



**NORTHERN CAPE DEPARTMENT OF HEALTH
ANNUAL REPORT 2015/16**

Published by the Department of Health
Private Bag X 5049
Kimberley 8300
SOUTH AFRICA

Tel: 053 830 2148
Fax: 053 833 4394

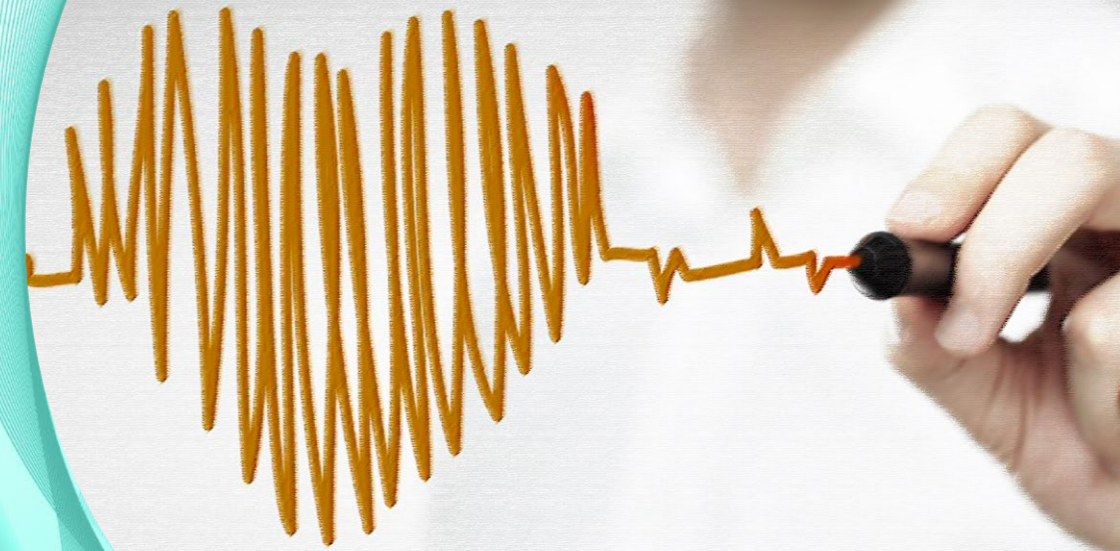
gmatlaopane@ncpg.gov.za

PR302/2016
ISBN: 978-0-621-44889-4

Department of Health

VOTE 10

ANNUAL REPORT 2015/16



VOTE 10
Annual Report 2015/16



DEPARTMENT OF HEALTH
PROVINCIAL GOVERNMENT OF THE NORTHERN CAPE

NORTHERN CAPE DEPARTMENT OF HEALTH

ANNUAL REPORT 2015/16

Honourable Mr L. Motlhaping
Executive Authority

I have the honour of submitting the Annual Report of the Northern Cape Department of Health,
for the period 1st April 2015 to 31st March 2016.



Ms. Gugulethu E. Matlopane
Head of Department

Date: 31 May 2016

TABLE OF CONTENTS

1. Part A: General Information

1.1. Department's General Information	3
1.2. List of Abbreviations / Acronyms	4
1.3. Official sign-off of the annual performance report	6
1.4. Foreword by MEC of the Department	7
1.5. Report of the Accounting Officer	9
1.6. Statement of Responsibility and Confirmation of the Accuracy of the Annual Report	20
1.7. Strategic Overview	21
1.8. Legislative and Other Mandates	22
1.9. Organisational Structure	23
1.10. Entities reporting to the MEC	23

2. Part B: Performance Information

2.1. Auditor General's Report: Predetermined Objectives	24
2.2. Overview of Departmental Performance	24
2.3. Strategic Outcome Oriented Goals	28
2.4. Performance Information by Programme	30-91
2.5. Transfer of Payments	92
2.6. Conditional Grants	95
2.7. Donor Funds	100
2.8. Capital Investments	101

3. Part C: Governance

3.1. Introduction	103
3.2. Risk Management	103
3.3. Fraud and Corruption	103
3.4. Minimising Conflict of Interest	103
3.5. Code of Conduct	104
3.6. Health Safety and Environmental Issues	104
3.7. Portfolio Committees	105
3.8. SCOPA Resolutions	106
3.9. Prior modifications to Audit Committees	108
3.10 Internal Control Unit	110
3.11 Internal and Audit Committees	111
3.12. Audit Committee	111
Audit Committee Report	113

4. Part D: Human Resource Management

4.1. Introduction	116
4.2. Human Resources Oversight Statistics	118

5. Part E: Financial Information

5.1. Report of the Auditor General	161
5.2. Annual Financial Statements	168

1. Part A: General Information

1.1 Department's General Information

Northern Cape Department of Health

Du Toit Span Road, James Exum Building

Private Bag X 5049

Kimberley

8300

Tel: 053 830 2148

Fax: 053 833 4394

gmatlaopane@ncpg.gov.za

1.2 ABBREVIATIONS

AFS	Annual Financial Statement
AGSA	Auditor- General South Africa
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ANC	Ante Natal Care
ART	Anti-Retroviral Treatment
ARV	Anti-Retro Viral
BANC	Basic Antenatal Care
BHF	Board of Health Funders
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
CHC	Community Health Centre
CHW	Community Health Workers
CPD	Continuous Professional Development
CSS	Client Satisfaction survey
CT	Computed Tomography
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
EDI	Electronic Data Interchange
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
FDC	Fixed Dose Combination
FET	Further Education and Training
HAART	Highly Active Anti -Retroviral Therapy
HAM	Health Area Manager
HBC	Home Based Care
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPTDG	Health Professional Training and Development Grant
HPV	Human Papilloma Virus
HRD	Human Resource Development
HSNC	Henrietta Stockdale Nursing College
IACT	Integrated Access to Care and Treatment
ICF	Intensified Case Finding
ICT	Information, Communication and Technology
ICU	Intensive Care Unit
IMCI	Integrated Management of Childhood Illnesses
IPIP	Infrastructure Programme Implementation Plan
IPMP	Infrastructure Programme Management Plan
IPT	Isoniazid Preventive Therapy

ISHP	Integrated School Health Programme
JHPIEGO	John Hopkins Program for Interventions Education in Gynaecology and Obstetrics
KH	Kimberley Hospital
MCWH	Mother, Child and Women's Health
MDG	Millennium Development Goal
MDR	Multi-Drug Resistant
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MMR	Maternal Mortality Ratio
MPAT	Management Performance Assessment Tool
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
NDOH	National Department of Health
NGO	Non-Governmental Organisations
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NIMART	Nurse Initiated Management of Antiretroviral Treatment
NPA	National Prosecuting Authority
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
OHSC	Office of Health Standard Compliance
OPD	Out Patients Department
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalents
PEP	Post Exposure Prophylaxis
PFMA	Public Finance Management Act
PHC	Primary Health Care
PICT	Provider Initiated HIV Counselling and Testing
PILIR	Policy on Incapacity Leave and Ill-Health Retirement
PMDS	Performance Management Development System
PMTEC	Provincial Medium Term Expenditure Committee
PMTCT	Prevention of Mother to Child Transmission
PORT	Provincial Outbreak Response Team
PPIP	Peri-natal Problem Identification Programme
PSS	Patient Satisfaction Survey
RAF	Road Accident Fund
RPM	Rapid Prototyping Manufacturing
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 Integrated Electronic Registers
TROA	Total Client Remaining on ART
UAMP	User Asset Management Plan
UFS	University of the Free State
WBOT	Ward Based Outreach Teams
WBPHCOTs	Ward Based Primary Health Care Outreach Teams
WHO	World Health Organisation
WISN	Workload Indicators of Staffing Needs
XDR	Extreme Drug Resistant
ZF MGCAWU	Zwelentlanga Fatman Mgcawu

1.3 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 Lebogang Motlhaping, MEC for Health


Accurately reflects the performance of the Department of Health in the Northern Cape Province for 2015/16.



Mr. Mxolisi Mlatha
Director: Policy & Planning
Date: 31 May 2016



Mr. Daniel Gabarone
Acting Chief Financial Officer
Date: 31 May 2016



Ms. Gugulethu E. Matlaopane
Head of Department
Date: 31 May 2016

APPROVED BY:



Mr. L Motlhaping (MPL)
Executive Authority
Date: 31 May 2016

1.4 Foreword by the Member of Executive Council for Health

The past financial year has yet again been a period of significant achievement for the Northern Cape Department of Health, and I take great pride in introducing its Annual Report.

The vision inscribed in the National Development Plan (NDP) captures the aspirations and dreams of all South Africans. It talks about 'a health system that works for everyone, produces positive health outcomes, and is not out of reach.' This philosophy continues to influence and guide us as we prepare for the realisation of Universal Health Coverage for all the people of South Africa, through the implementation of National Health Insurance. This document must find residence in our Department for we are strategically positioned to address health challenges in the province. This we can achieve in this Medium Term Strategic Framework (MTSF) through the implementation of Outcome 2 of the NDP which states; *A long and healthy life to all South Africans.*

The financial climate within which our Department has had to operate this past financial year has moulded us to run our health system under stringent financial constraints which has taught us to do more with less. The austerity measures continue to be part of our daily life and enable us to run a financially viable system that will not collapse as a result of unsound financial decisions. This intervention will greatly assist the Department in managing accruals by ensuring that the service delivery plans are aligned to the budget, with early warning signs and corrective steps.

We made notable strides in the fight against quadruple diseases in the communities. Government has coined up new strategies which are in line with the World Health Organisation (WHO) 90-90-90 targets to be reached by 2020. This strategy calls for 90% HIV Testing and TB screening, 90% of patients on treatment and 90% of patients with a suppressed viral load.

In her 2016 State of the Province address, our Premier; Mme Sylvia Lucas reaffirms that addressing health issues in general and providing better health care services to the people of the Northern Cape is a key priority. This will be achieved through improvement of management and leadership of the Department, the implementation of National Health Insurance (NHI) and Primary Health Care Re-Engineering in all districts, reduction of HIV/AIDS, TB and maternal, child and infant mortality and mobility, improved human resource management and health information management system.

As part of the commitment made by the President of our country during the opening of the Dr Harry Surtie Hospital, we are proud to see positive results as one Nursing Satellite Campus in Tshwaragano Hospital was handed over by the contractors. This is a step in a right direction in ensuring that we capacitate and train more students who want to venture in the nursing field. However, the Upington Nursing Satellite is in the planning phase and later the De Aar Satellite will also be finalised.

In addressing the maternal deaths in our province, we took it upon ourselves to strengthen among others, our Ward Based Outreach Teams in districts to tackle the mother to child health and nutrition issues, as well as fast tracking the establishment of maternity waiting homes.

We are proud to announce that our EMS College has moved into its new premises on the new Mental Hospital grounds in 2015 and the college was accredited by the licensing authorities of the Health Professions Council of South Africa.



Information, Communication Technology (ICT) is a key enabler in service delivery and the Department is committed to leveraging its advantages to improve healthcare, particularly in the most rural areas within our province. Our primary objective for the current financial year is to assess all outdated computer equipment in the Department for upgrading or replacement. Furthermore, we will develop a central information repository to facilitate the storage and distribution of information electronically between facilities. This systematic approach will be implemented as we build our case for the preferred 'virtual private network' solution.

My clarion call is for us to join hands towards the journey of providing quality health care services to our people in the Northern Cape. As the MEC, I cannot do everything on my own, but will always be depending on the support of every staff member of my department and our stakeholders.

I thank you.



Mr. L Motlhaping (MPL)

MEC FOR HEALTH
Date: 31 May 2016

1.5 Report of the Accounting Officer

Overview of the Operations of the Department

Despite the financial constraints the Department is encountering, we remain committed to delivering quality health care that is provided by a professional workforce, and health services that are safe, comprehensive, integrated, continuous and respectful of the people we serve. The Department has made significant strides on key policy developments which are strengthening the health system through Primary Health Care Re-engineering, piloting the on-going National Health Insurance (NHI) and implementing the Ideal Clinic Initiative.

The National Development Plan talks about 'a health system that works for everyone, produces positive health outcomes, and is not out of reach'. Operation Phakisa therefore provides a key part of that vision of an ideal health care system. This philosophy continues to influence and guide us as we prepare for the realisation of Universal Health Coverage for all the people of South Africa, through the implementation of National Health Insurance. We continue to strengthen school health programmes in some districts through appointing professional nurses as team leaders to improve the health service to learners in all educational phases. Currently, there are seventy-one (71) trained Community Ward Based Out-Reach Teams (WBOTs) to support team leaders throughout the province.

The District Clinical Specialist Teams (DCST) introduced are functional in all five (5) districts. The Department continues to recruit more specialists to serve our rural areas to improve health care services in our communities. The Department has planned for one hundred and four (104) clinics to be converted into ideal clinics, however, this will transpire over the MTEF period. Assessment on the implementation of Ideal Clinic initiative was conducted and a need analysis was done. This will ensure that we have clinics with good infrastructure, adequate staffing, sufficient medicine supplies and the use of applicable policies, protocols and guidelines to improve the lives of our people.

For the period under review, the Department has awarded thirty (30) bursaries to first year medicine students and one hundred and eight (108) first year nursing students in an endeavour to address the shortage of these professionals in the Province.

Important Strategic Issues Facing the Department

- Service Delivery: Limited resources and under-funded health;
- Quality: Improving quality of service delivery through decreasing waiting times in facilities, improving
- clinical outcomes, increasing staff complement, supplies of medication and improved emergency response times;
- Management and Compliance: Strengthening control systems through adequate monitoring, reporting, accountability and addressing issues raised by Auditor-General's finding;
- Financial Austerity: Reducing over expenditure, accruals and limited cash flow. Management of accruals remains a challenge for the Department which contributes to cash flow constraints over the Medium Term Expenditure Framework (MTEF);
- Human Resources: Addressing the shortage of skilled doctors, nurses, pharmacists, other allied personnel, emergency services, skilled personnel in finance and human resource management unit;
- Infrastructure: Addressing the appointment of contractors, procurement of medical equipment, Information Technology infrastructure and management of information systems.



Significant events that have taken place during

Through the Ideal Clinic Initiative, we are in a better position to foster closer relations between clinics and communities we serve in achieving our mandate of providing quality health care to our people and finally, community “government clinic”. The Ideal Clinic initiative will ensure that:

- clinics open on time in the morning, according to the set operating hours, and does not close until the last patient has been assisted, even if this is beyond the normal working hours.
- that waiting times are reasonable.
- clinics are staffed with health care providers who treat people with dignity.
- facilities are very clean, promote hygiene and take all precautionary measures to prevent the spread of diseases.
- there is community-based health promotion.
- a comprehensive package of good quality health services is provided daily.
- basic necessities are available, such as essential medicines.
- facilities refer client to higher levels of care timeously.

