

***THE PROVINCE OF
GAUTENG***



***DIE PROVINSIE VAN
GAUTENG***

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We all have the power to prevent AIDS



Prevention is the cure

**AIDS
HELPLINE**

0800 012 322

DEPARTMENT OF HEALTH

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PROVINCIAL NOTICES • PROVINSIALE KENNISGEWINGS**PROVINCIAL NOTICE 291 OF 2021****GAUTENG PROVINCIAL TREASURY**

In accordance with Section 35(c, d) and 36(2) of the Municipal Finance Management Act (MFMA) no 56 of 2003. I hereby give notice of the special main allocations to the municipalities for the financial year 2021/22. These allocations will be transferred to the municipalities according to the transfer mechanism as per attached schedule and for the purposes and conditions set out therein.



Nomantu Nkomo-Ralehoko
MEC for Finance
Date: 20/04/2021

PRIMARY HEALTH CARE	
Transferring department	Gauteng Department of Health
Purpose	<ul style="list-style-type: none"> To render comprehensive Primary Health Care Services according to Service Level Agreements
Measurable outputs	<ul style="list-style-type: none"> Provision of ante-natal and post-natal services. 95% coverage of expanded programmes for immunization (EPI) services. 90% coverage of Human Papillomavirus immunization. Increase availability of Integrated Management of childhood illnesses. HIV/AIDS programmes. Provide pre and post HIV/AIDS counseling as well as education in all facilities. Improve TB detection and cure rate. Improve TB cure rate in new HIV positive clients. Improve the nutritional status of vulnerable groups (children, women and the elderly) Monitor and manage outbreaks Increase availability of the following services: <ul style="list-style-type: none"> Treatment for minor ailments Treatment for acutely ill and emergencies Treatment for chronic conditions Geriatric services and Rehabilitative services Mental Health services Increase the availability and management of Reproductive & Women's Health Services. Availability of youth friendly services in all facilities. Number of visits per month. Improve access to extended hours based on SLA agreement Compensation of PHC employees per provincial salary scales/value for money.
Conditions of the Cash Subsidy	<ul style="list-style-type: none"> To render maternal, woman & child health services (preventive and promotion). To render reproductive health services. To provide TB/STI/HIV/AIDS education and treatment. To provide chronic conditions management and treatment. To provide minor ailments and emergency services. To provide health promotion services. To provide Geriatric and Rehabilitative services. To provide youth counseling services. To provide nutritional supplements to children. To provide ward based health services. To provide screening as per COVID-19 regulations.
Allocation criteria	<ul style="list-style-type: none"> Utilization rate. Operational needs. Population (Insured/uninsured).
Monitoring system	<ul style="list-style-type: none"> Monthly; quarterly; and annual reports in terms of the Division of Revenue Act, 2021/2022. Submission of PHC related expenditure audited quarterly
Budget on which transfer is shown	<ul style="list-style-type: none"> Programme 2: District Health Services, Sub-Programmed: Community Health Clinics.
Past performance	<ul style="list-style-type: none"> Service rendered satisfactorily
Projected life	<ul style="list-style-type: none"> As long as the Health Act of 2003 stipulates provisioning of primary health care support.
Capacity and Preparedness of the transferring department	<ul style="list-style-type: none"> The Department has staff at regional, district and central level to monitor these transfers
Payment schedule	<ul style="list-style-type: none"> 40% July 2021; 30% October 2021; 30% January 2022
Division of Allocations	<ul style="list-style-type: none"> City of Ekurhuleni R164,702,000 City of Johannesburg R153,601,000

	<ul style="list-style-type: none">• City of Tshwane	R58,845,000
	Total	R377,148,000

HIV and AIDS	
Transferring Department	Gauteng Department of Health
Purpose (Objectives)	<ul style="list-style-type: none"> • Sustain coverage of the ward-based door to door HIV education programme to reduce new HIV infections through "Combination HIV prevention" (defined) prioritizing youth. • Effective utilization of health, social and other services through education with referrals and follow up. • Increased capacity of ward structures and community to address HIV and TB in the local community. • Ward service plan is integrated with joint ward plans led by the Councilor and consistent with Ntirhisano: the joint ward system. • Effective coordination, strengthening and monitoring of the AIDS Council functionality on HIV, TB and STI response
Measurable outputs (Indicators)	<ul style="list-style-type: none"> • Number of people reached with door to door AIDS education: youth (15-34 years) and adults (35 years +) • Number of households reached • Number of educators trained this quarter • Number of referrals made with services referred to • Number of follow ups of referrals • Number of wards covered • Number of condoms distributed • Number of educators with full identification • Number of PPEs (i.e. cloth mask and 70% alcohol-based hand sanitizer) procured • Number of PPEs (i.e. cloth masks and 70% alcohol-based hand sanitizer) distributed <p>AIDS Council coordination</p> <ul style="list-style-type: none"> • Number of AIDS Council meetings conducted • Number of Civil Society Forum meetings coordinated • Number of Government Department meetings coordinated • Number of Private Sector meetings coordinated • Number of M & E technical working group meetings held
Conditions of Cash Subsidy	<ul style="list-style-type: none"> • Monthly reports on outputs • Monthly financial reporting on utilized funds • Ward door to door education is coordinated through joint plans with Ward Councilor; Ward Committee, CDWs, all community workers in the ward and War Rooms for Ntirhisano as well as local services for health, social services and poverty relief. • Utilize funds strictly for door to door ward education programme` including: <ol style="list-style-type: none"> a. Educator stipends b. Ward team leader stipends c. Training on this program for 50% of educators per year d. Identification of educators only: Jacket, cricket hat, study back pack, water bottle, name badge for 50% of educators e. Reporting: stationery and data capture f. Personal Protective Equipment for educators: 2 x 3 layered cloth mask and 1x 1litre 70% alcohol based hand sanitizer per educator per quarter g. Reporting: stationery and data capture • Utilize funds also for AIDS Council coordination limited to: <ol style="list-style-type: none"> a. AIDS Council meetings b. Ward campaigns c. Catering for Civil Society Forum meetings: Catering for Civil Society Forum meetings: Forums host 35 or less people at a go and they are advised to observe COVID regulations. Catering is pre-packed food to align with COVID regulations d. Transport for Civil Society leaders: transport is required for meetings that are not virtual, especially for ward campaigns, outreach activities, workshops, training and sector coordination. e. Data for Civil Society leaders to connect virtual meetings, where the number of members exceed the required number of COVID-19 regulations

