—	—
Buildings	—	—	—	—	—	—	—	—	—
Other fixed structures	—	—	—	1 500	—	—	—	—	—
Machinery and equipment	18 615	12 985	1 958	17 201	6 588	6 588	24 316	20 849	22 058
Transport equipment	13 956	9 578	1 497	13 848	—	1	15 190	13 426	14 205
Other machinery and equipment	4 659	3 407	461	3 353	6 588	6 587	9 126	7 423	7 853
Heritage Assets	—	—	—	—	—	—	—	—	—
Specialised military assets	—	—	—	—	—	—	—	—	—
Biological assets	—	—	—	—	—	—	—	—	—
Land and sub-soil assets	—	—	—	—	—	—	—	—	—
Software and other intangible assets	—	—	—	—	—	—	—	—	—
<b>Payments for financial assets</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>	<b>—</b>
<b>Total economic classification</b>	<b>126 245</b>	<b>124 536</b>	<b>121 703</b>	<b>234 154</b>	<b>221 191</b>	<b>255 733</b>	<b>261 238</b>	<b>269 746</b>	<b>324 666</b>

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		
	2013/14	2014/15	2015/16				2017/18	2018/19	2019/20
<b>Current payments</b>	<b>84 516</b>	<b>86 626</b>	<b>114 712</b>	<b>68 581</b>	<b>68 581</b>	<b>72 287</b>	<b>86 627</b>	<b>97 598</b>	<b>99 915</b>
Compensation of employees	19 338	17 305	13 249	28 000	28 000	28 000	22 067	29 656	29 657
Salaries and wages	18 211	15 537	12 226	21 000	21 060	21 060	14 990	22 169	21 661
Social contributions	1 127	1 768	1 023	7 000	6 940	6 940	7 077	7 487	7 996
Goods and services	65 178	69 321	101 463	40 581	40 581	44 287	64 560	67 942	70 258
Administrative fees	9	47	76	100	100	100	-	-	-
Advertising	-	239	261	300	400	400	108	114	121
Minor assets	499	2 265	1 075	5 395	4 395	4 395	3 559	3 861	4 085
Audit cost: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	199	80	68	200	200	200	108	114	121
Communication (G&S)	11	6	-	1 000	50	50	-	-	-
Computer services	-	-	-	-	-	-	-	-	-
Consultants and professional services: Business and advisory services	-	-	-	-	-	-	-	-	-
Infrastructure and planning	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	1 472	-	-	-	-	-	-	-	-
Contractors	2 387	979	76 965	-	630	630	23 312	16 143	15 064
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	13	11	-	5	20	20	-	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	451	-	1 652	1 100	1 100	1 100	-	-	-
Inventory: Medical supplies	573	856	-	550	550	550	97	103	108
Inventory: Medicine	-605	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	269	825	503	-	1 005	1 005	-	-	-
Consumable: Stationery, printing and office supplies	477	370	385	50	35	35	129	136	144
Operating leases	2 049	3 250	-	-	-	-	-	-	-
Property payments	54 069	56 743	19 290	28 981	28 796	32 501	34 912	45 000	48 000
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	1 221	1 218	1 040	1 500	1 600	1 600	2 120	2 244	2 374
Training and development	1 459	652	138	1 300	1 300	1 301	215	227	241
Operating payments	30	-	-	-	300	300	-	-	-
Venues and facilities	226	11	10	100	100	100	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
<b>Transfers and subsidies</b>	<b>122</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
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	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	<b>910 276</b>	<b>497 385</b>	<b>626 817</b>	<b>476 531</b>	<b>498 909</b>	<b>541 684</b>	<b>544 120</b>	<b>506 606</b>	<b>538 331</b>
Buildings and other fixed structures	904 094	475 338	616 753	466 231	488 609	531 384	512 036	472 661	502 417
Buildings	904 094	475 338	584 276	466 231	488 609	531 384	512 036	472 661	502 417
Other fixed structures	-	-	32 477	-	-	-	-	-	-
Machinery and equipment	6 182	22 047	10 064	10 300	10 300	10 300	32 084	33 945	35 914
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	6 182	22 047	10 064	10 300	10 300	10 300	32 084	33 945	35 914