Phase 1 of the operationalisation of Kimberley Hospital Orthopaedic and Ophthalmology Centre (KHOOC) located at the former Curomed, commenced in June 2015 and included the Ophthalmology and Orthopaedic specialised clinics. The KHOOC will effectively deal with backlog that was experienced regarding the two (2) disciplines.

Kimberley Hospital Complex received a donation of thirty-one (31) wheelchairs from Airport Company of South Africa (ACSA) out of which thirteen (13) children benefited. An official ceremony was held in July 2015 for handing over of the wheelchairs and four (4) of those children were present to receive their chairs.

Partnerships with relevant stakeholders continue to play a pivotal role towards delivery of quality health care. The John Taolo Gaetsewe Development Trust donated two (2) overnight facilities for patients who have to stay overnight to consult with specialists in Kimberley. These facilities are furnished and can accommodate ten (10) patients. The John Taolo Gaetsewe Trust also handed over the Satellite Nursing College located in Tshwaragano Hospital. The facility is equipped with all the latest training equipment for student nurses. Therefore, this calls for the timeous accreditation of the satellite nursing college with the South African Nursing Council (SANC), so that the college can commence with the training of student nurses. Additionally, designs for the Upington Satellite Nursing College are at an advanced stage. This clearly shows that Henrietta Stockdale Nursing College will not be the only training college in the province.

Furthermore, fifty (50) new Emergency Medical Services (EMS) fleet were distributed throughout the province to improve response time for EMS calls. The fleet consisted of thirty-five (35) ambulances, five (5) obstetric ambulances and ten (10) patient transport vehicles and were allocated throughout the province. I am certain that complaints regarding delayed ambulances will be something of the past.

The Department in collaboration with the Development Bank of South Africa (DBSA) handed over twelve (12) HIV Counselling and Testing facilities to two (2) districts; namely John Taolo Gaetsewe, which received five (5) and Frances Baard received seven (7). We are certainly making progress towards achieving our goal of providing quality health care in the province.

The HIV & AIDS Unit (Prevention Programme) entered into agreement with Development Bank of Southern Africa (DBSA) and Health Systems Trust (HST) for VCT II Project to increase access to HIV Counselling and Testing services by contracting private health care professionals in Frances Baard and John Taolo Gaetsewe districts.

The Northern Cape Provincial Government led by the Office of the Premier during the World AIDS day programme in December 2015, demonstrated to our communities that indeed ‘Prevention is the mainstay of efforts to combat HIV and AID’S, where ten (10) households in each communities of Club 2000, Ritchie, Greenpoint and Roodepan were identified as beneficiaries of food parcels and health care services.

During the year under review, we absorbed forty (40) bursary holders which consisted of nurses, doctors and pharmacists. These new employees will assist towards personnel shortages throughout the province. I trust that they will continue to serve the province after their contract term ends as we desperately need their expertise.

The following progress has been made on infrastructural projects for 2015/16 financial year:

- De Aar Hospital is at 95%
- Mental Hospital is at 86%
- Kuruman Hospital is in a planning phase

Overview of the financial results of the department

The cost containment measures were introduced by National Treasury to ensure that Departmental spending focus on the core services in line with the Ministerial Non-negotiable items and National Core Standards. The Department further introduced other extraordinary interventions and strategic budget reforms.

The Department is fully compliant with the Health Professions Training and Development Grant (HPTD) Grant Framework for 2016/17 financial year.

Departmental receipts

The Department derives its revenue from patient fees and these are based on determined tariffs set by the Minister of Health. Tariffs in the current financial year were increased by 5.8% of the revenue budget. The revenue collection target of 90% did not materialise as planned resulting in collection of R45.037 million which is 4.6%.

Below is the financial performance on revenue generation:

Departmental receipts	2015/2016			2014/2015		
	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	56 269	40 680	15 589	51,781	41,236	10,545
Other than capital assets						
Interest, dividends and rent on land	-	-	-	-	288	(288)
Sale of capital assets	2 110	3 499	(1 389)	2,000	-	2,000
Financial transactions in assets and liabilities	-	858	(858)	-	1,413	(1,413)
Total	58 379	45 037	13 342	53,781	42,937	10,844

Source: NCDoH Financial Statements 2015/16

The review of capacity for revenue collection personnel at facility level was conducted and the vacancies were identified. A Provincial Revenue Office structure is in the process of being filled to ensure sufficient support and adequate monitoring and support of revenue management activities in all hospitals.

The Department is further reviewing the Patient Debt Collection Strategy and planning to build capacity through ongoing training of revenue personnel. A monthly Revenue Management Forum has been initiated by Provincial Treasury in which the department is a pivotal contributor, and the Department has planned to convene its own forum considering the challenges.

Future Plans for Collecting Revenue

The future plans include developing a Patient Debt Collection Strategy and further build capacity through on-going training for the revenue personnel. The review of patient classification and International Classification of Diseases, Tenth Revision and Clinical Modification (ICD 10) will receive preference.

Revenue Tariff Policy

The tariffs are uniform throughout the country and are compiled by the national task team representatives 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

Patients classified as H1 (unemployed) will receive services free of charge. Patients classified as private, they pay for every service rendered.

Reasons for Under Collection of Revenue

The main challenge for under collection of revenue is Road Accident Fund has not yet paid the outstanding claims and human capital in our hospitals of which the Provincial Treasury Enhancement Strategy will assist to maximize revenue over the 2016 MTEF. Majority of our patients visiting hospitals are uninsured. The department will continue to convene regular meetings with Road Accident Fund to follow-up on the outstanding accounts.

Programme Expenditure

During the year under review, the Department was allocated an adjusted budget of R4.228 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 R4.168 billion resulting in an under-expenditure of R60.468 million. A request to rollover unspent funds has been submitted to the Provincial Treasury on both the conditional grants and equitable share.

Conditional Grants:

- Health Facility Revitalisation Grant
- Health Professions Training & Development
- National Tertiary Service Grant
- Expanded Public Works Programme (EPWP) Social Services Grant

The table below shows budget and expenditure per programme for the financial years 2014/15 and 2015/16. Detailed performance by economic classification and fund is shown in the Appropriation Statement in the Annual Financial Statements.

Programme Name	2015/2016			2014/2015		
	Final Appropriation	Actual 2 Expenditure	(Over)/ Under expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	192 979	211 203	(18 224)	173694	192331	(18637)
District Health Services	1 710 644	1 696 409	14 235	1618498	1 633011	(14513)
Emergency Medical Services	293 598	271 386	22 212	259262	242847	16415

Programme Name	2015/2016			2014/2015		
	Final Appropriation	Actual 2 Expenditure	(Over)/ Under expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000
Provincial Hospital Services	308 751	340 432	(31 681)	265715	292594	(26879)
Central Hospital Services	864 894	879 335	(14 441)	788826	767519	21307
Health Sciences	114 553	91 114	23 439	108698	104251	4447
Health Care Support Services	94 934	119 767	(24 833)	85258	85263	(5)
Health Facilities Management	648 380	558 619	89 761	458037	396164	61873
Total	4 228 733	4 168 265	60 468	3 757 988	3 713 980	44008

Administration – R18.224 million overspent

The programme overspent due to claims against the department, interest on overdue accounts and outstanding payments from prior year that are processed centrally such as computer services, communication and departmental fleet services.

The Department together with the Provincial Treasury are devising a plan to deal with the impact of accruals. The interventions are being implemented to contain budget pressures resulting from the impact of accruals.

District Health Services – R14.235 million underspent

The programme underspent mainly on the goods and services, machinery and equipment budgets, which is attributable to slow implementation of the National Health Insurance (NHI) at Pixley-ka-Seme District and non-payment of laboratory services due to cash flow constraints. There were changes in management at the NHI pilot district which led to some delays on the procurement of goods and services.

An amount of R3.684 million was committed on various items of goods and services including capital assets. A roll over budget was requested in this regard, while the remaining funds will be surrendered to Provincial Treasury.

Emergency Medical Services – R22.212 million underspent

There were delays on the procurement of emergency vehicles. This delay was further affected by cash flow constraints affecting the payment of suppliers, in which case the suppliers wanted payments before conversion of vehicles takes place.

There is a commitment of R22.212 million towards the procurement of emergency mobiles in order to ensure that the vehicle are ready for service delivery. A tender was issued for the conversion of vehicles including the supply and installation of medical equipment. The vehicles have been delivered to relevant service providers to do the conversion and mounting the required equipment on the vehicles. A roll over has been requested.

Provincial Hospital Services – R31.681 million overspent

This programme overspent its budget due to the impact of accruals that could not be paid during the previous financial year. There is an over-expenditure on the goods and services, machinery and equipment budgets specifically on the outsourced medical services, medical supplies, laboratory services and municipal services. The programme underspent on the Compensation of Employees budget by R10.716 million which was from the earmarked funds, this is as a result of challenges on the recruitment of medical officers.

The recruitment process will be accelerated to respond to service delivery demands and outsourced medical services will be phased out. The interventions are further being implemented to contain budget pressure resulting from the impact of accruals.

Central Hospital Services – R14.441 million overspent

The programme overspent with an amount of R14.143 million on Compensation of Employees budget due to service delivery demands.

The budget will be reprioritised in the 2016/17 financial year in order to mitigate the overspending on the Compensation of Employees budget.

Health Sciences – R23.439 million underspent

The strategy had been sought for recruitment of two hundred (200) Auxillary Nurses. The overall programme underspent with an amount of R23.439 million, mainly due to delays on the recruitment and training of two hundred (200) Auxillary Nurses. There are certain activities that were phased out from the Health Professions Training and Development Grant in order to be fully compliant with the requirement of the grant. The Department experienced cash flow constraints on the Equitable Share budget. The tender for training of two hundred (200) Auxillary Nurses was awarded and two (2) months expenditure incurred while the remaining funds will be utilised in the next financial year.

Health Care Support Services – R24.833 million overspent

The programme overspent with an amount of R24.833 million, mainly due to budget pressures resulting from installation of standby generators and electrical maintenance at a number of facilities in consideration to the electricity load-shedding that was experience in the Province this was to also mitigate attendant risks.

The budget will be reprioritised in the 2015/16 financial year to mitigate this overspending.

Health Facilities Management – R89.761 million underspent

The under-expenditure was caused by delays in appointing contractors by the Implementing Agents and the Department. A number of projects were negatively affected, and the Department had to reprioritise the use of funds in some projects, namely, construction of guardhouse and fencing at several facilities, medical equipment at the newly-built De Aar Hospital, refurbishment of old Calvinia Hospital, refurbishment of the Emergency Medical Service Base Station at Tshwaragano Hospital and construction of Bankhara Clinic in Kuruman.

The tenders for the above projects were only awarded during the third and fourth quarter of the 2015/16 financial year. The funding of these projects was therefore requested to be rolled over to the 2016/17 financial year.

Virements/Roll Overs

Description	Virements R'000	Reason for the Virement
1. ADMINISTRATION	14 295	
Goods and Services	14 295	This programme overspent its Goods and Services Budget due to legal fees incurred on claims against the Department, and outstanding payments from prior year that are processed centrally such as computer services, communication and departmental fleet services. The fund was moved from Programme 3 to Programme 1 to address shortage of cash flow.

Description	Virements R'000	Reason for the Virement
2. DISTRICT HEALTH SERVICES	9 470	
Buildings and other fixed structures	2 907	The programme overspent on buildings and other fixed structures budget as a result of financial pressures to upgrade and rehabilitate existing health facilities. The funds were moved from Programme 8 to Programme 2.
Machinery and equipment	6 563	The budget pressure on replacing old medical equipment at several health facilities led the programme to overspent on machinery and equipment. The funds were moved from Programme 8 to Programme 2.
3. EMERGENCY MEDICAL SERVICES	(12 156)	
Compensation of Employees	5 806	The programme overspent its budget for compensation of employees due to overtime costs resulting from service delivery pressures and implementation of Occupational Specific Dispensation (OSD) rank translations. The funds were moved from Programme 6 to Programme 3.
Goods and Services	(17 962)	There is an over-expenditure on the goods and services budget which is as a result of lack of cash flow in the last quarter of the year and payments were restricted to Conditional Grants only. This under-expenditure amount was moved to Programme 1 and 4.
4. PROVINCIAL HOSPITAL SERVICES	4 174	
Compensation of employees	(9 514)	An amount of R4.880 million will be utilised to absorb current budget pressures on compensation of employees. This budget pressure resulted from the accelerated operationalisation of the hospital while the funding for the pharmacy was only planned funded from 2015/16, thus reducing the real growth by the same amount. A further amount of R9.514 million will be shifted from compensation of employees to goods & services. The hospital used outsourced agency services to augment the medical officers resulting in overspending on goods & services, because they could not attract and retain such personnel on permanent basis.
Goods & Services	13 181	The budget pressure on goods and services, particularly outsourced medical services, medical supplies, laboratory services and municipal services, led this programme to overspent on its goods and services allocation. The funds were moved from Programmes 3 to Programme 4.

Description	Virements R'000	Reason for the Virement
Households	(585)	There is an under-expenditure on transfers to households, due to a number of posts that could not be filled. It was planned that Medical Officers will be appointed, but the Department could not attract the number required. This saving was moved to Programme 5.
Buildings and Other fixed structures	731	There is an under-expenditure on the Buildings and Other Fixed Structures Budget as a result of unforeseen upgrading and rehabilitation of West End Specialised Hospital which was for the operationalisation of additional thirty-six (36) bed facility in response to service delivery demands. The virement is to mitigate this situation, was done from Programme 8.
Machinery and Equipment	307	The budget pressure was on procurement of new medical equipment and procurement of new computer equipment at West End Specialised Hospital, for the operationalisation of additional thirty-six (36) bed facility. This led to the programme to overspent on machinery and equipment. The virement to mitigate this situation was done from Programme 7.
Software and other intangible assets	54	This programme overspent its allocation for software licence due to unforeseen procurement of new computer equipment at West End Specialised Hospital. The virement to mitigate this situation was done from Programme 5.
5. CENTRAL HOSPITAL SERVICES	6 650	
Compensation of Employees	4 155	There is under-expenditure on the Compensation of Employees budget as a result of delays in the processing the intake for the replacement of Allied Community Service Workers. This under-expenditure amount was moved to Programme 4.
Households	585	The programme overspent its allocation towards transfers to households, as a result of unexpected personnel exits in the Public Sector. The funds were moved from Programme 4 to Programme 5.
Buildings and Other Fixed Structures	1 910	The programme overspent on its budget for Buildings and Other Fixed Structures, due to roll over on the upgrading of High Care Unit which was committed but not approved by the National Department of Health. The fund was moved from Programme 8 to Programme 5.