	<ul style="list-style-type: none"> Funding is excluded for: <ul style="list-style-type: none"> Promotional items (toys, clothing etc.) and advertising Events All Municipalities are advised to comply with the regulations of the Extended Public Works Programme (EPWP) for this cash subsidy. All Municipalities are advised to adhere to COVID – 19 Regulations.
Allocation criteria	<ul style="list-style-type: none"> Population, HIV prevalence and Youth risk profile Education coverage (numbers reached) for 2019/ & 2020/21 per municipality (performance). Compliance with Service Level Agreements and service guidelines including monitoring and verification. Costs for AIDs Councils to host coordination meetings and campaigns (food, transport and data:(the monthly reporting, expenditure reports, monitoring visits to track the spending mitigate the risks.
Monitoring system (Indicators)	<ul style="list-style-type: none"> Monthly reports on outputs. Number of people reached with education: (youth 15-34 years), adults (35 years plus). Number of households reached. Number of referrals made. Number of PPE (i.e. cloth mask and 70% alcohol-based hand sanitizer) procured. Number of AIDS Council meetings conducted. Number of Civil Society Forum meetings coordinated. Number of government department meetings coordinated. Number of Private Sector meetings coordinated. Number of M & E technical working group meetings held. Minimum quality of education as defined in provincial guidelines for ward education. Reports are verified by supporting documents to Auditor General Standards for performance reporting. Monthly financial reports on utilized funds, due on the 15th day of each month for the period 31 July 2021 to 30 June 2022. Annual report in August every financial year Division of Revenue Act 2021 Treasury Regulations
Budget on which transfer is shown	<ul style="list-style-type: none"> Gauteng AIDS Council Secretariat
Projected life	<ul style="list-style-type: none"> Review every 3 years
Capacity and Preparedness of the transferring department	<ul style="list-style-type: none"> Department of Health has staff to control these transfers, manage contracts, monitor services and verify reports.
Payment schedule	<ul style="list-style-type: none"> 60% transfer by 31 July 2021 40% transfer by 31 October 2021
Division of Allocations	<ul style="list-style-type: none"> City of Johannesburg R28,032,000 City of Tshwane R24,392,000 City of Ekurhuleni R18,178,000 Sedibeng District R11,454,000 West Rand District R11,364,000 Total R93,420,000

Vote 4 - Department of Health

		PRIMARY HEALTH CARE				HIV/AIDS				SUB-TOTAL: GRANTS			
Number	Municipality	Provincial Financial Year		Municipal Financial Year		Provincial Financial Year		Municipal Financial Year		Provincial Financial Year		Municipal Financial Year	
		2021/22 (R'000)	2022/23 (R'000)	2023/24 (R'000)	2021/22 (R'000)	2022/23 (R'000)	2023/24 (R'000)	2021/22 (R'000)	2022/23 (R'000)	2023/24 (R'000)	2021/22 (R'000)	2022/23 (R'000)	2023/24 (R'000)
A GT000	City of Ekurhuleni	164 702	171 455	179 170	18 178	18 900	19 751	18 178	18 900	19 751	182 880	190 355	198 921
A GT001	City of Johannesburg	153 601	159 898	167 093	28 032	29 433	30 649	28 032	29 433	30 649	181 633	189 331	197 742
A GT002	City of Tshwane	58 845	61 258	64 015	24 392	25 612	26 765	24 392	25 612	26 765	83 237	86 870	90 780
B GT421	Ermfuleni	-	-	-	-	-	-	-	-	-	-	-	-
B GT422	Midvaal	-	-	-	-	-	-	-	-	-	-	-	-
B GT423	Lesedi	-	-	-	-	-	-	-	-	-	-	-	-
C DC42	Sedibeng District Municipality	-	-	-	11 454	12 027	12 568	11 454	12 027	12 568	11 454	12 027	12 568
Total: Sedibeng Municipalities		-	-	-	11 454	12 027	12 568	11 454	12 027	12 568	11 454	12 027	12 568
B GT481	Mogale City	-	-	-	-	-	-	-	-	-	-	-	-
B GT484	Merapong City	-	-	-	-	-	-	-	-	-	-	-	-
B GT485	Rand West City	-	-	-	-	-	-	-	-	-	-	-	-
C DC48	West Rand District Municipality	-	-	-	11 364	11 932	12 469	11 364	11 932	12 469	11 364	11 932	12 469
Total: West Rand Municipalities		-	-	-	11 364	11 932	12 469	11 364	11 932	12 469	11 364	11 932	12 469
Total: Gauteng Municipalities		377 148	392 611	410 278	93 420	97 904	102 202	93 420	97 904	102 202	470 568	490 515	512 480

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