

NORTHERN CAPE DEPARTMENT OF HEALTH

ANNUAL REPORT 2018 - 2019

Vote 10



NORTHERN CAPE DEPARTMENT OF HEALTH

ANNUAL REPORT 2018/19

Honourable Ms. Manopole

I have the honour of submitting the Annual Report of the Northern Cape Department of Health, for the period 1st April 2018 to 31st March 2019.



.....
Ms. M Manopole

Executive Authority

Date: 31st May 2019

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2. Part A: General Information

Department's General Information

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ACRONYMS

AFS	Annual Financial Statement
AGSA	Auditor- General South Africa
AIDS	Acquired Immune Deficiency Syndrome
AEA	Ambulance Emergency Assistant
ALOS	Average Length of Stay
ANC	Ante Natal Care
ART	Anti-Retroviral Treatment
ARV	Anti-Retro Viral
BANC	Basic Antenatal Care
BUR	Bed Utilisation Rate
CCDU	Central Chronic Dispensing Unit
CCMDD	Central Chronic Management Dispensing and Distribution
CDC	Communicable Disease Control
CDU	Chronic Dispensing Unit
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHAPS	Centre for HIV/AIDS Prevention Studies
ChildPIP	Child Healthcare Problem Identification Program
CHC	Community Health Centre
CHW	Community Health Workers
CPD	Continuous Professional Development
CSS	Client Satisfaction survey
DBSA	Development Bank of South Africa
DCST	District Clinical Specialist Teams
DHIS	District Health Information System
DHMIS	District Health Management Information System
DORA	Division of Revenue Act
DPSA	Department of Public Service and Administration
DPTC	District Pharmaceutical Therapeutic Committee
EMC	Executive Management Committee
EMS	Emergency Medical Services

EPMDS	Employment Performance Management Development System
ESMOE	Essential Step in the Management of Obstetric Emergency
ETR	Electronic TB Register
FET	Further Education and Training
HAM	Health Area Manager
HBC	Home Based Care
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HRP	Human Resources Plan
HOD	Head of Department
HPRS	Health Patient Registration System
HPTDG	Health Professional Training and Development Grant
HPV	Human Papilloma Virus
HRD	Human Resource Development
HSNC	Henrietta Stockdale Nursing College
ICT	Information, Communication and Technology
ICU	Intensive Care Unit
IMCI	Integrated Management of Childhood Illnesses
ISHP	Integrated School Health Programme
RMSH	Robert Mangaliso Sobukwe Hospital
MCWH	Mother, Child and Women's Health
SANC	South African Nursing Council
SDG	Sustainable Development Goals
SVS	Stock Visibility System
MRI	Magnetic Resonance Imaging
MDR	Multi-Drug Resistant
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MMR	Maternal Mortality Ratio
MPAT	Management Performance Assessment Tool
MRC	Medical Research Council
MTEF	Medium Term Expenditure Framework

MTSF	Medium Term Strategic Framework
NECET	National Emergency Care Education and Training
NDOH	National Department of Health
NDP	National Development Plan
NGO	Non-Governmental Organisations
NHI	National Health Insurance
NPA	National Prosecuting Authority
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
OPD	Out Patients Department
PDE	Patient Day Equivalents
PEP	Post Exposure Prophylaxis
PFMA	Public Finance Management Act
PHC	Primary Health Care
PILIR	Policy on Incapacity Leave and Ill-Health Retirement
PMDS	Performance Management Development System
PMTCT	Prevention of Mother to Child Transmission
RAF	Road Accident Fund
SAICA	South African Institute of Chartered Accountants
SANCB	South African National Council for the Blind
SAPC	South African Pharmacy Council
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SDIP	Service Delivery Improvement Plan
SCOPA	Standing Committee on Public Accounts
SLA	Service Level Agreements
STG	Standard Treatment Guidelines
TB	Tuberculosis
TIER	Three Interlinked Electronic Registers
TROA	Total Client Remaining on ART
UFS	University of the Free State
UNAIDS	United Nations Joint Programme on HIV and Aids

WBOT	Ward Based Outreach Teams
WBPHCOTs	Ward Based Primary Health Care Outreach Teams
WHO	World Health Organisation
XDR TB	Extensively Drug-Resistant TB
ZF MGCAWU	Zwelentlanga Fatman Mgcawu

OFFICIAL SIGN-OFF OF THE ANNUAL PERFORMANCE REPORT

It is hereby certified that this Annual Performance Report:

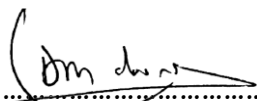
- Was developed by the Provincial Department of Health in the Northern Cape Province;
- Was prepared in line with the current Annual Performance Plan of the Northern Cape Department of the Health under the guidance of Honourable Mase Manopole, MEC for Health
- Accurately reflects the performance of the Department of Health in the Northern Cape Province for 2018/19 financial year.



Mr. M Mlatha

Director: Policy and Planning

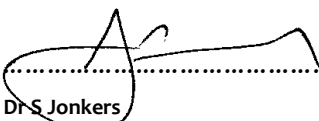
Date: 31st May 2019



Mr. D Gaborone

Chief Financial Officer

Date: 31st May 2019



Dr S Jonkers

Head of Department

Date: 31st May 2019

APPROVED BY:



Ms M Manopole

Member of the Executive Council

Date: 31st May 2019

Foreword by the Member of Executive Council for Health

Introduction:

The sixth administration and the sixth Legislature before which this report will serve inaugurates a new dawn in respect of the work of government. This work ought to relate directly to the services that we give to the people of the Northern Cape. While areas of improvement are notable in terms of this report, there are obvious significant drawbacks in the performance of the health system. The die is cast as far as 2018/19 is concerned.

The task of growing the Northern Cape and South Africa requires that this performance under review be used as a base to leap frog the health system to be responsive to the needs of the citizenry. Much of this is dependent on the successful implementation of the health reforms that underpin NHI. A continuous assessment of how this reforms find expression on the ground and across the value chain of the public health service platform is particularly necessary for the year under review.

Community Participation - Hospital and Clinic Boards

We have largely been able to mobilise our people to continue to participate in our health care programmes, the number of people who tested for HIV is still admirable, and it will have been even more magnificent had the figure been above three hundred thousand as desired. The strengthening of the entire cohort of community based services is progressing. However, there are challenges with regard to the inputs necessary to optimise performance; these inputs are financial and human resources in particular. Hence, community based services are necessary to ensure that everyone has direct contact with the health system.

In the face of the damning scourge of poverty and unemployment members of society are increasingly reluctant to play a role in our hospital boards and clinic committees. Our reports depict that it is very onerous to ensure that selected individuals complete their terms and perform their responsibilities as required. There has been a growing demand for remuneration, it echoes across all facilities. It should be understood that these structures are akin to the school governing bodies, with these facilities belonging to the communities. We are now mobilising all our communities, especially professionals who have a contribution to make; we call on their support to ensure that through them society exercise its custodianship of these health facilities.

Performance

The performance of the department in respect of the planned targets can certainly improve, the reported performance, with only 48% of the targets achieved rings hollow in the context of the mammoth health challenges faced by the people of the province. As is stated in the foreword of the fourth quarter “the start of a new financial year calls on us to go back to the drawing board, restructure and ensure that the required improvements occur”. In the sequence of the importance of the things to be considered, it is particularly the poor performance of some of the indicators that have a direct relation with outcome twelve; namely “A long and healthy life for all South Africans”. Detracting from the negatives it is clear that in terms of verified data even from StatsSA that strides have been made in combatting mother to child transmission of HIV, mothers, infant and child mortality has declined, which are noteworthy achievements. On the other hand, performance of some of the indicators with a direct relation to this outcome potentially places the department and health system at a crossroad if this year’s performance is anything to go by.

Improving the lot of our people

The mandate of the department is to strive for “A Long and Healthy Life for all South Africans” as set out in the National Development Plan (NDP). This inclusive vision expressed by this overarching mandate requires us to strive towards universal access, quality, equity and an empathetic service towards the people of the Northern Cape. Amongst the notable outcomes of the financial year 2018/19 is the fact that the Mental Health Hospital in Kimberley has reached practical completion. More facilities have undergone major and minor refurbishments as we strive to reach the critical milestone of ideal hospital and clinic status for all these respective facilities in the province.

The construction of the new Nursing and EMS colleges are respectively progressing. Hence, we want to make the necessary interventions to accelerate progress. These potentially offers opportunities for career development and growth for the young people of the Northern Cape. Evidence increasingly highlights necessity to accelerate and grow the numbers of health professionals produced by the Northern Cape. Successful implementation of health reforms to attain universal health access necessitates increasing the available pool and skilled professionals on the ground.

Let’s continue to pull together!

The cliché that government cannot do it alone is indeed true. Hence in its Manifesto the ruling party underscored its message with the word, “together”. It is in this context that the call for participation in hospital and clinic committees amongst others is made. We wish to thank those who continue to use their skills and expertise to contribute in various aspects of the department and the health system. Our various partners, especially those in the private sector, we say they must not tire in their noble contributions towards the health of the people of the Northern Cape. We wish to thank the outgoing SCOPA and Health portfolio committees at the Legislator, their guidance was critical. The end of a financial year is the start of another; the Annual Performance Report becomes the bases on which we plan for the period ahead. We thus need to continue to work together and bring our collective wisdom to bear towards building a Long and Health Life and health service excellence.



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Ms. Mase Manopole

Member of the Executive Council:

Department of Health

Northern Cape

Report of the Accounting Officer

Overview of the Accounting Officer

Introduction

The 2018/19 Financial Year draws to a close with the submission of the Annual Performance Report. It also marks the end of the designated period for the Medium Term Strategic Framework (MTSF) adopted for the fifth administration. As Accounting Officer this is my first year where I started and concluded a financial year in the Northern Cape department of health. As indicated by the Executing Authority the Annual Performance Report and by implication the actual period under review is the bases for planning and work that lies ahead. We are better poised for the period ahead, there are more opportunities than prima facie evident.

The Challenge of the burden of disease

The Northern Cape has a huge burden of TB this is exacerbated by the prevalence of HIV, with the latter rated as the most common cause of mortality amongst the people of the province. The demographics of the province, consists mostly of young people. Hence, accelerated efforts are required to curb the scourge of the two pandemics in order to decrease TB and HIV incidence as well adverse treatment outcomes ie. LTFU and death rates among the youth.

Our efforts have shown in this financial year (2018/19) that without a collaborative effort on the part of government department and society, the social determinants of health will make it much harder to achieve our desired outcomes. Our performance outcomes can certainly improve from the current levels of performance, we have to reach the UNAIDS 90-90-90 targets originally set out by the World Health organisation in order to realise the goals of the National Development Plan (NDP) and Sustainable Development Goals (SDG's). A notable positive of this annual report is the alignment of our plans with the NDP and SDG's.

Similarly, we have noted the extent to which our province is prone to vector borne diseases such as Congo fever, again this require sectoral collaboration. The increasing number of accidents on our roads are another concern that the health system is pondering about. We have to alleviate the burden of diseases and injuries and use our meagre resources to strengthen primary health care.

Robert Mangaliso Sobukwe Hospital (RMSH)

The tertiary hospital previously known as Kimberley Hospital in the Annual Performance Plan was renamed Mangaliso Robert Sobukwe in the year after review. The department set about to improve the functionality and services provided by the hospital to the people of the Northern Cape. In this regard a new MRI scanner was procured and installed. This has improved the clinical diagnosis and treatment of patients. Together with the Dr Harry Surtie Hospital in Upington, the RMSH is now also a training platform for doctors including the thirty-two students who have returned from Cuba to conclude training in Kimberley. As a result, this will ensure their smooth integration into the Northern Cape after the completion of their studies.

Stabilising the Health System

Reforms by their nature create a great level of ambivalence about systems and to people. Hence, it is common cause that the health system in our country and province is currently undergoing the greatest reform process to improve service delivery. A great deal of the work undertaken in the year under review, 2018/19, was to bring about certainty and stabilise performance. We put much effort in improving financial performance and human resource management.

We have done work to ensure that managers are empowered to spend the money of government prudently, for the benefit of the citizenry. We have attended to areas of historical

poor performance such as supply chain management and contract management. The achievements in this regard lay the basis for future progress. We have developed an organisational structure that is now at the stage of interface with the Office of the Premier and Minister of Public Service. Efforts of employing and replacing some of the critical posts that are at the coalface of the delivery of health services were slow. This was amongst others as a result of the prudent processes that had to be undertaken to reprioritise posts and manage the budget. The department was able to publicise a block advert for critical posts, some of these have not attracted interested parties, thus also slowing down the recruitment processes. This is indicative of the huge competition for scarce skills in the health sector.

We have said this report must be used as a basis for future action. A plan is in place to ensure that the theatres in Colesberg, Kakamas and Keimoes hospital(s) amongst others become functional and thereby reduce the inter-facility transfers and pressure on EMS. We have taken note of what needs to be done to improve the efficiency indicators with particular focus on the district hospitals.

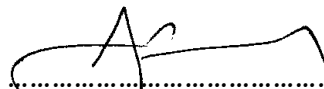
Infrastructure Development

The focus has always been on improvement of infrastructure in our health facilities, in this regard practical completion of the Mental Health Hospital and Sakhile Clinic has been reached. Significant progress has been made in the completion of the following facilities under construction: Port Nolloth CHC (85%), Springbok Hospital Pharmacy (40%), Boegoeberg Clinic (70%), Bankara Bodulong Clinic (76%). From this time, we have made an important yet not so obvious change in our infrastructure focus. Similarly, the revitalisation of the Kuruman Mortuary and the Prieska Hospital Forensic Mortuary. Many of these never received the requisite attention since the service was transferred from the South African Police Service (SAPS) to the department of health. In so doing we also upheld the memory of the late Dr Victor Mafungo who contributed immensely to efforts to modernise Forensic Pathology Services in the province and the country.

Affirming our commitment and your support

There is a lot that we have achieved in 2018/19, much of that lays the basis for certain improvement. This could not have been done without NDoH support, our esteemed Internal Audit Committee, our partners and the people of the Northern Cape at large. Through this report we know exactly where the red flags are and where the positive lessons have to be drawn from, hence it is not just a tool for compliance. We are fulfilling the injunction to account and seek to improve on past performance.

None of it will be possible without the immeasurable support and guidance we continue to receive from the provincial legislator and many others bodies with fiduciary duty for performance and legal oversights respectively. To enable them to continue to help us we tabled this Annual Performance Report (2018/19) of the Northern Cape Department of Health.



Dr S. Jonkers
Head of Department

Overview of the financial results of the department

The department maintained the qualified audit opinion with emphasis paragraphs showing mainly on supply chain management and asset management related issues.

Departmental receipts

Patient fees remain the main source of receipts for the Department. The tariffs charged at the applicable health facilities are derived from the Uniformed Patient Fees Schedule (UPFS) which is determined by the National Department of Health (NDoH). The annual increase in UPFS tariffs is also determined by the NDoH and implemented by Provincial Departments across the country at the beginning of each financial year.

The table below provides a breakdown of the sources of revenue and performance:

Departmental receipts	2018/19			2017/18		
	Estimate	Actual Amount Collected	Over/Under Collection	Estimate	Actual Amount Collected	Over/Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	52 507	27 309	25 198	49 582	29 703	19 879
Interest, dividends and rent on land	-	1	(1)	-	1	(1)
Sale of capital assets	2 508	37	2 471	2 368	60	2 308
Financial transactions in assets and liabilities	-	2 495	(2 495)	-	1 171	(1 171)
Total	55 015	29 842	25 173	51 950	30 935	21 015

The Revenue collection target did not materialise as planned resulting in collection of 54 per cent or R29.842 million of a target of which is 6% below compared to the previous financial year. The poor collection of revenue was mainly interrupted by change of the surplus R2.495 million resulted primarily through the recovery of previous years' expenditure, amongst others, and the allocation of staff debts of past financial years.

Bad debt is written off in accordance with the Department's policy and after the Department has taken all reasonable steps to collect the debt owed. However, the department did not write off any debts during this financial year, since the debt book of R146.129 million was referred to the debt collectors for recovery.

The review of personnel capacity at facility level was performed and the vacancies identified. The Provincial Treasury is assisting the department to improve revenue collection through recruitment of additional personnel and contracting of debt collection agent.

The department is further reviewing the patient debt collection strategy and planning to build capacity through ongoing training for revenue personnel. The monthly revenue management forum was initiated by Provincial Treasury in which the department is the pivotal contributor, and the department has planned to hold its own forum considering the challenges. A project that aims at strengthening patient administration systems and processes as a value chain, in order to

maximize revenue generation and collection within the department has been undertaken by the department in collaboration with the Provincial Treasury.

Future plans for collecting revenue

The future plans included the department is developing a patient debt collection strategy and further planning to build capacity through on-going training for revenue personnel. The review of personnel capacity at facility level was performed and the vacancies identified. The posts will be reprioritized within the available budget. The review of patient classification and ICD 10 will receive preference.

Revenue tariff policy

The tariffs charged by the department on patient fees are based on the national tariffs as approved by the Minister. These tariffs are uniform throughout the country and are compiled by the national task team, representative of all the provinces. Tariffs charged to the public patients are determined according to their scale of income.

Tariffs with regard to other sources of income, such as parking are determined by using guidelines issued by relevant national departments from time to time.

Free services

There are certain circumstances under which patients will receive services free of charge independently of their classification as full paying or subsidized patients. Such circumstances include infectious, formidable diseases, pregnant women and children. Also patients classified under Ho category receive free services. It was not possible to quantify the cost of the free services rendered.

Programme Expenditure

During the year under review the department was allocated an adjusted budget of R4.854 billion, which included an adjustment to the conditional grants, roll-overs and other adjustments. At the end of the financial year, the department had spent R4.837 billion resulting in an under-expenditure of R16.832 million, which resulted from administrative delays in moving the patients to the new Mental Health hospital and delays in the implementation of skills development plan.

The table below shows budget and expenditure by programme for the financial years 2017/18 and 2018/19. Please refer to Notes to the Appropriation Statements for reasons.

Programme Name	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual expenditure	(Over)/Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	223 101	224 047	(946)	209 905	230 613	(20 708)
District Health Services	2 182 187	2 182 245	(58)	2 001 541	1 989 395	12 146
Emergency Medical Services	332 999	333 021	(22)	327 707	302 726	24 981
Provincial Hospital Services	382 699	382 699	-	338 120	338 577	(457)
Central Hospital Services	1 069 620	1 059 796	9 824	970 244	954 327	15 917
Health Sciences	120 111	121 364	(1 253)	119 668	98 661	21 007
Health Care Support Services	112 274	113 266	(992)	100 142	91 782	8 360
Health Facilities Management	431 320	421 041	10 279	562 965	561 271	1 694
Total	4 854 311	4 837 479	16 832	4 630 292	4 567 352	62 940

The table above summarizes the budget versus actual expenditure as at 31 March 2019. The department spent 99.7% of its budget in the reporting year. The reasons for underspending of R16.832 million were:

- R1.155 million of the Conditional Grants could not be spent. The underspending occurred within the Health Facility Revitalization, Health Professions Training and Development, Human Papillomavirus Vaccination, EPWP Social Sector Incentive and EPWP Integrated grants.
- Overspending of R 113 000 occurred within Comprehensive HIV/AIDS TB and in addition;
- There was underspending of R15.677 million within the voted funds.

Virements/roll overs

All virements applied are depicted on the Annual Financial Statements. Virements were applied to ensure that no unauthorised expenditure occurred per Main Division. All virements were within the same economic classification but between different programmes, thus were approved by the Accounting Officer.

The preparation of shifting and virements was guided by Section 43 of the Public Finance Management Act (PFMA) and Treasury regulation. The shifting and virements was made to the compensation of employees, goods and services, transfers and subsidies and payment for capital assets economic classifications.

Unauthorised Expenditure

The department did not incur unauthorised expenditure during the current year compared to R100.367 million in the previous financial year. This represents 0% of the adjusted budget compared to 2.1% in the previous financial year.

The nature of business is such that the department is continuously faced with service delivery pressures, despite limited resources at its disposal. The management has introduced committees that will oversight of efficiency and losses; while also investigating the cause of unauthorised expenditure.

The department has implemented Cost Containment measures and extraordinary interventions to remain with available budget. A Departmental Budget Committee has been re-established and is chaired by the Accounting Officer. Programme managers have been appointed in writing and play a pivotal role in controlling expenditure within their programmes. Expenditure trends are monitored and variances between budget and expenditure are scrutinised by Executive Management.

Fruitless and wasteful Expenditure

The department incurred fruitless and wasteful expenditure to the value of R6.285 million during the financial year, compared to R5.270 million in the previous financial year. This was mainly due to interest charged on overdue accounts as payments to service providers.

The department has initiated a process of negotiating with the service providers to avoid interest on overdue accounts and rationalising the available financial resources.

Irregular Expenditure

The department incurred irregular expenditure to the value of R235.416 million during the financial year, compared to R412.379 million in the previous financial year. The main contributor to irregular expenditure in terms of monetary value is the awarding of tenders by implementing

agents, followed by expired contracts that are extended on month-to-month. The main contributor in terms of numbers of cases is violation of departmental SCM policy.

The department has developed a project plan to deal with irregular expenditure. The project approach is two-fold: addressing irregular expenditure that occurred prior to the 31 March 2017 and improving internal control environment effective from 01 April 2017 and going into the future. The Provincial Treasury has appointed a service provider to assist DOH with the investigation of prior years' irregular expenditure incurred whilst the department has established a dedicated unit and established Irregular Expenditure Assessment Committee to strengthen the internal control environment effective in the current financial year.

Future plans of the department

The department has planned to perform integrate the strategies to turn around the finances of the department and improve service delivery; strengthen the health promotion activities; and strengthen clinical oversight through the clinic committees and hospital boards by providing rigorous training to ensure that these structures are efficient and fully operational in various districts

Public Private Partnerships

The department does not have any registered public-private partnerships.

Discontinued activities / activities to be discontinued

There were no discontinued activities or activities planned to be discontinued. The National Health Insurance (NHI) conditional grant for contracting health professionals will come to an end on 30 June 2019. The National Department of Health has agreed to provide bridging funding for contracting health professionals in the Pixley-ka-Seme District, on condition that the funding for 2019/20 is done on the basis of a NHI capitation model.

New or proposed activities

The department will operationalise the newly constructed Mental Health hospital in the new financial year.

Supply Chain Management

During the year under review, no unsolicited bid proposals were concluded. Management has implemented control measures to ensure compliance with Treasury Regulations and Instruction Notes relating to deviations from normal procurement processes. The Department will ensure compliance with the applicable legislation that regulates deviations.

The department plans to procure machinery including emergency vehicles, medical equipment as well as major maintenance services for various health facilities.

Gifts and Donations received in kind from non-related parties

During the year under review, the Department received in kind donations of assets and cash as been disclosed on *Annexure 1H: Statement of Gifts, Donations and Sponsorships*.

The in-kind donations ranged from medical equipment, printers, computers, laptops and laminators, television sets, projectors and wound care products. The donations assist the Department with service delivery by providing assets which it is currently unable to purchase because of budget constraints.

Exemptions and deviations received from the Provincial Treasury

There was no exemptions or deviations received from Provincial Treasury for the current and/or previous financial years. However, the department is taking efforts to avoid irregular expenditure.

Events after the reporting date

No reportable events after the reporting date were identified.

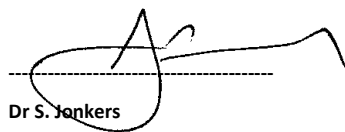
Acknowledgement/s or Appreciation

The Department wishes to thank officials and management including implementing partners for their commitment to improving healthcare delivery in the province.

The department also appreciate the immense support from the oversight by Portfolio Committee on Health, Audit Committee and the Provincial Treasury. I therefore acknowledge their immeasurable support.

Approval and sign off

The Annual Financial Statements set out under Part E of this annual report have been approved by the Accounting Officer.

A handwritten signature in black ink, appearing to be 'S. Jonkers', is written over a horizontal dashed line.

Dr S. Jonkers

Head of Department

Northern Cape Department of Health

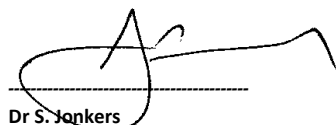
Date: 31 May 2019

2.3.1 Statement of responsibility and confirmation of the accuracy of the Annual Report

To the best of my knowledge and belief, I confirm the following:

- All information and amounts disclosed throughout the Annual Report are consistent.
- The Annual Report is complete, accurate and is free from any omissions.
- The Annual Report has been prepared in accordance with the Guidelines on the Annual Report as issued by National Treasury.
- The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.
- The Accounting Officer is responsible for the preparation of the Annual Financial Statements and for the judgements made in this information.
- The Accounting Officer is responsible for establishing, and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the Performance Information, the Human Resources Information and the Annual Financial Statements.
- The external auditors are engaged to express an independent opinion on the Annual Financial Statements.
- In my opinion, the Annual Report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2019.

Yours,



Dr S. Jonkers
Head of Department
Date: 31 May 2019

Vision

Health Service Excellence for all.

Mission

'Working together we are committed to provide quality health care services'. We will promote a healthy society in which we care for one another and take responsibility for our health. Our caring, multi- skilled professionals will integrate comprehensive services using evidence-based care strategies and partnerships to maximise efficiencies for the benefit of all.

Values

- Respect (towards colleagues and clients, rule of law and cultural diversity)
- Integrity (Honesty, Discipline and Ethics)
- Excellence through effectiveness, efficiency and quality health care.
- Ubuntu (Caring Institution, Facility and Community)

2. Legislation and Other Mandates

Section 27 of the Constitution of the Republic of South Africa, Act 108 of 1996, provides for right of access to health care services, including reproductive health care.

The Department provides access to health care services, including reproductive health care by making sure that hospitals and clinics are built closer to communities and emergency vehicle are provided, promotion of primary health care, etc.

Legal Mandates

The legislative mandates are derived from the National Health Act, 61 of 2003.

Chapter 4

Section 25 provides for Provincial health services and general functions of provincial departments;

Section 26 provides for Establishment and composition of Provincial Health Council;

Section 27 provides for Functions of Provincial Health Council and

Section 28 provides for Provincial consultative bodies.

Chapter 5

Section 29 provides for the Establishment of District Health System;

Section 30 provides for division of health districts into sub-districts;

Section 31 provides for establishment of district health councils;

Section 32 provides for health services to be provided by municipalities and

Section 33 provides for preparation of district health plans.

Other Mandates

- Basic Conditions of Employment (Act 75 of 1975)
- Broad Based Black Economic Empowerment (Act 53 of 2003)
- Child Care Amendment (Act 96 of 1996)
- Choice on Termination of Pregnancy (Act 92 of 1996)
- Constitution of the Republic of South Africa (Act 106 of 1996)
- Control of Access to Public Premise and Vehicles (Act 53 of 1985)
- Convention of the Rights of the Child, 1997 (Chapters 5 and 7)
- Division of Revenue (Act 7 of 2007)
- Electronic Communication and Transaction (Act 25 of 2002)
- Electronic Communications Security (Pty) Ltd (Act 68 of 2002)
- Employment Equity (Act 55 of 1998)
- Environment Conservation (Act 73 of 1989)
- Fire-arms Control (Act 60 of 2000)
- Foodstuffs, Cosmetics and Disinfectants (Act 54 of 1972)
- Hazardous Substances Control (Act 15 of 1973)
- Health Act (Chapter 10)
- Health Professions (Act 56 of 1974)
- Higher Education (Act 101 of 1997)
- Income Tax (Act of 58 of 1962)
- Inquest (Act 58 of 1959)
- Intimidation (Act 72 of 1982)
- Labour Relations (Act 66 of 1995)

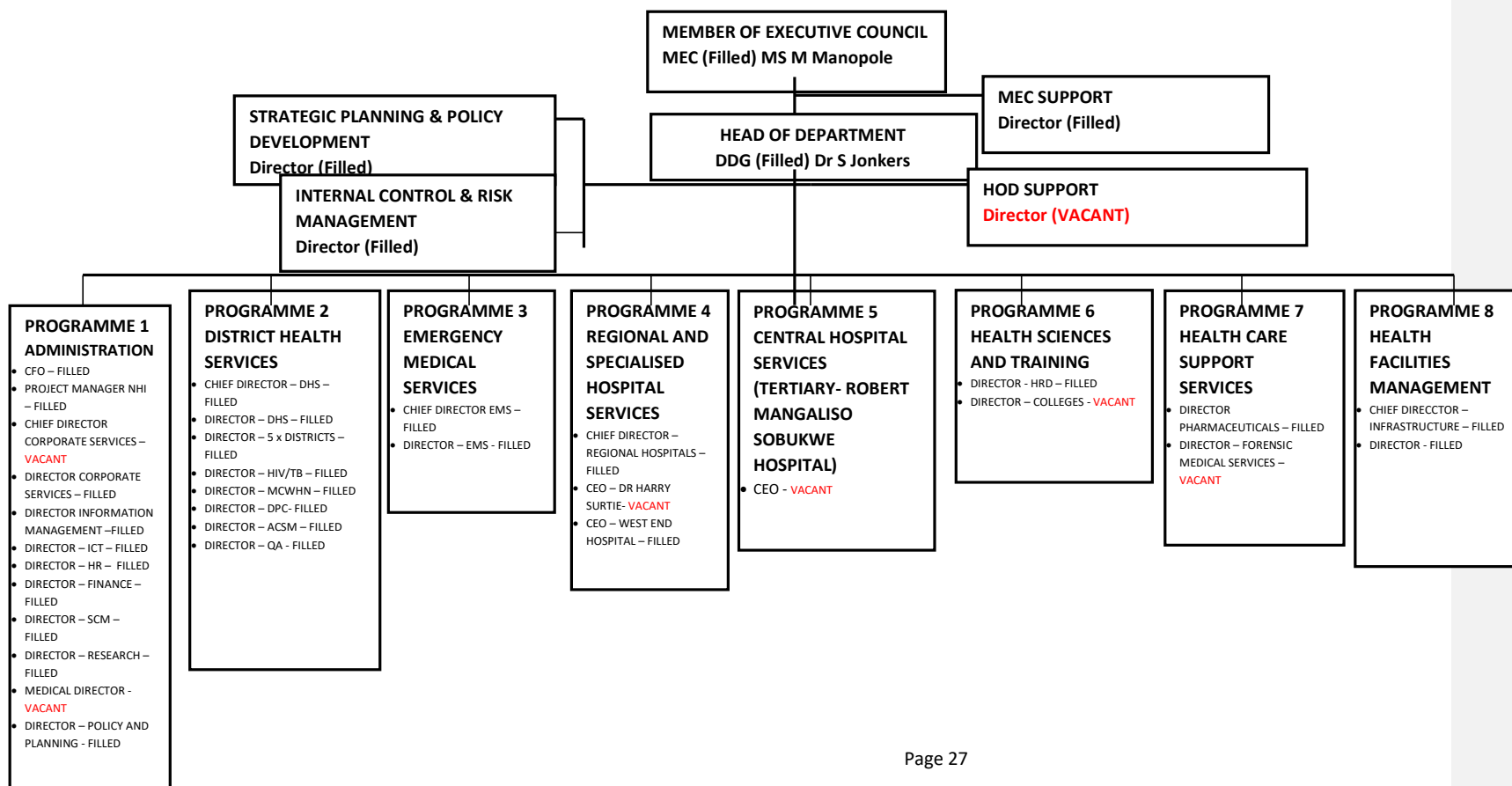
- Maternal Death (Act 63 of 1977)
- Medicine and Related Substance Control (Act 101 of 1965)
- Mental Health Care (Act 17 of 2002)
- National Building Regulations and Building Standards (Act 103 of 1997)
- National Environmental Management (Act 107 of 1998)
- National Health Insurance
- National Youth Commission Amendment (Act 19 of 2001)
- National Development Plan (Chapter 10 of MTSF)
- Nursing (Act 50 of 1978 and Related Regulations)
- Nursing (Act 33 of 2005)
- Occupational Health and Safety (Act 85 of 1993)
- Preferential Procurement Policy Framework (Act 5 of 2004)
- Prevention and Combating of Corrupt Activities (Act 12 of 2004)
- Prevention and Treatment of Drug Dependency (Act 20 of 1992)
- Promotion of Access to Information (Act 2 of 2000)
- Promotion of Administrative Justice (Act 3 of 2000)
- Promotion of Equality and Prevention of Unfair Discrimination (Act 4 of 2000)
- Protected Disclosures (Act 26 of 2000)
- Protection of Information (Act 84 of 1982)
- Pharmacy (Act 53 of 1974 as amended)
- Public Finance Management (Act 1 of 1999 and Treasury Regulations)
- Public Service (Act 103 of 1994 and Regulations)
- South African Qualifications Authority (Act 58 of 1995)
- Sexual Offences (Act 32 of 2007)
- Skills Development (Act 97 of 1998)
- South African Schools (Act 84 of 1996)
- State Information Technology (Act 88 of 1998)
- Sterilization (Act 44 of 2005)
- The International Health Regulations (Act 28 of 1974)
- Tobacco Products Control Amendment (Act 23 of 2007)

Policy Mandates

- Reclassification of Health facilities
- White Paper on Transformation of Health Service
- National Development Plan (Chapter 10 of NDP)
- White Paper on National Health Insurance
- The National Health Promotion Policy and Strategy

3. Organisational Environment

Current Organisational Structure



4. Entities Reporting to the MEC

- There are no entities reporting to the MEC

Part B: Performance Information

3.1. Auditor General's Report: Predetermined Objectives

Refer to Auditor General's (AGSA) Report (Reporting on other legal and Regulatory requirements) published as Part E (Annual Financial Statement's) of the department's annual report.

3.2. Overview of Departmental Performance

The population estimate of 84% persons is dependent on public healthcare service for their health care needs. It was critical to identify the health care services needs of these clients, as they have no other options. During the reporting period, comprehensive and continuous health services were provided to the community of the Northern Cape Province. The aim of this section is to try to establish what each level of health care services was achieved according to their pre-determined objective targets.

A total of eighty-eight (88) customized and provincial predetermined objectives for 2018/19 and final expenditure per eight (8) budgetary programmes were monitored to support the implementation of the annual and operational plan. The overall performance of forty-nine percent (48%) of the pre-determined objective were achieved, while, and (52%) were not achieved. The performance indicators in the APP can be divided into favourable health indicators and adverse health indicators. Favourable health indicators measure desirable health events, to achieve a maximum level, either in health intervention coverage or health outcome (for example, complete coverage of antenatal care or the highest possible life expectancy). Adverse health indicators, on the other hand, measure undesirable events, that are to be reduced or to achieve a minimum level in health outcome (for example, a stunting prevalence or mortality rate of zero). This differentiation is important as the type of indicator has implications for the calculation of summary measures for annual performances. It is worth to note that the official health information system, collect little data to obtain a full picture.

Maternal Mortality Ratio (MMR) per 100 000 live births and Neonatal deaths per 1000 live births:

According to the report, the maternal mortality ratio (MMR) and infant mortality increased in the current reporting period 2018/19.

Indicators	2015/16	2016/17	2017/18	2018/19
Maternal Mortality Ratio Per 100 000 live births	112.5	95.3	65.9	71.3
Neonatal death per 1000 live births	14.3	13.4	11.6	11.7

3.2.1. Service Delivery Environment

This aspect of the report focuses on the service delivery environment and the extent to which the Service Delivery Improvement Plan (SDIP) has been implemented to alter the situation positively. The assessment generally indicates that there are systemic and structural inhibitions that hinder reforms within health service environment. The passing of the NHI Bill and the implementation measures to enable universal health access will assist much broadly than the SDIP.

The department had an approved service delivery improvement plan that focused on programme 2, mainly the quality assurance and access to health care services. The situation remains largely the same. The process of health care reforms has been progressing much more slowly than expected, the expectation is that this will address issues of quality and access as the situation

improves. When the NHI Bill is finalised and accented and hence will result in rapid movement, ultimately improving the service delivery environment. Notwithstanding the above, the focus of the Service Delivery Improvement Plan (SDIP) will continue to focus on this key areas affecting health care reforms. The report of the SDIP is expected to be finalised by June 2019. The report will detail the actual changes with regard to the environment. The overview of the organisational environment tabulated hereunder broadly reflects the service delivery environment beyond the SDIP.

3.2.2. Organizational environment, key policy developments, legislative changes and strategy to overcome areas of underperformance:

Organisation context

In the year under review the department was able to adopt a new Human Resource Plan, concomitantly it made strides in the development of the organisational structure. However, the latter remains work in progress. In the absence of an organisational structure and budget pressures it has been difficult to motivate or fill some of the critical posts. This was further exacerbated with the implementation of the EXCO moratorium and process of filling vacant posts, especially posts in the support service. In the light of the new dispensation for early retirement announced by the Minister of Finance the Honourable Tito Mboweni, a large number of health professional have expressed interests in taking up this offer. The risk is inherent in the process as the affected posts are not to be replaced. The only option of managing this process is to institute an effective sieve in approving affected personnel so that the organisation is not weakened as a consequence, negatively affecting public health services.

Human Resource Planning

Many of the prioritised posts for the financial year 2018/19 could not be filled. These posts were put in the block advert and listed in the priority list as an annexure to the HR plan of the department. In addition to the inordinate bureaucratic delays in filling posts as they become vacant the budgetary constraints are huge. The result is that posts replacements do not relate to the ongoing exits. This is a matter that the 6th administration will have to give attention in order to stabilise the department. The number of posts with people in acting capacity and vacancies of critical posts are significant factor in boosting performance and the staff morale. The management believes that when the new Minister of DPSSA accent to the draft organogram it will be a first step in dealing with some of these HR matters.

Improving Monitoring and Evaluation

The area of Monitoring and evaluation (M&E) especially in Policy and Planning directorate that is central to strategy management has been significantly emaciated in the past financial year. This has visibly been reflected in the outcomes of the Management Performance Assessment Tool (MPAT) outcomes for DPME for the year 2018. There is a need to overhaul and strengthen M&E across the value chain. The emaciated M&E structures had an undesirable effect on strategy implementation and assessment in the financial year under review. This necessitates consideration in conjunction with the data issues that this APR is raising hereunder. This is perhaps one of the urgent tasks in order to improve future outcomes relating to prudent strategy management.

Legislation and Policies

The Minister has tabled some critical pieces of legislation such as the NHI Bill, this is a culmination of an onerous effort of transformation, the overhauling of the health system, an activity, straddling several financial years. This has resulted in many policy changes affecting the service delivery platform of the department. The increase demand for community based health services, introduction of the ideal clinic and ideal hospital initiatives are some of the policy imperatives

that have demanded smart use of available resources, promotion of efficiencies, collaboration and coordination. While some progress has been made, much more still needs to be done to realise these. The financial year, 2018/19 must therefore be seen as having increased the pressure for legislative and policy compliance. These policy imperatives are regarded as a pressure, not just a challenge because our hospitals, while some showed an admirable advance towards realising the core standards, none are at an acceptable level of compliance. This is in accordance with the assessment's that were applicable in the year under review.

The result of this on-going transformation is that health services, policies and mandates are being implemented in a very fluid context. Ancillary pieces of legislation that have direct implications for the health system have also affected the environment that is described as having been particularly fluid in 2018/19. This is particularly so in respect of the promulgation of a minimum wage, the effect of this piece of legislations is that it will have a great effect on the department as far as the corps of Community Health Care Workers. As can be seen in the financial statements, the compensation of employee's budget is under severe pressure. This is despite the fact that the head count of staff for the last three financial years, including the year under review, indicates that the numbers of personnel on the departmental establishment has remained rather stable.

Departmental Performance

The department has reached a plateau in so far as achievement of predetermined objectives are concerned. The iniquitous and lack of sustainable achievement by individual programmes of their targets indicate underlying systemic and structural challenges. This can be defined as challenges of the overall governance that affect outputs and outcomes reported at the end of each quarter and the financial year. This impacts on the sustainable and progressive improvement in the performance of the department. Notably, several programmes especially those dealing with the apex indicators related to outcome twelve have also reported challenges with regard to the quality of the information systems in the department. The issue of data and information systems is something that affect the health system across the length and breadth of the country. In the year under review, in addition to the province rolling out of the HPRS and connectivity for the eleven district hospitals and some other primary health care and CHC's, in line with NDoH to improve quality of health information.

The performance of the department for the year under review reflects that 48% of the indicators were achieved. This accords with the assertion that iniquitous and lack of sustainable achievement by respective programmes, relatively all the programmes, negatively affects the performance of the department. The concern from a strategy management point of view is that some of the indicators that underperformed in the year under review are those with a direct relation with outcome 12, "A Long and Healthy Life for All South Africans". Amongst the notable is ART client remain on ART end of month -total, Ante-natal client starts on ART rate and TB client lost to follow up rates'. The department is looking anew at this factors including how the health work force can be more effective in addressing these challenges.

Withdrawal of International Partners

The withdrawal of international partners such as PEPFAR have had a negative impact on the public health system. The Northern Cape has struggled to attract partners due to the vastness of the province and small population, these NGO's often have as mandate support to large sections of populations which tends to be the Achilles heel of the province. The relationship with mines and other industry partners such as Phelophepa in the Northern have the potential to maximise available resources and close the gap left by the international partners. However, attention should be given to the fact that these do not necessarily operate in the same spheres of health or provide support that is a substitute of the work of others. The area of Public Private Partnerships

(PPP's) is another area that has not been pursued to the desired level. This include understanding the strengths and weaknesses of such. It is decidedly necessary to ensure that there is a shared value proposition in the instance where the private sector is engaged in PPP's.

Community Based Governance Structures

The functionality of Hospital Boards and Clinic committee's is another challenge. As many of them remain largely non-functional as members of the public expect to be remunerated for participating in clinic committees and hospital boards. The absence of a Provincial Health Act, may be creating a lack of understanding of the role and nature of these structures in the minds of community members. Unlike the Schools Act which creates a national framework for the nature and role of school governing bodies, the National Health Act (NHA) is not explicit besides creating a framework for community based governance structures. Furthermore, a lot of government advocacy has gone into the nature and role of school governing bodies, the same approach needs to be considered. This include the promulgation of a Provincial Health Act which will tabulate relevant precepts relating to Hospital Boards and clinic committees. This is of particularly important as the department considers the establishment of hospital board(s) for the Specialised Mental Hospital. The other option to consider is the clustering of boards and clinic committees where practically possible and desirable for functionality.

3.3. Strategic Outcome Oriented Goals

Strategic Goal	Goal Statement	Expected Outcomes (Objective Statement)
1. Universal health coverage achieved through implementation of National Health Insurance	Achieve the full implementation of NHI through the establishment of NHI fora and strengthen inputs from patients on their experience of health care services	Expanded NHI implementation
2. Improved quality of health care	Ensure that all necessary resources are in place to render the mental health care services	Full package of psychiatric hospital services by providing 143 hospital beds
	Introduce a patient centred approach in a regional hospital	Quality health care services at regional hospital
	Ensure that all necessary resources are in place to render tertiary hospital services	Quality health care services at tertiary hospital
	Ensure that there is an improvement on pathological and clinical services in all facilities	Efficient forensic pathological services and expanded proportion of facilities offering PEP services
	Improve patient waiting times in all facilities	Improved availability and rational use of medicine
	Improving availability and management of emergency care services in all facilities	Quality ambulance services, special operations, air ambulance services, planned patient transport, obstetric ambulance services and disaster management
5. Implement the re-engineering of Primary Health Care	To expand coverage of ward based outreach teams, strengthen school health programmes and accelerate appointment of District Clinical Specialist teams within all districts	Quality primary health care services
	Improve compliance with the national core standards	Increased patient satisfaction and functional governance structures
	Introduce a patient centred approach in all district hospitals	Quality health care services in District hospitals

Strategic Goal	Goal Statement	Expected Outcomes (Objective Statement)
6. Reduced health care costs	To strengthen capacity on financial management and enhance accountability	Achieve an unqualified audit opinion from the Auditor General
7. Improved human resources for health	To develop a responsive health workforce by ensuring adequate training and accountability measures	Approved human resource for health plan that will address shortage and retention of health professionals
6. Improved health management and leadership	Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Have an efficient and effective planning, good governance, stable health management and leadership across the province
7. Improved health facility planning and infrastructure delivery	Construction of new facilities, major and minor refurbishment and strengthening relationships with public works to accelerate infrastructure delivery	Health facilities that are in accordance with national norms and standards Adequate health technology according to different levels of care
8. HIV & AIDS and Tuberculosis prevented and successfully managed	Increase access to a preventative package of sexual and reproductive health including medical circumcision and implement essential interventions to reduce HIV, TB and NCD mortality	Strengthened integration of health programmes e.g. HIV, TB, PMTCT, MCWH/N and Non-Communicable Diseases. Reduced burden of diseases.
9. Maternal, infant and child mortality reduced	To improve the health of mothers, babies, women and youth by reducing morbidity and mortality and promoting the quality of life.	Reduced maternal, child and youth mortality and morbidity.
10. Efficient health management information system developed and implemented for improved decision making	To develop a complete departmental integrated patient based information system	A web based information system for the department.

Performance information

The Department submits performance reports on a quarterly basis to the National Department of Health, Provincial Legislator and Office of the Premier, through the Quarterly Reporting System (QRS). The system utilizes national customized and non-customized performance indicators that have been identified from different budget programmes. These indicators are published by National Treasury on a quarterly basis on its website. The Department further uses an internal monitoring tool, which is the Quarterly Performance Report, (QPR) to monitor performance. Similarly, at the end of the financial year an annual report is consolidated to account on how the budget was utilised and the state of the Department's financial management systems.

The Department conducts Performance Information Monitoring sessions with all budget programmes to review performance on a quarterly basis, in order to monitor achievement in implementation of the Strategic Plan and Annual Performance Plan. These sessions assist the department in identifying early warning signs on poor performance. Programmes develop action plans on indicators not achieved. Performance Analysis Reports are developed quarterly and shared with all relevant managers on strategies to overcome areas of underperformance. The outcome of analyses requires programmes to develop risk improvement plans on how to mitigate risks associated with non-achievement of performance indicators against planned targets. Programmes are also accountable to provide means of evidence for performance achieved.

3.4. PERFORMANCE INFORMATION BY PROGRAMME

PROGRAMME 1: ADMINISTRATION

Sub-Programme: Policy and Planning

Priorities

- Monitor the implementation of the Departmental performance plans
- Development of policies

Sub-Outcome 6: Improved Health Management and Leadership

Situation analysis

The department reviewed the Five (5) year Strategic Plan 2015/16-2019/20 and included the reviewed document as an annexure in the Annual Performance Plan (APP) 2019/20. The APP 2019/20 was developed, approved and submitted to Office of the Premier (OTP) and National Department of Health (NDoH). The APP 2019/20 will be tabled and presented at provincial legislature in the 2019/20 financial year.

Additionally, the Programme of Action (POA) 2018/19 was monitoring on quarterly basis through the development of reports, memos and presentation to the Social Cluster. Furthermore, Policy and Planning directorate was unable to finalise the 2019/20 Operational Plan and Business process as budget programmes struggled to align their plans to the budget. This is indicative of the fact that activity planning remains a major challenge for the department.

In order to ensure that the Department achieves its set objectives, quarterly performance reviews were conducted to monitor programme performance and to adopt strategic interventions on improving service delivery to the communities.

The Policy development sub-directorate has a limited capacity of human resources of only two staff members, but within that minimal resource allocation, the unit managed to ensure that the department remains compliant with regard to the formulation and review of policies as committed in the departmental policy register. Additional policy committee members were appointed by the accounting officer to strengthen the policy development process. During the year under review a total of seventeen (17) policies were approved against the target of sixteen (16).

This achievement would not have been possible without the role played by organised labour and policy champions in the policy development process.

Policy implementation remains a challenge as programmes are not ensuring that employees are trained and capacitated on the approved policies. However, the policy development sub-directorate took the initiative and organised a policy implementation roadshow to all five district in the province. The roadshow was held in June 2018 and employees were capacitated on policies for better health outcomes.

Achievements

- The Strategic Plan 2015/16-2019/20 was reviewed and included as an annexure in the APP 2019/20.
- Developed and submitted the APP 2019/20 to OTP and NDoH.

- Submission of quarterly reports and presentation of POA to social cluster

The following policies were approved under the year of performance:

- Policy on Patient Fee Management
- Policy on Revenue Management
- Policy on Medical Surveillance
- Policy on Asset Management
- Policy on Clinical Records Management
- Policy on Allocation of Mobile Health Technology Equipment
- Policy on Supply Chain Management
- Policy on the Disposal of Medicine and Scheduled Substances
- Policy on Financial Disclosure and Gifts
- Policy on Conducting Health Related Research within the NCDoh
- Policy on Reasonable Accommodation
- Policy on the Distribution and Handling of Medicine (Schedule 1-4, Schedule 5, Specified Schedule 5 and 6)
- Policy on Occupational Injuries and Disease in the Workplace
- Policy on Integrated Pest Management
- Policy on Dignity at Work
- Policy on Health Technology Planning

Challenges and measures planned to overcome them

Challenges	Proposed Corrective Action
o Delays by organized labour during consultation process.	o Departmental negotiator at chamber to encourage and promote multilateral engagement at departmental level before provincial chamber engagements take place
o Lack of adherence to reporting timeliness by programme managers	o Constantly interact with various budget programmes to ensure timeous submission of reports.

Table 1: Annual Targets for Policy and Planning

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Reviewed 5-Year Strategic Plan	Reviewed 5-Year Strategic Plan	Reviewed 5-Year Strategic Plan	Reviewed 5 – year Strategic Plan	-	The reviewed strategic plan included as annexure in the APP 2019/20 and tabled at legislature.
	Number of approved policies	5	16 Approved Policies	17	+1	Annual schedule for policy committee meetings monitored. Prioritised policies by developing a plan for the formulation, review and monitoring. Support to programmes throughout the policy development phase.

Sub-Programme: Research and Epidemiology

Priorities:

- Strengthening health system by conducting research on ways that potentially improve efficiencies, evidence-based planning and generating credible evidence for rational decision-making.
- Evaluation of programme performance against the budget:
 - This is important for the development of evidence-based resource allocation; assisting with priority setting and financial planning; as well as quantifying resource implications of programme plans.

Sub-Outcome 6: Improved Health Management and Leadership

Situation analysis

2018/19 financial year was a productive and successful year for the Research and Development Unit in the pursuit of the overall aim of the Department.

The key performance areas of the Unit were improving the delivery of health care services within the Province through conducting cutting edge research that supports policy and decision making practice on limited resources.

Service delivery improvement is one of the current MTSF (2014-2019) key themes and a priority of the Provincial and National Department of Health. This issue was also highlighted in the Northern Cape Provincial Government State of Provincial Address (SOPA) of 2018.

Furthermore, there have been a number of resolutions that were taken with regard to the need for improving efficiency, effectiveness and equitable healthcare services delivery throughout the Province. Accordingly, the role and the contribution of empirical research was considered as one of the critical elements that enable the attainment of the Departmental goals in the context of the available limited resources.

The Research and Development Unit by focusing on the identified priority health research areas for the Department has been supporting programmes, interventions and districts to generating valuable information. The Unit's key activities include: conducting operational research, providing research coordination support, and communicating research outputs and best practise in order to promote evidence-based health services practices, health systems improvements, and costing of the delivery of healthcare services within the Province.

During the reporting financial year, significant progress has been achieved in all key performance areas and in attaining planned targets. The Unit's research activities are structured in accordance to research priority areas by the department including the national priorities areas which comprises of decreasing maternal and child mortality and strengthening health system effectiveness.

Although there has been increased efforts to strengthening health systems in provision of equitable and accessible healthcare services. However, the gains of quality health care services have not been universal throughout the Province.

For example, vulnerable population groups and communities in rural areas still have challenges in accessing quality healthcare services. This suggests that the need for more health system research to support delivery of healthcare services to support equity and quality in order to achieve improved population health outcomes for all people in the province. Sound research outcomes enable focused decision-making processes. Healthcare delivery mechanisms today is also changing rapidly and becoming more complex, so as the patterns of diseases and the cost of

delivery of healthcare services. In view of this, the efficient use of available limited resources between competing priorities has become even more important than in previous years. In light of this, research evidence is critical to accurately track health status progress, health systems performance, evaluate policy impacts, and ensure accountability for performances at all levels.

The optimal benefit from the Research and Development Unit depends largely on the availability of resources (HR, Finance and ICT) and support structures for the Unit. In doing so, it acknowledges the inherent challenges of the unit still remains unresolved. Hence, this implies that there is a need to capacitate the Unit through necessary resources to address increasing demand for more operational research, monitoring and evaluation of sector performances in the context of limited resources.

Achievements

Despite the challenges, in 2018/19 financial year the unit accomplished: -

- (i) Provincial Health Research Ethics Committee (PHREC) performed exceptionally well and its registration has been extended for a further 5 years. In the reporting period, the PHREC undertook a total of 48 proposals for review. Out of which 43 research proposals in various fields of expertise and research focus areas were approved to be conducted in the province. The remaining 5 were not approved due to ethical and methodological issues.
- (ii) Conducted two evaluation projects on (a) Diagnostic evaluation on medico-legal cases for improving the practice of healthcare for the patient evaluation proposal has been developed and now forms part of the 2019/20 – 2020/21 financial years provincial Evaluation Plan (PEP). Only 55% of the work on this evaluation has been completed in this financial year and the remaining 45% will be completed in the next financial year. (b) The evaluation Proposal for Evaluation of the National Health Insurance (NHI) Phase I Health Systems Strengthening Initiatives and Health Equity Advancement in the NHI Pilot District - Pixley Ka Seme, was discontinued when the work was at 75% due to the fact that the National Department of Health was conducting a similar evaluation nationally. According to the DPME guidelines one evaluation project can take a period of two 2 years.
- (iii) Three publications form research outputs published in peer reviewed journals. These include
 - (a) Factors contributing to the emergence of Drug Resistance TB in the Northern Cape Province and the cost of treatment. **Open Science Journal of Clinical Medicine**. Volume 7, Issue 1, March. 2019. Accessed at <http://openscienceonline.com/journal/archive?journalId=717&issueId=7170701>
 - (b) Health Sector Planning and Performance Monitoring: The Case of Northern Cape Department of Health, South Africa. **International Journal of Public Health and Health Systems**. Vol. 3, No. 4, 2018, pp. 59-65. Accessed at www.openscienceonline.com/journal/archive2?journalId=755&paperId=4610
 - (c) The need for deepening inter-sectoral collaboration for the overall well-being and dignity of clients affected by adverse health outcomes at public health facilities. **International Journal of Public Health and Health Systems**. Vol. 4, No. 4, 2018. Accessed at <http://www.openscienceonline.com/journal/archive2?journalId=718&paperId=4760>

Challenges and Measures planned to overcome them

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ○ Inadequate resources, particularly financial and human resources constrains have been negatively impacting on the unit's performance 	<ul style="list-style-type: none"> ○ Allocate a dedicated budget and human resources to the Unit to perform all its planned activities and address support requests from programmes.
<ul style="list-style-type: none"> ○ Limited monitoring and overseeing of approved research proposals in compliance with National Department of Health 2015 Ethics in Health Research: Principles, Structure and Processes guidelines 	<ul style="list-style-type: none"> ○ Capacitate the unit to conduct monitoring activities
<ul style="list-style-type: none"> ○ Update the Provincial Health Research/Evaluation priority areas 	<ul style="list-style-type: none"> ○ Revision and update of the existing priority areas to incorporate new research/evaluation ideas that are informed by districts key research priorities. ○ Enhance the evaluation and research capacity
<ul style="list-style-type: none"> ○ Lack of departmental web-site to communicate research/evaluation related information 	<ul style="list-style-type: none"> ○ Develop a functional departmental web-site ○ Use of the provincial web-site at office of the Premier (OTP)

Table 2: Annual Targets Research and Epidemiology

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Number of Programme performance evaluations conducted	2	2	2	-	<p>Diagnostic evaluation proposal on medico-legal cases for improving the practice of healthcare for the patient at public health facilities has been developed and now forms part of the 2019/20 – 2020/21 financial years provincial Evaluation Plan (PEP). Only 55% of the work on this evaluation has been completed in this financial year and the remaining 45% will be completed in the next financial year. According to the DPME guidelines one evaluation can take a period of two 2 years as</p> <p>Evaluation proposal on the National Health Insurance (NHI) Phase I Health Systems Strengthening Initiatives and Health Equity Advancement in the NHI Pilot District - Pixley Ka Seme, was discontinued when the work was at 75% due to the fact that the National Department of Health was conducting a similar evaluation nationally.</p> <p>The Unit embarked on evaluation of the catering services at RMSH for decision making on insourcing versus outsourcing. The study completed more than 60% of the work on this evaluation.</p>
	Number of Publications on research outputs in peer reviewed journals	3	3	3	-	Three publications form research outputs published in peer reviewed journals.

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
	Number of ethically approved research protocols to be conducted in the Northern Cape Province	50	50	48	-2	A total of forty-eight (48) research proposal were received and reviewed. Only forty-three (43) proposals were approved to be conducted in Northern Cape Province. On the remaining five (5) proposal, two (2) were not relevant to our province, two (2) are pending and one (1) was rejected.

Sub – Programme: Information, Communication and Technology

Priority:

- Provide connectivity and upgrade physical network infrastructure in all facilities

Sub-Outcome 10: Efficient Health Management Information System Developed and Implemented for Improved Decision Making.

Situation analysis

The provincial ICT (Information and Communication technology) Unit is faced with severe staff shortage as a result of centralization of ICT support to the Provincial Office. All support (Incidents and Application availability) for Districts including Hospitals, CHC's and Clinics are executed from the Provincial Office, either by a technician visiting the facility or the facility sending the equipment for repairs to the Provincial Office.

A new ICT Directorate Decentralized structure has been developed in line with the needs of the Department accompanied with the Business Case and the 3 year HR plan for the filling the required positions to enable the Directorate to function effectively and efficiently with the Department of Health Northern Cape. This forms part of the overall new structure proposed for the Department of Health Northern Cape.

However, some relief in the form of Interns has been received from Faranani and the Department to assist within the Unit but is also on a temporary basis only.

With all the Challenges the Unit/Directorate faces it manages to function although under pressure and attends to all incidents where possible.

Percentage of PHC facilities with network access & Percentage of fixed PHC facilities with broadband access

A Request for approval for the implementation of connectivity at 30 Facilities (Primary Health Care) has been submitted to the Office of the CFO.

Approval has been granted to procure 159 Vodacom 4G routers with sim Cards to install in all) PHC Facilities) Clinics to provide connectivity to the following systems:

- HPRS (Health Patient Records System)
- Web-DHIS (Web District Health Information System)
- Tier.Net/ETR.Net
- EDRweb.Net

The Unit managed to implement connectivity at 29 Primary Health Care Facilities within the Francis Baard district. The process will continue in the new financial year to the rest of the Districts.