Description	Virements R'000	Reason for the Virement
6. HEALTH SCIENCES & TRAINING	(9 961)	
Compensation of employees	(9 961)	The budget for Compensation of Employees was underspent due to delays on the recruitment and training of two hundred (200) Auxiliary Nurses and phasing out of certain activities from the Health Professions Training & Development Grant in order to be fully compliant. This saving was moved to Programme 3 and 5.
7. HEALTH CARE SUPPORT SERVICES	(1 092)	
Machinery and Equipment	(1 092)	The budget on machinery and equipment was underspent due to delays on the replacement of old vehicles for the operations of the Forensic Services and Medical Depot. This saving was moved to Programme 4.
8. HEALTH FACILITIES MANAGEMENT	(11 380)	
Compensation of Employees	(302)	The programme underspent on its Compensation of Employees due administrative posts that could not be filled. The saving is shifted in the same programme, to relieve budget pressure on Goods and Services budget.
Goods and Services	302	There is an over-expenditure on the Goods and Services Budget specifically on budget pressures to cover unplanned maintenance required at some of the Health facilities. The funds were moved from Compensation of Employees budget, on the same Programme.
Buildings and Other Fixed Structures	(4 817)	There is under-expenditure on the Buildings and Other Fixed Structures budget due to delays in the finalising tender processes. This saving was moved to Programme 2 and 5.
Machinery and Equipment	(6 563)	The Machinery and Equipment Budget was under-spent as a result of delays in finalising the tender processes. This saving was moved to Programme 2.

Unauthorised Expenditure

The preliminary calculation of unauthorised expenditure for the period ending 31st March 2016 is R92.790 million compared to R91.636 million last year. This represents 2.19% of the adjusted budget compared to 2.43% in the previous financial year.

The Compensation of Employees Budget contributes R15.863 million towards unauthorised expenditure due to budget pressures. The Goods and Services Budget contributes to R74.922 million towards unauthorised expenditure. This mainly resulted from the impact of accruals of previous financial years, specifically on security services, leasing of residential accommodation for medical officers, leasing of medical equipment and unplanned maintenance of health facilities. The interest on overdue accounts amounted to R2.703 million, which is the direct result of cash flow constraints faced by the Department. The Department further spent R2.241 million on claims against the state.

The nature of business is such that the Department is continuously faced with service delivery pressures, despite limited resources at its disposal. Hence, management is reviewing the budget baseline to determine whether the service package is affordable, while also investigating the cause of unauthorised expenditure.

The Department has implemented Cost Containment measures and extraordinary interventions to remain within 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

Fruitless and wasteful expenditure at the end of the financial year was R4.392 million compared to R6.212 million in 2014/15. The fruitless and wasteful expenditure was of interest charged on overdue accounts which amounted to R3.635 million, ultimately leading to cash flow constraints. The department did not have adequate systems to identify, record fruitless and wasteful expenditure which led to cash flow constraints.

The Compliance and Reporting Unit has been identified as a sustainable structure to investigate irregular expenditure and enforce compliance to Supply Chain, Asset and Fleet Management Policies, amongst others. The posts were filled effectively from the 1st January 2016. The job descriptions have been prepared, agreed on and signed off by incumbents.

The Department further re-established the Clinical Complaints Review Committee to investigate possible negligence leading to Medico-Legal cases. The Loss Management Committee was also re-established to investigate other losses and recommend disciplinary measures to the Accounting Officer, where applicable.

Irregular Expenditure

Irregular expenditure amounted to R805.906 million during the 2015/16 compared to R537.169 million in 2014/15. This was mainly due to infrastructure contracts that were awarded through Implementing Agents and contracts that have expired, but running on a month to month basis. The smaller portion of irregular expenditure is a result of not following proper procurement processes. Cumulatively, irregular expenditure amounts to R5.172 billion; the reason for the increase is that the Department had not condoned the irregular expenditure over a number of financial years.

The Department developed an Audit Rectification Plan to deal with irregular expenditure. The project approach was agreed on during consultation with the Audit Committee and approved by Executive Management.

Future Plans of the Department

The Northern Cape Department of Health has revised the alignment of planning documents with the budget in its commitment to ensure that service delivery is not compromised, thus non-negotiable items remain critical to service delivery and furthermore, the Department will:

- Complete the construction of two (2) new health facilities, namely, De Aar Hospital and Kimberley Mental Health Hospital;
- Improve the administration of Primary Health Care services;
- Improve service delivery by rolling out Ideal Clinic Strategy in sixty-one (61) facilities that have been identified;
- Improve the security at health facilities;
- Monitor the impact of austerity measures and extraordinary interventions and
- Strengthen the Retention Strategy for Health Professionals.

Public Private Partnerships (PPP's)

The Department does not have PPP's neither has it entered into new PPP's in the year under review.

Discontinued activities / activities to be discontinued

There were no discontinued activities or activities planned to be discontinued.

New or Proposed activities

There were no new or proposed activities due to budgetary constraints.

Supply Chain Management

There were no unsolicited bid proposals dealt with through Supply Chain Management bidding processes.

The Department endeavours to procure (60) sixty Emergency Medical Services vehicles, machinery, medical equipment and maintenance services for various health facilities. The LOGIS procurement system has been implemented in the Department which will strengthen internal control environment such as management of commitments and accruals, segregation of duties, management of stores, amongst others.

Gifts and Donations received in kind from non-related parties

The gifts and donations received by the Department have been disclosed on Annexure 1H: Statement of Gifts, Donations and Sponsorships.

Exemptions and deviations received from the National Treasury

There was no exemptions or deviations received from National Treasury for the current and/or previous financial years.

Events after the reporting date

No reportable events after the reporting date were identified.

Acknowledgement/s or Appreciation

Let me take this opportunity to express my sincere appreciation to every dedicated single staff member within the Department through their hard work and dedication which has assisted to attain achievements detailed in this report, which would not be possible. I would like to thank each and every one of you for the sterling work you do every day, often under great pressure and challenging circumstances. Let me also extend my appreciation to our partners, the Higher Education Institutions, Non-Profit Organisations, the Private Sector, Organised Labour and other Government Departments and spheres of Government, my sincere appreciation for your contributions over the last year.

The Department would not be able to sustain its services without the immense support from the oversight of the Portfolio Committee on Health, Audit Committee and the Provincial Treasury. I therefore, acknowledge their immeasurable support.

Approval and sign off



Ms. Gugulethu E. Matlaopane
Head of Department

Northern Cape Department of Health
Date: 31 May 2016

1.6 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 2016.

Yours,



Ms. Gugulethu E. Matlaopane
Head of Department

Date: 31 May 2016

1.7 Strategic Overview

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)

1.8 Legislation and Other Mandates

Constitutional 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.

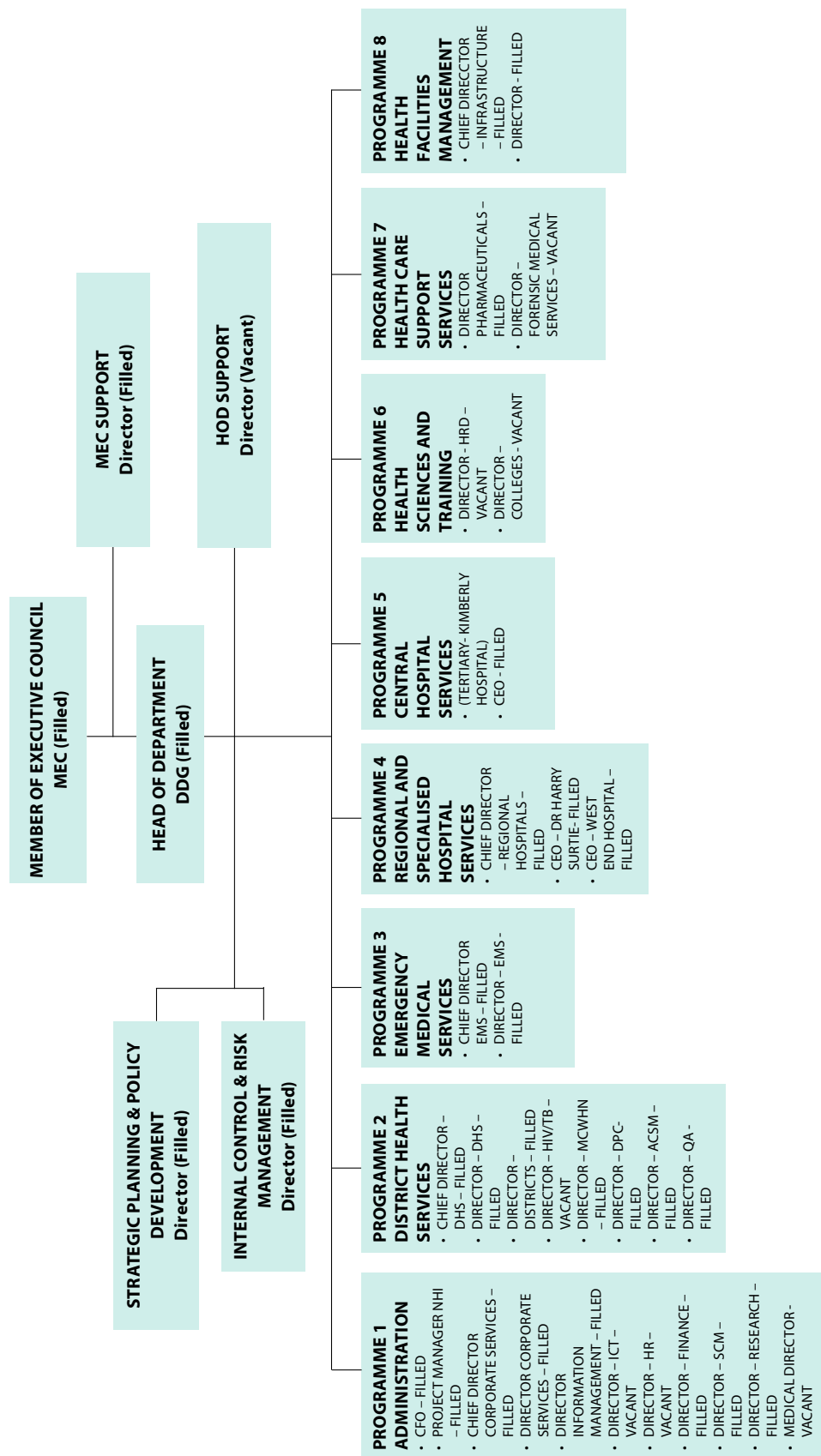
- Basic Conditions of Employment (Act 75 of 1975)
- Choice on Termination of Pregnancy (Act 92 of 1996)
- Constitution of the Republic of South Africa (Act 106 of 1996)
- Division of Revenue (Act 7 of 2007)
- Employment Equity (Act 55 of 1998)
- Foodstuffs, Cosmetics and Disinfectants (Act 54 of 1972)
- Health Act, (Chapter 10)
- Health Professions (Act 56 of 1974)
- Higher Education (Act 101 of 1997)
- 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 Health Insurance
- 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)
- Pharmacy (Act 53 of 1974 as amended)
- Public Finance Management (Act 1 of 1999 and Treasury Regulations)

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

1.9 ORGANISATIONAL ENVIRONMENT

CURRENT ORGANISATIONAL STRUCTURE



1.10 Entities Reporting to the MEC

There are no entities reporting to the MEC

2. PART B: PERFORMANCE INFORMATION

2.1. 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.

2.2. Overview of Departmental Performance

The Departmental Performance highlights key activities that were planned and achieved in 2015/16 financial year towards the realisation of the Medium Term Strategic Framework. The Department's priorities are well articulated in the ten (10) Point Plan and moreover the Negotiated Service Delivery Agreement (NSDA) which outlines our priorities in harmony with the Millennium Development Goals.

Our core aim for 2015/16 was also to address the strategic priorities in the NSDA (Outcome 2: "A Long and Healthy Life for All South Africans"). Honouring the official directive of the Department, taking care of the health status of the people and their demographics. To this end, the Government has identified four (4) outputs for the health sector. These outputs include:

- 1: Increasing Life Expectancy.
- 2: Decreasing Maternal and Child mortality.
3. Combating HIV and AIDS and decreasing the burden of disease from Tuberculosis.
- 4: Strengthening Health System Effectiveness.

The vision of the Provincial Department of Health is "**Health Services excellence for all**" which aims to improve the health status of the community of the Northern Cape Province. To achieve this vision, programmes are monitored quarterly to ensure the achievement of the annual set outputs.

- The Department has made significant improvements in a number of health outcomes outlined in this report. However, we acknowledge that a lot still needs to be done. The achievements include, but not limited to:
- Forty (40) students (Nurses, Doctors, and Pharmacists) successfully completed their studies in the year 2015 through the department bursary programme;
- The Development Bank of South Africa (DBSA) infrastructure project completed the upgrading of facilities for HIV Counselling and Testing services. Hand-over of twelve (12) facilities has been finalised. Five (5) in John Taolo Gaetsewe and seven (7) in Frances Baard Districts.
- Seven (7) facilities are implementing the Ideal Clinic initiative,
- Ethembeni Clinic in Pixley ka Seme district that achieved gold status on the Ideal Clinic assessment,
- Emergency Medical Services received fifty (50) new fleet which consist of thirty-five (30) Ambulances, five (5) Obesteric Ambulances and ten (10) Patient Transport vehicles which were allocated throughout the Province,
- Handing over of revamped nursing satellite campus at Tshwaragano Hospital in John Taolo district.

2.2.1. Service Delivery Environment

The Department developed a Service Delivery Improvement Plan (SDIP) to improve the quality of services rendered in our health facilities, with the focus on the Primary Health Care (Clinics).

2.2.2. Service Delivery Improvement Plan

The Northern Cape Department of Health developed the Service Delivery Improvement Plan (SDIP) in line with the White Paper on the Transformation of Service Delivery (Batho Pele). Two (2) services were identified based on their performance as reported in the 2013/2014 Annual Report. The two identified key services:

- TB Management
- Child Health Care

Key Service 1: TB MANAGEMENT

Tuberculosis remains a public health challenge in the Province with the TB incidence being just above 700 per 100 000 population. TB is the second leading cause of mortality in the Northern Cape after HIV as shown in the latest report of 2014/15 from the Death Notification on Causes of Mortality by Statistics South Africa. This is further exacerbated by the resurgence of Drug Resistant TB in the communities making it even more difficult to achieve treatment success outcomes.

Key Service 2: Child Health Care

The child under 1-year mortality in facility rate in the Northern Cape Province has steadily decreased between 2013/14 (8.1) and 2014/15 (2.5) financial years. This represents a substantial decrease of approximately 5.6 per 1000 over the two reporting periods.

