

BUDGET STATEMENT NUMBER 2

DEPARTMENTAL ESTIMATES

VOTE NUMBER 6

DEPARTMENT OF HEALTH

Responsible Political Office Bearer:
Administration Department:
Accounting Officer:

Provincial Minister of Health
Department of Health
Head of Department, Department of Health

1. OVERVIEW

Mission

The mission of the department is to promote and maintain the optimal health of all people in the Western Cape Province through the integration of health within the broad context of social reconstruction and development, and by ensuring the provision of a balanced health system and all related services.

Core functions

Delivery of primary health care services including prevention and promotion of a safe and healthy environment. Rendering of hospital services for the province including psychiatric conditions and the severe mentally handicapped.

Delivery of highly specialised hospital services, teaching and research for the country.

Delivery of medical emergency transport and rescue services.

Services should be delivered in a manner which is effective, efficient, equitable, accessible and of satisfactory quality.

Strategic objectives

Key strategic objectives for the MTEF period are:

To stabilise the department following a lengthy period of downsizing.

To improve the health status of the population (e.g. reduce infant mortality rate, maternal mortality rate).

To utilise and strengthen selected business approaches including optimising of revenue generation and retention, efficiency, marketing and public relations, decentralisation with accountability and public private partnerships.

To strengthen the primary health care approach and to make effective basic health care services accessible to all.

To manage patients at the appropriate, most cost-effective level of care (e.g. to progressively shift from the tertiary towards the secondary and primary level).

To progressively rationalise hospital services, ensuring adequate admission rates (80-150 per 1000 per year), while progressively reducing beds per population and length of stay while increasing bed occupancy rates and day cases.

To shape the service in accordance with budgetary allocations to ensure that it will be sustainable.

To improve the quality of health care services.

To improve equity across regions and districts.

To improve control of the HIV and tuberculosis epidemic.

To ensure effective interventions for priority areas such as tuberculosis, nutrition, maternal and child health, reproductive health, mental health, environmental and occupational health.

To ensure community participation and accountability of health services to the provincial government and population.

To progress towards a district health system and decentralise delivery of Primary Health Care services to local government.

Strategic directions with regard to capital expenditure:

To purchase medical (for example MRI scanners at Groote Schuur and Tygerberg Hospital) and computer equipment.

To, with reference to the capital transfer allocation, purchase ambulances (R5 million) and the provide a nominal amount for the respective trading accounts in Programme 3 (Hospital Trading Account: Karl Bremer) and Programme 6 (Central Medical Account).

Strategic directions with regards to funds allocated to Works (Vote 10: Economic Affairs, Agriculture and Tourism, Table 7.3, 7.4 and 7.5) are as follows:

To give priority to erecting new and upgrading existing health care facilities to meet 21st century standards with particular reference to user friendliness and improved patient care.

To alter existing or add new structures to provide generation of income from private patients.

In line with the Batho Pele policy of taking the service to the people, community healthcare centers are being built within established communities.

Statement of key Government outcomes

For the primary health care subprogrammes (subprogrammes 2.1 and 2.2) the key outputs are the number of primary care visits and balance between curative and preventive visits. Numerous other outputs are measured such as children immunised, school children fed etc. Outcomes include tuberculosis cure rate, infant mortality rate, perinatal mortality rate, maternal mortality rate, HIV seroprevalence rate, patient satisfaction and immunisation coverage.

For hospital services (subprogrammes 2.4, 3.1, 3.2 and 4.1) key outputs are numbers of hospital admissions, inpatients days, outpatient visits and patient day equivalents (PDE's). Numerous other outputs are measured such as numbers of operations, deliveries and trauma attendances. Outcomes include patient satisfaction and the level of perinatal mortality.

2. REVIEW 2000/01

This is a summary statement only and more detail is found under the programme descriptions which follow.

The 2000/01 year brought a significant degree of funding stability to health after 4 years of substantial downsizing with the department receiving a real (budget to budget) increase of R69,5 million. This increase was largely used to repay local authority debt (R43,2 million) and for a new Provincial conditional grant for medical equipment (R33,7 million). The budget of R3,322 million was equivalent to R1 064 per capita per year (public sector users only) and this includes conditional grants, which fund supra-regional functions. Revenue retention has been implemented and this has laid a basis for future revenue growth.

The Public Finance Management Act, 1999 (Act 1 of 1999) (PFMA) has been implemented from 1 April 2000 and the department's implementation plan accepted by Provincial Treasury. The department has issued approximately 60-70 finance instructions in terms of the PFMA, the National Treasury Regulations and Provincial Treasury directives. Delegations of powers are in the process of being issued.

The increased fiscal stability has halted the progressive cycle of personnel reductions and bed closures of the past 4 years and brought greater stability. This is shown in Table 1. The small addition in filled posts in 2000/01 is due mainly to the provincialisation of 142 ambulance posts.

Date	Filled posts	Cumulative personnel reduction since 1995	Hospital beds (actual)	Cumulative bed reduction since 1995
Apr-95	33295	N/A	14744	0
Apr-96	32557	738	14380	364
Apr-97	29564	3731	12954	1790
Apr-98	26988	6307	11908	2836
Apr-99	24661	8634	11240	3504
Apr-00	24013	9282	10852	3892
Oct-00	24122	9173		

The department bids farewell to Dr. Sutcliffe who has led it through the first 5 years of transition and express its deepest thanks to him for his contributions. A new management structure has been developed by creation and filling of new posts (Transformation 2000). Provincial management has appointed a Chief Financial Officer and a business manager. The 4 regional offices are now firmly established, the smallest being in West Coast with 32 employees. The department spends 2 to 3% (excluding exceptional items) of its budget on management, the lowest of all nine provinces. The department has developed a revised strategic plan (Green Book) which builds on the Provincial health plan.

Access to Primary Health Care (PHC) services (see programme 2) continues to improve. The Green Point and Kraaifontein Community Health Centres (CHC) have been fully commissioned. The Vanguard Community Health Centre opened consolidating services from Langa, Bonteheuwel and St. Monica's Maternity Home. An additional 62 PHC nurses were employed to improve the staffing at CHC's. A frail care centre has been opened in Paarl. Community service for dentists was implemented with the first group of 10. PHC outputs include 10.2 million primary care visits per year, 391 000 tuberculosis visits, 160 000 mental health visits, 291 000 antenatal visits, treating 31 000 underweight children, 113 000 patients with sexually transmitted infections and fully immunising 74 000 infants per year (1999/00 data – 2000/01 incomplete).

The department earmarked R9 million for specific HIV prevention and control programs. This has helped to operationalise key aspects of the programme including non-governmental organisation's (NGO's) support, condom distribution, voluntary counseling and testing and the Maternal to Child Transmission Prevention project in Khayelitsha. The latter has generated substantial interest. The project was rolled out to Guguletu in January 2001. Antenatal seroprevalence of HIV infection in the province was 7.1% among those randomly surveyed, increasing from 5.2% in 1998. The national average is 22.4%. The 2000 survey has been expanded in this province to improve information about the frequency and distribution of the disease.

The tuberculosis programme has achieved significant successes with 98% bacteriology coverage rates, laboratory diagnosis times radically reduced from 2 weeks to 48 hours, rollout of model demonstration districts and cure rate increased to 71%. Approximately 30 000 patients are treated per year. However of substantial concern is the exacerbation of the epidemic with HIV infection. Attempts to reduce treatment interruption rates from 20% to 15% are under way.

Provincialisation of ambulance services of the Cape Metropolitan Council was effected on 1 November 2000. Provincialisation of other local authority ambulance services has been the subject of lengthy negotiation between employers and labour. Delays have made cost control in the ambulance service more difficult. While R27 million debt to local authorities has been paid off in the 2000/01 year, additional claims have been received. The Emergency Medical Services Academy has been relocated to the site of the previous Sarley Dollie Nursing College.

Access to hospital services (see programmes 2, 3 and 4) have improved with the re-opening of 26 beds at Westfleur Hospital. The Westlake hospital site has been successfully closed and services relocated to the Conradie site. Academic hospitals, which have faced the greatest downsizing pressure over the past 4 years, have had difficulty in achieving the budget target and were allocated an additional R24 million in an adjustment budget. Lengthy closures of academic hospitals for elective non-emergency admissions over the December period are of concern. A new Health Information System (HIS) is in the process of being implemented in the academic hospitals. The recent National Health Accounts compared hospitals across the country and reported that the Western Cape was functioning relatively well in terms of technical efficiency, bed occupancy and turnover. Hospitals manage 390 000 admissions, 3,2 million inpatient days, 112 000 operations, 1,6 million outpatient visits, 665 000 trauma visits and 542 000 radiological procedures per year (99/00 data, 2000 year

The table shows progressive efficiency improvements in hospital services. Length of stay is progressively being reduced while admissions per post and per bed have progressively increased.

Efficiency indicators

	1996/97	1997/98	1998/99	1999/2000
	%	%	%	%
Average length of stay (days including chronic hospitals)	9.30	8.60	8.40	8.20
Admissions per post	16.00	17.20	19.60	20.00
Bed turnover (admissions/bed)	31.30	32.60	34.10	35.60
Bed occupancy rate	79.50	76.70	78.40	79.90

The R33,7 million provincial conditional grant for medical equipment was used to significantly upgrade the radiological facilities in the Western Cape. Purchases include a new cardiac catheterisation laboratory at Groote Schuur, a gamma camera for Red Cross Hospital, a spiral Computerised Tomographic (CAT) scanner for Tygerberg and a lithotripter. This has improved morale.