Heritage Assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and sub-soil assets	-	-	-	-	-	-	-	-	-
Software and other intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total economic classification</b>	<b>994 914</b>	<b>584 011</b>	<b>741 529</b>	<b>545 112</b>	<b>567 490</b>	<b>613 971</b>	<b>630 747</b>	<b>604 204</b>	<b>638 246</b>

Table B.5: HEALTH - Payments of infrastructure by category

Project No.	Project name	Project Status	Ward Number	VTSD Type	Municipality / Region	Economic Classification (Building and Other Fixed Structures, Goods & Services, Plant, Machinery & Equipment, COE)	Type of infrastructure	Project duration		Source of funding	Budget programme name	Implementing Agent	Total project cost	Expenditure to date from previous years	Total Available 2017/18	MTF Forward estimates	
								Date: Start	Date: Finish							MTF 2018/19	MTF 2019/20
1. New infrastructure assets																	
1	HRG Grant Management	Construction 1% - 25% Construction 76% - 98%	N/A	N/A	Provincial	Compensation of Employees	Grant Management for the whole New Clinic with extended package that includes maternity	01/04/2014	31-Mar-16	Health Facility Realisation Grant	Health Facilities Management	NW/DoH	127 086	153 082	28 000	30 000	32 000
2	Lekgophong Clinic	Construction 76% - 98%	1	V	Ramotshere Moiboa	Building and Other Fixed Structures		01/06/2013	31-May-15	Equitable Share	Health Facilities Management	NW/DoH	9 302	16 643	100	-	-
3	Buxton Clinic	Construction 76% - 98%	6	V	Lekwa Tsemane	Building and Other Fixed Structures	New Clinic	01/09/2012	31-May-15	Equitable Share	Health Facilities Management	NW/DoH	17 316	30 966	50	-	-
4	Tweelingspan Clinic	Construction 76% - 99%	7	V	Dr Ruth Segomotsi Moropoti District Municipality	Building and Other Fixed Structures	New Clinic	01/09/2012	31-Mar-15	Equitable Share	Health Facilities Management	NW/DoH	19 675	37 422	100	-	-
5	Mosweu Clinic	Construction 76% - 99%	8	V	Ramotshere Moiboa	Building and Other Fixed Structures	New Clinic	01/06/2013	31-May-15	Equitable Share	Health Facilities Management	NW/DoH	8 804	13 854	300	-	-
6	Jouberton Ext 21	Tender	5	T	Matlosana	Building and Other Fixed Structures	New CHC	21/07/2015	28-Feb-17	Health Facility Realisation Grant	Health Facilities Management	NW/DoH	99 556	14 552	51 924	3 000	-
7	Bris Hospital Staff Housing	Construction 1% - 25% Construction 76% - 98%	23	SD	Madibeng	Building and Other Fixed Structures	Bachelor Flats, two bedroom flats, 3 bedrooms flats as well as Recreational facilities	01/04/2015	31-May-17	Health Facility Realisation Grant	Health Facilities Management	NW/DoH	203 840	43 099	74 850	65 000	-
8	Mediba A Makgalana	Construction 76% - 98%	26	V	Matleng	Building and Other Fixed Structures	New Clinic	01/05/2013	30-Apr-15	Equitable Share	Health Facilities Management	NW/DoH	11 407	18 009	100	-	-
9	Lichtenburg(General Delany Hospital)	Design	3	SD	Disabotla	Building and Other Fixed Structures	Replacement Hospital	01/11/2015	30-Jun-18	Health Facility Realisation Grant	Health Facilities Management	NW/DoH	520 000	42 820	1 994	49 015	101 891
10	Seking CHC	Construction 26% - 50%	21	V	Greater Taung	Building and Other Fixed Structures	New CHC	01/09/2012	30-Aug-15	Health Facility Realisation Grant	Health Facilities Management	NW/DoH	100 027	121 530	1 620	-	-
11	Maquassi Hills CHC	Tender	1	V	Maquass Hills	Building and Other Fixed Structures	New CHC	21/07/2015	28-Feb-17	Health Facility Realisation Grant	Health Facilities Management	NW/DoH	90 000	14 552	-	54 528	67 977
12	Moshana Clinic	Construction 26% - 50%	2	V	Ramotshere Moiboa	Building and Other Fixed Structures	New Clinic	01/04/2014	30-Jun-15	Equitable Share	Health Facilities Management	NW/DoH	27 946	15 574	500	-	-