Main Services and Standards

Main services	Beneficiaries	Current/ actual standard of service	Desired standard of service	Actual achievement
Child Health Care services	<ul style="list-style-type: none"> • 0-5 year children. • Parents or guardian of children 0-5 years. 	Under 1-year Infant mortality: 8.1/1000 live births. (2013/14)	Under 1-year Infant mortality: 7/1000 live births	7.1/1000
		Under 5-year Child mortality: 5.8/1000 live births. (2013/14)	Under 5-year Child mortality 3/1000 live births	4.8/1000
TB Management services	<ul style="list-style-type: none"> • All TB diagnosed out patients, in-patients and DR-TB patients. • Families of affected. 	Quantity: All TB diagnosed Patients (outpatients, admitted and DR-TB patients) Quality: 85% in line with national standard.	Quantity: 85% Quality: Quality of care to be at the national standard of 85%	64%

Batho Pele arrangements with beneficiaries (Consultation access etc.)

Current/ Actual Arrangements	Desired Arrangements	Actual Achievements
Health ministerial district visits	Visit to all five (5) districts	-
Ward Based Outreach Teams (WBOTS)	Appointment of ward based outreach teams in all five (5) districts	Only Pixley Ka seme (NHI: Pilot) fully appointed.
Established Clinic committees and appointed hospital board members	All clinics have established clinic committees and all hospitals should have appointed hospital boards	100% clinic committees established and 100% hospital boards appointed

Current/ Actual Arrangements	Desired Arrangements	Actual Achievements
Group sessions with mothers during Antenatal Visits Delivery, Post-natal care, Immunization visits, curative services, Home visits	Daily consultation at Primary Health Care 7am-4pm for all services- (Supermarket approach)	Taking place on a daily basis
Mom-Connect- Communications Hotline offered to all pregnant women	Mom-Connect Hotline at Primary Health Care facilities for all pregnant women to communicate	-
Programme (TB) Quarterly Review Sessions	Four (4) Quarterly Reviews	Four (4) Quarterly Reviews conducted
Programme Partnership (external stakeholders)	Improve Private Partnership relationship	Signed Memorandum of Understanding to reinforce the provision of TB, HIV and STI services: <ul style="list-style-type: none"> • Kolomela • BHP Billiton • Khumani • Kumba Iron Ore • Petra Finch Diamond mine • AfriSAM • Blackrock • Beeshoek • Kgalagadi mine Inter-sectoral collaboration with SASSA and COGHSTA was strengthened during the Zero Hunger Campaign to improve the early identification of children with Severe Acute Malnutrition in communities. New MOU with the mines drafted for another five (5) years which will include Management of Chronic Diseases.
Carry out Client Satisfaction Surveys	Client Satisfaction Surveys conducted monthly in hospitals and clinics	Monthly patient/client satisfaction surveys conducted in all facilities

Service Delivery Information Tool

Current/ actual information tools	Desired information tools	Actual achievements
Information booklets available at facility Reception Areas in English Afrikaans, Tswana, Xhosa, San community	Information booklets available at reception areas translated in provincial languages, Tswana, Afrikaans, Xhosa and Sans	Most information still in English and Afrikaans
Programme Campaigns	Have regular campaigns	Intensified case Finding campaign took place Two TB screening campaigns: <ul style="list-style-type: none"> • Frances Baard District and ZF Magcawu
Radio slots on immunization and Childhood illnesses	Radio talk shows e.g. 4 per year	Conducted through local radio stations

Current/ actual information tools	Desired information tools	Actual achievements
Ward Based Outreach Teams do home visits and provide feedback to households	Increase the appointment of WBOT's	<ul style="list-style-type: none"> • Pixley Ka Seme = 38 (Fully established) • Namakwa = 30 and 3 team leaders • ZF Mgcawu = 13 • Frances Baard = 42 • John Taolo Gaetsewe = 22
Health Education at facilities	Health education conducted daily in all facilities	All health facilities are conducting health education on a daily basis

Complaints Mechanism

Current/ actual complaints mechanism	Desired complaints mechanism	Actual achievements
Complaints boxes	All facilities have complaints boxes in place	100% facilities with complaints boxes
Complaints registered	Complaints registers in place in all facilities	Monthly reporting of facilities to district offices and analysis of complaints received

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

The Health Act Section states that every citizen has the right to receive quality health care services. To ensure this, government has made great efforts in developing policy legislation, implemented health sector reforms and strengthened the health system.

For instance, new policies and regulations under the general umbrella of Primary Health Care Re-engineering (PHC) are overwhelming. The policy includes dynamic and highly-impactful health delivery mechanism reform, which includes:

- **The National Health Insurance (NHI) policy:** An innovative system of healthcare financing with far reaching consequences on the health of South Africans. The NHI will ensure that everyone has access to appropriate, efficient and quality health services. NHI is currently being piloted in Pixley Ka Seme district.
- **The Ideal Clinics:** This entails transforming the existing Clinics and Community Health Centres into Ideal Clinics, which will be proudly utilised by the community of the Northern Cape.
- **The establishment of the Office of Health Standards Compliance:** This office is responsible for monitoring and setting standards for the health sector where public and private facilities comply. Although, currently the regulations are in draft form the department has been implementing the Service Delivery Improvement Plan.
- **New Mental Health Policy:** The mental health policy framework and strategic plan have been developed.

There are senior managers who have been suspended and investigations are currently being conducted which has negatively impacted on the stability of the Department. However, officials were appointed to act in these positions so as to stabilise the environment.

Inadequate budget: In the 2015/16 financial year, the Department operated with limited financial resources while delivering services to the entire province. The austerity measures implemented enabled the department to maximise the limited resources in order to render health services to the communities.

Inadequate human resources for health: The Department should implement the Human Resource Plan in order to have an adequately skilled workforce in delivering its mandate. Without the necessary skills, experiences, and expertise, the delivery of good quality of health care for all is a challenge.

Poor integration with health support services: Inter-sectorial collaboration is key to the success of implementing health policies. Without the sufficient support of all the stakeholders, health services challenges would not be resolved efficiently.

Some of the challenges are internal and others external. To turn-around the challenges, the following are necessary:

1. Addressing the financial and human resources constraint.
2. Health delivery priority setting.
3. Close collaboration and work in partnership with stakeholders
4. Conduct research, and
5. Strong monitoring and evaluation.

2.3. 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
3. 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)
4. Reduced health costs	To strengthen capacity on financial management and enhance accountability	Achieve an unqualified audit opinion from the Auditor General
5. 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.

2.3.1. Performance information

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.

The Department submits performance reports on a quarterly basis to the National Department of Health, Provincial Legislature 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. At the end of the financial year an annual report is consolidated to account how the budget was utilised and the state of the Department's financial management systems.

Each quarter, Performance Analysis Reports are developed 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 of non-achieving planned targets. Programmes are also accountable to provide means of evidence for performance achieved.

2.4. PERFORMANCE INFORMATION BY PROGRAMME

PROGRAMME 1: ADMINISTRATION

Policy and Planning

Priorities

- Alignment of Departmental Plans
- Monitor the implementation of the Departments' integrated planning framework
- Improve communication of policies

Strategic Goal 1: Provision of Strategic Leadership and creation of a social compact for effective health service delivery

Situation analysis

Departmental Quarterly Reviews were convened to review the overall performance and adopt strategic interventions needed to improve performance. The Directorate provided support to district reviews, so as to guide and improve on performance management.

Policy and Planning in collaboration with Research and Epidemiology is currently conducting evaluation on factors contributing to the emergence of Drug Resistance TB in the Northern Cape and the cost of treatment in line with the Departmental Evaluation Plan.

The Strategic Plan 2015/16-2019/20 was reviewed and an annexure was included in the Annual Performance Plan 2016/17. In addition, corrections were made to the Annual Performance Plan 2015/16 and adopted by the Provincial Legislature. Presently, processes are underway to ensure that the Operational Plan and Business Process 2016/17 are finalized for approval.

Achievements

- Tabled Strategic Plan 2015/16-2019/20 and Annual Performance Plan 2015/16 to the Provincial Legislature
- Finalised the APP 2016/17 in consultation with National Department of Health and Office of the Premier
- Submitted four (4) Quarterly Performance Reports (QPR) 2015/16 to Health Portfolio Committee, Office of the Premier, National Department of Health
- Tabled the Annual Performance Report 2014/15 to the Health Portfolio Committee and Standing Committee on Public Accounts (SCOPA) at the Provincial Legislature
- Submitted four (4) Quarterly Programme of Action (POA) reports to Office of Premier and finalized the 2016/17 POA

The following policies were reviewed and approved:

- Policy on Records Management
- Policy on Powers and Functions of Mental Health Board
- Standard Operating Procedure on Evaluations
- Risk Management Policy
- Gender Policy
- Policy on Health Care Waste Management
- Policy on Managing Programme Performance Information (Non-Financials)
- Standard Operating Procedure on the Development, Writing and Implementation of Policies
- Anti-Corruption and Fraud Strategy
- Whistle Blowing Policy
- Departmental Evaluation Plan
- Evaluation Policy

Adopted the following National Department of Health policies:

- National Health Promotion Policy
- District Health Management Information System Policy and Standard Operating Procedures for Provincial, District and Facility level.

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none">• Inadequate monitoring and implementation of approved policies.	<ul style="list-style-type: none">• Programmes to table an implementation plan during the presentation of the policy to the policy committee.• Develop quarterly reports on the implementation of policies.

Table 1: Annual targets for Policy and Planning

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comment on deviations
Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Developed Provincial Long Term Health Plan	-	Draft Long Term Health Plan based on NDP	Discussion document developed and will be discussed with task team members.	Draft Long Term Health Plan based on NDP.	<ul style="list-style-type: none"> Task Team members were only appointed in October 2015. The draft discussion document was developed in December 2015.
	Table 5-Year Strategic Plan	Tabled 5-Year Strategic Plan – 2015/16-2019/20	1 Tabled 5-Year Strategic Plan	Reviewed and Tabled the 5 year 2015/16-2019/20 Strategic Plan to the Provincial Legislature.	-	-
	Develop a strategy on communication of policies	Policies are circulated to all employees upon approval through groupwise,	Monitor implementation of Communication Strategy on policies	Policies are circulated to all employees upon approval through groupwise, compact discs and published in the Provincial Website.	-	-

Research and Epidemiology

Priorities: Strengthen research and development

Strategic Goal: Provision of Strategic leadership and creation of a social compact for effective health service delivery

Situation analysis

The Department of Health recognizes the essential role of health research in achieving a long and healthy life for all South Africans. Strengthening of research and development in the country is one of the ten point strategies to achieve this goal. In the health sector, resources are always scarce. Health research outputs are expected to provide the foundation for evidence-based, credible decision-making to deliver efficient, effective, accessible and equitable health services, as well as for strengthening of the health system. Accordingly, the Research and Development Directorate conducts operational research to inform innovative strategies.

The Province has relatively more DR TB cases compared to its population size, yet little research has been done to understand and explain factors that influence the emergence of DR TB in the Province to systematically address the challenges. In 2015/16 financial year, the Department has been involved in conducting an evaluation study on "Factors contributing to the emergence of DR TB in the Northern Cape Province and the cost of treatment".

Achievements

- District Health Research Committees (DHRCs) established in all of the five (5) districts of the Province to coordinate, support, monitor and report future research/evaluation activities in their respective districts.

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none">• Shortage of office space and Staff.• Financial Resources negatively affect unit's performance.	<ul style="list-style-type: none">• Provide conducive work environment.• Fast-track the appointment of additional staff to the unit.
<ul style="list-style-type: none">• Misalignment of sub-programmes (e.g. health information management, surveillance, monitoring and evaluation, research and development, policy and planning, strategic planning) under one cluster which could help reduce the budgetary pressure of the unit, creating strong support from leadership, efficient and effective use of scarce resources.	<ul style="list-style-type: none">• Alignment of supplementary sub-programme units for common goal under one cluster.

Table 2: Annual targets Research and Epidemiology

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviation	Reason for deviation
Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Number of Programme performance evaluations conducted	-	1	On-going, evaluation assessment and report in final stages.	-1	<ul style="list-style-type: none"> Inadequate personnel and budget to finalise the evaluation.
	Research database created	75%	Update Research Database and computerised data management system	On-going	Update Research Database and computerised data management system	<ul style="list-style-type: none"> Absence of Department Website to publish the material.

Information, Communication & Technology (ICT)

Priorities: Improve ICT infrastructure in all facilities

Strategic Goal 2: Improve Quality Management and Patient Care across the System

Situation analysis

District ICT support still remains a challenge at facilities province-wide. The only facilities with appointed ICT support personnel is the Provincial Office, Kimberley Hospital, Dr Harry Surtie Hospital and De Aar Hospital. All the other facilities in the province are being serviced by our current Health Information System service provider, MindMatter, for ICT technical support and maintenance. A process has been started to develop a new strategy for district support from the Provincial Office as an interim measure.

Most of our facilities in the province, especially clinics and CHCs do not have connectivity and this negatively affects administrative operations with regard to correspondences and reporting. Proposals have been requested from SITA and Telkom to provide a connectivity solution to the department that is cost effective and will be sufficient in addressing the department's needs. These proposals will be presented to executive management for consideration.

The Microsoft agreement was signed and the Office 365 package is in the process of being implemented at the Provincial Office.

Achievements

- Microsoft Agreement office 365 pilot successful and in process of being implemented at Provincial Office

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none">• Inadequate connectivity at Community Health Clinics and Clinics	<ul style="list-style-type: none">• Requested proposals from SITA and Telkom to be presented to Executive Management for consideration and possible implementation.
<ul style="list-style-type: none">• Lack of ICT support personnel at districts and facilities	<ul style="list-style-type: none">• Facilitate recruitment of IT technicians for districts, using phased approach (e.g. 1st phase - recruitment for placement at each district office then 2nd phase – placement at all hospitals).
<ul style="list-style-type: none">• Insufficient bandwidth size at most facilities negatively affecting all applications (e.g Nootroclin, eMails, etc.)	<ul style="list-style-type: none">• To upgrade data lines for higher bandwidth (2Mbps CHC's, 5MBps for all hospitals and District Offices).
<ul style="list-style-type: none">• Majority of computers throughout the Province is not getting the required regular updates of Office and Microsoft.	<ul style="list-style-type: none">• Implement and rollout the Windows Server Update Services at all facilities throughout in the Province.

Table 3: Annual targets for Information, Communication & Technology

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Develop a complete system design for a national integrated patient based information system	Percentage of hospitals with broadband access	7%	30%	7%	-23%	<ul style="list-style-type: none"> 1/14 Hospitals are connected to the State Information Technology Association (SITA) network. Proposal received for the upgrade of Data lines and was too costly. Process and costing being reviewed by SITA.
	Percentage of PHC facilities with network access	-	-	-	-	-
	Percentage of fixed PHC facilities with broadband access	0%	26% (47/179 health facilities)	0%	-	<ul style="list-style-type: none"> 0 of 179 PHC's are connected to the SITA network. Proposal received for the installation of data lines was too costly. Process and costing being reviewed by SITA.