A R44,1 million provincial conditional grant was made to the Works Department for rehabilitating health facilities. This has helped to alleviate maintenance backlogs. However recent national and provincial studies show substantial maintenance backlogs estimated at R800 million and that deterioration of facilities is occurring at a faster rate (3-4% per annum) than repairs (1% of capital value per annum). The national Department appears likely to propose a reduced but properly maintained national hospital bed infrastructure. A new specialist outpatients department at Red Cross Hospital has been constructed with substantial public donations (R40 million) and the Western Cape Provincial Government has rehabilitated the existing buildings (R8 million). R11 million is being spent on renovations at Groote Schuur and R6 million at Tygerberg. Over R1 million is being spent on renovation at each of Knysna, Stikland, Brewelskloof, Brooklyn Chest, George, Outshoorn, Alexandra, Lentegour and Valkenberg hospitals.

The National Hospital Reconstruction and Rehabilitation grant has been used to construct a specialist Outpatient Department at George (R21 million) and casualty at Paarl Hospital has been upgraded and rationalised (R5 million). A specialist outpatient department has been completed at GF Jooste hospital and the new service commissioned.

The new rationalised Western Cape College of Nursing was successfully reopened at the site of the previous Nico Malan campus. Four (4) colleges have been rationalised into one with a single Senate and Council. The Otto Du Plessis and Carinus Colleges sites have been closed. A new agreement has been entered into with the universities. Over R1 million has been spent on renovating the College and this project will continue into 2001/02.

The outsourced laundry service which replaced Pinelands laundry has functioned well and has saved approximately R8 million per year. A tender has been awarded for outsourcing orthotic and prosthetic services in the Southern Cape Karoo at an estimated cost of R700 000 per year and efforts are being made in this financial year to decrease backlogs in that region.

3. OUTLOOK FOR 2001/02

The increased allocation granted to Health should allow for increased stability through the Medium Term Expenditure Framework (MTEF) period and is considered favourable given that the equitable share targets should be fully phased in by 2003/04.

The allocation for 2001/02 increased nominally by 4.2% from the 2000/01 base. If exceptional payments in 2000/2001 are excluded the increase is 6.5%. The increase granted includes the settling of 1999/2000 over-expenditure. The indicative allocation for 2002/03 is however a real reduction of approximately R40 million (excluding conditional items) and the department will attempt to set aside a contingency fund in 2001/02 to address this. It is anticipated that own revenue will begin to increase as negotiations with private medical schemes reach fruition, preferred provider agreements are concluded with private funders, private beds established, case managers appointed, and billing systems upgraded.

The new management structure Transformation 2000 will be completed with R4,4 million funding allocated.

Decentralisation of Primary Health Care services to local government is planned to be implemented on 1 July 2001, subject to Cabinet approval. The new system of local government to come into effect in the coming months will have many important advantages for economies of scale in health delivery. Primary care services will be strengthened by the relocation of Primary Health Care services in Eben Donges hospital to a new Community Health Centre to be opened adjacent to the hospital. Various Community Health Centres will be renovated at a cost of R4 million.

The HIV prevention and control program will be strengthened. A Deputy Director-General and programme director have been appointed and will provide leadership. Condom supply and distribution will be increased to 21 million per annum. Management of sexually transmitted diseases according to the optimal syndromic approach will be improved in public and private sectors. Several important projects to escalate the programme include: rollout of the Maternal to child transmission project to 5 additional sites, expanded voluntary counselling and testing, AZT for rape victims, Provincial AIDS Council firstly established and inter-departmental committee and development of appropriate community based care for infected persons. A new provincial conditional grant for HIV control of R11,3 million (2001/02), R34,4 million (2002/03) and a national conditional of R3,5 million grant will strengthen the programme considerably. More detail is contained in programme 2.

The tuberculosis programme aims to maintain bacteriological coverage at 98% and reporting rates at 98%. The system of demonstration districts will be rolled out to all districts. Efforts will be placed on decreasing treatment interruption rates to 12% and expanding community based treatment initiatives e.g. Direct Observation Treatment (DOT's) so as to increase 3 month sputum conversion from 60% to 75% and cure rates from 70% to 75%.

The phased provincialisation of the ambulance service will continue as negotiations with the various local authority employers and unions are successfully concluded. Ambulance debt to local authority is a potentially significant contingent liability.

Services at GF Jooste Hospital will be strengthened by its new specialist out patient department. Magnetic Resonance Imaging scanners have been ordered for Groote Schuur and Tygerberg Hospitals and will be accommodated. Hospital rehabilitation projects will be boosted by a R68,8 million provincial conditional grant. The Department is very concerned that this grant does not continue into the 2002/2003 year. At Tygerberg R20 million will be spent on renovating operating theatres, Intensive Care Units (ICU's), wards and engineering services. At Groote Schuur R15,5 million will be spent on renovating the outpatient block and engineering services. Other substantial projects will include renovation of: existing buildings at Red Cross Hospital (R4 million), Swartland (R2 million), Mowbray Maternity Hospital (R1,8 million), Victoria Hospital (R1,2 million), Caledon Hospital (R1 million) and Stellenbosch Hospital (R1 million).

Key projects to be funded through the national hospital reconstruction and rehabilitation grant include renovations and extensions at Vredenberg Hospital (R12 million) and continuation of renovations and upgrading of George Hospital (phase IIB: R11 million in 2001/02). Upgrading of high and medium care wards at Lentegeur Hospital and the establishment of a new high security forensic village to replace the forensic block of Valkenberg Hospital will commence.

The new rationalised Western Cape College of Nursing will enter its second year and has now been firmly established. Given the progressive decline in graduates the input of new students will be increased from 200 to 250. Postgraduate nursing programmes are to be expanded (100 students) as will bridging programmes (100 students). Renovations to be undertaken at the Western Cape College of Nursing will cost R4 million.

A special allocation (for a new Health Information System (HIS)) is contained within the Information Technology component. This amounts to R53,5 million in the 2001/02 year and R28,3 million in the 2002/03 year.

Table 1 Expenditure Department of Health							
Programme	1999/2000	2000/01	2000/01	2001/02	% Change	2002/03	2003/04
	Actual	Budget	Est. Actual	Budget	Est. Actual to Budget	MTEF	MTEF
	R'000	R'000	R'000	R'000		R'000	R'000
1. Administration	76 396	140 471	124 915	166 360	33.18	174 051	183 909
2. District health services	956 978	1 006 454	1 032 893	1 034 721	0.18	1 078 891	1 140 003
3. Hospital services	745 189	788 011	804 314	853 025	6.06	892 458	943 009
4. Academic health services	1 216 852	1 272 851	1 316 924	1 360 481	3.31	1 420 632	1 498 308
5. Health sciences	52 701	56 945	51 389	56 942	10.81	59 574	62 949
6. Health care support services	52 376	57 800	60 789	63 508	4.47	66 444	70 207
7. Restructuring	6 213						
Departmental totals	3 106 705	3 322 532	3 391 224	3 535 037 ^{abc} _{defg}	4.24	3 692 050	3 898 385
<p>a Conditional grant: National: Aim: Integrated nutrition programme (R28 789 000). b Conditional grant: National: Aim: Central Hospital (R1 011 436 000). c Conditional grant: National: Aim: Professional Training and Research (R308 776 000). d Conditional grant: National: Aim: Financial Supplementary Allocation (Health Management) (R16 000 000). e Conditional grant: National: Aim: HIV/Aids (R3 500 000). f Conditional grant: National: Aim: Finance supplementary allocation: R58 832 000. g Conditional grant: National: Aim: Finance supplementary allocation (improvement of financial management): R11 000 000.</p>							
Economic classification							
Current expenditure	3 074 705	3 275 258	3 340 274	3 490 197	4.49	3 657 603	3 870 863
Salaries and related cost:	1 982 161	2 120 804	2 142 142	2 251 123	5.09	2 353 248	2 486 091
Goods and services purchases:	689 847	712 922	750 464	810 874	8.05	857 000	912 061
Interest payments							
Transfers to households	397 683	436 714	442 867	422 944	(4.50)	441 929	466 964
Transfers to other levels of government	5 014	4 818	4 801	5 256	9.48	5 426	5 747
Subsidies							
Capital expenditure	32 000	47 274	50 950	44 840	(11.99)	34 447	27 522
Machinery and equipment	21 348	42 272	45 680	39 838	(12.79)	29 445	22 520
Land and buildings							
Infrastructure							
Other fixed capital							
Capital transfers	10 652	5 002	5 270	5 002	(5.09)	5 002	5 002
Total expenditure a	3 106 705	3 322 532	3 391 224	3 535 037	4.24	3 692 050	3 898 385
<p>a Excludes capital expenditure at the Works Function (Construction, Upgrading and Hospital Rehabilitation including a National Conditional Grant): 1999/2000 Actual (R18 793 000); 2000/2001 Budget (R77 273 000); 2000/2001 Estimate Actual (R82 645 000); 2001/02 Budget (R107 858 000); 2002/03 (R40 000 000); 2003/04 (R41 350 000).</p>							
Standard items							
Personnel expenditure	1 953 820	2 091 501	2 127 921	2 251 118	5.79	2 353 242	2 486 083
Administrative expenditure	41 911	39 716	47 059	49 614	5.43	51 594	54 515
Stores and livestock	503 764	494 567	545 077	534 385	(1.96)	558 565	590 204
Equipment	27 633	50 185	53 880	50 564	(6.15)	52 849	55 842
Land and buildings							
Professional and special services:	142 957	176 537	155 822	222 427	42.74	230 047	241 022
Transfer payments							
Current	396 621	432 144	440 397	419 746	(4.69)	438 469	463 306
Capital	10 652	5 002	5 270	5 002	(5.09)	5 002	5 002
Miscellaneous expenditure							
Civil Pensions Stabilization Account	28 337	29 299	14 217		(100.00)		
ex gratia payment:	23	181	181	181		190	200
claims against the State	987	3 400	1 400	2 000	42.86	2 092	2 211
Amount to be voted	3 106 705	3 322 532	3 391 224	3 535 037	4.24	3 692 050	3 898 385
<p>a Includes R101 712 000 in respect of carry-through cost of improvement of conditions of service with effect from 1 July 2000.</p>							