13	Klipgat CHC	Feasibility	24	V	Madibeng	Building and Other Fixed Structures	New CHC	01/03/2017	28-Sep-18	Health Facility Realisation Grant	Health Facilities Management	NW/DoH	75 000	-	-	4 000	8 384
14	Bophelong Psychiatric Hospital Phase II (Package B)	Construction 1% - 25%	21	SD	Matleng	Building and Other Fixed Structures	New Psychiatric Hospital - Staff Accommodation	03/09/2015	30-Aug-17	Health Facility Realisation Grant	Health Facilities Management	NW/DoH	166 000	-	84 512	14 900	-
15	Mmakauwane Clinic	Construction 1% - 25% Tender	8	V	Moretele	Building and Other Fixed Structures	New Clinic	01/04/2015	31-Jul-16	Equitable Share	Health Facilities Management	NW/DoH	26 619	-	3 790	-	-
16	Madikwe Clinic		19	V	Moses Kotane	Building and Other Fixed Structures	New Clinic	01/04/2015	31-Jul-16	Equitable Share	Health Facilities Management	NW/DoH	24 000	-	10 453	19 700	-
17	Weteregen	Construction 1% - 25%	24	V	Matleng	Building and Other Fixed Structures	New Clinic	01/04/2015	31-Jul-16	Equitable Share	Health Facilities Management	NW/DoH	24 619	-	2 200	-	-
18	Mathibisaat CHC-HT	Tender	12	T	Moretele	Machinery and Equipment	HT,OD & QA	01/04/2015	31-Mar-16	Health Facility Realisation Grant	Health Facilities Management	NW/DoH	5 500	-	2 000	-	-
19	Seking CHC HT	Tender	21	V	Greater Taung	Machinery and Equipment	HT,OD & QA	01/04/2015	31-Mar-16	Health Facility Realisation Grant	Health Facilities Management	NW/DoH	5 078	-	500	-	-
20	Seking CHC QA	Tender	21	V	Greater Taung	Goods & Services	HT,OD & QA	00/01/1900	0-Jan-00	Health Facility Realisation Grant	Health Facilities Management	NW/DoH	-	-	500	-	-

Table B.5: HEALTH - Payments of infrastructure by category

Project No.	Project name	Project Status	Ward Number	VTSD Type	Municipality/ Region	Economic Classification (Building and Other Fixed Structures, Goods & Services, Plant, Machinery & Equipment, COE)	Type of infrastructure	Project duration		Source of funding	Budget programme name	Implementing Agent	Total project cost	Expenditure to date from previous years	Total Available	Forward estimates	
								Date: Start	Date: Finish							MTF 2018/19	MTF 2019/20
1. New infrastructure assets																	
21	Mathibislad IT	Tender	12	T	Moretele	Goods & Services	IT Infrastructure	01/04/2015	31-Mar-16	Health Facility Renovatisation Grant	Health Facilities Management	NW DoH	6 301	-	2 000	-	-
22	Mostara Clinic HT	Tender	2	V	Ranotshele Molea	Machinery and Equipment	HTCO & QA	01/04/2015	31-Mar-16	Equitable Share	Health Facilities Management	NW DoH	2 200	-	500	-	-
23	Bophelong Hospital HT	Tender	21	SD	Mafikeng	Machinery and Equipment	HTCO & QA	01/04/2015	31-Mar-16	Health Facility Renovatisation Grant	Health Facilities Management	NW DoH	15 000	-	4 000	-	-
24	Bophelong Hospital QA	Tender	21	SD	Mafikeng	Goods & Services	HTCO & QA	00/01/1900	0-Jan-00	Health Facility Renovatisation Grant	Health Facilities Management	NW DoH	-	-	500	-	-
25	Mmekganyane Clinic HT	Feasibility	8	V	Moretele	Machinery and Equipment	HTCO & QA	01/04/2016	31-Mar-17	Equitable Share	Health Facilities Management	NW DoH	2 250	-	1 000	-	-
26	Madikwe Clinic HT	Feasibility	19	V	Moses Kotane	Machinery and Equipment	HTCO & QA	01/04/2016	31-Mar-17	Equitable Share	Health Facilities Management	NW DoH	1 700	-	1 500	-	-
27	Mouling Clinic	Feasibility	9	V	Moses Kotane	Building and Other Fixed Structures	New Clinic	01/04/2017	30-Sep-18	Equitable Share	Health Facilities Management	NW DoH	20 000	-	1 797	413	7 000