Achievements

Connectivity completed at the Following Facilities via LTE Router to access systems

Facility	Type of Facility	Connectivity Type
FRANCES BAARDT DISTRICT		
1. Delporthshoop	PHC	LTE Router
2. Galeshewe Day	Hospital	LTE Router
3. City Clinic	PHC	LTE Router
4. Betty Gaetsewe	PHC	LTE Router
5. Beaconsfield	PHC	LTE Router
6. De Beers Hoogte	PHC	LTE Router

7. Florianville	PHC	LTE Router
8. Ganspan	PHC	LTE Router
9. Gong Gong	PHC (Satellite)	LTE Router
10. Greenpoint	PHC	LTE Router
11. Ikhutseng	PHC	LTE Router
12. Jan Kempdorp	PHC	LTE Router
13. Jerry Botha	PHC	LTE Router
14. Ma-Doyle	PHC	LTE Router
15. Mapule Matsepane	PHC	LTE Router
16. Masakhane	PHC	LTE Router
17. Mataleng	PHC	LTE Router
18. Nomini Mothibi	PHC	LTE Router
19. Pampierstad	CHC	LTE Router
20. Pholong	PHC	LTE Router
21. Phuthanang	PHC	LTE Router
22. Platfontein/Olirivier	PHC	LTE Router
23. Ritchie	PHC	LTE Router
24. Valspan	PHC	LTE Router
25. Warrenton	CHC	LTE Router
26. Warrenvale	PHC	LTE Router
27. Windsorton	PHC	LTE Router
28. Winston Torres	PHC	LTE Router
29. Ulco Satellite Clinic	PHC (Satellite)	NONE
30. Longlands Clinic	PHC (Satellite)	LTE Router

Helpdesk resolution rate of 94% achieved for the 2018/2019 Financial Year
Systems Availability and accessibility of 95% for the 2018/2019 Financial Year
Upgrades completed at the following hospitals to 5Mbps as required.

New De Aar Hospital	New Mental Health Hospital	West End Hospital
Kimberley Hospital	Dr Harry Surtie Hospital	Kuruman Hospital
Springbok Hospital	Griekwastad Hospital	Postmasburg Hospital

Implemented Video Conferencing at all Hospitals and District Offices

Challenges and Measures Planned to Overcome Them

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> o Lack of ICT support personnel at districts and facilities 	<ul style="list-style-type: none"> o Approval of Decentralized ICT Structure o Approval of ICT Business case for implementation and funding
<ul style="list-style-type: none"> o Availability of Funds for Connectivity 	<ul style="list-style-type: none"> o Reprioritization of funds to accommodate connectivity at Facilities
<ul style="list-style-type: none"> o Filling of vacant positions within the ICT Unit 	<ul style="list-style-type: none"> o Grant the necessary approval to fill vacant and funded positions within the ICT Unit.

Table3: Quarterly targets for Information Communication and Technology

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
Develop a complete system design for a national integrated patient based information system	Percentage of PHC facilities with network access	7% (12/179)	14% (22/159 clinics)	18% (29/159 PHC Facilities)	+ 4%	Manage to connect more sites due to the availability of Routers for the Facilities
	Percentage of hospitals with broadband access	43% (6/14)	64% (9/14 hospitals)	64% (9/14 Hospitals)	-	
	Percentage of fixed PHC facilities with broadband access	0%	14% (22/159 health facilities)	18% (29/159 PHC Facilities)	+ 4%	Manage to connect more sites due to the availability of Routers for the Facilities

Sub-Programme: Human Resources

Priorities:

- Review and align the Provincial Human Resource Plan with the service delivery platform
- Develop an efficient and effective system to improve Performance Management

Sub-Outcome 5: Improved Human Resources for Health

Situation analysis

Providing efficient and effective human resources has always been a priority for the department, in relation to improve service delivery. Human Resources Plan was developed for the MTEF period and submitted to DPSA and OTP on the 30th June 2018. This is a document that aims to improve the performance of Human Resources within the department.

Upon implementation of the Human Resources plan, the department realized the need to revise staffing needs to ensure a balance between compliance requirements and service delivery.

Based on this review, all district health services were requested to revise their 2018/19 staffing needs with the intention to reduce posts in order to contest against available budget. Thus, only funded posts would be enlisted on the HR plan priority list. Similarly, this will allow the department to cater for the new facilities hence the review had to be in line with the 2018/19 annual targets.

The absence of an approved organizational structure has also hindered the recruitment processes resulting in continuous requests for creation of posts that can lead to a bloated structure. However, the draft organizational structure has been finalized and the final consultative sessions with various Chief Directors will be undertaken to establish and agree on funding for each of the vacant posts that have been created on the structure. The CFO will also have to prepare a letter to confirm availability of funding which need to be endorsed by provincial treasury that must accompany the application for concurrence by the Minister of Public Service Administration.

Progress to date includes drafting of Job descriptions and the evaluation of newly created non OSD posts, comparison of establishment to establish vacant posts verses filled posts per occupational category and classification and the finalization of the organogram costing. The PERSAL clean-up process also commenced with the corrections of job titles, pay points and pay masters, district offices and hospitals were also requested to confirm the correct placements of staff on PERSAL and the department is also in the process of de-linking (RSMH, TB, New Mental).

As part of intensifying the strategy for human resources for health, we had gazetted 333 health professional posts for community services and internships who started in January 2019. The department managed to place 301 out of the 333 gazetted posts based on the number of applications received through the National ICSP online system.

In improving data management 52 data captures posts were advertised for all our health facilities and interviews were held across the province with the aim of appointing in the new financial year. This programme can be viewed as a positive spin off towards reducing unemployment for youth in our Province.

The existence of Exco resolution on the filling of posts has continued to affect the department negatively. In that light, this has resulted in no changes regarding staff shortages which in turn has continued to affect the staff morale, caused burn –out and over expenditure on overtime claims. PMDS levels 1 to 12 payments were processed in December 2018 and the processes of appeals are still underway. The submission for SMS members for 17/18 was also finalised and awaiting approval.

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The department absorbed 102 bursary holders into vacant funded posts across the province for the following categories.

Category	Number
Medical Officers	9
Processional nurses	78
Pharmacists	4
Dietician	1
Physiotherapists	4
Diagnostic radiographer	5
Dentist	1
Total	102

PILLIR Cases Not Received after Provincial Audit

District /Office	Number Of Employees	PILLIR Received	Documents	Progress To Date
Pixley	6	No		Officials Still At Home Without Any Applications For Current Period
Francis Baard	13	No		Officials Still At Home Without Any Application For Current Period.
Depo	45	No		No Applications Received Yet
Ems	6	No		No Applications Received Yet

Appointments & Terminations From 1 March 2018 To 30 April 2019

Terminations Category	Number	Appointments Category	Numbers
Administration Clerk	2		
Administrative Officer	12	Administrative Officer	1
Architect Candidate	1	Artisan Chief Grade A	1
Artisan Chief Grade	1	Audiologist (Community Service)	3
Artisan Foreman Grad	3	Chief Security Officer	3
Assistant Director A	1	Cleaner	1
Audiologist (Community service)	2	Clinical Associates	1
Auxiliary Service Officer	1	Clinical Manager (Medical)	2
Boiler Operator	1	Dentist (Community Service)	14
Chief Dental Therapy	1	Diagnostic Radiographer	15
Chief Executive Officer	1	Dietician (Community Service)	15
Cleaner	8	Dietician Grade 1	3
Cleaner I(36591)	1	Director	1
Cleaner II (36592)	34	Director: Administration	4
Clinical Associates	1	Emergency Care Officer	61
Clinical Manager (ME	4	EMS Lecturer (Paramedic)	1
Construction Project	1	EMS Station Manager Grade	1
Data Capturer	4	Environmental Health Practitioner	14
Dental Assistant GRA	1	Food Services Aid II	10
Dentist (Community S	15	Groundsman	3

Diagnostic Radiograph	11	Head Clinical Unit (Medical)	1
Dietician (Community	15	Medical Officer (Community)	87
Dietician Grade 1	3	Medical Officer (Intern)	26
Director	1	Medical Officer Grade 1	40
Director: Administration	8	Medical Officer Grade 2	2
Driver	3	Medical Officer Grade 3	6
Driver II	2	Medical Specialist Grade	3
Emergency Care Officer	23	NA1 Nursing Assistant	37
Ems Sub-District Man	1	NA 2 Nursing Assistant	3
Environmental Health	15	NA3 Nursing Assistant Gr	1
Food Service Aid	1	Occupational Therapist	23
Food Service Manager	1	Occupational Therapist	2
Food Services Aid I	2	Paramedic Grade 2	3
Food Services Aid II	2	Pharmacist (Community Service)	51
Forensic Pathology Officer	1	Pharmacist (Intern)	8
General Assistant	1	Pharmacist Assistant (BAS)	1
Groundsman	4	Pharmacist Grade 1	2
Groundsman II	2	Physiotherapist (Community Service)	25
Head Clinical Unit	3	Physiotherapist Grade 1	4
Housekeeper	1	PNA1 Professional Nurse	83
Housekeeping Supervisor	6	PNA2 Professional Nurse	50
Laundry Aid	2	PNB3 Professional Nurse	6
Medical Officer (Community Service)	77	PND1 Professional Nurse	5
Medical Officer (Intern	30	PND5 Operational Manager	6
Medical Officer Grad	36	PNB1 Clinical Nurse Practitioner	2
Medical Orthotist	1	PNB1 Professional Nurse	4
Medical Specialist	4	PNB2 Professional Nurse	2
NA1 Nursing Assistant	16	PNB3 Operational Manager	3
NA2 Nursing Assistant	3	PND1 Lecturer Nursing	13
NA3 Nursing Assistant	23	PND 2 Lecturer Nursing GRA	2
Occupational Therapist	24	PND5 Principal Nursing Co	1
Operator	1	Production Level Clerk	17
Orthopaedic Footwear	1	Psychologist (Community S	3
Pharmacist (Community	46	Psychologist Grade 1	3
Pharmacist (Intern)	9	Radiographer Grade 1	6
Pharmacist Assistant	4	Security Guard Gr II	60
Pharmacist Grade 1	8	Security Guard Gr III	6
Physiotherapist (Com	29	SN1 Staff Nurse Grade 1	21
Physiotherapist Grad	4	SN2 Staff Nurse Grade 2	1
PNA1 Professional NU	55	Speech Therapist (Community Service)	11
PNA2 Professional NU	45	Speech Therapist And Audi	3
PNA3 Professional NU	13	Speech Therapist Grade 1	1

PNA4 Professional NU	12	State Accountant	2
PNA5 Clinical Progra	2	SW A4 Social Worker Grade	1
PNA5 Operational Man	1	SW A5 Social Worker Grade	1
PNA6 Operational Man	1		
PNA8 Deputy Manager	1		
PNB1 Clinical Nurse	14		
PNB1 Professional Nu	5		
PNB2 Clinical Nurse	3		
PNB2 Professional Nu	6		
PNB3 Operational Man	11		
PNB4 Assistant Manager	3		
PND1 Lecturer Nursing	5		
PND2 Lecturer Nursing	2		
Porter	3		
Porter Senior.	1		
Production Level Cle	22		
Psychologist (Comm	3		
Psychologist Grade 1	1		
Radiographer Grade 1	13		
SN1 Staff Nurse Grad	2		
SN2 Staff Nurse Grad	4		
SN3 Staff Nurse Grad	3		
Speech Therapist (Co	8		
Speech Therapist And	4		
Speech Therapist GRA	1		
State Accountant	2		
Supply Chain Clerk	1		
SW A4 Social Worker	1		
SWA5 Social Worker	1		
Tradesman Aid li	1		
Total	769		792

Appointments vs Terminations

Narration	1 April 2018 to 31 March 2019
Appointments	792
Terminations	769
Net effect	23

Vacancy Rate - 1 April 2018 to 31 March 2019

Office	Total	Vacancies	Headcount	Vacancy Rate Per District
RMSH	1838	163	1675	8.86
Provincial	525	61	464	11.61
Frances Baard	1120	118	1002	10.53
JTG	960	96	864	10.00
PKS	1134	90	1044	7.93
ZFM	1251	92	1159	7.35
Namakwa	705	84	621	11.91
Total For DOH	7533	704	6828	9.34

Achievements

- Absorption of 102 bursary holders into vacant funded posts retained within the province
- Long service awards ceremony across the province
- Human resources circulars were communicated throughout the province
- COIDA training conducted in all 5 districts
- 86% compliance rate of SMS members;
- Payment of performance rewards/ incentives for the year 2017/18 was successfully processed;
- Training on new PMDS Policy (2018) was conducted in all five Districts;

Challenges and Measures Planned to Overcome Them

Challenges	Proposed Corrective Action
o Non implementation of declined PILLIR applications	o All designated managers must enforce the decision of the Health Risk manager
o Late capturing of leave and PILLIR applications impacting negatively on the disclosure notes in the AFS	o Managers and employees to be held accountable for late submission of leave forms and PILLIR applications
o Compensation budget	o Budget baseline assessment
o Grade progressions /Translations (backdated)	o Auditing of all outstanding OSD translations
o Incorrect HR submissions despite continued support from provincial office which delay service delivery matters	o District Directors to prioritize the appointment of HR staff at District Level/Consequence management for non-performance and poor performance
o Non implementation of Arbitration awards which leads to court orders and Attachment of departmental Assets including interest charged for outstanding payments	o Disciplinary action against managers and managers to take responsibility on interest charged for non-payment
o Non -compliance in accordance to SHERQ leads to closure of facilities by the department of labour	o Managers to be held accountable
o Poor compliance to submission timeliness of performance documents.	o Executive and Senior Managers to be responsible for ensuring compliance to time frames by their respective units.
o About 15% of the total establishment is still on probation, owing mainly to non-compliance by employees & supervisors across the board.	o Executive and Senior Managers to be responsible for ensuring compliance to submission of confirmation letters to PMDS offices.
o Poor implementation of PMDS Policy by both employees and supervisors	o Supervisors and managers to ensure compliance to Policy; o Intense training on the new PMDS Policy and tools by PMDS practitioners in Districts and Facilities.
o Staff shortages at Provincial Office negatively affects full support and continuous M & E to Districts and Facilities.	o Capacitate Provincial Office by recruiting additional staff
o Lack of responsibility and accountability for performance management (PMDS) at District and facility level	o District and Facility managers to be accountable, and further ensure that dedicated employees (HR Practitioners) are assigned for performance management accordingly.

Table4: Annual targets for Human Resource Management

Strategic Objective	Performance Indicator	Target 2018/19	Actual 2018/19	Deviations	Reasons for Deviations
Produce, cost and implement human resources for health plans	Developed Human Resources Plan	Reviewed Human Resource Plan	Approved HR Plan on the 30 June 2018	-	-
To improve quality of health care by ensuring accountability	Percentage of Performance Agreements signed by SMS officials	100%	86.2%	13.8%	HOD performance agreement was not duly signed. Three (3) SMS members were non-compliant

Sub-Programme: Finance & Supply Chain Management

Priorities:	Attain an unqualified audit report
Sub-Outcome 6:	Improved Health Management and Leadership

Situation Analysis:

The Office of the Chief Financial Officer focused on the development of internal controls by updating the Audit Action Plan. The controls referred to above, are informed by the Audit outcome issued by the Office of the Auditor-General. The Department received a qualified audit opinion with the emphasis of the main challenges of Asset Management, Irregular Expenditure, Revenue Management as well as management and monitoring of accruals being highlighted by the Auditor General.

The Audit Action Plan has been developed with the introduction of work streams. The project implementation plans for the projects has been discussed with the executive management. Project leaders have been appointed to coordinate the implementation of the projects. The office of the Chief Financial Officer is in the process to engage the Provincial Treasury and SAICA in dealing with some of the Key performance areas contained in the Audit Action Plan.

Financial reforms remained a priority, key policies have been finalised and some are in circulation with the aim of rolling the policies out before the financial year end. The terms of reference for the National Health support programme were finalised and communicated to key stakeholders. Provincial Treasury has expanded the support to the Department with the Deployment of additional resources in some competencies such as Asset Management and Revenue Management.

The developmental process of the Departmental Asset Register is currently in progress with the verification completed.

An under collection of revenue has been realised during the second quarter due to structural issues especially at the different facilities. The situation is to improve given the additional resources received.

The procurement of a revenue collection system was concluded and fully implemented. The regularization of contracts especially those that are on a month to month basis is in process with the finalisation of the major ones like medical waste management and aero-medical.

Adjustment budget review processes were conducted during the second quarter with programmes providing key inputs.

A joint session with the district finance heads was held in Uptington to discuss a spectrum of issues and challenges affecting the office of the Chief Financial Officer.

Achievements

- The Office of the Chief Financial Officer focused on the development of internal controls by updating the Audit Action Plan and Project Implementation Plans.
- The Department received a qualified audit opinion with the emphasis of the main challenges of Asset Management, Irregular Expenditure, Revenue Management and the management and monitoring of accruals being highlighted by the Auditor General.

- The Audit Action Plan has been developed with the reintroduction of the four (4) projects. The project implementation plans for the projects has been discussed with the executive management. Project leaders have been appointed to coordinate the implementation of the projects.
- The office of the Chief Financial Officer is in the process to engage the Provincial Treasury and SAICA in dealing with some of the Key performance areas contained in the Audit Action Plan.
- Financial reforms remained a priority, key policies have been finalised and some are in circulation with the aim of rolling the policies out before the financial year end.
- The terms of reference for the National Health support programme were finalised and communicated to key stakeholders.
- Provincial Treasury has expanded the support to the Department with the Deployment of additional resources in some competencies such as Asset Management and Revenue Management.
- The developmental process of the Departmental Asset Register is currently in progress with the verification at an advances stage in the Francis Baard district.
- An under collection of revenue has been realised during the second quarter due to structural issues especially at the different facilities. The situation is to improve given the additional resources received.
- The procurement of a revenue collection system was concluded and implementation is on course.
- The regularization of contracts especially those that are on a month to month basis is in process with the anticipated conclusion of the fourth quarter.
- Adjustment budget review processes were conducted during the second quarter with programmes providing key inputs.
- A joint session with the district finance heads was held in Upington to discuss a spectrum of issues and challenges affecting the office of the Chief Financial Officer.

Challenges and Measures Planned to Overcome Them

Challenges	Proposed Corrective Action
o Lack of a framework to address internal control deficiencies	o The Department has finalised the individual project implementation plans to address the negative audit outcome.
o Historical irregular expenditure awaiting investigation, condonation or write-off has also contributed towards the inability to achieve a positive audit outcome.	o Project Implementation Plans addressing management of Accruals and Irregular Expenditure have been developed and are being implemented. o Furthermore, provincial Treasury has appointed a team of consultants to assist with this process.
o The lack of an asset register will continue to negatively affect the audit outcome.	o The process to develop the Asset register is currently underway. o The Department has received additional human resources for the asset verification from Provincial Treasury.

Table 5: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Finance and SCM

Strategic Objectives	Indicator	Annual Target 2017/18	Target 2017/18	Actual 2017/18	Deviations	Comments for deviation
To ensure effective financial management in line with the Public Financial Management Act	Audit opinion from Auditor General	Unqualified Audit Report	Unqualified Audit Report	Qualified Audit Report	-	<ul style="list-style-type: none"> ▪ Lack of a framework to address internal control deficiencies. ▪ The absence of a revenue management system at Departmental facilities has also contributed toward negative audit outcomes. ▪ Historical irregular expenditure awaiting investigation, condonation or write-off has also contributed towards the inability to achieve a positive audit outcome. ▪ The management and monitoring of the Departments Accruals has further contributed to negative outcome. ▪ The lack of an asset register will continue to negatively affect the audit outcome.

Sub- Programme: Employment Equity and Gender

Priority:

- Ensure gender equality and women empowerment at all levels

Sub- Outcome 6: improved health management and leadership

Situational Analysis

The directorate managed to finalize the following policy ie. Dignity at work Policy and standard operating procedures for the policy. The aim of the Policy is to prevent harassment and bullying in the workplace.

White Paper on the Rights of persons with Disabilities Implementation Matrix 2015-2019 was submitted to the Office of the Premier, the aim was to report the progress made on the implementation of the white paper in the Department.

Events that took place are as follows:

- Employment Equity Session; two day session on the 26th and 27th of February 2019. The Employment Equity Forum members attended from different unions and forums. The aim of the session was to give the employees a report back from Department of Labour. The outcome was that they understood the demographics of the Department of Health on Employment Equity and Diversity
- Men's Forum Men's Health Event; 11 March 2019, the event was to raise awareness on substance abuse and alcohol abuse. There were 3 presentations conducted, namely:
 - Presentation by Wellness Centre on the clinical side of substance and alcohol abuse and its effects on the human body.
 - Presentation by the Psychologist on the psychological side of the substance and alcohol abuse, mainly alcohol abuse.
 - SAPS, presentation of actual substance abuse and the effects it has on people, behavioural changes. The outcome was to get men to know and take care of their health and to protect themselves and the people around them.
- Advocacy and Awareness Session; 5th April 2019, 86 employees attended. The aim of the awareness was to advocate for the rights of workers in the workplace and raise awareness through pamphleteering, banners and posters.

Achievements

- Implementation of the Dignity at Work Policy approved and signed by the HOD, Dr S Jonkers.
- White Paper on Rights of Persons with Disabilities Implementation Matrix 2015-2019 was submitted to the Office of the Premier.
- The Men's Health event hosted by the Men's Forum.'
- Advocacy and Awareness Session
- Employment Equity Session

The Employment Equity Forum managed to finalize the departmental EE targets, the target are as follows:

The target on Employment Equity across all Occupational Categories:

Senior Management; the 2016 demographics for African Males is as follows: Target for African Males is as follows; 29.80% and currently the department has 37% African Males. This means African Males are over represented with 8.15% and in simple terms over represented with 2 persons.

Coloured Males; target 21.30% and currently 13.79%, Coloured Males are underrepresented with 7.51% which means its 2 persons short.

Indian Males; target 0.20% and currently 0%, this means there's no Indian at Senior Management Level.

White Males; target 6.20% and currently 10.34%, this means White Males are overrepresented with 4.14% overrepresented with 1 person.

African Females; target 20.60% and currently 20.69% this means African Females are overrepresented by 0.09%

Coloured Females; target 17.30% and currently 3.45% this means Coloured Females are underrepresented with 13.85%, underrepresented with 4 persons.

Indian Females; target 0.20% and currently 0%, this means there's no Indian Female at Senior Management Level.

White Female; target 4.40% and currently 6.90% this means White Females are overrepresented with 3.40% which means they're overrepresented by 1 person.

Middle Management

African Males; target 29.80% and currently 12.51% this means they're underrepresented with 17.29% this means they're underrepresented with 211 persons.

Coloured Males; target 21.30% and currently 7.44% this means they're underrepresented with 13.86%, they're underrepresented with 169 persons.

Indian Males; target 0.20% and currently 3.60%, this means they're overrepresented with 3.40%, this means they're overrepresented with 42 persons.

White Males; target 6.20% and currently 11.28% this means they're overrepresented with 62 persons.

African Females; target 20.60% and currently 17.33% this means they're underrepresented with 3.27%, meaning underrepresented with 40 persons.

Coloured Females; target 17.30% and currently 18.32% this means they're overrepresented with 1.02%, meaning they're overrepresented with 12 persons.

Indian Females; target 0.20% and currently 3.43% this means they're overrepresented with 3.23%, meaning they're overrepresented with 40 persons.

White Females; target 4.40% and currently 16.03% this means they're overrepresented with 11.63%, meaning they're overrepresented with 142 persons.

Junior Management

African Males; target 29.80% and currently 11.74 this means they're underrepresented with 18.06%, meaning they're underrepresented with 425 persons.

Coloured Males; target 21.30% and currently 5.78% this means they're underrepresented with 15.52% meaning they're underrepresented with 365 persons.

Indian Males; target 0.20% and currently 0.13% this means they're underrepresented with 0, 07%, meaning they're underrepresented with 2 persons.

White Males, target 6.20% and currently 0.94% this means they're underrepresented 5.26% meaning they're underrepresented with 124 persons.

African Females; target 20.60% and currently 33.01% this means they're overrepresented with 12.41%, meaning they're overrepresented with 292 persons.

Coloured Females; target 17.30% and currently 38.15% this means they're overrepresented with 20.85% meaning they're overrepresented with 490 persons.

Indian Females; target 0.20% and currently 0.34% this means they're overrepresented with 0.14% meaning they're overrepresented with 3 persons.

White Females; target 4.40% and currently 9.53% this means they're overrepresented with 121 persons.

Semi-Skilled

African Males; target 29.80% and currently 21.25% this means they're underrepresented with 8.45% meaning they're underrepresented with 295 persons.

Coloured Males; target 21.30% and currently 17.70% this means they're underrepresented with 3.60% meaning they're underrepresented with 125 persons.

Indian Males; target 0.20% and currently 0.03% this means they're underrepresented with 0.17% meaning they're underrepresented with 6 persons.

White Males; target 6.20% and currently 0.40% this means they're underrepresented with 5.80% meaning underrepresented with 202 persons.

African Females; target 20.60% and currently 36.30% this means they're overrepresented with 15.70% meaning they're overrepresented with 574 persons.

Coloured Females; target 17.30% and currently 23.44% this means they're overrepresented with 6.14% meaning they're overrepresented with 214 persons.

Indian Females; target 0.20% and currently 0.3% this means they're underrepresented with 0.17% meaning they're underrepresented with 6 persons.

White Females; target 4.40% and currently 0.66% this means they're underrepresented with 3.74% meaning they're underrepresented with 130 persons.

Unskilled

African Males; target 29.80% and currently 0.00% this means there's 0 unskilled person.

Coloured Males; target 21.30% and currently 0.00% this means there's 0 unskilled person.

Indian Males; target 0.20% and currently 0.00% this means there's 0 unskilled person.

White Males; target 6.20% and currently 0.00% this means there's 0 unskilled person.

African Females; target 20.60% and currently 100.00% this means there's no other race hence its 100.00% with a shortfall of 79.40%, meaning 1 person is currently employed as unskilled category.

Coloured Females; target 17.30% and currently 0.00% this means there's 0 unskilled person.

Indian Females; target 0.20% and currently 0.00% this means there's 0 unskilled person.

White Females; target 4.40% and currently 0.00% this means there's 0 unskilled person.

Categories	Males				Females				Foreigners		Total	Total	Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	Male	Female	female	Males	M+F
Top management	0	1	0	0	1	0	0	0	0	0	1	1	2
race %	0.00%	50.00%	0.00%	0.00%	50.00%	0.00%	0.00%	0.00%					
Target	29.80%	21.30%	0.20%	6.20%	20.60%	17.30%	0.20%	4.40%					
Shortfall	29.80%	-28.70%	0.20%	6.20%	-29.40%	17.30%	0.20%	4.40%					
Persons	1	-1	0	0	-1	0	0	0					
Snr. Management	11	4	0	3	6	1	0	2	2	0	9	20	29
race %	37.93%	13.79%	0.00%	10.34%	20.69%	3.45%	0.00%	6.90%					
Target	29.80%	21.30%	0.20%	6.20%	20.60%	17.30%	0.20%	4.40%			10	21	31
Shortfall	-8.13%	7.51%	0.20%	-4.14%	-0.09%	13.85%	0.20%	-2.50%					
Persons	-2	2	0	-1	0	4	0	-1					
Mid Management	153	91	44	138	212	224	42	196	85	38	712	511	1223
race %	12.51%	7.44%	3.60%	11.28%	17.33%	18.32%	3.43%	16.03%					
Target	29.80%	21.30%	0.20%	6.20%	20.60%	17.30%	0.20%	4.40%					
Shortfall	17.29%	13.86%	-3.40%	-5.08%	3.27%	-1.02%	-3.23%	-11.63%					
Persons	211	169	-42	-62	40	-12	-40	-142					
Junior management	276	136	3	22	776	897	8	224	3	6	1911	440	2351
race %	11.74%	5.78%	0.13%	0.94%	33.01%	38.15%	0.34%	9.53%					
Target	29.80%	21.30%	0.20%	6.20%	20.60%	17.30%	0.20%	4.40%					
Shortfall	18.06%	15.52%	0.07%	5.26%	-12.41%	-20.85%	-0.14%	-5.13%					
Persons	425	365	2	124	-292	-490	-3	-121					
Semi-skilled	744	617	1	14	1265	817	1	23	3	0	2106	1379	3485
race %	21.35%	17.70%	0.03%	0.40%	36.30%	23.44%	0.03%	0.66%					
Target	29.80%	21.30%	0.20%	6.20%	20.60%	17.30%	0.20%	4.40%					
Shortfall	8.45%	3.60%	0.17%	5.80%	-15.70%	-6.14%	0.17%	3.74%					
Persons	295	125	6	202	-547	-214	6	130					
Unskilled	0	0	0	0	1	0	0	0	0	0	1	0	1
race %	0.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%					
Target	29.80%	21.30%	0.20%	6.20%	20.60%	17.30%	0.20%	4.40%					
Shortfall	29.80%	21.30%	0.20%	6.20%	-79.40%	17.30%	0.20%	4.40%					
Persons	0	0	0	0	-1	0	0	0					

Total	1184	849	48	177	2261	1939	51	445	93	44	4740	2351	7091
Nonpermanent employees	18	14	4	9	40	37	7	58	3	5	147	48	195
Total	1202	863	52	186	2301	1976	58	503	96	49	4887	2399	7286
Race %	16.50%	11.84%	0.71%	2.55%	31.58%	27.12%	0.80%	6.90%			66.85%		
Race targets	29.80%	21.30%	0.20%	6.20%	20.60%	17.30%	0.20%	4.40%					
Shortfall	13.30%	9.46%	-0.51%	3.65%	-10.98%	-9.82%	-0.60%	-2.50%					
Persons	969	689	-37	266	-800	-716	-43	-182					

The unit was unable to finalize the guidelines for selection committees on EE, due to the delay in finalizing the departmental analysis on EE. The unit also experiences the problem of shortage of staff, an assistant manager took retirement and thus resulting the unit to rely on the Intern support.

Challenges and Measures Planned to overcome them

Challenges	Proposed Corrective Action
o EE Targets has not yet been achieved	o The EE guidelines has not been signed yet by the unions, and the HOD. Department is planning to have a consultation session to finalize the process
o Staff shortage i.e..PA to the Director, 1 Senior Admin Officer and 1 Senior Manager	o HR is in the process of advertising all vacant posts in a block advert

Table 6: Strategic Objectives, Indicator, Planned Targets and Actual Achievements for Employment Equity and Gender

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
Empowerment of women	Percentage of women in Senior Management positions in the department	22%	28% (7/27)	10	3	Non-Adherence to EE plan Moratorium on filling of posts Adhering to plan-
Promote Diversity and Equity awareness in the department	Number of diversity and equity awareness programmes conducted: <ul style="list-style-type: none"> • EE consultation session • Men's Health Event • Advocacy and awareness 	4	8	3	+1	Planning took place before election of Men's Forum and the Men's Health was an added activity

Linking Performance with budget Programme 1

	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. OFFICE OF THE MEC	19,677	19,203	474	12,289	16,940	(4,651)
2. MANAGEMENT	203,424	204,844	(1,420)	197,616	213,673	(16,057)
	223,101	224,047	(946)	209,905	230,613	(20,708)

Administration – overspent by R946 000

The programme overspent on transfers & subsidies due to arbitration awards that had to be paid; while the goods & services overspend due to the impact of accruals on legal fees and computer services which were paid from current year budget allocation. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals. The department will continue to monitor the cost containment measures. The provincial Treasury has allocated additional funding for goods & services as baseline adjustment in the next financial year.

Programme 2: District Health Services

Priorities: District Management

- Improve managerial leadership at all district health facilities
- Improve the quality of health care services in all district health facilities (ICRM, NCS)
- Ensure adequate and appropriately skilled health workforce in all district health facilities
- Improve allocative and technical financial management in district health services
- Ensure adequate supply and management of all medical products and technologies including infrastructure in all district health facilities.
- Improve information management systems for enhancement of planning, monitoring, response and accountability

Priorities: Quality Assurance

- Improve patient complaints resolution rate within the province

Sub-Outcome 1: Universal health coverage achieved through implementation of national health insurance

Sub-Outcome 2: Improved quality of health care

Sub-Outcome 3: Implement the re-engineering of primary health care

Sub-Outcome 6: Improved health management and leadership

Situation analysis

The unit developed the Service Delivery Implementation Plan (SDIP) for 2018/19-2020/21, which seeks to identify and address problems areas affecting service delivery in the following areas:

Access to Primary Health Care

Access to PHC services in far-lying and farm areas remains a challenge due to lack of mobile services and staffing. Furthermore, recruit and retain nursing of staff remains a challenge in areas such as Vosburg CHC, Van Wyksvlei PHC, Niekerkshoop PHC and Strydenburg PHC (Pixley ka Seme)

The programme convened a meeting with Robert Mangaliso Sobukwe and HR Unit in order to fast-track process for replacement posts and explore possibility of utilization Nursing Agencies due to abrupt resignations, as well as sudden illnesses and deaths occurring in facilities run by a single professional nurse. The latter was approved by the Head of Department (HOD) with conditions.

Quality Assurance

As a strategy to manage and improve patient care, surveys on patient experience of care were conducted in some districts. Thus, resulting in a slight improvement in complaints management during the year.

Similarly, the number of patients enrolled into the CCMDD programme has increased from Q2 (48 912) to Q4 prelim (54906), thus resulting in more patients decanting at facility level. Subsequently, impacting on the indicator “PHC Headcount” hence improving provision of quality services.

However, John Taolo Gaetsewe experienced service delivery protests in quarter 2 2018/19, as a result of shortage of staff at the two (2) district hospitals. Hence, five Professional Nurses were appointed for each of the two facilities to alleviate the situation.

The National department of health introduced and implemented the Ideal Hospital Framework (IHF) as of October 2018. Subsequently resulted in the review of the indicator on “Hospitals

achieved 75% and more National Core Standards self-assessment rate (District Hospitals)”. These Ideal Hospital Framework baseline self-assessments were conducted, of which eight(8) out of the eleven (11) district hospitals completed their self-assessments excluding Postmasburg, Kakamas and De Aar Hospitals due to technical challenges with the system, as well as the resignation of the CEO at Postmasburg Hospital.

The last quarter of the year was characterized among others by the completion of newly renovated health facilities .e. Wrenchville, Kagung and Olifantshoek in John Taolo Gaetsewe district, as well as Sakhile in Frances Baard district which were officially handed by the MEC for Health Ms Fufe Makatong. Furthermore, efforts were directed towards data clean-up interventions. However, cash-flow to districts was a challenge resulting in service providers withholding services due to non-payment.

The programme achieved 38% (3/8 indicators) during the financial year 2018/19, which has been stagnant throughout the four quarters, mainly influenced by unstable efficiency indicators such as:

- Average length of stay
- Inpatient bed utilization
- Expenditure per Patient Day Equivalent (PDE)

Achievements

- Training on and Implementation of the new planning and monitoring framework in the districts to improve on the quality of performance information. This approach allows for sub-district and especially facility managers to be able to see their role and responsibilities towards attaining performance targets at the level of their catchment population
- Training conducted in all districts on the web-based Patient Safety Incidence and the complaints management system to ensure compliance on the Ideal Hospital Realisation and Maintenance Framework
- Appointment of Operational Managers, PHC Manager and professional nurses to improve service delivery
- Infrastructure refurbishments in facilities to enhance service delivery
- Ideal Clinic Realization and Maintenance (ICRM) Peer Reviews were conducted throughout the province
- Special allocation was received from Provincial Treasury towards the establishment of cost centres for facilities which had operated without structures especially in JTG (R5m). A further allocation of R2m was also received for the strengthening of Maternal and Child Health Services. In this way, district will be able to each have a Child Health Coordinator.
- The Chief Directorate also benefitted from the Stimulus Package in that 69 professional Nurses, 1 doctor, 2 Physiotherapists, 1 Dentist, 3 Radiographers and 1 Dietician were appointed in January 2019, to improve service delivery.
- Clean water reticulation project completed at Postmasburg Hospital by Assmang Mine to enhance service delivery

Challenges and Measures Planned to overcome them

Challenges	Proposed Corrective Action
Leadership and Governance	
Lack of Middle Management persists to be a challenge (Operational Managers, CEO vacancies as well as absence of Clinical and Nursing Service	The Department will still consider identifying the priority posts for service delivery in the new financial year.

Managers)	
Human Resource	
Shortage of staff unfortunately still persists in spite of the improvements mentioned above	Finalization of the Human Resource Plan as well as the Organizational Structure
Poor distribution between urban and rural areas	Prioritization and financing of critical posts Department needs to reconsider the utilization of Health Facility Assistants (HFA)
ICT and Information Management	
Weak staff capacity for data management and use of information for effective management Lack of connectivity in some districts	Implement regular capacity building and training for facility managers and health care providers on data management and use of information Institutionalize data quality assurance
Finance	
Inadequate funding allocation and cash-flow challenges, leading to service providers withholding important services	Although delegations have been received by District Managers, there is a need to build capacity (human resource capacity as well as Decentralise the budget
Infrastructure	
Poor maintenance of facilities and equipment affecting achievement of Ideal status for clinics	The Funding allocation by NDOH needs to be increased to meet the demands of an ailing and aging physical infrastructure
Security	
Other facilities operating with no security officers as well as security measures compromising staff and patient safety	

Table 7: Strategic Objectives, Indicator, Planned Targets and Actual Achievements for District Health

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
Ensure quality primary health care services with optimally functional clinics by developing all clinics into ideal clinics	Ideal clinic status rate	-	72% 114/159	64% (101/159)	-8%	Shortage of clinical and medical equipment such as pressure gauges for oxygen cylinders for Vital Elements of the Framework
Improved efficiencies and quality of care at PHC facilities	PHC Utilisation rate – Total	2.2 Visits	2.0 Visits	2.2 visits	+0.2	Namakwa has the highest ratio (3.2) of patients who visited the PHC facilities, followed by Pixley ka Seme 2.5
	Complaints resolution within 25 working days' rate (PHC)	96%	90%	92.3%	+2.3%	Target exceeded, complaints managed effectively

Table 8: Strategic Objectives, Indicator, Planned Targets and Actual Achievements for District Hospitals

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
Improve compliance with national core standards	Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals)	18% (2/11)	72% (8/11)	0% (0/11) Baseline assessment for IHRM-0/11	-72%	National Department of Health (NDOH) made a transition from the National Core Standards (NCS) tool to introduce the Ideal Hospital Framework for all Hospitals in September 2018, 10 out of 11 district hospitals captured the IHRM, none of the hospitals achieved the target due to non-compliance to the vital and essential elements. Quality Assurance is developing a Plan to involve all stakeholders to ensure systematic oversight and support to improve quality of care at district hospitals
Improve efficiencies and quality of care at district hospitals	Average length of stay (District Hospitals)	3.2 days	3.4 days	3.3 days	-0.1 days	Although CHCs are designed to keep patients for 24 hours only maximum, this is still difficult to attain due to vast distances in the province. As a result, CHC's still have a high number of inpatients This indicator is influenced by the patient referral flow processes from lower level hospitals to tertiary level e.g. orthopaedic patients who stay for long periods waiting for beds
	Inpatient Bed Utilisation Rate (District Hospitals)	55%	63%	54.2%	-8.8%	Separation is higher due to unavailability of services such as theatre in Abraham Esau not functioning for 2 months due to the damage to the theatre machine
	Expenditure per PDE (District Hospitals)	R2 270.4	R1 800.00	R2 733.1	R933.1	Mis-alignment of the budget is still a factor, as well as the Cash flow challenges and Accruals
	Complaint Resolution within 25 working days' rate (District Hospitals)	95%	85%	96.2%	+11.2%	Target exceeded, complaints managed effectively

Sub-Programme: HIV/AIDS, STI and TB (HAST)

Priorities:

- Address social and structural barriers to HIV, STI and TB prevention, care and impact.
- Prevent new HIV, STI's and TB infections by at least 50% using combination prevention approaches.
- Sustain health and wellness:
- Reduce mortality, sustain wellness and improve quality of life of at least 80% of those infected and affected by HIV and TB.
- Increase protection of human rights and improve access to justice by ensuring and enabling an accessible legal framework that protects and promotes human rights and gender sensitivity.

Sub-Outcome 8: HIV & AIDS and Tuberculosis Prevented and Successfully Managed

Situation analysis:

Delays in approval of the 2018/'19 Conditional Grant Business Plan by the National Department of Health (NDoH) resulted in some activities of the first quarter (2018/'19) for HIV & AIDS and STI (HAS) Programme commencing late in May 2018. However, services at facility level continued unhindered and these included drug supply, condom distribution and HIV testing.

The provincial HIV & AIDS programme has been focusing more on ensuring that it achieves 90-90-90 targets with the deadline set at 2020. However, there's a lot of work to be done as the programmes drives to these targets. The 90-90-90 HIV targets as:

- 90% of all people living with HIV will know their status
- 90% of those diagnosed will be on treatment
- 90% of those on treatment have viral load test done
- 90% of those on treatment will be virally suppressed (indicating successful treatment)

The HIV & AIDS programme have identified key interventions that needs to be implemented in order to achieve these targets, and these are: (1) HIV testing Services (HTS); (2) Condom promotion and distribution; (3) Voluntary medical male circumcision (VMMC); (4) Community Outreach Services (COS); (5) Prevention and management of sexually transmitted infections; and (6) Antiretroviral treatment program (ART).

Detailed analysis on how each of these SUB-PROGRAMMES are illustrated the section below.

HIV and STIs Prevention Programme

HIV Testing Services: HIV testing services reached 285 922 people who tested for HIV which is 94% against the annual target. However, it should be noted that the current target (2018/'19) was increased substantially from 220 259 to 303 838, which represents a target increase of 38% compared to 2017/18. It is evident that the programme performed well with limited budget resulting in outreach HTS campaigns not being conducted and also the Health Systems Trust exiting the province in August 2018 as the main HTS implementing supporting partner.

As part of strengthening HIV testing services in the province, the HTS Programme conducted HIV Counselling and Testing Trainings for four (4) districts whereby a total of fifty-two (52) HTS Lay Counsellors and fourteen (14) nurses were successfully trained on Basic HIV Counselling and Testing Skills. Even though the National Wellness campaign is at implementation phase, however official Provincial launch has not yet taken place but some districts have developed the implementation plans and gradually being executed. A total of 150 health facilities were selected to conduct the HIV Proficiency testing across all five districts. However, Namakwa facilities did not conduct proficiency testing due to the district coordinator due to logistical challenges. Hence, Proficiency Testing were conducted in 120 selected. The following challenges were noted:

- Only 34 of the 120 Proficiency Testing Reports were received by NICD and mainly from Pixley Ka Seme and ZF Mgqawu districts.

The HIV Prevention Programme conducted the STI Syndromic management and RTQCI trainings to 50 nurses and it is envisaged that these trainings will yield positive impact on the following areas:

- Adherence to STI treatment guidelines and improved STI control, management and treatment among all STI infected populations.
- High quality HIV Testing Services at facilities with increased HTS uptake.
- Better management of HIV testing commodities and recording tools.

Condom Distribution - Delay in payment of Condom Suppliers during the 2017/'18 financial year by the department led to accruals of R4.6 million which overlapped into this financial year. Payments to suppliers were processed in May 2018 thus depleting the 2018/'19 budget allocations which resulted in a shortfall on the amount of condoms procured.

However, the province managed to source a total of 6 million male condoms as a donation from NDoH in order to avert potential condom stock-out.

Even though, the last bulk of these donated condoms were received late in February 2018 and as a result this impacted negatively on distribution, particularly in the JT Gaetsewe district where primary condom storage sites reported stock-outs of male condoms between December 2018 and January 2019. However, contingency measures ensured that no facilities ran short of condoms during this period. This occurrence is noted with great concern as effects due to shortages of condoms can have dire consequences on the provincial efforts to curb transmission of STIs, most importantly HIV. As a result, the programme distributed a total of 14 million male condoms against the annual target of 15.5 million. On the other hand, the distribution of female condoms remains a challenges not only in the Province but nationwide due to low acceptance or lack of interest.

The second reason associated with poor condom distribution is inadequate transport at district level. Even so, Society for Family Health (SFH) donated a truck to the Northern Cape Department of Health which the acceptance thereof was signed-off by the HoD. However, the truck was registered at the end of the financial year under the Departmental ownership due to technical delays.

The programme forged partnership with Higher Education AIDS (HEAIDS) Program, condom promotion and distribution were conducted in a number of FET Colleges across the Province. The following activities were offered to students: *HIV testing, Family planning, TB screening, health education*, etc. This joint campaign will be conducted regularly in order to enable the province to reach out to youths as one of the key populations.

Antiretroviral Treatment: Care & Support

The programme is implementing the Universal Test & Treat (UTT) as a strategy for clients who tested HIV positive to be fast-tracked for treatment. However, the programme reported an average of 70% ART initiation rate against target of the first pillar of the 90-90-90 HIV Cascade. A myriad of reasons have been noted such as: *stigma; inadequate health education (or lack of understanding) on benefits of early treatment initiation; lack of support groups for those infected with HIV* etc.

The absence of the CCMT coordinators in both provincial and Frances Baard impacts negatively on the programme coordination and performance. Similarly, Retention of ART clients remains a challenge as the programme struggles to achieve targets, by end of March 2019, the programme had 59 320 clients remaining on ART (TROA) compared to a target of 67 627 (shortfall of 8 307). Reasons for attrition are mentioned in the first paragraph of this sub-section. This poor performance has led to the province to revise its annual TROA projections and future targets based on planned interventions to address these challenges. Poor performance in the Frances Baard is of

particular concern since the district contributes 37% toward the provincial target, therefore, under achievement has serious impact on the provincial performance.

In order to improve implementation of ART Guidelines, the programme embarked on a series of district visits in selected facilities where the Early Warning Indicators Assessment was conducted. The assessments were conducted in March 2019 in four districts (i.e. FB, JTG, ZFM and PKS). The EWI assessment are meant to identify patients who are at risk of becoming resistant to ART treatment. The following main challenges were note:

- i. *Late collection of medication by patients,*
- ii. *Poor pill count,*
- iii. *Facilities taking viral load specimens late.* These challenges lead to poor viral suppression and retention in care of patients.

The CCMT Programme convened the HIV and ART Clinical meeting including Early Warning Indicators (EWI)/Clinical audits. The meeting was supported by the World Health Organisation (WHO) and the National Department of Health (NDOH).

Community Outreach Services (COS)

The directorate conducted its adjudication process for the 2018/'19 funding cycle for Non-Governmental Organizations (NGOs) who will be contracted to the department for provision of key health services. However, due to the National Department of Health's 2018 Resolution for Community Outreach Services (COS), the directorate was compelled to suspend the outcomes of the adjudication process. The impact of the 2018 COS Resolution are:

- Community Health Workers who were previously contracted by funded NGOs will be contracted to the Northern Cape Department of Health (NCDoH).
- Monthly stipend increasing from R2500 to R3500 effective from June 2018 (in line with the national minimum wage).
- A maximum of 2 550 CHWs will be affected by this resolution across all five districts.
- Monthly stipends will be paid through the department's PERSAL system.
- The maximum daily working hours remained as five (5) hours unless revised otherwise.
- Extension of funding period for the NGOs until March 2019, in order to provide supervision to the CHWs and submission of reports.

The Provincial Health MEC, Ms. Fufe Makatong signed for the resolution to be implemented on 1st November 2018 upon which upgrading of stipends shall be backdated to June 2018. Overall, the transition has been smooth apart from minor challenges reported from certain facilities which were resolved by the HIV & AIDS Directorate.

Care & Support led team conducted physical verification of CHWs per facility in four districts (FB, JTG, ZFM and PKS). The main objective was to ensure accuracy of list of CHWs, verification of CHWs supervision by facility managers (or designated person) including reporting activities at facility level.

Voluntary Medical Male Circumcision (VMMC)

Medical male circumcision in the province is largely implemented by CHAPS, a subsidiary of AURUM which is contracted to the Department of Health through the National RT Tender. Access to MMC has always been affected by shortages of medical officers and professional nurses in the public hospitals hence the outsourcing of this service to AURUM. Moreover, this has been evident by the fact that only few MMC services were provided in public hospital and CHAPS also struggling to recruit clinicians in their service points. This subsequently led to CHAPS reviewing their approach and a decision was taken to come with a new approach/model of contracting willing private medical practitioners for the provision of MMC service to the uninsured population. This approach has proven to be very effective and efficient as there is a substantial increase of MMC performed from 5 248 in 2017/'18 to 10 944 by end of the current financial year. Through this model, CHAPS managed to contract at least seven (7) private medical practitioners which are illustrated in the table below.

Table 1: Distribution of Private Doctors contracted to provide MMC Services, Northern Cape, 2018/'19

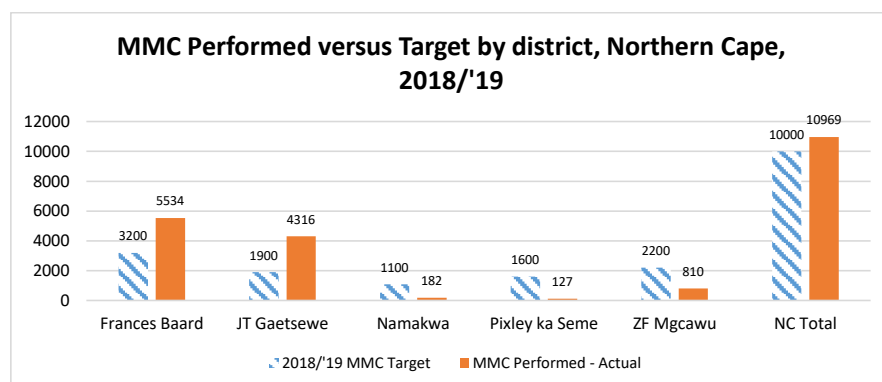
District	Sub - district	No. of Private Doctors contracted
Frances Baard	Sol Plaatje	1
	Phokwane	2
	Dikgatlong	1
	Sub-Total	4
John Taolo Gaetsewe	Ga Segonyana	2
	Gamagara	1
	Sub-Total	3
Grand Total		7

Source: MMC Programme Report, HIV & AIDS and STI Directorate, April 2019

However, the distribution of contracted private doctors depicts askew picture whereby access is mainly limited to two (2) districts, namely, Frances Baard (4) and JT Gaetsewe (3); while in the remaining three districts (i.e.. Namakwa, Pixley Ka Seme, ZF Mgcawu) MMC services were provided through outreach campaigns arranged by CHAPS with doctors and local clinicians.

The impact of distribution of MMC services is confirmed graphically in the figure below, where Frances Baard and JT Gaetsewe have exceeded their targets compared to other districts where there are not contracted private doctors to provide MMC services.

Figure 1. District MMC performance versus target, Northern Cape, 2018/'19



Source: WebDHIS, Northern Cape Department of Health, May 2019

The MMC Programme conducted support visits at both private surgeries and outreach health facilities for verification of reported data against registers. These medical doctors have been registered on the WebDHIS as an Org unit(s) to ensure that reporting is streamlined with the departmental information management protocols.

Performance Reviews/Support Visits/Training

Quarterly Programme Review - The Directorate conducted quarterly performance review with district coordinators and other stakeholders e.g. Provincial AIDS Council Secretariat, Health Systems Trust (HST). This review was held in Upington on 17th - 20th September 2018 where the following were discussed:

- 2017/'18 Annual Conditional Grant Evaluation Report
- Quarter 1 District Performance Reports (with exception of Frances Baard district) based on the 90 90 90 HIV Targets
- Financial Status of the HIV and AIDS Conditional Grant

- Introduction of the Provincial Focus For Impact of HIV, TB and STI by the Provincial AIDS Council Secretariat (3 areas with high disease burden will be prioritized)
- Handover of the exit report by the Health Systems Trust (HST) on the VCT II Project.
- Focus for Impact Project by the Provincial AIDS Council Secretariat

The reviews resolved that the overall HIV & AIDS performance should be improved with particular focus on the 90-90-90 indicators including timeous availability of resources to districts in order to coordinate implementation of priorities at facilities and community level.

National HIV 90-90-90 Web DHIS Dashboard Training - The province held a two-day training on the 90-90-90 HIV Cascade (WebHIS Application) which was facilitated by the National Department of Health (NDoH) together with Health Information System Programme (HISP). Provincial programme managers and all district HIV & AIDS clinical programme coordinator participated in this important training.

The National Department of Health (NDoH) identified suboptimal use of data at all health levels as a key obstacle towards achieving improved HIV patient treatment monitoring as part of the 90-90-90 targets. Thus, in collaboration with the World Health Organisation (WHO) and HISP, NDoH developed the 90-90-90 monitoring management module which is built-in the WebDHIS system. This tool will help standardise and develop automated cascade dashboard reports to improve patient management and programme monitoring for accelerate achievement of the 90-90-90 targets by provinces.

Community Awareness Campaigns/Events

World AIDS Day 2018 - The Directorate participated in the commemoration of the Provincial World AIDS Day which took place in the Namakwa district on 30th November - 1st December 2018 where coordination was led by the Provincial AIDS Council through the Office of the Premier. The main event which took place on 1st December 2018 was preceded by build-up activities which involved the following:

- Distribution of food parcels to identified households (focus on TB/HIV patients);
- Household profiling to determine households that require support by different departments including civil society organizations;
- Provision of health education.

Provincial Sexual and Reproductive health Awareness Month - The HAST Directorate hosted the Provincial event on Sexual and Reproductive Health Awareness campaign in Carnarvon area, Pixley Ka Seme district, whereby more than 750 people were reached. A multi-disciplinary health team conducted a series of build-up activities that included condom distribution, community dialogues on pertinent health topics, health screenings among school learners were conducted in all five (5) districts. The main objective of these awareness campaign was to provide health education on teenage pregnancies, prevention of new STIs and HIV infections, and encourage healthy lifestyle practices among all targeted populations.

Achievements

- Annual Target of “*Medical Male Circumcision*” was surpassed with an actual of 10 969 performed MMC (annual target = 10 000) as a result of the new approach of CHAPS to contract private doctors including data mop-up where data from private doctors was integrated into WebDHIS.
- Bi - annual Provincial STI Sentinel surveillance meeting held with all STI sentinel sites, this intervention impacted positively on improving STI surveillance with increase in the number of new STI episodes treated including improved reporting.
- Data from external health providers (where formal relationship exist with NCDoh) was integrated into WebDHIS and contributing to MMC target being exceeded (109% achievement) and 94% achievement of HIV Testing target due to this intervention.

- Interviews held for 52 data capturers' posts across all five districts (appointments awaited in the new financial year).

Challenges and Measures Planned to overcome them

Challenges	Proposed Corrective Action
Non-achievement of condom distribution due to: <ul style="list-style-type: none"> ○ Late payment of suppliers resulting in accruals and with suppliers suspending processing of received orders from the province ○ Inadequate dedicated transport for condom distribution from Primary Distribution Sites to Secondary Distribution Sites 	<ul style="list-style-type: none"> ○ Chief Director engaged CFO and Director of SCM in order to resolve late payments to condom suppliers. The situation will be monitored to see effect of this intervention. ○ Departmental Transport Unit managed to successfully register the donated truck by SFH that will be used for distributing condoms in all districts (on a rotational basis or based on need). ○ Develop draft Terms of reference (TOR) or Standard Operating procedures (SOPs) for the usage of the condom distribution truck by Districts to facilitate smooth operation between districts.
<ul style="list-style-type: none"> ○ Inadequate budget for HIV Testing campaigns 	<ul style="list-style-type: none"> ○ Lobby for additional funding in 2019/20 HIV Conditional Grant ○ Explore other mechanisms of increasing access and awareness in high volume areas
<ul style="list-style-type: none"> ○ Late payment of stipend for community health workers which eventually negatively affected service delivery because of the CHWs not coming to work as a result HTS services were negatively affected, targets were not met for the quarter 	<ul style="list-style-type: none"> ○ National COS Resolution implemented in November 2018 which will see stipends paid through PERSAL without resulting in delays
<ul style="list-style-type: none"> ○ Filling of critical posts at provincial, district and facility level still pending in spite of these posts being funded from the conditional grant and also being incorporated onto the Departmental HR Plan 	<ul style="list-style-type: none"> ○ Executive Management intervention sought – engagements between HOD and Programme 2 held on two occasions with the matter raised
<ul style="list-style-type: none"> ○ Poor implementation of retention strategies for resulting in high loss of follow-up among clients enrolled into ART 	<ul style="list-style-type: none"> ○ Ongoing adherence counselling ○ Establish Adherence Clubs ○ Strengthen referral pathways ○ Strengthen tracing of defaulters i.e. facilities to utilize Tier.Net reports of “Missing appointments” and liaise with CHWs for tracing ○ Conduct Early Warning Indicators Assessment to improve patient management practices
<ul style="list-style-type: none"> ○ Delays in procurement of registers, Clinical Stationary, computers, etc. 	<ul style="list-style-type: none"> ○ Meeting held with SCM Director to ensure that procurement of overdue requests are fast-tracked and also ensure that such delays will be prevented in future. ○ Service Provider appointed for printing of recording tools as a result of this intervention and long awaited computers delivered (IT busy with prepping).
<ul style="list-style-type: none"> ○ Low MMC access in public hospital due to shortages of clinicians 	<ul style="list-style-type: none"> ○ MMC services outsourced to AURUM through the National RT35 Tender where CHAPS is a subsidiary that implements MMC services in the province. ○ Currently, seven (7) private medical doctors contracted to CHAPS in Frances Baard and JT Gaetsewe for providing MMC services. ○ Strengthen outreach MMC campaigns where MMC services are critically low i.e..Namakwa, Pixley ka Seme, ZF Mgcawu. ○ Districts to conduct demand creation initiatives/campaigns

Table 9: Strategic Objectives, Indicator, Planned Targets and Actual Achievements for HIV & AIDS, STI

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on deviations
Increase HIV testing coverage, treatment and retain clients on ART	ART client remain on ART end of month –total	57 429	67 627	59 347	-8 280	<ul style="list-style-type: none"> ○ The number of clients remaining on ART has been declining since Q1 (59 793) due high <i>Loss to Follow-up rates</i> (Tier.Net reporting LTFU as high as 36% among adult cohort at 12 months in Frances Baard) ○ LTFU fuelled by poor treatment adherence counselling, slow establishment of Adherence Clubs, poor socio-economic conditions such as poverty. ○ At total of 7 708 people were newly initiated onto antiretroviral treatment program which represents only 70% of total people tested for HIV in this financial year. ○ Inadequate staffing - No dedicated provincial CCMT Manager resulting in poor programme coordination and also in Frances Baard has been without an ART clinical programme coordinator for more than 3 years despite the district holding the bulk of ART clients.
	HIV test done - total	289 982	303 838	285 915	-17 923	<ul style="list-style-type: none"> ○ Limited budget for districts to conduct HTS campaigns in order to mobilise communities and increase access to testing services outside health facilities. ○ Data from Namakwa on HIV tests done in community settings, farms, mines, private doctors contracted to CHAPS (providing MMC) not all captured into WebDHIS. ○ The only supporting partner, Health Systems Trust (HTS), exited the province at the end of August 2018 due to lack of PEPFAR funding negatively affected provision of HIV testing by private health providers contracted to HST through the VCT II Franchise Model.