Human Resource Management

Priorities:

- Review and align the Provincial Human Resource Plan with the service delivery platform
- Improve Performance Management and Development systems and process

Strategic Goal 1: Improved Quality Management and Patient Care across the system through inter alia developing the Department's resources

Situation analysis

Efficient and effective human resource has always been a priority for the Department, especially in relation to improve service delivery. It is with this view that the departmental senior managers have developed the Human Resource Management Plan (HRMP) for the MTEF period. The HRMP is aimed at improving the performance of Human Resource within the Department and it will be closely monitored with its Annual Implementation Report to be submitted to Department of Public Service and Administration (DPSA) annually.

The organisational structure was signed off by the MEC on the 29th February 2016 and submitted to the Office of the Premier Efficiency Services Unit in compliance with DPSA guidelines.

The Human Resource Management Directorate is in the process reviewing all its Human Resource policies and consultation with all stakeholders is currently in place. Standard Operation Procedures have been developed and some have been approved.

The Department should continuously conduct Personnel and Salaries (Persal) clean- up to ensure that there no unfunded posts. The period of 2015/16 indicated vacancy rate escalated due to exodus of personnel, which was influenced by the introduction of Tax Law Reforms. Since November 2015, Labour Unions protested interviews processes which also had a negative impact on the vacancy rate.

In an attempt to improve the vacancy rate, the Human Resource Development bursary programme has produced forty (40) students consisting of Nurses, Doctors and Pharmacists who have successfully completed their studies in the year 2015. These students were appointed throughout the province in insuring a good return in investment. The Department is unable to send students to Cuba for medical training due to budgetary constraints.

Achievements

- Recruitment of thirty (30) medical students to be trained in the Cuban programme;
- Signing of Service Level Agreement for training of two hundred (200) Auxiliary Nurses;
- Absorption of forty (40) bursary holders.
- Approval of Human Resource Management Plan

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none"> • Inadequate Management of Leave: • Over granting of leave and implications thereof; • Misunderstanding of the different types of leave; • PILIR process not adhered to in respect of deadlines. 	<ul style="list-style-type: none"> • Ensure training of all staff on the Leave Policy. • Ensure adherence to the Leave Policy.
<ul style="list-style-type: none"> • Non-adherence to Performance Management Development System (PMDS); • Non-compliance to deadlines of submitting documents; • Misunderstanding on the application of the policy; • Prolonged moderation process. 	<ul style="list-style-type: none"> • The Districts to be given the autonomy to manage the EPMDS system while the provincial office will conduct an oversight role. • Conduct training on the policy, moderation process and system of EPMDS. • Appointment of a PMDS manager.
<ul style="list-style-type: none"> • To reduce the high vacancy rate which is as a result of vacant unfunded posts in the establishment. 	<ul style="list-style-type: none"> • All unfunded posts before 1st April 2014 to be abolished.

Table 4: Annual targets for Human Resource Management

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Produce, cost and implement human resources for health plans	Number of Provincial Human Resource for Health Plans produced	-	1 Human Resource Health Plan reviewed and implemented	1 Human Resource Health Plan reviewed and implemented	-	-
	Vacancy rate for professional nurses.	-	13%	22.6%	-9.6%	<ul style="list-style-type: none"> Most of the nurses not having a Primary Health Care qualification which is a requirement for Occupational Specific Dispensation. High exit in rural areas due to lack to access to higher education institutions to improve qualifications (67 nurses resigned).
To develop a responsive health workforce by ensuring adequate training and accountability	Vacancy rate for doctors	-	20%	23.8%	-3.8%	<ul style="list-style-type: none"> Difficulty in retaining and recruiting medical officers.
	Vacancy rate for medical specialists.	-	10%	69.6%	-58.7%	<ul style="list-style-type: none"> Medical Specialists posts were created at Kimberley Hospital, however, the posts were not filled resulting in the increase in the vacancy rate for medical specialists. There are also generally a number of vacant and unfunded posts on establishment impacting on the vacancy rate.
	Vacancy rate for pharmacists.	-	20%	27.9%	-7.9%	<ul style="list-style-type: none"> Vacant posts not yet filled.

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
	Vacancy rate	-	9%	24.2%	-15.7%	<p>More posts were created and there</p> <ul style="list-style-type: none"> • was a delay in filling posts. • Service terminations increased in general.
	Proportion of Local Government Health Personnel which are transferred to Provincial Department of Health	-	32	0	-32	<ul style="list-style-type: none"> • The discussion on service conditions benefits with Sol Plaatjie Municipality has not been finalised.
	Total number of Performance Agreements signed for SMS officials	-	35	29	-6	<ul style="list-style-type: none"> • The Department should institute disciplinary measures for non-adherence to EPMDS Policy
	Total number of Performance Agreements signed for levels 1-12 officials	-	6 660	4870	-1900	<ul style="list-style-type: none"> • The Department should institute disciplinary measures for non-adherence to EPMDS Policy

Finance & Supply Chain Management

Priorities: Attain an unqualified audit report

Sub-Outcome 6: Improved Health Management and Leadership

Situation Analysis:

The regularity audit outcome for the 2014-15 financial year presented a slight improvement in the Financial Management and Financial Accounting of the Department. It further highlighted major concerns in Supply Chain, Asset and Revenue management processes and procedures specifically at the district facilities.

Key to the audit outcome was the emphasis of the management of the Departmental spending which has resulted in high levels of accruals at the end of the financial year end posing budget risk over the Medium Expenditure Framework.

The outcome has resulted in a revised Audit Rectification Plan which emphasised on the need to intensify the oversight role of the office of the Chief Financial Officer.

The cost containment measures were introduced by National Treasury to ensure that government spending focus on the core services in line with the Ministerial Non-negotiable items and National Core Standards. However, considering the impact of accruals and cash flow constraints, the department further introduced other extraordinary interventions and strategic budget reforms.

In preparation for the 2016/17 financial year, a significant portion of the budget was reprioritized to streamline the spending to core business in line with the extra-ordinary cost containment measures. The priority was to scale up existing priorities, in order to provide adequately for the Ministerial Non-negotiable items, contractual obligations and key cost drivers.

Capacity constraints remained a key factor which continued to negatively impact on the likelihood of the office of the Chief Financial officer to meet the set objectives therefore resulting in the recruitment of staff in Revenue Management and Financial Accounting. The recruitment process relating to the Supply Chain and Asset Management commenced and yet to be concluded in the 2016-17 financial year.

The office of the Chief Financial Officer conducted interviews and Finance should be fully capacitated by end of May 2016. The Local Government Information System (LOGIS) procurement system has been implemented in the department, which will assist on management of accruals and commitments.

The review of personnel capacity at facility level was performed and the vacancies identified. A provincial revenue office structure is in a process of being filled to ensure sufficient support and adequate monitoring and support of revenue management activities in all hospitals. The posts at the provincial office have been filled to provide support and guide the districts and hospitals. Frontline revenue staff are still a challenge, as many facilities do not have dedicated officials to fulfil some revenue collection requirements. Discussions are underway with the relevant programme managers to implement measures on the optimization of revenue.

The implementation of the Audit Rectification Plan remains a challenge, due to human capacity constraints. There has been slow progress that has been realized in rectifying the audit finding. The Office of the Chief Financial Officer has established a Compliance and Reporting unit with the objective of intensifying the Chief Financial Officers oversight responsibilities over the various facilities as well as the monitoring of the Audit Rectification Plan.

Achievements

- No notable achieved for the period under review.

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none"> • Shortage of staff in the Supply Chain and Assets Management Units. • The shortage has led to some gross violation of Supply Chain Management processes at the provincial office and the various facilities. • The Asset Management Unit was unable to perform full responsibilities to ensure that the Departmental Asset Register is accurate and complete. 	<ul style="list-style-type: none"> • Fast track the appointment of vacant posts in the unit.
<ul style="list-style-type: none"> • Human resource capacity constraints in the Hospitals Revenue Office and at facility level. • Filling and safe keeping of patient's information is a great concern at the moment due to unavailability of space. 	<ul style="list-style-type: none"> • Filling of all funded vacant positions in the district and hospitals. • Coordinating a process of destroying old files according to their age analysis including the files of the deceased. • To explore a process of procuring an electronic data management system to ensure safe keeping of information.

Table 5: Annual targets for Finance and Supply Chain Management

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Improve financial management skills and outcomes for the health sector	Auditor opinion from Auditor General of SA	Qualified Audit Report	Unqualified Audit Report	-	Qualified Audit Report	<ul style="list-style-type: none"> The Department did not have sound internal control systems due to the capacity constraints in key positions.
	Approved Asset Register	Approved Asset Register	Approved Asset Register	Approved Asset Register	-	<ul style="list-style-type: none"> The Department has commenced with the recruitment process to capacitate the Asset Management unit to ensure that the Asset Register is complete and accurate.
To ensure effective and efficient revenue management	Collection of projected revenue	80%	90% collection of projected revenue	77%	-13%	<ul style="list-style-type: none"> The under collection is due to the fact the Road Accident Fund (RAF) has not yet paid the outstanding claims and outstanding patient debt was not followed up.

Programme 1: Administration

Sub Programme	2015/16			2014/15		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
1 OFFICE OF THE MEC	11 344	11 467	-123	9 625	9 714	-89
2 MANAGEMENT	181 635	199 736	-18 101	164 069	182 618	-18 549
	192 979	211 203	-18 224	173 694	192 331	-18 637

Administration – (R18.224 million)

- The programme overspent due to claims against the department; interest on overdue accounts and outstanding payments from prior year that are processed centrally such as computer services, communication and departmental fleet services.
- The department together with the Provincial Treasury are devising a plan to deal with the impact of accruals. The interventions are being implemented to contain budget pressure resulting from the impact of accruals.

PROGRAMME 2: DISTRICT HEALTH SERVICES

Sub-Programme: District Health

Priorities: District Health Management

- Roll-out of 194 Ward Based Outreach Teams (wall to wall Provincial coverage) by the end of 2018/19 Financial Year
- Operationalize the Integrated School Health Programme (ISHP)
- Establish functional District Clinical Specialist Teams in all districts
- Ensure accessibility to health care services and the full implementation of the Primary Health Care and District Hospital packages

Priorities: Quality Assurance:

- Improve the rate of patient complaints resolution within the province
- Improve the percentage of facilities that have conducted self-assessments

Priorities: Health Promotion

- Promote healthy lifestyles
- Sustain health and wellness
- Coordinate advocacy, communicate and social mobilisation activities
- Coordinate governance structure function

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 programme is rendering a comprehensive package of Primary Health Care (PHC) to the Northern Cape Province. However, there are challenges in rendering full PHC package due to geographical vastness of the Province. Some of the districts, for example John Taolo Gaetsewe facilities are rural and it is not easy to attract doctors and specialists to work in those areas.

Achievements

- Appointment of six (6) doctors for Prof ZK Matthews Hospital in Frances Baard has made it possible for this hospital to operationalize its theatre;
- Seven (7) facilities scored above 80% in the Ideal Clinic Realisation and Maintenance (ICRM).

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none"> • Inadequate maintenance of infrastructure and medical equipment in all facilities. 	<ul style="list-style-type: none"> • Appointment of health technicians in all districts. • Engaging infrastructure to include some major maintenance projects in the 2016/17 Table B5.
<ul style="list-style-type: none"> • School Health Services not functioning optimally in all districts. 	<ul style="list-style-type: none"> • Enhance establishment of effective teams in all districts through strengthening of recruitment processes by end 2016/17.
<ul style="list-style-type: none"> • Inability to reach Ideal Clinic Realisation and Maintenance status in a number of facilities due to lack of essential medical equipment impacting negatively on the vital elements. 	<ul style="list-style-type: none"> • Procurement of essential medical equipment by the end of 2016/17 financial year.
<ul style="list-style-type: none"> • Shortage of Health Area Managers in some of our districts adversely affecting our supervision rate. 	<ul style="list-style-type: none"> • Recruitment and appointment of Health Area Managers for the affected sub-districts.

Table 7: Annual targets for District Health

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Phased implementation of the building blocks of NHI	Number of districts piloting NHI interventions	-	1	1	-	-
Establishment of NHI Forum engagement of non-state actors	Establish NHI consultation Forum	-	1	1	-	-
Improve health district governance and strengthen management and leadership of the district health system	Number of PHC facilities with functional clinic committees	-	116	109	-7	<ul style="list-style-type: none"> Seven out one hundred and nine (7/109) of the governance structures are non-functional due to non-attendance of meetings by committee members.
Expand coverage of ward-based primary health care outreach teams (WBPHCOT's)	Number of fully-fledged Ward Based Outreach Teams appointed	-	38	106	+68	-
Improve compliance with National Core Standards	Percentage of PHC facilities compliant with all extreme and vital measures of the national core standards for health facilities	-	14% (30/211)	0%	-14%	<ul style="list-style-type: none"> The assessments were conducted and due to shortage of vitals and equipment, facilities did not comply with the Ideal Clinic measures.
Introduce a patient centre approach in the delivery of health service	Patient experience of care survey rate		80%	91%	+11%	<ul style="list-style-type: none"> Patient satisfaction exceeded the Department's target after the implementation of district and facility quality assurance reporting template.
	Patient experience of care at PHC facilities		80%	91%	-11%	<ul style="list-style-type: none"> Patient satisfaction exceeded the Department's target after the implementation of district and facility quality assurance reporting template.

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Ensure quality primary health care service with optimally functional clinics by developing all clinics into idea clinics	Percentage of fixed PHC facilities scoring above 80% the ideal clinic dash board	-	27%	23%	-4%	<ul style="list-style-type: none"> Due to delays in upgrading infrastructure, purchasing equipment and departmental budgetary constraints.
	PHC Utilisation rate	2.8 visits	3 visits	2.5 visits	-0.5 visits	<ul style="list-style-type: none"> The implementation of effective Ideal Clinic Realisation and Maintenance strategy and Centralised Chronic Medicines Dispensing and Distribution, resulted in reduced utilisation rate.
Improve efficiencies and quality of care at facilities	OHH registration visit coverage	31.3%	70%	53%	-17%	<ul style="list-style-type: none"> The overall performance was negatively affected due to shortage of Team Leaders in the first quarter.
	PHC Supervisor visit rate (Fixed clinic/CHC/CDC)	61.3%	80%	59%	-21%	<ul style="list-style-type: none"> Compromised coverage due to resignation of Health Area Managers.
Accelerate appointment of district clinical specialist teams	Complaints resolution rate	-	80%	65.3%	-15%	<ul style="list-style-type: none"> Complaints elevated to the next level due their gravity and extended time required to resolve them. As a result, National Protocol on complaints management were implemented.
	Complaints resolution within 25 working days rate	53.3%	80%	90% 188/209	+10%	-
	Number of Districts with District Clinical Specialist Teams	5	1	5	+4	<ul style="list-style-type: none"> The Department managed to attract more District Clinical Specialist members for the province.