28	Magobistad CHC	Feasibility	2	V	Ratou	Building and Other Fixed Structures	New CHC	01/04/2017	30-Mar-19	Health Facility Renovatisation Grant	Health Facilities Management	NW DoH	100 000	-	-	-	2 000
29	Bophelong Psychiatric Hospital Phase II	Feasibility	21	SD	Mafikeng	Building and Other Fixed Structures	Last Phase of Hospital	01/08/2018	30-Nov-19	Health Facility Renovatisation Grant	Health Facilities Management	NW DoH	140 000	-	-	40 000	92 794
30	Wettersden Clinic HT	Feasibility	24	V	Mafikeng	Goods & Services	HTCO & QA	01/04/2016	31-Mar-17	Equitable Share	Health Facilities Management	NW DoH	2 000	-	500	-	-
31	Ganyesa CHC	Feasibility	4	T	Kagisano Molepo	Building and Other Fixed Structures	New CHC	01/04/2017	31-Mar-19	Health Facility Renovatisation Grant	Health Facilities Management	NW DoH	100 000	-	5 100	14 203	18 000
32	Moswedi Clinic Rebuild	Planning	9	V	Ranotshele Molea (NW385)	Building and Other Fixed Structures	New Clinic	00/01/1900	0-Jan-00	Equitable Share	Health Facilities Management	NW DoH	-	-	5 794	15 340	8 706
33	Madikwe Clinic OD	Feasibility	19	V	Moses Kotane	Goods & Services	HTCO & QA	01/04/2016	31-Mar-17	Equitable Share	Health Facilities Management	NW DoH	750	-	750	-	-
34	Madikwe Clinic QA	Feasibility	19	V	Moses Kotane	Goods & Services	HTCO & QA	01/04/2016	31-Mar-17	Equitable Share	Health Facilities Management	NW DoH	400	-	400	-	-
35	Kopela Clinic Replace	Planning	4	V	Tswaing Local Municipality	Building and Other Fixed Structures	New Clinic	01/08/2017	30-Sep-19	Equitable Share	Health Facilities Management	NW DoH	35 000	-	4 000	16 000	15 000
36	Jouberton Exr 21 - HT	Tender	5	T	Matsiana	Machinery and Equipment	New CHC	01/08/2017	31-May-18	Health Facility Renovatisation Grant	Health Facilities Management	NW DoH	8 000	-	6 000	2 000	-
37	Jouberton Exr 21 - QA	Tender	5	T	Matsiana	Goods & Services	New CHC	01/08/2017	31-May-18	Health Facility Renovatisation Grant	Health Facilities Management	NW DoH	1 000	-	500	500	-
38	Jouberton Exr 21 - OD	Tender	5	T	Matsiana	Goods & Services	New CHC	01/08/2017	31-May-18	Health Facility Renovatisation Grant	Health Facilities Management	NW DoH	500	-	300	200	-
39	Seking CHC ICT	Tender	21	V	Greater Tzang	Goods & Services	IT Infrastructure	30/08/2016	30-Jun-17	Health Facility Renovatisation Grant	Health Facilities Management	NW DoH	7 000	-	500	-	-
40	Mostara Clinic ICT	Tender	2	V	Ranotshele Molea	Goods & Services	ICT	01/04/2016	31-Mar-17	Equitable Share	Health Facilities Management	NW DoH	2 000	-	1 000	-	-



Table B.5: HEALTH - Payments of infrastructure by category

Project No.	Project name	Project Status	Ward Number	VTSD Type	Municipality / Region	Economic Classification (Building and Other Fixed Structures, Goods & Services, Plant, Machinery & Equipment, COE)	Type of Infrastructure	Project duration		Source of funding	Budget programme name	Implementing Agent	Total project cost	Expenditure to date from previous years	Total Available 2017/18	MTEF Forward estimates	
								Date: Start	Date: Finish							MTEF 2018/19	MTEF 2019/20
1. New infrastructure assets																	
41	Buxton Clinic ICT	Construction 76% - 99%	6	V	Greater Tzang	Goods & Services	New Clinic	01/04/2016	31-Mar-17	Equitable Share	Health Facilities Management	NW DoH	2 000	-	800	-	-
42	Brits Hospital Staff Housing HT	Planning	23	SD	Madibeng	Machinery and Equipment	Bachelor Flats, two bedroom flats, 3 bedrooms flats as well as recreational facilities	01/04/2017	31-Mar-19	Health Facility	Health Facilities Management	NW DoH	4 000	-	2 000	2 000	-
43	Brits Hospital New Replace Chiller	Design	23	SD	Madibeng	Building and Other Fixed Structures	New Hospital	01/04/2017	31-Mar-18	Health Facility	Health Facilities Management	NW DoH	2 000	-	2 000	-	-