PROGRAMME 1: ADMINISTRATION

AIM: To conduct the overall management and administration of the Department of Health

PROGRAMME DESCRIPTION:

Office of the Provincial Minister

rendering of advisory, secretarial, administrative and office support services

Provincial management and support services

policy formulation by the Provincial Minister and other members of management, implementing policy and organising the Health Department, managing personnel and financial administration, determining working methods and procedures and exercising centralised control (Public Service Act of 1994 and Public Finance Management Act, 1999 (Act 1 of 1999))

Regional management and support services

implementing policy and organising the Health region, managing personnel and financial administration, determining working methods and procedures and exercising regional control (Public Service Act of 1994 and Public Finance Management Act, 1999 (Act 1 of 1999))

REVIEW 2000/01

A Chief Financial Officer was appointed and the departmental accountant function strengthened. Improved framework for revenue growth initiated by implementing 50% revenue retention programme, appointing a business manager, encouraging private patients, making facilities more attractive, establishing forum with medical schemes, development of improved billing systems and initiation of improved system of debt management. Progress with decentralisation budgeting and filling of posts decentralised to regional level. Performance agreements with senior managers were signed.

Outcomes include developing a systematic approach to quality of care and measuring its improvement. The 2000/01 financial year focuses on organisational preparedness since quality improvements are strongly dependent on leadership and management involvement. The expected outputs by the end of 2000/01 are an agreement on approach, processes defined and indicators agreed upon.

The Human Resources Development directorate has undertaken a skills audit of personnel to align training expenditure with the needs and priorities of services. The Directorate organises many training courses for personnel to increase their knowledge and skills base and make this compatible with the new millenium. In-service training of existing staff is critical to keep them abreast of changes in the health system and recent advances in clinical and non-clinical management. Two key focus areas for the department are primary care nurse training and management training. A significant number of staff has had various forms of computer or Information Technology (IT) training.

PLANNING OUTLOOK FOR 2001/02

Key measurable objective

Implement new management structure of Transformation 2000.

Increase own revenue by 5%-10%.

Increase financial and personnel decentralisation at regional and institutional level.

Improve budgeting system with performance based programme budgeting.

Implement system of key measurable objectives (KMO's).

Setting up a system to monitor quality improvements.

Maintain contingency fund to cushion budget reduction in 2002/2003.

Repay R37 million over-expenditure from 1999/00

To submit business plans for the conditional grant on training and research. To widen teaching platform to include more primary care sites and regional hospitals. The finalisation of new joint agreement with universities. Increasing access of training institutions to all facilities in the training platform. Funding bursaries (45).

Sector targeted

The sectors targeted are regions, health facilities and services.

Service establishment

The service establishments are hospitals, community health centres and clinics.

Outputs

System of key measurable objectives (KMO's) developed and monitored. Trial of new Uniform Patient Fees System undertaken. New billing system implemented in academic hospitals. Increased decentralisation at regional and institutional level, improved budgeting system with performance based programme budgeting. Tools and systems set up to support and monitor users/patients quality (Batho Pele), technical quality and staff quality. Base line quality information collected. Quality included in service agreements with local governments for the delivery of Primary Health Care. Each service has a quality improvement plan with targets.

Service level**Types of services**

The types of services are managerial.

Monitoring and reporting

Monitoring of service quality on an annual basis.

Performance indicators

The performance indicators are the revenue level, number of delegations approved, system of key measurable objectives (KMO's) developed and monitored.

Time intervals

The time intervals for monitoring and reporting are annually.

Linkage of objective to the applicable Cabinet Strategic Objectives/Outcome that is most dominant

To improve quality and accessibility of services provided by the Provincial Government.

EXPECTED OUTCOMES OF THE PROGRAMME AT THE END OF 2003/04

Expected outcomes of the programme are : Own revenue increased, the correct incentive framework and systems firmly established, decentralisation of functions to regional and institutional level, appropriate budgeting system with performance based program budgeting, system of key measurable objectives (KMO's) functioning well, a functioning system of efficiency indicators, performance agreements with senior managers, all institutions, local government and provincially-aided hospitals signed and monitored.

Quality improvement monitoring programme will have made quality an integral component of service management, and service delivery by all staff. This will translate into a decrease in number of patients complaints, reduced waiting time, improved implementation of protocols and improved organisational efficiency.

Improved geographical access of particular relevance in the three rural regions of the Province, and in some of the under-developed areas of the Metro. Ensuring that facilities deliver a minimum common basket of services is essential. Equity in allocation of resources.

Table 1.1 Expenditure - Programme 1: Administration Department of Health							
Sub-programme	1999/2000 Actual R'000	2000/01 Budget R'000	2000/01 Est. Actual R'000	2001/02 Budget R'000	% Change Est. Actual to Budget	2002/03 MTEF R'000	2003/04 MTEF R'000
1. Office of the Provincial Minister	1 477	1 490	1 501	2 132 a	42.04	2 231	2 357
2. Provincial management and support services	47 017	97 870	76 786	117 275	52.73	122 696	129 646
3. Regional management and support service	27 902	41 111	46 628	46 953 b	0.70	49 124	51 906
Departmental totals	76 396	140 471	124 915	166 360	33.18	174 051	183 909
a Includes salary R327 000 and remunerative allowance R151 000 of the Provincial Minister of Health.							
b Conditional grant: National: Aim: Professional Training and Research (R2 596 239).							
Economic classification							
Current expenditure	67 788	130 244	113 305	155 998	37.68	164 599	176 457
Salaries and related cost:	49 890	75 811	73 839	76 969	4.24	80 528	85 091
Goods and services purchased	15 416	48 541	35 531	73 328	106.38	78 074	85 013
Interest payments							
Transfers to households	2 365	5 783	3 782	5 522	46.01	5 772	6 099
Transfers to other levels of government	117	109	153	179	16.99	225	254
Subsidies							
Capital expenditure	8 608	10 227	11 610	10 362	(10.75)	9 452	7 452
Machinery and equipment	8 608	10 227	11 610	10 362	(10.75)	9 452	7 452
Land and buildings							
Infrastructure							
Other fixed capital							
Capital transfers							
Total expenditure	76 396	140 471	124 915	166 360	33.18	174 051	183 909
Standard items							
Personnel expenditure	49 135	74 838	73 400	76 964 a	4.86	80 522	85 083
Administrative expenditure	6 002	6 927	11 236	10 753	(4.30)	11 250	11 887
Stores and livestock	2 782	4 394	14 231	6 844	(51.91)	7 160	7 566
Equipment	9 013	10 918	12 376	11 472	(7.30)	12 002	12 682
Land and buildings							
Professional and special services	5 555	36 644	9 456	54 810	479.63	57 345	60 592
Transfer payments							
Current	2 148	2 200	2 200	3 336	51.64	3 490	3 688
Capital							
Miscellaneous expenditure							
Civil Pensions Stabilization Account	751	969	435		(100.00)		
ex gratia payments	23	181	181	181		190	200
claims against the State	987	3 400	1 400	2 000	42.86	2 092	2 211
Amount to be voted	76 396	140 471	124 915	166 360	33.18	174 051	183 909
a Includes R3 018 000 in respect of carry-through cost of improvement of conditions of service with effect from 1 July 2000.							

PROGRAMME 2: DISTRICT HEALTH SERVICES

AIM: To render primary health care services (Act 63 of 1977)

PROGRAMME DESCRIPTION:

District management and support services

planning and administration of services and the co-ordinating and management of community health services rendered by local authorities and non-governmental organisations

Community health services

rendering of primary health care services in respect of mother and child/family planning, health promotion, geriatrics, occupational therapy, physiotherapy, pediatry, speech therapy, malnutrition, port health, environmental health, forensic services, dental health services, communicable diseases, chronic diseases, mental health, etc.

Emergency medical services

rendering of emergency medical services and indigent patient transport

District hospital services

rendering of a hospital service at general practitioner level

REVIEW 2000/01

The expected service delivery outcomes for 2000/01 are: A Cabinet decision on the delegation of the Primary Health Care Service function to local government. Negotiations on transfer of services and staff to local government undertaken. Commissioning of Delft, Kraaifontein, Vanguard and Green Point community health centres. Sixty two (62) additional primary health care nurses appointed to strengthen metro community health centres. Opening of ambulatory rehabilitation and frail care centre in Paarl. Negotiations to be concluded on provincialisation of ambulance service, approved by Cabinet. Cape Metro Council, Grabouw and Breede River services provincialised. New stryemed helicopter ambulance service operational. Eighteen (18) new ambulances bought. Outputs estimated for the year include 10 800 000 Primary Health Care (PHC) visits (headcounts). District hospitals: 108 000 admissions, 380 000 inpatient days and 663 000 patient day equivalents (PDE's). Definition of core package of district hospital services.

Comparison with 1999/2000: the Bi-Ministerial Task team finalised the report on the implementation of a municipality-based district health system, policy was developed on the provincialisation of ambulance service, the Primary Health Care core package was developed. Primary Health Care (PHC) visits (headcounts) 10 724 219 in 1998/1999. District hospital admission rate 35 per 1 000 and 107 770 admissions during 1998/1999.