Table 8: Annual targets for District Hospitals

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Improve compliance with national core standards	Percentage of District Hospitals compliant with all extreme and vital measures of national core standards for health facilities	-	27% (3/11)	0 (0/11)	-27%	<ul style="list-style-type: none"> The Hospitals are not compliant with extreme and vital measures due to infrastructure challenges.
	National core standards self-assessment rate	-	100%	82%	-100%	<ul style="list-style-type: none"> The underperformance was due to two (2) District Hospitals (Prof. ZK Matthews and Connie Voster) not assessed; due to recent damage to property at Prof. ZK Matthews and process of renovations at Connie Voster
	Quality improvement plan after self-assessment rate	-	100%	82%	-100%	<ul style="list-style-type: none"> The underperformance was due to two (2) District Hospitals (Prof. ZK Matthews and Connie Voster) not assessed, due to recent damage to property at Prof. ZK Matthews and process of renovations at Connie Voster
Introduce a patient centred approach in the delivery of health services	Patient satisfaction rate at District Hospitals	78%	80%	52%	-28%	<ul style="list-style-type: none"> The underperformance was due to the inadequate reporting by some District Hospitals to Provincial Office on the implemented quality assurance reporting template.
	Patient satisfaction survey rate at District Hospital	-	80%	0%	-80%	<ul style="list-style-type: none"> The underperformance was due to the review of reporting tools from the National Department of Health and late assessments conducted.

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Improve health district governances and strengthen management and leadership of the district health system	Number of district hospitals with functional boards	11	11 (100%)	11 (100%)	-	-
	Average length of stay	3.5 days	3.5 days	3 days (128 136+2599.5/39 326)	+0.5 days	<ul style="list-style-type: none"> Patients are staying lesser in our facilities due to efficiency of services provided. Additional fifteen (15) doctors have been appointed throughout the province.
Improve efficiencies and quality of care at district hospitals	Inpatient Bed utilisation rate	62.7%	63%	52.7%	+10.3%	<ul style="list-style-type: none"> The performance is improving due to effective interventions that is being implemented mainly the recruitment and appointment of doctors.
	Expenditure per patient day equivalent (PDE).	R2 054.17	R1720.28	R1 635.3	+R85.00	<ul style="list-style-type: none"> Lesser inpatient days and average length of stay contributing to less expenditure per patient.
	Compliant Resolution rate	56.3%	80%	65.4%	-15%	<ul style="list-style-type: none"> Complaints elevated to the next level due their gravity and extended time required to resolve them. As a result, National Protocol on Complaints Management were implemented.
	Complaints Resolution resolved within 25 days rate	93.3%	80%	94.6%	+14.6%	-
	Number of District Mental Health teams established	0	1	0	-1	<ul style="list-style-type: none"> Target unattainable due inability to recruit skilled personnel due budgetary constrains

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

Priorities:

- Address social and structural barriers to HIV, STI and TB prevention, care and impact
- Prevention new HIV,STI's and TB infections
- Sustain Health and Wellness
- Increase protection of human rights and improve access to justice

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

Situation analysis

Medical Male Circumcision Programme

The Medical Male Circumcision programme implemented the Mass Circumcision Campaigns in the districts with the assistance of the partner organisation South African Clothing and Textile Union (SACTWU). This organisation provided the department with the skilled professionals to perform Medical Male Circumcision. Over and above this, we have seen a positive response from districts, where roving teams have been established to conduct MMC on an overtime basis. However, the challenge is that the number of circumcisions yielded by these outreach campaigns is still significantly low compared to the target. The Department has managed to organise the training for the Traditional Circumcision Surgeons conducted by a doctor from Gauteng which was in preparation for the traditional initiation season. This is one of the efforts of the Department in collaboration with Traditional Leaders to minimise risks and complications associated with Traditional Circumcisions.

The American President's Emergency Plan for AIDS Relief (PEPFAR) transition of partners assisting with MMC services had a negative bearing on the programme performance.

HIV Counselling and Testing Programme

During August 2015, National Department of Health (NDoH) highlighted challenges on the sensitivity of the Advanced Quality Rapid HIV Test Kits (HCT screening test) of specific batch numbers (2015011615; 201501602; and 2015011616) supplied by Titima. The Province managed to trace these batches under investigation were located in Frances Baard and Pixley Ka Seme District and were quarantined.

The Memorandum of Understanding (MOU) between Northern Cape Department of Health and Health Systems Trust was approved and signed by both parties (NCDoh and HST) for the implementation of Phase II VCT Private Project. Phase II entails partnership with Health System Trust to contract private health care professionals to provide HCT services to the public. Standard Operating Procedures were developed and approved between the two (2) parties for the distribution of HCT test kits for screening and confirmatory of test results. By end of March 2016, twenty-seven (27) service providers which are private doctors have signed contracts to join the franchise network. The reported data will be linked to District Health Information System (DHIS).

The Development Bank of South Africa (DBSA) infrastructure project is still in progress of upgrading facilities for HCT services. Four (4) facilities out of thirty (30) has been completed and handed over, one (1) in John Taolo Gaetsewe District which is Maruping Clinic and three (3) in Pixley Ka Seme District which is Griekwastad CHC, Campbell Clinic and Niekershoop Clinic.

Condom Distribution

On the 1st of March 2016 the Deputy Minister of Education, Honourable Mr Mduduzi Manana launched the Higher Education AIDS, First things First programme, for Urban Further Education and Training (FET) colleges in the Northern Cape Province. The Programme allows the department of health to supply FET's and Universities with condoms. Health Services were rendered like HIV Counselling and Testing, TB Screening, Non-Communicable diseases including distribution of contraceptives.

Comprehensive Care Management and Treatment Programme

In January 2015, the National Department of Health implemented revised Guidelines for initiation of eligible HIV positive people into Antiretroviral Treatment Therapy (ART). The changes were specific to pregnant/breastfeeding women who should be immediately initiated on ART regardless of CD4 cell count. The treatment was later rolled out to include all categories of eligible patients with CD4 count less than 500 in the 2015/16 Financial Year. The Province has implemented these guidelines in all fixed facilities and qualifying patients needed to be followed up and re-called for treatment initiation. The number of registered ART patients in the Province increased from forty-three thousand and twenty-two (43 022) at the end of the 2014/15 Financial Year to forty-seven thousand four hundred and forty-five (47 445) in 2015/16. This represents a 10.3% year-on-year increase.

The Integrated Access to Care and Treatment (IACT) Programme which aims to ensure that newly diagnosed HIV positive patients are enrolled onto the programme was introduced by partners. The programme also secured the support of CaSIPO for the KIDZALIVE Programme which aims to strengthen the support given to children on ART. The Programme further need to strengthen linkages to care and retention strategies as the National focus is shifting from prevention and treatment to retention in care.

TB/HIV 90 90 90 Targets

The Minister of Health Dr. Aaron Motsoaledi officially launched the UNAIDS 90-90-90 targets for TB and HIV on World TB Day on the 24 March 2015. The objective of both Phases is to reach interim targets with a view to achieving the 90's targets by 2020. There's been a team of officials who were nominated to participate in the national workshops to be trained as master trainers in ensuring the success of implementation of the "90 90 90" Targets Planning in the Province.

Workshops were held with all major stakeholders (e.g. PCA Secretariat, Developmental Partners, NGOs) including districts to orientate them on the "90 90 90" plan. Districts developed their plans which is aligned with the budget cycle and ensured all activities are costed in the new financial year, 2016/17. The districts engaged in a bottom up approach starting at facility level to develop a District Implementation Plan that informed the development of the 2016/17 District Health Plan (DHP) for all five (5) districts and the Conditional Grant Business Plans for 2016/17.

Antenatal Sero-Prevalence Survey 2015

The National Antenatal HIV Sero-Prevalence survey for 2015 commenced on the 1st October 2015 and successfully ended on the 30th November 2015 with a full participation from facilities. Out of the targeted one thousand three hundred and forty-five (1345) samples, all sentinel sites managed to collect 1260 samples (94%) which is an acceptable performance level for analysis purposes.

7th South African AIDS Conference

The 7th SA Conference on HIV and AIDS took place from 9 to 12 June 2015 at the Durban International Convention centre (ICC). The conference showcased the progress the country has made in the fight against HIV/AIDS. The 2015 Conference was themed: "Reflection, Refocus, Renewal" and offered an opportunity to bridge the divides that separate physicians and patients, researchers and the researched, youth and elders, institutions and clients, citizens and services, partners and families, the healthy and the suffering.

This gave an opportunity for participants, including thirty (30) officials from the Northern Cape Department of Health, working in this broad and unique field to share experiences, to engage with these themes as they work in laboratories and basic science, in their clinical work and in the public and private health sector. During this conference, researchers and public health practitioners offered insights into how the epidemic is evolving and reflected how the past has shaped the present and designing interventions to respond to this changes.

PEPFAR Partners Exit

The effect of PEPFAR funded partners pulling out of the Northern Cape by end of September 2015 with some ending in December 2015 is shown below:

Name of Partners	Programme Supported	Type of Support Provided	Possible Effect on Programme
Society for Family Health	Prevention Programme	<ul style="list-style-type: none"> • Condom distribution throughout the province 	<ul style="list-style-type: none"> • Less condoms distributed to facilities
CaSIPO	Treatment, Care and Support	<ul style="list-style-type: none"> • Establishment of support groups of HIV positive people 	<ul style="list-style-type: none"> • May lead to increased defaulters due to lack of support to ART patients.
Health Systems Trust	Health Systems Development	<ul style="list-style-type: none"> • Clinical Mentoring • Development of 90 90 90 District Implementation Plans 	<ul style="list-style-type: none"> • Slow initiation rate into ART and compromised patient management
South African Clothing and Textile Workers Union (SACTWU)	Medical Male Circumcision	<ul style="list-style-type: none"> • Increase access to Voluntary Medical Male Circumcision (VMMC) services by conducting outreach campaigns across the Province • Two (2) medical doctors (Frances Baard and JT Gaetsewe) were contracted to increase MMC uptake 	<ul style="list-style-type: none"> • Access to VMMC will be affected despite high demand due to shortages of clinicians to perform MMC • Decrease in MMC performed particularly in Frances Baard and JT Gaetsewe districts
Corridor Empowerment	Prevention: Key population program	<ul style="list-style-type: none"> • Support implementation of HIV & AIDS, and STIs Key Population Strategy through provision of health services to high transmission areas 	<ul style="list-style-type: none"> • Poor access to health care towards sex workers, truck drivers, miners, etc. at identified HTA sites e.g. Postmansburg area where the site was meant to be established

Mines

Since the inception of the forum between the Mines and NCDOH, a total of nine (9) mines have entered into a working relationship with the department. Various Memorandum's of Understanding have been signed with these mines. All these mines have been incorporated into the DHIS as reporting facilities as from April 2016. Names of the mines are as follows:

- Kgalagadi Mine
- Beeshoek
- Blackrock
- Kolomela
- BHP Billiton
- Khumani
- AfriSAM
- Kumba Iron Ore
- Petra Diamond Mine

Achievements

- Petra Diamond Mine The Province achieved 97% of the HCT target for 2015/16.
- Reduction in the HIV positivity rate from 6.5% in 2014/15 to 6.1% in the 2015/16 financial year

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none"> • Insufficient condom uptake and inadequate transportation at district level. 	<ul style="list-style-type: none"> • Finalize the recruitment process of Condom Focal Officers. • Source funds for dedicated transport for condom delivery from storage sites to facilities.

Table 9: Annual targets for HIV & AIDS, STI

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Increase access to a preventative package of sexual and reproductive health (SRH) services, including medical male circumcision	Male condom distribution rate	20.4	37	20.5	- 16.5	<ul style="list-style-type: none"> Lack of transport for condom distribution to facilities Lack of dedicated personnel to distribute condoms at facilities
	Female condom distribution rate	0.6	1.0	0.9	-0.1	<ul style="list-style-type: none"> Lack of transport for condom distribution to facilities Lack of dedicated personnel to distribute condoms at facilities
	Medical male circumcision performed – Total	9 944	24 279	7 680	-16 599	<ul style="list-style-type: none"> Shortages of medical doctors rendering efforts of institutionalizing MMC into facilities difficult to implement.
Sustain health, wellness and productive life	Total clients remaining on ART (TROA)	43 022	52 999	48 298	-4 701	<ul style="list-style-type: none"> Patients with a CD4 count greater than 350 but less than 500 were recalled to facilities. The recall of patients these as prescribed by the new ART Guidelines has not been at an expected level, with fewer clients in this category presenting in our facilities. Inadequate health promotion campaigns conducted.
	Clients tested for HIV (including ANC)	0	241 037	234 811	-6 226	<ul style="list-style-type: none"> Delays in conducting the HIV Counselling and Testing Mobilisation campaigns.
	Proportion of HIV tested people who are HIV positive	6.5	7%	6.1%	+0.9%	<ul style="list-style-type: none"> A decline in the HIV prevalence for the past two years has been observed. This can be mainly attributed to facility level campaigns and health education and people becoming more aware of measures to be taken to protect themselves e.g. condom use and knowing their HIV status. Continue community dialogues on behavioural changes.

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
	ANC clients initiated on ART rate	90.2%	95%	92.2%	-2.8%	<ul style="list-style-type: none"> Patients initiated on Prophylaxis were not counted as initiated as per prescript of the new National Anti-Retroviral Therapy Guidelines. Support visit and on-site training will be continued to be provided to address this problem.
	HIV Entry Point: Incidence of TB among HIV positive clients	12.8%	11%	0%	-11%	<ul style="list-style-type: none"> This Data element HIV positive patients with confirmed TB has been omitted from PHC register (ROR), therefore, it is not collected. National Department of Health to review data recording tools and National Indicator Data Set to include this data element in the 2016/17 National Indicator Data Set.
	Number of adults and children started on ART-new	9 854	13 797	10 056	-3 741	<ul style="list-style-type: none"> Patients with a CD4 count greater than 350 but less than 500 were recalled to facilities. The recall of patients these as prescribed by the new ART Guidelines has not been at an expected level, with fewer clients in this category presenting in our facilities. Inadequate health promotion campaigns conducted.

Sub-Programme: Tuberculosis (TB)

Priorities:

- Address social and structural barriers to HIV, STI and TB prevention, care and impact
- Prevention of new HIV,STI's and TB infections
- Sustain Health and Wellness
- Increase protection of human rights and improve access to justice

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

Situation analysis

Drug susceptible TB

A slight improvement with the TB treatment success rate from 77% in 2013 to 79.8% in 2014 with a cure rate from 68% in 2013 to 69% in 2014. This is attributable to intensive support visits conducted in districts.