44	Bophelong Psyc Hosp phase 1A ICT	Tender	21	SD	Mafikeng	Goods & Services	New Psychiatric Hospital	01/04/2017	31-Mar-18	Health Facility	Health Facilities Management	NW DoH	1 000	-	1 000	-	-
45	Bophelong Psyc Hosp phase 1B HT	Tender	21	SD	Mafikeng	Machinery and Equipment	New Psychiatric Hospital	01/04/2017	31-Mar-18	Health Facility	Health Facilities Management	NW DoH	3 500	-	3 500	-	-
Total New infrastructure assets													2 018 396	522 103	308 874	330 799	353 752
2. Upgrades and additions																	
46	Botlekong CHC	Construction 54% - 59%	19	N/A	Rustenburg	Building and Other Fixed Structures	Upgrading and additions to the existing CHC	01/04/2014	31-Mar-16	Health Facility	Health Facilities Management	NW DoH	97 658	54 377	14 100	-	-
47	Gekispan Hospital	Design	25	V	Mafikeng	Building and Other Fixed Structures	Relocation of kitchen, tending & MDR Unit	01/05/2015	31-Mar-17	Health Facility	Health Facilities Management	NW DoH	78 380	10 495	51 850	20 650	-
48	Deleererville Hospital Bulk Pharmacy	Design	9	SD	Tswaing	Building and Other Fixed Structures	Construction of pharmacy as addition/extension to existing hospital	17/08/2015	31-Jul-16	Health Facility	Health Facilities Management	NW DoH	8 000	535	9 400	500	-
49	Venterdorp Bulk Pharmacy	Design	2	SD	Venterdorp	Building and Other Fixed Structures	New Bulk Pharmacy	17/08/2015	31-Jul-16	Health Facility	Health Facilities Management	NW DoH	8 000	558	9 400	500	-
50	Mmatlatho College of Nursing	Tender	2	SD	Mafikeng	Building and Other Fixed Structures	Upgrading of existing facility	01/10/2015	30-Sep-17	Health Facility	Health Facilities Management	NW DoH	235 000	49 489	38 792	5 000	-
51	Job Shikankane Tabane (Maternal Obstet)	Design	17	N/A	Rustenburg	Building and Other Fixed Structures	Upgrading and additions to the existing CHC	01/08/2015	31-May-17	Health Facility	Health Facilities Management	NW DoH	162 000	4 566	5 500	47 550	46 615
52	Botlekong CHC HT	Tender	19	N/A	Rustenburg	Machinery and Equipment	Upgrading of existing facility	01/04/2015	31-May-15	Health Facility	Health Facilities Management	NW DoH	7 000	24 382	1 000	-	-
53	Botlekong CHC QA	Tender	19	N/A	Rustenburg	Goods & Services	Upgrading of existing facility	00/01/1900	0-Jan-00	Health Facility	Health Facilities Management	NW DoH	-	-	1 000	-	-
54	JST Hosp. HT	Tender	17	N/A	Rustenburg	Machinery and Equipment	HT, OD & QA	01/04/2015	31-Mar-16	Health Facility	Health Facilities Management	NW DoH	10 000	-	3 500	-	-
55	Witrand Hosp. HT	Tender	4	N/A	Tlokwe	Machinery and Equipment	HT, OD & QA	01/04/2015	31-Mar-16	Health Facility	Health Facilities Management	NW DoH	1 000	-	4 000	-	-
56	Marcus Zenile	Tender	24	T	Tlokwe	Building and Other Fixed Structures	Upgrade of Clinic	01/01/2017	31-Mar-18	Health Facility	Health Facilities Management	NW DoH	12 000	-	5 278	-	-
57	Steve Tshwete Clinic	Tender	23	T	Tlokwe	Building and Other Fixed Structures	Upgrade of Clinic	00/01/1900	0-Jan-00	Health Facility	Health Facilities Management	NW DoH	-	-	5 695	-	-
58	Promosa Clinic	Feasibility	17	N/A	Tlokwe	Building and Other Fixed Structures	Upgrade of Clinic	01/01/2017	31-Mar-18	Equitable Share	Health Facilities Management	NW DoH	12 000	-	-	-	25 000
59	Logageng Clinic	Feasibility	2	V	Ratou	Building and Other Fixed Structures	HT, OD & QA	01/06/2016	30-Nov-17	Equitable Share	Health Facilities Management	NW DoH	25 000	-	-	6 930	5 673
60	Deelpan Clinic	Feasibility	1	V	Tswaing	Building and Other Fixed Structures	Upgrade of Clinic	01/06/2017	31-Aug-18	Health Facility	Health Facilities Management	NW DoH	-	-	1 503	19 375	8 706

Table B.5: HEALTH - Payments of infrastructure by category