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on deviations
						<ul style="list-style-type: none"> ○ Late payments of stipends and implementation of Resolution 12018 of CHWs ○ No Prevention Coordinators in Namakwa, John Taolo Gaetsewe, ZF Mgcawu and Frances Baard.
Increase access to a preventative package of sexual and reproductive health (SRH) services including medical male circumcision	Male condom distributed	12 084 178	15 492 381	13 934 960	-1 557 421	<ul style="list-style-type: none"> ○ Late payment to condom suppliers resulting in accruals that depleted the allocated budget upon which fewer than targeted condoms were procured due to a subsequent budget shortfall. The province had to resort to donations (six million male condoms donated) from the National Department of Health to avoid potential condom shortages to users. ○ Unavailability of a dedicated condom distributing transport. ○ Society for Health donated truck to department but the truck only registered at end of financial year thus making no positive impact on condom distribution from Primary Distributing Sites (PDS).
	Medical male circumcision - Total	5 248	10 000	10 969	+969	<ul style="list-style-type: none"> ○ Change of service delivery strategy by CHAPS where seven private doctors were contracted in Frances Baard and JT Gaetsewe districts yielded positive result as performance improved significantly and annual target surpassed. ○ Centre for HIV/AIDS Prevention Studies conducted outreach services were also provided to other districts where no private doctors were contracted. ○ Data mop-up activities were conducted to ensure all MMC data was reported. Also Org Units were created for these private doctors and their data integrated into DHIS.

Sub- Programme: Tuberculosis (TB)

Priorities:

- Address social and structural barriers to HIV, STI and TB prevention, care and impact
- Prevent new HIV, STI's and TB infections by at least 50% using combination prevention approaches
- Sustain health and wellness:
- Reduce mortality, sustain wellness and improve quality of life of at least 80% of those infected and affected by HIV and TB
- Increase protection of human rights and improve access to justice by ensuring an enabling and accessible legal framework that protects and promotes human rights and gender sensitivity

Sub-Outcome 8: HIV & AIDS and Tuberculosis prevented and successfully managed

Programme Situational Analysis

South Africa, committed to the Sustainable Development Goals (SDGs) plus the End TB Strategy targets aimed at reaching 90-90-90 strategy for TB by 2030. The strategy involves screening 90% of people in the key populations for TB, starting 90% of those diagnosed with TB on treatment and ensuring that 90% of those started on treatment, successfully complete their treatment.

World Health Organisation (WHO) highlights determinants of health as influences from where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have significant impacts on wellbeing and health outcomes, whereas the more commonly considered factors impacting on wellbeing and health outcomes as is the case with negative outcomes experienced in MDR TB programme.

The TB screening performance yielded an average of 59.7%, attributable to lack of health promotion activities and shortage of TB stationery such as screening stamps and screening books, thus as a result affected recording and reporting of the TB screening data. The intervention by the Chief Director District Health Services to mitigate this effect resolved to approve turnaround strategy as means to support and improve Programme 2 HAST programme performance by procuring TB stationery to alleviate this effect and currently underway, the programme is awaiting delivery of the TB stationery(April 2019).

The Susceptible TB treatment success yielded 77.5% against envisioned 85% target. Hence, high lost to follow up and deaths rate at 9.8% and 8.7% respectively threatens the success of the programme. The high lost to follow up and death rates are as a result of poor treatment adherence, linkage to care and other social determinants of health such as poor socio and psychosocial conditions. Furthermore, the vacant posts of TB coordinators posts in Pixley ka Seme, Namakwa and Frances Baard poses a challenge with attainment of the APP targets and TB program coordination as well as data monitoring and evaluation.

The TB/HIV collaborative services for HIV testing reached 91.3%. ZF Mgcawu and Frances Baard district(s) achieved performance above 90% for testing HIV among TB patients and JT Gaetsewe, Pixley ka Seme and Namakwa district(s) achieved performance below 90% at 86.9%, 87.7% and 86% respectively. The Proportion of TB/HIV co-infected patients lurches at 40.7% with JT Gaetsewe being the highest at 50.9%.

NIMART initiation strides are evident because the TB/HIV on ART coverage is 93.5%, even though not sufficient against the set target of 95% however much needs to be done to address gaps in recording and reporting of TB/HIV data by the facilities.

National Department of Health commanded the “Finding Missing TB cases” strategy as means to support the country’s bid to end its TB epidemic including supporting over and above existing programme interventions. The strategy seeks to improve case detection in the broader population i.e. Tracing of lost to follow up patients, intensifying screening including contact as well as detection of missed TB opportunities within the health facilities. Funding totalling to R20 million was set a sight to augment the Finding Missing TB patients and the budget was committed for procurement of TB drugs, ARVs and Laboratory services.

The Two Drug Resistant TB initiation sites registered a total number of 310 MDR TB Drug resistant TB Cases and sixty six (66) XDR TB. The burden of the MDR TB previous drug history constitutes about 45.3% of new MDR TB, 44.4% of previously treated 1st line drugs and 10.3% comprises of previously treated 2nd line drugs.

The overall achieved treatment success for MDR TB achieved teeters at 41.8% below the envisioned target of 45%, attributable to increase in MDR TB death rates and MDR TB lost to follow up at 33.7% and 16.7% respectively. Hence, adverse outcomes are as a result of the treatment modality documented as having intolerable side effects including the factors associated with the determinants of health. However, requires a multi-sectoral approach “All hands on deck” through concerted action i.e.. Political and Partnerships in order to make advances in addressing determinants of health to win the fight against TB.

The World Health Organisation (WHO) endorsed use of new and repurposed drugs i.e.. Bedaquiline, Delamanid, Linezolid and Short Regimen for management of DRTB. It is expected that these biomedical interventions and short regimens will lead to improvement in MDR TB treatment success rate. As of 1st July 2018 the province implemented Bedaquiline Expansion Plan in which to date a total of 274 patients were initiated on the MDR TB injection free regimen. Furthermore, National Minister of Health hails this treatment modality as a “good buy” i.e.. Highly cost-effective intervention as the anticipated price reduction in the Bedaquiline decreased from R10 000 to R5400 resulting in a massive savings of approximately R2,2 million for the province. The savings incurred were be committed towards strengthening Human Resource at constrained facilities.

The National Department of Health launched the **Delamanid Clinical Access Programme (DCAP)** in March 2017 in selected sites of South Africa to afford drug-resistant tuberculosis (DR-TB) patients access to the new drug Delamanid. The Delamanid drug is provided on compassionate use for M/X DR TB patients failing current treatment regimen to optimise treatment for patients with limited treatment options. Even so, Northern Cape was not earmarked for the DCAP initiative, however seventeen (17) patients benefited through compassionate use programme from the Otsuka pharmaceutical company. The programme has demonstrated positive gains on the treatment success as evidence of progress to date depicts success in sputum and culture conversion among n=10/17(59%), n=6/17(36%) awaiting sputum and culture conversion and n=1/17 (6%) died.

The Health Advanced Institute (HAI) commissioned a Programme Evaluation study to assess feasibility, effectiveness and impact of NIMDR among four provinces in South Africa. The study findings were as follows:

- The study findings were that there was no difference in the treatment outcomes between nurses led facilities compared to doctor led facilities. Thus study documented Bedaquiline

based regimen since April 2018 to August 2018 as follows: nurse led initiation adding to 129 patients and doctor led initiation adding to 159 patients.

- Human resource, Infrastructural and including referral challenges in health system were cited as impacting on NIMDR feasibility. Hence, recommendation to improve the NIMDR programme by means of deliberate selection of NIMDR facilities in order to address demand and supply to improve overall efficiency. Long term programme evaluation to determine impact will be conducted after 3 – 5 years, however interim recommendation to intensify training, mentoring supervision of nurses to increase knowledge on MDR TB and need to strengthen multi stakeholder for active involvement in programme roll out and strengthen programme M and E activities.
- The National Health council resolved to implementation of the integrated TB/HIV system for capturing of TB/HIV data using a single patient information system on the TIER.Net. The national directive meant that the electronic capturing of patient data ie. TB case identification data and TB management data entry at facility level on the TIER.Net and therefore replaced Electronic TB Register (ETR.Net) as of 31 March 2019. The decentralisation of data TB/HIV data entry to facility level was intended to improve patient monitoring and timeous reporting of outcomes. The criteria to implement the TB module requires facilities to be on ART Tier Phase 6 module.

Table: Progress of the implementation of the integrated TB/HIV system

District	Number of Tier Phase 6 facilities(ART module)	Number of facilities on TB module Phase 6	Percentage of facilities on TB module Phase 6
Frances Baard DM	27	10	23%
JT Gaetsewe DM	25	21	84%
Namakwa DM	47	47	100%
Pixley ka Seme DM	38	33	87%
ZF Mgcawu DM	25	10	40%
Northern Cape Province	162	121	75%

Achievement(s)

- The province hosted three successful Drug Resistant TB/HIV Clinical review committee meetings. The total number of patients presented were twenty seven (27).The interventions/resolutions following reviewing of these patients are as follows:
- A total of eleven (11) patients were successfully managed and discharged from review committee to continue treatment in the community.
- A total of nine (9) patients were referred for future follow up and progress reports to be shared during subsequent DR TB clinical review meetings
- A total of three (3) patients died whilst on treatment due to complications from poor prognosis, advanced HIV with high viral load over 1 million copies and CD₄ count below 50.
- An additional three (3) patients were referred to the National Clinical advisory committee for consideration of Bedaquiline treatment extension from 6 to 9 months two case and to 12 months for on case respectively and one (1)patient declared lost to follow up (LFTU) and tracing efforts are continuing to put patient back on treatment.

World TB Day(WTD) 2019

The department of Health together with provincial AIDS council commemorated World TB Day 2019 on the 24th March 2019 in Douglas, Siyancuma Municipality, Pixley ka Seme District. The theme this year was “*ITS TIME*” to put the accent on the urgency to act on the commitments made by global leaders to scale up access to prevention and treatment, build accountability, ensure sufficient and sustainable financing including for research, promote an end to stigma and discrimination and promote an equitable, rights-based and people-centred TB response.

Each district was allocated about R200 000 as part to intensifying build up cases towards WTD focusing on the hot spots areas including various activities such as:

- a) Educational session at Provincial SAPS office to promote workplace TB screening & treatment adherence including infection control.
- b) Mass media broadcasts using Radio to provide TB health education and awareness programmes in bid to empower communities with information, knowledge to inform health behaviour
- c) Door to door campaigns(yielded 1398 households visits, 5670 people screened for TB, 699 presumptive people referred to clinics for further investigation and management and thirty seven (37) Loss to follow-up patients traced and linked to care) including
- d) TB dialogues in all district(s) except Frances Baard.
 - o A total of twenty two (22) out of fifty eight (58) NIMDR trained nurses have initiated a cumulative totals of 222 uncomplicated MDR patients treatment which is in line with the line with the National Drug Resistant TB decentralisation plan.

Challenges and Measures Planned

Challenges	Proposed Corrective Action
Leadership and Governance	
<ul style="list-style-type: none"> Slow recruitment processes for appointment of District TB Coordinators results in lack of coordination of the programme in Namakwa and Pixley Ka Seme 	<ul style="list-style-type: none"> Follow up made on submissions for appointment of District TB Coordinators. Namakwa submission was sent back due to both posts not being vacant. Submissions redrafted for creation, advertisement and filling by second quarter.
Information Technology, Information Management, Monitoring and Evaluation	
<ul style="list-style-type: none"> Poor data quality due to poor implementation of guidelines and lack of stationary. Shortage of nurses and data capturers contributing to incomplete data 	<ul style="list-style-type: none"> Support visits conducted to 22 facilities and x3 districts for data validation and clean up in the last quarter. This resulted in reduction of patients without outcomes from 33% to 16%, increase in treatment success rate, loss to follow up and death rates. TB Management training planned for new financial year to improve patient management, recording and reporting. Procurement of clinical stationary in progress. Appointment of data capturers in progress.
Service Delivery	
<ul style="list-style-type: none"> LTFU and high death rates due to challenges with CHCW/WBOT teams due to lack of monitoring processes. 	<ul style="list-style-type: none"> Roadshow conducted in all districts to revitalise Community Based outreach services. CHCW will be inducted on Finding Missing TB patients and basic TB training will be provided.
<ul style="list-style-type: none"> Shortage and lack of maintenance of clinical equipment e.g. ECGs, visual snellen charts, HB meters results in poor pharmacovigilance 	<ul style="list-style-type: none"> Discussions underway for procurement of clinical equipment for PHC facilities.
<ul style="list-style-type: none"> Poor performance as far as intensified case finding, community awareness also result in late presentation of patients at health facilities. 	<ul style="list-style-type: none"> Budget of R1million was approved for Finding Missing cases campaigns in all 5 districts.
<ul style="list-style-type: none"> Poor coordination of TB in Hospitals resulting in poor data management and linkage to care 	<ul style="list-style-type: none"> Consultations to be held with CEOS and TB Focal persons at hospitals. Post to be advertised for provincial and hospital focal persons to improve TB services at hospitals

Table10: Strategic Objectives, Indicator, Planned Targets and Actual Achievements for Tuberculosis (TB)

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on deviations
Reduce TB and MDR-TB mortality through increased access to screening, initiation and ensuring adherence to treatment	TB/HIV co-infected client on ART rate	96.3%	95%	91.4%	-3.6%	<ul style="list-style-type: none"> Attributed to low coverage in Namakwa at 79%, JT Gaetsewe at 89.9% with ZF Mgcawu, Pixley ka Seme and Frances Baard at 91.5%, 94.5% and Frances 93.25%. The lack of TB Coordinators in Namakwa contributed to the poor coordination and data quality
	TB symptom 5 years and older start on treatment rate	94.5%	70%	100.6%	+30.6%	<ul style="list-style-type: none"> All 5 districts achieved the target of 70% in this indicator. All performed above 95% Patients diagnosed with TB are started on TB treatment within 5 days. No TB Drug Stock out experienced. NHLS services are uninterrupted to ensure that patients receive results within at least 3 days
	TB client treatment success rate	74%	85%	77.5%	-7.5	<ul style="list-style-type: none"> Under-performance due to high lost to follow- up rate, death rate, not evaluated at 1.6% and failure rate at 0.7%
	TB client lost to follow up rate	9.8%	7.5%	9.9%	-2.4%	<ul style="list-style-type: none"> Whilst data clean-up processes resulted in increase in LTFU, poor treatment adherence due to social determinants of health contributes immensely to this poor performance. District LTFU performance as follows: Frances Baard, JT Gaetsewe, Namakwa, Pixley ka Seme, ZF Mgcawu at 6.7%, 8.5%, 5.3%, 9% and 4.8% respectively The lack of health education programmes to emphasise the importance of treatment adherence was a contributing factor as well.
	TB Client Death Rate	7.8%	7.5%	8.7%	-1.2%	<ul style="list-style-type: none"> Whilst data clean-up processes resulted in increase in death, poor adherence due to social determinants of health contributes immensely to this poor performance. The lack of health education programmes to emphasise the importance of early detection of the disease and treatment adherence contributed to the high death rates. Frances Baard, JT Gaetsewe, Namakwa, Pixley ka Seme, ZF Mgcawu at 9%, 12.3%, 7.7%, 9.8% and 7.5% respectively
	TB MDR treatment success rate	44.1%	45%	41.8%	-3.2%	<ul style="list-style-type: none"> This performance is attributed to the ineffective long regimens, High death and LTFU rates. Systemic factors which contributed further to shortage of EMS transport for DRTB patients for outreach clinics and hospitalization.

- Sub-Programme: Mother, Child and Women's Health and Nutrition

Priorities:

- **Strengthen access to comprehensive sexual and reproductive health services:**
 - Provision of quality sexual and reproductive health services by health care providers on wide range of contraceptive methods
 - Integration of sexual reproductive health to other health services
- **Promote Kangaroo Mother Care (KMC) for low birth weight babies:**
 - Facilitate establishment of Kangaroo Mother Care units in all delivering facilities
 - Monitoring implementation of KMC guidelines and protocols at all delivering facilities
- **Implement Integrated School Health Programme in Quintile 1 - 4 schools and Special Schools**
- **Decrease child and maternal mortality:**
 - Monitor implementation of protocols and guidelines on management of conditions leading to maternal deaths quarterly.
 - Monitor implementation of basic and comprehensive emergency obstetric signal functions in all delivering sites quarterly
 - Improve community awareness on maternal health issues and MomConnect registration of all pregnant women
 - Improve Integrated Management of Childhood Illnesses coverage through distance training
 - Implementation of 10 steps to treat Severe Acute malnutrition (SAM) in PHC clinics and Hospitals

SUB-OUTCOME 3: Implement the Re-engineering of Primary Health Care

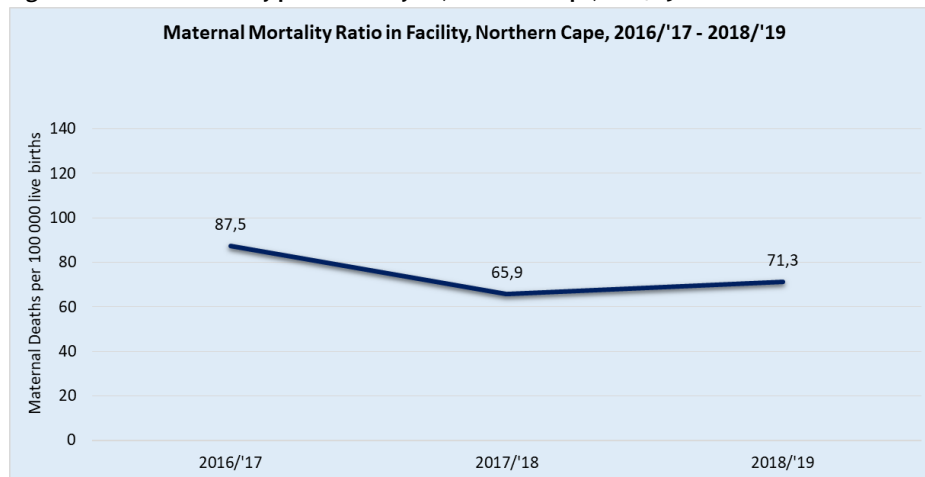
SUB-OUTCOME 9: Maternal, Infant & Child Mortality Reduced

Situational analysis

Maternal Health

The *Maternal death ratio in facility* has slightly increased from 65.9 in 2017/'18 to 71.3 per 100 000 live births in 2018/'19 (illustrated in Figure 1 below) and with the *Neonatal death in facility rate* performance slightly increased from 11.6% to 11.7% during 2017/18 and 2018/19 respectively. To address the burden of maternal deaths, systems put into place includes: dissemination of updated generic protocols from Medical Research Council (MRC) to districts as recommended by the National Committee for Confidential Enquiry into Maternal Deaths (NCCEMD). There have been continuous Perinatal Morbidity and Mortality meetings, support visits to monitor compliance to guidelines/protocols and trainings to keep updating the facilities on the Maternal and Newborn health. Health promotion activities were conducted as part of the Reproductive Health Month, which was celebrated at Carnarvon, Pixley Ka Seme district in February 2019.

Figure 1: Maternal mortality per financial year, Northern Cape, 2018/'19



Source: WebDHIS, Northern Cape Department of Health, May 2019

During the 2018/19 period, the Prevention of Mother to Child Transmission (i.e.. PCR positivity around 10 weeks) was 1.4%, this is below the annual target of 1.5%. However, compared to the period preceding the current period in review, this illustrated an increased PCR positivity rate compared to 1.1% in 2017/18.

Sexual and Health Reproductive Health

The Sexual and Reproductive Health (SRH) programme sustained positive performance outputs on two of its three strategic objectives, which are, *Couple Year Protection Rate (CYPR)* and *Cervical Cancer Screening*; whilst the non-implementation of Termination of Pregnancy (CTOP) services still remains a challenge due to no implementation of CTOP at districts as a service package and Midwives not trained due to limited funding. Discussions were undertaken with the supporting partner, Clinton Health Access Initiative (CHAI), seconded to the province by national to provide support and conduct CTOP training in the second quarter of 2019/20.

Cervical cancer screening increase from 46% (2017/18) to 49% (2018/19), the notable improvement is in spite of the transition from the conventional method that requires change in specimen collection method. However, performance can be further improved with proper training and mentoring of midwives at facility level. CYPR also sustained performance throughout the year as long term intra-uterine contraceptive method (IUCD) is utilised in Dr Harry Surtie and RMS hospital(s). Therefore, this will be cascaded to other districts in next financial year.

SRH programme hosted the National Cancer Activation Campaign in ZF Mgcawu district (February 2019), as per 2018 Presidential mandate and NDoH strategic objective to sensitize communities and provinces on cervical and breast cancer screening. The campaign was also cascaded to the Namakwa district, where five schools were visited and health education offered on HPV and cancer related

conditions. CHAI also conducted SRH survey in the Province from October to December 2018. The objective of the survey was to assess the availability of commodities and access to SRH services in the province. Results of the survey have not been released yet, awaiting endorsement by NDoH.

Child Health

The targets on “under-five year case fatality rate” have been achieved, though there has been an increase in the number of deaths reported from facilities in two indicators, namely, *Diarrhoea case fatality under 5 years rate* and *Pneumonia case fatality under 5 years rate* (see Table 1 below), due avoidable factors such as delay in seeking care.

Table : Under-five year mortality indicators, Northern Cape, 2018/'19

Indicator Name	2016/'17	2017/'18	2018/'19
Diarrhoea case fatality under 5 years rate	3,8	1,7	2,4
Pneumonia case fatality under 5 years rate	1,6	1,9	2,3
Severe acute malnutrition case fatality under 5 years rate	4,9	6,1	4,3

Source: WebDHIS, Northern Cape Department of Health, May 2019

However, the fluctuation on year-on-year performance of these child health indicators is of concern and therefore ,improvement plans are in place to address the performance specifically for *severe acute malnutrition* (SAM) and monitored regularly at all levels of care. Poor implementation of the Child Healthcare Problem Identification Program (ChildPIP) in all hospitals, impacts negatively on the auditing of deaths among under five-year children which is expected to assist the facilities with identifying avoidable factors.

Subsequently, districts were trained on ChildPIP supported by Medical Research Council on ChildPIP to build capacity on professional health workers’ skills at facility level with the aim of increasing number of facilities implementing these programmes. The champions for ChildPIP at district were identified.

Integrated School Health Programme

The Integrated School Health Programme (ISHP) is poorly implemented in three districts ie. Namakwa, ZF Mgcawu and JT Gaetsewe thus impacting negatively on the achievement of the programme’s targets. The ISHP policy intends to screen learners at each phase of schooling. Since its inception in 2012, the programme has not been implemented in Namakwa. District Directors were engaged and it was agreed that districts must implement ISHP from facilities. Memorandum of understanding has been signed, the services are envisaged to implement in 2019/20.

The Executive Mayor, visited both the Carnarvon Hoerskool and Laerskool to conduct information sessions ,issuing of sanitary packs and school uniform vouchers 20 needy children as well as Health screening of learners for Grade 8’s and Grade 1’s.

HPV remain under performing due inconsistent availability of data to synchronize the data. This results in slow updating of data captured which gives the skew picture on the performance for the province.

Frances Baard and PKS are the only two districts that contribute to the screening of learner's coverage with the help of contracted staff during HPV.

The indicators for the Adolescent and Youth programme were not achieved, due to socio economic factors. The programme collaborated with Love-Life and Transnet teenage health programme, whereby awareness and education events were held in Pixley Ka Seme, Frances Baard and JT Gaetsewe districts on youth activities in selected facilities. The event was held at Kareeberg Local Municipality, which has the highest teenage pregnancy rate in the province. The health promotion and community dialogue were conducted during this period.

Expanded Programme on Immunisation

There was an improvement on the Expanded Programme on Immunisation (EPI) indicators, though the targets were achieved by a narrow margin. The EPI programme is currently addressing the challenge of creating Org-units for capturing of data from Public Private Partnership (PPP) Contracted Private Practitioners with NCDoh.

The performance output on *Vitamin A among 12 - 59 months coverage* remains to be sub-optimal, due to challenges around reporting of data obtained during outreach services in the communities. Data from these outreach services was not incorporated into DHIS hence under-estimation of services provided on Vitamin A coverage. There have been progress to address this challenge, SOP and ORG unit is developed to clearly guide the districts how to capture the data in the new financial year. The Provincial Immunisation under one-year coverage increased from 84.2% in 2017/18 to 88.4% in 2018/19, however, there were district variations with Pixley ka Seme the poor performing district at 73.4% while Frances Baard and ZF Mgcawu recorded the highest immunisation coverage both at 92% for the 2018/19 period.

The upcoming National EPI Coverage survey will assist the Programme in identifying the gaps leading to non-performance and enable targeted planning that will result in the improvement of indicators.

Achievements

- Clinical Coordinators for Child Health appointed in 2 districts, namely JT Gaetsewe and Frances Baard.

Challenges and Measures Planned to Overcome Them

Challenges	Proposed Corrective Action
o PHC Register not having the data element of Antenatal client started on ART thus hampering accurate reporting of PMTCT services rendered in facilities	o This challenge has been referred to the Provincial Health Information Management Unit for intervention with NDOH. There will be integration into Tier.net
o Poor implementation of ISHP by facilities	o Facilities to implement ISHP to schools in catchment areas
o Synchronization of HPV data still a challenge	o NDOH to give guidance on synchronization and tablets not functioning well
o Slow movement on the filling of vacant posts e.g. Maternal Coordinator in JTG, Cold Chain Manager	o HR processes to be fast tracked for vacant posts

Table 11: Strategic Objectives, Indicator, Planned Targets and Actual Achievements for MCWH & Nutrition

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation	Comments on Deviation
Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children	Antenatal 1 st visit before 20 weeks' rate	64%	64%	63.1%	-0.9%	<ul style="list-style-type: none"> Screening for pregnancy test not done to all women of reproductive age(15-49).Facilities are not booking women during their first presentation after missing a period and tested positive for pregnancy i.e. given an appointment. i.e. Phuthanang, MaDoyle, City and Masakhane clinics
	Mother postnatal visit within 6 days' rate	61.9%	61%	65.3%	+4.3%	<ul style="list-style-type: none"> Mother postnatal visit indicator captured at hospital level Strengthened linkages between the delivery and PHC's sites
	Antenatal client starts on ART rate	88.9%	98%	96.3%	-1.7%	<ul style="list-style-type: none"> The districts did not meet their 100% initiation target as follows: FB: 148/159 93.0% JTG: 179/193 92.7% Namakwa: 11/12 91.6% PKS: 54/59 91.5% ZFM: 95/108 87.9% Continuous On-site training of personnel at facility level Health education on importance of adherence counselling one on one during ANC Awareness campaign during SRH month
	Infant 1 st PCR test positive around 10 weeks' rate	1.4%	1.5%	1.4%	+0.1%	<ul style="list-style-type: none"> On-going training to health care workers, awareness to community and adherence counselling contributed to the reduction of mother to child transmission of HIV
	Immunisation under 1-year coverage	84.2%	88%	88.4%	+0.4%	<ul style="list-style-type: none"> Continuous monitoring of the implementation and capturing of data on DHIS : EPI programme and MCYWH &N coordinators Creation of ORG Units to improve the capturing of Private Practitioner data:

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation	Comments on Deviation
						Information Management Unit & HISP <ul style="list-style-type: none"> ○ Roll out of Immunization Registers to all Hospitals and CHC's admitting children and continuous monitoring of capturing of data
	Measles 2 nd dose coverage	90.6%	88%	86.4%	-1.6%	<ul style="list-style-type: none"> ○ Continuous monitoring of the implementation and capturing of data on DHIS : EPI programme and MCYWH &N coordinators ○ Complete Creation/Activation of ORG Units/of on WEBDHIS for capturing of outstanding data in JTG
	Diarrhoea case fatality under 5 years' rate	1.7%	3.0%	2.4%	+0.6%	<ul style="list-style-type: none"> ○ Continuous monitoring of treatment guidelines and IMCI training have led to improved management.
	Pneumonia case fatality under 5 years' rate	1.9%	2.5%	2.3%	+0.2%	<ul style="list-style-type: none"> ○ Continuous monitoring of treatment guidelines and IMCI training have led to improved management.
	Severe acute malnutrition case fatality under 5 years' rate	6.1%	6%	4.3%	+1.7%	<ul style="list-style-type: none"> ○ Continuous monitoring of treatment guidelines and onsite training have led to improved management.
Expansion and strengthening of integrated school health services	School Grade 1-learners screened	2821	4500	5640	+1140	<ul style="list-style-type: none"> ○ Only two out of five districts are implementing ISHP (PKS and FB) which impacts on under-performing
	School Grade 8 - learners screened	1272	3400	1808	-1592	<ul style="list-style-type: none"> ○ Only two out of five districts are implementing ISHP (PKS and FB), which impacts on under-performing
Reduce teenage pregnancy	Delivery in 10 to 19 years in facility rate	17%	12%	18.4%	-6.4%	<ul style="list-style-type: none"> ○ Two(2) Child health coordinators are appointed for 2 districts namely FB and JTG, whom will coordinate the implementation of AYFS programme

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation	Comments on Deviation
Increase access to sexual and reproductive health by expanding the availability of contraceptive and access to cervical and Human Papilloma Virus screening services	Couple year protection rate	59.8%	40%	60.8%	+20.8%	<ul style="list-style-type: none"> ○ Sufficient supply of different contraceptive methods.
	Cervical Cancer Screening coverage 30 years and older	40%	45%	46.2%	+1.2%	<ul style="list-style-type: none"> ○ Community awareness activities to promote screening resulted in improved cervical cancer services ○ Continued emphasis to utilise standardised reporting tools.
	Human Papilloma Virus Vaccine 1 st dose	9280	12804	9017	-3787	<ul style="list-style-type: none"> ○ Synchronization of data incomplete due to challenges experienced by NDoH
	Human Papilloma Virus Vaccine 2 nd dose	6761	12804	6439	6365	<ul style="list-style-type: none"> ○ Synchronization of data incomplete due to challenges experienced by NDoH
Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children	Vitamin A 12 – 59 months' coverage	50.4%	50%	48.2%	-1.8%	<ul style="list-style-type: none"> ○ ECD and community outreach data could not be captured. Plans have been put in place to ensure that ECD and community outreach data will be captured from 2019/2020.
	Maternal Mortality in facility ratio	65.9/100 000 live births	115/100 000 live births	71.6/100 000 live births	+43.4/100 000 live births	<ul style="list-style-type: none"> ○ Systems have been put into place, updated generic protocols from MRC are disseminated to the districts, which are recommended by Saving Mother report
	Neonatal death in facility rate	11.6/1000 live births	14.5/1000 live births	11.7/1000 live births	+2.8/1000 live births	<ul style="list-style-type: none"> ○ ESMOE/EOST/BANC+/ MSSN trainings continuous ○ Helping Babies Breathe (HBB) training continuous ○ Perinatal Mortality meetings at facilities and district levels

Sub-Programme: Non-Communicable Disease (Disease Prevention and Control)

Priorities:

- Service delivery platform that prevents, promotes healthy lifestyles and reduce the burden of diseases
- Develop an integrated and inter-sectoral plan for coordinated response to prevent NCD's and manage CDC;
- Improve the Public and Private Health Sector's awareness and understanding of emerging and re-emerging infectious diseases (CDC);
- Strengthen partnerships and collaborate across sectors with government and non-government agencies to influence public health outcomes.

Sub-Outcome 3: Implement the re-engineering of primary health care

Situational Analysis

Seven hundred and fifty-six (756) cataract surgeries were performed from April 2018 - March 2019. Hence, target outcomes 3171.93/1000 000 against the annual target of 1500/1000 000. The total headcount is twelve thousand two hundred and twenty-six (12226) clients that were consulted, one thousand one hundred and fifty-seven (1157) patients were admitted, one hundred and forty-six (146) laser therapy were done at Robert Mangaliso Sobukwe Hospital (RMSH) and one thousand seven hundred and eighty-two (1782) other ocular diseases and surgeries were performed.

Three hundred and sixty-eight patients were referred from Dr Harry Surtie, John Taolo Gaetsewe and Frances Baard Districts. The province was supported by the cataract project funded by Black Mountain Mine in Aggemys spearheaded by South African National Council for the Blind (SANCB) yielded good results, screened eight hundred and fifty-one (851) clients, hundred and three (103) patients were done cataract surgery, one hundred and twenty-five (125) patients were treated for other ocular diseases and two hundred and sixty-one (161) spectacles were dispensed. The project took place in September and October 2018.

Assmang, Khumani Mine and South African National Council for the Blind (SANCB) conducted a cataract surgery drive from 28 March – 31 March 2019. Twenty-eight (28) cataract surgeries were performed in Tshwaragano Hospital at (JTG), this project is funded by the National Department of Health.

Phelophepa Health Care Train

Phelophepa Health Care Train visited the province in three areas viz: - Kimberley, Modderivier and Upington from 20 August - 27 September 2018. A total of three thousand five hundred and seventy (3570) clients were screened, three thousand five hundred and seventy-two (3572) treated, of which nine hundred and twelve (912) were identified having conjunctivitis, Two hundred and forty-four (244) were identified with cataract and eighty (80) with glaucoma. Furthermore, three thousand, four hundred and forty (3440) glasses were dispensed.

Communicable Diseases Control (CDC)

There were nine (9) cases reported of which four had travel history. However, there were no deaths reported thus leaving case fatality rate at zero (0%). There were no cases of Listeriosis reported for the past financial year 2018/19.

A fifty-eight (58) year old male was admitted at Gariep Mediclinic with the history of tick bite on 23 March

2019, presented with fever and myalgia and was referred to RMSH, the results were positive for Congo Fever patient's condition improved and was discharged on 6 April 2019. This was the only case for the past financial year.

Achievements

None

Challenges and Measures Planned to Overcome Them

Challenges	Proposed Corrective Action
o Non-existence of optical laboratory	o Establishment of optical laboratory is underway, SCM busy with the process.
o No ophthalmology services in Namakwa and Pixley ka Seme	o Appointment of Ophthalmology Nurses and Optometrists
o No CDC Coordinators at district level	o Appointment of CDC Coordinators
o Outbreak response teams not active and non-existence in other districts	o Environmental Officers are assisting with CDC activities.

Table 11: Disease Strategic Objectives, Indicator, Planned Targets and Actual Achievements for Prevention and Control

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
Prevent blindness through increased cataract surgery	Cataract Surgery Rate	668.4/1000 000 Un insured population	1 500/1000 000 Un insured population	561/1000000 uninsured population)	-939/1000 000 Uninsured population	o No dedicated ophthalmology services in Namakwa and Pixley ka Seme
Strengthen disease surveillance system	Malaria case fatality rate	0%	0%	0%	-	-

Linking Performance with Budget Programme 2: District Health Services

	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. DISTRICT MANAGEMENT	162,402	200,049	(37,647)	144,742	171,628	(26,886)
2. COMMUNITY HEALTH CLINICS	443,807	472,631	(28,824)	423,580	444,186	(20,606)
3. COMMUNITY HEALTH CENTRES	308,853	329,486	(20,633)	279,432	288,843	(9,411)
4. OTHER COMMUNITY SERVICES	108,730	38,531	70,199	73,122	68,414	4,708
5. HIV/AIDS	567,952	544,261	23,691	528,267	453,285	74,982
6. NUTRITION	5,004	3,518	1,486	4,700	2,239	2,461
7. DISTRICT HOSPITALS	585,439	593,769	(8,330)	547,698	560,800	(13,102)
	2,182,187	2,182,245	(58)	2,001,541	1,989,395	12,146

Narrative District Health Services – overspent by R58 000

- The programme overspent on compensation of employees due to existing budget pressures resulting from the implementation of OSD. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals.
- The department will cost future financial implications of OSD and continue to implement the moratorium on filling of posts to remain within the budget.

Programme 3: Emergency Medical Services (EMS)

Priorities:

- Improve on response times
- Gradually increase employment of staff to realise the two persons' crew
- Increase the number of operational ambulance to ensure full coverage of EMS services

Sub-outcome 3: Implement the Re-engineering of Primary Health Care

Situation analysis

The program has been operating with just below 800 personnel against a target of 1800 EMS employees required due to retirement, transfers and death. The average operational vehicles over this period has been 75 - 85 ambulances against a target of 184. This is attributed lengthy supply chain processes i.e. conversion process of EMS vehicles including licensing thereof. Nonetheless, the programme improved from 32% on P1 calls under 15min urban in (2017/2018) to 55% in the last quarter in 2018/2019, as a results of quality call prioritisation and dispatching services.

Over 70% of the households in the province depend on state ambulances to access health services. This magnitude of population have a number of service demands that outweighs the available resources as the program requires 1800 staff members operating with 184 vehicles at any given time across the province. Provincial Treasury approved 830 personnel posts, however the directorate operated with 800 EMS personnel. Furthermore the budget allocation of the program continues to fail in meeting the demands of services.

Achievements

- Aeromedical Services contract is awarded and running efficiently.
- CAD, (Computer Aided Dispatch) tender have been advertised.
- Appointment of Two Advance Life Support ECP's for Frances Baard District and One for JTG District
- Finalised interviews for Operational Manager and Sub-District Manager for Namakwa
- Appointed 53 Emergency Care Officers
- Procured 30 ambulances and 10 patient transporters
- 100% pass rate from EMS College
- Establishment of MOU between COEC FS DOH and COEC NC DOH

Challenges and measures planned to overcome them

Challenges	Proposed Corrective Action
o Shortage of operational staff due to limited staff establishment and delays on replacement of vacant funded posts continues to contribute to one person crew situation in the program as well as personnel shortage in the Admin section. The requests for transfers to other provinces are also creating a serious problem.	o Vacant funded posts need to be replaced within 6 weeks. o Approval to appoint more staff including vacant funded posts.
o No posts for Data Capturers	o Source funding for appointment of more data capturers with computers.
o Shortage of Ambulances due to breakdowns.	o Replace and procure additional Ambulances. Improve turnaround time of authorization for repairs by Transit Solutions Fleet Management.
o Licencing and registration of current and new fleet	o SLA with Government Garage and Roads and safety to ensure vehicles are registered correctly and timeously

Table 12: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Emergency Medical Services

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
Render an effective and efficient Emergency Medical Services	EMS P1 urban under 15 minutes' rate	32%	60%	39%	-21%	Increased demand of services and shortage of resources both human resources and vehicles.
	EMS P1 rural under 40 minutes' rate	51%	50%	55.8%	+5.8%	Target is achieved
	EMS inter-facility transfer rate	16%	10%	22.4%	-12.4%	Increase in the number of referrals from the facilities.

Linking Performance with budget **Programme 3: EMERGENCY MEDICAL SERVICES**

	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. EMERGENCY TRANSPORT	332,999	333,021	(22)	327,707	302,726	24,981
2. PLANNED PATIENT TRANSPORT	-	-	-	-	-	-
	332,999	333,021	(22)	327,707	302,726	24,981

Narrative Performance - Budget

- Emergency Medical Services – overspent by R22 000
- The programme experienced service delivery pressures which resulted in additional personnel being appointed, this further affected the limited budget of the department. The goods & services overspend due to accruals paid on the aeromedical services and fleet services; while the capital budget underspend due to cash flow constraints. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals.
- The budget will be reprioritised to align spending trends to strategic priorities. The provincial Treasury has allocated additional funding for goods & services as baseline adjustment in the next financial year.

Programme 4: Regional Hospital (Dr Harry Surtie Hospital)

Priorities:

- To improve accountability to regional hospital services by addressing resource challenges
- To improve clinical governance in the hospital to safeguard high standards of care

Sub-Outcome 2: Improved Quality of Health Care

Situational analysis

Dr Harry Surtie hospital, as the only Regional hospital within the Northern Cape Province serves as the referral centre for the Western part of the province. It also serves as a level 1 health care centre within the Dawid Kruiper municipality area including the Kalahari region. The hospital's service package complies with national prescripts but also features limited specialised services such as: Orthopaedic surgery; Anaesthetics; Diagnostic Radiology with CT imaging; Paediatric and Neonatal High care; Clinical Forensic services. The hospital also offers dermatological services.

On the other hand, tertiary services such as Oncology, Ophthalmology (essentially eye screening) are rendered and supported by the respective specialist departments in Robert Mangaliso Sobukwe (RMSH) hospital on an outreach basis.

Despite the challenges associated with resource constraints the Dr Harry Surtie hospital remains committed to rendering health care services including strengthening clinical governance.

The hospital signed a memorandum of understanding with Stellenbosch University Faculty of Health Sciences for the realisation of rural training initiative known as the Ukwanda project. The aim of this project is to expose final year students in various fields of study to rural hospitals. The hospital had four (4) final year Medical Students assigned for a year starting from 6 January till 30 November 2019. These students will be guided and mentored by Dr G Isaacs and Dr B Wentzel. The Ukwanda project also involves rotation of other allied health professional for shorter periods at the facility. The project is a vital injection to the hospital and aids in introducing a learning climate in the hospital.

Motivation on Performance Indicators:

Hospital achieved 74% on National Core Standards Self-assessment rate (Regional Hospital) done in April 2018.

The hospital underperformed against the targeted NCS self-assessment. The ideal Hospital baseline assessment which was conducted in March 2019 yielded a 73% score which requires development of a silver quality improvement plan (QIP). The National Core Standard Assessment will be conducted in May 2019.

Increase in the target for Average length of stay

- Strengthening of Treatment protocols and meticulous monitoring of patient progress has led to this.
- The admission of chronic patients such as DRTB, 72 hour admission of mental health patients as well as neonates of low birth weight are admitted for longer periods in

hospital. The mixture of surgical and orthopaedic cases due to shortage of staff the unit is unopened and causing length of stay of this patients.

- Problems with air conditioning in the operating theatres had a negative impact on Orthopaedic surgery with resultant lengthening hospitalisation of orthopaedic patients.
- Load shedding and not having backup power resulted in cold cases to be cancelled and only emergency cases to be done, some patients are difficult to down refer especially the orthopaedic patient who needs an operation. These resulted in overcrowding when emergency accident cases needs to be admitted
- The adult general wards often struggled with shortages of beds which forced quicker discharges or back referrals of patients from the units

1. Complaints management

- Slow response from respondents affected the ability to resolve complaints in prescribed times.

2. Reduction in Inpatient utilisation rate

- The increasing burden of chronic diseases led to longer hospitalisation stay in especially the adult inpatient units.

3. Reduction in the PDE

- The reduction in PDE is within limit but can also be attributed to the inconsistent nature of the availability of cash flow for payment of suppliers. For the past two months no cash flow was received, only municipality was paid.

Achievements:

- Appointment of a total of eight (8) community service doctors , twelve (12) allied health , four (4) Community Service professional nurses , three (3) permanent nursing officials and two (2) medical officers.
- The absorption of four (4) medical officers and one (1) professional nurse after completion of their community service year as bursary holders of the province.
- The hospital held interviews and subsequently appointed nine (9) medical officers of which two (2) appointments were not approved on executive level and five (5) medical officers declined the job offers.
- Two medical officers were granted Registrar post through the National Tertiary Services Grant (NTSG) to advance in specialist areas ie. Anaesthesia, Gynaecology and Obstetrics.
- The hospital conducts scheduled Paediatric and Obstetric outreach services at Kakamas and Keimoes hospitals as of February 2019.
- Partnership with the Stellenbosch University to provide Psychiatric assistance from by means of a Psychiatrist visiting the Hospital on a monthly basis including reviewing of mental health patients within districts. The initiative is funded by the Discovery Health foundation company who are liable for travel and accommodation cost for the doctor.

Challenges and Measures Planned to overcome them

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> Continued Acting of CEO and Nursing manager Absence of approved Management structure/organogram at the hospital 	<ul style="list-style-type: none"> Finalise recruitment processes for vacant and funded posts, as well as organisational structure of hospital management team.
<ul style="list-style-type: none"> Unequal nurse: patient ratios in the wards results in poor nursing care and compromises quality of service delivery. 	<ul style="list-style-type: none"> Appointment of additional nursing staff. Redress of shortcomings in clinical knowledge and skill of nursing professionals through in-service training.
<ul style="list-style-type: none"> Absence of proper temperatures control system in the hospital due to outdated BMS system. 	<ul style="list-style-type: none"> Appoint service provider to upgrade the BMS system in the new financial year.
<ul style="list-style-type: none"> Delayed response on maintenance of hospital equipment by appointed service provider. 	<ul style="list-style-type: none"> Shorten turnaround time on maintenance of hospital equipment and appointment of facility manager.
<ul style="list-style-type: none"> Expansion and commissioning of services such as: <ol style="list-style-type: none"> Post natal services to accommodate the increasing demand. Susceptible TB – to allow for proper isolation and reducing risks of transmission to other patients and staff in the ward. Mental Health ward – additional 4 beds needed to accommodate for both genders and meet the need expressed by Department of Justice for placement of offenders requiring mental health observation. 	<ul style="list-style-type: none"> Appointment of all categories of staff, clinical and non-clinical.
<ul style="list-style-type: none"> Delayed approval of submissions for appointments at provincial office. 	<ul style="list-style-type: none"> Delay in signing of submissions to be addressed by Head of Department.
<ul style="list-style-type: none"> Absence of labour relations officer at facility leads to delay in addressing disciplinary issues. 	<ul style="list-style-type: none"> Post to be created, advertised and filled.
<ul style="list-style-type: none"> Inconsistent monthly budget allocation resulted in non-payment of suppliers which have a negative impact on services. 	<ul style="list-style-type: none"> Hospital to obtain monthly budget allocation.

Table 12: Strategic Objectives, Indicator, Planned Targets and Actual Achievements for Regional Hospitals

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
Improve compliance with national core standards	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Regional Hospital)	0%	100%	0%	100%	<ul style="list-style-type: none"> o Absence of coordination of implementation of National Core standards by a dedicated official.
Improve efficiencies and quality of care at regional hospital	Average length of stay (Regional Hospital)	5 days	4.8 days	4.5 days	-0.3 days	<ul style="list-style-type: none"> o Absence in clinical specialist skills. o Longer hospitalisation of chronic cases such as mental health and DRTB patients.
	Inpatient Bed Utilisation Rate (Regional Hospital)	57%	72%	71%	-1%	<ul style="list-style-type: none"> o Staff shortage amongst doctors and nurses.
	Expenditure per PDE (Regional Hospital)	R1272.00	R4 114.00	R3119.30	-R995	<ul style="list-style-type: none"> o Inconsistency of Cash Flow (Budget)
	Complaints resolution within 25 working days' rate (Regional Hospital)	77.8%	80%	110%	+30%	<ul style="list-style-type: none"> o Absence of coordination of implementation of National Core standards by dedicated official. (data discrepancies)

Sub-Programme: Specialised Hospital Services (West End Hospital)

Priorities:

- Improve specialised hospital services by gradually increasing employment of staff
- Improve accessibility to mental health service in the specialised hospital

Sub-Outcome 2: Improved quality of health care

Situational Analysis

Gradually Increasing Employment of Staff

The West End Specialized Hospital (WESH) Mental Health clinical department continued to be plagued with staffing pressures below the national norms and standards for the better part of the year. Hence, indicators such as Average length of stay (ALOS), Bed utilisation Rate (BUR) and Patient Day Equivalent (PDE) have not yielded the expected outcomes. On one hand, the hospital has persistently improvement in National Core Standards (NCS).

The completion in construction of the new Northern Cape Mental Health Hospital during the latter part of the financial year, affords an opportunity to augment baseline staffing of clinical support services.

The Drug Resistant Tuberculosis (DRTB) clinical department staffing norms are in accordance to National TB Guideline for 40 bed facility due to shared support services with Mental Health Clinical department. However, separation of the two clinical departments virtually resulting in DRTB Clinical department without support services in HR, Finance, Switchboard, Stores and clinical area of Physiotherapy.

The hospital experienced the following resignations i.e. two Psychiatrist, two Medical Officers, one Occupational Therapist, one Professional Nurse, one Staff Nurse and one Auxiliary Nurse. Furthermore, the situation was exacerbated following KHC decomplexing process. However, the replacement and recruitment of the posts will be prioritised in the new financial year.

Improving accessibility to specialised services

The hospital continues to experience day to day limitation of bed space to admit acute mental health care users and DRTB patients. Furthermore, poor coordination of decentralised services at general hospitals against National Policy mandates compound to the above highlighted challenge.

However, one of the mitigating strategies includes rendering DRTB outreach program to three Districts Francis Baard/Pixley Ka Seme and John Taolo Gaetsewe. Whereas, the Mental Health outreach services were suspended due to the long awaiting list on Forensic observation cases.

Achievements:

- The Specialised Hospital the National Core Standards (NCS) has shown persistent above exponential improvement recorder over time:
 - April 2016 recorded overall score of 49%
 - May 2017 recorded overall score of 56%
 - Oct 2018 recorded overall score of 70%
- The practical completion of the Northern Cape Mental Health Hospital in June 2018 including awarding of Occupation Certificate in December 2018.
- The DRTB Clinical Review is rated as second best in the country in successful treatment and management of Extreme Drug Resistant Tuberculosis (XDR) during quarter one of 2018/19.

- Appointment of Assistant Director(s) for HR and Finance

Challenges and Measures Planned to overcome them

Challenges	Proposed Corrective Action
○ Staffing pressures below National Core Standards for DRTB and Mental Health Clinical departments.	○ Executive Management to solicit funding from Provincial Treasury through MTEF PMTEC processes 2019/20.
○ Forensic observation list	○ Engagements with Department of Justice to source Psychiatrist and Psychologist from National Pool list.
○ Centralised DRTB and Mental Health Services	○ Engage with principals to solicit resources to decentralise mental health and DRTB services.

Table 13: Strategic Objectives, Indicator, Planned Targets and Actual Achievements for Specialised TB Hospital

Strategic Objectives	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
Improve efficiencies and quality of care at specialised hospital	Average Length of stay – Mental Health (Specialised Hospital)	35 days	35 days	69	-34	o Prolong stay due to lack of intermediate care services and limited rehabilitation intervention programs premised on staffing pressures and lack of medical health technology.
	Average length of stay – DR-TB (Specialised Hospital)	120 days	120 days	69	-51	o Improved DOTS and improve cure rate.
	Inpatient Bed Utilisation – Mental Health (Specialised Hospital)	70%	70%	118	-48%	o Prolong stay due to lack of general hospitals admissions beds.
	Inpatient Bed Utilisation – DR-TB (Specialised Hospital)	70%	70%	44	-26%	o Improved DOTS and improve cure rate.
Improve compliance with national core standards	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Specialised Hospital	100% (1 Specialised Hospital)	100% (1 Specialised Hospital)	0	0	o No National Core Standards Self-assessment conducted.
	Complaints resolution within 25 working days' rate (Specialised Hospital)	80%	80%	1	0	o One complaint was received and resolved within the expected timeframe

Strategic Objectives	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
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Linking Performance With Budget Programme 4: Regional Hospital Services

	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. GENERAL (REGIONAL) HOSPITALS	282,426	282,358	68	266,169	264,354	1,815
2. TUBERCULOSIS HOSPITALS	15,136	15,136	-	16,130	12,802	3,328
3. PSYCHIATRIC/MENTAL HOSPITALS	85,137	85,205	(68)	55,821	61,421	(5,600)
	382,699	382,699	-	338,120	338,577	(457)

Provincial Hospital Services – break even

The expenditure trends on this programme is satisfactory, however the programme experienced service delivery pressures resulting from operationalization of new Mental Health hospital. The department had to reprioritise funding from other programmes to this programme, although the funds are still limited.

Programme 5: Tertiary Hospital (Kimberley Hospital)

Priorities:

- Ensure compliance with the national core standards for effective health service delivery
- Improve efficiencies and quality of care at Tertiary Hospital
- Implement effective referral systems by ensuring a close relationship between all levels of the health system (e.g. Regional and Specialised Hospitals; District Hospitals and PHC facilities)

Sub-Outcome 2: Improved Quality of Health Care

Sub-Outcome 7: Improved Health Facility Planning and Infrastructure Delivery

Situational Analysis

The Robert Mangaliso Sobukwe Hospital (RMSH) is rendering specialised and sub-specialised care to one regional hospital and district hospitals in the eastern half of the province. Therefore, puts undue pressure on the A&E “gateway clinic” and the “emergency centre”, often resulting in delays in access to services. Furthermore, the situation is compounded by the shortage of staff including unavailability of functional operating theatres at district hospitals, resulting in a high level of referral to RMSH.

Filling of vacant posts remains a challenge as the recruitment does not equate exists, thus affects service delivery in a negative way placing tremendous strain on the functionality of the hospital towards achieving its desired goal.

The absence of specialised services such as Obstetrics & Gynaecology has a significant clinical and medico-legal risks associated with rendering of services i.e. Two hundred and fifty nine (259) patients awaiting gynaecological procedures.

Similarly, shortage of Medical Information Technology staff to render diagnostic services after hours, weekends and on public holidays, poses a serious concern as doctors are unable to diagnose and treat patients in the absence of radiology services.

The table below illustrates the distribution of the number of staff lost as a result of resignations, retirements and deaths.

Table: Distribution of staff turnover by category of profession

Category	Number of staff lost
Medical Specialists	3
Clinical Manager	1
Medical Officer	13
Allied Health Professionals	8
Professional nurse	18
Nursing assistant	8
Artisan foreman	2
Administrative Line Function & Support	9
House keeper	3
Driver	1

Porter	3
Laundry aid	1
Cleaner	4

The table below illustrates distribution by categories of staff in relation to direct replacements

Category	Number
Medical Specialists	4
Medical Officer	36
Allied Health Professionals	13
Operational Manager nursing (General)	2
Professional nurse (Speciality nursing)	6
Professional nurse (general nursing)	8
Staff nurse	5
Administrative Line Function & Support	10

Status update on RMSH Project with external partners

The institution in collaboration with external partners is embarking on the following projects:

- **The NC cancer project:** Infrastructural upgrades are currently underway to improve the Chemo therapy room, the ablution facilities and the academic / research room. Furthermore, identification of a physical cancer centre to extend the service to district hospitals. In addition, plans underway to relocate the current medical oncology service to a purpose-built facility including plans to develop the radiotherapy service.
- **The Paediatric project:** in collaboration with Kophia Diamonds Ltd has commenced upgrade of Paediatric clinic consulting rooms.
- **The Burns Unit:** in partnership with smile foundation is currently upgrading the Burns unit.
- The upgrade of three tearooms in partnership with old mutual is also in progress.
- **Health Patient Registration System (HPRS) project:** These following projects underway to improve filing and retrieval of patient files using HPRS with the National Department of Health including a records administration project sponsored by Road Accident Fund supported by the Health Systems Trust.
- **Magnetic Resonance Imaging (MRI) project:** The procurement of the MRI to support clinical decision making and patient management.
- **Mandela Castro Cuban Programme:** A total of thirty (30) RSA Cuban trained students, currently in their last year of training with the University of Free State are placed in RMSH.
- **Training rooms:** upgrade training rooms to meet training requirements.

Achievements

- Installation of the Magnetic Resonance Imaging (MRI) machine which has been in operation as of January 2019, hence resulting in improved quality of diagnosis and greatly improving workflow.
- The Cardio Pulmonary Resuscitation (CPR) training Centre facilitated the training of seventeen (17) CPR Instructors within the Northern Cape.
- Installation of digital interactive education boards in hospital to facilitate outreach training which proves to be cost effective.
- The full consignment of training equipment and manikins for the seven (7) training centres across the province received.

- Training of one hundred and eighty (180) health professionals i.e... doctors, nurses, allied health and legal personnel in medico legal litigations which had an impact in raising awareness about the growing litigation cases within the Northern Cape as well as to develop prevention strategies i.e. Seven units from Clinical Support Services are actively involved with the medico legal department in managing children with Cerebral Palsy.
- Training of twenty (20) nurses and doctors in simulation training to bridge the gap between theory and practice.
- Training of thirty (30) nurses and doctors in Extended Community Health Outcomes to improve standards of care in moving knowledge and not patients given the vast distances patients travel and limited overnight facilities for patients to be consulted by RMSH doctors.
- All clinical units received vaccine fridges to store patient medication to meet appropriate cold chain guidelines.
- Minor refurbishments such as upgrade of the front area of the hospital, drive way, gates and garden area in front of the hospital entrance, ablution facilities including nurse's tea room in certain areas.
- The successful implementation of the Virtual Private Network (VPN) with all the monitoring tools has already improved services and also reduced wastage of resources on services like internet.

Challenges and Measures planned to overcome them

Challenges	Proposed Corrective Action
○ Absence of Human resource delegations leading to lengthy submission processes	○ Delegations to the hospital CEO to shorten the lengthy submission process
○ Inadequate equitable share budget to address critical service delivery demands.	<ul style="list-style-type: none"> ○ Motivate for an increase in budget allocation to sustain the services required. ○ Consider medical inflation, which is higher than CPI, when making inflationary increases
○ Ageing infrastructure and plant (lifts, sewerage pipes, leaking roofs, lights, security, fire detection and Heating, Ventilation, Air-Conditioning (HVAC)	○ Address infrastructural challenges

Table 14: Strategic Objectives, Indicator, Planned Targets and Actual Achievements for Tertiary Hospital (RMS)

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation	Comments on Deviation
Improve compliance with national core standards	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Tertiary hospital)	100%	100% (1 Tertiary Hospital)	0%	-100%	The hospital obtained an overall score of 68% for the year which is less than 75% target. This result emanated from failure in a number of extreme and vital measures Improvement Plan Significant progress is made in addressing the elements of the National Core Standards around Infection Prevention and Control, improving patient and staff safety, addressing waiting times, Hospital cleanliness, through constant monitoring of compliance and training.
Improve efficiencies and quality of care at Tertiary hospital	Average length of stay (Tertiary hospital)	6.7 days	6.2 days	7.4days	+1.2	Reduction in the number of elective operations. Two operating theatres are running half day due to inadequate nursing staff levels Improvement Plan Appointment of trained operating theatre nurse specialists Operationalization of an additional orthopaedic operating theatre Full time operationalization of the current theatres
	Inpatient Bed utilisation rate (Tertiary hospital)	70.8%	72% (498/691)	71.2%	-0.8%	Reduction in the number of elective operations. Two operating theatres are running half day due to inadequate nursing staff Improvement Plan Full utilisation of theatres Appointment of trained operating theatre nurse specialists
	Expenditure per patient day equivalent (PDE) (Tertiary hospital)	R4 195.90	R4 418	R4 740.50	+R322.50	Reduction in the Patient Day Equivalent (PDE) Improvement Plan Services to operate normally. The number of patients attending the hospital each day can be unpredictable due to variations in emergency

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation	Comments on Deviation
						workload.
	Complaints resolution within 25 working days rate (Tertiary hospital)	80.8%	80%	77.4%	-2.6%	Some of the unresolved complaints are being investigated at the Clinical Complaints Review Committee (CCRC) for further investigation and recommendation Improvement Plan Encourage management of complaints at unit level on the spot

Linking Performance with Budget Programme 5: Central Hospital Services

	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. PROVINCIAL TERTIARY HOSPITAL SERVICES	1,069,620	1,059,796	9,824	970,244	954,327	15,917
	1,069,620	1,059,796	9,824	970,244	954,327	15,917

Narrative Tertiary Hospital Services – underspent by R16.425 million

Tertiary Hospital Services – underspent by R9.824 million

The programme underspent compensation of employees' allocation, due to the anticipated outcome of the Human Resource Plan and Organisational Structure which resulted in the delayed filling of posts. The goods & services allocation was overspent due to the impact of accruals specifically on computer services, laboratory services, and medical gas and security services. The payments for capital assets budget was overspent due to the upgrading and rehabilitation of certain wards for the improvement of oncology services. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals. The provincial Treasury has allocated additional funding on goods & services as baseline adjustment in the next financial year.

Programme 6: Health Sciences and Training

Priorities:

- Increase training of EMS Personnel
- Training of undergraduate nurses
- To identify and address scarce and critical skills in the public Health Sector through the Bursary Programme
- Promoting a conducive learning and working environment within the workplace
- Training of EMS Personnel
- Strengthen research and development

Sub-outcome 5: Improve Human Resources for Health

Sub-outcome 6: Improved Health Management and Leadership

Situation analysis

EMS Training College

The college was re-evaluated and accredited by the Health Professions Council of South Africa (HPCSA) for fifty-four (54) students per intake. Even though, the process took longer than expected, this resulted in an increase in student intake during Q3 2018/19.