Public sector facilities treat some 120 000 to 130 000 cases of Sexually Transmitted Diseases (STD's) every year. This, however, only accounts for 40% of cases. The majority of cases of STD's are treated in the private sector. It is the intention of the Department to train General Practitioners in the syndromic management of STD's with the aim of standardising treatment regimes as well as increasing the efficacy of treatments. The Prevention of Mother to Child Transmission (PMTCT) project in Khayelitsha is running smoothly and more than 800 HIV positive women were treated during the last calendar year. The Department aims to distribute some 21 million condoms during the current year. The Lifeskills programme is funded and co-ordinated by the Education Department. Voluntary counselling and testing (VCT) is seen as a cornerstone of the AIDS programme.

Eighty (80) Lay counsellors have been trained. This service is to be expanded during the current year. Appropriate antiretroviral therapy is offered to all staff with significant occupational exposure to potentially HIV contaminated products. A programme to supply AZT medication to rape victims has been initiated.

The Western Cape Tuberculosis (TB) programme is of a high quality and cure rates are steadily increasing. The key problem is the effect of the HIV epidemic on Tuberculosis. HIV substantially increases the susceptibility of infected persons to tuberculosis. Maintain achievements to date including 98% bacteriological coverage. Demonstration and training districts expanded. Appointment of districts tuberculosis co-ordinators. Reduce treatment interruption rates. Expand community DOT's (i.e. treatment supervision in communities). Increase 2 to 3 month smear conversion rates. Increase cure rate.

PLANNING OUTLOOK FOR 2001/02

Key measurable objective

Transfer of Public Health Care services to local government with establishment of district health system.

Assessment of the percentage of districts rendering full Primary Health Care (PHC) package.

Improved condom distribution.

Improved TB cure rate.

Improved immunisation rate.

PHC utilisation rate at least equal to national target of 2.9 visits per capita.

Improved peri-natal mortality rate.

To control the HIV/AIDS epidemic in the Western Cape Province.

Rationalisation of a number of district surgeon services.

Provincialisation of the ambulance service.
Opening of 3rd ward at Ceres Hospital.
Introduction of 1st cycle of community service pharmacists.
Strengthen recently established Elangeni Rehabilitation centre in Paarl.
Training of pharmacy assistants to dispense medicines.

Sector targeted

All public sector users are targeted, approximately 69% of provincial population. In the HIV programme the sectors targeted are public and private sector and non governmental organisations (NGO's).

Service establishments

The services are delivered by Primary Health Care and district hospital services. (Note TC Newman hospital (budget R14 million) is reclassified for the first time in 2001/02 in subprogramme 2.2. and not 2.4.)

Outputs

Training sessions in sexual transmitted diseases management, counseling and testing and condoms distributed.
Number of tuberculosis (TB) patients treated, percentage of patients on DOT's, bacteriological coverage, percentage of districts where system pilot district were implemented. Increased cure rate and decreased treatment interruption rates.

Service level

Types of services

The services delivered are PHC services, medical emergency and rescue (METRO) ambulance services and district hospitals services. Services for HIV include clinical care, counseling, tests, primary, secondary, tertiary, community-based and home-based care and hospital care and antenatal care. Diagnosis and treatment of clients with tuberculosis and management of tuberculosis program.

Desired improvement

The desired improvement is to improve the effectiveness of Primary Health Care services through the establishment of District Health System, to improve coverage (including immunisation coverage) by integrated comprehensive Primary Health Care (PHC) services, improved tuberculosis (TB) cure rate, improved utilisation of HIV testing and counselling, improved condom distribution, ensure a Primary Health Care utilisation rate at least equal to national target, maintain the Primary Health Care funding level at R190 per capita (00/01 prices), average cost per Primary Health Care visit at R67 (98/99 prices), and maintain district hospital admission rate (35/1000 per year) - since this is an inexpensive and accessible level to deliver hospital care.

Increase in uptake of HIV testing and counseling, increased utilisation of condoms and expansion of the Prevention of Mother to Child Transmission (PMTCT) programme to five additional sites. Niverapine will be used at the new sites.

Maintain tuberculosis programme achievements to date including 98% bacteriological coverage. System of demonstration and training districts rolled out to all districts. Increase cure rates and reduce treatment interruption rates. Expand Directly Observed Treatment (DOT's). Increase 2/3-month conversion rate. Maintain reporting to provincial office from facilities at 100%.

Benchmark

The benchmarks are: Integrated comprehensive curative and preventive services within the scope of the core package. National utilisation benchmark is 2.9 visits per capita and the funding benchmark: R182 per capita. Average ambulance response time in urban and rural areas within an acceptable norm. Staffing levels at district hospitals of 1.42 staff per bed are below the Hospital Strategy Project benchmark. Existing inpatient cost per admission is fairly low (R1 423 in 2000/2001). This benchmark is being refined.

Eighty five percent (85%) of health care providers should be treating STD's according to syndromic guidelines, all individuals with a disease associated with HIV (STD, TB, HIV related disease) or at risk should have an HIV test and there should be widespread use of condoms.

Tuberculosis (TB): target cure rate of 75% for new smear positive patients, a 2 to 3 month conversion rate at 80%. Bacteriology coverage 98%. Reporting to provincial office from facilities at 98%.

Correlation

The correlation between the desired improvement and the benchmark is that Primary Health Care costs are higher in the Western Cape because of a sound Primary Health Care infrastructure which decreases reliance on district hospitals in particular in the metropolitan areas.

Monitoring and reporting

Performance indicators

The cost per visit, utilisation rate, tuberculosis (TB) cure rate, immunisation coverage, ambulance miles travelled are measured annually. To gauge the performance in district hospitals, peri-natal mortality rate, admissions, outpatients, PDE's, length of stay, and bed occupancy are measured.

Number of condoms distributed, number of clients counseled, tests done, number of STD's treated successfully. The performance indicators are the bacteriological coverage rate; 2 to 3 month conversion rate and the reporting rate.

Time intervals

Time intervals are quarterly.

Mechanisms

Most of the above variables are routinely collected in the existing information systems. Mechanisms are the facilities report using the tuberculosis register to district and regional offices and from there, to provincial information management and tuberculosis control programme. Verification is done at district, regional and provincial level.

Linkage of objective to the applicable Cabinet Strategic Objectives/Outcome that is most dominant

Basic services for the poor.

Contain the spread of HIV/AIDS and tuberculosis.

EXPECTED OUTCOMES OF THE PROGRAMME AT THE END OF 2003/04

The district health system established and functioning under local government. Service agreements signed with local government and monitored. Immunisation coverage improved, decrease in mortality related to acute respiratory infections, ambulance average response times in urban and in rural areas within an acceptable norm.

Lifeskills programme functioning effectively under Education, 85% of Sexually Transmitted Diseases (STD's) managed by syndromic method in public and private sites. Effective Prevention of Mother to Child Transmission (PMTCT) programmes at 6 sites in the Province. Policy on preventive treatment of opportunistic infections finalised. Number of condoms distributed maintained at 21 million per annum. Establishment of Provincial AIDS Council and inter-departmental committee. AZT medication provided to rape victims.

Geographical access will be improved through (1) the commissioning of newly built or upgraded facilities at Kraaifontein Community Health Centre to serve the Oostenberg area, Vanguard Community Health Centre (Bonteheuwel/Langa) and a new Community Health Centre in Green Point, (2) developing a map of hospital services to address over a period of 5 to 10 years, inequitable distribution within the Province.

Identified district hospitals to be upgraded to subregional hospitals, which provide some specialities on a part-time basis (e.g. paediatrics, orthopaedics.). The following have been identified as subregional hospitals: Hottentots Holland, Hermanus, Beaufort-West, Knysna, Mossel Bay, Vredendal, Vredenburg, Stellenbosch and Swartland. Strengthening doctor services at district hospitals by establishing chief medical officer posts at Vredendal, Vredenburg, Stellenbosch and Swartland hospitals.

Table 1.2 Expenditure - Programme 2: District Health Services							
Department of Health							
Sub-programme	1999/2000 Actual R'000	2000/01 Budget R'000	2000/01 Est. Actual R'000	2001/02 Budget R'000	% Change Est. Actual to Budget	2002/03 MTEF R'000	2003/04 MTEF R'000
1. District management and support services	16 167	21 305	21 606	22 263	3.04	23 292	24 611
2. Community health services	568 904	578 894	588 149	618 074 abc	5.09	642 984	679 405
3. Emergency medical services	127 263	143 011	151 697	126 769 b	(16.43)	132 629	140 142
4. District hospital services	244 644	263 244	271 441	267 615 b	(1.41)	279 986	295 845
Departmental totals	956 978	1 006 454	1 032 893	1 034 721	0.18	1 078 891	1 140 003
a Conditional grant: National: Aim: Integrated nutrition programme (R28 789 000).							
b Conditional grant: National: Aim: Professional Training and Research (R25 944 035).							
c Conditional grant: National: Aim: HIV/Aids (R3 500 000).							
Economic classification							
Current expenditure	944 383	993 995	1 019 634	1 022 730	0.30	1 068 940	1 131 003
Salaries and related cost:	395 103	436 126	443 713	463 759	4.52	483 628	511 022
Goods and services purchases:	229 285	205 438	222 906	233 396	4.71	245 361	260 774
Interest payments:							
Transfers to households:	318 955	351 492	352 079	324 612	(7.80)	338 937	358 136
Transfers to other levels of government:	1 040	939	936	963	2.88	1 014	1 071
Subsidies:							
Capital expenditure:	12 595	12 459	13 259	11 991	(9.56)	9 951	9 000
Machinery and equipment:	1 943	7 459	7 991	6 991	(12.51)	4 951	4 000
Land and buildings:							
Infrastructure:							
Other fixed capital:							
Capital transfers:	10 652	5 000	5 268	5 000	(5.09)	5 000	5 000
Total expenditure	956 978	1 006 454	1 032 893	1 034 721	0.18	1 078 891	1 140 003
Standard items							
Personnel expenditure:	389 416	430 103	440 658	463 759 a	5.24	483 628	511 022
Administrative expenditure:	13 097	10 669	11 601	14 137	21.86	14 477	15 297
Stores and livestock:	162 687	144 145	159 600	160 679	0.68	167 584	177 076
Equipment:	4 637	10 024	10 665	10 266	(3.74)	10 688	11 294
Land and buildings:							
Professional and special services:	51 871	49 035	49 984	56 301	12.64	58 611	62 214
Transfer payments:							
Current:	318 931	351 455	352 062	324 579	(7.81)	338 903	358 100
Capital:	10 652	5 000	5 268	5 000	(5.09)	5 000	5 000
Miscellaneous expenditure:							
Civil Pensions Stabilization Account:	5 687	6 023	3 055		(100.00)		
Amount to be voted	956 978	1 006 454	1 032 893	1 034 721	0.18	1 078 891	1 140 003
a Includes R20 877 000 in respect of carry-through cost of improvement of conditions of service with effect from 1 July 2000.							