Project No.	Project name	Project Status	Ward Number	VTSD Type	Municipality / Region	Economic Classification (Building and Other Fixed Structures, Goods & Services, Plant, Machinery & Equipment, COE)	Type of infrastructure	Project duration		Source of funding	Budget programme name	Implementing Agent	Total project cost	Expenditure to date from previous years	Total Available 2017/18	MTEF Forward estimates		
								Date: Start	Date: Finish							MTEF 2018/19	MTEF 2019/20	
2. Upgrades and additions																		
61	Ventersdorp Hospital	Feasibility	2	SD	Ventersdorp	Building and Other Fixed Structures	Upgrade of Hospital	01/04/2017	30-Jan-19	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	100 000	-	-	-	4 000	
62	MPH upgrade renal unit	Planning	2	SD	Mafikeng	Building and Other Fixed Structures	Upgrading	01/04/2017	31-Aug-19	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	15 000	-	12 000	3 000	-	
63	JST Maternal Obstet. ICT	Design	17	N/A	Rustenburg	Goods & Services	Upgrading and additions to the existing Hospital	01/04/2018	30-Jun-20	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	6 000	-	1 000	5 000	-	
64	JST Upgrade ICT	Design	17	N/A	Rustenburg	Goods & Services	Upgrading of Hospital	01/04/2017	31-Mar-18	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	5 000	3 000	2 000	-	-	
65	Mmabatho College of Nursing HT	Tender	2	SD	Mafikeng	Goods & Services	Upgrading of existing facility	01/04/2017	31-Mar-18	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	4 000	-	4 000	-	-	
Total Upgrades and additions												786 038	147 402	170 018	108 505	89 994		
3. Refurbishment and																		
66	Ileseng CHC. Water Supply	Design	6	T	Disibolola	Building and Other Fixed Structures	Refurbish water supply network	01/04/2015	31-Mar-16	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	4 000	-	500	-	-	
67	Klerksdorp Hosp. Replace Boilers	Tender	7	N/A	Matrosana	Building and Other Fixed Structures	Replace boilers at Hospital	01/04/2015	31-Mar-16	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	9 000	-	800	-	-	
68	Koster Hospital	Feasibility	3	SD	Kgetleng	Building and Other Fixed Structures	Rehabilitate Hospital	01/03/2017	30-Sep-19	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	80 000	-	-	4 500	15 000	
69	Bembotof CHC	Feasibility	6	SD	Lekwa Tsemane	Building and Other Fixed Structures	Rehabilitate existing CHC	01/04/2017	31-Mar-19	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	20 000	-	-	-	10 500	
70	Mafikeng Provincial Hospital Replace Boiler	Design	2	SD	Mafikeng	Building and Other Fixed Structures	Refurbishments	00/01/1900	0-Jan-00	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	-	-	8 000	-	-	
71	JST Hospital Ward 10	Construction 70% - 99%	17	N/A	Rustenburg	Building and Other Fixed Structures	Refurbishment	08/05/2015	31-Jul-17	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	4 000	2 600	2 050	-	-	
72	JST Hospital Ward 10 - HT	Implementation 51% - 75%	17	N/A	Rustenburg	Machinery and Equipment	Refurbishment	08/05/2016	31-Jul-17	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	4 500	3 000	1 500	-	-	
73	Bojanala District Istial Water Schemes	Planning	Numerous	N/A	Bojanala Platinum District Municipality	Building and Other Fixed Structures	Refurbish CHCs and Clinics	01/04/2017	31-Mar-18	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	3 600	-	3 600	-	-	
Total Refurbishment and												125 100	5 600	16 450	4 500	25 500		
4. Maintenance and repairs																		
74	Bojanala Maintenance ES	Construction 1% - 25%	Numerous	N/A	Bojanala Platinum District Municipality	Building and Other Fixed Structures	All Health Facilities	01/05/2015	31-Mar-16	Equitable Share	Health Facilities Management	NW DoH	108 135	69 809	6 678	8 713	8 559	