Drug Resistant TB

In the 2015/16 financial year, the TB co-infection rate for Drug susceptible TB and drug Resistant TB was at 40.6% and 56.7% respectively as result of intensified Provider Initiated HIV Counselling and Testing (PICT) and HIV Counselling and Testing to TB clients.

Noticeable gains are observed in the TB-HIV collaboration for susceptible TB with Cotrimoxazole Preventative Therapy (CPT) which was at 95% and Anti-Retroviral Treatment (ART) at 90.7% in 2015. This was ascribed to trained professional nurses in providing comprehensive Primary Health Care services and a sustained improvement in the ART initiation in the Drug resistant TB programme.

TB-HIV Systems Integration

The initiative involves the integration of the existing TB and HIV information systems i.e ETR.net and Tier.net into one system that will be implemented at facility level. This integrated model was informed by the outcomes following the World Health Organisation (WHO) - TB, TB/HIV and PMTCT review conducted in 2013, that recommended the implementation of the integrated information system. This transition will be implemented progressively and targeted facilities include TIER 3 phase in six (6) facilities.

The roll out will start by end of September 2016. This integrated model amongst others include:

- Improved patient management
- One centralised monitoring system will reduce the burden of paper registers, thus improving on data, and clinical patient management.

Partnership with the Mines

The partnership with the mines is ongoing and had been over the last year sustained through monthly meetings where progress on service rendition was being assessed. During the last quarter of the current reporting year, discussions were finalised for the services rendered in the mines to be expanded to include Chronic Diseases specifically Diabetes Mellitus and Hypertension. These have been included in the new Memorandum of Understandings which are in the process of being renewed for another 5 year period.

Achievements

- None

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none">• Vacancies in the provincial TB programmes results in inadequate supervisory support to the districts.• Focal TB Nurses to improve on in patient TB care.• Defaulter rate remains high; this is attributable to shortage of staff in the Tracer Team project.	<ul style="list-style-type: none">• Fast track all recruitment processes.
<ul style="list-style-type: none">• Data not verified and late reporting from the facilities.	<ul style="list-style-type: none">• Adherence to Standard Operating Procedures on ETR.net.

Table 10: Annual targets for Tuberculosis (TB)

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Maximising opportunities for testing and screening to ensure that everyone in South Africa is tested for HIV and screened for TB at least annually	TB symptom 5 years and older screened rate	-	30%	40.6%	+10.6%	<ul style="list-style-type: none"> Screening of TB increased as a result of intensified case finding campaigns to mobilise communities.
Improve TB treatment outcomes	TB client lost to follow up rate	-	6%	7.4%	-1.4%	<ul style="list-style-type: none"> High attrition of TB Tracer Team leaders in Frances Baard and Pixley ka Seme district and absence of teams in the ZF Mgcawu and Namakwa district. Only one (1) team is operational in the John Taolo Gaetsewe district which is inadequate to service entire district.
Implement interventions to reduce TB mortality	TB Death Rate	-	6.5%	6%	+0.6%	<ul style="list-style-type: none"> Patient education on treatment adherence to reduce loss of follow-up.
Combat MDR by ensuring access to treatment	MDR TB confirmed treatment initiation rate	-	100%	98%	-2%	<ul style="list-style-type: none"> Late presentation from referral districts.
Improve the effectiveness and efficiency of the TB control programme	MDR TB treatment success rate	-	27%	39%	+12%	<ul style="list-style-type: none"> Data validation exercise conducted at West End Hospital in view of implementation of revised outcome definitions introduced in 2015.
	TB new client treatment success rate	-	95%	81%	-13.2%	<ul style="list-style-type: none"> Due to death rate (6%) and clients lost to follow up (7.4%) thus having negative impact on the treatment success rate.

Sub-Programme: Mother to Child Woman's Health and Nutrition (MCWH&N)

Priorities:

- Strengthen access to comprehensive sexual and reproductive health services
- Promote Kangaroo mother care for low birth weight babies
- Implement Integrated School Health Programme in Quintile 1,2 schools and Special Schools
- Decrease child and maternal mortality

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

Sub-Outcome 9: Maternal, Infant & Child Mortality Reduced

Situation analysis

Reduction of maternal, infant and child mortality is one of the goals set out in the National Development Plan (NDP) in improving the health and well-being of the population.

There has been a significant decline in maternal deaths over the past years from 167/100 000 live births (2011/12) to 95/100 000 live births (2015/16):

2011/2012	2012/2013	2013/2014	2014/2015	2015/2016
167/100 000 live births	151/100 000 live births	127/100 000 live births	124/100 000 live births	112.5/100 000

NC: Maternal Mortality Ratio in facility per 100 000

Districts	2014/15	2015/16
John Taolo Gaetsewe	135	62.4
Namakwa	65.5	0.0
Frances Baard	166.1	124.8
Z.F Mgcawu	788.3	172.6
Pixley Ka Seme	64.4	138.5
Province	254.1	112.5

National Prevention of Mother to Child Transmission (PMTCT) programme revised the guideline in May 2015 with main focus on Early Infant Diagnosis (EID) for PCR testing done to all HIV exposed babies at birth, ten (10) weeks and eighteen (18) weeks. All delivering facilities have started with implementation. Data elements and indicators are revised to align changes.

A reduction in case fatality rate for child under 5-year diarrhoea, severe acute malnutrition and pneumonia have been noted, and this can be attributed to improved implementation of IMCI guideline and training extended to doctors.

Achievements

- Inter-departmental partnership with SASSA and COGHSTA was strengthened during the Zero Hunger Campaign, to improve early identification of children with severe acute malnutrition in the community.

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
• Gross shortage of personnel to conduct school health screening	• Prioritise the appointment of dedicated school health personnel
• Not all data elements and indicators are aligned to the revised PMTCT guideline	• Data element and indicator alignment will be implemented in April 2016.

Table 11: Annual targets for MCWH & Nutrition

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Improve the implementation of Basic Antenatal Care	Antenatal visit before 20 weeks' rate	57.6	62%	62.3%	+0.3%	<ul style="list-style-type: none"> Effective implementation of MomConnect and health education on early antenatal booking.
	Mothers postnatal visit within 6 days rate	-	55%	52.8	-2.2%	<ul style="list-style-type: none"> There is no standardized referral system in place in our facilities.
Provision of PMTCT	Infant 1st PCR test positive around 6 weeks rate	2.1	1.9%	2.7%	-0.8%	<ul style="list-style-type: none"> New guideline implemented requires testing at 10 weeks and not 6 weeks as per the old guideline. Data collection tools not aligned to District Health Information Systems.
Protection of children against vaccine preventable disease	Immunisation coverage under 1 year	85.3	98%	83.1%	-14.9%	<ul style="list-style-type: none"> BCG and Hexaxim vaccines out of stock – nationally. Switch from Pentaxim to Hexaxim resulting in delay in administering immunisation.
	DTaP-IPV/HIB 3- Measles 1st dose drop-out rate	-	<20%	<57.7%	-37.4%	<ul style="list-style-type: none"> Inadequate outreach campaigns conducted.
	Measles 2nd dose coverage	-	85%	76.7%	-8.9%	<ul style="list-style-type: none"> Inadequate outreach campaigns conducted.
	Child under 5 years diarrhoea case fatality rate	3.3	2.8/1000	1.8/1000	+1	<ul style="list-style-type: none"> Effective training on Integrated Management of Childhood Illness conducted to improve child management at Primary Health Care level.
	Child under 5 years severe acute malnutrition case fatality rate	10.7	10%	8.3%	+1.7%	<ul style="list-style-type: none"> Effective training on Integrated Management of Childhood Illness conducted to improve child management at Primary Health Care level. Promotion of exclusive breastfeeding to improve health status of children.

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations	
	Child 5 years pneumonia case fatality rate	2.8	2.8/1000	1.3/1000	+1.5	<ul style="list-style-type: none"> Effective training on Integrated Management of Childhood Illness conducted to improve child management at Primary Health Care level. 	
	Vitamin A coverage 12-59 months	45.3%	42%	46.8%	+4.8%	<ul style="list-style-type: none"> Active approach to nurses support visits to Early Childhood Centres (ECD) to provide Vitamin A. 	
	Pneumococcal 3rd Dose Coverage	92	95%	85.8%	-9.2%	<ul style="list-style-type: none"> Inadequate outreach services to Early Childhood Centres (ECD) on immunisation. 	
Expansion and strengthening of integrated school health services	Schools Grade R screening coverage	-	30%	3.0%	-27%	<ul style="list-style-type: none"> School health teams were utilised for Human Papilloma Virus data cleaning rather than focusing on school health programme. Inadequate Integrated School Health Programme teams. 	
	Schools Grade 1 screening coverage	7.3%	30%	12.9%	-17.1%	<ul style="list-style-type: none"> School health teams were utilised for Human Papilloma Virus data cleaning. Inadequate Integrated School Health Programme teams. 	
	Schools Grade 4 screening coverage	11.5	25%	10.1%	-14.9%	<ul style="list-style-type: none"> School health teams were utilised for Human Papilloma Virus data cleaning. Inadequate Integrated School Health Programme teams. 	
	Schools Grade 8 screening coverage	8.1	25%	7.5%	-17.5%	<ul style="list-style-type: none"> School health teams were utilised for Human Papilloma Virus data cleaning. Inadequate Integrated School Health Programme teams. 	

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Expansion of access to sexual and reproductive health by ensuring the availability of contraceptive and access to cervical and HPV screening services	Rota Virus (RV) 2nd Dose Coverage	92	95%	88.5%	-6.8%	<ul style="list-style-type: none"> Inadequate outreach campaigns conducted. Inadequate follow-up on defaulters tracing.
	Couple year protection rate	45.2	45%	38.2%	-6.8%	<ul style="list-style-type: none"> Misconception and myths around Implanon. Hospitals with active theatres are not performing Tubal Ligations. Intra-Uterine Devices insertion equipment not available.
	Cervical cancer screening coverage.	30	55%	34.7%	-20.3%	<ul style="list-style-type: none"> Facilities are not conducting cervical cancer screening on a daily basis.
	HPV 1st dose coverage	87	83%	84%	+1%	<ul style="list-style-type: none"> Extensive Human Papilloma Virus (HPV) campaign at district level.
	Measles 1st dose under 1 year coverage	86.4	98%	89.7%	-8.3%	<ul style="list-style-type: none"> Insufficient follow-ups on defaulter tracing.
	Deworming 12-59 months' coverage	38.9	32%	38%	+6%	<ul style="list-style-type: none"> Effective support visit conducted to Early Childhood Centres to provide Vitamin A.
Improve nutritional status of children and mothers	Child under 2 years underweight for age incidence	50.4	9%	42.4%	-33.4%	<ul style="list-style-type: none"> Due to the small population in communities, a small number of underweight children give a high percentage.
	Delivery in facility under 18 years rate	9.6	8%	9.3%	-1.3%	<ul style="list-style-type: none"> Lack of sufficient implementation of Adolescent and Youth Friendly Strategies, including awareness campaigns in reproductive health Youth Friendly facilities functional in only Frances Baard and Pixley Ka Seme districts.
	Maternal Mortality in facility ratio	124/100 000	135/100 000 live births	112.5/100 000	+22.5/100 000	<ul style="list-style-type: none"> Effective training of Essential Steps in Obstetric Emergencies including antenatal care.
Reduce child and youth mortality	Inpatient early neonatal death rate	-	12.4/1000	14.3/1000	-1.9/1000	<ul style="list-style-type: none"> Lack of neonatal resources in the districts.

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

Priorities:

- Improve the Public Health and Private Health Sector's awareness and understanding of emerging and re-emerging infectious diseases
- Support stakeholder's involvement in the implementation of the International Health Regulation (2005) for the control and prevention of international spread of infectious diseases
- Strengthen partnerships and collaborate across sectors with government and non-government agencies to influence public health outcomes

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 strategy to improve prevention: the unit collaborate with NGO's South African Non-Communicable Disease Alliance (SANCDAs), to assist with screening and training of health workers as well as clinical workers.

The magnitude of non-communicable diseases in the Northern Cape is alarming, it accounts for 23.3% of deaths in the total population. The natural deaths is at (41.9%) where it has not been specified and other diseases like diabetes, hypertension are escalating. Other types of cancer is a concern as this information is not captured on the District Health Information System (DHIS), the challenge is we don't have confirmed statistic. The Department is sourcing funds from South African Non-Communicable Disease Alliance (SANCDAs).

Achievements

- Clients screened for hypertension twenty-five (25) years and older achieved two hundred and seventeen thousand four hundred and twenty-nine (217 429)

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none">• Dental Health services is still focusing on curative services.	<ul style="list-style-type: none">• Conduct advocacy in Oral Health care at Primary Health Care level and in Schools level.• Outreach services of dental health at school health to improve prevention program.

Table 12: Annual targets for Disease Prevention and Control

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Screening of the population for mental health disorders	Clients screened for mental disorders	-	15%	0.8%	-14.2%	<ul style="list-style-type: none"> Staff have not been trained on screening. Training will be done in the new financial year.
	Clients treated for mental disorders-new	1.9%	2%	0.2%	+1.8%	<ul style="list-style-type: none"> Training on treatment will be aligned to screening.
Prevent blindness through increased cataract surgery	Cataract Surgery Rate	1029/1000 000	1395/1000 000	829.7/1000 000	-565.3/100 000	<ul style="list-style-type: none"> No skilled personnel and dedicated teams to do cataract surgeries.
Strengthen disease surveillance system	Malaria case fatality rate	11% (2 deaths)	0%	0%	-	-
Improved awareness and management of prevalence of NCDs through screening and counselling for high blood pressure and raised blood glucose levels	Clients screened for hypertension 25 years and older	-	108 759	221 041	+112 282	<ul style="list-style-type: none"> Effective health education at facilities and communities resulting in more clients screened for chronic diseases (diabetes and hypertension).
	Clients screened for diabetes 5 years and older	-	108 759	93 899	-14 860	<ul style="list-style-type: none"> Inadequate machines for testing at Primary Health Care level.

Programme 2: DISTRICT HEALTH SERVICES		2015/16			2014/15		
		Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000
Sub programme							
1	DISTRICT MANAGEMENT	169 464	172 539	-3 075	110 217	150 478	-40 261
2	COMMUNITY HEALTH CLINICS	382 848	383 490	-642	336 691	352 338	-15 647
3	COMMUNITY HEALTH CENTRES	237 163	236 047	1 116	249 223	234 967	14 256
4	OTHER COMMUNITY SERVICES	55 268	55 501	-233	75 784	73 574	2 210
5	HIV/AIDS	368 124	360 957	7 167	384 023	357 894	26 129
6	NUTRITION	4 727	3 382	1 345	4 367	3 918	449
7	DISTRICT HOSPITALS	493 050	484 493	8 557	458 080	455 456	2 624
Total		1 710 644	1 696 409	14 235	1 618 385	1 628 625	-10 240

District Health Services – R14.235 million

- The programme underspends mainly on the goods and services and machinery and equipment, which is attributable to slow implementation of National Health Insurance at Pixley-ka-Seme District and non-payment of laboratory services due to cash flow constraints. There was change in management at NHI pilot district which led to some delays on the procurement of goods and services.
- An amount of R3,684 million was committed on various items of goods and services including capital assets. A roll over of budget was requested in this regard, while the remaining funds will be surrendered to Provincial Treasury.