PROGRAMME 3: HOSPITAL SERVICES

AIM: To render general and specialised hospital services (Act 63 of 1977)

PROGRAMME DESCRIPTION:

General hospitals

rendering of hospital services at specialist level

Specialised hospitals

rendering of specialised health services, such as tuberculosis, psychiatry and rehabilitation

Karl Bremer Trading Account

capital augmentation

REVIEW 2000/01

The expected service delivery outcomes for 2000/01 are:

Regional hospitals: 131 000 admissions, 618 000 inpatient days and 977 000 Patient Day Equivalents (PDE's). Twenty-seven (27) acute surgical beds and trauma and emergency services at Conradie hospital shifted to GF Jooste hospital as part of its full commissioning as an acute hospital. New outpatient block at GF Jooste constructed and opened. Monitoring systems for peri-natal mortality and day surgery initiated: Increase in revenue.

Specialised hospitals: 33 755 admissions, and 1 294 000 inpatient days. Improved management of psychiatric hospitals through the consolidated Associated Psychiatric Hospitals platform. Improved staff morale through filling key nursing posts in psychiatric hospitals. Shift from chronic to acute care with re-opening of acute psychiatric beds including alcohol rehabilitation and psychogeriatrics.

In comparison with 1999/2000 regional hospital beds (2043), have decreased from a maximum of 2653 due to financial constraints. Regional hospitals personnel (4440) decreased from 5312. Regional hospital admissions 131 034 (increase from 106 070 in 96/97), Patient Day Equivalents 1 017 953 (98/99).

PLANNING OUTLOOK FOR 2001/02

Key measurable objective

Replacing obsolete equipment using the medical equipment conditional grant.

Planning the upgrading and expansion of George Hospital.

General Out-Patient Department at Eben Donges relocated to Community Health Centre on the hospital grounds.

Specialist Out-Patient Department services at GF Jooste Hospital commissioned.

Relocating Karl Bremer Rehabilitation Unit and designated rehabilitation units from the academic hospital into Conradie Hospital, which is being developed as a specialised rehabilitation hospital for the province.

Commissioning an additional 25 bed ward at Karl Bremer Hospital (R5 million).

Improved peri-natal mortality rate.

Improved maternal mortality rate.

Strengthen Paarl Hospital by appointment of orthopaedic surgeon and registrars in orthopaedics, surgery and

Re-opening of Brewelskloof after upgrading and closure of 136 beds for 9 months.

Sector targeted

Public sector hospital users referred from lower levels.

Service establishments

The regional and specialised hospitals.

Service level

Types of services

The services rendered are regional and specialised hospital services.

Desired improvement

The desired improvement is an increased access in rural areas; decreased trauma related referrals to higher levels of care; maintaining regional hospital admissions at 45 to 1000 per annum; and maintaining bed/population ratio (0.78 to 1000) which is compatible with Hospital Strategy Project benchmark.

Benchmark

Cost per Patient Day Equivalent R434 (98/99) is the actual. A benchmark is being developed. Existing staffing levels of 2.27 staff per bed are below Hospital Strategy Project norms. Cost per admission average is R3 213 (98/99 prices). The benchmark is being refined.

Monitoring and reporting**Performance indicators**

The performance indicators for regional hospitals are peri-natal mortality rate, maternal mortality rate, referral rates, admissions, outpatients, Patient Day Equivalents (PDE's), bed occupancy, length of stay, and cost per PDE. Psychiatric hospitals are aiming for an acute admission rate of 180 per 100000, average length of stay of 17 days and occupancy of 85%.

Time intervals

The performance is measured quarterly.

Linkage of objective to the applicable Cabinet Strategic Objectives/Outcome that is most dominant

Basic services for the poor.

EXPECTED OUTCOMES OF THE PROGRAMME AT THE END OF 2003/04

Improved peri-natal mortality rate, maternal mortality rate and child mortality rates for Acute Respiratory Infections (ARI's). The systems for monitoring quality and efficiency will be implemented. Increased revenue will be achieved. Increased decentralisation to institutional level. Access to specialists services will be increased in rural regions through the development of sub-regional hospitals. Pattern of psychiatric hospital provision will be reviewed with respect to regionalisation and deinstitutionalisation. Efficiency in delivery of non-core services will be improved.

Table 1.3 Expenditure - Programme 3: Hospital Services Department of Health							
Sub-programme	1999/2000 Actual R'000	2000/01 Budget R'000	2000/01 Est. Actual R'000	2001/02 Budget R'000	% Change Est. Actual to Budget	2002/03 MTEF R'000	2003/04 MTEF R'000
1. General hospitals	467 661	491 387	500 785	533 394 a	6.51	558 051	589 661
2. Specialised hospitals	277 528	296 623	303 528	319 630 a	5.30	334 406	353 347
3. Karl Bremer trading account capital augmentation		1	1	1		1	1
Departmental totals	745 189	788 011	804 314	853 025	6.06	892 458	943 009
<i>a</i> Conditional grant: National: Aim: Professional Training and Research (R78 543 943).							
Economic classification							
Current expenditure	743 847	784 876	799 686	849 185	6.19	892 062	942 591
Salaries and related costs	517 989	560 888	560 860	597 478	6.53	625 098	660 505
Goods and services purchased	148 951	144 116	151 363	158 358	4.62	169 233	178 819
Interest payments							
Transfers to households	75 593	78 663	86 289	91 986	6.60	96 282	101 737
Transfers to other levels of government	1 314	1 209	1 174	1 363	16.10	1 449	1 530
Subsidies							
Capital expenditure	1 342	3 135	4 628	3 840	(17.03)	396	418
Machinery and equipment	1 342	3 134	4 627	3 839	(17.03)	395	417
Land and buildings							
Infrastructure							
Other fixed capital							
Capital transfers		1	1	1		1	1
Total expenditure	745 189	788 011	804 314	853 025	6.06	892 458	943 009
Standard items							
Personnel expenditure	510 470	552 487	556 978	597 478 a	7.27	625 098	660 505
Administrative expenditure	8 467	7 320	8 974	9 892	10.23	10 349	10 935
Stores and livestock	97 422	93 271	95 933	98 903	3.10	103 475	109 336
Equipment	3 236	5 250	6 806	6 285	(7.66)	6 576	6 948
Land and buildings							
Professional and special services	42 533	42 792	45 605	48 635	6.64	50 883	53 766
Transfer payments							
Current	75 542	78 489	86 135	91 831	6.61	96 076	101 518
Capital		1	1	1		1	1
Miscellaneous expenditure							
Civil Pensions Stabilization Account	7 519	8 401	3 882		(100.00)		
Amount to be voted	745 189	788 011	804 314	853 025	6.06	892 458	943 009
<i>a</i> Includes R28 766 000 in respect of carry-through cost of improvement of conditions of service with effect from 1 July 2000.							

Table 1.3.1 DETAILS OF HOSPITAL TRADING ACCOUNT: KARL BREMER							
AIM: To render general hospital services by means of a trading account							
PROGRAMME DESCRIPTION:							
General hospitals							
rendering of hospital services at specialist level							
Expenditure - Hospital Trading Account: Karl Bremer							
Department of Health							
Sub-programme	1999/2000 Actual	2000/01 Budget	2000/01 Est. Actual	2001/02 Budget	% Change Est. Actual to Budget	2002/03 MTEF	2003/04 MTEF
	R'000	R'000	R'000	R'000		R'000	R'000
1. Administration	45 464	47 054	52 570	56 457	7.39	58 151	59 986
Departmental totals	45 464	47 054	52 570	56 457	7.39	58 151	59 986
Economic classification							
Current expenditure	45 241	46 929	50 098	56 073	11.93	57 756	59 488
Salaries and related cost:	34 533	37 579	38 082	40 932	7.48	42 160	43 425
Goods and services purchased	10 606	9 261	11 853	15 021	26.73	15 470	15 934
Interest payments:							
Transfers to households	4			10		11	11
Transfers to other levels of government	98	89	163	110	(32.52)	115	118
Subsidies							
Capital expenditure	223	125	2 472	384	(84.47)	395	408
Machinery and equipment	223	125	2 472	384	(84.47)	395	408
Land and buildings							
Infrastructure							
Other fixed capital							
Capital transfers							
Total expenditure	45 464	47 054	52 570	56 457	7.39	58 151	59 896
Less: Transfer from voted funds	43 329	44 680	50 196	53 557	6.70	55 164	56 819
Less: Estimated Revenue	2 362	2 373	2 373	2 899	22.17	2 986	3 076
Deficit to be voted	(227)	1	1	1		1	1
Standard items							
Personnel expenditure	34 022	37 117	37 284	40 932	9.78	42 160	43 425
Administrative expenditure	363	355	648	962	48.46	991	1 020
Stores and livestock	6 074	5 813	6 563	9 237	40.74	9 514	9 799
Equipment	1 435	285	2 674	1 259	(52.92)	1 297	1 337
Land and buildings							
Professional and special services:	3 059	3 022	4 603	4 067	(11.64)	4 189	4 315
Transfer payments:							
Current							
Capital							
Miscellaneous expenditure:							
Civil Pensions Stabilization Account	511	462	798		(100.00)		
ex gratia payments:							
claims against the State							
Total expenditure	45 464	47 054	52 570	56 457	7.39	58 151	59 896
Less: Transfer from voted funds	43 329	44 680	50 196	53 557	6.70	55 164	56 819
Less: Estimated Revenue	2 362	2 373	2 373	2 899	22.17	2 986	3 076
Deficit to be voted	(227)	1	1	1		1	1