The infrastructural, communication and staffing challenges persist as a result of the budget constraints. The health training and development grant funded the appointment of three (3) advanced life staff to function between the college and the Robert Mangaliso Sobukwe Hospital. Upon appointment the new staffs' key priority area will include clinical mentoring.

The change in the academic landscape of the Emergency Medical Service (EMS) in the country has resulted in the closure of the short course registers and the development of new HPCSA registers.

The change in the training landscape requires the training fraternity to align with higher education. However, limited infrastructure, staffing and budget challenges in the EMS College have impacted on the alignment (academic partnership) of the college with an existent public university.

The college continues to train the department EMS employees on the Ambulance Emergency Assistant (AEA) program. However, the AEA program is in a phase-out phase which ends in December 2019. The phasing out of the AEA program will result in EMS not having training outputs as of 2020, unless if a partnership with a university is forged.

Human Resource Development

The Human Resource Development coordinates the management of training to address scarce and critical skills through the bursary scheme and the implementation of Work Place Skills Plan (WSP). The bursary scheme mainly focusses on the unemployed youths while the WSP is directed and confined to develop employees in order to enhance, improve and promote health care service delivery.

The bursary scheme

The scheme provides funding for the training of deserving designated students across a wide spectrum of health sciences in South African universities. These students were recruited across the five (5) municipal districts to address the shortage of Health Professionals. Funding was also allocated for recurring medical students on the Mandela-Castro Medical Collaboration Scholarship.

Similarly, for students studying in South African universities, forty one (41) were confirmed as recurring bursars carried over from the previous years. However, the number was reduced to thirteen (13) as twenty eight (28) students obtained qualifications in their respective disciplines. Subsequently, the graduates were placed at various facilities across the province with the exception of those placed at RMSH for internship programme.

Initially there were a total of one hindered and nineteen (119) medical students enrolled on the Mandela-Castro Medical Collaboration Programme (MCMCP) at the beginning of the financial year. However, the total number remaining in the programme was reduced to ninety five (95) and the remainder total of twenty five (25) returned to South Africa.

There are different reasons for the return of these students, i.e...

- Twenty-two (22) 5th year students returned in July 2018 (for South African Medical Training Integration Programme).
- Two (2) additional students also returned in July 2018 (following suspension at universities).
- One (1) student returned in March 2019 (due to ill-health).

In summary, by the end of the 2018/19 financial year the total number of students funded by the Northern Cape Department of Health (NDoH) could be categorized as follows:

- Thirteen (13) locally based bursars in South African Universities(at different levels of study);
- Thirty (30) final Year Mandela-Castro Medical Collaboration (MCMCP) students in South African Universities; and
- Ninety five (95) medical students in Cuba (at different levels of study).

The department absorbed 102 bursary holders into vacant funded posts across the province for the following categories:

Category	Number
Medical Officers	9
Processional nurses	78
Pharmacists	4
Dietician	1
Physiotherapists	4
Diagnostic radiographer	5
Dentist	1
Total	102

Training Interventions

As part capacity building the training interventions consisted of numerous training covering mainly short courses and management courses (Management Development Programme).

The unit target to train a total of nine-hundred and thirty one (939) through the implementation of WSP 2018/19. However, only 300 employees were trained and due to financial austerity measures within the department.

Additional training interventions on short courses funded through the Health and Welfare Sector Training Authority (HWSETA), were also undertaken and were targeted for both clinical and administrative staff categories. Even though, the training target was at five-hundred-and-ninety-five (595), the actual training output yield a total of one hundred sixty seven (167).

HWSETA awarded twenty (20) bursaries to the Department for training and development of employees in administration, however only eighteen (18) bursaries were awarded. The two (2) remaining employees did not meet the basic requirements.

In addition, four (4) employees at middle management level enrolled for an executive leadership course, referred to as Albertina Sisulu Executive Leadership Programme in Health (ASELPH) with the University of Pretoria. Furthermore, the criteria for selection towards the programme is a recognised bachelor's degrees. The primary focus of this course is to develop and/or enhance leadership skills of managers.

Health Professions Training and Development Grant (HPTDG) Trainings

Training and development of health professionals (doctors) was funded through the Health Professions Training and Development Grant (HPTDG). Various registrar programmes were undertaken with the aim to produce specialist graduates, in an endeavour to address and alleviate the shortage of specialists in the province.

The table below depicts distribution of doctors per disciplines enrolled on the registrar programme training in various South African Universities

Table: Distribution of Registrars per discipline

Discipline	No.	Discipline	No.
Dermatology	1	Urology	1
Emergency Medicine	1	Psychiatry	1
Family Medicine	6	Plastic Surgery	1
Obstetrics & Gynaecology	1	Maxillo Facial	1
Ophthalmology	1	Oncology	1
Orthopaedics	3	Anaesthetics	1
Paediatrics	2	Neurosurgery	1
Radiology	1	Internal Medicine	0
TOTAL			23

Registrar programmes in disciplines such as Family Medicine and Paediatrics is running effectively with the University of Free State (UFS). Future plans includes expansion of the Registrar Training Programme to other disciplines i.e. Surgery, Medicine, Orthopaedics, Paediatrics, Obstetrics and Gynaecology and Anaesthesia.

Public Sector Trainers' Forum Seminar

The seminar was held over a period of two days, 07th & 08th March 2019. The major focus of the discussion was based on the three peer learning thematic areas listed below:

- Monitoring and evaluation of training and impact assessment;
- Technology in learning and development – exploring technology to improve learning and development cycle; and
- Training and learning needs analysis at individual, group and organisation levels.

The approach on the discussions pertaining to the above thematic topics was interactive and facilitated by scholars from outside the country (Ghana), University of South Africa and National School of Government. Subsequent to this forum, two (2) officials attended a Provincial Human Resource Development Forum in February 2019.

Skills Audit

The department was unable to finalise the skills audit report due to poor submission of forms by employees.

The table below depicts the breakdown of skills audit forms collected by districts/facility.

Table: Progress on skill Audit

No.	District/ Facility	Total Establishment	Received & Captured	Percentage
1	Frances Baard	1025	610	59,5
2	Dr Harry Surtie	569	174	30,6
3	Namakwa	647	194	30
4	ZF Mgcawu	614	162	26,4
5	Provincial Office	485	128	26,4
6	John Taolo Gaetsewe	838	158	18,9
7	Pixley-Ka-Seme	1061	179	16,9
8	Robert Mangaliso Sobukwe	1664	200	12
TOTAL		6903	1805	26,1

Nursing College Training and education

- The Nursing College awaits SANC outcome regarding the intakes for the R425 programme before December 2019 as this is the last intake of the legacy qualifications.
- The new curriculum for the new nursing qualifications is expected to commence in January 2020. The R169 (Higher Certificate) and R171 (General Nurse) will be sent for Consultation by 30 April 2019.
- The college is also conducting assessment for accreditation of all sites for (theory and clinical placement) where new nursing programmes will be offered.
- Submission for the intake of the Bridging and Midwifery students is awaiting approval.
- Thirty three (33) students of the Group A of 2015 group completed training on 31 March 2019 and commenced with community service.
- The May/June academic examinations are scheduled as follows:
 - Diploma in Midwifery and 1st year Bridging Course – 10th & 13th May 2019.
 - 2nd year Bridging Course – 22 & 24 May 2019
 - All R425 programmes – 13th – 24 May 2019.

Infrastructure

- In order to meet the requirements of Higher Education (HE) and SANC the college requires an archive and records space and an area with bigger capacity to accommodate at least 300 students. A meeting was held with Projects Office in preparation for the refurbishment of suitable structures. Even so a temporary accommodation has been arranged for archives and records.

Achievements

- Mr Farmer from Namakwa attended the Diploma in EMC at Free State College. Mr Farmer's academic performance was exemplary, receiving the best student award in the country.

- One student was appointed following obtaining of a bachelor's in health science in EMC (BEMC) paramedic (clinical mentor), studies were funded by the department.
- Absorption of a total of one hundred and two (102) nursing bursary holders into vacant funded posts retained within the province
- 53% of MCMCP final year students obtained their Bachelor's Degree in Medicine and Surgery, and five are due for graduation only in July 2019;
- 68% pass rate of the South African Health Science bursars and progressed to different higher levels of study and/or qualified as graduates.
- 87% (of the 68%) of South African Health Science bursars who were in final year of study, completed their studies and obtained qualifications from various South African universities.
- As per Resolution 1 of 2012 on Recognition of Improved qualifications, qualifying employees were awarded with financial Incentives.
- A total of 90 students of Group A of 2018 were registered with SANC.
- The College has received provisional endorsement from SANC to offer all four new nursing qualifications, provided that the new curricula are approved and accreditation is received from the South African Nursing Council (SANC) and Council on Higher Education (CHE).

Challenges and Measures planned to overcome them

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> ○ Budgetary- The College has a budget of R4.7m. The CoE is nearly half of the allocated budget. The balance of the budget is not adequate for the functionality of the college. 	<ul style="list-style-type: none"> ○ Source additional funding to sustain the college ○ (Budget Deficit of approximately R25.5M)
<ul style="list-style-type: none"> ○ Staffing- The HPCSA and CHE stipulates the student/ lecturer ratio and administrative staffing requirements. The staffing required for the AEA course is not met. Staff are seconded from the operational EMS component. 	<ul style="list-style-type: none"> ○ Employment of lecturing staff and support staff <ul style="list-style-type: none"> ➢ Clinical staff (2 coordinators and at least 4 lecturers) ➢ Registrar appointment ➢ Administrative clerk ➢ Cleaner
<ul style="list-style-type: none"> ○ Equipment- the HPCSA stipulates student/ equipment ratio. Equipment used for invasive treatment requires replacement annually. The equipment is not replacement or repaired leading to non-compliance of the college. 	<ul style="list-style-type: none"> ○ Procurement of equipment is necessary for Re-accreditation and NECET accreditation programme.
<ul style="list-style-type: none"> ○ Infrastructural- The College constitutes of a temporary pre-fabricated structure. There is no maintenance plan as there are challenges with plumbing, lighting, IT, roofing and drainage etc. 	<ul style="list-style-type: none"> ○ Develop a maintenance plan as well as refurbish accommodation, laboratory and gym facilities.
<ul style="list-style-type: none"> ○ IT connectivity and Communication- the college does not have telephones, internet connectivity and fax facilities 	<ul style="list-style-type: none"> ○ Connectivity and telephone access. The department to consider an uncapped IT connection for the college.
<ul style="list-style-type: none"> ○ Student accommodation: The cost of booking accommodation for students at guesthouses is negatively impacting on the budget. 	<ul style="list-style-type: none"> ○ Consider offering the learners accommodation and meal stipend. The accommodation and meals allowance should be similar to the bursary allocation.
<ul style="list-style-type: none"> ○ Limitations in implementation of WSP due to Departmental cost constraints. 	<ul style="list-style-type: none"> ○ WSP budget to be ring fenced and implemented as committed in the next financial year.
<ul style="list-style-type: none"> ○ Outstanding university fees 	<ul style="list-style-type: none"> ○ Suppliers to be paid within 30 days as per prescripts of PFMA
<ul style="list-style-type: none"> ○ Poor progress with regards to Skills Audit, particularly response-rate from officials. 	<ul style="list-style-type: none"> ○ Programme Managers (Executive) to take responsibility and ensure that all employees comply with the skills audit process.
<ul style="list-style-type: none"> ○ Progress action plan on student intake form the 	<ul style="list-style-type: none"> ○ The Department of Health submitted a costed

Challenges	Proposed Corrective Action
SANC	progress action plan as requested by SANC on 6 th May 2019.
<ul style="list-style-type: none"> o Absence of the functionality of the governance structures of the College (College Council and Senate as well as SRC) 	<ul style="list-style-type: none"> o Nominations for lectures has been held for College Senate representation. o A request has been sent for one additional nomination from the clinical services. o The request for representatives of the Department of Health and call for nominations to be sent to the office of the MEC by June 2019. o The SRC Constitution is being finalised after which SRC election process will take place by July 2019.
<ul style="list-style-type: none"> o Delayed approval of submissions 	<ul style="list-style-type: none"> o The turnaround time for submissions should be adhered to. o The Registrar to track and follow –up on submissions.
<ul style="list-style-type: none"> o Renewal of employment contracts that ended on 31 March 2019 	<ul style="list-style-type: none"> o Interviews held and recommendations made, submissions circulating. o Contracts extended with an additional two months until 31 May 2019 to allow the human resource process to unfold. o Appointments are urgent
<ul style="list-style-type: none"> o Bridging the gap between new and old National Qualification Framework (NQF) levels for nursing qualifications. 	<ul style="list-style-type: none"> o To identify access programmes that will provide certification of staff members to meet the standards of the new NQF levels. o To develop Inter Professional Education (IPE) and cooperation between Nursing and EMS Colleges.

Table 14: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Health Sciences and Training

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
Increase production of human resources of health	Basic nurse students graduating	160	95	50	-45	<ul style="list-style-type: none"> Thirty – three students of Group A of 2015 group have completed training in Q4 Fifteen Bridging Course students completed in Q3.
	Number of bursaries awarded for health science students	103	139	41	-98	<ul style="list-style-type: none"> No recruitment for the 2018 academic year due to cost containment. The bursaries of some of the students were not renewed due to poor academic performance.
Train learners to qualify as professional nurses	Proportion of bursary holders permanently appointed	64%	100% (133/133)	90.2% 13/133	-9.8% 13/133	<ul style="list-style-type: none"> Some graduates reluctant to relocate to rural areas
Ensure optimum clinical competency levels of EMS staff	Number of employees enrolled for training on Intermediate Life Support	36	36	42	+6	<ul style="list-style-type: none"> The college was re-accredited in 2018 and the student recruitment numbers were increased to eighteen per class. The deviation of six (6) was a positive deviation as a result of the above.
Strengthening the Human Resource capacity	Number of bursaries awarded to administrative staff	21	20	18	-2	<ul style="list-style-type: none"> Some of the applicants were disqualified by HWSETA for the incomplete application forms.
Increase production of human resources of health	Number of bursaries awarded for first year medicine students	0	0			-
	Number of bursaries awarded for first year nursing students	28	120	60	-60	<ul style="list-style-type: none"> 60 students were awarded departmental bursaries, whilst the 2018/19 intake was 90. The remaining 30 students have been funded by the private sector from JT Gaetsewe District

Linking Performance with Budget: **Programme 6: HEALTH SCIENCES AND TRAINING**

	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'ooo	R'ooo	R'ooo	R'ooo	R'ooo	R'ooo
Sub programme						
1.NURSE TRAINING COLLEGE	62,335	61,495	840	51,982	50,717	1,265
	3,230	4,427	(1,197)	4,479	11	
2.EMS TRAINING COLLEGE						4,468
	33,959	41,735	(7,776)	26,217	43,531	
3.BURSARIES						(17,314)
4.PRIMARY HEALTH CARE TRAINING	1,671	187	1,484	1,580	375	1,205
5.TRAINING OTHER	18,916	13,520	5,396	35,410	4,027	31,383
	120,111	121,364	(1,253)	119,668	98,661	21,007

Narrative EMS Training College – Expenditure

Health Science and Training – overspent by R1.253 million

The programme overspent its budget on transfers & subsidies allocation due to the payment of accruals in respect of Cuban Doctors' programme. This overspending is reduced by the funding earmarked for training of auxiliary nurses and the skills development fund which were not fully implemented due to administrative delays.

Programme 7: Health Care Support Services

Sub-Programme: Forensic Medical Services

Priorities:

- Reduced turn-around time on completion of autopsies
- Improve turnaround time of submission of autopsy reports to stakeholders (SAPS)

Sub-Outcome 2: Improved quality of health care

Situational analysis

The maintenance of the Thuthuzela Centres in the areas viz: Kimberley, De Aar, Kuruman and Springbok remains a challenge due to no dedicated clinical budget. However, the clinical programme obtains financial assistance from the HIV Conditional grant in the form of salaries, goods & services, marketing and advocacy.

There is no infrastructure budget available for refurbishment of the Victim Empowerment Programme (VEP) facilities. However, funding was sourced from the Pathology budget to refurbish the Kimberley Thuthuzela centre.

Shortage of staff at hospitals and community health centres results in long turn-around times i.e. Kuruman and Robert Sobukwe Hospital reported a delay in services provided to survivors of sexual violence. Similarly, Harry Surtie Hospital submitted zero reports on forensic data.

According to the service level agreement the National Prosecuting Authority should ensure access to telephones for all personnel at all times. Conversely, the personnel seconded to Thuthuzela Centre in Kimberley do not have access to telephones and thus not be able to alert/respond to emergency services on time.

During the last quarter of 2017/18 and first quarter 2018/19, pathology services for the performance of post-mortems were suspended by part-time doctor due to delays in the payment of services rendered. Thus, resulted in a decline of the overall performance of the programme as performance is directly dependant on the availability of doctors. The unit received numerous complaints from staff and enquiries from Organised Labour regarding protective clothing. Subsequently, an approved submission was submitted in June 2018 for procurement of uniform from the earmarked budget of 2018/19 budget.

The province hosted a national forensic meeting including representation from all forensic mortuaries across the province, HRD, Labour Relations, EAP, Conditions of Service and National Bargaining Council to discuss progress on the implementation of Resolution 4 of 2017 by provinces. This also included, feedback on OSD standardisation and career pathing, as well as introduction of Sustainable Model for FPS.

Subsequently, the province attended a national meeting to discuss the countrywide professionalization of forensic services which requires Forensic Officers to register on HCPSA and enrol for the Forensic Diploma. The criteria for registration focuses on experience as opposed to qualification compared to other Allied Categories. The Clinical Forensic doctor, Dr Abraham Collison at Harry Surtie Hospital resigned. However, the services is provided by assigned hospital doctors and nurses. Furthermore, the Cuban doctor in De Aar for both clinical and pathology forensic also resigned, hence resulting in Pixley district not having a fulltime forensic doctor. Similarly, Two Forensic Pathology Officer resigned in Kuruman mortuary.

There is a shortage of operational mortuary vans to transport the deceased as most are at merchants due to high mileage of above 250 000km's resulting in breakages and repairs. The conversion process to convert bakkies into mortuary vans is still pending.

Indicator 1: Comparison of autopsies completed in 4 days between 2017/18 and 2018/19

2017/18

2018/2019

Quarter	% of Autopsies over 4 Days (90%)	Deviation	Number of Cases in Quarter
Q1	93%	+3%	(354/382)
Q2	92%	+2%	(377/411)
Q3	92%	+2%	(433/469)
Q4	89%	-1%	(358/403)

Quarter	% of Autopsies over 4 Days (90%)	Deviation	Number of Cases in Quarter
Q1	90%	0%	(399/441)
Q2	94%	+4%	(375/401)
Q3	88%	-2%	(405/462)
Q4	88%	-2%	(389/441)

Indicator 2: Comparison of autopsy reports submitted in 10 days to stakeholders between 2017/18 and 2018/19.

2017/18

2018/19

Quarter	% of Autopsy reports within 10 Days	Deviation	Number of Cases in Quarter
Q1	84%	+4%	(320/382)
Q2	88%	+8%	(361/411)
Q3	76%	-4%	(356/469)
Q4	62%	-18%	(248/403)

Quarter	% of Autopsy reports within 10 Days	Deviation	Number of Cases in Quarter
Q1	75%	-5%	(329/441)
Q2	90%	+10%	(360/401)
Q3	77%	-3%	(355/462)
Q4	84%	4%	(370/441)

Achievement

- Procurement and distribution of Comfort packs and replacement clothing for sexual assault survivors to facilities.
- Refurbishment of dissection room at Upington mortuary.
- Procurement and distribution of cleaning chemicals, body bags and TB masks across all forensic mortuaries in the province.
- Thuthuzela Centres participated in the integrated interdepartmental public awareness campaigns held in four districts as well as community dialogues held in Ritchie and Pampierstad.

Challenges and Measures Planned to Overcome Them

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> Shortage of mortuary vans to respond to service demands, resulting in service disruptions 	<ul style="list-style-type: none"> Process to convert the 6 new Toyota Bakkies to be expedited.
<ul style="list-style-type: none"> Lack of appropriate mortuary facilities at Kuruman to service JTG. Forensic services are currently rendered from a private funeral undertaker. No access controls in place, thereby compromising chain of evidence and evidence preservation. 	<ul style="list-style-type: none"> Principals to accelerate Kuruman mortuary completion
<ul style="list-style-type: none"> Lack of practising trained clinical forensic personnel in all districts. No clinical forensic data capturers hence no performance monitoring and reporting 	<ul style="list-style-type: none"> Posts for professionals must be created and filled in order to address the challenge Forensically trained personnel need to be correctly placed in accordance with their training skills
<ul style="list-style-type: none"> Victim empowerment facilities on health premises are in serious need of maintenance. 	<ul style="list-style-type: none"> VEP facilities on Health Department premises need to be included in the Departmental Maintenance Plan
<ul style="list-style-type: none"> Inadequate capital budget to procure vehicles to augment fleet and other capital related requisites 	<ul style="list-style-type: none"> Unit requested funds to be shifted from Good & Services to capital
<ul style="list-style-type: none"> Shortage of staff at Provincial Office level. 	<ul style="list-style-type: none"> The process to fill the Deputy Director post to be fast tracked and the Director post to be revived for advertising and filling. Resubmit the submission to fill two (2) Mortuary Manager posts for Kimberley and Upington to honour the resolution made in the third quarterly review meeting of 2017/18.
<ul style="list-style-type: none"> No after-hour services rendered at the Kimberley Thuthuzela Care Centre 	<ul style="list-style-type: none"> Kimberley Thuthuzela Care Centre to start a 24 hour service

Table 15: Strategic Objectives, Indicator, Planned Targets and Actual Achievements for Forensic Medical Services

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation	Comments on Deviations
Render health care support service through specialised forensic medical and medico-legal services	Percentage of autopsies completed within 4 working days	91%	90%	90%	0	○ Indicator has been achieved with no deviation. Post-mortems are performed within the turnaround time of 4 days.
	Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	77%	80%	81%	+1	○ Indicator has been achieved with positive deviation of 1%. Post-mortem report are produced within the turnaround time of 10

Sub-Programme: Pharmaceuticals

Priorities:

- Improve availability and accessibility of medicine
- Improve quality of service including clinical governance and patient safety

Sub-Outcome 2: Improved quality of health care

Situational Analysis

The year under review brought about huge challenges within the pharmaceutical sector which led to the non-availability of medication at the various health facilities. Besides the external factors e.g. the Active Pharmaceutical Ingredient (API) not being available to the manufacturers of pharmaceuticals, those aspects that are internal of nature and within control of the Department's operations, mostly contributed to the non-availability of medication.

These aspects relate to amongst others the Warehouse Management System (WMS) that posed difficulties since its inception on a variety of issues that made ordering pharmaceutical items from the suppliers difficult. This later also impacted on the interfacing to the Basic Accounting System (BAS) resulting in accounting and payment challenges increasing the non-availability of stock at the Provincial Medical Depot (PMD) and subsequently the health facilities. Another major factor that led to the shortage of medication is the non-filling of pharmacy personnel at the various health facilities but more specifically at the PMD. The shortage of these cadres resulted in stock management challenges but more specifically that orders placed by health facilities could not be issued to them resulting in patients not receiving the items on their prescriptions. The non-payment of suppliers as from the middle to the latter part of the financial year was also a contributing factor in the non-availability of medication. Suppliers started refusing to issue the orders that were placed by them as their accounts were not paid within the specified time periods. Besides the fact that facilities are not provided with the orders they have placed, the accruals that relates to the previous financial year will be huge and will negatively impact the ensuing financial year's funding for pharmaceuticals.

Notwithstanding these challenges the districts could provide medication to the majority of the patients by the re-prioritizing, shifting /redistributing of medication where there are excess to areas where shortages appear. The connectivity and technical challenges that were experienced in the earlier part of the financial year was addressed and there were improvements throughout all the districts on the stock visibility system (SVS) reporting. During December 2018 all the health facilities that report their medication availability on the mobile application received new devices; during this period a new Vodacom tower was installed and all these initiatives improved the reporting on medication availability in the Province.

The provincial formulary was updated and this also brought about an improved control on the Central Chronic Medication Dispensing and Distribution programme as prescribers are now aware of their responsibilities in contributing to rational prescribing. There are still challenges that need to be attended to; amongst others are the huge amounts of dormant patients as well as the non-renewal of prescriptions that have not been renewed. The respective management teams in the districts are to engage with their physicians to ensure that the prescriptions that have expired are renewed in the proper manner. All these outdated prescriptions are being rejected by the CCMDD service provider resulting in patients returning to the health facilities and once again causing huge numbers to flock the facilities. The already overstretched health personnel must now also attend to these queries adding to their frustrations. The CCMDD

programme needs to be overhauled as there are many initiatives that can be implemented but there is need for a concerted effort from all stakeholders especially those in the districts as this is the area where the programme is implemented.

Another initiative that has been improved upon during the 2018/19 financial year was the re-introduction of the Rx Solution stock management system at all of the hospitals as well as of the bigger community health centres (CHC's). The installation of the Rx Solution system enabled the hospitals to account for the pharmaceuticals that they are managing and also allows for management and the National Department of Health to monitor availability and prevent stock outs of crucial and critical items. To ensure that this programme is effectively implemented, the National Department of Health provided all the hospitals in the Province with computers and is still underway to also have label printers and scanners installed at these facilities. There has been a huge improvement in the weekly reporting as all the facilities are compliant. The Rx Solution dashboard also reflected an increase in medicine availability in the latter quarter of the financial year as opposed to the previous quarters. To ensure uniformity in reporting the Province engaged with the National Department of Health to adjust the reports and therefore only have selected reports that will be utilized by all users of the system. Once these reports have been finalized the training to understand its purpose will be rolled out to all stakeholders, thus ensuring accurate and credible reporting of information.

In an attempt to ensure the health facilities receive adequate support with pharmaceutical matters, the Health and Welfare Sector Education and Training Authority (HWSETA) was approached with a special request to provide funds to place extra officials on the Post Basic Pharmacist Assistant training programme. With the support of the Executing Authority for Health, this request was acceded to and approval was granted by the HWSETA to train an additional 49 cadres (originally only 19 was to be trained) to ultimately be qualified Post Basic Pharmacist Assistants. Processes are underway to interview and select candidates in all 5 districts to be placed on the training programme.

Achievements

Notwithstanding the shortage of pharmacy personnel at the PMD, the respective districts and hospitals sent their staff to pick medication for their facilities; in so doing they were able to provide medication to a greater extend to patients.

- Annual stock takes were successfully completed at all facilities.
- Thirty seven (37) Community Service Pharmacist (CSP) posts were filled in the province with successful orientation trainings conducted in the districts
- A successful Pharmacy Tutor- Intern workshop was held in Kimberley by the South African Pharmacy Council for public and private sector Pharmacists and Interns.
- Implementing the Antimicrobial Stewardship programme and clinical ward rounds at RMSH is showing a decrease with the use of Colistin, an antibiotic that is used for highly resistant pathogens.
- The new Substance Abuse Treatment Centre in Kimberley was opened during the 4th quarter of the financial year under review and the Responsible pharmacist at WESH assisted with the necessary guidance, provision of medicines and support on pharmaceutical and related matters.
- The ZF Mgcawu district continued with the provision of pharmaceutical services to the Blouputs farming group thus enhancing a sustainable service to the farm workers and their families.
- ZF Mgcawu pharmacists conducted successful facility audits.

Challenges and Measures Planned to Overcome Them

Challenges	Proposed Corrective Action
Warehouse Management System (WMS)	<ul style="list-style-type: none"> Interact with the National Department of Health's project manager on the impediments of the system. Conduct monthly meetings with senior officials of the respective departments involved in the implementation of the WMS.
Medicine availability: <ul style="list-style-type: none"> Poor stock management at facilities. Shortage of staff at PMD results in not all items being picked. Late deliveries from depot due to the vehicles undergoing repairs. 	<ul style="list-style-type: none"> Conduct facility audits and training. Action SVS reports and redistribute stocks. Appoint staff at PMD. Order and pick Vital and Essential items. Maintain a buffer stock at district/facility level and redistribute stocks. Procure a new fleet and/or maintain existing fleet.
<ul style="list-style-type: none"> Regular Antimicrobial Stewardship (AMS) meetings were not conducted at the RMS & DHS hospitals. 	<ul style="list-style-type: none"> Meetings to be rescheduled and the relevant CEO's to be informed.
Guidelines and protocols: <ul style="list-style-type: none"> Non-compliance by prescribers to treatment guidelines (APC,STG, HIV etc). Poor pharmacovigilance reporting. Poor/late/none submission of Section 21 reports by facilities. 	<ul style="list-style-type: none"> Prescribers to be trained on the various guidelines. Monitoring of medicine and stock management reports (ABC analysis; VEN) through the various PTCs. Encourage reporting by staff and patients Improvement access to reporting viz. faxes or emails. Health Area Managers must assist with the processes to improve compliance.
<ul style="list-style-type: none"> Central Chronic Medicine Dispensing and Distribution (CCMDD) programme. 	<ul style="list-style-type: none"> Improve involvement of stakeholders in the implementation of the programme at all levels.
Information Technology(IT): <ul style="list-style-type: none"> Data line at Connie Vorster needs to be installed. Poor internet connectivity in districts delays the ordering of medicines to the PMD and submission of required reports. 	<ul style="list-style-type: none"> Liaise with Provincial IT. Procure individual modems for the respective pharmacists.
<ul style="list-style-type: none"> Shortage of Pharmaceutical staff at the PMD. 	<ul style="list-style-type: none"> Vacant positions must be filled as a priority.
Infrastructure: <ul style="list-style-type: none"> Maintenance of the pharmacies at DHS hospital; lack of expertise. Shortcomings at facilities to meet SAPC requirements. 	<ul style="list-style-type: none"> Liaise with the relevant role-players at district/provincial level.

Table 16: Strategic Objectives, Indicator, Planned Targets and Actual Achievements for Pharmaceuticals

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation	Comments on Deviation
Improve availability and access of medicine	Percentage availability of medication (EML and STG) in the health facilities and institutions	87.6%	100%	83.3%	16.7%	<ul style="list-style-type: none"> Accounts on hold and as such Suppliers do not deliver medication. Shortage of pharmacy personnel at the PMD resulting in orders from facilities not being issued. Inadequate vehicles to deliver medication at facilities. Poor stock management at facilities Warehouse Management System challenges resulting in certain products not being picked to be issued to the facilities
	Percentage availability of medication (non-EML) in the health facilities and institutions	0	<10%	19.9%	9.9%	<ul style="list-style-type: none"> Intra- and interprovincial down referral of patients from other provinces and RMSH Non- EML items approved by the PPTC for specialized services or for individual patients requiring non-EML alternative Specialists doing outreach functions at PHC
Improve quality of service including clinical governance and patient safety	Number of functional pharmaceutical and Therapeutic Committee	8	9	5	4	<ul style="list-style-type: none"> No established PTC in Frances Baard district Non- functioning PTCs in districts as PTC members resigned with a quorum not reached (WESH;DHS)

Linking Performance With Budget: Programme 7: Health Care Support Services

	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. LAUNDRY SERVICES	8,026	10,347	(2,321)	7,573	11,639	(4,066)
2. ENGINEERING	19,278	18,326	952	12,074	10,427	1,647
3. FORENSIC SERVICES	43,735	43,828	(93)	41,150	39,660	1,490
4. ORTHOTIC AND PROSTETIC SERVICES	7,256	6,842	414	7,620	6,110	1,510
5. MEDICINE TRADING ACCOUNT	33,979	33,923	56	31,725	23,946	7,779
	112,274	113,266	(992)	100,142	91,782	8,360

Narrative Health Care Support Services – overspent by R992 000

The programme overspent on goods & services due to the impact of accruals on the medical gas and security services; while the transfers and subsidies overspent due to the costs of leave gratuity benefits resulting from unexpected personnel exits. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals. The provincial Treasury has allocated additional funding on goods & services as baseline adjustment in the next financial year.

Programme 8: Health Facilities Management

Priorities:

- Improve the quality of health service by implementing the Hospital Revitalization Programme
- Implementation of Infrastructure Grants for Provinces
- Implementation of Capital Maintenance Programme
- Implementation of Clinical Engineering (Health Technology) Maintenance Programme

Sub-outcome 7: Improved Health Planning and Infrastructure Delivery

Situational Analysis

The Health Facilities Management unit reached 99% expenditure over the allocated budget. Delays were experienced on the processing of payment certificates due to insufficient cashflow. This impacted on the delivery of projects as some of the contractors slowed down construction works until payments were effected. Some of the invoices that could not be processed before end of the financial are recorded for processing in the 2019/20 financial year.

Achievements

- Conditions based maintenance of various facilities in the province
- Handover of New Mental Health Hospital, Ka Gung clinic and Sakiwe Clinic
- Completion of outstanding work at Heuningvlei Clinic is underway
- Commencement of construction work for the upgrading of Glenred Clinic
- Practical completion of Namakwa Forensic Mortuary

Challenges and Measures planned to overcome them

Challenges	Proposed Corrective Action
o Delays for the procurement of medical equipment for the new Mental Health facility.	o Joint Management Team to sit together with Technical Team/ Project Commissioning Team to assist with bottle necks.
o Non-payment (due to cash flow problems) of service providers/ contractors results to slow/non progress on site.	o Request to Provincial Treasury and National Health to assist with funding to relieve budget constraints.
o Slow Progress on site at Nursing College due to non-performance of contractor.	o Principal Agent and Implementing agent have regular meetings with main contractor to resolve the problem.
o Slow delivery of projects by the appointed contractors. Contractors not delivering according to Construction Industry Development Board (CIDB) graded status.	o Continuous engagement of implementing agents to deliver projects on time and or apply the conditions of contract where failure is experienced. Apply the conditions of contracts to all contractors that underperform on site
o Insufficient information in the Infrastructure Programme Implementation Plan. (IPIPs) from the implementing agents.	o Continuously ensure detailed IPIPs (Infrastructure Programme Implementation Plan) from the implementing agents

Table 16: Annual Targets for Health Facilities Management

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
Improve the quality of health infrastructure in South Africa by ensuring that all health facilities are compliant with the facility norms and standards	Number of facilities that comply with gazetted infrastructure Norms and Standards	2	2	2	-	-
Construction of new clinics, community health centres and hospitals	Number of additional clinics, community health centres and office facilities constructed	0	<p>5 Construction of Port Nolloth CHC=80% Construction of new Springbok Hospital Pharmacy=60 %</p> <p>Boegoeberg Clinic=70% Bankhara Bodulong Clinic=70%</p> <p>Construction of New Nursing and EMS College accommodati on 70%</p>	<p>5 Construction of Port Nolloth CHC=85% Construction of new Springbok Hospital Pharmacy=40 %</p> <p>Boegoeberg Clinic=70% Bankhara Bodulong Clinic=76%</p> <p>Construction of New Nursing and EMS College Accommodati on 59%</p>	<p>Slow progress on site due to late payment to the contractor</p> <p>Slow progress on site due to earth works challenges.</p> <p>Slow Progress on site due to non-performance of contractor</p>	<p>Payment issue resolved</p> <p>Regular meetings with Implementing agent to resolve problems</p> <p>Regular meetings with Implementing agent to resolve problems</p>
Implementation of Health Facilities	Number of additional hospitals and mortuaries	1 De Aar Hospital	4 Construction	4 Construction		

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
Revitalization Programme	constructed or revitalised	handed to the user	of Kuruman Hospital Forensic Mortuary Connie Vorster Hospital= Design Design = Prieska Hospital Forensic Mortuary Construction of New Mental Hospital	of Kuruman Hospital Forensic Mortuary Planning Connie Vorster Hospital= Design Prieska Hospital Forensic Mortuary Construction of New Mental Hospital 99%	Slow progress in reaching works completion due to the late payment of the contractor	Payment problem resolved
Major and minor refurbishment of health facilities	Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	7 Noupoot CHC (phase 1, fencing complete) Britstown CHC (phase 1, fencing complete) Hester Malan CHC(phase 1, fencing complete) Prieska CHC	5 Hester Malan CHC= IDMS Stage 5 (Design Development) 2.Carnavon CHC IDMS Stage 9 Packaged Completion 3. Noupoot CHC IDMS Stage 5 (Design Development)	5 Hester Malan CHC= IDMS Stage 5 (Design Development) 2.Carnavon CHC IDMS Stage 9 Packaged Completion 3. Noupoot CHC IDMS Stage 5 (Design Development)	Planning process ongoing	

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
		(phase 1, fencing complete) Victoria West Hospital(phase 1, fencing complete) Carnovon Hospital (upgrades complete) Griekwastad CHC (internal roads complete)	Development 4. Griekwastad CHC= IDMS Stage 5 (Design Development) 5. Bill Pickard Hospital IDMS Stage 5 (Design Development)	4. Griekwastad CHC= IDMS Stage 5 (Design Development) 5. Bill Pickard Hospital IDMS Stage 5 (Design Development)		
	Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District)	4	13 Kharkams Clinic= IDMS Stage 5 (Design Development) 2. Logobate Clinic= IDMS Stage 5 (Design Development) 3. Glenred Clinic= IDMS Stage 5 (Design Development) 4. Jan Kempdorp Clinic= IDMS	13 1 Kharkams Clinic= IDMS Stage 5 (Design Development) 2. Logobate Clinic= IDMS Stage 5 (Design Development) 3. Glenred Clinic= IDMS Stage 5 (Design Development) 4. Jan Kempdorp Clinic= IDMS	Planning process ongoing	

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
			Stage 5 (Design Development) 5. Mataleng Clinic= IDMS Stage 5 (Design Development) 6. Ma Doyle Clinic= IDMS Stage 4 Concept and Viability 7. Florianville Clinic= IDMS Stage 4 Concept and Viability 8. Warrenton CHC= IDMS Stage 5 (Design Development) 9. Dr Winston Torres Clinic= IDMS Stage 4 Concept and Viability 10. Jan Witbooi Clinic= IDMS Stage 5 (Design Development)	Stage 5 (Design Development) 5. Mataleng Clinic= IDMS Stage 5 (Design Development) 6. Ma Doyle Clinic= IDMS Stage 4 Concept and Viability 7. Florianville Clinic= IDMS Stage 4 Concept and Viability 8. Warrenton CHC= IDMS Stage 5 (Design Development) 9. Dr Winston Torres Clinic= IDMS Stage 4 Concept and Viability 10. Jan Witbooi Clinic= IDMS Stage 5 (Design Development)	Planning process ongoing	

Strategic Objective	Performance Indicator	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviations	Comments on Deviations
			Development 11. Seeding Clinic= IDMS Stage 5 (Design Development 12. Kagisho CHC= IDMS Stage 5 (Design Development) 13. Metswetsane ng Clinic= IDMS Stage 5 (Design Development	Development 11. Seeding Clinic= IDMS Stage 5 (Design Development 12. Kagisho CHC= IDMS Stage 5 (Design Development) 13. Metswetsane ng Clinic= IDMS Stage 5 (Design Development)	Planning process ongoing	

Linking Performance with Budget: Programme 8: Health Facilities Management

	2018/19			2017/18		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. DISTRICT HOSPITAL SERVICES	175,947	172,285	3,662	485,777	279,448	206,329
2. PROVINCIAL HOSPITAL SERVICES	255,373	248,756	6,617	77,188	281,823	(204,635)
	431,320	421,041	10,279	562,965	561,271	1,694

Narrative Health Facilities Management – underspent by R10.279 million

- The programme has underspend due to procurement delays on the implementation of Expanded Public Work Programme and cash flow constraints affecting Health Facility Revitalisation Grant.

Strategies to overcome under performance

- Prioritising of activities, proper planning, setting targets, budgeting and effective monitoring of implementation as well as reporting;
- Additional bid for increasing departmental budget and address each indicator resource in the business;
- Capacity development;
- Provide the tools of trade and address employees concerns;
- Effective measure for accountability using Performance Management Development System strategies, managing staff effectively by recognising and reward good performance;
- Strengthen the management of accruals and commitments in the Department;
- Continue to implement strategies to manage the financial constraints;
- Department to embark on vigorous recruitment drive to attract skilled professionals in order to improve the quality of Health Care Service in the Province.

Changes to planned targets

- There were no targets that changed in the Annual Performance Plan during the reporting period.

Linking performance with budgets

	2018/19			2017/18		
	Final	Actual	Variance	Final	Actual	Variance
	Appropriation	Expenditure		Appropriation	Expenditure	
Voted funds and Direct charges	R'000	R'000	R'000	R'000	R'000	R'000
Programme						
1. ADMINISTRATION	223,101	224,047	(946)	209,905	230,613	(20,708)
2. DISTRICT HEALTH SERVICES	2,182,187	2,182,245	(58)	2,001,541	1,989,395	12,146
3. EMERGENCY MEDICAL SERVICES	332,999	333,021	(22)	327,707	302,726	24,981
4. PROVINCIAL HOSPITAL SERVICES	382,699	382,699	-	338,120	338,577	(457)
5. CENTRAL HOSPITAL SERVICES	1,069,620	1,059,796	9,824	970,244	954,327	15,917
6. HEALTH SCIENCES AND TRAINING	120,111	121,364	(1,253)	119,668	98,661	21,007
7. HEALTH CARE SUPPORT SERVICES	112,274	113,266	(992)	100,142	91,782	8,360
8. HEALTH FACILITIES MANAGEMENT	431,320	421,041	10,279	562,965	561,271	1,694
TOTAL	4,854,311	4,837,479	16,832	4,630,292	4,567,352	62,940

2.4.5 Transfer Payments

▪ Transfer payments to public entities

The Department does not have any Public Entity.

▪ Transfer payments to all organisations other than public entities

The table below reflects the transfer payments made for the period 1 April 2018 to 31 March 2019

Name of transferee	Type of organization	Purpose for which the funds were used	Did the department comply with s 38 (1) (j) of the PFMA	Amount transferred (R'000)	Amount spent by the entity R'000	Reasons for the funds unspent by the entity
Various	Universities	Bursaries for non-employees	Yes	38 329	38 329	Not applicable
Various	Employees	Leave gratuity and arbitration awards	Yes	10 693	10 693	Not applicable
Karoo Hoogland Municipality	Municipality	Municipal services	Yes	50	50	Not applicable
Emthanjeni Municipality	Municipality	Municipal services	Yes	74	74	Not applicable
Nama Khoi Municipality	Municipality	Municipal services	Yes	88	88	Not applicable
Sol Plaatje Municipality	Municipality	Municipal services	Yes	314	314	Not applicable

The table below reflects the transfer payments which were budgeted for in the period 1 April 2018 to 31 March 2019, but no transfer payments were made.

Name of transferee	Type of organization	Purpose for which the funds were used	Amount budgeted for (R'000)	Amount transferred (R'000)	Reasons why funds were not transferred
Sol Plaatje Municipality	Municipality	Primary Health Care services	2 402	-	Administrative delays

The department underspend on transfers to municipalities due to delays on the finalisation of provincialization at Sol Plaatje Municipality. There was a need to consult extensively with the trade unions for the placement of staff from the municipalities to the department, specifically due to disparity on pension fund contributions and benefits.

2.4.6. Conditional Grant – Comprehensive HIV/AIDS Grant

Department who transferred the grant	National department of health
Purpose of grant	<ul style="list-style-type: none"> To enable the health sector to develop and implement an effective response to HIV and AIDS and TB
Expected outputs of the grant	<ul style="list-style-type: none"> Number of new patients started on ART Total number of patients on ART remaining in care Number of male condoms distributed Number of female condoms distributed Number of exposed infants' HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test Number of clients tested for HIV (including antenatal) Number of MMC performed Number of patients on ART initiated on Isoniazid Preventative Therapy (IPT) Number of clients newly initiated on Bedaquiline Number of adherence clubs TB new smear positive client success rate
Actual outputs achieved	-
Amount per amended DORA (R'000)	478,242
Amount received (R'000)	478,242
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	468,761 98.0%
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> The department has spent to date R468.761 million or 98.0 per cent of the adjusted budget. Administrative delays were experienced on procurement processes, due to capacity constraints. However, funds were already committed towards the procurement of medical equipment, female condoms and nutritional supplements at year end. A roll over has been requested on funds that are already committed.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

Health Professions Training & Development Grant

Department who transferred the grant	National department of health
Purpose of grant	Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform
Expected outputs of the grant	<p>The following categories of health professionals, associated with clinical training and supervision, are funded on the public health service delivery platform:</p> <ul style="list-style-type: none"> Number of specialists Number of registrars

	<ul style="list-style-type: none"> ▪ Number of medical officers ▪ Number of clinical supervisors/trainers per category in nursing, EMS and allied health and pharmacy ▪ Number of grant administration staff
Actual outputs achieved	-
Amount per amended DORA (R'000)	90,610
Amount received (R'000)	90,610
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	65,824
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> ▪ The department has spent to date R65.824 million or 72.6 per cent of the adjusted budget. The underspending results from delays on the procurement of medical equipment, however approximately R26.324 million is already committed in the current year. ▪ A roll over has been requested on medical equipment and other expenditure items.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

National Tertiary Services Grant

Department who transferred the grant	National department of health
Purpose of grant	<ul style="list-style-type: none"> ▪ Ensure provision of tertiary health services for all South African citizens (including documented foreign nationals) ▪ To compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the grant	<ul style="list-style-type: none"> ▪ Number of inpatient separations ▪ Number of day patient separations ▪ Number of outpatient first attendances ▪ Number of outpatient follow up attendances ▪ Number of inpatient days ▪ Average length of stay by facilities
Actual outputs achieved	Yes
Amount per amended DORA (R'000)	362,053
Amount received (R'000)	362,053
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	335,852
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> ▪ The department has spent to date R335.852 million or 92.8 per cent of adjusted budget. The department had committed R26.201 million towards medical equipment used to provide tertiary services. ▪ A budget roll over has been requested towards the procurement of medical equipment.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

Health Facility Revitalisation Grant

Department who transferred the grant	National department of health
Purpose of grant	<ul style="list-style-type: none"> To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance To enhance capacity to deliver health infrastructure
Expected outputs of the grant	<ul style="list-style-type: none"> Number of new facilities completed Number of facilities maintained Number of facilities upgraded, and renovated Number of facilities commissioned
Actual outputs achieved	-
Amount per amended DORA (R'000)	560,260
Amount received (R'000)	560,260
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	560,260
Reasons for the funds unspent by the entity	The department has spent all the allocated funds in line with the approved business plan.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

Extended Public Works Programme Incentive Grant for Provinces

Department who transferred the grant	National department of public works
Purpose of grant	<p>To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with EPWP guidelines:</p> <ul style="list-style-type: none"> Road maintenance and the maintenance of buildings Low traffic volume roads and rural roads Other economic and social infrastructure Tourism and cultural industries Sustainable land based livelihoods
Expected outputs of the grant	
Actual outputs achieved	
Amount per amended DORA (R'000)	2,000
Amount received (R'000)	2,000
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	R nil
Reasons for the funds unspent by the entity	The grant has not been spent to date, due to delays on the awarding of tenders for the construction of internal road at Jan Kempdorp CHC and Noupoort CHC. A budget roll over has been requested.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

Social Extended Public Works Programme Incentive Grant for Provinces

Department who transferred the grant	National department of health
Purpose of grant	To incentivise provincial social sector departments, identified in the 2016 social sector EPWP log-frame to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential
Expected outputs of the grant	-
Actual outputs achieved	-
Amount per amended DORA (R'000)	30,229
Amount received (R'000)	30,229
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	30,229
Reasons for the funds unspent by the entity	The department has spent all the allocated funds in line with the approved business plan.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

National Health Insurance

Department who transferred the grant	National department of health
Purpose of grant	<ul style="list-style-type: none"> To address capacity constraints in the provinces and to create an alternate track to speed up infrastructure delivery To improve spending, performance, monitoring and evaluation on NHI pilots and infrastructure projects To fund the introduction of the HPV vaccination programme in schools
Expected outputs of the grant	As specified in the five component frameworks
Actual outputs achieved	-
Amount per amended DORA (R'000)	1,616
Amount received (R'000)	1,616
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	1,616
Reasons for the funds unspent by the entity	The department has spent all the allocated funds in line with the approved business plan.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

2.4.7 Donor Funds

Donor Funds Received

Name of donor	National Skills Fund Growth and Development Strategy
Full amount of the funding (R'000)	R4 526
Period of the commitment	Two years
Purpose of the funding	Donation (cash)
Expected outputs	Number of employed persons trained
Actual outputs achieved	Officials were trained
Amount received (R'000)	R4 526
Amount spent by the department (R'000)	R2 157
Reasons for the funds unspent	R2.369 million is still unutilised as the end of 2018, but will be spent in the 2019 academic year.
Monitoring mechanism by the donor	Bi-annual reports

2.4.8 Capital Investment

The department implemented capital investment, maintenance and asset management plan during the current financial year, the financial implication were as follows:

	2018/19			2017/18		
Infrastructure projects	Final appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	
New infrastructure assets: Capital	123,602	205,052	-81,450	390,707	315,664	75,043
Existing infrastructure assets	262,411	52,274	210,137	169,553	275,353	-105,800
Maintenance and repair	112,270	6,538	105,732	57,322	71,657	-14,335
Upgrading and additions	71,000	34,602	36,398	54,839	44,372	10,467
Rehabilitation and refurbishment	79,141	11,134	68,007	57,392	3,200	54,192
Infrastructure transfers	-	-	-	-	-	-
Capital infrastructure	273,743	250,788	22,955	502,938	363,236	139,702
Current infrastructure	112,270	6,538	105,732	57,322	71,657	-14,335
Total	386,013	257,326	128,687	560,260	434,893	125,367

3. PART C: GOVERNANCE

Introduction

Governance and Accountability focus on a select number of management practices that underpin good governance and promote accountability in public administration. Effective governance and accountability are necessary to ensure the adequate checks and balances are in place to minimise mismanagement and corruption and also improve efficiencies in delivery of services. This area promotes the value add of oversight structures as well as encouraging that the leadership in departments actively respond to their recommendations and findings.

The Key Performance Area covers the following standards in MPAT:

- Service delivery improvement mechanisms
- Functionality of management structures
- Assessment of accountability mechanisms (Audit Committees)
- Assessment of policies and systems to ensure professional ethics
- Fraud Prevention
- Assessment of internal audit arrangements
- Assessment of risk management arrangements
- Approved Executive Authority and Head of Department delegations in terms of the Public Service Act and Public Service Regulations
- Approved Head of department delegations in terms of the PFMA
- Corporate governances of ICT (Not included in final results)
- Compliance with PAJA (Not included in final results)

The Northern Cape Department of Health (NCDOH), like any organisation, faces a variety of internal and external risks, for example, operational risks, financial risks, and reputational risks. Hence it is essential for NCDOH to proactively identify, assess, manage and report on risks to enhance its organisational performance. Risk management is also central to good governances in the department.

Risk Management

For the year under review, the Department had its Risk Management Policy and Strategy in place to control the risk environment. For a greater part of the financial year the Risk Management Unit experienced serious staff shortages and that posed a challenge in terms of implementing the necessary compliance methodologies. The department focused on the determination and continuous assessment of its strategic risks. The chairperson of the Risk Committee is an independent qualified professional appointed within the required norms.

During the 2018/19 financial year, the Audit Committee met quarterly with the Department and during these engagements the Department reported its risk management activities to the Audit Committee and its work progress with regard to all aspects of risk management and where needed the Audit Committee provided feedback in the form of recommendations.

Due to the size of the Department and the capacity constraints, as indicated above, the challenges remain and the ever increasing risk exposure of the Department, the overall risks need some measure of intervention especially with regards to proper monitoring, evaluation of all identified risks and management thereof. The Department has undertaken that because of the lack of a

systemic structural risk management approach, its responsibility towards the ensuing financial years must be heightened because of its struggling risk management culture - the Department in its response, going forward, will be swayed towards a rigid professional response by management with regard to its risk management compliance obligation.

Fraud and Corruption

The Departmental Fraud Prevention Implementation plan is approved. The implementation plan outlines how fraud and corruption will be implemented in the Department. There are mechanisms in place to report fraud and corruption which are; via any means e.g. email, anonymous, hotline to the Integrity and Fraud Unit.

The Departmental Whistle-Blowing Policy was approved and implemented. All Hotline cases were finalised as received by Public Service Commission.

Internal cases are mostly reported by management who notice discrepancies. The Fraud Unit investigate allegations to confirm or refute information and provide an outcome report for further action (e.g. labour to proceed with disciplinary cases).

Four cases reported on fraud and corruption and the investigations are still pending and one case was referred to the HAWKS.

Minimising Conflict of Interest

In all procurement thresholds as detailed in the National Treasury Practice Note 2 of 2005 reviewed in 2008 /2009, are areas of transactions that potential conflict of interest can occur. In this context, the Department has therefore instructed the following measures:

- a. As requested in terms of National Treasury Practice notes, all transactions between R10 000.00 until R30 000.00 the service providers bidding through quotation are expected to submit declaration, herein referred to as "SBD forms" to confirm whether owners of the companies are government employees.
- b. In light of the Department's approved policy on Supply Chain Management, in terms of clause 20 of the same policy all SCM officials sign a code of conduct received from National Treasury requiring declaration of interest as well as disclosing any gifts received.
- c. With respect to bids / tenders, both committees at Evaluation and Adjudication level, all members sign a declaration of interest to attest to the best knowledge of their conscience as individuals in that they do not have conflict of interest with respect to the bids serving before them.
- d. As a further measure to address conflict of interest, transaction that were conducted in light of threshold values below R500 000.00, the following measure has been instituted: -

d. (i). Transaction assessment and profiling to assess full compliance in terms of the following National Treasury Practice notes:

COMPLIANCE REQUIREMENTS		RELATIVE TO THIS TRANSACTION		THRESHOLD VALUE-	
* Compliance requirements		to be adhered to:			
1. <u>National Treasury Practice Note 8 of 2007/2008</u> – Applicable sections in terms of this authority:					
1a).	-:-	Section: 2.1, 3.3.1, 3.3.2	as well as	3.3.3	(about quotations).
2a).	-:-	Section: 6.1	(about Tax Clearance		requirements).

2. National Treasury Practice Note 3 of 2006 – Applicable section in terms of this authority:-
1b). -:- Section: 1 (about Tax Clearance requirements).
3. National Treasury Practice Note 4 of 2006 – Applicable section in terms of this authority:-
1c) -:- Section: 3 (about submission of SBD 8 form)
4. National Treasury Practice Note 7 of 2009/2010 –Applicable section in terms of this authority:-
1d) -:- Section: 2.3 (about submission of SBD 4 form).
5. National Treasury Practice Note of 21 July 2010 – Applicable sections in terms of this authority:-
1e) -:- Section: 3.1.2 (about submission of SBD 9 form).

Through the above indicated Practice Notes from National Treasury, the specific sections indicated per each Practice Note are a requirement that SCM operationally and practically considers to address potential conflict of interests as well as necessary compliance to be adhered to in each transaction requisitioned by varying end users in the department to further and give effect to their operational requirements accordingly.

Code of Conduct

The Department does not have a specific Code of Conduct however, the Department adheres to the Department Public Service Administration (DPSA) Code of Conduct and Chapter 2 of the Public Service Regulations.

Information sessions, training and presentations are conducted to familiarize officials with the DPSA Code of Conduct. Trainings has also been extended to District Managers during the District Managers Meetings and labour relations unit was also tasked to work shop all employees on the code of conduct. The code of conduct forms part of the Compulsory Induction programme which is also provided to all newly appointed.

Health Safety and Environment Issues

The Northern Cape Department of Health currently have one (1) official is employed at Provincial Office as Assistant Director for SHERQ (Safety, Health, Environment, Risk and Quality) in the Employee Health and Wellness Sub-Unit in the Human Resources Management Directorate. The official inspects and oversees eleven (11) Hospitals, thirty-three (33) Community Health Care, one hundred and thirty (130) Primary Health Care Facilities, one (1) Nursing College, five (5) Forensic Pathology Facilities, one (1) Emergency Medical Services Office and College, Ministry Office, five (5) District Offices, one (1) Provincial Office, one (1) District Health Services Office for compliance.

The current rate of compliance with regard to SHERQ it is poor state and at a slow pace, and this is based on the following factors:

1. Poor maintenance of infrastructure;
2. Inadequate buy-in to SHERQ matters;
3. Lack of budget allocation.

Portfolio Committees

The dates of the Portfolio Committee meetings are as follows:

Dates	Purpose of Meeting
25 April 2018	Presentation on the Audit Rectification Plan
06 June 2018	Presentation on Annual Performance Plan 2018/19
03 October 2018	Presentation on 1 st Quarter Performance Report 2018/19
20 November 2018	Briefing: National Public Health Institute of South Africa Bill [B16B-2017]

Matters raised by the Portfolio Committee and how has the department addressed these matters:

Presentation on the APP/Budget 2018/19

Committee Observations

1. Budget pressures and historic accruals of the Department, that compromises service delivery
2. Absence of an approved Organisational Structure and a Human Resource Plan
3. Too many critical vacant positions and acting positions in the Department
4. Insufficient Medical practitioners in the Province
5. Non adherence to (Thirty) 30-day payments to service providers

Recommendations

The Department must:

1. In collaboration with Provincial Treasury put systems in place to alleviate current budget pressures and to address historical accruals.
2. Finalise the Organisational structure and human resource plan as a matter
3. Expedite the process of filling of all critical vacant posts
4. Ensure the recruitment and appointment of Medical practitioners in the province to capacitate health facilities
5. Ensure adherence to the policy of (Thirty) 30-day payment to service providers

Reports to the committee

1. A detailed report on the provincial nurse per patient ratio
2. A list of the required specialists health professionals in the province

Prior modification to audit reports

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance.	Financial year in which it first arose	Progress made in clearing/Resolving the matter
Movable Tangible Capital Assets I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for movable tangible capital assets and minor assets in the current year and the previous year, as the process for completing the asset register was not completed at year-end in support of these assets. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to movable tangible capital assets stated at R1 162 265 000 (2018: R1 047 316 000) and minor assets stated at R189 035 000 (2018: R182 597 000) in note 28 to the financial statements.	2012 and beyond	<ul style="list-style-type: none"> ▪ The additions of assets in the current year have been reconciled. ▪ The Department has completed the first round of verification in all centres. ▪ Capturing of verified information on LOGIS underway. ▪ The department embarked on the disposal of obsolete and redundant assets. ▪ Disposal is now taking place on a quarterly basis.
Irregular Expenditure The department did not disclose all irregular expenditure in the notes to the financial statements, as required by section 40(3)(b)(i) of the PFMA. The department incurred expenditure in contravention with supply chain management (SCM) requirements that was not included in the	2012 and beyond	<ul style="list-style-type: none"> • The Loss Management Committee was established to ensure that effective and appropriate investigations of irregular expenditure. • The Compliance and

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance.	Financial year in which it first arose	Progress made in clearing/Resolving the matter
<p>irregular expenditure disclosed in note 24 to the financial statements. I was unable to determine the full extent of the understatement for current as well as previous years as it was impractical to do so.</p>		<p>Reporting unit has completed training of all supply chain units in the department on the implementation of register of irregular expenditure, supply chain checklists and control registers in the department.</p> <ul style="list-style-type: none"> Financial Accounting Unit identifying irregular transactions and reporting on a monthly basis.
<p>Accruals and Payables not Recognised</p> <p>The department did not disclose all outstanding amounts that meet the definition of accruals and payables, in accordance with chapter 9, General departmental assets and liabilities in the MCS. As the department did not perform adequate regular reconciliations for goods and services received but not paid at year-end, I was unable to determine the full extent of the understatement of accruals and payables not recognised for the current and prior years as it was impracticable to do so.</p> <p>The department did not disclose the correct ageing of accruals and payables in accordance with chapter 9, General departmental assets and liabilities in the MCS. As the department did not have adequate systems to account for accruals and payables not recognised. Consequently, I was unable to determine the full extent of these misstatements for the current and previous years as it was impracticable to do so.</p>	<p>2012 and beyond</p>	<ul style="list-style-type: none"> The department has significantly improved utilisation of LOGIS system. Management has also developed a reporting mechanism where district offices provide a report on a monthly basis on the state of the Departmental accruals. Centralization and reconciliation of key certain key accounts has been introduced for sound financial management and monitoring of accounts.
<p>Accrued Departmental Revenue</p> <p>I was unable to obtain sufficient appropriate audit evidence to substantiate the accrued departmental revenue disclosed in note 23 to the financial statements. The department did not have adequate internal controls to maintain patient records of accrued departmental revenue in the current year and previous year. I could not confirm accrued departmental revenue by alternative means. Additionally, there was an impact on the impairment of accrued departmental revenue. Consequently, I was unable to determine whether any adjustment to accrued departmental revenue stated at R147 553 000 (2018: R120 242 000) in the</p>	<p>2012 and beyond</p>	<ul style="list-style-type: none"> The Department continues to operate sub bank accounts for each revenue generating facility to ease reconciliation and identification of amounts received. Speed point devices have been installed for 6 hospitals to minimise cash handling risk at the facilities. The collection of staff and patient debt by the consultants appointed by

Nature of qualification, disclaimer, adverse opinion and matters of non-compliance.	Financial year in which it first arose	Progress made in clearing/Resolving the matter
financial statements in note 23, was necessary.		Provincial Treasury has commenced. • The department has reviewed policies and standard operating procedures in respect of patient revenue and debt management

Internal Control Unit

The Department has established the Compliance and Reporting unit effectively from November 2018. The purpose of this unit is to strengthen internal control environment by assisting the management to develop measures that will prevent, detect, report and make recommendations on incidents of thefts and losses. The work of this unit is guided by the Loss Management Committee.