75	Ngaka Modiri Molema Maintenance ES	Construction 1% - 25%	Numerous	N/A	Ngaka Modiri Molema District Municipality	Building and Other Fixed Structures	All Health Facilities	01/05/2015	31-Mar-16	Equitable Share	Health Facilities Management	NW DoH	83 960	63 132	8 198	10 474	10 984	
76	RSM Maintenance ES	Construction 1% - 25%	Numerous	N/A	Mopani District Municipality	Building and Other Fixed Structures	All Health Facilities	01/05/2015	31-Mar-16	Equitable Share	Health Facilities Management	NW DoH	81 931	52 269	5 732	8 121	9 462	
77	KK Maintenance ES	Construction 1% - 25%	Numerous	N/A	Dr Kenneth Kaunda District Municipality	Building and Other Fixed Structures	All Health Facilities	01/05/2015	31-Mar-16	Equitable Share	Health Facilities Management	NW DoH	113 285	66 032	8 206	11 092	12 096	
78	Office Park Maintenance	Construction 1% - 25%	6	SD	Mafikeng	Building and Other Fixed Structures	All Health Facilities	01/04/2015	31-May-18	Equitable Share	Health Facilities Management	NW DoH	141 641	54 219	5 500	6 000	6 299	
79	Capital Planning Maintenance	Practical Completion (100%)	Numerous	N/A	Provincial	Building and Other Fixed Structures	All Health Facilities	00/01/1900	0-Jan-00	Equitable Share	Health Facilities Management	NW DoH	-	-	-	-	-	
80	Bojanala Maintenance HFRG	Tender	Numerous	N/A	Bojanala Platinum District Municipality	Building and Other Fixed Structures	All Health Facilities	01/04/2015	31-Mar-18	Health Facility Revitalisation Grant	Health Facilities Management	NW DoH	202 687	-	9 000	19 500	21 000	

Table B.5: HEALTH - Payments of Infrastructure by category

81	Ngaka Modiri Molema District	N/A	Numerous	Building and Other Fixed Structures	All Health Facilities	02/01/1900	02/01/1900	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	1 000	19 500	21 500
82	RSM Segomotsi Municipality	N/A	Numerous	Building and Other Fixed Structures	All Health Facilities	02/01/1900	02/01/1900	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	2 000	14 500	21 000
83	Dr Kenneth Kaunda District Municipality	N/A	Numerous	Building and Other Fixed Structures	All Health Facilities	02/01/1900	02/01/1900	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	2 500	20 500	21 500
84	Bogata Plains District Municipality	N/A	Numerous	Building and Other Fixed Structures	All Health Facilities	02/01/1900	02/01/1900	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	3 387	3 387	3 387
85	Dr Kenneth Kaunda District Municipality	N/A	Numerous	Building and Other Fixed Structures	All Health Facilities	02/01/1900	02/01/1900	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	2 420	2 420	2 420
86	Ngaka Modiri Molema District	N/A	Numerous	Building and Other Fixed Structures	All Health Facilities	02/01/1900	02/01/1900	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	3 000	3 000	3 000
87	RSM Segomotsi Municipality	N/A	Numerous	Building and Other Fixed Structures	All Health Facilities	02/01/1900	02/01/1900	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	3 193	3 193	3 193
88	Bogata Plains District Municipality	N/A	Numerous	Building and Other Fixed Structures	All Health Facilities	02/01/1900	02/01/1900	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	2 939	2 939	2 939
89	Dr Kenneth Kaunda District Municipality	N/A	Numerous	Building and Other Fixed Structures	All Health Facilities	02/01/1900	02/01/1900	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	4 571	4 571	4 571