PROGRAMME 4: ACADEMIC HEALTH SERVICES

AIM: To provide health services and the creation of a platform for the training of health workers (Act 63 of 1977)

PROGRAMME DESCRIPTION:

Academic medical services

rendering of medical health services and a platform for the training of health workers

Academic dental services

rendering of dental health services and a platform for the training of health workers

REVIEW 2000/01

Expected service delivery outcomes for 2000/01 are admissions of 109 000, inpatient days 737 000, outpatients 697 000, casualty visits 120 000 and Patient Day Equivalents (PDE's) 1 004 000 (Decline since 98/99 due to real expenditure and personnel reductions). Equipment and maintenance backlogs are partially addressed using provincial conditional grants. Backlogs in cataracts are partially addressed. Increased revenue is expected. Public private partnership developed with the leasing of 125 beds. Systems to take advantage of Medical Schemes Act and increase private patient intake are being prepared. Day surgery units commenced functioning. Improved patient admission pathways, better organised outpatients, improved discharge process are expected. A tele-medicine link has been established between Tygerberg and Eben Donges hospitals. New chief directors and financial managers have been appointed for the Groote Schuur - Red Cross and Tygerberg complexes.

In 1999/2000 three academic hospitals were consolidated under the Associated Academic Hospitals (AAH) platform. As a result of fiscal constraints beds in the AAH declined to 2 985 compared to a maximum of 3 616, while personnel numbers declined to 9 632 compared to a maximum of 13 823. Academic medical service outputs included admissions 114 959 (rate 38/1000), inpatient days (839 798), operations (54 370), outpatients (685 666), trauma cases (92 302) and Patient Day Equivalents 1 237 444 (99/00).

The Department of Health contributes significantly towards the knowledge economy in the Western Cape and the country as a whole. Three universities (Cape Town, Stellenbosch, and Western Cape), 2 technicons (Peninsula and Cape) are located within the Province. These have health science faculties which train a significant proportion of several categories of health workers for the country, and undertake a substantial amount of research. For example 30% of medical graduates in the country receive training within the Western Cape and a larger proportion of postgraduates. Much of the practical under and postgraduate student training takes place within provincial facilities and by provincial staff.

PLANNING OUTLOOK FOR 2001/02

Key measurable objective

Revenue growth to ensure increased sustainability.

Improved systems to increase private patients and improved billing and fee collection.

Operationalise day surgery units.

Improved trauma management system.

Manage down over-expenditure

Maintain very low (world standard) cardio-surgery mortality rate

Decrease waiting times for elective operations

Improve financial management in major academic hospitals using national conditional grant (R16 000 000)

Establish cost centre accounting systems in the 3 hospitals.

Sector targeted

The sector targeted is the public sector referred patients from Western Cape and other provinces, as well as the wide range of undergraduate and postgraduate student disciplines.

Service establishments

The academic hospitals are the service establishments.

Outputs

The outputs to be attained are revenue increase, increased day surgery, reduced backlogs in cataracts, heart surgery.

Service level

Types of services

The types of services rendered are secondary and tertiary hospital services, teaching, and research.

Benchmark

The benchmark is the actual cost per Patient Day Equivalent of R955 in 1999/2000.

Monitoring and reporting

Performance indicators

The performance indicators are admissions, patient days, outpatients, casualty visits, Patient Day Equivalents (quarterly); cost per Patient Day Equivalent, inpatient cost per admission (annually); length of stay, bed occupancy (quarterly); and revenue generated (monthly).

Linkage of objective to the applicable Cabinet Strategic Objectives/Outcome that is most dominant

Basic services for the poor.

Knowledge economy of the 21st century.

EXPECTED OUTCOMES OF THE PROGRAMME AT THE END OF 2003/04

Ambulatory surgery increases to 25% of all operations. Services across the academic hospitals (within the given constraints) are rationalised. Increased revenue is expected. Increased decentralisation to institutional and Associated Academic Hospitals (AAH) managers is expected. Improved efficiency in delivery of non-core functions is expected. Improved financial management in AAH.

Table 1.4 Expenditure - Programme 4: Academic Health Services							
Department of Health							
Sub-programme	1999/2000 Actual R'000	2000/01 Budget R'000	2000/01 Est. Actual R'000	2001/02 Budget R'000	% Change Est. Actual to Budget	2002/03 MTEF R'000	2003/04 MTEF R'000
1. Academic medical services	1 181 510	1 234 897	1 277 581	1 320 197 abc	3.34	1 378 486	1 453 775
2. Academic dental services	35 342	37 954	39 343	40 284 b	2.39	42 146	44 533
Departmental totals	1 216 852	1 272 851	1 316 924	1 360 481	3.31	1 420 632	1 498 308
a Conditional grant: National: Aim: Central Hospital (R1 011 436 000).							
b Conditional grant: National: Aim: Professional Training and Research (R151 019 783).							
c Conditional grant: National: Aim: Finance Supplementary Allocation: Health Management (R16 000 000).							
Economic classification							
Current expenditure	1 207 585	1 251 926	1 295 999	1 342 312	3.57	1 406 463	1 488 139
Salaries and related cost:	932 577	961 408	984 375	1 026 841	4.31	1 073 939	1 134 317
Goods and services purchased	271 932	287 433	308 640	312 166	1.14	329 129	350 235
Interest payments:							
Transfers to households	752	735	649	770	18.64	880	930
Transfers to other levels of government	2 324	2 350	2 335	2 535	8.57	2 515	2 657
Subsidies							
Capital expenditure	9 267	20 925	20 925	18 169	(13.17)	14 169	10 169
Machinery and equipment	9 267	20 925	20 925	18 169	(13.17)	14 169	10 169
Land and buildings							
Infrastructure							
Other fixed capital							
Capital transfers							
Total expenditure	1 216 852	1 272 851	1 316 924	1 360 481	3.31	1 420 632	1 498 308
Standard items							
Personnel expenditure	919 669	948 615	978 111	1 026 841 a	4.98	1 073 939	1 134 317
Administrative expenditure	11 775	12 029	12 382	12 021	(2.92)	12 577	13 289
Stores and livestock	229 460	241 203	259 905	251 769	(3.13)	263 407	278 328
Equipment	10 413	23 345	23 385	21 835	(6.63)	22 844	24 138
Land and buildings							
Professional and special services:	32 627	34 866	36 877	48 015	30.20	47 865	48 236
Transfer payments:							
Current							
Capital							
Miscellaneous expenditure:							
Civil Pensions Stabilization Account	12 908	12 793	6 264		(100.00)		
Amount to be voted	1 216 852	1 272 851	1 316 924	1 360 481	3.31	1 420 632	1 498 308
a Includes R45 020 000 in respect of carry-through cost of improvement of conditions of service with effect from 1 July 2000.							

PROGRAMME 5: HEALTH SCIENCES

AIM: To provide for the training of nursing and ambulance personnel (Act 63 of 1977)

PROGRAMME DESCRIPTION:

Nursing training colleges

training of nursing personnel

Ambulance training college

training of ambulance personnel

REVIEW 2000/01

WESTERN CAPE COLLEGE OF NURSING:

Unlike the educational institutions mentioned earlier, the college is managed directly by the Western Cape Government at a cost of R55 million per year.

The College offers both basic and post basic nursing education. In 2000/01 there were 850 nursing students, 214 fourth year graduates, and 210 new admissions.

Nursing student numbers have decreased substantially from a peak of 580 graduates in 1995 to an expected 214 at graduate level in 2000/01 and 176 in 2001/02. A study is being undertaken to determine future training needs. An important efficiency indicator is pass rates.

In February 1999 Cabinet approved a proposal for a single Western Cape College of Nursing. New admission criteria, disciplinary code, university affiliation and agreement and curriculum were designed. Negotiations and systems around nursing college rationalisation were completed and personnel transferred to a single site in Athlone. In 1999/2000 there were 1030 nursing students, 407 graduated and 210 new admissions.

PLANNING OUTLOOK FOR 2001/02

Key measurable objective

To consolidate the recently formed Western Cape College of Nursing.

To increase 1st year student admissions to 250.

To train 100 postbasic students.

To train 100 students on the bridging programme.

To act on the clarification of the role of the respective training institutions, as per the report of the Reddy Commission.

Sector targeted

The sector targeted is the provisioning of nurses in particular for Primary Health Care (PHC), intensive care, trauma, oncology and ophthalmology.