Compliance and Reporting unit convened training of all supply chain officials in the department on the implementation of the register of irregular expenditure, supply chain checklists and control registers in the department. This training included the review of standard operating procedures and process flows in order to improve internal control environment. The other activity was to advise the management on the general contract management in the department.

The unit has coordinated implementation of management action plans to mitigate negative audit outcomes and non-compliance issues. Currently, the unit is coordinating proper reporting mechanisms within human resource management, specifically on matters that results into irregular expenditure.

Internal Audit and Audit Committees

Internal Audit

Key activities and objectives of the internal audit:

The Executive Council of the Northern Cape Provincial Government has established an Internal Audit Unit (IAU) to provide internal audit services to all 12 departments within the province. The shared PIAU is divided into 4 clusters, Department of Health being serviced by the IAU - Health Cluster. The IAU is an independent, objective assurance and consulting activity designed to add value and improve the client's operations.

The following internal audit work was completed during the year under review:

- Annual and Interim Financial Statements review
- Asset management
- Audit of Performance Information
- Ethics, code of conduct and governance structures
- Conditional grant compliance audit
- Follow up on implementation of audit rectification plans
- Risk and fraud management evaluation
- Information Technology Governance review
- Management Performance Assessment Tool certification
- Supply Chain Management

The internal audit unit also attended and contributed to the departmental risk management committee meetings and ad hoc management meetings as and when requested.

Audit Committee

Key activities and objectives of the audit committee:

Legislative prescripts

The audit committee herewith presents its report for the financial year ended 31 March 2019, as required by section 77 of the Public Finance Management Act, 1999 (Act No. 1 of 1999, as amended by Act No. 29 of 1999) (PFMA) read with Treasury Regulation 3.1.13.

Audit committee members and attendance

The audit committee was established in accordance with sections 38(1)(a)(ii) and 77 of the PFMA. The audit committee charter requires that the audit committee comprises a minimum of three members and a maximum of five members, the majority of whom should be from outside the public service. The audit committee comprises five members. In terms of section 77(b) of the PFMA, the audit committee must meet at least twice a year. During the financial year ended 31 March 2019, the audit committee met on five occasions.

The members of the audit committee held meetings with the accounting officer, senior management of the department, internal audit function and the external auditors, collectively and individually, on matters related to governance, internal control and risk in the department, throughout the reporting period. During the financial year the audit committee sent quarterly reports to the Member of the Executive Council on the activities and observations of the Audit Committee.

Audit Committee's responsibility

The audit committee has complied with its responsibilities arising from section 38(1)(a)(ii) of the PFMA read with treasury regulation 3.1.10, and reports that it operated in terms of the audit committee charter.

The audit committee members and their attendance are:

Name	Qualifications	Internal external	or If internal, position in the department	Date appointed	Date Resign- ed	No. of Meetings attended
Charles Motau	B Com (Accounting and Economics), Higher Diploma in Computer auditing, Masters Degree in Business Leadership and Masters Degree in Information Technology	External	n/a	2 Dec 2014 Renewed: 29 November 2017	n/a	5
M Mokgobinyane	B Com, B Com Honours CA(SA)	External	n/a	29 November 2017	Nov 2018	1
R Mnisi	LLB, Post Graduate Certificate in Compliance management	External	n/a	29 November 2017	n/a	5
L Wyngaard	M.SocSC, Masters in Social Science	Internal	Director	29 November 2017	n/a	5
Bafedile Lenkoe	Magister in public administration (MPA)	Internal	Chief Director	12 Dec 2014 Renewed: 29 November 2017	May 2018	n/a

Effectiveness of Internal Control

The audit committee acknowledges management's efforts to strengthen internal controls in the department. There is a need for increased technical support, monitoring and evaluation to unlock the full potential of these efforts. The weakness of system of internal control is attributed from the lack of proper governance, weaknesses in management structures, poor workplace culture and challenges in leadership. There is a need for significant improvement for the system of internal control in the areas of Control Environment, Risk Management and Compliance. The audit committee remains concerned that in certain instances the matters reported by the external auditors and the internal audit function in prior years have not been fully and satisfactorily addressed. Management has provided assurance that effective corrective action will be implemented in respect of all internal control weaknesses, and the audit committee will monitor these going forward. Vacancies undermine the effective functioning of the system of internal control and it is imperative that management reviews its recruitment procedures and processes to ensure that vacancies are filled expeditiously with properly qualified, skilled and experienced personnel.

The Audit Committee noted the positive impact of the appointment of the Head of Department during the year. The department should adopt aggressive anti-corruption measures to curb the frequency and magnitude of fraud and corruption. The audit committee is not completely satisfied with measures in the prevention of fraud. Due to the strategic importance of, and investment in the modernisation of Information and Communication Technology (ICT) in the department, the audit committee has monitored the risk register and progress reports on the respective action plans during the year under review. The audit committee remains concerned that not all ICT risks are being addressed or mitigated in implementing the new systems.

The quality of monthly and quarterly reports submitted in terms of the PFMA and DORA. The audit committee is not satisfied with the content and quality of management and quarterly reports prepared and issued during the year under review in compliance with the statutory framework. The audit committee has engaged with management to remedy the shortcomings, especially relating to reports on performance against predetermined objectives. The audit committee has recommended that the department prepare interim financial statements that comply with the financial reporting framework Modified Cash Standard, which could assist in performing reconciliations timely as well as in eliminating year-end adjustments. The audit committee has reviewed and commented on the department annual financial statements and report on performance information and their timely submission to the external auditors by 31 May.

Internal Audit Function

The accounting officer is obliged, in terms of the PFMA, to ensure that the department has a system of internal audit under the control and direction of the audit committee. The audit committee expressed concern regarding the ongoing vacancies within internal audit and reported this to the Provincial Executive Council, relevant member of the Executive Council and Head of Department. The audit committee supports the direction that the internal audit function is adopting in providing the necessary skills and agility required for the function to respond quickly and effectively to the demands for internal audit across the department's different locations. The committee is satisfied that the internal audit function is operating effectively and that it has addressed the risks pertinent to the department. The audit committee is satisfied that the internal audit function maintains an effective internal quality assurance and programme that covers all aspects of the internal audit activity. The internal assessment indicates that the term "Conforms with the International Standards

for the Professional Practice of Internal Auditing” may be used by the function. The Audit Committee notes with satisfaction the independence and objectivity of Internal Audit function.

Risk Management Function

The department has an established risk management process, however this has not yet matured and still has a number of weaknesses. Audit Committee made several recommendations, which were not yet implemented during the year under review. The integration of the risk management process into the operational and governance processes, the low maturity of risk process, ineffective risk management committee are some of the challenges that remained unresolved. The audit committee remained concerned with the risk function being understaffed, which will result in non-delivery by the function if the situation is not addressed.

Evaluation of Finance Function

The Office of the CFO continues to have vacancies in key positions resulting in a huge strain on the finance function to deliver quality information on a timely basis. On the whole, the audit committee is not satisfied with the department’s finance function during the year under review. The internal audit reports continue to indicate repeat findings related to lacking and weak control environment, standard operating procedures and policies and procedures not being documented, approved or implemented. In addition noncompliance to laws and regulations in the Supply Chain Management environment also contributes to the non-achievement of business objectives.

Performance Management

The audit committee has performed oversight over the performance management of the department. Due to the Audit Committee not receiving the performance information on time for review, the Audit Committee cannot conclude if the performance report has been prepared in terms of the PFMA, the Treasury Regulations and any other related regulatory requirements for reporting performance. The Audit Committee noted with concern the significant under performance reported versus the full utilization and overspending of the annual budget for the year.

Evaluation of the Annual Financial

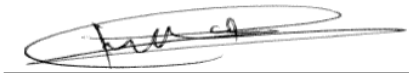
The Audit Committee has not performed a review of the annual financial statements due to non-submission to the Audit Committee. The Audit Committee did however note with concern the continued deterioration in the cash flow position of the department that further impacted on the continued increase in accruals, commitments and resultant fruitless and wasteful expenditure as a result as interest payments. The department also continued to incur irregular expenditure.

External Auditor’s Report

The audit committee concurs with and accepts the conclusion and audit opinion of the external auditors on the annual financial statements. The committee is of the view that the audited financial statements be accepted and read together with the report of the external auditors. The audit committee confirms that it has been actively involved throughout the audit process and has been thoroughly appraised of the issues giving rise to the audit opinion. The audit committee concurs with the material findings on the reported performance information and compliance with legislation. The

external audit function, performed by the AGSA auditors, is independent of the entity. The audit committee has met with the external auditors to ensure that there are no unresolved issues, and acknowledges the diligence and cooperation of the external audit team.

On behalf of the audit committee:

A handwritten signature in black ink, appearing to read 'Dr. C Motaung', is written over a horizontal line.

Dr C Motaung

Audit Committee Chairperson Department of Health

12 October 2019

5. Part D: Human Resource Management

Introduction

Status of Human Resources in the Department

Provision of efficient and effective human resources is one of the key focus areas within the department. However, the importance of strengthening human resource capacity still remains a challenge within the department. Hence in trying to address the capacity gap, the Human Resources Plan (HRP) was developed for the MTEF period and submitted to DPSA and OTP on the 30 of June 2019.

The Human Resource Plan aims to improve performance of Human Resources within the department. The HRP was informed by staffing needs to safeguard balance between compliance requirements and service delivery.

The absence of an approved organizational structure also hinders recruitment processes as a result of continuous request for creation of posts thus leading to a bloated structure. Nonetheless, the draft organizational structure is finalized and final consultation sessions are scheduled with various Chief Director's in order to establish and agree on funding strategies for the vacant posts.

The CFO will compile a submission to confirm availability of funding which requires endorsement by provincial treasury to complement the application for concurrence by the Minister of Public Service Administration.

Priorities and Impact

Review and align the Provincial Human Resources Plan

The department has an approved HR plan for the medium term Expenditure Framework period 2018/20 to 2021. The department planned to implement five (5) key priorities over the 2018-2019 financial year and those priorities are as follows: Organizational Structure/Design, Recruitment/Staffing, Performance Management, Leadership Development and Occupational Health and Safety.

Though, the Department strived to implement all planned 2018-19 activities as outlined in the action plan of the MTEF HR Plan. Yet, the unit acknowledges partial realisation of certain priority area due to budgetary constraints, moratorium in the filling of posts, HR capacity in the districts etc. Hence, a need to align the action plan key activities and targets into the medium and longer term in accordance to the timeframe of the Human Resources Plan.

Improve Performance Management and Development Systems and Processes

In order to address the challenges with the implementation of PMDS and training needs in the department, a senior manager was assigned to head the PMDS and HRD section in line with the proposed structure. This unit facilitated workshops across the districts on the new PMDS policy. The submission rate of Performance agreements of senior managers (SMS members) increased significantly including overall compliance rate of the salary level 1 to 12. On the other hand, disciplinary steps were taken for non-complaint SMS members.

Workforce Planning and Key Strategies to attract and recruit skilled workforce

In responding to the challenges of high staff turnover rate, the department has a draft retention strategy however the challenge is the financial status of the department, further discussions are underway to find ways to get financial commitment before approval.

The objective is to create employment for the citizens of the Northern Cape through the CUBAN programme. The funding received from the HWSETA also led to the overall increase in the internship

opportunities provided. The department also absorbed 102 bursary holders into permanent vacant funded posts.

Skills Development

The Human Resource Development coordinates the management of training to address scarce and critical skills through the bursary scheme and the implementation of Work Place Skills Plan (WSP). The bursary scheme mainly focussed on the unemployed youths while the WSP is directed and confined to the development of the employees in order to enhance, improve and promote health care service delivery.

Employee Wellness Programmes (EWP)

The employee health and wellness programme remains one of the department's obligation to ensure protection and well-being of employees. Even though there are workplace policies to render service to the employees. However, implementation of the EWP is not fully realised due to budget pressures and infrastructure constraints. Yet, plans underway to render employee health and wellness programmes include: the four functional pillars: i.e. SHERQ pillar, Health and Productivity Pillar, Wellness Management Pillar and the HIV/AIDS and TB in the Workplace pillar.

Challenges and Proposed remedial plans:

Challenges	Proposed Corrective Action
o Non implementation of declined PILLIR applications	o All designated managers must enforce the decision of the Health Risk manager
o Late capturing of leave and PILLIR applications impacting negatively on the disclosure notes in the AFS	o Managers and employees to be held accountable for late submission of leave forms and PILLIR applications
o Compensation budget	o Budget baseline assessment
o Incorrect HR submissions despite continued support and standardized submissions from provincial office which delay service delivery matters	o District Directors to prioritize the appointment of HR staff at District Level/Consequence management for non-performance and poor performance
o Non implementation of Arbitration awards which leads to court orders and Attachment of departmental Assets including interest charged for outstanding payments	o Disciplinary action against managers and managers to take responsibility on interest charged for non-payment
o Non –compliance with regards to SHERQ leads to closure of facilities by the department of labour	o Managers to be held accountable for non-compliance.
o Employees and managers do not comply to set time frames for submission of performance documents.	o Executive and Senior Managers to be responsible for ensuring compliance to time frames by their respective units.
o About 15% of the total establishment is still on probation, owing mainly to non-compliance by employees & supervisors across the board.	o Executive and Senior Managers to be responsible for ensuring compliance to submission of confirmation letters to PMDS offices.
o Poor implementation of PMDS Policy by both employees and supervisors	o Supervisors and managers to ensure compliance to Policy; Intense training on the new PMDS Policy and tools by PMDS practitioners in Districts and Facilities.
o Staff shortages at Provincial Office negatively affects full support and continuous M & E to Districts and Facilities.	o Capacitate Provincial Office by recruiting additional staff
o Lack of responsibility and accountability for	o District and Facility managers to be accountable,

Challenges	Proposed Corrective Action
performance management (PMDS) at District and facility level	and further ensure that dedicated employees (HR Practitioners) are assigned for performance management accordingly.
o Implementation of salary level grading of employees, especially for OSD categories, is inconsistent and not properly managed	o Public Service Regulations for grading must be adhered to, especially the implementation within prescribed time frames to eliminate increase of backlog.
o Non implementation of declined PILLIR applications	o All designated managers must enforce the decision of the Health Risk manager
o Lack of employee Health and Wellness site	o Utilise RMS hospital Wellness site as a provincial departmental site
o Limitations in implementation of WSP due to Departmental cost constraints. (680/1136 (59.8%) officials were trained)	o WSP budget to be ring fenced and implemented as committed in the next financial year.
o Outstanding university fees	o Suppliers to be paid within 30 days as per prescripts of PFMA
o Poor progress w.r.t Skills Audit, particularly response-rate from officials.	o Programme Managers (Executive) to take responsibility and ensure that all employees comply with the skills audit process.

2.6.2. Human Resource Oversight Statistics

3.1 Personnel Related Expenditure

Table 3.1.1: Personnel expenditure by programme for the period 1 April 2018 to 31 March 2019

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services (R'000)	Personnel cost as a percent of total expenditure	Average personnel cost per employee (R'000)
ADMINISTRATION	222 502.00	127 806.00	0.00	0.00	57.40	430.00
ASSETS & LIABILITIES	12.00	0.00	0.00	0.00	0.00	0.00
CENTRAL HOSPITAL SERVICES	1 072 785.00	715 254.00	0.00	0.00	66.70	513.00
DISTRICT HEALTH SERVICES	2 094 337.00	1 352 508.00	0.00	0.00	64.60	228.00
EMERGENCY MEDICAL SERVICES	343 753.00	214 938.00	0.00	0.00	62.50	266.00
HEALTH CARE SUPPORT SERVICES	193 124.00	78 981.00	0.00	0.00	40.90	407.00
HEALTH FACILITIES MANAGEMENT	419 956.00	14 058.00	0.00	0.00	3.30	937.00
HEALTH SCIENCES (PERSAL)	0.00	0.00	0.00	0.00	0.00	0.00

Commented [U3]: No data

HEALTH SCIENCES AND TRAINING	123 680.00	22 444.00	0.00	0.00	18.10	171.00
PROVINCIAL HOSPITAL SERVICES	380 039.00	282 340.00	0.00	0.00	74.30	343.00
Total as on Financial Systems (BAS)	4 850 190.00	2 808 329.00	0.00	0.00	57.90	293.00

Table 3.1.2: Personnel costs by salary band for the period 1 April 2018 to 31 March 2019

Salary Bands	Compensation of Employees Cost including Transfers (R'000)	Percentage of Total Personnel Cost for Department	Average Compensation Cost per Employee (R)	Number of Employees
01 Lower skilled (Levels 1-2)	186.00	0.00	186 000.00	2 855 872.00
02 Skilled (Levels 3-5)	765 660.00	26.80	218 013.00	2 855 872.00
03 Highly skilled production (Levels 6-8)	605 549.00	21.20	381 568.00	2 855 872.00
04 Highly skilled supervision (Levels 9-12)	1 043 819.00	36.50	812 311.00	2 855 872.00
05 Senior management (Levels >= 13)	33 411.00	1.20	1 237 444.00	2 855 872.00
09 Other	11 435.00	0.40	368 871.00	2 855 872.00
11 Contract (Levels 3-5)	4 040.00	0.10	1 010 000.00	2 855 872.00
12 Contract (Levels 6-8)	57 667.00	2.00	364 981.00	2 855 872.00
13 Contract (Levels 9-12)	237 999.00	8.30	856 112.00	2 855 872.00
14 Contract (Levels >= 13)	6 162.00	0.20	2054000.00	2 855 872.00
19 Periodical Remuneration	7 364.00	0.30	193 789.00	2 855 872.00
20 Abnormal Appointment	64 492.00	2.30	24 154.00	2 855 872.00
TOTAL	2 837 786.00	99.40	295 788.00	2 855 872.00

Table 3.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2018 to 31 March 2019

Programme	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost
ADMINISTRATION	111 893.00	80.00	974.00	0.70	3 166.00	2.30	5 925.00	4.20
CENTRAL HOSPITAL SERVICES	541 285.00	74.60	97 047.00	13.40	13 236.00	1.80	22 538.00	3.10
DISTRICT HEALTH SERVICES	1 129 397.00	82.30	34 036.00	2.50	37 189.00	2.70	52 293.00	3.80
EMERGENCY MEDICAL SERVICES	159 775.00	74.10	13 138.00	6.10	10 361.00	4.80	14 353.00	6.70
HEALTH CARE SUPPORT SERVICES	60 586.00	76.10	5 167.00	6.50	2 538.00	3.20	4 807.00	6.00
HEALTH FACILITIES MANAGEMENT	12 587.00	82.80	0.00	0.00	96.00	0.60	195.00	1.30
HEALTH SCIENCES	19 563.00	84.90	0.00	0.00	485.00	2.10	845.00	3.70
PROVINCIAL HOSPITAL SERVICES	220 117.00	77.20	19 289.00	6.80	9 253.00	3.20	12 578.00	4.40
TOTAL	2 255 203.00	79.00	169 651.00	5.90	76 325.00	2.70	113 534.00	4.00

Table 3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by band for the period 1 April 2018 to 31 March 2019

Programme	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost
01 Lower skilled (Levels 1-2)	127.00	68.30	0.00	0.00	16.00	8.60	29.00	15.60
02 Skilled (Levels 3-5)	573 550.00	74.60	16 650.00	2.20	46 081.00	6.00	60 818.00	7.90
03 Highly skilled production (Levels 6-8)	487 480.00	80.10	8 575.00	1.40	18 940.00	3.10	32 162.00	5.30
04 Highly skilled supervision (Levels 9-12)	826 703.00	78.60	97 447.00	9.30	11 107.00	1.10	20 264.00	1.90
05 Senior management (Levels >= 13)	30 107.00	86.90	0.00	0.00	182.00	0.50	197.00	0.60
09 Other	11 435.00	99.40	0.00	0.00	0.00	0.00	0.00	0.00
11 Contract (Levels 3-5)	3 929.00	97.20	89.00	2.20	0.00	0.00	0.00	0.00
12 Contract (Levels 6-8)	57 297.00	99.00	201.00	0.30	0.00	0.00	38.00	0.10
13 Contract (Levels 9-12)	190 124.00	79.40	46 689.00	19.50	0.00	0.00	25.00	0.00
14 Contract (Levels >= 13)	3 514.00	56.70	0.00	0.00	0.00	0.00	0.00	0.00
19 Periodical Remuneration	6 444.00	86.30	0.00	0.00	0.00	0.00	0.00	0.00
20 Abnormal Appointment	64 492.00	98.90	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	2 255 203.00	79.00	169 651.00	5.90	76 325.00	2.70	113 534.00	4.00

3.2 Employment and Vacancies

Table 3.2.1 Employment and vacancies by programme as on 31 March 2019

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of posts filled additional to the establishment
ADMINISTRATION, Permanent	291	266	8.60	0
CENTRAL HOSPITAL SERVICES, Permanent	1 518	1 387	8.60	4
CENTRAL HOSPITAL SERVICES, Temporary	8	8	0.00	0
DISTRICT HEALTH SERVICES, Permanent	3 667	3 320	9.50	11
DISTRICT HEALTH SERVICES, Temporary	25	25	0.00	0
EMERGENCY MEDICAL SERVICES, Permanent	829	793	4.30	0
EMERGENCY MEDICAL SERVICES, Temporary	2	2	0.00	0
HEALTH CARE SUPPORT SERVICES, Permanent	208	193	7.20	0
HEALTH CARE SUPPORT SERVICES, Temporary	1	1	0.00	0
HEALTH FACILITIES MANAGEMENT, Permanent	18	15	16.70	0
HEALTH SCIENCES, Permanent	55	53	3.60	0
PROVINCIAL HOSPITAL SERVICES, Permanent	884	823	6.90	6
TOTAL	7 506	6 886	8.30	21

Table 3.2.2 Employment and vacancies by band as on 31 March 2019

Salary band	Number of posts approved on establishment	Number of posts filled	Vacancy Rate	Number of posts filled additional to the establishment
01 Lower Skilled (Levels 1-2), Permanent	1	1	0.00	0
02 Skilled (Levels 3-5), Permanent	3 723	3 511	5.70	0
02 Skilled (Levels 3-5), Temporary	1.00	1	0.00	0
03 Highly Skilled Production (Levels 6-8), Permanent	1 738	1 584	8.90	0
03 Highly Skilled Production (Levels 6-8), Temporary	3	3	0.00	0
04 Highly Skilled Supervision (Levels 9-12), Permanent	1 524	1 279	16.10	0
04 Highly Skilled Supervision (Levels 9-12), Temporary	6	6	0.00	0
05 Senior Management (Levels >= 13), Permanent	36	27	25.00	0
09 Other, Permanent	5	5	0.00	0
09 Other, Temporary	26	26	0.00	0
11 Contract (Levels 3-5), Permanent	4	4	0.00	0
12 Contract (Levels 6-8), Permanent	158	158	0.00	12
13 Contract (Levels 9-12), Permanent	278	278	0.00	9
14 Contract (Levels >= 13), Permanent	3	3	0.00	0
TOTAL	7 506	6 886	8.30	21

Table 3.2.3 Employment and vacancies by critical occupations as on 31 March 2019

Critical Occupations	Number of Posts approved on establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
ADMINISTRATIVE RELATED, Permanent	316	286	9.50	0
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC., Permanent	3.00	3.00	0.00	0
AMBULANCE AND RELATED WORKERS, Permanent	727	697	4.10	0
ARCHITECTS TOWN AND TRAFFIC PLANNERS, Permanent	1	0	100.00	0
ARCHIVISTS CURATORS AND RELATED PROFESSIONALS, Permanent	1	1	0.00	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS, Permanent	13	9	30.80	0
AUXILIARY AND RELATED WORKERS, Permanent	106	103	2.80	0
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI, Permanent	4	4	0.00	0
BUILDING AND OTHER PROPERTY CARETAKERS, Permanent	2	2	0.00	0
BUS AND HEAVY VEHICLE DRIVERS, Permanent	19	18	5.30	0
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC., Permanent	743	682	8.20	0
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC., Temporary	1	1	0.00	0
CLIENT INFORM CLERKS(SWITCHB RECEPT INFORM CLERKS), Permanent	24	24	0.00	0
COMMUNITY DEVELOPMENT WORKERS, Permanent	4	4	0.00	0
COMPUTER PROGRAMMERS., Permanent	1	1	0.00	0
DENTAL PRACTITIONERS, Permanent	42	39	7.10	0
DENTAL TECHNICIANS, Permanent	1	1	0.00	0
DENTAL THERAPY, Permanent	8	8	0.00	0
DIETICIANS AND NUTRITIONISTS, Permanent	66	63	4.50	0
DIETICIANS AND NUTRITIONISTS, Temporary	1	1	0.00	0
EMERGENCY SERVICES RELATED, Permanent	62	60	3.20	0
ENGINEERING SCIENCES RELATED, Permanent	1	1	0.00	0
ENGINEERS AND RELATED PROFESSIONALS, Permanent	5	4	20.00	0
ENVIRONMENTAL HEALTH, Permanent	28	26	7.10	1
FINANCIAL AND RELATED PROFESSIONALS, Permanent	8	6	25.00	0
FINANCIAL CLERKS AND CREDIT CONTROLLERS, Permanent	34	32	5.90	0

Critical Occupations	Number of Posts approved on establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
FIRE FIGHTING AND RELATED WORKERS, Permanent	1	1	0.00	0
FOOD SERVICES AIDS AND WAITERS, Permanent	60	57	5.0	0
FOOD SERVICES WORKERS, Permanent	5	5	0.00	0
GENERAL LEGAL ADMINISTRATION & REL. PROFESSIONALS, Permanent	2	2	0.00	0
HEALTH SCIENCES RELATED, Permanent	11	7	36.40	1
HOUSEHOLD AND LAUNDRY WORKERS, Permanent	135	121	10.40	0
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED, Permanent	1	1	0.00	0
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS, Permanent	5	5	0.00	0
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF, Permanent	1	1	0.00	0
HUMAN RESOURCES CLERKS, Permanent	5	5	0.00	0
HUMAN RESOURCES RELATED, Permanent	3	3	0.00	0
INFORMATION TECHNOLOGY RELATED, Permanent	4	4	0.00	0
LEATHER WORKERS, Permanent	1	1	0.00	0
LEGAL RELATED, Permanent	1	1	0.00	0
LIBRARY MAIL AND RELATED CLERKS, Permanent	2	2	0.00	0
LIGHT VEHICLE DRIVERS, Permanent	31	26	16.10	0
MATERIAL-RECORDING AND TRANSPORT CLERKS, Permanent	5	5	0.00	0
MEDICAL PRACTITIONERS, Permanent	480	413	14.00	5
MEDICAL PRACTITIONERS, Temporary	26	26	0.00	0
MEDICAL RESEARCH AND RELATED PROFESSIONALS, Permanent	2	2	0.00	0
MEDICAL SPECIALISTS, Permanent	34	19	44.10	0
MEDICAL SPECIALISTS, Temporary	5	5	0.00	0
MEDICAL TECHNICIANS/TECHNOLOGISTS, Permanent	6	5	16.70	0
MESSENGERS PORTERS AND DELIVERERS, Permanent	97	88	9.30	0
MOTOR VEHICLE DRIVERS, Permanent	1	1	0.00	0
NURSING ASSISTANTS, Permanent	917	857	6.50	0
OCCUPATIONAL THERAPY, Permanent	67	56	16.40	0
OPTOMETRISTS AND OPTICIANS, Permanent	2	2	0.00	0

Critical Occupations	Number of Posts approved on establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
ORAL HYGIENE, Permanent	2	2	0.00	0
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS, Permanent	698	671	3.90	0
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS, Permanent	84	79	6.00	0
OTHER INFORMATION TECHNOLOGY PERSONNEL, Permanent	6	5	16.70	0
OTHER OCCUPATIONS, Permanent	16	15	6.30	0
PHARMACEUTICAL ASSISTANTS, Permanent	36	34	5.60	0
PHARMACISTS, Permanent	196	178	9.20	2
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA, Permanent	1	0	100.00	0
PHYSICISTS, Permanent	1	1	0.00	1
PHYSIOTHERAPY, Permanent	66	61	7.60	1
PRINTING AND RELATED MACHINE OPERATORS, Permanent	2	2	0.00	0
PROFESSIONAL NURSE, Permanent	1 701	1 523	10.50	9
PROFESSIONAL NURSE, Temporary	3	3	0.00	0
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS, Permanent	24	21	12.50	1
RADIOGRAPHY, Permanent	101	89	11.90	0
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS, Permanent	5	4	20.00	0
SECURITY GUARDS, Permanent	70	70	0.00	0
SECURITY OFFICERS, Permanent	2	2	0.00	0
SENIOR MANAGERS, Permanent	23	18	21.70	0
SHOEMAKERS, Permanent	1	0.00	100.	0
SOCIAL WORK AND RELATED PROFESSIONALS, Permanent	31	28	9.70	0
SPEECH THERAPY AND AUDIOLOGY, Permanent	35	29	17.10	0
STAFF NURSES AND PUPIL NURSES, Permanent	251	237	5.60	0
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS, Permanent	1	1	0.00	0
TRADE LABOURERS, Permanent	17	16	5.90	0
TRADE RELATED, Permanent	1	0	100.00	0
TRADE/INDUSTRY ADVISERS & OTHER RELATED PROFESSION, Permanent	1	0	100.00	0
TOTAL	7 506	6 886	8.30	21

3.3 Filling of SMS Posts

Table 3.3.1 SMS post information as on 31 March 2018

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
13	24	24	80%	4	20%
14	4	4	57.14%	3	42.86%
15	1	1	100%	0	0%
16	1	1	100%	0	0%

Table 3.3.2 SMS post information as on 30 September 2018

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
13	24	24	80%	6	20%
14	4	4	57.14%	3	42.86%
15	1	1	100%	0	0%
16	1	1	100%	0	0%

Table 3.3.3 Advertising and filling of SMS posts for the period 1 April 2017 and 31 March 2018

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
13 – 14	6	0	0	6	100%

Table 3.3.4 Reasons for not having complied with the filling of funded vacant SMS - Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2018 to 31 March 2019

Reasons for vacancies not advertised within six months
<ul style="list-style-type: none"> ☐ Lack of capacity within the Human Resource components at district level; The moratorium on the filling of posts in the province, Financial constraints Lack of administrative delegations as per DPSA guidelines ☐ Human Resource Delegation not aligned to the requirements of Department of Public Service and Administration.

Reasons for vacancies not filled within six months
<ul style="list-style-type: none"> ☐ Lack of capacity within the Human Resource components at district level; The moratorium on the filling of posts in the province, Financial constraints Lack of administrative delegations as per DPSA guidelines ☐ Human Resource Delegation not aligned to the requirements of Department of Public Service and Administration.

Table 3.3.5 disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2018 to 31 March 2019

Reasons for vacancies not advertised within six (6) months for SMS posts
<ul style="list-style-type: none"> • None.
Reasons for vacancies not filled within six (6) months for SMS
<ul style="list-style-type: none"> • None

3.4 Job Evaluation

Table 3.4.1 Job Evaluation by Salary band for the period 1 April 2018 to 31 March 2019

Salary Band	Number of Posts	Number of Jobs Evaluated	% of Posts Evaluated	Number of Posts Upgraded	% of Upgraded Posts Evaluated	Number of Posts Downgraded	% of Downgraded Posts Evaluated
01 Lower Skilled (Levels 1-2)	1	0	0	0	0	0	0
02 Skilled (Levels 3-5)	3 724	0	0	231	96.54	1	0
03 Highly Skilled Production (Levels 6-8)	1 741	0	0	3	33.33	2	0
04 Highly Skilled Supervision (Levels 9-12)	1 530	0	0	2	50.00	2	0
05 Senior Management	28	0	0	0	0.00	0	0

Salary Band	Number of Posts	Number of Jobs Evaluated	% of Posts Evaluated	Number of Posts Upgraded	% of Upgraded Posts Evaluated	Number of Posts Downgraded	% of Downgraded Posts Evaluated
Service Band A							
06 Senior Management Service Band B	7	0	0	0	0.00	0	0
08 Senior Management Service Band D	1	0	0	0	0.00	0	0
09 Other	31	0	0	0	0.00	0	0
11 Contract (Levels 3-5)	4	0	0	0	0.00	0	0
12 Contract (Levels 6-8)	158	0	0.00	0	0.00	0	0
13 Contract (Levels 9-12)	278	0	0.00	0	0.00	0	0
14 Contract Band A	2	0	0.00	0	0.00	0	0
16 Contract Band C	1	0	0.00	0	0.00	0	0
TOTAL	7 506.00	0	0.00	236	95.34	5	0

Table 3.4.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2018 to 31 March 2019

Beneficiaries	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
TOTAL	0	0	0	0	0
Employees with a Disability	0	0	0	0	0

Table 3.4.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2017 and 31 March 2018

Occupation	Number of Employees	Job Evaluation Level	Remuneration Level	Reason for Deviation	No of Employees in Department
Xxx	0	xxx	Xxx	Xxx	
Xxx	0	xxx	Xxx	Xxx	
TOTAL					

Table 3.4.3 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2018 to 31 March 2019

Total number of Employees whose salaries exceeded the grades determined by job evaluation	0
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3.5 Employment Changes

Table 3.5.1 Annual turnover rates by salary band for the period 1 April 2018 to 31 March 2019

Salary Band	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
01 Lower Skilled (Levels 1-2) Permanent	1	0	0	0.00
02 Skilled (Levels 3-5) Permanent	3 475	211	117	3.40
02 Skilled (Levels 3-5) Temporary	1	0	0	0.00
03 Highly Skilled Production (Levels 6-8) Permanent	1 612	104	118	7.30
03 Highly Skilled Production (Levels 6-8) Temporary	4	0	1	25.00
04 Highly Skilled Supervision (Levels 9-12) Permanent	1 292	68	104	8.00
04 Highly Skilled Supervision (Levels 9-12) Temporary	5	2	1	20.00
05 Senior Management Service Band A Permanent	22	1	1	4.50
06 Senior Management Service Band B Permanent	4	0	0	0.00
08 Senior Management Service Band D Permanent	1	0	0	0.00
09 Other Permanent	1	0.	0	0.00
09 Other Temporary	29	3	6	20.70
11 Contract (Levels 3-5) Permanent	24	3	24	100.00
12 Contract (Levels 6-8) Permanent	175	164	164	93.70
13 Contract (Levels 9-12) Permanent	275	209	203	73.80
14 Contract Band A Permanent	2	0	0	0.00
16 Contract Band C Permanent	1	0	0	0.00
TOTAL	6 924	765	739	10.70

Table 3.5.2 Annual turnover rates by critical occupation for the period 1 April 2018 to 31 March 2019

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
ADMINISTRATIVE RELATED Permanent	293	6	14	4.80
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC. Permanent	3	0	0	0.00
AMBULANCE AND RELATED WORKERS Permanent	660	56	20	3.00
ARCHITECTS TOWN AND TRAFFIC PLANNERS Permanent	1	0	1	100.00
ARCHIVISTS CURATORS AND RELATED PROFESSIONALS Permanent	1	0	0	0.00
ARTISAN PROJECT AND RELATED SUPERINTENDENTS Permanent	11	0	2	18.20
AUXILIARY AND RELATED WORKERS Permanent	107	0	2	1.90
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI Permanent	4	0	0	0.00
BUILDING AND OTHER PROPERTY CARETAKERS Permanent	2	0	0	0.00
BUS AND HEAVY VEHICLE DRIVERS Permanent	20	0	1	5.00
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC. Permanent	723	3	43	5.90
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC. Temporary	1	0	0	0.00
CLIENT INFORM CLERKS(SWITCHB RECEIPT INFORM CLERKS) Permanent	23	0	0	0.00
COMMUNITY DEVELOPMENT WORKERS Permanent	4	0	0	0.00
COMPUTER PROGRAMMERS. Permanent	1	0	0	0.00
DENTAL PRACTITIONERS Permanent	40	14	15	37.50
DENTAL TECHNICIANS Permanent	1	0	0	0.00
DENTAL THERAPY Permanent	8	0	0	0.00
DIETICIANS AND NUTRITIONISTS Permanent	63	20	18	28.60
DIETICIANS AND NUTRITIONISTS Temporary	1	0	0	0.00
EMERGENCY SERVICES RELATED Permanent	60	6	5	8.30
ENGINEERING SCIENCES RELATED Permanent	2	0	1	50.00
ENGINEERS AND RELATED PROFESSIONALS Permanent	4	0.	0	0.00
ENVIRONMENTAL HEALTH Permanent	26	14	15	57.70
FINANCIAL AND RELATED PROFESSIONALS Permanent	7	2	2	28.60
FINANCIAL CLERKS AND CREDIT CONTROLLERS Permanent	33	0	0	0.00
FOOD SERVICES AIDS AND WAITERS Permanent	62	10	6	9.70
FOOD SERVICES WORKERS Permanent	5	0	0	0.00
GENERAL LEGAL ADMINISTRATION & REL. PROFESSIONALS Permanent	2	0	0	0.00
HEALTH SCIENCES RELATED Permanent	7	2	1	14.30
HOUSEHOLD AND LAUNDRY WORKERS Permanent	122	0	9	7.40
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED Permanent	1	0	0	0.00
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS Permanent	5	0	0	0.00

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF Permanent	1	0	0	0.00
HUMAN RESOURCES CLERKS Permanent	5	0	0	0.00
HUMAN RESOURCES RELATED Permanent	2	1	0	0.00
INFORMATION TECHNOLOGY RELATED Permanent	4	0	0	0.00
LEATHER WORKERS Permanent	1	0	0	0.00
LEGAL RELATED Permanent	1	0	0	0.00
LIBRARY MAIL AND RELATED CLERKS Permanent	2	0	0	0.00
LIGHT VEHICLE DRIVERS Permanent	31	0	5	16.10
MATERIAL-RECORDING AND TRANSPORT CLERKS Permanent	5	0	0	0.00
MEDICAL PRACTITIONERS Permanent	431	155	146	33.90
MEDICAL PRACTITIONERS Temporary	27	4	4	14.80
MEDICAL RESEARCH AND RELATED PROFESSIONALS Permanent	2	0	0	0.00
MEDICAL SPECIALISTS Permanent	16	4	5	31.30
MEDICAL SPECIALISTS Temporary	5	1	2	40.00
MEDICAL TECHNICIANS/TECHNOLOGISTS Permanent	6	0	1	16.70
MESSENGERS PORTERS AND DELIVERERS Permanent	95	0	6	6.30
MOTOR VEHICLE DRIVERS Permanent	1	0	0	0.00
NURSING ASSISTANTS Permanent	865	39	38	4.40
OCCUPATIONAL THERAPY Permanent	53	25	22	41.50
OCCUPATIONAL THERAPY Temporary	1	0	1	100.00
OPTOMETRISTS AND OPTICIANS Permanent	2	0	0	0.00
ORAL HYGIENE Permanent	2	0	0	0.00
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS Permanent	688	14	29	4.20
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS Permanent	82	0	3	3.70
OTHER INFORMATION TECHNOLOGY PERSONNEL Permanent	6	0	0	0.00
OTHER OCCUPATIONS Permanent	16	0	1	6.30
PHARMACEUTICAL ASSISTANTS Permanent	37	0	1	2.70
PHARMACISTS Permanent	184	58	64	34.80
PHARMACISTS Temporary	1	0	1	100.00
PHYSICISTS Permanent	1	1	2	200.00
PHYSIOTHERAPY Permanent	66	29	33	50.00
PRINTING AND RELATED MACHINE OPERATORS Permanent	2	0	0	0.00
PROFESSIONAL NURSE Permanent	1 530	163	165	10.80
PROFESSIONAL NURSE Temporary	3	0	0	0.00
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Permanent	19	6	4	21.10
RADIOGRAPHY Permanent	91	21	23	25.30
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS Permanent	4	0	0	0.00

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
SECURITY GUARDS Permanent	1	69	0	0.00
SECURITY OFFICERS Permanent	2	0	0	0.00
SENIOR MANAGERS Permanent	18	1	1	5.60
SHOEMAKERS Permanent	1	0	1	100.00
SOCIAL WORK AND RELATED PROFESSIONALS Permanent	27	2	1	3.70
SPEECH THERAPY AND AUDIOLOGY Permanent	29	16	16	55.20
STAFF NURSES AND PUPIL NURSES Permanent	237	21	8	3.40
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS Permanent	1	0	0	0.00
TRADE LABOURERS Permanent	16	0	0	0.00
TRADE RELATED Permanent	1	1	1	100.00
TOTAL	6 924	765	739	10.70

Table 3.5.3 Reasons why staff left the department for the period 1 April 2018 to 31 March 2019

Termination Type	Number	Percentage of Total Resignations	Percentage of Total Employment	Total	Total Employment
01 Death, Permanent	26	3	0.40	739	6 886
02 Resignation, Permanent	202	27	2.90	739	6 886
02 Resignation, Temporary	1	0.10	0.00	739	6 886
03 Expiry of contract, Permanent	390	52.80	5.70	739	6 886
03 Expiry of contract, Temporary	6	0.80	0.10	739	6 886
06 Discharged due to ill health, Permanent	7	0.90	0.10	739	6 886
07 Dismissal-misconduct, Permanent	9	1.20	0.10	739	6 886
09 Retirement, Permanent	95	12.90	1.40	739	6 886
09 Retirement, Temporary	1	0.10	0.00	739	6 886
10 Other, Permanent	2	0.30	0.00	739	6 886
TOTAL	739	100.00	10.70	739	6 886

Table 3.5.4 Promotions by critical occupation for the period 1 April 2018 and 31 March 2019

Occupation	Employees as at 1 April 2017	Promotions to another salary level	Salary Level Promotions as a % of Employees by occupation	Progressions to another Notch within a Salary Level	Notch progressions as a % of Employees by occupation
ADMINISTRATIVE RELATED	293	2	0.70	88	30.00
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC.	3	0	0.00	2	66.70
AMBULANCE AND RELATED WORKERS	660	0	0.00	397	60.20
ARCHITECTS TOWN AND TRAFFIC PLANNERS	1	0	0.00	0	0.00
ARCHIVISTS CURATORS AND RELATED PROFESSIONALS	1	0	0.00	1	100.00
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	11	0	0.00	7	63.60
AUXILIARY AND RELATED WORKERS	107		0.00	54	50.50
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE. TECHNI	4	0	0.00	1	25.00
BUILDING AND OTHER PROPERTY CARETAKERS	2	0	0.00	2	100.00
BUS AND HEAVY VEHICLE DRIVERS	20	0	0.00	4	20.00
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC.	724	0	0.00	588	81.20
CLIENT INFORM CLERKS(SWITCHB RECEPT INFORM CLERKS)	23	0	0.00	13	56.50
COMMUNITY DEVELOPMENT WORKERS	4	0	0.00	2	50.00
COMPUTER PROGRAMMERS.	1	0	0.00	1	100.00
DENTAL PRACTITIONERS	40	0	0.00	16	40.00
DENTAL TECHNICIANS	1	0	0.00	1	100.00
DENTAL THERAPY	8	0	0.00	7	87.50
DIETICIANS AND NUTRITIONISTS	64	0	0.00	30	46.90
EMERGENCY SERVICES RELATED	60	0	0.00	41	68.30
ENGINEERING SCIENCES RELATED	2	0	0.00	0	0.00
ENGINEERS AND RELATED PROFESSIONALS	4	0	0.00	1	25.00
ENVIRONMENTAL HEALTH	26	0	0.00	8	30.80
FINANCIAL AND RELATED PROFESSIONALS	7	0	0.00	3	42.90
FINANCIAL CLERKS AND CREDIT CONTROLLERS	33	0	0.00	26	78.80

Occupation	Employees as at 1 April 2017	Promotions to another salary level	Salary Level Promotions as a % of Employees by occupation	Progressions to another Notch within a Salary Level	Notch progressions as a % of Employees by occupation
FOOD SERVICES AIDS AND WAITERS	62	0	0.00	45	72.60
FOOD SERVICES WORKERS	5	0	0.00	4	80.00
GENERAL LEGAL ADMINISTRATION & REL. PROFESSIONALS	2	0	0.00	0	0.00
HEALTH SCIENCES RELATED	7	0	0.00	1	14.30
HOUSEHOLD AND LAUNDRY WORKERS	122	0	0.00	105	86.10
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED	1	0	0.00	1	100.00
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	5	0	0.00	5	100.00
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF	1	0	0.00	1	100.00
HUMAN RESOURCES CLERKS	5	0	0.00	5	100.00
HUMAN RESOURCES RELATED	2	0	0.00	1	50.00
INFORMATION TECHNOLOGY RELATED	4	0	0.00	4	100.00
LEATHER WORKERS	1	0	0.00	0	0.00
LEGAL RELATED	1	0	0.00	1	100.00
LIBRARY MAIL AND RELATED CLERKS	2	0	0.00	1	50.00
LIGHT VEHICLE DRIVERS	31	0	0.00	14	45.20
MATERIAL-RECORDING AND TRANSPORT CLERKS	5	0	0.00	1	20.00
MEDICAL PRACTITIONERS	458	4	0.90	80	17.50
MEDICAL RESEARCH AND RELATED PROFESSIONALS	2	0	0.00	1	50.00
MEDICAL SPECIALISTS	21	0	0.00	8	38.10
MEDICAL TECHNICIANS/TECHNOLOGISTS	6	0	0.00	6	100.00
MESSENGERS PORTERS AND DELIVERERS	95	0	0.00	8	89.50
MOTOR VEHICLE DRIVERS	1	0	0.00	0	0.00
NURSING ASSISTANTS	865	0	0.00	125	14.50
OCCUPATIONAL THERAPY	54	0	0.00	21	38.90
OPTOMETRISTS AND OPTICIANS	2	0	0.00	0	0.00
ORAL HYGIENE	2	0	0.00	1	50.00

Occupation	Employees as at 1 April 2017	Promotions to another salary level	Salary Level Promotions as a % of Employees by occupation	Progressions to another Notch within a Salary Level	Notch progressions as a % of Employees by occupation
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	688	1	0.10	531	77.20
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	82	1	1.20	60	73.20
OTHER INFORMATION TECHNOLOGY PERSONNEL	6	0	0.00	5	83.30
OTHER OCCUPATIONS	16	0	0.00	12	75.00
PHARMACEUTICAL ASSISTANTS	37	0	0.00	15	40.50
PHARMACISTS	185	2	1.10	59	31.90
PHYSICISTS	1.00	0.00	0.00	0	0.00
PHYSIOTHERAPY	66	0.00	0.00	21	31.80
PRINTING AND RELATED MACHINE OPERATORS	2	0.00	0.00	1	50.00
PROFESSIONAL NURSE	1 533	21	1.40	181	11.80
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	19	0	0.00	8	42.10
RADIOGRAPHY	91	0	0.00	5	56.00
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS	4	0	0.00	3	75.00
SECURITY GUARDS	1	0	0.00	0	0.00
SECURITY OFFICERS	2	0	0.00	2	100.00
SENIOR MANAGERS	18	0	0.00	2	11.10
SHOEMAKERS	1	0	0.00	0	0.00
SOCIAL WORK AND RELATED PROFESSIONALS	27	1	3.70	12	44.40
SPEECH THERAPY AND AUDIOLOGY	29	0	0.00	11	37.90
STAFF NURSES AND PUPIL NURSES	237	0	0.00	18	7.60
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	1	0	0.00	1	100.00
TRADE LABOURERS	16	0	0.00	16	100.00
TRADE RELATED	1	0	0.00	0	0.00
TOTAL	6 924	32	0.50	2 818	40.70

Table 3.5.5 Promotions by salary band for the period 1 April 2018 to 31 March 2019

Salary Band	Employees 1 April 2018	Promotions to another Salary Level	Salary Promotions as a % of Employees by salary level	Progressions to another Notch within a Salary Level	Notch progressions as a % of Employees by salary band
01 Lower Skilled (Levels 1-2), Permanent	1.	0	0.00	1	100.00
02 Skilled (Levels 3-5), Permanent	3 475	0	0.00	1 924	55.40
02 Skilled (Levels 3-5), Temporary	1	0	0.00	0	0.00
03 Highly Skilled Production (Levels 6-8), Permanent	1 612	1	0.10	5	31.50
03 Highly Skilled Production (Levels 6-8), Temporary	4	0	0.00	1	25.00
04 Highly Skilled Supervision (Levels 9-12), Permanent	1 292	31	2.40	368	28.50
04 Highly Skilled Supervision (Levels 9-12), Temporary	5	0	0.00	0	0.00
05 Senior Management (Levels >= 13), Permanent	27	0	0.00	2	7.40
09 Other, Permanent	1	0	0.00	0	0.00
09 Other, Temporary	29	0	0.00	2	6.90
11 Contract (Levels 3-5), Permanent	24	0	0.00	0	0.00
12 Contract (Levels 6-8), Permanent	175	0	0.00	0	0.00
13 Contract (Levels 9-12), Permanent	275	0	0.00	12	4.40
14 Contract (Levels >= 13), Permanent	3	0	0.00	0	0.00
TOTAL	6 924	32	0.50	2 818	40.70

3.6 Employment Equity

Table 3.6.1 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2019

Occupational Categories	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
02 – PROFESSIONALS	131	76	43	250	133	93	155	37	285	171	839
03 - TECHNICIANS AND ASSOCIATE PROFESSIONALS	291	105	2	398	14	882	782	12	1 676	217	2 305
09 - LABOURERS AND RELATED WORKERS	250	117	0	367	1	381	230	0	611	2	981
08 - PLANT AND MACHINE OPERATORS AND ASSEMBLERS	26	19	0	45	0	2	0	0	2	0	47
UNKNOWN	1	1	0	2	0	2	0	0	2	1	5
05 - SERVICE SHOP AND MARKET SALES WORKERS	325	281	5	611	18	749	525	0	1 274	31	1 934
04 – CLERKS	152	85	0	237	3	334	148	1	483	20	743
01 - SENIOR OFFICIALS AND MANAGERS	8	3	0	11	2	5	0	0	5	1	19
07 - CRAFT AND RELATED TRADE WORKERS	3	5	0	8	5	0	0	0	0	0	13
TOTAL	1 187.00	692.00	50.00	1 929.00	176.00	2 448.00	1 840.00	50.00	4 338.00	443.00	6 886

Table 3.6.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2019

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
01 Top Management, Permanent	0	0	0	0	0	1	0	0	1	0	1
02 Senior Management, Permanent	11	3	0	14	3	6	1	0	7	2	26
03 Professionally qualified and experienced specialists and mid-management, Permanent	172	83	27	282	78	372	356	21	749	170	1 279
03 Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	0	2	0	0	0	0	4	6
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	194	113	2	309	15	565	556	4	1 125	13	1 584
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	0	0	3	3

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
05 Semi-skilled and discretionary decision making, Permanent	745	468	1	1 214	13	1 445	815	1.00	2 261	23	3 511
05 Semi-skilled and discretionary decision making, Temporary	0	0	0	0		0	1	0	1	0	1
06 Unskilled and defined decision making, Permanent	0	0	0	0	0	1	0	0	1	0	1
07 Not Available, Permanent	1	1	0	2	0	2	0	0	2	1	5
07 Not Available, Temporary	2	4	1	7	15	0	0	0	0	4	26
08 Contract (Top Management), Permanent	0	1	0	1	0	0	0	0	0	0	1
09 Contract (Senior Management), Permanent	1	1	0	2	0	0	0	0	0	0	2
10 Contract (Professionally Qualified), Permanent	39	15	19	73	48	22	49	22	93	64	278
11 Contract (Skilled Technical), Permanent	22	2	0	24	2.00	31	62	2	95	37	158
12 Contract (Semi-Skilled), Permanent	0	1	0	1	0	3	0	0	3	0	4
TOTAL	1 187	692	50	1 929	176	2 448	1 840	50	4 338	443	6 886

Table 3.6.3 Recruitment for the period 1 April 2018 and 31 March 2019

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
02 Senior Management, Permanent	0	0	0	0	0	1	0	0	1	0	1
03 Professionally qualified and experienced specialists and mid-management, Permanent	14	3	2	19	10	18	13	4	35	4	68
03 Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	0	0	0	0	0	0	2	2
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	15	6	0	21	0	50	23	1	74	9	104
05 Semi-skilled and discretionary decision making, Permanent	54	33	1	88	3	104	15	0	119	1	211
07 Not Available, Temporary	1	0	1	2	1	0	0	0	0	0	3
10 Contract (Professionally qualified), Permanent	19	13	12	44	36	18	42	15	75	54	209
11 Contract (Skilled technical), Permanent	26	2	0	28	2	31	64	2	97	37	164
12 Contract (Semi-skilled), Permanent	0	0	0	0	0	2	1	0	3	0	3
TOTAL	129	57	16	202	52	224	158	22	404	107	765

Table 3.6.4 Promotions for the period 1 April 2018 to 31 March 2019

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
02 Senior Management, Permanent	0	0	0	0	0	1	0	0	1	0	1
03 Professionally qualified and experienced specialists and mid-management, Permanent	14	3	2.00	19	10	18	13	4	35	4	68
03 Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	0	0	0	0	0	0	2	2
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	15	6	0	21	0	50	23	1	74	9	104
05 Semi-skilled and discretionary decision making, Permanent	54	33	1	88	3	104	15	0	119	1	211
07 Not Available, Temporary	1	0	1	2	1	0	0	0	0	0	3
10 Contract (Professionally qualified), Permanent	19	13	12	44	36	18	42	15	75	54	209
11 Contract (Skilled technical), Permanent	26	2	0	28	2	31	64	2	97	37	164
12 Contract (Semi-skilled), Permanent	0	0	0	0	0	2	1	0	3	0	3
TOTAL	129	57	16	202	52	224	158	22	404	100	765

Table 3.6.5 Terminations for the period 1 April 2018 to 31 March 2019

Occupational Bands	Male					Female					Total
	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	
02 Senior Management, Permanent	0	1	0	1	0	1	0	0	1	0	2
03 Professionally qualified and experienced specialists and mid-management, Permanent	64	43	15	122	34	91	69	13	173	70	399
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	81	45	2	128	9	153	159	3	315	57	509
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	0	0	1	1
05 Semi-skilled and discretionary decision making, Permanent	465	282	0	747	3	778	389	1	1168	6.00	1924
06 Unskilled and defined decision making, Permanent	0	0	0	0	0	0	0	0	1	0.00	1
07 Not Available, Temporary	1	0	0	1	1	0	0	0	0	0	2
10 Contract (Professionally qualified), Permanent	6	0	1	7	3	0	0	0	0	2	12
TOTAL	617	371	18	1006	50	1024	617	17	1658	136	2850

Table 3.6.6 Disciplinary action for the period 1 April 2018 to 31 March 2019

Disciplinary action	Male African	Coloured	Indian	White	Female African	Coloured	Indian	White	Total
Abuse of sick leave	0	0	0	0	0	0	0	0	0
Dishonesty	0	0	0	0	0	0	0	0	0
Late coming	0	0	0	0	0	0	0	0	0
Assault	0	0	0	0	0	0	0	0	0
Unprofessional Conduct	0	0	0	0	0	0	0	0	0
Insolence	0	0	0	0	0	0	0	0	0
Intentional or negligent damage to the employee or client of the employer, co-worker	0	0	0	0	0	0	0	0	0
Intoxication	3	0	0	0	0	0	0	0	3
RWOPS	220	0	0	0	0	0	0	0	0
Insubordination	6	1	0	0	1	0	0	0	8
Abuse of government vehicle	0	0	0	0	1	0	0	0	1
Negligence	0	0	0	0	3	1	0	0	4
Dereliction of duties	0	0	0	0	0	0	0	0	0
Theft / FRAUD	1	2	0	0	0	0	0	0	3
Gross absenteeism	5	3	0	0	5	2	0	0	15
Misrepresentation	0	1	0	0	1	0	0	0	2
Financial Misconduct	0	0	0	0	0	0	0	0	0
Abuse of State property	0	0	0	0	0	0	0	0	0
Bringing the Name of the Department into Disrepute	0	0	0	0	0	0	0	0	0
EX-LEGE – DISCHARGE	5	1	0	1	3	0	0	0	10
NON COMPLIANCE	5	1	0	0	1	2	0	2	11
Sexual Harassment/Racism/Discrimination	2	0	0	0	0	0	0	0	2

Table 3.6.7 Skills development for the period 1 April 2018 to 31 March 2019

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female			45		45
Legislators, senior officials and managers	Male			24		24
Professionals	Female			86		86
Professionals	Male			28		28
Technicians and associate professionals	Female			262		262
Technicians and associate professional	Male			102		102
Clerks	Female			59		59
Clerks	Male			39		39
Service and sales workers	Female					
Service and sales workers	Male					
Skilled agriculture and fishery workers	Female					
Skilled agriculture and fishery workers	Male					
Craft and related trades workers	Female					
Craft and related trades workers	Male					
Plant and machine operators and assemblers	Female					
Plant and machine operators and assemblers	Male					