90	Ngaka Modiri Molema District	N/A	Numerous	Building and Other Fixed Structures	All Health Facilities	02/01/1900	02/01/1900	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	4 898	4 898	4 898
91	RSM Segomotsi Municipality	N/A	Numerous	Building and Other Fixed Structures	All Health Facilities	02/01/1900	02/01/1900	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	3 592	3 592	3 592
92	Bogata Plains District Municipality	N/A	Numerous	Building and Other Fixed Structures	Maintenance	01/07/2017	31-Mar-20	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	500	2 000	2 000
93	Dr Kenneth Kaunda District Municipality	N/A	Numerous	Building and Other Fixed Structures	Maintenance	01/07/2017	31-Mar-20	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	500	2 000	2 000
94	Ngaka Modiri Molema District	N/A	Numerous	Building and Other Fixed Structures	Maintenance	01/07/2017	31-Mar-20	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	500	2 000	2 000
95	RSM Segomotsi Municipality	N/A	Numerous	Building and Other Fixed Structures	Maintenance	01/07/2017	31-Mar-20	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	500	2 000	2 000
96	Moos Kotare Municipality	N/A	Numerous	Building and Other Fixed Structures	Maintenance	01/07/2017	31-Mar-20	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	500	2 000	2 000
97	MPH - Maintenance Project	SD	5	Building and Other Fixed Structures	Maintenance	01/04/2016	31-Jun-18	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	5 600	-	-
98	Lehunihe Hosp - Maintenance Project	T	12	Building and Other Fixed Structures	Maintenance	01/04/2016	30-Jun-18	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	7 000	-	-
99	Gelukgan Hosp - Maintenance Project	V	25	Building and Other Fixed Structures	Maintenance	01/04/2016	30-Jun-18	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	5 950	-	-
100	Winand Hospital - Maintenance Project	N/A	4	Building and Other Fixed Structures	Maintenance	01/04/2017	31-Dec-18	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	8 500	-	-
101	Potch Hospital - Maintenance Project	N/A	4	Building and Other Fixed Structures	Maintenance	01/04/2017	31-Dec-18	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	8 500	-	-
102	Joe Morolong Hosp - Maintenance Project	SD	7	Building and Other Fixed Structures	Maintenance	01/04/2016	31-May-18	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	6 000	300	-
103	Schweizer Renke Hos - Maintenance Project	SD	7	Building and Other Fixed Structures	Maintenance	01/04/2016	31-May-18	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	5 000	100	-
104	Tlokgeng CHC - Maintenance Project	N/A	Numerous	Building and Other Fixed Structures	Maintenance	01/04/2017	31-Dec-18	Health Facility Realisation Grant	Health Facilities Management	NW DoH	-	-	3 943	5 000	-
105	Bhe Hospital New Service/ BMS, BMS	N/A	Numerous	Building and Other Fixed Structures	New Hospital	01/04/2017	31-Mar-18	Equitable Share	Health Facilities Management	NW DoH	-	-	815 882	133 405	600 480
<b>Total Maintenance and repairs</b>															
<b>5. Infrastructure transfers - current</b>															
<b>Total Infrastructure transfers - current</b>															
<b>6. Infrastructure transfers - capital</b>															
<b>Total Infrastructure transfers - capital</b>															
<b>7. Infrastructure payments for financial</b>															
<b>Total Infrastructure payments for financial</b>															
<b>8. Infrastructure leases</b>															
<b>Total Infrastructure leases</b>															
<b>9. Non infrastructure</b>															
<b>Total Non infrastructure</b>															
<b>Total Health Infrastructure</b>															
											3 745 406		628 747	604 204	638 246