Outputs

The outputs for this programme are: 834 nursing students, 216 graduates and 250 entrants.

Service level

Types of services

The types of services rendered are the nurses basic and post-basic programme and the Sub-professional nurses bridging programme.

Desired improvement

An improved pass rate.

Monitoring and reporting

Performance indicators

Number of graduates, cost per graduate, and pass rate per year will indicate performance.

Time intervals

Performance is measured annually.

Reporting will be done through the Western Cape College of Nursing and the Directorate Human Resource Development.

Linkage of objective to the applicable Cabinet Strategic Objectives/Outcome that is most dominant

Knowledge economy of the 21st century.

EXPECTED OUTCOMES OF THE PROGRAMME AT THE END OF 2003/04

The expected outcomes of the programme at the end of 2003/04 are the following: training of nurses aligned to service needs, study of needs completed, basic nursing programme R425 diploma or degree - approximately 150 graduates per year, re-establishment of the post-basic training courses with 130 graduates per year, establishment of a bridging course for enrolled nurses to qualify as registered nurses - 20 per year, training of enrolled nursing auxiliaries - 30 per year, and appropriate curricula reflecting recent advancements.

Table 1.5 Expenditure - Programme 5: Health Sciences Department of Health							
Sub-programme	1999/2000 Actual R'000	2000/01 Budget R'000	2000/01 Est. Actual R'000	2001/02 Budget R'000	% Change Est. Actual to Budget	2002/03 MTEF R'000	2003/04 MTEF R'000
1. Nursing training colleges	52 299	56 533	50 977	56 530 a	10.89	59 143	62 494
2. Ambulance training college	402	412	412	412 a		431	455
Departmental totals	52 701	56 945	51 389	56 942	10.81	59 574	62 949
a Conditional grant: National: Aim: Professional Training and Research (R50 272 000).							
Economic classification							
Current expenditure	52 674	56 814	51 258	56 761	10.74	59 386	62 755
Salaries and related cost:	49 721	53 273	47 217	52 601	11.40	55 032	58 150
Goods and services purchased:	2 825	3 407	3 877	4 023	3.77	4 213	4 456
Interest payments:							
Transfers to households:	1	3	30		(100.00)		
Transfers to other levels of government:	127	131	134	137	2.24	141	149
Subsidies:							
Capital expenditure:	27	131	131	181	38.17	188	194
Machinery and equipment:	27	131	131	181	38.17	188	194
Land and buildings:							
Infrastructure:							
Other fixed capital:							
Capital transfers:							
Total expenditure	52 701	56 945	51 389	56 942	10.81	59 574	62 949
Standard items							
Personnel expenditure:	48 849	52 687	46 884	52 601 a	12.19	55 032	58 150
Administrative expenditure:	958	1 372	1 372	1 037	(24.42)	1 085	1 146
Stores and livestock:	1 302	1 493	1 493	1 594	6.76	1 668	1 762
Equipment:	121	196	196	275	40.31	288	304
Land and buildings:							
Professional and special services:	599	611	1 111	1 435	29.16	1 501	1 587
Transfer payments:							
Current:							
Capital:							
Miscellaneous expenditure:							
Civil Pensions Stabilization Account:	872	586	333		(100.00)		
Amount to be voted	52 701	56 945	51 389	56 942	10.81	59 574	62 949
a Includes R2 620 000 in respect of carry-through cost of improvement of conditions of service with effect from 1 July 2000.							

PROGRAMME 6: HEALTH CARE SUPPORT SERVICES

AIM: To render support services required by the Department to realise its aims (Act 63 of 1977)

PROGRAMME DESCRIPTION:

Clinical services

rendering specialised orthotic and prosthetic services

rendering forensic and medico legal services in order to establish the circumstances and causes surrounding unnatural death

Non-clinical services

rendering laundry services to hospitals, care and rehabilitation centres, laboratories and certain local authorities

Medpas Trading Account/Central Medical Store

capital augmentation

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Orthotic and Prosthetic (O&P): production of a higher number of devices (4800 produced), to address the backlog over three years. This will lead to higher mobility for patients, improved rehabilitation and shorter length of stay in hospital, appointment of skilled staff at orthotic and prosthetic centre, outsourcing of Orthotic and Prosthetic service in Southern Cape region.

Laundry: re-organisation of laundry services to decrease turn-around time and theft, reduce production cost from R1.80 to R1.20 per piece of linen, improved maintenance of laundry machinery, 20 million pieces of linen laundered, rationalisation of Tygerberg laundry.

Engineering: re-organisation of services to improve responsiveness.

In 1999/2000, the orthotic and prosthetic centre had 14 000 patients on their books and a backlog exceeding 18 000 person hours. Laundry: Pinelands laundry was closed and the services outsourced which translated into a saving of R8 million per year, and a decrease in linen turn-around times with the subsequent reduction in linen shortages. Linen control measures in hospitals were improved.

PLANNING OUTLOOK FOR 2001/02

Key measurable objective

Engineering: To create a production management structure as recommended by the Special Investigation Cabinet Assignment (SICA).

Orthotic and Prosthetic (O&P): Creation of post of "benchhands". To more fully outsource the orthotic and prosthetic service in the Southern Cape. Reduce waiting times for assistive devices.

Laundry :

To reduce laundry production costs to levels comparable to private sector

To improve maintenance of laundry machinery to reduce downtime.

To improve linen control systems in hospitals to decrease losses

To restructure Tygerberg laundry on business management principles.

Sector targeted

The sector targeted is health facilities and their patients.

Service establishment

Service establishments are all health facilities.

Service level

Types of services

Laundry services are rendered.

Desired improvement

It is desired to decrease costs per item laundered from R1.80 to R1.20 per item laundered. Outsourcing Pinelands laundry has brought down unit costs and similar savings must be achieved in the remaining provincial laundries. Having out-sourced the orthotic services in the Southern Cape, a focus will be placed on reducing waiting lists for orthotic and prosthetic devices in the Metropole from the present 6 months.

Monitoring and reporting

Performance indicators

The performance indicators are the number of orthotic and prosthetic devices produced (annual); number of linen items laundered (annual) and the cost per item laundered (annual);

Linkage of objective to the applicable Cabinet Strategic Objectives/Outcome that is most dominant

To improve quality and accessibility of services provided by the Provincial Government.

EXPECTED OUTCOMES OF THE PROGRAMME AT THE END OF 2003/04

The expected outcomes of the programme at the end of 2003/2004 year: to reduce backlogs on orthotic and prosthetic devices, laundries operating with costs comparable to private sector. Reduced linen losses.

Table 1.6 Expenditure - Programme 6: Health Care Support Services							
Department of Health							
Sub-programme	1999/2000 Actual R'000	2000/01 Budget R'000	2000/01 Est. Actual R'000	2001/02 Budget R'000	% Change Est. Actual to Budget	2002/03 MTEF R'000	2003/04 MTEF R'000
1. Clinical services	8 752	10 008	10 643	11 815 ^a	11.01	12 361	13 061
orthotic and prosthetic services:	5 301	6 437	6 501	7 501	15.38	7 848	8 292
forensic services	3 451	3 571	4 142	4 314	4.15	4 513	4 769
2. Non-clinical services	43 624	47 791	50 145	51 692	3.09	54 082	57 145
laundry services:	27 898	30 428	33 657	34 088	1.28	35 664	37 684
engineering services:	15 726	17 363	16 488	17 604	6.77	18 418	19 461
3. Medpas Trading Account/ Central Medical Stores							
capital augmentation		1	1	1		1	1
Departmental totals	52 376	57 800	60 789	63 508	4.47	66 444	70 207
^a Conditional grant: National: Aim: Professional Training and Research (R400 000).							
Economic classification							
Current expenditure	52 215	57 403	60 392	63 211	4.67	66 153	69 918
Salaries and related costs:	30 683	33 298	32 138	33 475	4.16	35 023	37 006
Goods and services purchased:	21 438	23 987	28 147	29 603	5.17	30 990	32 764
Interest payments:							
Transfers to households:	17	38	38	54	42.11	58	62
Transfers to other levels of government:	77	80	69	79	14.49	82	86
Subsidies:							
Capital expenditure:	161	397	397	297	(25.19)	291	289
Machinery and equipment:	161	396	396	296	(25.25)	290	288
Land and buildings:							
Infrastructure:							
Other fixed capital:							
Capital transfers:		1	1	1		1	1
Total expenditure	52 376	57 800	60 789	63 508	4.47	66 444	70 207
Standard items							
Personnel expenditure:	30 210	32 771	31 890	33 475 ^a	4.97	35 023	37 006
Administrative expenditure:	1 597	1 399	1 494	1 774	18.74	1 856	1 961
Stores and livestock:	10 111	10 061	13 915	14 596	4.89	15 271	16 136
Equipment:	213	452	452	431	(4.65)	451	476
Land and buildings:							
Professional and special services:	9 772	12 589	12 789	13 231	3.46	13 842	14 627
Transfer payments:							
Current:							
Capital:		1	1	1		1	1
Miscellaneous expenditure:							
Civil Pensions Stabilization Account:	473	527	248		(100.00)		
Amount to be voted	52 376	57 800	60 789	63 508	4.47	66 444	70 207
^a Includes R1 411 000 in respect of carry-through cost of improvement of conditions of service with effect from 1 July 2000.							