Elementary occupations	Female			22		22
Elementary occupations	Male			13		13
Gender sub totals	Female			474		474
Gender sub totals	Male			206		206
Total						680

3.7 Signing of Performance Agreements by SMS Member

Table 3.7.1 Signing of Performance agreement by SMS members as on 31 March 2019

SMS Level	Total number of funded SMS posts	Total number of SMS members	Total number of signed performance agreements	Signed performance agreements as % of total number of SMS members
13	24	24	23	77%
14	4	4	2	0.07%
15	1	1	0	0
16	1	1	0	0

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2019

Reason
Non Compliance

Table 3.7.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2019

Reason
No

3.8 Performance Rewards

Table 3.8.1 Performance Rewards by race, gender, and disability for the period 1 April 2018 to 31 March 2019

Demographics	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
African, Female	154	2 445	6.30	1 170.22	7 599.00
African, Male	81	1 182	6.90	674.44	8 326.00
Asian, Female	2	50	4.00	45.28	22 641.00
Asian, Male	2	50	4.00	61.62	30 812.00
Coloured, Female	78	1 838	4.20	702.00	9 000.00
Coloured, Male	27	687	3.90	217.09	8 040.00
Total Blacks, Female	234	4 333	5.40	1 917.50	8 194.00
Total Blacks, Male	110	1 919	5.70	953.15	8 665.00
White, Female	38	443	8.60	592.87	15 602.00
White, Male	4	174	2.30	27.88	6 971.00
Employees with a disability	0	17	0.00	0.00	0.00
TOTAL	386	6 886	5.60	3 491.41	9 045.00

Table 3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2018 to 31 March 2019

Salary Band	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
01 Lower Skilled (Levels 1-2)	1	1	100.00	4.86	4 861.00
02 Skilled (Levels 3-5)	205	3 512	5.80	1 192.10	5 815.00
03 Highly Skilled Production (Levels 6-8)	117	1 587	7.40	1 093.17	9 343.00

04 Highly Skilled Supervision (Levels 9-12)	62	1 285	4.80	1 185.40	19 119.00
09 Other	0	31	0.00	0.00	0.00
11 Contract (Levels 3-5)	0	4	0.00	0.00	0.00
12 Contract (Levels 6-8)	0	158	0.00	0.00	0.00
13 Contract (Levels 9-12)	0	278	0.00	0.00	0.00
TOTAL	385	6 856	5.60	3 475.53	9 027.00

Table 3.8.3 Performance Rewards by critical occupation for the period 1 April 2018 to 31 March 2019

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost Per Beneficiary (R)
FINANCIAL CLERKS AND CREDIT CONTROLLERS	2	32	6.30	26.95	13 474.00
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED	0	1	0.00	0.00	0.00
HUMAN RESOURCES CLERKS	1	5	20.00	15.39	15 386.00
SECURITY OFFICERS	0	2	0.00	0.00	0.00
HOUSEHOLD AND LAUNDRY WORKERS	22	121	18.20	131.39	5 972.00
ORAL HYGIENE	1	2	50.00	6.89	6 893.00
MESSENGERS PORTERS AND DELIVERERS	4	88	4.50	26.71	6 677.00
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC.	2	3	66.70	43.63	21 816.00
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF	0	1	0.00	0.00	0.00
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI	0	4	0.00	0.00	0.00
FOOD SERVICES WORKERS	0	5	0.00	0.00	0.00
OPTOMETRISTS AND OPTICIANS	0	2	0.00	0.00	0.00

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost Per Beneficiary (R)
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	66	671	9.80	568.13	8 608.00
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	2	5	40.00	11.12	5 558.00
AUXILIARY AND RELATED WORKERS	23	103	22.30	105.56	4 590.00
OTHER OCCUPATIONS	4	15	26.70	26.81	6 703.00
LEGAL RELATED	0	1	0.00	0.00	0.00
FINANCIAL AND RELATED PROFESSIONALS	3	6	50.00	39.11	13 035.00
BUILDING AND OTHER PROPERTY CARETAKERS	0	2	0.00	0.00	0.00
OCCUPATIONAL THERAPY	7	56	12.50	125.26	17 894.00
MEDICAL TECHNICIANS/TECHNOLOGISTS	0	5	0.00	0.00	0.00
EMERGENCY SERVICES RELATED	0	60	0.00	0.00	0.00
RADIOGRAPHY	7	89	7.90	125.52	17 931.00
ADMINISTRATIVE RELATED	7	286	2.40	83.84	11 977.00
PHYSICISTS	0	1	0.00	0.00	0.00
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS	1	4	25.00	4.00	4 004.00
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC.	43	683	6.30	262.06	6 094.00
LIBRARY MAIL AND RELATED CLERKS	0	2	0.00	0.00	0.00
HUMAN RESOURCES RELATED	0	3	0.00	0.00	0.00
DENTAL PRACTITIONERS	0	39	0.00	0.00	0.00
PHARMACEUTICAL ASSISTANTS	6	34	17.60	34.86	5 810.00
AMBULANCE AND RELATED WORKERS	41	697	5.90	196.99	4 805.00

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost Per Beneficiary (R)
PRINTING AND RELATED MACHINE OPERATORS	2	2	100.00	12.62	6 308.00
COMPUTER PROGRAMMERS.	0	1	0.00	0.00	0.00
TRADE LABOURERS	0	16	0.00	0.00	0.00
PHYSIOTHERAPY	2	61	3.30	24.31	12 154.00
ENVIRONMENTAL HEALTH	0	26	0.00	0.00	0.00
MEDICAL PRACTITIONERS	3	439	0.70	138.32	46 106.00
SOCIAL WORK AND RELATED PROFESSIONALS	1	28	3.60	16.16	16 159.00
GENERAL LEGAL ADMINISTRATION & REL. PROFESSIONALS	0	2	0.00	0.00	0.00
ARCHIVISTS CURATORS AND RELATED PROFESSIONALS	0	1	0.00	0.00	0.00
MATERIAL-RECORDING AND TRANSPORT CLERKS	2	5	40.00	21.62	10 811.00
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	0	21	0.00	0.00	0.00
DIETICIANS AND NUTRITIONISTS	4	64	6.30	74.31	18 577.00
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	10	79	12.70	122.37	12 237.00
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	2	9	22.20	34.49	17 243.00
FIRE FIGHTING AND RELATED WORKERS	0	1	0.00	0.00	0.00
PROFESSIONAL NURSE	54	1 526	3.50	758.65	14 049.00
BUS AND HEAVY VEHICLE DRIVERS	1	18	5.60	5.90	5 898.00
MEDICAL RESEARCH AND RELATED PROFESSIONALS	0	2	0.00	0.00	0.00
SENIOR MANAGERS	1	18	5.60	15.88	15 880.00

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost Per Beneficiary (R)
CLIENT INFORM CLERKS(SWITCHB RECEPT INFORM CLERKS)	3	24	12.50	26.07	8 691.00
SPEECH THERAPY AND AUDIOLOGY	3	29	10.30	51.28	17 094.00
PHARMACISTS	6	178	3.40	110.14	18 357.00
ENGINEERS AND RELATED PROFESSIONALS	0	4	0.00	0.00	0.00
OTHER INFORMATION TECHNOLOGY PERSONNEL.	2	5	40.00	31.61	15 803.00
DENTAL THERAPY	1	8	12.50	5.87	5 872.00
LIGHT VEHICLE DRIVERS	0	26	0.00	0.00	0.00
ENGINEERING SCIENCES RELATED	0	1	0.00	0.00	0.00
MEDICAL SPECIALISTS	1	24	4.20	24.68	24 682.00
MOTOR VEHICLE DRIVERS	0	1	0.00	0.00	0.00
DENTAL TECHNICIANS	0	1	0.00	0.00	0.00
LEATHER WORKERS	0	1	0.00	0.00	0.00
SECURITY GUARDS	1	70	1.40	6.35	6 354.00
HEALTH SCIENCES RELATED	0	7	0.00	0.00	0.00
FOOD SERVICES AIDERS AND WAITERS	5	57	8.80	34.84	6 967.00
NURSING ASSISTANTS	35	857	4.10	127.75	3 650.00
COMMUNITY DEVELOPMENT WORKERS	0	4	0.00	0.00	0.00
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	0	1	0.00	0.00	0.00
INFORMATION TECHNOLOGY RELATED	0	4	0.00	0.00	0.00
STAFF NURSES AND PUPIL NURSES	5	237	2.10	14.00	2 800.00
TOTAL	386	6 886	5.60	3 491.41	9 045.00

Table 3.8.4 Performance related rewards (cash bonus), by salary for Senior Management Service for the period 1 April 2018 to 31 March 2019

SMS Band	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)	% of SMS Wage Bill	Personnel Cost SMS (R'000)
Band A	1	24	4.20	15.88	15 880.40	0.10	29 598.78
Band B	0	4	0.00	0.00	0.00	0.00	5 121.10
Band C	0	1	0.00	0.00	0.00	0.00	4 152.17
Band D	0	1	0.00	0.00	0.00	0.00	1 993.27
TOTAL	1	30	3.30	15.88	15 880.40	0.00	40 865.32

3.9 Foreign Workers

Table 3.9.1 foreign workers by salary band for the period 1 April 2018 to 31 March 2019

Salary Band	Employment at Beginning of Period	Percentage of Total	Employment at End of Period	Percentage of Total	Change in Employment	Percentage of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Highly skilled production (Levels 6-8)	9	6.40	6	4.90	- 3.00	16.70	140.00	122.00	- 18.00
Highly skilled supervision (Levels 9-12)	127	90.70	113	92.60	- 14.00	77.80	140.00	122.00	- 18.00
Other	1	0.70	0	0.00	- 1.00	5.60	140.00	122.00	- 18.00
Senior management (Levels 13-16)	2	1.40	2	1.60	0.00	0.00	140.00	122.00	- 18.00
Skilled (Levels 3-5)	1	0.70	1	0.80	0.00	0.00	140.00	122.00	- 18.00
TOTAL	140	100.00	122	100.00	- 18.00	100.00	140.00	122.00	- 18.00

Table 3.9.2 Foreign workers by major occupation for the period 1 April 2018 to 31 March 2019

Major Occupation	Employment at Beginning of Period	Percentage of Total	Employment at End of Period	Percentage of Total	Change in Employment	Percentage of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Elementary occupations	1	0.70	1	0.80	0	0.00	140	122	- 18.00
Professionals and managers	138	98.60	120	98.40	- 18.00	100.00	140	122	- 18.00
Technicians and associated professionals	1	0.70	1	0.80	0.00	0.00	140	122	- 18.00
TOTAL	140	100.00	122	100.00	- 18.00	100.00	140	122	- 18.00

3.10 Leave Utilization

The Public Service Commission identified the need for careful monitoring of sick leave within the public service. The following tables provides an indication of the use of sick leave and disability leave in both cases, the estimated cost of the leave is also provided.

Table 3.10.1 Sick leave for the period 1 April 2018 to 31 March 2019

Salary Band	Total days	% days with medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 13-16)	4	100.00	2	0.00	2	15.00
Contract (Levels 3-5)	105	89.50	14	0.30	8	86.00
Contract (Levels 6-8)	779	73.40	157	3.40	5	850.00
Contract (Levels 9-12)	527	63.80	133	2.80	4	1 289.00
Highly skilled production (Levels 6-8)	8 962	83.70	1 202	25.70	7	11 825.00
Highly skilled supervision (Levels 9-12)	6 203	84.30	866	18.50	7	15 370.00
Lower skilled (Levels 1-2)	7	100.00	1	0.00	7	4.00
Senior management (Levels 13-16)	116	85.30	12	0.30	10	450.00
Skilled (Levels 3-5)	15 882	83.90	2 282	48.90	7	11 684.00
TOTAL	32 585	83.40	4 669	100.00	7	41 572.00

Table 3.10.2. Disability leave (temporary and permanent) for the period 1 April 2018 to March 2019

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Disability Leave	% of Total Employees using Disability Leave	Average Days per Employee	Estimated Cost (R'000)	Total number of days with medical certification	Total number of Employees using Disability Leave
Contract (Levels 3-5)	14.00	100	1.00	0.30	14.00	12.00	14	368
Contract (Levels 6-8)	35.00	100	1.00	0.30	35.00	42.00	35	368
Contract (Levels 9-12)	14.00	100	2.00	0.50	7.00	31.00	14	368
Highly skilled production (Levels 6-8)	4 884	100	124.00	33.70	39.00	6 239.00	4 884	368
Highly skilled supervision (Levels 9-12)	2 311	100	51.00	13.90	45.00	5 444.00	2 311	368
Senior management (Levels 13-16)	13	100	1.00	0.30	13.00	47.00	13	368
Skilled (Levels 3-5)	5 305	97.20	188.00	51.10	28.00	3 846.00	5 159	368
TOTAL	12 576	98.80	368.00	100.00	34.00	15 662.00	12 430	368

Table 3.10.3 Annual leave for the period 1 April 2018 to March 2019

Salary Band	Total Days Taken	Average days per Employee	Number of Employees who took leave
Contract (Levels 13-16)	56	19	3
Contract (Levels 3-5)	204	10	21
Contract (Levels 6-8)	2 822	15	184
Contract (Levels 9-12)	4 750.92	17	286
Highly skilled production (Levels 6-8)	36 720.09	23	1 632
Highly skilled supervision (Levels 9-12)	29 957.88	23	1 300
Lower skilled (Levels 1-2)	15	15	1
Senior management (Levels 13-16)	569	22	26
Skilled (Levels 3-5)	75 060.87	22	3 444
TOTAL	150 155.76	22.00	6 897

Table 3.10.4 Capped leave for the period 1 April 2018 to March 2019

Salary Band	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at end of period	Number of Employees who took Capped leave
Contract (Levels 3-5)	0	0	0.00	0
Contract (Levels 6-8)	0	0	0.00	0
Contract (Levels 9-12)	9	9	35.00	1
Highly skilled production (Levels 6-8)	108.70	4	32.00	26
Highly skilled supervision (Levels 9-12)	47	3	35.00	17
Lower skilled (Levels 1-2)	0	0	0	0
Other	0	0	0	0
Senior management (Levels 13-16)	0	0	35.00	0
Skilled (Levels 3-5)	47.34	4.00	20.00	12
TOTAL	212	4	28	56

Table 3.10.5 Leave Pay-outs for the period 1 April 2018 and 31 March 2019

REASON	Total Amount (R'000)	Number of Employees	Average payment per employee
ANNUAL - DISCOUNTING WITH RESIGNATION (WORK DAYS)	2 247.00	129	17 419
ANNUAL - DISCOUNTING: UNUSED VAC CREDITS (SUSPENSION)	60.00	1	60 000
ANNUAL - GRATUITY: DEATH/RETIREMENT/MEDICAL RETIREMENT(WORK)	2 393.00	98	24 418
CAPPED - GRATUITY: DEATH/RETIREMENT/MEDICAL RETIREMENT(WORK)	2 513.00	63	39 889
TOTAL	7 213.00		

3.11 HIV/AIDS & Health Promotion Programmes

Table 3.11.1 Steps taken to reduce the risk of occupational exposure

Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any)	Key steps taken to reduce the risk
Employees in clinical areas, i.e.. doctors, nurses, medical students, general workers and paramedics are more at risk of contracting HIV and related diseases.	The approved Safety Health Environment Risk Quality Policy (2016) gives guidance to provide a safe working environment by implementing the Occupational Health and Safety Act.
	Protocols for infection control are in place and personal protective equipment/ clothing is provided.
	Implementation of Occupational Health and Safety awareness programmes.
	Implementation of risk assessments.

Table 3.11.2 Details of health Promotion and HIV/AIDS Programmes (tick the applicable boxes and provide the required information

Question	Yes	No	Details, if yes
Has the Department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	√		Ms. F.P. Ntsiko
Does the Department have a dedicated Unit or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	√		<p>Yes, below is the breakdown of the staff in the Health and Wellness unit, however there is no budget for this programme except the compensation budget.</p> <p>Provincial Office Mrs. M.L. De Freitas – Principal Psychologist Mr. CB Jardine- SHERQ Manager Kimberley Hospital Complex Dr Marrero- Medical Officer Sr. V. Itumeleng – Occupational Health Sister Sr. D. Pietersen – Occupational Health Sister Mr. T. Lekwene – Administrative Support ZF Mgcawu District Mrs. D. Lukuugi – Clinical Psychologist</p>
Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this Programme.	√		<p>Key elements Counselling and Presentations- Provincial Office (assistance given to districts and hospitals) and ZF Mgcawu Incident Investigation for injuries on duty and Risk Assessment- Provincial Office (assistance given to districts and hospitals) Chronic disease management and Injury on Duty Management – Wellness Centre: Kimberley Hospital Complex Awareness/ Health Screening events Incident Investigation for injuries on duty- Provincial Office (assistance given to districts and hospitals)</p>

Question	Yes	No	Details, if yes
Has the Department established (a committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent		x	
Has the Department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	√		The HIV/AIDS, STI and TB in the Workplace policy covers all employees. It was reviewed and the policy must go to the Bargaining Chamber. For protection, reasonable accommodation is guaranteed under the policy as well confidentiality and protection of employees' personal data.
Has the Department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	√		Except for the Policy, no other measures in place. The policy gives guidance with the necessary action that needs to be taken by the affected employee.
Does the Department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	√		As part of all Health Screening events held HCT is included and employees are encouraged to test.
Has the Department developed measures/indicators to monitor & evaluate the impact of its Health Promotion Programme? If so, list these measures/indicators.		x	Fitness activities and information session according to the Health Calender and the system monitoring tool of employee health and wellness

3.12 Labour Relations

The following collective agreements were entered into with trade unions within the department.

Table 3.12. 1 Collective agreements for the period 1 April 2018 to March 2019

Total number of collective agreements	
Agreement on the Salary Adjustment and Improvements on Conditions of Service in the Public Service for the period 2018/2019; 2019/2020 and 2020/2021.	PSCBC Res 1 of 2018
Agreement on Compensation Methodology of the Redress of Discriminatory Pension Practices.	PSCBC Res 2 of 2018
Agreement on the Standardisation of Remuneration for Community Health Workers in the Department of Health.	PHSDSBC Res 1 of 2018
Agreement on Payment of Annual Statutory Registration Fees in respect on Health Care Occupations for the Health and Social Development Departments.	PHSDSBC Res 2 of 2018
Agreement on the Transfer of Employees from the National Department of Health (NDOH) to the South African Health Products Regulatory Authority (SAHPRA).	PHSDSBC Res 3 of 2018
Agreement on Organisational Rights within the Public Health and Social Development Sector.	PHSDSBC Res 1 of 2019

Collective Agreements are signed nationally and implemented provincially

Table 3.12.2 – Misconduct and disciplinary hearings finalized for the period 1 April 2018 to 31 March 2019

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	1	3%
Verbal warning	0	0%
Written warning	5	16%
Final written warning	2	6%
Suspended without pay	2	6%
Fine	0	0%
Demotion	0	0%
Dismissal (Deemed dismissal – absent 30 calendar days))	10	31%
Dismissal (misconduct)	0	0%
Transfer Out	0	0%
Case withdrawn	0	0%
Resignations	1	3%
Non Compliance (no registered with Professionals Council)	11	34%
Total	32	100%

Table 3.12.3 – Types of misconduct addressed at disciplinary hearings for the period 1 April 2018 to 31 March 2019

Type of misconduct	Number	% of total
Abuse of sick leave	0	0%
Intimidation	0	0%
Racism	2	5%
Dishonesty	0	%
Late coming	0	%
Assault	0	%
Gross insubordination	0	%
Insolence	0	%
Intentional or negligent damage to the employ or client of the employer, co-worker	0	%
Intoxication	3	8%
Gross absenteeism	15	39%
Insubordination	8	21%
Abuse of government vehicle	1	3%
Gross negligence	0	%
Dereliction of duties	0	%

Type of misconduct	Number	% of total
Fraud	3	8%
RWOPS	0	%
Misrepresentation	2	5%
Negligence	4	11%
Abuse of State Property	0	%
Bringing the Name of the Department into Disrepute	0	%
Absenteeism	0	%
Fight	0	%
Theft	0	%
Total	38	100%

Table 3.12.4 Grievances lodged for the period 1 April 2018 to 31 March 2019

Grievances	Number	% of Total
Number of grievances resolved	67	66%
Number of grievances not resolved	35	34%
Total number of grievances lodged	102	100%

Table 3.12.5 – Disputes lodged with Councils for the period 1 April 2018 to 31 March 2019

Disputes	Number	% of Total
Number of Conciliations	27	21%
Number of Conciliations Finalised	24	20%
Number of Arbitrations	44	33%
Number of Arbitrations Finalised	35	26%
Total Number of Disputes Lodged	130	100%

Table 3.12.6 – Strike actions for the period 1 April 2018 to 31 March 2019

Total number of person working days lost	69
Total cost (R'000) of working days lost	R81 119.27
Amount (R'000) recovered as a result of no work no pay	R81 119.27

Table 3.12.7 – Precautionary suspensions for the period 1 April 2018 to 31 March 2019

Number of people suspended	0
Number of people who's suspensions exceed 30 days	0
Average number of days suspended	0
Cost of suspensions	0

3.13 Skills Development

Table 3.13.1 Training needs identified for the period 1 April 2018 to 31 March 2019

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	Permanent		Management Development Programme Finance For Non-Financial Management Finance for non-financial Managers Albetina Sisulu Executive Learning Programme Executive Management Programme		54
Legislators, senior officials and managers	Male	Permanent				35
Professionals	Female	Permanent		Project Management Assessor & Moderator Foundation Management Development Programme Programme Emerging Management Development Programme		70
Professionals	Male	Permanent				50
Technicians and associate professionals	Female	Permanent		Compulsory Induction programme Team Building Workplace Health & Safety		362

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
				General Counselling Workplace Counselling Basic HIV/AIDS Understanding Sign Language Information Management SHERQ Assets Management Fire Fighting Gender Mainstreaming Effectives Writing skills Certified CISCO system Administrator Microsoft certified system administrator ITIL Incident Manager training Information security Risk management - practitioner's capacitation Risk Management Artisan Aid Defensive driving Image Quality Dysphagia Hearing Aid Technology Phototherapy Neuro Development Treatment of Cerebral Palsy New-born Hearing Optometry Diagnostics course Optometry Therapeutic course Basic Life Support Advance Cardiac Life Support Intermediate Trauma Life Support		

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
				Intermediate Life support Emergency Care technician Advance Cardio Support Hand Therapy Autism Spectrum Disorder Biomechanics of Running		
Technicians and associate professional	Male	Permanent				320
Clerks	Female	Permanent		Records & Archives Management Understanding Financial Records First Line Management Intermediate Computer PERSAL, BAS, LOGIS Data Management Facility Managers Web DHIS training for managers		115
Clerks	Male	Permanent				75
Service and sales workers	Female					
Service and sales workers	Male					
Skilled agriculture and fishery workers	Female					
Skilled agriculture and fishery workers	Male					
Craft and related trades workers	Female					
Craft and related trades workers	Male					
Plant and machine operators and assemblers	Female					
Plant and machine operators and assemblers	Male					
Elementary occupations	Female	Permanent		K53 Training Compulsory Induction		35

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
				Programme		
Elementary occupations	Male	Permanent				20
Gender sub totals	Female					636
Gender sub totals	Male					500
TOTAL						1136

Table 3.13.2 Training provided for the period 1 April 2018 to 31 March 2019

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior and officials and managers	Female	Permanent		Management Development Programme For Non-Financial Management Finance for non-financial Managers Albetina Sisulu Executive Learning Programme		45
Legislators, senior and officials and managers	Male	Permanent				24
Professionals	Female	Permanent		Project Management Assessor & Moderator Foundation Management Development Programme Emerging Management Development Programme		86
Professionals	Male	Permanent				28

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Technicians and associate professionals	Female	Permanent		Compulsory Induction programme Team Building Team Building Workplace Health & Safety General Counselling Workplace Counselling Basic HIV/AIDS Understanding Sign Language Information Management SHERQ Assets Management Fire Fighting Gender Mainstreaming Effectives Writing skills		262
Technicians and associate professional	Male	Permanent				102
Clerks	Female	Permanent		Records & Archives Management Understanding Financial Records First Line Management Intermediate Computer		59
Clerks	Male	Permanent				39
Service and sales workers	Female					
Service and sales workers	Male					
Skilled agriculture and fishery workers	Female					
Skilled agriculture and	Male					

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
fishery workers						
Craft and related trades workers	Female					
Craft and related trades workers	Male					
Plant and machine operators and assemblers	Female					
Plant and machine operators and assemblers	Male					
Elementary occupations	Female			Compulsory Induction Programme		22
Elementary occupations	Male					13
Gender sub totals	Female					474
Gender sub totals	Male					206
TOTAL						680

3.14 Injury on duty

Table 3.14.1 Injury on duty for the period 1 April 2018 to 31 March 2019

Nature of injury on duty	Number	% of total
Required basic medical attention only	97	100%
Temporary Total Disablement	0	0
Permanent Disablement	0	0
Fatal	0	0
Total	97	100%

3.15 Utilisation of consultants

Table 3.15.1 – Report on consultant appointments using appropriated funds for the period 1 April 2019 to 31 March 2019

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
None	-	-	-

Table 3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2018 to 31 March 2019

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
None			

Table 3.15.3 Report on consultant appointments using Donor funds for the Period 1 April 2018 to 31 March 2019

Project Title	Total number of consultants that worked on the project	Duration: Work days	Donor and Contract value in Rand
None			

Table 3.15.4 analysis of consultant appointment using donor funds in terms of historically disadvantaged individuals (HDIs) for the period 1 April 2018 to 31 March 2019

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
None			

3.16 Severance Packages

Table 3.16.1 Granting of employees initiated severance packages for the period 1 April 2018 to 31 March 2019

Salary band	Number of applications received	Number of applications referred to the MPSA	Number of applications supported by MPSA	Number of packages approved by department
Highly skilled production (Levels 6-8)	None			
Highly skilled supervision (Levels 9-12)	None			
Lower skilled (Levels 1-2)	None			
Senior management (Levels 13-16)	None			
Skilled (Levels 3-5)	None			
TOTAL	None			

6. Part E: Financial Information

Report of the Auditor – General to the Northern Cape Provincial Legislature on vote no.10:
Northern Cape Department of HEALTH

Report on the audit of the financial statements

Qualified opinion

1. I have audited the financial statements of the Northern Cape Department of Health set out on pages 216 to 332, which comprise the appropriation statement, the statement of financial position as at 31 March 2019, the statement of financial performance statement of changes in net assets and cash flow statement for the year then ended, as well as the notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the possible effects of the matters described in the basis for qualified opinion section of this auditor's report, the financial statements present fairly, in all material respects, the financial position of the Northern Cape Department of Health as at 31 March 2019, and its financial performance and cash flows for the year then ended in accordance with Modified Cash Standard (MCS) prescribed by the National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa, 2018 (Act No. 1 of 2018) (Dora).

Basis for qualified opinion

Movable tangible capital assets

3. I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for movable tangible capital assets and minor assets in the current year and the previous year, as the process for completing the asset register was not completed at year-end in support of these assets. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to movable tangible capital assets stated at R1 162 265 000 (2018: R1 047 316 000) and minor assets stated at R189 035 000 (2018: R182 597 000) in note 28 to the financial statements.

Accrued departmental revenue

4. I was unable to obtain sufficient appropriate audit evidence to substantiate the accrued departmental revenue disclosed in note 23 to the financial statements. The department did not have adequate internal controls to maintain patient records of accrued departmental revenue in the current year and previous year. I could not confirm accrued departmental revenue by alternative means. Additionally, there was an impact on the impairment of accrued departmental revenue. Consequently, I was unable to determine whether any adjustment to accrued departmental revenue stated at R147 553 000 (2018: R120 242 000) in the financial statements in note 23, was necessary.

Irregular expenditure

5. The department did not disclose all irregular expenditure in the notes to the financial statements, as required by section 40(3)(b)(i) of the PFMA. The department incurred expenditure in contravention with supply chain management (SCM) requirements that was not included in the irregular expenditure disclosed in note 24 to the financial statements. I was unable to determine the full extent of the understatement for current as well as previous years as it was impractical to do so.
6. During 2018, I was unable to obtain sufficient appropriate audit evidence relating to irregular expenditure due to inadequate descriptions for the reasons for transactions that were recorded as irregular expenditure. I was unable to confirm the amount by alternative means. Consequently, I was unable to determine whether any adjustment to irregular expenditure, stated at R6 159 450 000 in note 24 to the financial statements, was necessary.

Accruals and payables not recognised

7. The department did not disclose all outstanding amounts that meet the definition of accruals and payables, in accordance with chapter 9, *General departmental assets and liabilities* in the MCS. As the department did not perform adequate regular reconciliations for goods and services received but not paid at year-end, I was unable to determine the full extent of the understatement of accruals and payables not recognised for the current and prior years as it was impracticable to do so.
8. The department did not disclose the correct ageing of accruals and payables in accordance with chapter 9, *General departmental assets and liabilities* in the MCS. As the department did not have adequate systems to account for accruals and payables not recognised. Consequently, I was unable to determine the full extent of these misstatements for the current and previous years as it was impracticable to do so.
9. During 2018, the department did not disclose the correct classification for accruals and payables not recognised between programmes, transfers and subsidies, goods and services in accordance with chapter 9, *General departmental assets and liabilities* in the MCS. Consequently, I was unable to determine the full extent of these misstatements as it was impracticable to do so. In addition, I was unable to obtain sufficient appropriate audit evidence for the payables not recognised due to inadequate controls to financial records. I was unable to confirm the amount of payables not recognised by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to payables not recognised, stated as R395 890 000 in note 20 to the financial statements. My opinion on the current year financial statements was also modified because of the possible effect of this matter on the comparability of the accruals and payables not recognised for the current period.

Context for the opinion

10. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of this auditor's report.
11. I am independent of the department in accordance with sections 290 and 291 of the International Ethics Standards Board for Accountants' *Code of ethics for professional accountants* (IESBA code), parts 1 and 3 of the International Ethics Standards Board for Accountants' *International code of ethics for professional accountants (including international independence standards)* and the ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA codes.
12. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

Material uncertainty relating to financial sustainability

13. I draw attention to note 35 to the financial statements, which indicates that as at 31 March 2019 the department's current liabilities exceeded current assets by R17 340 000. Furthermore, note 35 indicates the amount of accruals and payables not recognised stated at R501 161 000 and the amount of bank overdraft stated at R494 674 000; which indicates that the department does not have sufficient cash flow to pay for their debts as and when they become due. These events or conditions, along with the other matters, indicate that a material uncertainty exists that may cast significant doubt on the department's ability to continue as a going concern. My opinion is not modified in respect of this matter.

Emphasis of matter

14. I draw attention to the matters below. My opinion is not modified in respect of this matter.

An uncertainty relating to the future outcome of exceptional litigation or regulatory action

15. With reference to note 18.1 to the financial statements, the department is the defendant in several lawsuits. The ultimate outcomes of the matters could not be determined as there is an uncertainty relating to the future outcomes of claims against the department.

Restatement of corresponding figures

16. As disclosed in note 32 to the financial statements, the corresponding figures for 31 March 2018 were restated as a result of an error in the financial statements of the department for the year ended 31 March 2019.

Other matter

17. I draw attention to the matter below. My opinion is not modified in respect of this matter.

Unaudited supplementary schedules

18. The supplementary information set out on pages 333 to 340 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them

Responsibilities of accounting officer for the financial statements

19. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with MCS prescribed by the National Treasury and the requirements of the PFMA and Dora, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.
20. In preparing the financial statements, the accounting officer is responsible for assessing the Northern Cape Department of Health's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

Auditor-general's responsibilities for the audit of the financial statements

21. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.
22. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

Report on the audit of the annual performance report

Introduction and scope

23. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report material findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I was engaged to perform procedures to raise findings but not to gather evidence to express assurance.

24. I was engaged to evaluate the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2019:

Programmes	Pages in the annual performance report
Programme 2 – district health services	58 – 70
Programme 5 – tertiary hospital (Kimberley Hospital)	97-101

25. The material findings in respect of the usefulness and reliability of the selected programmes are as follows:

Programme 2 – District Health Services

Various indicators

26. The method of calculation for achieving the planned indicators was not clearly defined as the method of calculation was inconsistent with the definition of the planned indicator.

Indicator description	Planned target	Reported achievement
Medical male circumcision – Total	10 000	10 969
TB client treatment success rate	85%	77,5%
TB MDR treatment success rate	45%	41,8%
Severe acute malnutrition case fatality under 5 years rate	6%	4,3%
Hospital achieved 75% and more on national core standards self-assessment rate (district hospitals)	72% (8/11)	0% (0/11) Baseline assessment for IHRM - 0/11
Ideal clinic status rate	72% (114/159)	64% (101/159)

Various indicators

27. I was unable to obtain sufficient appropriate audit evidence for the reported achievements in the annual performance report of the indicators listed below. This was due to lack of supporting documentation to validate the inputs into the assessments that predetermined how this achievement would be measured, monitored and reported. Due to this limitation placed on my work, I was also unable to obtain sufficient appropriate audit evidence for the variances between the planned targets and reported achievements. I was unable to confirm that the reasons for variances and reported achievements of these indicators were reliable by alternative means. Consequently, I was

unable to determine whether any adjustments were required to the reasons for variances and reported achievements for the indicators below:

Indicator description	Planned target	Reported achievement
Ideal clinic status rate	72% (114/159)	64% (101/159)
Hospital achieved 75% and more on national core standards self-assessment rate (district hospitals)	72% (8/11)	0% (0/11) Baseline assessment for IHRM - 0/11

Male condom distributed

28. I was unable to obtain sufficient appropriate audit evidence to support the reported achievement of the target of 15 492 381. This was due to bin cards not being signed and detailed by the official who delivers the condoms at the receiving institution or organisation that predetermined how the achievement would be measured, monitored and reported. Due to this limitation placed on my work, I was also unable to obtain sufficient appropriate audit evidence for the variance between the planned target and reported achievement. I was unable to confirm the reasons for the variance and the reported achievement of the indicator by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reasons for the variance and the reported achievement of 13 934 960 as reported in the annual performance report.

Various indicators

29. I was unable to obtain sufficient appropriate audit evidence for the reported achievements in the annual performance report of the indicators listed below. This was due to limitations placed on the scope of my work. Due to this limitation placed on my work, I was also unable to obtain sufficient appropriate audit evidence for the variances between the planned targets and reported achievements. I was unable to confirm the reasons for variances and reported achievements by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reasons for the variances and to the reported achievements in the annual performance report for the indicators below:

Indicator description	Planned target	Reported achievement
PHC Utilisation rate – total	2,0 Visits	2,2 visits
TB/HIV co-infected client on ART rate	95%	91,4%
HIV test done – total	303 838	285 915
Medical male circumcision – Total	10 000	10 969
TB client treatment success rate	85%	77,5%
Antenatal 1 st visit before 20 weeks rate	64%	63,1%
Mother postnatal visit within 6 days rate	61%	65,3%
Infant 1 st PCR test positive around 10 weeks rate	1,5%	1,4%
Couple year protection rate	40%	60,8%

Indicator description	Planned target	Reported achievement
Immunisation under 1 year coverage	88%	88,4%
Severe acute malnutrition case fatality under 5 years rate	6%	4,3%
Antenatal client starts on ART rate	98%	96,3%
Neonatal death in facility rate	14,5/1 000 live births	11,7/1 000 live births
Inpatient bed utilisation rate (District Hospitals)	63%	54,2%
School grade 1 - learners screened	4 500	5 640
School grade 8 - learners screened	3 400	1 808
Human Papilloma Virus vaccine 1 st dose	12 804	9 017
Human Papilloma Virus vaccine 2 nd dose	12 804	6 439
Maternal mortality in facility ratio	115/100 000 live births	7,6/100 000 live births

Various indicators

30. The department did not have an adequate record-keeping system to enable reliable reporting of achievement of the indicators listed below. As a result, I was unable to obtain sufficient appropriate audit evidence in some instances, while in other cases the supporting evidence provided did not agree to the reported achievements. Based on the supporting evidence that was provided, the achievement of these indicators was different to the reported achievement in the annual performance report. Due to this limitation placed on my work, I was also unable to obtain sufficient appropriate audit evidence for the variances between the planned target and reported achievements. I was also unable to further confirm the reasons for variances and reported achievements by alternative means. Consequently, I was unable to determine whether any further adjustments were required to the reasons for variances and reported achievements of the indicators listed below:

Indicator description	Reported achievement	Audited value
Diarrhea case fatality under 5 years rate	2,4%	3%
Pneumonia case fatality under 5 years rate	2,3%	4%

Programme 5 – tertiary hospital (Kimberley Hospital)

Hospital achieved 75% and more on national core standards self-assessment rate (tertiary hospital)

31. The indicator approved in the annual performance plan was “Hospital achieved 75% and more on national core standards self-assessment rate (regional hospitals)”. However, the indicator reported in the annual performance report was “Hospital achieved 75% and more on national core standards self-assessment rate (tertiary hospital)” and the changes were made without the necessary approval.

32. The method of calculation for achieving the planned indicator was not clearly defined as the method of calculation was inconsistent with the definition of the planned indicator.
33. I was unable to obtain sufficient appropriate evidence to support the reported achievement in the annual performance report of this indicator. This was due to lack of supporting documentation to validate the inputs into the assessment that predetermined how this achievement would be measured, monitored and reported. Due to this limitation placed on my work, I was also unable to obtain sufficient appropriate audit evidence for the variance between the planned target and reported achievement. I was unable to confirm the reasons for the variance and reported achievement of the indicator by alternative means. Consequently, I was unable to determine whether any further adjustments were required to the reasons for the variance and reported achievement in the annual performance report.

Inpatient bed utilisation rate (tertiary hospital)

34. The reported achievement of 71,2% for target 72% (498/691) is not reliable as the department did not have an adequate performance management system to maintain records and reconciliations between registers and the reporting system to enable reliable reporting on the achievement of targets. As a result, I was unable to obtain sufficient appropriate audit evidence in some instances while in other cases the supporting evidence provided did not agree to the reported achievement. Due to this limitation placed on my work, I was also unable to obtain sufficient appropriate audit evidence for the variance between the planned target and reported achievement. Based on the supporting evidence that was provided, the achievement was 62%, but I was unable to further confirm the reasons for the variance and the reported achievement by alternative means. Consequently, I was unable to determine whether any further adjustments were required to the reasons for the variance and the reported achievement.

Other matters

35. I draw attention to the matters below.

Achievement of planned targets

36. Refer to the annual performance report on pages 52 to 116 for information on the achievement of planned targets for the year and explanations provided for the under- and overachievement of a significant number of targets. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information in paragraphs 23 to 34 of this report.

Adjustment of material misstatements

37. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were on the reported performance information of programme 2 – district health services and programme 5 – tertiary hospital (Kimberley Hospital). As management subsequently corrected only some of the misstatements, I raised material findings on the usefulness and reliability of the reported performance information. Those that were not corrected are reported above.

Report on the audit of compliance with legislation

Introduction and scope

38. In accordance with the PAA and the general notice issued in terms thereof, I have a responsibility to report material findings on the compliance of the department with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance.
39. The material findings on compliance with specific matters in key legislations are as follows:

Annual financial statements

40. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and supported by full and proper records as required by section 40(1)(a) and (b) of the PFMA. Material misstatements of current assets, current liabilities, expenditure and disclosure items identified by the auditors in the submitted financial statements were corrected and the supporting records were provided subsequently, but the uncorrected material misstatements and supporting records that could not be provided resulted in the financial statements receiving a qualified opinion.

Expenditure management

41. Effective and appropriate steps were not taken to prevent unauthorised expenditure amounting to R1 261 000, as disclosed in note 9 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. Most of the unauthorised expenditure was mainly due to over-expenditure on the budget, due to substantial contractual obligations and payments of prior year accruals paid during the year under review.
42. Effective and appropriate steps were not taken to prevent irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. As reported in the basis for qualified opinion, the value as disclosed in note 24 of the financial statements does not reflect the full extent of the irregular expenditure incurred. The majority of the irregular expenditure disclosed in the financial statements was caused by contravention of supply chain management (SCM) requirements.
43. Effective steps were not taken to prevent fruitless and wasteful expenditure amounting to R5 394 000, as disclosed in note 25 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the fruitless and wasteful expenditure was caused by interest and penalties for late payment.
44. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

Revenue management

- 45. Appropriate processes were not developed to provide for the identification of and collection of and recording of and reconciliation of and safeguarding of information about revenue, as required by treasury regulation 7.2.1.
- 46. Effective and appropriate steps were not taken to collect all money due, as required by section 38(1)(c)(i) of the PFMA.

Strategic planning and performance management

- 47. Specific information systems were not implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery as required by public service regulation 25(1)(e)(i) and (iii).

Procurement and contract management

- 48. Some of the goods and services with a transaction value below R500 000 were procured without obtaining the required price quotations, as required by treasury regulation 16A6.1. Similar non-compliance was also reported in the prior year.
- 49. Some of the quotations were awarded to suppliers whose tax matters had not been declared by the South African Revenue Service to be in order as required by treasury regulation 16A9.1(d). Similar non-compliance was also reported in the prior year.
- 50. Goods and services of a transaction value above R500 000 were procured without inviting competitive bids, as required by treasury regulation 16A6.1. Similar non-compliance was also reported in the prior year.
- 51. Invitations for competitive bidding were not advertised in at least the government tender bulletin, as required by treasury regulation 16A6.3(c).
- 52. Sufficient appropriate audit evidence could not be obtained that invitations for competitive bidding were advertised for a required minimum period, as required by treasury regulation 16A6.3(c).
- 53. Sufficient appropriate audit evidence could not be obtained that contracts were awarded only to bidders who submitted a declaration on whether they are employed by the state or connected to any person employed by the state, which is prescribed in order to comply with treasury regulation 16A8.3. Similar limitation was also reported in the prior year.
- 54. Sufficient appropriate audit evidence could not be obtained that contracts were awarded to suppliers whose tax matters have been declared by the South African Revenue Service

to be in order as required by as required by treasury regulation 16A9.1(d). Similar non-compliance was also reported in the prior year.

55. Contracts were awarded to bidders based on evaluation/adjudication criteria that were differed from those stipulated in the original invitation for bidding, in contravention of treasury regulation 16A3.2(a). Similar non-compliance was also reported in the prior year. The non-compliance resulted in a material irregularity as reported in the section on material irregularities.
56. Sufficient appropriate audit evidence could not be obtained that bid adjudication was done by committees that were composed in accordance with the policies of the department, as required by treasury regulation 16A6.2 (a), (b) and (c). Similar limitation was also reported in the prior year.
57. The preference point system was not applied in some of the procurement of goods and services above R30 000 as required by section 2(a) of the PPPFA and treasury regulation 16A6.3(b). Similar non-compliance was also reported in the prior year.
58. Some of the contracts were awarded to bidders based on preference points that were not calculated in accordance with the requirements of the Preferential Procurement Policy Framework Act and its regulations.
59. Some of the contracts were awarded to bidders that did not score the highest points in the evaluation process, as required by section 2(1)(f) of Preferential Procurement Policy Framework Act and Preferential Procurement Regulations. This non-compliance was identified in the procurement processes for the supply delivery and installation of specialised mental health furniture.
60. Bid documentation for procurement of commodities designated for local content and production did not stipulated the minimum threshold for local production and content as required by the 2017 preferential procurement regulation 8(2). Similar non-compliance was also reported in the prior year.
61. IT-related goods and services, classified as mandatory, were not procured through SITA as required by treasury regulation 16A6.3(e) and section 7(3) of the SITA Act.
62. Sufficient appropriate audit evidence could not be obtained that some extensions or modifications to contracts were approved by a properly delegated official as required by section 44 of the PFMA and treasury regulation 8.1 and 8.2. Similar limitation was also reported in the prior year.
63. Persons in service of the department who had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by treasury regulation 16A8.4 and the public service regulations 18(1) and (2).

64. Persons in the service of the department whose close family members, partners or associates had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by treasury regulation 16A8.4. Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.

Consequence management

65. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred unauthorised, irregular and fruitless and wasteful expenditure as required by section 38(1)(h)(iii) of the PFMA. This was due to the department failing to institute the investigations into unauthorised, irregular, fruitless and wasteful expenditure to determine if disciplinary steps need to be taken against liable officials.

66. Disciplinary hearings were not held for confirmed cases of financial misconduct committed by some of the officials, as required by treasury regulation 4.1.1.

Other information

67. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial statements, the auditor's report and those selected programmes presented in the annual performance report that have been specifically reported in this auditor's report.

68. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.

69. In connection with my audit, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and the selected programmes presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

70. I did not receive the other information prior to the date of this auditor's report. When I do receive and read this information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

Internal control deficiencies

71. I considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation; however, my objective was not to express any form of assurance on it. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified, the findings on the annual performance report and the findings on compliance with legislation included in this report.
72. The matters above, as they relate to the basis for the qualified of opinion, findings on the annual performance report and findings on compliance with legislation, will be summarised in the auditor's report as follows:
73. Leadership did not ensure that the organisational structure of the department was finalised and implemented to promote effective human resource management to ensure that adequate and sufficiently skilled resources are in place.
74. Leadership compiled an action plan based on the audit report findings; however, they did not adequately monitor the existing action plan due to capacity constraints. This resulted in material findings reoccurring in the current financial year. Additionally, the numerous material adjustments to the submitted financial statements and performance report are indicative of the lack of review processes.
75. The collation of different pieces of information from various units for incorporation into the financial statements and annual performance report was not done timeously to allow for sufficient and adequate reviews, which resulted in material amendments to the financial statements and annual performance report.
76. The underlying systems and controls were inadequate to provide reliable evidence to support the reporting on predetermined objectives for programmes selected for auditing. The relevant staff did not accurately count the data elements in the registers. The facility managers did not appropriately review to ensure that the counting was done accurately and the totals per the registers were accurately captured on the reporting systems such as DHIS and ETR.net. Furthermore, information was not adequately stored to ensure that it was easily retrievable.
77. Leadership did not ensure that the department comply with applicable legislation due to capacity constraints in compliance unit. Material findings on compliance with legislation were raised in the year under review. The department's internal processes and systems did not prevent material non-compliance of irregular and fruitless and wasteful expenditure from occurring.

78. The asset management unit is under-staffed, resulting in basic disciplines such as physical verifications at all facilities and timeous updating of the asset register was not done to ensure compliance with the applicable accounting reporting framework.
79. Regular reconciliations were not always prepared for payables and accruals not recognised. This resulted in reliance on manual reconciliations at year-end. Due to the volume of manual reconciliations required, a number of errors were identified in the reconciliations by the external auditors.
80. The department conducted a risk assessment as required by the PFMA; however, the risk assessment performed by the department was not adequately suitable to detect or prevent the number of control deficiencies identified as communicated in this report.
81. The leadership did not implement and follow up on the recommendations made by the internal audit unit, thus negatively affecting its effectiveness as an assurance provider to the department.
82. The internal audit and audit committee did not have sufficient time to review the annual financial statement as the department did not meet the target date set for submission to internal and audit committee before submitting to the external auditors.

Material Irregularities

83. In accordance with the PAA and the material irregularities regulations, I have a responsibility to report on material irregularities identified during the audit.
84. The material irregularities identified are as follows:

Evaluation criteria applied in medical waste award different from original bidding invitation

85. A three-year contract for medical waste collection for R4 278 000 per month was awarded in November 2018 to a supplier based on criteria applied in the evaluation process that was different from those included in the original bidding invitation, in contravention of treasury regulations 16A3.2(a).
86. The non-compliance is likely to result in a material financial loss as the fixed monthly pricing awarded to the supplier differs significantly from the variable costing pricing included in the original bidding invitation
87. The accounting officer was notified of the material irregularity and invited to make a written submission on the actions taken and that will be taken to address the matter. The accounting officer responded by disagreeing that there was non-compliance with legislation in awarding the contract. I am in the process of referring the material irregularity to the National Treasury for investigation as provided for in section 5(1A) of the PAA.

Overpayment for radiology services

88. The department entered into a contract for radiology service on 1 November 2013, the total expenditure relating to the contract and extension accumulated to R17 428 920 for radiology services. Payments were made for radiology services even though the contract had a mathematical error that resulted in an overpayment as effective internal controls were not in place for the approval and processing of payments, as required by treasury regulation 8.1.1. The overpayment is likely to result in a material financial loss, if not recovered from the supplier. The payments were made in respect of the first extension of the contract which was effective from 1 April 2014 to 31 March 2015, and payments also were made in respect of the fourth extension of the contract which was effective from 1 October 2018 to 30 September 2019 (the contract is not signed).
89. Furthermore, payments were also made to the radiologist to perform mammograms, although the hospital did not have a mammogram machine. It is likely that there will be a material financial loss, if the payments are not recovered from the supplier. Payments were made in respect of the first extension of the contract which was effective from 1 April 2014 to 31 March 2015 and also in respect of the third extension of the contract which was effective from 1 October 2015 to 30 September 2018.
90. The accounting officer instituted a full-scale investigation on 23 August 2019 based on the outcome of the preliminary investigation performed. I will follow up on the investigation and the implementation of the planned actions during my next audit.

Other reports

91. In addition to the investigations relating to material irregularities, I draw attention to the following engagements conducted by various parties that had, or could have, an impact on the matters reported in the department's financial statements, reported performance information, compliance with applicable legislation and other related matters. These reports did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.
92. The Directorate for Priority Crime Investigation (Hawks) is investigating allegations of irregularities in the supply chain management processes applied by the department. These proceedings were in progress at the date of this report.

Kimberley

25 September 2019



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure – Auditor-general's responsibility for the audit

1. As part of an audit in accordance with the ISAs, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements, and the procedures performed on reported performance information for selected programmes and on the department's compliance with respect to the selected subject matters.

Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:
 - identify and assess the risks of material misstatement of the financial statements whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
 - obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control
 - evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer.
 - conclude on the appropriateness of the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the department's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify the opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a department to cease continuing as a going concern
 - evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

Communication with those charged with governance

3. I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

4. I also confirm to the accounting officer that I have complied with relevant ethical requirements regarding independence, and communicate all relationships and other matters that may reasonably be thought to have a bearing on my independence and, where applicable, related safeguards.

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Appropriation per programme									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Programme									
1. Administration	208,739	--	14,362	223,101	224,053	(952)	100.4%	209,905	230,613
2. District Health Services	2,186,459	-	(6,402)	2,180,057	2,180,684	(627)	100.0%	2,001,541	1,989,395
3. Emergency Medical Services	329,657	-	3,342	332,999	333,706	(707)	100.2%	327,707	302,726
4. Provincial Hospital Services	384,626	-	(1,927)	382,699	382,699	-	100.0%	338,120	338,577
5. Central Hospital Services	1,080,233	-	(8,483)	1,071,750	1,062,227	9,523	99.1%	970,244	953,904
6. Health Sciences	125,309	-	(5,198)	120,111	120,681	(570)	100.5%	119,668	98,661
7. Health Care Support Services	119,223	-	(6,949)	112,274	113,263	(989)	100.9%	100,142	91,782
8. Health Facilities Management	420,065	-	11,255	431,320	420,167	11,153	97.4%	562,965	561,271
Subtotal	4,854,311	-	-	4,854,311	4,837,480	16,831	99.7%	4,630,292	4,567,352
Statutory Appropriation		-	-					-	-
TOTAL	4,854,311	-	-	4,854,311	4,837,480	16,831	99.7%	4,630,292	4,567,352

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

	2018/19		2017/18	
	Final Appropriation	Actual Expenditure	Final Appropriation	Actual Expenditure
TOTAL (brought forward)				
Reconciliation with statement of financial performance				
ADD				
Departmental receipts				
NRF Receipts				
Aid assistance	4,526		1,151	
Actual amounts per statement of financial performance (total revenue)	4,858,837		4,631,443	
ADD				
Aid assistance		2,157		118
Prior year unauthorised expenditure approved without funding				
Actual amounts per statement of financial performance (total expenditure)		4,839,637		4,567,470

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Appropriation per economic classification									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Economic classification									
Current payments	4,438,394	-	-	4,438,394	4,437,757	637	100.0%	3,934,204	4,029,540
Compensation of employees	2,806,482	-	-	2,806,482	2,804,762	1,720	99.9%	2,500,141	2,572,131
Salaries and wages	2,508,156	(6,661)	(2,707)	2,498,788	2,481,581	17,207	99.3%	2,234,641	2,271,985
Social contributions	298,326	6,661	2,707	307,694	323,181	(15,487)	105.0%	265,500	300,146
Goods and services	1,631,912	-	-	1,631,912	1,627,617	4,295	99.7%	1,434,063	1,452,145
Administrative fees	5,117	-	-	5,117	1,154	3,963	22.6%	4,655	602
Advertising	5,949	-	-	5,949	16,454	(10,505)	276.6%	5,455	1,197
Minor assets	18,554	-	-	18,554	7,269	11,285	39.2%	17,899	3,392
Audit costs: External	14,656	-	-	14,656	14,480	176	98.8%	13,853	14,302
Bursaries: Employees	2,219	-	-	2,219	2,835	(616)	127.8%	2,135	839
Catering: Departmental activities	4,955	-	-	4,955	8,623	(3,668)	174.0%	4,806	6,499
Communication (G&S)	14,088	-	3,458	17,546	20,722	(3,176)	118.1%	13,700	21,141
Computer services	12,942	-	10,449	23,391	48,967	(25,576)	209.3%	29,799	35,377
Consultants: Business and advisory services	2,286	-	-	2,286	1,578	708	69.0%	3,093	2,055
Infrastructure and planning services	19	-	-	19	-	19	-	11	-
Laboratory services	130,539	-	-	130,539	113,597	16,942	87.0%	137,388	115,421
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	4,936	-	-	4,936	6,143	(1,207)	124.5%	4,665	9,767
Contractors	256,095	-	1,459	257,554	237,703	19,851	92.3%	94,981	166,199
Agency and support / outsourced services	212,396	(3,387)	-	209,009	184,631	24,378	88.3%	207,451	207,950
Entertainment	247	-	-	247	-	247	-	233	-
Fleet services (including government motor transport)	85,051	-	3,085	88,136	93,503	(5,367)	106.1%	79,758	59,650
Housing	-	-	-	-	-	-	-	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Inventory: Clothing material and accessories	4,075	-	-	4,075	841	3,234	20.6%	3,431	1,095
Inventory: Farming supplies	31	-	-	31	14	17	45.2%	30	26
Inventory: Food and food supplies	41,176	-	-	41,176	28,235	12,941	68.6%	25,516	26,221
Inventory: Fuel, oil and gas	21,857	-	-	21,857	24,167	(2,310)	110.6%	20,617	12,423
Inventory: Learner and teacher support material	114	-	-	114	-	114	-	108	-
Inventory: Materials and supplies	6,290	-	-	6,290	1,702	4,588	27.1%	4,459	1,171
Inventory: Medical supplies	139,327	(189)	(4,713)	134,425	144,705	(10,280)	107.6%	137,673	118,277
Inventory: Medicine	283,992	(2,084)	-	281,908	277,499	4,409	98.4%	290,034	319,237
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	9,350	(9,350)	-	-	6,341
Consumable supplies	33,641	-	(2,821)	30,820	30,232	588	98.1%	33,104	20,092
Consumable: Stationery, printing and office	22,759	-	-	22,759	16,865	5,894	74.1%	18,629	12,798
Supplies									
Operating leases	66,733	-	(2,441)	64,292	46,059	18,233	71.6%	69,196	37,371
Property payments	132,184	5,948	(3,000)	135,132	216,561	(81,429)	160.3%	124,495	177,711
Transport provided: Departmental activity	1,998	-	7,202	9,200	18,713	(9,513)	203.4%	9,110	29,750
Travel and subsistence	48,580	-	(2,653)	45,927	35,116	10,811	76.5%	43,256	36,698
Training and development	41,036	-	(10,025)	31,011	12,133	18,878	39.1%	27,970	2,353
Operating payments	3,829	(288)	-	3,541	1,688	1,853	47.7%	3,628	2,704
Venues and facilities	2,104	-	-	2,104	2,893	(789)	137.5%	2,925	1,249
Rental and hiring	12,137	-	-	12,137	3,185	8,952	26.2%	-	2,237
Interest and rent on land	-	-	-	-	5,378	(5,378)	-	-	5,264
Interest	-	-	-	-	5,378	(5,378)	-	-	5,264
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	39,883	-	-	39,883	49,708	(9,825)	124.6%	35,919	56,977
Provinces and municipalities	12,578	(163)	(9,487)	2,928	559	2,369	19.1%	9,852	222
Provinces	9,461	142	(9,487)	116	364	(248)	313.8%	8,754	164
Provincial Revenue Funds	9,461	142	(9,487)	116	364	(248)	313.8%	27	54
Provincial agencies and funds	-	-	-	-	-	-	-	8,727	110
Municipalities	3,117	(305)	-	2,812	195	2,617	6.9%	1,098	58

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Municipal bank accounts	3,117	(305)	-	2,812	195	2,617	6.9%	1,098	58
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	4,113	(167)	-	3,946	-	3,946	-	3,028	-
Households	23,192	330	9,487	33,009	49,149	(16,140)	148.9%	23,039	56,755
Social benefits	23,192	330	7,620	31,142	45,599	(14,457)	146.4%	8,948	8,344
Other transfers to households	-	-	1,867	1,867	3,550	(1,683)	190.1%	14,091	48,411
Payments for capital assets	376,034	-	-	376,034	350,015	26,019	93.1%	660,169	480,835
Buildings and other fixed structures	184,978	56,194	681	241,853	232,208	9,645	96.0%	441,011	408,959
Buildings	184,978	56,194	681	241,853	232,208	9,645	96.0%	441,011	408,959
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	191,056	(56,506)	(681)	133,869	117,442	16,427	87.7%	218,872	71,101
Transport equipment	33,732	(253)	(3,066)	30,413	24,135	6,278	79.4%	52,630	20,106
Other machinery and equipment	157,324	(56,253)	2,385	103,456	93,307	10,149	90.2%	166,242	50,995
Software and other intangible assets	-	312	-	312	365	(53)	117.0%	286	775
Total	4,854,311	-	-	4,854,311	4,837,480	16,831	99.7%	4,630,292	4,567,352

Programme 1: Administration									
2018/19								2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Office of the MEC	13,591	1,235	4,851	19,677	19,204	473	97.6%	12,289	16,940
2. Management	195,148	(1,235)	9,511	203,424	204,849	(1,425)	100.7%	197,616	213,673
Total for sub programmes	208,739	-	14,362	223,101	224,053	(952)	100.4%	209,905	230,613
Economic classification									
Current payments	205,339	-	12,495	217,834	218,998	(1,164)	100.5%	207,278	218,695
Compensation of employees	135,148	-	(2,805)	132,343	132,343	-	100.0%	126,312	127,715
Salaries and wages	124,258	(6,594)	(2,805)	114,859	114,859	-	100.0%	116,192	110,762
Social contributions	10,890	6,594	-	17,484	17,484	-	100.0%	10,120	16,953
Goods and services	70,191	-	15,300	85,491	86,364	(873)	101.0%	80,966	90,712
Administrative fees	823	-	-	823	512	311	62.2%	778	325
Advertising	1,054	-	-	1,054	1,122	(68)	106.5%	996	496
Minor assets	324	-	-	324	241	83	74.4%	304	177
Audit costs: External	14,656	-	-	14,656	14,479	177	98.8%	13,853	14,302
Bursaries: Employees	-	-	-	-	13	(13)	-	-	38
Catering: Departmental activities	103	-	-	103	690	(587)	669.9%	97	239