Table 1.6.1: DETAILS OF CENTRAL MEDICAL TRADING ACCOUNT							
AIM: To provide medical supplies for the needs of provincial departments and related services (Ord. 3 of 1962)							
PROGRAMME DESCRIPTION:							
Administration							
policy formulation and exercising control, provision of centralised administrative services and advice to management							
Medicine provision							
purchase of medical supplies with a view to making these available to provincial departments and related services							
Expenditure - Central Medical Trading Account							
Department of Health							
Sub-programme	1999/2000 Actual	2000/01 Budget	2000/01 Est. Actual	2001/02 Budget	% Change Est. Actual to Budget	2002/03 MTEF	2003/04 MTEF
	R'000	R'000	R'000	R'000		R'000	R'000
1. Administration	11 913	16 256	16 256	18 694	15.00	22 956	26 044
2. Medicine provision	149 859	177 000	177 000	208 860	18.00	246 455	290 817
Departmental totals	161 772	193 256	193 256	227 554	17.75	269 411	316 861
Economic classification							
Current expenditure:	161 519	192 625	192 587	226 503	17.61	268 205	315 422
Salaries and related costs:	6 452	10 217	10 217	9 604	(6.00)	12 512	13 544
Goods and services purchased:	155 053	182 392	182 355	216 883	18.93	255 675	301 856
Interest payments:							
Transfers to households:							
Transfers to other levels of government:	14	16	15	16	6.67	18	22
Subsidies:							
Capital expenditure:	253	631	669	1 051	57.10	1 206	1 439
Machinery and equipment:	253	631	669	1 051	57.10	1 206	1 439
Land and buildings:							
Infrastructure:							
Other fixed capital:							
Capital transfers:							
Total expenditure	161 772	193 256	193 256	227 554	17.75	269 411	316 861
Less: Estimated Revenue	161 771	193 255	193 255	227 553	17.75	269 410	316 860
Deficit to be voted	1	1	1	1		1	1
Standard items							
Personnel expenditure:	6 338	10 075	10 075	9 470	(6.00)	12 338	13 355
Administrative expenditure:	1 619	1 933	3 913	4 231	8.13	4 865	5 838
Stores and livestock:	152 070	178 784	176 682	210 836	19.33	248 728	293 544
Equipment:	431	689	727	1 102	51.58	1 267	1 521
Land and buildings:	278	228	312	349	11.86	391	438
Professional and special services:	922	1 406	1 406	1 433	1.92	1 649	1 978
Transfer payments:							
Current:							
Capital:							
Miscellaneous expenditure:							
Civil Pensions Stabilization Account:	114	141	141	133	(5.67)	173	187
ex gratia payments:							
claims against the State:							
Total expenditure	161 772	193 256	193 256	227 554	17.75	269 411	316 861
Less: Estimated Revenue	161 771	193 255	193 255	227 553	17.75	269 410	316 860
Deficit to be voted	1	1	1	1		1	1

PROGRAMME 7: RESTRUCTURING

PROGRAMME DESCRIPTION:

Restructuring

provision for the restructuring of the department

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Only applicable to the 1999/2000 Actual Expenditure

Table 1.7 Expenditure - Programme 7: Restructuring Department of Health							
Sub-programme	1999/2000 Actual	2000/01 Budget	2000/01 Est. Actual	2001/02 Budget	% Change Est. Actual to Budget	2002/03 MTEF	2003/04 MTEF
	R'000	R'000	R'000	R'000		R'000	R'000
1. Restructuring	6 213						
Departmental totals	6 213						
Economic classification							
Current expenditure	6 213						
Salaries and related costs	6 198						
Goods and services purchased							
Interest payments							
Transfers to households							
Transfers to other levels of government	15						
Subsidies							
Capital expenditure							
Machinery and equipment							
Land and buildings							
Infrastructure							
Other fixed capital							
Capital transfers							
Total expenditure	6 213						
Standard items							
Personnel expenditure	6 071						
Administrative expenditure	15						
Stores and livestock							
Equipment							
Land and buildings							
Professional and special services							
Transfer payments							
Current							
Capital							
Miscellaneous expenditure							
Civil Pensions Stabilization Account	127						
Amount to be voted	6 213						

Table 2 Reconciliation of Structural Changes Department of Health				
Current Programme	2000/01 Budget R'000	2000/01 Actual Amounts Shifted R'000	2001/02 Budget R'000	New Programme
Vote 1 : Programme 1	370	370	639	: Programme 1
Totals	370	370	639	

Table 3 Details of Training Expenditure Department of Health			
Programmes	2001/02	2002/03	2003/04
	R'000	R'000	R'000
1. Administration	3 000	3 120	3 000
2. District Health Services	22 906	23 822	22 906
3. Provincial Hospital Services	60 202	62 610	60 202
4. Academic Health Services	#####	128 034	138 128
5. Health Sciences	49 946	51 943	49 946
6. Health Care Support Services	384	400	384
Total	#####	251 841	274 566

Table 4 Percentual salary distribution of personnel in the Provincial Service and related Public Sector

Post level	Programmes							Number of persons	
	1	2	3	4	5	6	7	Total	%
16	1							1	0.00
15	1							1	0.00
14	4		3	9		2		18	0.08
13	11	1	11	56				79	0.33
12	40	15	65	207		2		329	1.38
11	15	127	102	349	2	6	1	602	2.52
10	30	38	87	294	6	3		458	1.92
9	56	160	195	221	1	4	5	642	2.69
8	80	932	939	1 500	39	19	2	3 511	14.69
7	73	331	476	617	4	42	8	1 551	6.49
6	110	1 078	1 207	1 985	21	24	21	4 446	18.61
5	32	819	1 527	1 399	14	15	12	3 818	15.98
4	37	429	624	753	19	102	11	1 975	8.27
3	34	232	328	429	596	35	17	1 671	6.99
2	23	921	1 572	1 735	59	169	20	4 499	18.83
1	3	131	126	22		12		294	1.23
TOTAL	550	5 214	7 262	9 576	761	435	97	23 895	100.00
Key: Post level									
16	385 493 - 409 145	12	174 483 - 194 154	8	83 379 - 92 472	4	36 801 - 39 429		
15	299 304 - 317 668	11	144 972 - 165 207	7	67 137 - 73 911	3	31 212 - 34 020		
14	246 640 - 265 698	10	124 266 - 134 970	6	53 898 - 60 405	2	27 174 - 29 067		
13	209 392 - 222 237	9	99 558 - 114 360	5	43 536 - 46 911	1	24 036 - 24 696		

Table 5

Representation within Health

Post level	Number of posts filled	Persons as at 31 January 2001						
		African	Coloured	Indian	White	Female	Male	Disabled*
13 - 16	99		8	11	80	11	88	
9 - 12	2 031	78	316	112	1 525	833	1 198	
1 - 8	21 765	2 803	15 491	67	3 404	16 955	4 810	
Total	23 895	2 881	15 815	190	5 009	17 799	6 096	
Total		23 895				23 895		
Percentage of total number of posts filled		12.06	66.19	0.80	20.96	74.49	25.51	

* Note: Disabled as defined in section 1 (Definitions) of the Employment Equity Act, 1998 (Act 55 of 1998):
"people with disabilities" means people who have a long-term or recurring physical or mental impairment which substantially limits their prospects of entry into, or advancement in, employment;".

Table 6 **Details of Medium-Term Expenditure Framework**
Department of Health

Programmes	1999/2000	2000/01	2000/01	2001/02	% Change	2002/03	2003/04
	Actual	Budget	Est. Actual	Budget	Est. Actual to Budget	MTEF	MTEF
	R'000	R'000	R'000	R'000		R'000	R'000
1. Administration	76 396	140 471	124 915	166 360	33.18	174 051	183 909
2. District health services	956 978	1 006 454	1 032 893	1 034 721	0.18	1 078 891	1 140 003
3. Hospital services	745 189	788 011	804 314	853 025	6.06	892 458	943 009
4. Academic health services	1 216 852	1 272 851	1 316 924	1 360 481	3.31	1 420 632	1 498 308
5. Health sciences	52 701	56 945	51 389	56 942	10.81	59 574	62 949
6. Health care support services	52 376	57 800	60 789	63 508	4.47	66 444	70 207
7. Restructuring	6 213						
Provision on Vote 10, Programme 4, Property management and works	53 475	90 243	103 775	134 511	29.62	80 025	77 775
Total	3 160 180 a	3 412 775	3 494 999	3 669 548	4.99	3 772 075	3 976 160
Increase/(decrease)		252 595	82 224	174 549		102 527	204 085
CLASSIFICATION OF EXPENDITURE (Economic classification)							
Current							
salaries and related cos	1 982 161	2 120 804	2 142 142	2 251 123	5.09	2 353 248	2 486 091
transfer payments	402 697	441 532	447 668	428 200	(4.35)	447 355	472 711
other current expenditure	724 529	725 892	771 594	837 527	8.55	897 025	948 486
Capital							
transfer payments	10 652	5 002	5 270	5 002	(5.09)	5 002	5 002
other capital expenditure	40 141	119 545	128 325	147 696	15.10	69 445	63 870
Total	3 160 180	3 412 775	3 494 999	3 669 548	4.99	3 772 075	3 976 160
CLASSIFICATION OF EXPENDITURE (Standard item)							
Current							
personnel expenditure	1 982 157	2 120 800	2 142 138	2 251 118	5.09	2 353 242	2 486 083
transfer payments	396 621	432 144	440 397	419 746	(4.69)	438 469	463 306
other current expenditure	730 609	735 284	778 869	845 986	8.62	905 917	957 899
Capital							
transfer payments	10 652	5 002	5 270	5 002	(5.09)	5 002	5 002
other capital expenditure	40 141	119 545	128 325	147 696	15.10	69 445	63 870
Total	3 160 180	3 412 775	3 494 999	3 669 548	4.99	3 772 075	3 976 160

a As included in the Appropriation Accounts.