Communication (G&S)	11,156	-	3,458	14,614	7,907	6,707	54.1%	10,399	15,377
Computer services	5,470	-	10,449	15,919	28,864	(12,945)	181.3%	20,078	25,785
Consultants: Business and advisory services	647	-	-	647	1,550	(903)	239.6%	612	1,786
Infrastructure and planning services	15	-	-	15	-	15	-	7	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	4,922	-	-	4,922	6,143	(1,221)	124.8%	4,652	9,767
Contractors	1,814	-	-	1,814	608	1,206	33.5%	1,715	180
Agency and support / outsourced services	-	-	-	-	4,369	(4,369)	-	-	-
Entertainment	247	-	-	247	-	247	-	233	-
Fleet services (including government motor transport)	10,959	-	-	10,959	3,829	7,130	34.9%	10,229	5,128
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	68	(68)	-	-	1
Inventory: Farming supplies	-	-	-	-	1	(1)	-	-	-
Inventory: Food and food supplies	-	-	-	-	645	(645)	-	-	946
Inventory: Fuel, oil and gas	-	-	-	-	23	(23)	-	-	2
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	13	(13)	-	-	87
Inventory: Medical supplies	-	-	-	-	291	(291)	-	-	566
Inventory: Medicine	-	-	-	-	-	-	-	-	(915)
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	18	(18)	-	-	-

Consumable supplies	1,161	-	-	1,161	464	697	40.0%	1,097	913
Consumable: Stationery, printing and office Supplies	2,162	-	-	2,162	1,930	232	89.3%	2,044	2,242
Operating leases	3,911	-	-	3,911	1,890	2,021	48.3%	3,696	2,273
Property payments	3,344	-	1,000	4,344	4,254	90	97.9%	3,161	2,699
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	6,563	-	393	6,956	5,736	1,220	82.5%	6,203	7,657
Training and development	156	-	-	156	66	90	42.3%	147	6
Operating payments	380	-	-	380	211	169	55.5%	359	298
Venues and facilities	324	-	-	324	427	(103)	131.8%	306	337
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	291	(291)	-	-	268
Interest	-	-	-	-	291	(291)	-	-	268
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	242	-	1,867	2,109	4,168	(2,059)	197.6%	656	9,656
Provinces and municipalities	-	-	-	-	254	(254)	-	1	1
Provinces	-	-	-	-	254	(254)	-	-	-
Provincial Revenue Funds	-	-	-	-	254	(254)	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	1	1
Municipal bank accounts	-	-	-	-	-	-	-	1	1
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	129	-	-	129	-	129	-	-	-

Households	113	-	1,867	1,980	3,914	(1,934)	197.7%	655	9,655
Social benefits	113	-	-	113	364	(251)	322.1%	588	588
Other transfers to households	-	-	1,867	1,867	3,550	(1,683)	190.1%	67	9,067
Payments for capital assets	3,158	-	-	3,158	887	2,271	28.1%	1,971	2,262
Buildings and other fixed structures	-	785	-	785	388	397	49.4%	-	345
Buildings	-	785	-	785	388	397	49.4%	-	345
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	3,158	(795)	-	2,363	489	1,874	20.7%	1,971	1,917
Transport equipment	1,100	(191)	-	909	-	909	-	981	956
Other machinery and equipment	2,058	(604)	-	1,454	489	965	33.6%	990	961
Software and other intangible assets	-	10	-	10	10	-	100.0%	-	-
Total	208,739	-	14,362	223,101	224,053	(952)	100.4%	209,905	230,613

1.1 Office of the MEC									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	12,362	1,235	4,851	18,448	19,016	(568)	103.1%	11,259	15,910
Compensation of employees	7,011	1,235	-	8,246	8,246	-	100.0%	6,201	7,304
Goods and services	5,351	-	4,851	10,202	10,729	(527)	105.2%	5,058	8,524
Interest and rent on land	-	-	-	-	41	(41)	-	-	82
Transfers and subsidies	129	-	-	129	-	129	-	49	49
Provinces and municipalities	-	-	-	-	-	-	-	1	1
Non-profit institutions	129	-	-	129	-	129	-	-	-
Households	-	-	-	-	-	-	-	48	48
Payments for capital assets	1,100	-	-	1,100	188	912	17.1%	981	981
Buildings and other fixed structures	-	5	-	5	5	-	100.0%	-	-
Machinery and equipment	1,100	(5)	-	1,095	183	912	16.7%	981	981
Intangible assets	-	-	-	-	-	-	-	-	-
Total	13,591	1,235	4,851	19,677	19,204	473	97.6%	12,289	16,940

1.2 Management									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	192,977	(1,235)	7,644	199,386	199,982	(596)	100.3%	196,019	202,785
compensation of employees	128,137	(1,235)	(2,805)	124,097	124,097	-	100.0%	120,111	120,411
Goods and services	64,840	-	10,449	75,289	75,635	(346)	100.5%	75,908	82,188
Interest and rent on land	-	-	-	-	250	(250)	-	-	186
Transfers and subsidies	113	-	1,867	1,980	4,168	(2,188)	210.5%	607	9,607
Provinces and municipalities	-	-	-	-	254	(254)	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	113	-	1,867	1,980	3,914	(1,934)	197.7%	607	9,607
Payments for capital assets	2,058	-	-	2,058	699	1,359	34.0%	990	1,281
Buildings and other fixed structures	-	780	-	780	383	397	49.1%	-	345
Machinery and equipment	2,058	(790)	-	1,268	306	962	24.1%	990	936
Intangible assets	-	10	-	10	10	-	100.0%	-	-
Total	195,148	(1,235)	9,511	203,424	204,849	(1,425)	100.7%	197,616	213,673

Programme 2: District Health Services									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. District Management	157,187	-	3,085	160,272	200,029	(39,757)	124.8%	144,742	171,628
2. Community Health Clinics	450,116	3,178	(9,487)	443,807	475,622	(31,815)	107.2%	423,580	444,186
3. Community Health Centres	308,853	-	-	308,853	329,860	(21,007)	106.8%	279,432	288,843
4. Other Community Services	108,730	-	-	108,730	38,531	70,199	35.4%	73,122	68,414
5. Hiv/Aids	571,130	(3,178)	-	567,952	539,140	28,812	94.9%	528,267	453,285
6. Nutrition	5,004	-	-	5,004	3,518	1,486	70.3%	4,700	2,239
7. Coroner Services	-	-	-	-	-	-	-	-	-
8. District Hospitals	585,439	-	-	585,439	593,984	(8,545)	101.5%	547,698	560,800
Total for sub programmes	2,186,459	-	(6,402)	2,180,057	2,180,684	(627)	100.0%	2,001,541	1,989,395
Economic classification									
Current payments	2,139,124	-	3,085	2,142,209	2,155,248	(13,039)	100.6%	1,965,514	1,975,200
Compensation of employees	1,303,984	-	-	1,303,984	1,348,661	(44,677)	103.4%	1,182,299	1,214,177
Salaries and wages	1,160,896	-	-	1,160,896	1,192,055	(31,159)	102.7%	1,042,477	1,067,925
Social contributions	143,088	-	-	143,088	156,606	(13,518)	109.4%	139,822	146,252
Goods and services	835,140	-	3,085	838,225	804,445	33,780	96.0%	783,215	758,313
Administrative fees	552	-	-	552	268	284	48.6%	704	54
Advertising	3,500	-	-	3,500	15,181	(11,681)	433.7%	3,147	691

Minor assets	6,673	-	-	6,673	3,151	3,522	47.2%	7,463	1,648
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	154	-	-	154	-	154	-	138	30
Catering: Departmental activities	4,036	-	-	4,036	3,265	771	80.9%	3,948	1,413
Communication (G&S)	483	-	-	483	12,383	(11,900)	2563.8%	984	4,977
Computer services	2,598	-	-	2,598	8,474	(5,876)	326.2%	5,280	5,864
Consultants: Business and advisory services	296	-	-	296	18	278	6.1%	1,349	109
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	95,933	-	-	95,933	80,693	15,240	84.1%	95,281	73,649
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	39,835	-	-	39,835	24,257	15,578	60.9%	22,661	10,110
Agency and support / outsourced services	148,818	-	-	148,818	118,381	30,437	79.5%	156,715	159,350
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	10,323	-	3,085	13,408	14,628	(1,220)	109.1%	9,756	8,013
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	1,405	-	-	1,405	251	1,154	17.9%	908	506
Inventory: Farming supplies	5	-	-	5	7	(2)	140.0%	5	1
Inventory: Food and food supplies	33,306	-	-	33,306	20,729	12,577	62.2%	18,077	18,491

Inventory: Fuel, oil and gas	4,609	-	-	4,609	2,348	2,261	50.9%	4,356	1,565
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	3,267	-	-	3,267	904	2,363	27.7%	1,825	662
Inventory: Medical supplies	60,200	-	-	60,200	54,845	5,355	91.1%	52,974	33,149
Inventory: Medicine	243,333	-	-	243,333	242,434	899	99.6%	243,032	276,380
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	2,350	(2,350)	-	-	2,041
Consumable supplies	17,115	-	-	17,115	16,971	144	99.2%	17,546	11,263
Consumable: Stationery, printing and office supplies	12,681	-	-	12,681	6,271	6,410	49.5%	9,173	4,413
Operating leases	25,995	-	-	25,995	11,739	14,256	45.2%	28,884	6,501
Property payments	81,626	-	-	81,626	142,365	(60,739)	174.4%	75,616	123,839
Transport provided: Departmental activity	733	-	-	733	-	733	-	669	-
Travel and subsistence	20,504	-	-	20,504	16,384	4,120	79.9%	16,378	11,197
Training and development	14,738	-	-	14,738	200	14,538	1.4%	3,258	121
Operating payments	1,714	-	-	1,714	1,198	516	69.9%	1,634	1,341
Venues and facilities	427	-	-	427	1,600	(1,173)	374.7%	1,454	879
Rental and hiring	281	-	-	281	3,150	(2,869)	1121.0%	-	56
Interest and rent on land	-	-	-	-	2,142	(2,142)	-	-	2,710
Interest	-	-	-	-	2,142	(2,142)	-	-	2,710
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	20,754	-	(9,487)	11,267	4,168	7,099	37.0%	17,410	5,377

Provinces and municipalities	12,150	-	(9,487)	2,663	195	2,468	7.3%	9,120	101
Provinces	9,461	55	(9,487)	29	-	29	-	8,754	44
Provincial Revenue Funds	9,461	55	(9,487)	29	-	29	-	27	44
Provincial agencies and funds	-	-	-	-	-	-	-	8,727	-
Municipalities	2,689	(55)	-	2,634	195	2,439	7.4%	366	57
Municipal bank accounts	2,689	(55)	-	2,634	195	2,439	7.4%	366	57
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	3,189	-	-	3,189	-	3,189	-	3,014	-
Households	5,415	-	-	5,415	3,973	1,442	73.4%	5,276	5,276
Social benefits	5,415	-	-	5,415	3,973	1,442	73.4%	5,276	4,766
Other transfers to households	-	-	-	-	-	-	-	-	510
Payments for capital assets	26,581	-	-	26,581	21,268	5,313	80.0%	18,617	8,818
Buildings and other fixed structures	-	6,123	-	6,123	6,798	(5,038)	386.3%	-	1,473
Buildings	-	6,123	-	6,123	6,798	(5,038)	386.3%	-	1,473
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	26,581	(6,157)	-	20,424	14,436	10,385	58.2%	18,617	7,345
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	26,581	(6,157)	-	20,424	14,436	10,385	58.2%	18,617	7,345
Software and other intangible assets	-	34	-	34	34	-	100.0%	-	-
Total	2,186,459	-	(6,402)	2,180,057	2,180,684	(627)	100.0%	2,001,541	1,989,395

2.1 District Management									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	156,568	-	3,085	159,653	199,584	(39,931)	125.0%	144,137	171,229
Compensation of employees	126,163	-	-	126,163	139,985	(13,822)	111.0%	116,372	125,726
Goods and services	30,405	-	3,085	33,490	59,497	(26,007)	177.7%	27,765	45,489
Interest and rent on land	-	-	-	-	102	(102)	-	-	14
Transfers and subsidies	29	-	-	29	311	(282)	1072.4%	47	332
Provinces and municipalities	29	-	-	29	24	5	82.8%	47	19
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	287	(287)	-	-	313
Payments for capital assets	590	-	-	590	134	456	22.7%	558	67
Buildings and other fixed structures	-	18	-	18	110	(92)	611.1%	-	59
Machinery and equipment	590	(18)	-	572	24	548	4.2%	558	8
Intangible assets	-	-	-	-	-	-	-	-	-
Total	157,187	-	3,085	160,272	200,029	(39,757)	124.8%	144,742	171,628

2.2 Community Health Clinics									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	438,815	-	-	438,815	470,609	(31,794)	107.2%	413,003	441,593
Compensation of employees	298,930	-	-	298,930	299,738	(808)	100.3%	289,335	282,037
Goods and services	139,885	-	-	139,885	170,757	(30,872)	122.1%	123,668	159,336
Interest and rent on land	-	-	-	-	114	(114)	-	-	220
Transfers and subsidies	10,529	-	(9,487)	1,042	1,139	(97)	109.3%	9,847	1,134
Provinces and municipalities	9,534	-	(9,487)	47	5	42	10.6%	8,907	2
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	995	-	-	995	1,134	(139)	114.0%	940	1,132
Payments for capital assets	772	3,178	-	3,950	3,874	76	98.1%	730	1,459
Buildings and other fixed structures	-	1,077	-	1,077	1,026	51	95.3%	-	632
Machinery and equipment	772	2,101	-	2,873	2,848	25	99.1%	730	827
Intangible assets	-	-	-	-	-	-	-	-	-
Total	450,116	3,178	(9,487)	443,807	475,622	(31,815)	107.2%	423,580	444,186

2.3 Community Health Centres									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	303,615	-	-	303,615	326,226	(22,611)	107.4%	274,824	287,194
Compensation of employees	211,016	-	-	211,016	230,103	(19,087)	109.0%	187,846	198,944
Goods and services	92,599	-	-	92,599	95,887	(3,288)	103.6%	86,978	87,348
Interest and rent on land	-	-	-	-	236	(236)	-	-	902
Transfers and subsidies	2,150	-	-	2,150	898	1,252	41.8%	1,689	950
Provinces and municipalities	87	-	-	87	166	(79)	190.8%	166	80
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,063	-	-	2,063	732	1,331	35.5%	1,523	870
Payments for capital assets	3,088	-	-	3,088	2,736	352	88.6%	2,919	699
Buildings and other fixed structures	-	665	-	665	1,246	(581)	187.4%	-	586
Machinery and equipment	3,088	(665)	-	2,423	1,490	933	61.5%	2,919	113
Intangible assets	-	-	-	-	-	-	-	-	-
Total	308,853	-	-	308,853	329,860	(21,007)	106.8%	279,432	288,843

2.4 Other Community Services									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	104,231	-	-	104,231	38,425	65,806	36.9%	68,870	68,354
Compensation of employees	82,686	-	-	82,686	31,891	50,795	38.6%	48,529	64,554
Goods and services	21,545	-	-	21,545	6,534	15,011	30.3%	20,341	3,800
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	3,189	-	-	3,189	74	3,115	2.3%	3,014	60
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	3,189	-	-	3,189	-	3,189	-	3,014	-
Households	-	-	-	-	74	(74)	-	-	60
Payments for capital assets	1,310	-	-	1,310	32	1,278	2.4%	1,238	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,310	-	-	1,310	32	1,278	2.4%	1,238	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	108,730	-	-	108,730	38,531	70,199	35.4%	73,122	68,414

2.5 HIV / AIDS									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	557,864	-	-	557,864	531,627	26,237	95.3%	524,014	447,762
Compensation of employees	150,354	-	-	150,354	199,066	(48,712)	132.4%	136,486	120,341
Goods and services	407,510	-	-	407,510	331,176	76,334	81.3%	387,528	326,886
Interest and rent on land	-	-	-	-	1,385	(1,385)	-	-	535
Transfers and subsidies	2,500	-	-	2,500	142	2,358	5.7%	585	280
Provinces and municipalities	2,500	-	-	2,500	-	2,500	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	142	(142)	-	585	280
Payments for capital assets	10,766	(3,178)	-	7,588	7,371	217	97.1%	3,668	5,243
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	10,766	(3,178)	-	7,588	7,371	217	97.1%	3,668	5,243
Intangible assets	-	-	-	-	-	-	-	-	-
Total	571,130	(3,178)	-	567,952	539,140	28,812	94.9%	528,267	453,285

2.6 Nutrition									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	4,919	-	-	4,919	3,453	1,466	70.2%	4,619	2,239
Compensation of employees	2,155	-	-	2,155	1,860	295	86.3%	2,033	1,749
Goods and services	2,764	-	-	2,764	1,593	1,171	57.6%	2,586	490
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	85	-	-	85	65	20	76.5%	81	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	85	-	-	85	31	54	36.5%	81	-
Intangible assets	-	-	-	-	34	(34)	-	-	-
Total	5,004	-	-	5,004	3,518	1,486	70.3%	4,700	2,239

2.7 Coroner Services									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	-	-	-	-	-	-	-	-	-
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	-	-

2.8 District Hospitals									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	573,112	-	-	573,112	585,324	(12,212)	102.1%	536,047	556,829
Compensation of employees	432,680	-	-	432,680	446,018	(13,338)	103.1%	401,698	420,826
Goods and services	140,432	-	-	140,432	139,001	1,431	99.0%	134,349	134,964
Interest and rent on land	-	-	-	-	305	(305)	-	-	1,039
Transfers and subsidies	2,357	-	-	2,357	1,604	753	68.1%	2,228	2,621
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,357	-	-	2,357	1,604	753	68.1%	2,228	2,621
Payments for capital assets	9,970	-	-	9,970	7,056	2,914	70.8%	9,423	1,350
Buildings and other fixed structures	-	4,363	-	4,363	4,416	(4,416)	-	-	196
Machinery and equipment	9,970	(4,363)	-	5,607	2,640	7,330	26.5%	9,423	1,154
Intangible assets	-	-	-	-	-	-	-	-	-
Total	585,439	-	-	585,439	593,984	(8,545)	101.5%	547,698	560,800

Programme 3: Emergency Medical Services									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Emergency Transport	326,714	2,943	3,342	332,999	333,706	(701)	100.2%	327,707	302,726
2. Planned Patient Transport	2,943	(2,943)	-	-	-	-	-	-	-
Total for sub programmes	329,657	-	3,342	332,999	333,706	(701)	100.2%	327,707	302,726
Economic classification									
Current payments	296,597	-	8,822	305,419	314,006	(8,587)	102.8%	275,653	282,066
Compensation of employees	209,730	-	1,620	211,350	214,869	(3,519)	101.7%	186,570	191,360
Salaries and wages	180,641	-	1,620	182,261	183,258	(997)	100.5%	161,971	162,889
Social contributions	29,089	-	-	29,089	31,611	(2,522)	108.7%	24,599	28,471
Goods and services	86,867	-	7,202	94,069	97,219	(3,150)	103.3%	89,083	89,176
Administrative fees	-	-	-	-	9	(9)	-	-	12
Advertising	124	-	-	124	77	47	62.1%	117	-
Minor assets	5,076	-	-	5,076	285	4,791	5.6%	4,082	237
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	22	(22)	-	-	-
Catering: Departmental activities	87	-	-	87	55	32	63.2%	82	16
Communication (G&S)	883	-	-	883	-	883	-	835	4
Computer services	282	-	-	282	3	279	1.1%	267	-
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-

Contractors	2,352	-	-	2,352	8	2,344	0.3%	2,223	94
Agency and support / outsourced services	22	-	-	22	83	(61)	377.3%	21	116
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	57,209	-	-	57,209	68,187	(10,978)	119.2%	53,571	44,131
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	1,711	-	-	1,711	-	1,711	-	1,617	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	3	(3)	-	-	-
Inventory: Fuel, oil and gas	1,791	-	-	1,791	8	1,783	0.4%	1,693	33
Inventory: Learner and teacher support material	114	-	-	114	-	114	-	108	-
Inventory: Materials and supplies	384	-	-	384	3	381	0.8%	363	5
Inventory: Medical supplies	1,274	-	-	1,274	928	346	72.8%	2,316	3,232
Inventory: Medicine	867	-	-	867	680	187	78.4%	819	59
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	16
Consumable supplies	776	-	-	776	112	664	14.4%	720	70
Consumable: Stationery, printing and office supplies	931	-	-	931	348	583	37.4%	810	255
Operating leases	9,753	-	-	9,753	5,684	4,069	58.3%	9,218	8,763
Property payments	1,079	-	-	1,079	1,800	(721)	166.8%	1,020	755
Transport provided: Departmental activity	-	-	7,202	7,202	18,698	(11,496)	259.6%	7,245	29,743
Travel and subsistence	1,992	-	-	1,992	895	1,097	44.9%	1,805	1,242
Training and development	-	-	-	-	-	-	-	-	-
Operating payments	160	-	-	160	23	137	14.4%	151	393
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	(692)	692	-	-	-
Interest and rent on land	-	-	-	-	1,918	(1,918)	-	-	1,530
Interest	-	-	-	-	1,918	(1,918)	-	-	1,530
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	428	-	-	428	250	178	58.4%	405	253

Provinces and municipalities	428	(163)	-	265	87	178	32.8%	405	110
Provinces	-	87	-	87	87	-	100.0%	-	110
Provincial Revenue Funds	-	87	-	87	87	-	100.0%	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	110
Municipalities	428	(250)	-	178	-	178	-	405	-
Municipal bank accounts	428	(250)	-	178	-	178	-	405	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	163	-	163	163	-	100.0%	-	143
Social benefits	-	163	-	163	163	-	100.0%	-	143
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	32,632	-	(5,480)	27,152	19,450	7,702	71.6%	51,649	20,407
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	32,632	-	(5,480)	27,152	19,450	7,702	71.6%	51,649	20,407
Transport equipment	32,632	(231)	(5,480)	26,921	19,450	7,471	72.2%	51,649	14,275
Other machinery and equipment	-	231	-	231	-	231	-	-	6,132
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	329,657	-	3,342	332,999	333,706	(707)	100.2%	327,707	302,726

3.1 Emergency Transport									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	293,654	2,943	8,822	305,419	314,006	(8,587)	102.8%	275,653	282,066
Compensation of employees	207,964	1,766	1,620	211,350	214,869	(3,519)	101.7%	186,570	191,360
Goods and services	85,690	1,177	7,202	94,069	97,219	(3,150)	103.3%	89,083	89,176
Interest and rent on land	-	-	-	-	1,918	(1,918)	-	-	1,530
Transfers and subsidies	428	-	-	428	250	178	58.4%	405	253
Provinces and municipalities	428	(163)	-	265	87	178	32.8%	405	110
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	163	-	163	163	-	100.0%	-	143
Payments for capital assets	32,632	-	(5,480)	27,152	19,450	7,702	71.6%	51,649	20,407
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	32,632	-	(5,480)	27,152	19,450	7,702	71.6%	51,649	20,407
Intangible assets	-	-	-	-	-	-	-	-	-
Total	326,714	2,943	3,342	332,999	333,706	(707)	100.2%	327,707	302,726

3.2 Planned Patient Transport									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2,943	(2,943)	-	-	-	-	-	-	-
Compensation of employees	1,766	(1,766)	-	-	-	-	-	-	-
Goods and services	1,177	(1,177)	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	2,943	(2,943)	-	-	-	-	-	-	-

Programme 4: Provincial Hospital Services									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. General (Regional) Hospitals	292,668	(926)	(9,316)	282,426	282,358	68	100.0%	266,169	264,354
2. Tuberculosis Hospitals	18,318	(5,327)	2,145	15,136	15,136	-	100.0%	16,130	12,802
3. Psychiatric/Mental Hospitals	73,640	6,253	5,244	85,137	85,205	(68)	100.1%	55,821	61,421
Total for sub programmes	384,626	-	(1,927)	382,699	382,699	-	100.0%	338,120	338,577
Economic classification									
Current payments	383,230	-	(2,689)	380,541	380,399	142	100.0%	335,735	336,578
Compensation of employees	274,886	-	6,950	281,836	281,833	3	100.0%	250,349	254,876
Salaries and wages	252,780	-	4,243	257,023	247,835	9,188	96.4%	230,475	225,619
Social contributions	22,106	-	2,707	24,813	33,998	(9,185)	137.0%	19,874	29,257
Goods and services	108,344	-	(9,639)	98,705	98,250	455	99.5%	85,386	81,675
Administrative fees	107	-	-	107	197	(90)	184.1%	97	57
Advertising	216	-	-	216	-	216	-	204	3
Minor assets	809	-	-	809	745	64	92.1%	764	403
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	8	-	-	8	-	8	-	8	-
Catering: Departmental activities	87	-	-	87	101	(14)	116.1%	82	567
Communication (G&S)	649	-	-	649	201	448	31.0%	614	40
Computer services	2,041	-	-	2,041	708	1,333	34.7%	1,929	330
Consultants: Business and advisory services	3	-	-	3	-	3	-	3	12
Infrastructure and planning services	4	-	-	4	-	4	-	4	-
Laboratory services	4,947	-	-	4,947	5,662	(715)	114.5%	4,676	661
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	14	-	-	14	-	14	-	13	-

Contractors	12,468	-	-	12,468	4,114	8,354	33.0%	2,327	9,291
Agency and support / outsourced services	12,374	(3,387)	-	8,987	11,893	(2,906)	132.3%	11,790	14,652
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	32	-	-	32	1,460	(1,428)	4562.5%	30	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	248	-	-	248	268	(20)	108.1%	234	57
Inventory: Farming supplies	-	-	-	-	5	(5)	-	-	-
Inventory: Food and food supplies	4,035	-	-	4,035	5,639	(1,604)	139.8%	3,814	5,181
Inventory: Fuel, oil and gas	5,676	-	-	5,676	3,469	2,207	61.1%	5,364	1,530
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	589	-	-	589	252	337	42.8%	455	78
Inventory: Medical supplies	19,387	(189)	(4,377)	14,821	20,909	(6,088)	141.1%	18,325	14,277
Inventory: Medicine	12,226	(2,084)	-	10,142	8,087	2,055	79.7%	11,555	12,804
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	1,053	(1,053)	-	-	585
Consumable supplies	4,743	-	(2,821)	1,922	4,990	(3,068)	259.6%	4,483	2,519
Consumable: Stationery, printing and office Supplies	699	-	-	699	586	113	83.8%	661	732
Operating leases	4,371	-	(2,441)	1,930	688	1,242	35.6%	4,135	121
Property payments	20,159	5,948	-	26,107	25,982	125	99.5%	11,535	16,292
Transport provided: Departmental activity	1,265	-	-	1,265	-	1,265	-	1,196	-
Travel and subsistence	355	-	-	355	1,149	(794)	323.7%	302	1,372
Training and development	183	-	-	183	32	151	17.5%	173	3
Operating payments	649	(288)	-	361	60	301	16.6%	613	108
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	316	(316)	-	-	27
Interest	-	-	-	-	316	(316)	-	-	27
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1,201	-	(574)	627	627	-	100.0%	1,136	750
Provinces and municipalities	-	-	-	-	-	-	-	326	-
Provinces	-	-	-	-	-	-	-	-	-

Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	326	-
Municipal bank accounts	-	-	-	-	-	-	-	326	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,201	-	(574)	627	627	-	100.0%	810	750
Social benefits	1,201	-	(574)	627	627	-	100.0%	810	750
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	195	-	1,336	1,531	1,673	(142)	109.3%	1,249	1,249
Buildings and other fixed structures	-	-	681	681	914	(233)	134.2%	21	21
Buildings	-	-	681	681	914	(233)	134.2%	21	21
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	195	-	655	850	759	91	89.3%	1,228	1,228
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	195	-	655	850	759	91	89.3%	1,228	1,228
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	384,626	-	(1,927)	382,699	382,699	-	100.0%	338,120	338,577

4.1 General (Regional) Hospitals									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	292,093	(926)	(9,639)	281,528	281,497	31	100.0%	265,299	263,749
Compensation of employees	210,015	(305)	-	209,710	209,707	3	100.0%	195,287	198,573
Goods and services	82,078	(621)	(9,639)	71,818	71,555	263	99.6%	70,012	65,155
Interest and rent on land	-	-	-	-	235	(235)	-	-	21
Transfers and subsidies	575	-	(29)	546	546	-	100.0%	870	605
Provinces and municipalities	-	-	-	-	-	-	-	326	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	575	-	(29)	546	546	-	100.0%	544	605
Payments for capital assets	-	-	352	352	315	37	89.5%	-	-
Buildings and other fixed structures	-	-	-	-	53	(53)	-	-	-
Machinery and equipment	-	-	352	352	262	90	74.4%	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	292,668	(926)	(9,316)	282,426	282,358	68	100.0%	266,169	264,354

4.2 Tuberculosis Hospital									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	17,870	(5,327)	1,490	14,033	14,033	-	100.0%	15,919	12,712
Compensation of employees	10,902	-	1,490	12,392	12,392	-	100.0%	9,333	11,685
Goods and services	6,968	(5,327)	-	1,641	1,636	5	99.7%	6,586	1,027
Interest and rent on land	-	-	-	-	5	(5)	-	-	-
Transfers and subsidies	253	-	(233)	20	20	-	100.0%	190	69
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	253	-	(233)	20	20	-	100.0%	190	69
Payments for capital assets	195	-	888	1,083	1,083	-	100.0%	21	21
Buildings and other fixed structures	-	-	655	655	655	-	100.0%	21	21
Machinery and equipment	195	-	233	428	428	-	100.0%	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	18,318	(5,327)	2,145	15,136	15,136	-	100.0%	16,130	12,802

4.3 Psychiatric/Mental Hospitals									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	73,267	6,253	5,460	84,980	84,869	111	99.9%	54,517	60,117
Compensation of employees	53,969	305	5,460	59,734	59,734	-	100.0%	45,729	44,618
Goods and services	19,298	5,948	-	25,246	25,059	187	99.3%	8,788	15,493
Interest and rent on land	-	-	-	-	76	(76)	-	-	6
Transfers and subsidies	373	-	(312)	61	61	-	100.0%	76	76
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	373	-	(312)	61	61	-	100.0%	76	76
Payments for capital assets	-	-	96	96	275	(179)	286.5%	1,228	1,228
Buildings and other fixed structures	-	-	26	26	206	(180)	792.3%	-	-
Machinery and equipment	-	-	70	70	69	1	98.6%	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	73,640	6,253	5,244	85,137	85,205	(68)	100.1%	55,821	61,421

Programme 5: Central Hospital Services									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Provincial Tertiary Hospital Services	1,080,233	-	(8,483)	1,071,750	1,062,227	9,523	99.1%	970,244	954,327
Total for sub programmes	1,080,233	-	(8,483)	1,071,750	1,062,227	9,523	99.1%	970,244	954,327
Economic classification									
Current payments	1,003,631	-	(8,483)	995,148	978,124	17,024	98.3%	892,370	921,837
Compensation of employees	767,093	-	(9,942)	757,151	711,868	45,283	94.0%	635,546	679,706
Salaries and wages	689,593	-	(9,942)	679,651	642,800	36,851	94.6%	578,535	613,748
Social contributions	77,500	-	-	77,500	69,065	8,435	89.1%	57,011	65,958
Goods and services	236,538	-	1,459	237,997	265,723	(27,726)	111.6%	256,824	241,824
Administrative fees	268	-	-	268	24	244	9.0%	240	58
Advertising	357	-	-	357	-	357	-	337	3
Minor assets	1,348	-	-	1,348	1,899	(551)	140.9%	1,218	636
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	50	-	-	50	446	(396)	892.0%	47	129
Catering: Departmental activities	183	-	-	183	442	(259)	241.5%	173	1,858
Communication (G&S)	193	-	-	193	129	64	66.8%	182	169
Computer services	1,926	-	-	1,926	9,996	(8,070)	519.0%	1,655	2,613
Consultants: Business and advisory services	352	-	-	352	10	342	2.8%	333	133
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	29,659	-	-	29,659	27,242	2,417	91.9%	37,431	41,111
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	25,074	-	1,459	26,533	21,186	5,347	79.8%	26,556	19,290
Agency and support / outsourced services	49,206	-	-	49,206	49,518	(312)	100.6%	37,057	33,175
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	112	-	-	112	1,132	(1,020)	1010.7%	107	216

Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	599	-	-	599	252	347	42.1%	566	507
Inventory: Farming supplies	-	-	-	-	1	(1)	-	-	25
Inventory: Food and food supplies	3,399	-	-	3,399	1,219	2,180	35.9%	3,213	1,567
Inventory: Fuel, oil and gas	9,336	-	-	9,336	15,326	(5,990)	164.2%	8,824	9,293
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	1,765	-	-	1,765	510	1,255	28.9%	1,563	335
Inventory: Medical supplies	51,835	-	-	51,835	59,554	(7,719)	114.9%	60,848	60,403
Inventory: Medicine	27,310	-	-	27,310	26,299	1,011	96.3%	34,386	39,908
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	5,687	(5,687)	-	-	2,006
Consumable supplies	7,117	-	-	7,117	3,719	3,398	52.3%	6,674	2,889
Consumable: Stationery, printing and office Supplies	2,859	-	-	2,859	5,085	(2,226)	177.9%	2,702	3,830
Operating leases	5,254	-	-	5,254	1,382	3,872	26.3%	6,771	4,310
Property payments	16,033	-	-	16,033	32,456	(16,423)	202.4%	23,765	18,059
Transport provided: Departmental activity	-	-	-	-	7	(7)	-	-	7
Travel and subsistence	1,313	-	-	1,313	837	476	63.7%	1,241	404
Training and development	287	-	-	287	1,136	(849)	395.8%	271	20
Operating payments	703	-	-	703	122	581	17.4%	664	416
Venues and facilities	-	-	-	-	498	(498)	-	-	-
Rental and hiring	-	-	-	-	(391)	391	-	-	(1,546)
Interest and rent on land	-	-	-	-	533	(533)	-	-	307
Interest	-	-	-	-	533	(533)	-	-	307
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	2,327	-	-	2,327	1,699	628	73.0%	2,199	1,813
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-

Non-profit institutions	795	(167)	-	628	-	628	-	14	-
Households	1,532	167	-	1,699	1,699	-	100.0%	2,185	1,813
Social benefits	1,532	167	-	1,699	1,699	-	100.0%	2,185	1,813
Payments for capital assets	74,275	-	-	74,275	82,404	(8,129)	110.9%	75,675	30,677
Buildings and other fixed structures	-	8,971	-	8,971	16,088	(7,117)	179.3%	-	299
Buildings	-	8,971	-	8,971	16,088	(7,117)	179.3%	-	299
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	74,275	(8,971)	-	65,304	66,297	(993)	101.5%	75,389	29,603
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	74,275	(8,971)	-	65,304	66,297	(993)	101.5%	75,389	29,603
Software and other intangible assets	-	-	-	-	19	(19)	-	286	775
Total	1,080,233	-	(8,483)	1,071,750	1,062,227	9,523	99.1%	970,244	954,327

5.1 Provincial Tertiary Hospital Services									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1,003,631	-	(8,483)	995,148	978,124	17,024	98.3%	892,370	921,837
Compensation of employees	767,093	-	(9,942)	757,151	711,868	45,283	94.0%	635,546	679,706
Goods and services	236,538	-	1,459	237,997	265,723	(27,726)	111.6%	256,824	241,824
Interest and rent on land	-	-	-	-	533	(533)	-	-	307
Transfers and subsidies	2,327	-	-	2,327	1,699	628	73.0%	2,199	1,813
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	795	(167)	-	628	-	628	-	14	-
Households	1,532	167	-	1,699	1,699	-	100.0%	2,185	1,813
Payments for capital assets	74,275	-	-	74,275	82,404	(8,129)	110.9%	75,675	30,677
Buildings and other fixed structures	-	8,971	-	8,971	16,088	(7,117)	179.3%	-	299
Machinery and equipment	74,275	(8,971)	-	65,304	66,297	(993)	101.5%	75,389	29,603
Intangible assets	-	-	-	-	19	(19)	-	-	-
Total	1,080,233	-	(8,483)	1,071,750	1,062,227	9,523	99.1%	970,244	954,327

Programme 6: Health Sciences and Training									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Nurse Training College	63,644	(988)	(321)	62,335	61,494	841	98.7%	51,982	50,717
2. EMS Training College	2,242	988	-	3,230	3,744	(514)	115.9%	4,479	11
3. Bursaries	25,765	-	8,194	33,959	41,735	(7,776)	122.9%	26,217	43,531
4. Primary Health Care Training	1,671	-	-	1,671	187	1,484	11.2%	1,580	375
5. Training Other	31,987	-	(13,071)	18,916	13,521	5,395	71.5%	35,410	4,027
Total for sub programmes	125,309	-	(5,198)	120,111	120,681	(570)	100.5%	119,668	98,661
Economic classification									
Current payments	108,587	-	(13,392)	95,195	78,972	16,223	83.0%	103,917	59,747
Compensation of employees	23,482	-	(321)	23,161	22,184	977	95.8%	34,749	18,681
Salaries and wages	20,801	-	(321)	20,480	19,792	688	96.6%	32,035	16,482
Social contributions	2,681	-	-	2,681	2,392	289	89.2%	2,714	2,199
Goods and services	85,105	-	(13,071)	72,034	56,784	15,250	78.8%	69,168	41,023
Administrative fees	3,269	-	-	3,269	133	3,136	4.1%	2,749	70
Advertising	106	-	-	106	74	32	69.8%	100	4
Minor assets	815	-	-	815	6	809	0.7%	758	(13)
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	1,963	-	-	1,963	2,354	(391)	119.9%	1,900	642
Catering: Departmental activities	366	-	-	366	4,029	(3,663)	1100.8%	341	2,393
Communication (G&S)	231	-	-	231	-	231	-	218	-
Computer services	395	-	-	395	344	51	87.1%	373	278
Consultants: Business and advisory services	557	-	-	557	-	557	-	526	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-

Contractors	332	-	-	332	245	87	73.8%	314	125
Agency and support / outsourced services	607	-	-	607	95	512	15.7%	574	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	-	-	-	-	-	-	-	-	349
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	3
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	36
Inventory: Fuel, oil and gas	445	-	-	445	-	445	-	380	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	16	(16)	-	-	-
Inventory: Medical supplies	-	-	-	-	99	(99)	-	-	48
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	395	-	-	395	591	(196)	149.6%	371	95
Consumable: Stationery, printing and office Supplies	2,707	-	-	2,707	1,738	969	64.2%	2,559	862
Operating leases	16,727	-	-	16,727	24,676	(7,949)	147.5%	15,810	15,397
Property payments	2,889	-	-	2,889	2,168	721	75.0%	2,731	2,147
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	15,359	-	(3,046)	12,313	7,992	4,321	64.9%	14,956	12,594
Training and development	25,515	-	(10,025)	15,490	10,699	4,791	69.1%	23,974	2,169
Operating payments	49	-	-	49	43	6	87.8%	44	74
Venues and facilities	522	-	-	522	368	154	70.5%	490	33
Rental and hiring	11,856	-	-	11,856	1,114	10,742	9.4%	-	3,717
Interest and rent on land	-	-	-	-	4	(4)	-	-	43
Interest	-	-	-	-	4	(4)	-	-	43
Rent on land	-	-	-	-	-	-	-	-	-

Transfers and subsidies	14,931	-	8,194	23,125	38,472	(15,347)	166.4%	14,113	38,867
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	14,931	-	8,194	23,125	38,472	(15,347)	166.4%	14,113	38,867
Social benefits	14,931	-	8,194	23,125	38,472	(15,347)	166.4%	89	33
Other transfers to households	-	-	-	-	-	-	-	14,024	38,834
Payments for capital assets	1,791	-	-	1,791	3,237	(1,446)	180.7%	1,638	47
Buildings and other fixed structures	-	-	-	-	-	-	-	-	36
Buildings	-	-	-	-	-	-	-	-	36
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,791	-	-	1,791	3,237	(1,446)	180.7%	1,638	11
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	1,791	-	-	1,791	3,237	(1,446)	180.7%	1,638	11
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	125,309	-	(5,198)	120,111	120,681	(570)	100.5%	119,668	98,661

6.1 Nurse Training College									
Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	62,384	-	(321)	62,063	61,424	639	99.0%	50,846	50,637
Compensation of employees	22,663	-	(321)	22,342	22,019	323	98.6%	24,526	18,359
Goods and services	39,721	-	-	39,721	39,401	320	99.2%	26,320	32,274
Interest and rent on land	-	-	-	-	4	(4)	-	-	4
Transfers and subsidies	94	-	-	94	17	77	18.1%	89	33
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	94	-	-	94	17	77	18.1%	89	33
Payments for capital assets	1,166	(988)	-	178	53	125	29.8%	1,047	47
Buildings and other fixed structures	-	-	-	-	-	-	-	-	36
Machinery and equipment	1,166	(988)	-	178	53	125	29.8%	1,047	11
Intangible assets	-	-	-	-	-	-	-	-	-
Total	63,644	(988)	(321)	62,335	61,494	841	98.7%	51,982	50,717

6.2 EMS Training College

2018/19									
Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1,617	-	-	1,617	560	1,057	34.6%	3,888	11
Compensation of employees	215	-	-	215	3	212	1.4%	2,563	-
Goods and services	1,402	-	-	1,402	557	845	39.7%	1,325	11
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	625	988	-	1,613	3,184	(1,571)	197.4%	591	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	625	988	-	1,613	3,184	(1,571)	197.4%	591	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	2,242	988	-	3,230	3,744	(514)	115.9%	4,479	11

6.3 Bursaries									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	10,928	-	-	10,928	3,280	7,648	30.0%	12,193	4,697
Compensation of employees	361	-	-	361	51	310	14.1%	2,232	118
Goods and services	10,567	-	-	10,567	3,229	7,338	30.6%	9,961	4,566
Interest and rent on land	-	-	-	-	-	-	-	-	13
Transfers and subsidies	14,837	-	8,194	23,031	38,455	(15,424)	167.0%	14,024	38,834
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	14,837	-	8,194	23,031	38,455	(15,424)	167.0%	14,024	38,834
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	25,765	-	8,194	33,959	41,735	(7,776)	122.9%	26,217	43,531

6.4 Primary Health Care Training									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1,671	-	-	1,671	187	1,484	11.2%	1,580	375
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	1,671	-	-	1,671	187	1,484	11.2%	1,580	349
Interest and rent on land	-	-	-	-	-	-	-	-	26
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	1,671	-	-	1,671	187	1,484	11.2%	1,580	375

6.5 Training Other									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	31,987	-	(13,071)	18,916	13,521	5,395	71.5%	35,410	4,027
Compensation of employees	243	-	-	243	111	132	45.7%	5,428	204
Goods and services	31,744	-	(13,071)	18,673	13,410	5,263	71.8%	29,982	3,823
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	31,987	-	(13,071)	18,916	13,521	5,395	71.5%	35,410	4,027

Programme 7: Health Care Support Services									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Laundry Services	8,026	-	-	8,026	10,346	(2,320)	128.9%	7,573	11,639
2. Engineering	20,638	1,029	(2,389)	19,278	18,326	952	95.1%	12,074	10,427
3. Forensic Services	42,134	(813)	2,414	43,735	43,828	(93)	100.2%	41,150	39,660
4. Orthotic and Prosthetic Services	10,446	(216)	(2,974)	7,256	6,842	414	94.3%	7,620	6,110
5. Medicine Trading Account	37,979	-	(4,000)	33,979	33,921	58	99.8%	31,725	23,946
Total for sub programmes	119,223	-	(6,949)	112,274	113,263	(989)	100.9%	100,142	91,782
Economic classification									
Current payments	115,564	-	(9,363)	106,201	107,017	(816)	100.8%	95,079	86,455
Compensation of employees	81,337	-	(2,389)	78,948	78,946	2	100.0%	73,207	76,072
Salaries and wages	69,517	-	(2,389)	67,128	68,140	(1,012)	101.5%	62,059	65,873
Social contributions	11,820	-	-	11,820	10,806	1,014	91.4%	11,148	10,199
Goods and services	34,227	-	(6,974)	27,253	27,905	(652)	102.4%	21,872	10,318
Administrative fees	-	-	-	-	6	(6)	-	-	8
Advertising	-	-	-	-	-	-	-	-	-
Minor assets	773	-	-	773	90	683	11.6%	730	69
Audit costs: External	-	-	-	-	1	(1)	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	41	(41)	-	-	13
Communication (G&S)	364	-	-	364	102	262	28.0%	346	178
Computer services	124	-	-	124	578	(454)	466.1%	117	83
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	15
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-

Contractors	8,887	-	-	8,887	5,744	3,143	64.6%	990	1,696
Agency and support / outsourced services	1,238	-	-	1,238	279	959	22.5%	1,170	640
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	6,409	-	-	6,409	4,267	2,142	66.6%	6,058	1,813
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	112	-	-	112	2	110	1.8%	106	21
Inventory: Farming supplies	26	-	-	26	-	26	-	25	-
Inventory: Food and food supplies	436	-	-	436	-	436	-	412	-
Inventory: Fuel, oil and gas	-	-	-	-	2,993	(2,993)	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	64	-	-	64	4	60	6.3%	61	2
Inventory: Medical supplies	6,397	-	(2,974)	3,423	4,003	(580)	116.9%	2,978	5,754
Inventory: Medicine	256	-	-	256	(1)	257	(0.4%)	242	(8,999)
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	1,671
Consumable supplies	2,198	-	-	2,198	3,379	(1,181)	153.7%	2,078	2,139
Consumable: Stationery, printing and office Supplies	473	-	-	473	314	159	66.4%	447	276
Operating leases	700	-	-	700	-	700	-	661	3
Property payments	4,702	-	(4,000)	702	5,298	(4,596)	754.7%	4,444	4,018
Transport provided: Departmental activity	-	-	-	-	8	(8)	-	-	-
Travel and subsistence	888	-	-	888	762	126	85.8%	839	837
Training and development	144	-	-	144	-	144	-	135	-
Operating payments	36	-	-	36	31	5	86.1%	33	71
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	4	(4)	-	-	10
Interest and rent on land	-	-	-	-	166	(166)	-	-	65
Interest	-	-	-	-	166	(166)	-	-	65
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	324	(324)	-	-	261
Provinces and municipalities	-	-	-	-	23	(23)	-	-	10

Provinces	-	-	-	-	23	(23)	-	-	10
Provincial Revenue Funds	-	-	-	-	23	(23)	-	-	10
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	301	(301)	-	-	251
Social benefits	-	-	-	-	301	(301)	-	-	251
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	3,659	-	2,414	6,073	5,922	151	97.5%	5,063	5,066
Buildings and other fixed structures	-	1,071	-	1,071	920	151	85.9%	2,000	8
Buildings	-	1,071	-	1,071	920	151	85.9%	2,000	8
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	3,659	(1,071)	2,414	5,002	5,002	-	100.0%	3,063	5,058
Transport equipment	-	169	2,414	2,583	4,685	(2,102)	181.4%	-	4,875
Other machinery and equipment	3,659	(1,240)	-	2,419	317	2,102	13.1%	3,063	183
Software and other intangible assets	-	-	-	-	-	-	-	-	-
Total	119,223	-	(6,949)	112,274	113,263	(989)	100.9%	100,142	91,782

7.1 Laundry Services									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	8,026	-	-	8,026	10,346	(2,320)	128.9%	7,573	11,630
Compensation of employees	7,453	-	-	7,453	6,487	966	87.0%	7,031	6,108
Goods and services	573	-	-	573	3,859	(3,286)	673.5%	542	5,522
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	9
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	9
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	8,026	-	-	8,026	10,346	(2,320)	128.9%	7,573	11,639

7.2 Engineering									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	20,638	-	(2,389)	18,249	17,263	986	94.6%	12,074	10,255
Compensation of employees	12,690	-	(2,389)	10,301	9,764	537	94.8%	11,971	10,166
Goods and services	7,948	-	-	7,948	7,499	449	94.4%	103	89
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	183	(183)	-	-	172
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	183	(183)	-	-	172
Payments for capital assets	-	1,029	-	1,029	880	149	85.5%	-	-
Buildings and other fixed structures	-	1,029	-	1,029	880	149	85.5%	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	20,638	1,029	(2,389)	19,278	18,326	952	95.1%	12,074	10,427

7.3 Forensic Services									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	41,138	-	-	41,138	39,119	2,019	95.1%	36,606	34,705
Compensation of employees	30,937	-	-	30,937	32,269	(1,332)	104.3%	26,965	31,277
Goods and services	10,201	-	-	10,201	6,705	3,496	65.7%	9,641	3,387
Interest and rent on land	-	-	-	-	145	(145)	-	-	41
Transfers and subsidies	-	-	-	-	10	(10)	-	-	72
Provinces and municipalities	-	-	-	-	10	(10)	-	-	10
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	62
Payments for capital assets	996	(813)	2,414	2,597	4,699	(2,102)	180.9%	4,544	4,883
Buildings and other fixed structures	-	-	-	-	-	-	-	1,998	8
Machinery and equipment	996	(813)	2,414	2,597	4,699	(2,102)	180.9%	2,546	4,875
Intangible assets	-	-	-	-	-	-	-	-	-
Total	42,134	(813)	2,414	43,735	43,828	(93)	100.2%	41,150	39,660

7.4 Orthotic and Prosthetic Services									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	10,059	-	(2,974)	7,085	6,671	414	94.2%	7,291	6,110
Compensation of employees	3,194	-	-	3,194	3,840	(646)	120.2%	3,871	3,778
Goods and services	6,865	-	(2,974)	3,891	2,831	1,060	72.8%	3,420	2,332
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	387	(216)	-	171	171	-	100.0%	329	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	387	(216)	-	171	171	-	100.0%	329	-
Intangible assets	-	-	-	-	-	-	-	-	-
Total	10,446	(216)	(2,974)	7,256	6,842	414	94.3%	7,620	6,110

7.5 Medicine Trading Account									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	35,703	-	(4,000)	31,703	33,618	(1,915)	106.0%	31,535	23,755
Compensation of employees	27,063	-	-	27,063	26,586	477	98.2%	23,369	24,743
Goods and services	8,640	-	(4,000)	4,640	7,011	(2,371)	151.1%	8,166	(1,012)
Interest and rent on land	-	-	-	-	21	(21)	-	-	24
Transfers and subsidies	-	-	-	-	131	(131)	-	-	8
Provinces and municipalities	-	-	-	-	13	(13)	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	118	(118)	-	-	8
Payments for capital assets	2,276	-	-	2,276	172	2,104	7.6%	190	183
Buildings and other fixed structures	-	42	-	42	40	2	95.2%	2	-
Machinery and equipment	2,276	(42)	-	2,234	132	2,102	5.9%	188	183
Intangible assets	-	-	-	-	-	-	-	-	-
Total	37,979	-	(4,000)	33,979	33,921	58	99.8%	31,725	23,946

Programme 8: Health Facilities Management									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. District Hospital Services	325,970	(161,278)	11,255	175,947	171,720	4,227	97.6%	485,777	279,448
2. Provincial Hospital Services	94,095	161,278	-	255,373	248,447	6,926	97.3%	77,188	281,823
Total for sub programmes	420,065	-	11,255	431,320	420,167	11,153	97.4%	562,965	561,271
Economic classification									
Current payments	186,322	-	9,525	195,847	204,993	(9,146)	104.7%	58,658	148,962
Compensation of employees	10,822	-	6,887	17,709	14,058	3,651	79.4%	11,109	9,544
Salaries and wages	9,670	(67)	6,887	16,490	12,839	3,651	77.9%	10,897	8,687
Social contributions	1,152	67	-	1,219	1,219	-	100.0%	212	857
Goods and services	175,500	-	2,638	178,138	190,927	(12,789)	107.2%	47,549	139,104
Administrative fees	98	-	-	98	5	93	5.1%	87	18
Advertising	592	-	-	592	-	592	-	554	-
Minor assets	2,736	-	-	2,736	852	1,884	31.1%	2,580	235
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	44	-	-	44	-	44	-	42	-
Catering: Departmental activities	93	-	-	93	-	93	-	83	-
Communication (G&S)	129	-	-	129	-	129	-	122	396
Computer services	106	-	-	106	-	106	-	100	424
Consultants: Business and advisory services	431	-	-	431	-	431	-	270	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	165,333	-	-	165,333	181,541	(16,208)	109.8%	38,195	125,413

Agency and support / outsourced services	131	-	-	131	13	118	9.9%	124	17
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services (including government motor transport)	7	-	-	7	-	7	-	7	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and accessories	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	221	-	-	221	-	221	-	192	2
Inventory: Medical supplies	234	-	2,638	2,872	4,076	(1,204)	141.9%	232	848
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	242	(242)	-	-	22
Consumable supplies	136	-	-	136	6	130	4.4%	135	204
Consumable: Stationery, printing and office Supplies	247	-	-	247	593	(346)	240.1%	233	188
Operating leases	22	-	-	22	-	22	-	21	3
Property payments	2,352	-	-	2,352	2,238	114	95.2%	2,223	9,902
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	1,606	-	-	1,606	1,361	245	84.7%	1,532	1,395
Training and development	13	-	-	13	-	13	-	12	34
Operating payments	138	-	-	138	-	138	-	130	3
Venues and facilities	831	-	-	831	-	831	-	675	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	8	(8)	-	-	314
Interest	-	-	-	-	8	(8)	-	-	314
Rent on land	-	-	-	-	-	-	-	-	-

Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Social benefits	-	-	-	-	-	-	-	-	-
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	233,743	-	1,730	235,473	215,174	20,299	91.4%	504,307	412,309
Buildings and other fixed structures	184,978	43,607	-	228,585	207,100	21,485	90.6%	438,990	406,777
Buildings	184,978	43,607	-	228,585	207,100	21,485	90.6%	438,990	406,777
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	48,765	(43,909)	1,730	6,586	7,772	(1,186)	118.0%	65,317	5,532
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	48,765	(43,909)	1,730	6,586	7,772	(1,186)	118.0%	65,317	5,532
Software and other intangible assets	-	302	-	302	302	-	100.0%	-	-
Total	420,065	-	11,255	431,320	420,167	11,153	97.4%	562,965	561,271

8.1 District Hospital Services									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	95,134	(76,807)	9,525	27,852	42,235	(14,383)	151.6%	40,792	71,625
Compensation of employees	1,822	(5,058)	6,887	3,651	-	3,651	-	1,609	-
Goods and services	93,312	(71,749)	2,638	24,201	42,227	(18,026)	174.5%	39,183	71,570
Interest and rent on land	-	-	-	-	8	(8)	-	-	55
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	230,836	(84,471)	1,730	148,095	129,485	18,610	87.4%	444,985	207,823
Buildings and other fixed structures	182,071	(40,353)	-	141,718	122,264	19,454	86.3%	379,990	205,443
Machinery and equipment	48,765	(44,118)	1,730	6,377	7,232	(855)	113.4%	64,995	2,380
Intangible assets	-	-	-	-	(11)	11	-	-	-
Total	325,970	(161,278)	11,255	175,947	171,720	4,227	97.6%	485,777	279,448

8.2 Provincial Hospital Services									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	91,188	76,807	-	167,995	162,758	5,237	96.9%	17,866	77,337
Compensation of employees	9,000	5,058	-	14,058	14,058	-	100.0%	9,500	9,544
Goods and services	82,188	71,749	-	153,937	148,700	5,237	96.6%	8,366	67,534
Interest and rent on land	-	-	-	-	-	-	-	-	259
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	2,907	84,471	-	87,378	85,689	1,689	98.1%	59,322	204,486
Buildings and other fixed structures	2,907	83,960	-	86,867	84,836	2,031	97.7%	59,000	201,334
Machinery and equipment	-	209	-	209	540	(331)	258.4%	322	3,152
Intangible assets	-	-	-	-	313	(11)	103.6%	-	-
Total	94,095	161,278	-	255,373	248,447	6,926	97.3%	77,188	281,823

**NORTHERN CAPE DEPARTMENT OF HEALTH
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**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2019**

1. Detail of transfers and subsidies as per Appropriation Act (after Virement):

Detail of these transactions can be viewed in the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-H) to the Annual Financial Statements.

2. Detail of specifically and exclusively appropriated amounts voted (after Virement):

Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the Annual Financial Statements.

3. Detail on payments for financial assets

Detail of these transactions per programme can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

4. Explanations of material variances from Amounts Voted (after Virement):

4.1 Per programme	Final Appropriation	Actual Expenditure	Variance R'000	Variance as a % of Final Appropriation
Administration	223 101	224 053	(952)	0%
District Health Services	2 180 057	2 180 684	(627)	0%
Emergency Medical Services	332 999	333 706	(707)	0%
Provincial Hospital Services	382 699	382 699	-	0%
Central Hospital Services	1 071 750	1 062 227	9 523	1%
Health Science and Training	120 111	120 681	(570)	0%
Health Care Support Service	112 274	113 263	(989)	-1%
Health Facilities Management	431 320	420 167	11 153	3%

Administration – overspent by R952 000

The programme overspent on transfers & subsidies due to arbitration awards that had to be paid; while the goods & services overspend due to the impact of accruals on legal fees and computer services which were paid from current year budget allocation. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals.

The department will continue to monitor the cost containment measures. The provincial Treasury has allocated additional funding for goods & services as baseline adjustment in the next financial year.

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**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2019**

District Health Services – overspent by R627 000

The programme overspent on compensation of employees due to existing budget pressures resulting from the implementation of OSD. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals.

The department will cost future financial implications of OSD and continue to implement the moratorium on filling of posts to remain within the budget.

Emergency Medical Services – overspent by R707 000

The programme experienced service delivery pressures which resulted in additional personnel being appointed, this further affected the limited budget of the department. The goods & services overspend due to accruals paid on the aeromedical services and fleet services; while the capital budget underspend due to cash flow constraints. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals.

The budget will be reprioritised to align spending trends to strategic priorities. The provincial Treasury has allocated additional funding for goods & services as baseline adjustment in the next financial year.

Provincial Hospital Services – break even

The expenditure trends on this programme is satisfactory, however the programme experienced service delivery pressures resulting from operationalisation of new Mental Health hospital. The department had to reprioritise funding from other programmes to this programme, although the funds are still limited.

Central Hospital Services – underspent by R9.523 million

The programme underspent compensation of employees' allocation, due to the anticipated outcome of the Human Resource Plan and Organisational Structure which resulted in the delayed filling of posts. The goods & services allocation was overspent due to the impact of accruals specifically on computer services, laboratory services, medical gas and security services. The payments for capital assets budget was overspent due to the upgrading and rehabilitation of certain wards for the improvement of oncology services. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals.

The provincial Treasury has allocated additional funding on goods & services as baseline adjustment in the next financial year.

Health Science and Training – overspent by R0.570 million

The programme overspent its budget on transfers & subsidies allocation due to the payment of accruals in respect of Cuban Doctors' programme. This overspending is reduced by the funding earmarked for training of auxiliary nurses and the skills development fund which were not fully implemented due to administrative delays.

Health Care Support Services – overspent by R989 000

The programme overspent on goods & services due to the impact of accruals on the medical gas and security services; while the transfers and subsidies overspent due to the costs of leave

**NORTHERN CAPE DEPARTMENT OF HEALTH
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**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2019**

gratuity benefits resulting from unexpected personnel exits. Interest on overdue accounts was also incurred due to the cash flow constraints affecting the payment of long outstanding accruals.

The provincial Treasury has allocated additional funding on goods & services as baseline adjustment in the next financial year.

Health Facilities Management – underspent by R11.153 million

The programme has underspend due to procurement delays on the implementation of Expanded Public Work Programme and cash flow constraints affecting Health Facility Revitalisation Grant.

4.2 Per economic classification	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	R'000
Current payments				
Compensation of employees	2 806 482	2 804 762	1 720	0%
Goods and services	1 631 912	1 627 617	4 295	0%
Interest and rent on land	-	5 378	(5 378)	-100%
Transfers and subsidies				
Provinces and municipalities	2 928	559	2 369	81%
Non-profit institutions	3 946	-	3 946	100%
Households	33 009	49 149	(16 140)	-49%
Payments for capital assets				
Buildings and other fixed structures	241 853	232 208	(9 645)	4%
Machinery and equipment	133 869	117 442	16 427	12%
Intangible assets	312	365	(53)	-17%
Payments for financial assets	-	-	-	-

Explanation of variances

Compensation of employee – underspent by R1.720 million

The department underspent compensation of employees' allocation, due to the anticipated outcome of the Human Resource Plan and Organisational Structure which resulted in the delayed filling of posts.

The block advert will be published for the filling of posts at the beginning of the new financial

**NORTHERN CAPE DEPARTMENT OF HEALTH
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**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2019**

year, to enable efficient process of recruitment.

Goods and services – underspent by R4.295 million

The department underspend goods & services' allocation, due to cash flow constraints faced on the provincial equitable share and Health Facility Revitalisation Grant. This resulted into underspending impacted on the payment of maintenance-based contractors, operating leases and full implementation of skills development plans.

Interest and rent on Land – overspent by R5.378 million

An amount of R5.378 million has been spent on this item. This represents interest paid on overdue accounts, it is mainly caused by inability to pay outstanding debts on time due to cash flow constraints.

Transfers to municipalities – underspent by R2.369 million

The department underspend on transfers to municipalities due to delays on the finalisation of provincialisation at Sol Plaatje Municipality. There was a need to consult extensively with the trade unions for the placement of staff from the municipalities to the department, specifically due to disparity on pension fund contributions and benefits.

Transfers to non-profit institutions – underspent by R3.946 million

The department underspend on this item, due to payment of stipends instead of NGO payments that were effected during the financial year. There was saving on the compensation of employees funded from Social EPWP grant.

Transfers to households – overspent by R16.140 million

The expenditure results mainly from the accruals in respect of Cuban Doctors' bursary programme already paid and unexpected personnel exits from the public sector.

The intake of more students will continue to be suspended in order to remain within budget.

Buildings & other fixed structures – underspent by R9.645 million

The underspending is mainly due to the reprioritisation of expenditure from building infrastructure to maintenance of infrastructure.

Machinery & equipment – underspent by R16.427 million

There was underspending on procurement of clinical and office furniture for the new Mental Health hospital, and this was further affected by administrative delays.

The department is capacitating the supply chain function.

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**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2019**

4.3 Per conditional grant	Final Approp riation	Actual Expendit ure	Variance	Variance as a % of Final Appropri ation
	R'000	R'000	R'000	R'000
Comprehensive HIV and Aids Grant	524,636	524,749	(113)	0%
Health Facility Revitalisation Grant	416,391	415,953	438	0%
Health Professions Training and Development Grant	115,739	115,401	338	0%
Human Papillomavirus Vaccine Grant	4,634	4,601	33	1%
National Tertiary Services Grant	385,955	385,956	(1)	0%
Expanded Public Works Programme Integrated Grant for Provinces - Health	2,907	2,688	219	8%
Social Sector Expanded Public Works Programme Incentive Grant for Provinces - Health	13,423	13,296	127	1%

Explanation of variances

Expanded Public Works Programme - underspent by R219 000

The department has spent a significant portion of the allocated funds on the projects, and therefore does not request any funds for roll over.

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**STATEMENT OF
FINANCIAL PERFORMANCE
for the year ended 31 March 2019**

	Note	2018/19 R'000	2017/18 R'000
REVENUE			
Annual appropriation	1	4 854 311	4 630 292
Departmental Revenue	2	-	-
Aid assistance	3	4 526	1 151
TOTAL REVENUE		4 858 837	4 631 443
EXPENDITURE			
Current expenditure			
Compensation of employees	4	2 804 762	2 572 131
Goods and services	5	1 627 620	1 452 159
Interest and rent on land	6	5 376	5 270
Aid assistance	3	2 157	-
Total current expenditure		4 439 915	4 029 560
Transfers and subsidies			
Transfers and subsidies	7	49 707	56 975
Aid assistance	3	-	118
Total transfers and subsidies		49 707	57 093
Expenditure for capital assets			
Tangible assets	8	349 650	480 042
Intangible assets	8	365	775
Total expenditure for capital assets		350 015	480 817
TOTAL EXPENDITURE		4 839 637	4 567 470
SURPLUS/(DEFICIT) FOR THE YEAR		19 200	63 973
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		16 831	62 940
Annual appropriation		15 676	8 357
Conditional grants		1 155	54 582
Aid assistance	3	2 369	1 033
SURPLUS/(DEFICIT) FOR THE YEAR		19 200	63 973

**NORTHERN CAPE DEPARTMENT OF HEALTH
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**STATEMENT OF FINANCIAL POSITION
as at 31 March 2019**

	Note	2018/19 R'000	2017/18 R'000
ASSETS			
Current assets		504 018	490 396
Unauthorised expenditure	9	482 779	481 518
Prepayments and advances	10	-	31
Receivables	11	21 239	8 847
Non-current assets		17 340	15 804
Receivables	11	17 340	15 804
TOTAL ASSETS		521 358	506 200
LIABILITIES			
Current liabilities		521 358	506 200
Voted funds to be surrendered to the Revenue Fund	12	18 093	163 235
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	3 838	2 004
Bank overdraft	14	494 674	337 674
Payables	15	1 351	2 254
Aid assistance unutilised	3	3 402	1 033
TOTAL LIABILITIES		521 358	506 200
NET ASSETS		-	-
	Note	2018/19 R'000	2017/18 R'000
Represented by:			
Capitalisation reserve		-	-
Recoverable revenue		-	-
Retained funds		-	-
Revaluation reserves		-	-
TOTAL		-	-

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**STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2019**

	Note	2018/19 R'000	2017/18 R'000
Capitalisation Reserves			
Opening balance		-	-
Transfers:		-	-
Movement in Equity		-	-
Movement in Operational Funds		-	-
Other movements		-	-
Closing balance		-	-
 Recoverable revenue			
Opening balance		-	-
Transfers:		-	-
Irrecoverable amounts written off		-	-
Debts revised		-	-
Debts recovered (included in departmental receipts)		-	-
Debts raised		-	-
Closing balance		-	-
 Retained funds			
Opening balance	-	-	-
Transfer from voted funds to be surrendered (Parlament/Legislatures ONLY)	-	-	-
Utilised during the year	-	-	-
Other transfers	-	-	-
Closing balance	-	-	-
 Revaluation Reserve			
Opening balance	-	-	-
Revaluation adjustment (Housing departments)	-	-	-
Transfers	-	-	-
Other	-	-	-
Closing balance	-	-	-
 TOTAL		-	-

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	Note	2018/19 R'000	2017/18 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		4 888 642	4 662 318
Annual appropriated funds received	1.1	4 854 311	4 630 292
Departmental revenue received	2	29 804	30 874
Interest received	2.2	1	1
Aid assistance received	3	4 526	1 151
Net (increase)/decrease in working capital		(16 061)	(103 201)
Surrendered to Revenue Fund		(191 242)	(302 653)
Surrendered to RDP Fund/Donor		-	(581)
Current payments		(4 433 278)	(3 923 994)
Interest paid	6	(5 376)	(5 270)
Transfers and subsidies paid		(49 707)	(57 093)
Net cash flow available from operating activities	16	192 978	269 526
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(350 015)	(480 817)
Proceeds from sale of capital assets	2.3	37	60
(increase)/Decrease in other financial assets		-	-
Net cash flows from investing activities		(349 978)	(480 757)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		-	-
Net cash flows from financing activities		-	-
Net increase/(decrease) in cash and cash equivalents		(157 000)	(211 231)
Cash and cash equivalents at beginning of period		(337 674)	(126 443)
Cash and cash equivalents at end of period	17	(494 674)	(337 674)

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for the year ended 31 March 2019

Summary of significant accounting policies	
<p>The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.</p> <p>The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.</p> <p>Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.</p>	
1	<p>Basis of preparation</p> <p>The financial statements have been prepared in accordance with the Modified Cash Standard.</p>
2	<p>Going concern</p> <p>The financial statements have been prepared on a going concern basis.</p>
3	<p>Presentation currency</p> <p>Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.</p>
4	<p>Rounding</p> <p>Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).</p>
5	<p>Foreign currency translation</p> <p>Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.</p>
6	Comparative information
6.1	<p>Prior period comparative information</p> <p>Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.</p>
6.2	<p>Current year comparison with budget</p> <p>A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.</p>

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7	Revenue
7.1	<p>Appropriated funds</p> <p>Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e.. statutory appropriation).</p> <p>Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective.</p> <p>The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.</p>
7.2	<p>Departmental revenue</p> <p>Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.</p> <p>Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.</p>
7.3	<p>Accrued departmental revenue</p> <p>Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:</p> <ul style="list-style-type: none"> • it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and • the amount of revenue can be measured reliably. <p>The accrued revenue is measured at the fair value of the consideration receivable.</p> <p>Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.</p> <p>Write-offs are made according to the department's debt write-off policy</p>
8	Expenditure
8.1	Compensation of employees
8.1.1	<p>Salaries and wages</p> <p>Salaries and wages are recognised in the statement of financial performance on the date of payment.</p>
8.1.2	<p>Social contributions</p> <p>Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.</p> <p>Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.</p>

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8.2	Other expenditure Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.
8.3	Accruals and payables not recognised Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date.
8.4	Leases
8.4.1	Operating leases Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. The operating lease commitments are recorded in the notes to the financial statements.
8.4.2	Finance leases Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions. Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of: <ul style="list-style-type: none"> • cost, being the fair value of the asset; or • the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.
9	Aid Assistance
9.1	Aid assistance received Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value. Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.
9.2	Aid assistance paid Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.

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10	<p>Cash and cash equivalents</p> <p>Cash and cash equivalents are stated at cost in the statement of financial position.</p> <p>Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.</p> <p>For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.</p>
11	<p>Prepayments and advances</p> <p>Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.</p> <p>Prepayments and advances are initially and subsequently measured at cost.</p> <p>Prepayments were not expensed during the financial year under review.</p>
12	<p>Loans and receivables</p> <p>Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.</p>
13	<p>Investments</p> <p>Investments are recognised in the statement of financial position at cost.</p>
14	<p>Financial assets</p>
14.1	<p>Financial assets (not covered elsewhere)</p> <p>A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial asset.</p> <p>At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.</p>
14.2	<p>Impairment of financial assets</p> <p>Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.</p>
15	<p>Payables</p> <p>Payables recognised in the statement of financial position are recognised at cost.</p>

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16	Capital Assets
16.1	<p>Immovable capital assets</p> <p>Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p> <p>Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.</p>
16.2	<p>Movable capital assets</p> <p>Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition.</p> <p>Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</p>
16.3	<p>Intangible assets</p> <p>Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project.</p> <p>Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p>
16.4	<p>Project Costs: Work-in-progress</p> <p>Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.</p> <p>Amounts paid towards capital projects are separated from the amounts recognised and accumulated in</p>

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	<p>work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register.</p> <p>Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.</p>
17	Provisions and Contingents
17.1	<p>Provisions</p> <p>Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>
17.2	<p>Contingent liabilities</p> <p>Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.</p>
17.3	<p>Contingent assets</p> <p>Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.</p>
17.4	<p>Commitments</p> <p>Commitments (other than for transfers and subsidies) are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.</p>
18	<p>Unauthorised expenditure</p> <p>Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:</p> <ul style="list-style-type: none"> • approved by Parliament or the Provincial Legislature with funding and the related funds are received; or • approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or • transferred to receivables for recovery. <p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.</p>
19	<p>Fruitless and wasteful expenditure</p> <p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when</p>

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	<p>confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.</p> <p>Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.</p> <p>Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
20	<p>Irregular expenditure</p> <p>Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.</p> <p>Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.</p> <p>Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
21	<p>Changes in accounting policies, accounting estimates and errors</p> <p>Changes in accounting policies that are effected by management have been applied retrospectively in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS requirements.</p> <p>Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p>

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22	<p>Events after the reporting date</p> <p>Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.</p>
23	<p>Principal-Agent arrangements</p> <p>The department is party to a principal-agent arrangement for infrastructure projects. In terms of the arrangement the department is the principal and is responsible for payment and monitoring of projects. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.</p>
24	<p>Departures from the MCS requirements</p> <p>Management has concluded that the financial statements present fairly the department's primary and secondary information; that the department complied with the Standard.</p>
25	<p>Capitalisation reserve</p> <p>The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.</p>
26	<p>Recoverable revenue</p> <p>Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.</p>
27	<p>Related party transactions</p> <p>A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.</p> <p>Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.</p>
28	<p>Inventories</p> <p>At the date of acquisition, inventories are recognised at cost in the statement of financial performance. Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.</p> <p>Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value.</p>

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	The cost of inventories is assigned by using the weighted average cost basis.
29	Public-Private Partnerships Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies. A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.
30	Employee benefits The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.

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1. Annual Appropriation

1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for National Departments (Voted funds) and Provincial Departments:

		2018/19		2017/18	
	Final Appropriation	Actual Funds Received	Funds not requested /not received	Final Appropriation	Appropriation received
	R'000	R'000	R'000	R'000	R'000
Administration	223 101	223 101	-	209 905	209 905
District Health Services	2 180 057	2 180 057	-	2 001 541	2 001 541
Emergency Medical Services	332 999	332 999	-	327 707	327 707
Provincial Hospital Services	382 699	382 699	-	338 120	338 120
Central Services	1 071 750	1 071 750	-	970 244	970 244
Health Science & Training	120 111	120 111	-	119 668	119 668
Health Care Support Services	112 274	112 274	-	100 142	100 142
Health Facilities Management	431 320	431 320	-	562 965	562 965
Total	4 854 311	4 854 311	-	4 630 292	4 630 292

1.2 Conditional grants

	Note	2018/19 R'000	2017/18 R'000
Total grants received	33	1 463 685	1 525 010
Provincial grants included in Total Grants received		-	-

2. Departmental revenue

	Note	2018/19 R'000	2017/18 R'000
Sales of goods and services other than capital assets	2.1	27 309	29 703
Interest, dividends and rent on land	2.2	1	1
Sales of capital assets	2.3	37	60
Transactions in financial assets and liabilities	2.4	2 495	1 171
Total revenue collected		29 842	30 935
Less: Own revenue included in appropriation	13	(29 842)	(30 935)
Departmental revenue collected		-	-

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2.1 Sales of goods and services other than capital assets

	Note 2	2018/19 R'000	2017/18 R'000
Sales of goods and services produced by the department		27 309	29 703
Sales by market establishment		1 542	1 519
Administrative fees		2 365	2 167
Other sales		23 402	26 017
Sales of scrap, waste and other used current goods		-	-
Total		27 309	29 703

2.2 Interest, dividends and rent on land

	Note 2	2018/19 R'000	2017/18 R'000
Interest		1	1
Rent on land		-	-
Total		1	1

2.3 Sale of capital assets

	Note 2	2018/19 R'000	2017/18 R'000
Tangible assets		37	60
Buildings and other fixed structures	30	-	-
Machinery and equipment	28	37	60
Total		37	60

2.4 Transactions in financial assets and liabilities

	Note 2	2018/19 R'000	2017/18 R'000
Receivables		-	13
Stale cheques written back		-	-
Other Receipts including Recoverable Revenue		2 495	1 158
Total		2 495	1 171

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3. Aid assistance

	Note	2018/19 R'000	2017/18 R'000
Opening Balance		1 033	581
Prior period error		-	-
As restated		1 033	581
Transferred from statement of financial performance		2 369	1 033
Transfers to or from retained funds		-	-
Paid during the year		-	(581)
Closing Balance		3 402	1 033

3.1 Analysis of balance by source

	Note	2018/19 R'000	2017/18 R'000
Aid assistance from RDP	3	-	-
Aid assistance from other sources		3 402	1 033
Closing balance		3 402	1 033

3.2 Analysis of balance

	Note	2018/19 R'000	2017/18 R'000
Aid assistance unutilised	3	3 402	1 033
Closing balance		3 402	1 033

3.3 Aid assistance expenditure per economic classification

	Note	2018/19 R'000	2017/18 R'000
Current		2 157	-
Transfers and subsidies		-	118
Total aid assistance expenditure		2 157	118

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for the year ended 31 March 2019

4. Compensation of employees

4.1 Salaries and Wages

	Note	2018/19 R'000	2017/18 R'000
Basic salary		1 783 738	1 665 873
Performance award		3 726	999
Service Based		2 167	3 051
Compensative/circumstantial		353 641	285 993
Other non-pensionable allowances		338 307	316 065
Total		2 481 579	2 271 981

4.2 Social contributions

	Note	2018/19 R'000	2017/18 R'000
Employer contributions			
Pension		209 405	194 386
Medical		113 257	105 248
UIF		1	1
Bargaining council		520	515
Total		323 183	300 150

Total compensation of employees

2 804 762 **2 572 131**

Average number of employees

8 082 7 183

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5. Goods and services

	Note	2018/19 R'000	2017/18 R'000
Administrative fees		1 152	602
Advertising		16 453	1 196
Minor assets	5.1	7 267	3 413
Bursaries (employees)		2 834	845
Catering		8 623	6511
Communication		20 919	21 140
Computer services	5.2	48 967	35 380
Consultants: Business and advisory services		1 579	2 055
Laboratory services		113 596	115 421
Scientific and technological services		-	-
Legal services		6 143	9 767
Contractors		237 704	166 218
Agency and support / outsourced services		184 630	207 949
Entertainment		-	-
Audit cost – external	5.3	14 480	14 302
Fleet services		93 503	59 651
Inventory	5.4	486 517	484 778
Consumables	5.5	46 902	32 883
Housing		-	-
Operating leases		46 057	37 382
Property payments	5.6	216 560	177 702
Rental and hiring		3 186	2 239
Transport provided as part of the departmental activities		18 712	29 750
Travel and subsistence	5.7	35 116	36 670
Venues and facilities		2 895	1 266
Training and development		12 133	2 336
Other operating expenditure	5.8	1 692	2 703
Total		1 627 620	1 452 159

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5.1 Minor assets

	Note 5	2018/19 R'000	2017/18 R'000
Tangible assets			
Machinery and equipment		7 267	3 413
Total		<u>7 267</u>	<u>3 413</u>

5.2 Computer services

	Note 5	2018/19 R'000	2017/18 R'000
SITA computer services		10 956	3 353
External computer service providers		38 011	32 027
Total		<u>48 967</u>	<u>35 380</u>

5.3 Audit cost – External

	Note 5	2018/19 R'000	2017/18 R'000
Regularity audits		14 480	14 302
Total		<u>14 480</u>	<u>14 302</u>

5.4 Inventory

	Note 5	2018/19 R'000	2017/18 R'000
Clothing material and accessories		840	1 095
Farming supplies		15	27
Food and food supplies		28 237	26 222
Fuel, oil and gas		24 167	12 424
Materials and supplies		11 054	7 545
Medical supplies		144 706	118 229
Medicine		277 498	319 236
Total		<u>486 517</u>	<u>484 778</u>

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5.5 Consumables

	Note 5	2018/19 R'000	2017/18 R'000
Consumable supplies		30 234	20 064
Uniform and clothing		-	6 567
Household supplies		30 185	13 253
IT consumables		49	244
Stationery, printing and office supplies		16 668	12 819
Total		46 902	32 883

5.6 Property payments

	Note 5	2018/19 R'000	2017/18 R'000
Municipal services		82 150	54 072
Property maintenance and repairs		7 413	13 155
Other		126 997	110 475
Total		216 560	177 702

5.7 Travel and subsistence

	Note 5	2018/19 R'000	2017/18 R'000
Local		31 943	33 197
Foreign		3 173	3 473
Total		35 116	36 670

5.8 Other operating expenditure

	Note 5	2018/19 R'000	2017/18 R'000
Professional bodies, membership and subscription fees		294	141
Resettlement costs		-	295
Other		1 398	2 267
Total		1 692	2 703

6. Interest and rent on land

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	Note	2018/19 R'000	2017/18 R'000
Interest paid		5 376	5 270
Total		5 376	5 270

7. Transfers and subsidies

		2018/19 R'000	2017/18 R'000
Provinces and municipalities	Note 33	559	222
Non-profit institutions		-	-
Households	Annex 1A	49 148	56 753
Total		49 707	56 975

8. Expenditure for capital assets

	Note	2018/19 R'000	2017/18 R'000
Tangible assets		349 650	480 042
Buildings and other fixed structures	30	232 208	408 960
Machinery and equipment	28	117 442	71 082
Intangible assets		365	775
Software	29	365	775
Total		350 015	480 817

8.1 Analysis of funds utilised to acquire capital assets – 2018/19

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	349 650	-	349 650
Buildings and other fixed structures	232 208	-	232 208
Machinery and equipment	117 442	-	117 442
Intangible assets	365	-	365
Software	365	-	365
Total	350 015	-	350 015

8.2 Analysis of funds utilised to acquire capital assets – 2017/18

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	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	480 042	-	480 042
Buildings and other fixed structures	408 960	-	408 960
Machinery and equipment	71 082	-	71 082
Intangible assets	775	-	775
Software	775	-	775
Total	480 817	-	480 817

8.3 Finance lease expenditure included in Expenditure for capital assets

	Note	2018/19 R'000	2017/18 R'000
Tangible assets			
Machinery and equipment		-	7 248
Total		-	7 248

9. Unauthorised expenditure

9.1 Reconciliation of unauthorised expenditure

	Note	2018/19 R'000	2017/18 R'000
Opening balance		481 518	381 222
Prior period error		-	-
As restated		481 518	381 222
Unauthorised expenditure – discovered in current year		1 261	100 296
Closing balance		482 779	481 518
Analysis of closing balance			
Unauthorised expenditure awaiting authorisation		482 779	481 518
Total		482 779	481 518

9.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification

	2018/19 R'000	2017/18 R'000
Capital	445 816	444 555
Current	813	813
Transfers and subsidies	36 150	36 150
Total	482 779	481 518

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9.3 Analysis of unauthorised expenditure awaiting authorisation per type

	2018/19 R'000	2017/18 R'000
unauthorised expenditure relating to overspending of the vote or a main division within a vote	482 779	481 518
Total	482 779	481 518

9.4 Details of unauthorised expenditure – current year

Incident	Disciplinary steps taken/criminal proceedings	2018/19 R'000
Overspending of a vote	Still to be investigated	1 261
Total		1 261

10. Prepayments and advances

	Note	2018/19 R'000	2017/18 R'000
Travel and subsistence		-	31
Total		-	31

11. Receivables

		Current	2018/19 Non- current	Total	Current	2017/18 Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Claims recoverable	Note 11.1	81	-	81	81	-	81
Recoverable expenditure	11.2	19 727	-	19 727	7 523	-	7 523
Staff debt	11.3	1 413	17 340	18 753	1 243	15 804	17 047
Fruitless and wasteful expenditure	11.4	18	-	18	-	-	-
Total		21 239	17 340	38 579	8 847	15 804	24 651

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11.1 Claims recoverable

	Note 11 and Annex 3	2018/19 R'000	2017/18 R'000
Provincial departments		81	81
Total		81	81

11.2 Recoverable expenditure (disallowance accounts)

	Note 11	2018/19 R'000	2017/18 R'000
Sal: UIF		1	1
Salary: Income tax		1 563	517
Salary: ACB recalls		188	-
Sal: Tax debts		463	246
Salary: Deduction Disallowance		52	67
Salary: Reversal Control		758	1 430
Salary: Recoverable		16 395	4 712
Salary: GEHS Refund		65	550
Pension recoverable		227	-
Salary: medical aid		15	-
Total		19 727	7 523

11.3 Staff debt

	Note 11	2018/19 R'000	2017/18 R'000
Debt receivable		18 753	17 047
Total		18 753	17 047

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11.4 Fruitless and wasteful expenditure

	Note	2018/19 R'000	2017/18 R'000
	11		
Opening balance		-	-
Less amounts recovered		-	-
Less amounts written off		-	-
Transfers from note 25 Fruitless and Wasteful Expenditure		18	-
Interest		-	-
Total		18	-

11.5 Impairment of receivables

	Note	2018/19 R'000	2017/18 R'000
Estimate of impairment of receivables		8 263	8 090
Total		8 263	8 090

12. Voted funds to be surrendered to the Revenue Fund

	Note	2018/19 R'000	2017/18 R'000
Opening balance		163 235	269 173
Prior period error		-	-
As restated		163 235	269 173
Transfer from statement of financial performance (as restated)		16 831	62 940
Add: Unauthorised expenditure for current year	9	1 261	100 296
Voted funds not requested/not received	1.1	-	-
Paid during the year		(163 234)	(269 174)
Closing balance		18 093	163 235

13. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

	Note	2018/19 R'000	2017/18 R'000
Opening balance		2 004	4 548
Prior period error		-	-
As restated		2 004	4 548
Transfer from Statement of Financial Performance (as restated)		-	-
Own revenue included in appropriation	2	29 842	30 935
Transfer from aid assistance	3	-	-
Paid during the year		(28 008)	(33 479)
Closing balance		3 838	2 004

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14. Bank Overdraft

	Note	2018/19 R'000	2017/18 R'000
Consolidated Paymaster General Account		494 674	337 674
Fund requisition account		-	-
Overdraft with commercial banks (Local)		-	-
Overdraft with commercial banks (Foreign)		-	-
Total		494 674	337 674

15. Payables – current

	Note	2018/19 R'000	2017/18 R'000
Clearing accounts	15.1	254	1 828
Other payables	15.2	1 097	426
Total		1 351	2 254

15.1 Clearing accounts

	Note	2018/19 R'000	2017/18 R'000
Salary Disallowance Account	15	80	1 258
Salary pension		16	13
Salary Recoverable		-	-
Salary: Finance other institution		14	14
Salary: Reversal Control		-	-
Salary: Garnishee order		144	120
Salary ABC recalls		-	423
Total		254	1 828

15.2 Other payables

	Note	2018/19 R'000	2017/18 R'000
Debt Receivable interest	15	321	137
Debt receivable income		776	289
Total		1 097	426

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16. Net cash flow available from operating activities

	Note	2018/19 R'000	2017/18 R'000
Net surplus/(deficit) as per Statement of Financial Performance		19 200	63 973
Add back non cash/cash movements not deemed operating activities		173 778	205 553
(Increase)/decrease in receivables		(13 928)	(2 157)
(Increase)/decrease in prepayments and advances		31	198
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in payables – current		(903)	(946)
Proceeds from sale of capital assets		(37)	(60)
Expenditure on capital assets		350 015	480 817
Surrenders to Revenue Fund		(191 242)	(302 653)
Surrenders to RDP Fund/Donor		-	(581)
Own revenue included in appropriation		29 842	30 935
Net cash flow generated by operating activities		192 978	269 526

17. Reconciliation of cash and cash equivalents for cash flow purposes

	Note	2018/19 R'000	2017/18 R'000
Consolidated Paymaster General account		(494 674)	(337 674)
Total		(494 674)	(337 674)

18. Contingent liabilities and contingent assets

18.1 Contingent liabilities

Liable to	Nature	Note	2018/19 R'000	2017/18 R'000
Housing loan guarantees	Employees	Annex 2A	1 314	1 388
Claims against the department		Annex 2B	2 440 116	1 844 555
Intergovernmental payables (unconfirmed balances)		Annex 4	36 375	7 636
Total			2 477 805	1 853 579

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Claims against the state comprise of legal claims by third parties for which the timing is uncertain.

18.2 Contingent assets

	Note	2018/19 R'000	2017/18 R'000
Nature of contingent asset			
Labour matters		1 487	1 487
Motor Vehicle accidents		190	190
OSD over-payments		1 958	1 958
Other		929	929
Total		4 564	4 564

19. Commitments

	Note	2018/19 R'000	2017/18 R'000
Current expenditure			
Approved and contracted		611 445	561 875
Approved but not yet contracted		-	-
		<u>611 445</u>	<u>561 875</u>
Capital expenditure			
Approved and contracted		281 819	355 594
Approved but not yet contracted		-	-
		<u>-</u>	<u>-</u>
Total Commitments		893 264	917 469

Included in the commitments are contracts that have been entered into between the Department and various service providers where the amount due is determined on the value of the work delivered during a specific period. These contracts have been disclosed at R510 983

Commitments continuing after 31 March 2019 are for Patient billing system R36.463 million, Security services R212.701 million, Aero Medical R23.059 million, IT Equipment R35.226 million, Human Milk Bank R0.475 million and Medical Equipment Maintenance R70.442 million.

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20. Accruals and payables not recognised

20.1 Accruals

			2018/19 R'000	2017/18 R'000
Listed by economic classification				
	30 Days	30+ Days	Total	Total
Goods and services	72 207	9 576	81 785	39 692
Interest and rent on land	-	-	-	-
Transfers and subsidies	350	24 626	24 976	-
Capital assets	267	17	284	12 361
Other	12	-	12	77
	72 836	34 219	107 057	52 130

	Note	2018/19 R'000	2017/18 R'000
Listed by programme level			
Administration		6 725	10 848
District Health Services		23 014	7 500
Emergency Medical Services		32 435	11 287
Provincial Hospital services		2 474	4 704
Central Hospital Services		14 361	11 115
Health Sciences and Training		28 026	1 462
Health Care Support Services		9	355
Health Facilities Management		13	4 859
Total		107 057	52 130

20.2 Payables not recognised

			2018/19 R'000	2017/18 R'000
Listed by economic classification				
	30 Days	30+ Days	Total	Total
Goods and services	63 992	318 024	382 016	378 048
Interest and rent on land	-	-	-	-
Transfers and subsidies	1	4 018	4 019	842
Capital assets	289	7 433	7 722	16 891
Other	1	334	346	109
	64 294	329 809	394 104	395 890

	Note	2018/19 R'000	2017/18 R'000
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Administration	21 183	149 478
District Health Services	154 112	37 345
Emergency Medical Services	12 740	29 550
Provincial Hospital Services	23 613	11 591
Central Hospital Services	35 612	44 591
Health Science and Training	11 714	3 394
Health Care Support Services	135 055	118 374
Health Facilities Management	74	1 567
Total	394 104	395 890

Included in the above totals are the following:

	Note	2018/19 R'000	2017/18 R'000
Confirmed balances with other departments	Annex 4	5 109	35 823
Confirmed balances with other government entities	Annex 4	-	-
Total		5 109	35 823

21. Employee benefits

	Note	2018/19 R'000	2017/18 R'000
Leave entitlement		98 556	88 416
Service bonus		67 904	63 506
Performance awards		47 052	42 529
Capped leave commitments		34 893	35 364
Other		2 743	2 025
Total		251 148	231 840

At this stage the department is not able to reliably measure the long term portion of the long service awards.

The leave amount includes negative leave balances. This represents leave taken before it fully accrues to an employee. This will balance off during the calendar year.

22. Lease commitments

22.1 Operating leases

2018/19	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
Not later than 1 year	-	-	34 103	-	34 103
Later than 1 year and not later than 5 years	-	-	7 742	-	7 742
Later than five years	-	-	-	-	-
Total lease commitments	-	-	41 845	-	41 845

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	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
2017/18					
Not later than 1 year	-	-	31 456	-	31 456
Later than 1 year and not later than 5 years	-	-	-	-	-
Later than five years	-	-	-	-	-
Total lease commitments	-	-	31 456	-	31 456

Material leasing arrangements include agreements for residential accommodation of student nurses

22.2 Finance leases

	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
2018/19					
Not later than 1 year	-	-	-	5 327	5 327
Later than 1 year and not later than 5 years	-	-	-	13 034	13 034
Later than five years	-	-	-	-	-
Total lease commitments	-	-	-	18 361	18 361

	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000
2017/18					
Not later than 1 year	-	-	-	12 160	12 160
Later than 1 year and not later than 5 years	-	-	-	17 693	17 693
Later than five years	-	-	-	-	-
Total lease commitments	-	-	-	29 853	29 853

Material leasing arrangement includes the Government Fleet Entity

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23. Accrued departmental revenue

	Note	2018/19 R'000	2017/18 R'000
Sales of goods and services other than capital assets		147 553	120 242
Total		147 553	120 242

23.1 Analysis of accrued departmental revenue

	Note	2018/19 R'000	2017/18 R'000
Opening balance		120 242	139 445
Less: amounts received		(18 868)	(18 908)
Add: amounts recorded		46 179	58 163
Less: amounts written-off/reversed as irrecoverable		-	(58 458)
Closing balance		147 553	120 242

23.2 Accrued departmental revenue written off

	Note	2018/19 R'000	2017/18 R'000
Nature of losses			
Patient debt written off		-	58 458
Total		-	58 458

23.3 Impairment of accrued departmental revenue

	Note	2018/19 R'000	2017/18 R'000
Estimate of impairment of accrued departmental revenue		134 721	97 032
Total		134 721	97 032

- (i) The department assesses impairment of accrued revenue individually within a group class at the end of each reporting date where there is objective evidence that the asset is impaired

(ii) The key indicator that the asset needs to be assessed for impairment is the delay in payments by debtors. When the debt has been outstanding for more than a certain period in each different category of debt. (As outlined in the Patient Debt Management Policy)

(iii) Where there is a possibility that the debtors will not settle the outstanding balance and where there is certainty that the debt owed will not be recoverable but the approval was not obtained at year-end, the accounts are assessed for impairment.

(iv) Impairment loss is calculated as the difference between the carrying value of the debt at the reporting date less the recoverable value of expected future cash flows.

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24. Irregular expenditure

24.1 Reconciliation of irregular expenditure

	Note	2018/19 R'000	2017/18 R'000
Opening balance		6 159 450	5 747 071
Prior period error			-
As restated		6 159 450	5 747 071
Add: Irregular expenditure – relating to current year		714 939	412 379
Closing balance		6 874 389	6 159 450
Analysis of awaiting condonation per age classification			
Current year		714 939	412 379
Prior years		6 159 450	5 747 071
Total		6 874 389	6 159 450

24.2 Details of irregular expenditure – added current year

Incident	Disciplinary steps taken/criminal proceedings	2018/19 R'000
Infrastructure contracts awarded by implementing agencies	Still to be investigated	364 708
Goods and services sourced without following Supply Chain Management process	Still to be investigated	350 231
Total		714 939

24.3 Details of the non-compliance where an institution was not represented in a bid committee for contracts arranged by other institutions

Incident	2018/19 R'000
Procurement contracts arranged by Northern Cape Department: Roads & Public Works (RPW)	257 728
Procurement contracts arranged by Independent Development Trust (IDT)	106 980
Total	364 708

RPW and IDT act as implementing agents on behalf of the department for construction projects across the province. They are responsible for all procurement processes relating to the relevant projects.

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25. Fruitless and wasteful expenditure

25.1 Reconciliation of fruitless and wasteful expenditure

	Note	2018/19 R'000	2017/18 R'000
Opening balance		62 047	56 777
Prior period error			-
As restated		62 047	56 777
Fruitless and wasteful expenditure – relating to current year		5 394	5 270
Less: Amounts transferred to receivables for recovery	11.4	(18)	-
Closing balance		67 423	62 047

25.2 Analysis of awaiting resolution per economic classification

	Note	2018/19 R'000	2017/18 R'000
Current		51 491	46 115
Capital		15 932	15 932
Closing balance		67 423	62 047

25.3 Analysis of Current year's (relating to current and prior years) fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	2018/19 R'000
Penalties on motor vehicle registration	Still to be investigated	1
No show for a meeting	Still to be investigated	17
Interest on overdue accounts	Still to be investigated	5 376
Total		5 394

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26. Related party transactions
The Northern Cape Department of Health did not enter into any related party transaction for the year.
27. Key management personnel

	No. of Individuals	2018/19 R'000	2017/18 R'000
Official office bearers (provide detail below)			
Officials 15 to 16	1(2)	1 978	2 038
Officials 14 (including officials in Exco if at lower levels)	1(2)	1 645	2 167
Official members of key management personnel	9(11)	11 185	7 420
	3(2)	1 605	978
Total		16 413	12 603

Commented [M4]: Wording

28. Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Opening balance	Value adjustments	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	1 047 316	-	114 949	-	1 162 265
Transport assets	159 345	-	24 132	-	183 477
Computer equipment	59 856	-	8 320	-	68 176
Furniture and office equipment	40 003	-	560	-	40 563
Other machinery and equipment	788 112	-	81 937	-	870 049
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	1 047 316	-	114 949	-	1 162 265

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28.1 Additions

ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Cash*	Non-cash**	(Capital Work in Progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	114 949	-	-	-	114 949
Transport assets	24 132	-	-	-	24 132
Computer equipment	8 320	-	-	-	8 320
Furniture and office equipment	560	-	-	-	560
Other machinery and equipment	81 937	-	-	-	81 937
TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS	114 949	-	-	-	114 949

28.2 Disposals

DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Sold for cash	Non-cash disposal	Total disposal s	Cash Receive d Actual
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	-	-	-	-
Transport assets	-	-	-	-
Computer equipment	-	-	-	-
Furniture and office equipment	-	-	-	-
Other machinery and equipment	-	-	-	-
TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS	-	-	-	-

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28.3 Movement for 2017/18

MOVEMENT IN TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
MACHINERY AND EQUIPMENT	973 621		73 773	(78)	1 047 316
Transport assets	139 239	-	20 106	-	159 345
Computer equipment	56 265	-	3 591	-	59 856
Furniture and office equipment	38 407	-	1 639	(43)	40 003
Other machinery and equipment	739 710	-	48 437	(35)	788 112
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	973 621	-	73 773	(78)	1 047 316

28.4 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2019

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipm ent R'000	Biological assets R'000	Total R'000
Opening balance	-	1 598	-	180 999	-	182 597
Value adjustments	-	-	-	-	-	-
Additions	-	-	-	6 438	-	6 438
Disposals	-	-	-	-	-	-
TOTAL MINOR ASSETS	-	1 598	-	187 437	-	189 035
	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipmen t	Biological assets	Total
Number of R1 minor assets	-	6 100	-	41 916	-	48 016
Number of minor assets at cost	-	1 845	-	28 261	-	30 106
TOTAL NUMBER OF MINOR ASSETS	-	7 945	-	70 177	-	78 122

for the year ended 31 March 2019

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipmen t	Biological assets	Total
Number of R1 minor assets		6 100		41 916		48 016
Number of minor assets at cost		1 845		24 926		26 771
TOTAL NUMBER OF MINOR ASSETS		7 945		66 842		74 787

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28.5 Movable assets written off

MOVABLE ASSETS WRITTEN OFF FOR THE YEAR ENDED AS AT 31 MARCH 2019

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipm ent	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Assets written off	-	-	-	-	-	-
TOTAL MOVABLE ASSETS WRITTEN OFF	-	-	-	-	-	-

MOVABLE ASSETS WRITTEN OFF FOR THE YEAR ENDED AS AT 31 MARCH 2018

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipm ent	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Assets written off	-	-	-	-	-	-
TOTAL MOVABLE ASSETS WRITTEN OFF	-	-	-	-	-	-

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29. Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Opening balance	Value adjustme nts	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	3 028	-	365	-	3 393
TOTAL INTANGIBLE CAPITAL ASSETS	3 028	-	365	-	3 393

Intangible Capital Assets under investigation

Number
Value
R'000

Included in the above total of the intangible capital assets per the asset register are
assets that are under investigation:

Software

-

29.1 Additions

**ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED
31 MARCH 2019**

	Cash	Non-Cash	(Develop- ment work in progres s – current costs)	Received current year, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	365	-	-	-	365
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS	365	-	-	-	365

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29.2 Movement for 2017/18

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	2 253	-	775	-	3 028
TOTAL INTANGIBLE CAPITAL ASSETS	2 253	-	775	-	3 028

30. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Opening balance R'000	Value adjustme nts	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1 043 300	-	1 420 510	-	2 463 810
Dwellings	-	-	-	-	-
Non-residential buildings	1 027 177	-	1 420 510	-	2 447 687
Other fixed structures	16 123	-	-	-	16 123
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	1 043 300	-	1 420 509	-	2 463 810

Immovable Tangible Capital Assets under investigation

	Number	Value R'000
Included in the above total of the immovable tangible capital assets per the asset register are assets that are under investigation:		
Buildings and other fixed structures		-

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30.1 Additions

ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Cash	Non-cash	(Capital Work in Progress current costs and finance lease payment s)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
BUILDING AND OTHER FIXED STRUCTURES	242 300	1 283 918	(105 708)	-	1 420 510
Dwellings	-	-	-	-	-
Non-residential buildings	242 300	1 283 918	(105 708)	-	1 420 510
Other fixed structures	-	-	-	-	-
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	242 300	1 283 918	(105 708)	-	1 420 509

30.2 Disposals

DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Sold for cash	Non-cash disposal	Total disposal s	Cash Receive d Actual R'000
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	-	-	-	-
Dwellings	-	-	-	-
Non-residential buildings	-	-	-	-
Other fixed structures	-	-	-	-
TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS	-	-	-	-

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30.2 Movement for 2017/18

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	252 178	21 602	769 520	-	1 043 300
Dwellings	-	-	-	-	-
Non-residential buildings	236 055	21 602	769 520	-	1 027 177
Other fixed structures	16 123	-	-	-	16 123
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	252 178	21 602	769 520	-	1 043 300

30.2.1 Prior year error

	Note	2017/18 R'000
Nature of prior period error		
Relating to 2016/17		21 602
Non-residential buildings		21 602
Relating to 2017/18		39 380
Non-residential buildings - Additions		39 380
Total prior period errors		60 982

Adjustments were made to correct errors identified from detailed reconciliations performed between Work-in-progress and completed projects. Completed refurbishments and upgrades were incorrectly included in Work-in-progress.

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30.3 Capital Work-in-progress

CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2019

	Opening balance 1 April 2018	Current Year WIP	Ready for use (Assets to the AR) / Contract s termina ted	Closing balance 31 March 2019
Note Annexure 6	R'000	R'000	R'000	R'000
Buildings and other fixed structures	1 686 883	176 716	(1 354 925)	508 676
Machinery and equipment	-	-	-	-
TOTAL	1 686 883	176 716	(1 354 925)	508 676

	Number of projects		2018/19
Age analysis on ongoing projects	Planned, Construction not started	Planned, Constructi on started	Total R'000
0 to 1 Year	-	-	-
1 to 3 Years	-	3	120 197
3 to 5 Years	-	2	388 477
Longer than 5 Years	-	-	-
Total	-	5	508 674

Accruals and payables not recognised relating to Capital WIP	Note	2018/19	2017/18
		R'000	R'000
Infrastructure accruals		84	33 737
Infrastructure payables		74 284	50 952
Total		74 368	84 689

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CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2018

	Note Annexure 6	Opening balance 1 April 2017 R'000	Prior period error R'000	Current Year WIP R'000	Ready for use (Assets to the AR)) / Contracts terminate d R'000	Closing balance 31 March 2018 R'000
Buildings and other fixed structures		1 985 801	-	310 650	(671 211)	1 686 883
Machinery and equipment		-	-	-	-	-
TOTAL		1 985 801	-	310 650	(671 211)	1 686 883

	Number of projects		2017/18
	Planned, Constructio n not started	Planned, Constructio n started	Total R'000
0 to 1 Year			
1 to 3 Years		9	71 275
3 to 5 Years		3	361 521
Longer than 5 Years		1	1 254 087
Total		13	1 686 881

30.4 S42 Immovable assets

Assets to be transferred in terms of S42 of the PFMA – 2018/19

	Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES	167	2 463 809
Dwellings	-	-
Non-residential buildings	167	2 463 809
Other fixed structures	-	-
TOTAL	167	2 463 809

Included in the immovable assets due for a S42 is the cost of upgrades and refurbishments of facilities.

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Assets to be transferred in terms of S42 of the PFMA – 2017/18

	Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES	14	148 757
Dwellings	-	-
Non-residential buildings	14	148 757
Other fixed structures	-	-
TOTAL	14	148 757

31. Principal-agent arrangements

31.1 Department acting as the principal

	2018/19 R'000	2017/18 R'000
	Fee paid	
Independent Development Trust	4 946	6 861
Bigen Africa Services (Pty) Ltd	273	-
Total	5 219	6 861

The Independent Development Trust are implementing agents for infrastructure projects and they receive a fee at an agreed rate.

Bigen Africa Services (Pty) Ltd are implementing agents for maintenance projects and they receive a fee at an agreed rate.

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32. Prior period errors

32.1 Correction of prior period errors – Final Appropriation and Appropriation Received

	Note	Amount before error correction	Prior error period	Restated Amount
			2017/18	
	1.1	R'000	R'000	R'000
Administration		194 357	15 548	209 905
District Health Services		1 997 360	4 181	2 001 541
Emergency Medical Services		324 714	2 993	327 707
Provincial Hospital Services		344 574	(6 454)	338 120
Central Services		967 721	2 523	970 244
Health Science & Training		130 073	(10 405)	119 668
Health Care Support Services		108 850	(8 708)	100 142
Health Facilities Management		562 643	322	562 965
Net effect		4 630 292	-	4 630 292

The note was not corrected in the prior year subsequent to amendments to the appropriation statement. The casting error was identified during the current year and corrected.

32.2 Correction of prior period errors – Receivables

	Note	Amount before error correction	Prior error period	Restated Amount
			2017/18	
		R'000	R'000	R'000
Claims Recoverable	11	2 837	(2 756)	81
Provincial Departments	11.1	2 837	(2 756)	81
Recoverable expenditure	11	4 767	2 756	7 523
Salary: Recoverable	11.3	4 767	2 756	7 523
Net effect		4 767	-	7 604

The amount of confirmed claims recoverable from other departments in the 2017/18 year was incorrectly stated. The error was corrected in the current year financials as noted above.

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32.3 Correction of prior period errors – Immovable Assets

Note	Amount before error correction	Prior error 2017/18 period	Restated Amount
	R'000	R'000	R'000
Immovable tangible Capital Assets – Opening balance	252 178	21 602	273 780
Immovable tangible Capital Assets – Additions	730 140	39 380	769 520
Capital Work in Progress – Opening Balance	2 007 403	(21 602)	1 985 801
Capital Work in Progress – Current Year WIP	369 779	(59 129)	310 650
Capital Work in Progress – Ready for use	(690 299)	19 088	(671 211)
Net effect	2 669 201	(661)	2 668 540

Completed refurbishments and upgrades were incorrectly included in Work-in-progress.

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33. STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF DEPARTMENT	GRANT ALLOCATION					SPENT				2017/18	
	Division of Revenue Act/ Provincial Grants	Roll Overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under/ (Over spending)	% of available funds spent by department	Division of Revenue Act	Amount spent by department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
National Tertiary Services Grant	359 754	26 201	-	-	385 955	385 955	385 956	(1)	100	362 053	335 852
Comprehensive HIV & AIDS Grant	515 155	9 481	-	-	524 636	524 636	524 749	(113)	100	478 242	468 761
National Health Insurance Grant	-	-	-	-	-	-	-	-	-	1 616	1 646
Health Facility Revitalisation Grant	374 391	-	42 000	-	416 391	416 391	415 953	438	100	560 260	568 116
Health Professions Training & Development	91 305	24 434	-	-	115 739	115 739	115 401	338	100	90 610	65 824
Social Sector EPWP Incentive Grant for Provinces	13 423	-	-	-	13 423	13 423	13 296	127	99	30 229	30 229
EPWP Incentive Grant for Provinces	2 907	-	-	-	2 907	2 907	2 688	219	92	2 000	-
Human Papillomavirus Vaccine Grant	4 634	-	-	-	4 634	4 634	4 601	33	99	-	-
	1 361 569	60 116	42 000	-	1 463 685	1 463 685	1 462 644	1 041	100	1 525 010	1 470 428

All funds transferred in terms of the Division of Revenue Act were deposited into the primary bank account of the province.

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34. STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION				TRANSFER		
	DoRA and other transfers	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Departme nt
	R'000	R'000	R'000	R'000	R'000	R'000	%
Karoo Hoogland Municipality	50	-	-	50	50	-	-
Emthanjeni Municipality	74	-	-	74	74	-	-
Nama Khoi Municipality	88	-	-	88	88	-	-
Sol Plaatje Municipality	12 366	-	-	12 366	314	12 052	-
TOTAL	12 578	-	-	12 578	526	12 052	-

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35. Going concern evaluation

	2018/19 R'000
Current Assets	504 018
Unauthorised expenditure	482 779
Receivables	21 239
Current liabilities	521 358
Voted funds to be surrendered to the Revenue Fund	18 093
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	3 838
Payables	1 351
Bank overdraft	494 674
Aid assistance unutilised	3 402
Net current liabilities	(17 340)
Other obligations	752 309

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Accruals and payables not realised

501 161

Employee benefits

251 148

The picture above may suggest that the Department is not a going concern or has liquidity challenges. The above also indicates that the Department is not able to pay debts as and when they become due. However, provision is made for the future funding of the Department through the commitment on the Medium Term Expenditure Framework. These budgets are committed for the medium term between 2019/20 and 2021/22 financial years.

These allocations amount to R16 731 245 million over the three financial years with 2019/20 allocated an amount of R5 197 311 million.

The Department will enhance the project plan developed in previous years to address the growing trend of Accruals and Payables. This project is intended to address both the management of accruals and payables to ensure accurate reporting and the management of expenditure to curb the generation of these accruals and payables.

A Medico-Legal unit was also established within the Department to specifically work on medico-legal cases facing the Department. This unit has identified the main causes of the adverse cases experienced in facilities and the Department is addressing those

Management has considered the economic environment in which the Department operates and the likelihood on continued government funding. Management is not aware of any material uncertainties which may cause significant doubt upon the Province's ability to continue funding the operations of the Department.

The Department is therefore, assured of its continued existence through the implementation of corrective measures to deal with accruals and the continued support of the Province and in particular Provincial Treasury.

ANNEXURE 1A
STATEMENT OF TRANSFERS TO HOUSEHOLDS

	TRANSFER ALLOCATION				EXPENDITURE		2017/18
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	%	R'000
HOUSEHOLDS							
Transfers							
H/H EMPL S/BEN:INJURY ON DUTY	2 456	-	-	2 456	176	7%	534
H/H EMPL S/BEN:LEAVE GRATUITY	5 692	-	-	5 692	6 967	122%	7 249
H/H: CLAIMS AGAINST THE STATE (CASH)	-	-	-	-	3 550		535
H/H: BURSARIES (NON-EMPLOYEE)	14 931	-	-	14 931	38 455	258%	14 067
H/H: DONATIONS 7 GIFTS (CASH)	113	-	-	113	-	0%	122
TOTAL	23 192	-	-	23 192	49 148	211%	22 507

ANNEXURE 1B
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
Received in cash			
NSF Growth and Development Strategy	Growth and development of health professionals	4 526	1 151
Subtotal		4 526	1 151
Received in kind			
National Department of Health	Office and computer equipment	1 822	1 981
National Department of Health	Medical equipment and instruments	-	708
Dr Valdez	Kitchen equipment	-	1
Tecmed Africa	Advertising material	8	-
Anatomical parts and charts	Conference material	47	-
Medhold	Surgical instruments	30	-
Hain Lifescience	TB Instruments	30	-
Road Accident Fund	Patient file archiving project	500	-
Subtotal		2 437	2 690
TOTAL		6 963	3 841

ANNEXURE 1C
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE

NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation)	2018/19	2017/18
	R'000	R'000
Made in kind		
Donations made by the Member of Executive Council	-	47
TOTAL	<u>-</u>	<u>47</u>

ANNEXURE 2A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2019 – LOCAL

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2018	Guarantees draw downs during the year	Guarantees repayment s/ cancelled/ reduced during the year	Revaluation due to foreign currency movements	Closing balance 31 March 2019	Revaluations due to inflation rate movements	Accrued guarantee d interest for year ended 31 March 2019
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
	Housing								
Standard Bank	Housing guarantees	1 517	317	-	-	-	317	-	-
Nedbank Limited	Housing guarantees	581	155	-	-	-	155	-	-
First National Bank	Housing guarantees	951	306	-	50	-	256	-	-
Nedbank (Inc)	Housing guarantees	124	16	-	-	-	16	-	-
ABSA Bank	Housing guarantees	3 097	466	-	24	-	442	-	-
People's Bank	Housing guarantees	67	13	-	-	-	13	-	-
Nedbank (NBS)	Housing guarantees	122	43	-	-	-	43	-	-
Old Mutual	Housing guarantee	-	72	-	-	-	72	-	-
	TOTAL	6 459	1 388	-	74	-	1 314	-	-

ANNEXURE 2B

STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2019

Nature of Liability	Opening Balance 1 April 2018 R'000	Liabilities incurred during the year R'000	Liabilities paid/cancell ed/reduced during the year R'000	Liabilities recoverabl e (Provide details hereunder) R'000	Closing Balance 31 March 2019 R'000
Claims against the department					
Medico-Legal cases	1 605 291	615 827	(116 534)	-	2 104 584
Breach of contract	155 107	96 501	(3 200)	-	248 408
Motor vehicle accidents	5 228	808	(49)	-	5 987
Labour matters	7 288	3 747	-	-	11 035
Other	71 641	5 208	(6 747)	-	70 102
TOTAL	1 844 555	722 091	(126 530)	-	2 440 116

ANNEXURE 3
CLAIMS RECOVERABLE

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2018/19	
							Receipt date up to six (6) working days after year end	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018		Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Department								
Department of Justice & Constitutional Development	10	10	-	-	10	10		
National Department of Public Works	-	-	2	2	2	2		
National Department of Health	-	-	6 864	3 417	6 864	3 417		
Free State Department of Health	-	-	3 120	2 322	3 120	2 322		
Gauteng Department of Health	-	-	502	346	502	346		
Northern Cape Provincial Treasury	-	-	60	60	60	60		
Western Cape Department of Health	-	-	2 402	1 495	2 402	1 495		
Limpopo Department of Health	-	-	30	30	30	30		
North West Department of Health	-	-	98	98	98	98		
Kwa-Zulu Natal Department of Health	-	-	-	347	-	347		
Northern Cape Office of the Premier			567	90	567			
Northern Cape Economic Development & Tourism	-	-	19	19	19	19		
Northern Cape Department of Environment & Nature Conservation	71	71	-	-	71	71		
Northern Cape Department of Social Development	-	-	140	96	140	96		
Eastern Cape Department of Health	-	-	36	178	36	178		
Eastern Cape Department of Roads & Public Works	-	-	-	51	-	51		
Northern Cape Department of Education	-	-	76	76	76	76		
Northern Cape Department of Sports Arts & Culture	-	-	59	59	59	59		
TOTAL	81	81	13 975	8 686	14 056	8 767		

ANNEXURE 4
INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2018/19 *	
							Payment date up to six (6) working days before year end	Amount
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018		
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
National Department of Health	-	30 894	28 207	240	28 207	31 134		
Department of Justice & Constitutional Development	-	-	3 435	3 435	3 435	3 435		
Northern Cape Department of Roads & Public Works	-	-	3 740	3 740	3 740	3 740		
Free State Department of Health	4 788	4 788	-	-	4 788	4 788		
North West Department of Health	-	-	8	8	8	8		
Northern Cape Office of the Premier	-	908	805	-	805	908		
Western Cape Department of Health	11	11	-	-	11	11		
Kwa-Zulu Natal Department of Education	-	-	14	14	14	14		
Northern Cape Department of Education	-	-	-	13	-	13		
Free State office of the Premier	-	19	-	-	-	19		
Northern Cape Department of Social Development	197	197	-	-	197	197		
Northern Cape Department of Sports Arts & Culture	37	37	-	-	37	37		
Limpopo Department of Health	-	-	150	150	150	150		
Eastern Cape Department of Health	76	76	-	-	76	76		
Northern Cape Department of Transport Safety & Liasion	-	-	16	16	16	16		
National Department of Water & Sanitation	-	-		20	-	20		
TOTAL	5 109	36 930	36 375	7 636	41 484	44 566		

ANNEXURE 5

INVENTORIES

Inventories	Note	Quantity	2018/19	Quantity	2017/18
			R'000		R'000
Opening balance			58 492		61 574
Add/(Less): Adjustments to prior year balance			10 313		-
Add: Additions/Purchases – Cash			324 530		339 132
Add: Additions - Non-cash			14 808		-
(Less): Disposals			-		(1 363)
(Less): Issues			(327 074)		(339 831)
Add/(Less): Received current, not paid (Paid current year, received prior year)			-		-
Add/(Less): Adjustments			(13 616)		(1 020)
Closing balance			67 453		58 492

ANNEXURE 6
MOVEMENT IN CAPITAL WORK IN PROGRESS

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2019

	Opening balance R'000	Current Year Capital WIP R'000	Ready for use (Asset register)/ Contract termina ted R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1 686 883	236 140	(1 440 827)	482 196
Dwellings	-	-	-	-
Non-residential buildings	1 686 883	236 140	(1 440 827)	482 196
Other fixed structures	-	-	-	-
TOTAL	1 686 883	236 140	(1 440 827)	482 196

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Prior period error R'000	Current Year Capital WIP R'000	Ready for use (Asset register)/ Contract termina ted R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2 007 403	-	369 779	(690 299)	1 686 883
Dwellings	-	-	-	-	-
Non-residential buildings	2 007 403	-	369 779	(690 299)	1 686 883
Other fixed structures	-	-	-	-	-
TOTAL	2 007 403	-	369 779	(690 299)	1 686 883

ANNEXURES

Annexure A: Statement of responsibility and Confirmation of Accuracy

Statement of responsibility and confirmation of accuracy for the annual report

To the best of my knowledge and belief, I confirm the following:

- ✓ All information and amounts disclosed throughout the annual report are consistent.
- ✓ The annual report is complete, accurate and is free from any omissions.
- ✓ The annual report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.
- ✓ The Annual Financial Statements (PART E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.
- ✓ The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgement made in this information.
- ✓ The Accounting Officer is responsible for establishing, implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the annual financial statements.
- ✓ The external auditors are engaged to express an independent opinion on the annual financial statements.
- ✓ In my opinion, the annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the department for the financial year ended 31 March 2018.

Yours faithfully

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Dr S Jonkers

Head of Department

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3. Northern Cape Department of Health, Annual Report 2017/18
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6. Northern Cape Department of Health, Vulindlela 2017/18
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ACKNOWLEDGEMENTS

Developing the Northern Cape Department of Health, Annual Report was a collaborative effort between numerous individuals together with budget programmes who were actively involved in the completion of this report. The following individuals are recognised:

1. Mr. M Mlatha Director: Policy and Planning
2. Ms N Qebengu, Assistant Director: TB Management
3. Ms. KJ Mabothe , Assistant Director: Policy Development
4. Ms. D Sibiya, Senior Admin Officer: EMS
5. Ms. B Mojaki, Production Clerk: Monitoring and Evaluation
6. Mr. P Ngcoboti, Director: Budget

Title of Publications: Northern Cape Department of Health:

Annual Report 2018/2019