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

Priorities:

- Improve on response times

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

Situation analysis

The programme is currently operating with seven hundred and fifty-nine (759) Emergency Care Practitioners across the province, servicing a population of more than 1.2 million which is scattered all over the province with long distances to travel. There is currently ninety-six (96) operational vehicles with sixty-eight (68) vehicles being off the road due to repairs. Ambulance coverage is still a challenge due to breakdowns and motor vehicle accidents across the Province.

The number of patients transferred slightly improved during the reporting period due to the provision of specialised services at the facilities. The control centres still need to be fully operationalised in all districts. Information Management must also be strengthened through the appointment of more data capturers in order to improve and provide timeously quality data.

Achievements

- None

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none">• Shortage of operational staff which constitutes one-person crew situation in the programme as well as personnel shortage in the administration section.	<ul style="list-style-type: none">• Appoint additional staff to render comprehensive service delivery
<ul style="list-style-type: none">• Lack of proper control centres	<ul style="list-style-type: none">• Electronic infrastructure should be installed at Kimberley and Upington Control Centres.
<ul style="list-style-type: none">• Inadequate data capturing	<ul style="list-style-type: none">• Appoint data capturers

Table 13: Annual targets Emergency Medical Services

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Render an effective and efficient Emergency Medical Services	EMS P1 urban under 15 minutes rate	57%	60%	64.2%	+4.2%	-
	EMS P1 rural under 40 minutes' rate	56%	40%	45.2%	+5.2%	-
	EMS inter-facility transfer rate	-	10%	13.3%	+3.3%	-

Programme 3: EMERGENCY MEDICAL SERVICES

Sub programme	2015/16			2014/15		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
1 EMERGENCY TRANSPORT	293 387	271 386	22 001	259 262	242 847	16 415
2 PLANNED PATIENT TRANSPORT	211	-	211	-	-	-
	293 598	271 386	22 212	259 262	242 847	16 415

Emergency Medical Services – R22.212 million

- There were delays on the procurement of emergency vehicles. This delay was further affected by cash flow constraints affecting the payment of suppliers, in which case the suppliers wanted payments before conversion of vehicles takes place.
- The department had committed R22.212 million towards the procurement of emergency mobiles, in order to make the vehicle ready for service delivery, the department has issued another tender for the conversion of vehicles into ambulance including the supply and installation of medical equipment. The vehicles have been delivered to relevant service providers for conversion and mounting the required equipment. A roll over has been requested to mitigate this effect.

PROGRAMME 4: PROVINCIAL HOSPITAL (DR HARRY SURTIE)

Priorities:

- Render multiple discipline evidence based Regional health services

Sub-outcome 2: Improved Quality of Health Care

Situation analysis

There is still a challenge of self-referrals at the casualty unit due to the Primary Health Care facilities closing at 16h00 during weekends. The department shall source funding to operationalise all beds, as gazetted in order to reduce burnouts from the personnel. The ten (10) bed Short Stay Ward remains full due to shortage of beds in other units. The Orthopaedic Clinic is seeing many patients as the facility is the only referral hospital in the region, with one (1) doctor doing operations.

Due to shortage of staff, the hospital is operating with two hundred and eighteen (218) utilised beds. The slow Human Resource Recruitment process is a challenge in the facility, hence the shortage of staff at this stage. The appointment of nine (9) nursing staff as stipulated below brought a relief in the hospital. However, there was a high rate of resignations by Nurses as a result of the shortage of accommodation.

Achievements

- Received Ophthalmology equipment's as a donation from Iron Ore Mine which will help to reduce the turnaround time during operations;
- The hospital appointed fifteen (15) Professional Nurses and one (1) Ophthalmology Professional Nurse;
- Three hundred and seventy-one (371) patients were screened and one hundred and fourteen (114) cataract operations performed;
- Inter-Provincial agreement between Northern Cape and the Western Cape government on the placement of seventeen (17) Community Service Professional Nurses

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none"> • Accommodation for staff due to very high rental rates. 	<ul style="list-style-type: none"> • Building of affordable houses for public servants by relevant stake holders
<ul style="list-style-type: none"> • Influx of Primary Health Care patients is still a challenge 	<ul style="list-style-type: none"> • Integrate with district health services to launch community awareness programmes aimed at educating clients on the various levels of health care services and the associated service packages.
<ul style="list-style-type: none"> • Long average length stay of Mental Health Care users in the 72 hour unit due to inadequate beds at West- End Hospital 	<ul style="list-style-type: none"> • Increase capacity at Mental Health facility

Table 14: Annual targets for Regional Hospitals

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Improve compliance with national core standards	National Core standards self-assessment rate	-	100%	0%	-100%	• No assessments were conducted during the period under review
	Quality improvement plan after self-assessment rate	-	100%	0%	-100%	• No assessments were conducted during the period under review
	Percentage of Regional Hospitals compliant with all extreme and vital measures of the national core standards	-	100%	0%	-100%	• No assessments were conducted during the period under review
Introduce a patient centred approach in the delivery of health service	Patient Satisfaction survey rate at Regional Hospitals	-	80%	0%	-100%	• No assessments were conducted during the period under review
	Patient Satisfaction rate at Regional Hospitals	-	80%	0%	-100%	• No assessments were conducted during the period under review
Improve efficiencies and quality of care at regional hospital Improve quality of Regional Hospital services	Average length of stay.	4.1 days	4.8 days	4.8 days	-	-
	Inpatient Bed Utilisation Rate	104%	72%	78.3%	-6.3%	• Out of 364 gazetted beds, only two hundred and eighteen (218) are utilised beds
	Expenditure per patient day equivalent	R3 316.69	R2 570.13	R2 192.00	+R378.13	• Expenditure controls were put in place, especially accruals were paid up
	Complaints Resolution rate	-	80%	21.2%	-59%	• Review the current plan and further improve patient satisfaction
	Complaints Resolution within 25 working days' rate	-	80%	100%	+20%	-
	Mental Health Admission rate	1.2%	1%	1.2%	-0.2%	• Long average length stay of Mental Health Care users in the 72 hour unit due to inadequate beds at West- End Hospital

Sub-Programme: SPECIALISED HOSPITAL SERVICES (WEST END HOSPITAL)

Priorities:

- Improve specialised hospital services
- Improve accessibility to mental health service in the specialised hospital

Sub-outcome 2: Improved Quality of Health Care

Situation analysis

During the financial year 2014/2015 the West End Specialised Hospital suffered an abrupt mass exodus of nursing personnel (five (5) Professional Nurses and eight (8) Enrolled Nursing Assistants); ascribed to the euphoria on alleged restructuring of the Government Employees Pension Fund (GEPPF). The institution was compelled to cushion the challenge by contracting a Nursing Agency Services of Medical Human Resource Nursing with effect from March 2015 as a temporary relief. These vacancies will be replaced during the 2016/2017 financial year.

The West End Specialised Hospital with its service package for DR-TB and Mental Health is making strides to ensure state patients are moved from Correctional Centres to the West End Specialised Hospital as espoused by the Criminal Procedures Act 51 OF 1977.

The institution will be opening an old refurbished ward by 1st June 2016; to accommodate thirty-six (36) involuntary mental health users who are currently utilising same ward with state patients. The movement of these mental users will ensure the opening up of the state patient's ward to accommodate the state patient's uptake currently housed at correctional centres.

The institution will respond to the need for health institutions to ensure improved revenue collection by recruiting eight (8) clerks, one (1) psychiatrist and one (1) billing case manager by 1 June 2016. This initiative will see West End Hospital improving the function of thirty (30) days forensic assessments; and generating revenue as a means of billing the department of Justice, Correctional Services and SAPS. The services of an Intern are currently used to consolidate backlogs of revenue collection working with the provincial finance department and national department of health.

Achievements

- None

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none">• Shortage of an additional permanent Psychiatrist to conform to the national mental health staffing norms in order to satisfy forensic Mental Health assessments.	<ul style="list-style-type: none">• Excess posts should be abolished and appoint a psychiatrist.
<ul style="list-style-type: none">• Severe shortage of basic medical equipment in all wards.	<ul style="list-style-type: none">• Supply Chain Management at Kimberley Hospital Complex to assist with procurement of medical equipment.
<ul style="list-style-type: none">• Shortage of Psychiatric beds to admit State patients in Correctional Centres still remains a major challenge.	<ul style="list-style-type: none">• Refurbished thirty-six (36) bed ward to accommodate acute involuntary mental health care users to be operationalized in order to enable state patients from Correctional Centres to be accommodated in the current combined ward (B5) of involuntary users and state patients.• The bed challenge is circumvented by means of having relatively stable users on leave of absence (LOA) as part of the legal protocols.
Persistent bed pressure due to non – accreditation of 72 hours' services and non-accommodation of mental health users at general hospitals primarily based on infrastructural challenges	<ul style="list-style-type: none">• Maintained compliance with legislative and policy mandates.
Shortage of Nursing Staff especially Professional Nurses and Enrolled Nurses still remains a major challenge.	<ul style="list-style-type: none">• Fast track the appointment of nursing staff of which interviews were conducted.

Table 15: Annual targets for Specialised TB Hospital

Strategic Objectives	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Improve compliance with national core standards	National Core standards self-assessment rate	0%	100%	0%	-100%	<ul style="list-style-type: none"> No assessments conducted during the period under review
	Quality improvement plan after self-assessment rate	0%	100%	0%	-100%	<ul style="list-style-type: none"> No assessments conducted during the period under review
Introduce a patient centred approach in the delivery of health service	Percentage of Specialist Hospitals compliant with all extreme and vital measures of the national core standards	0%	25%	0%	-100%	<ul style="list-style-type: none"> No assessments conducted during the period under review
	Patient Satisfaction survey rate at Specialised Hospitals	0%	80%	58%	-22%	<ul style="list-style-type: none"> Not all questionnaires were counted.
Improve efficiencies and quality of care at specialised hospital	Patient Satisfaction rate at Specialised Hospitals	0%	80%	55%	-25%	<ul style="list-style-type: none"> Not all questionnaires were counted.
	Average length of stay	0%	14 days	129.7 days	-115.7 days	<ul style="list-style-type: none"> Specialised treatment for DR-TB intensive phase management equals (4) months. Combining specialised departments (DR-TB and Mental Health) unduly inflates the target. Average length of stay should be revised to 120 days for DR-TB and (17) Days for acute Mental health cases in terms of WHO norms and standards.
	Inpatient Bed utilisation Rate (MDR TB)	92%	100%	117.5%	-17.5 %	<ul style="list-style-type: none"> Not all the DR-TB beds are occupied. The four (4) beds allocated to admit children are seldom occupied.
	Expenditure per patient day equivalent (PDE) (MDR TB)		R4 294	R1 524.8	+R2 769.2	<ul style="list-style-type: none"> Target too high same to be re-evaluated. Combined Patient Day Equivalent for mental health and DR-TB represent unreliable and invalid evidence due to the average length of stay between the two departments.
	Complaints resolved rate	100%	80%	100%	+20%	-
	Complaints resolution within 25 days rate	100%	80%	100%	+20%	-

Programme 4: PROVINCIAL HOSPITAL SERVICES

	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000
Sub programme						
1	245 465	272 105	-26 640	199 177	223 307	-24 130
2	11 566	11 566	-	14 842	14 661	181
3	51 720	56 761	-5 041	51 696	54 626	-2 930
Total	308 751	340 432	-31 681	265 715	292 594	-26 879

Provincial Hospital Services – (R31.681 million)

- This programme overspends its budget due to the impact of accruals that could not be paid during the previous financial year. The programme overspend on goods and services and machinery and equipment specifically on outsourced medical services, medical supplies, laboratory services and municipal services. However, the programme underspend by R10.716 million on compensation of employees of earmarked funds due to challenges on the recruitment of medical officers, resultantly the programme relies on the outsourced services as an alternative measure.
- The recruitment process will be accelerated to respond to service delivery demands and outsourced medical services will be phased out. The interventions are further being implemented to contain budget pressure resulting from the impact of accruals.

PROGRAMME 5: TERTIARY HOSPITAL (KIMBERLEY HOSPITAL)

Priorities:

- Compliance with the service platform for tertiary health services in the Republic of South Africa
- Improve the quality of maternal, child, and emergency health service
- Comply with the national core standards for effective health service delivery

Sub-outcome 2: Improved Quality of Health Care

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

Situation analysis

The Hospital continued to execute its mandate of providing Secondary and Tertiary services under extreme pressure due to cost containment measures, with the following key deliverables grossly affected:

- Compliance to core standards on aspects of patient safety, availability of drugs, cleanliness, maintenance and client satisfaction;
- The appointment of key staff with regard to operational management and administration which is critical to ensuring effective supervision and collection of data and compilation of quality reports;
- Capacity and efficiency challenges in front-line services are negatively affecting patient administration and records management thereby dampening the institution's ability to meet targets in terms of revenue generation and most importantly compliance with core standards and audit requirements;

The Maternal and Peri-natal mortality continues to be a challenge. Ten (10) maternal deaths reported during the current financial year. These cases were referred from Kuruman, Douglas and Warrenton due to Pre-Eclamptic Toxemia Neonatal mortality at 34.7 per 1000. Teenage and advanced maternal age pregnancies are constantly on a rise leading to the high rate of caesarean sections at 57 % which is still above the norm. The Obstetrics and Paediatric clinical teams remain committed in addressing these challenging situations.

Kimberley Hospital has successfully managed to reduce the pressure in the accident and emergency unit with Orthopaedic referred patients due to the dedicated theatre in the Kimberley Hospital Orthopaedic and Ophthalmology Centre (KHOOC) and the increased bed capacity at this facility.

A massive TB Campaign was conducted with all Hospital staff screened and isolation of risk factors. The Hepatitis B immunisation program is continuous with all staff at risk identified and managed accordingly.

Achievements:

- Kimberley Hospital Complex takes pride in the fact that its Radiology unit has improved service delivery through the procurement of the new Lodox machine to the value of R5 800 000 during the month of September 2015 and is already proving to be useful for a quick diagnosis of emergency cases. Fifty (50) Patients benefitted from this service since operationalisation.

Examinations:

- 19 Full Body Scans
- 128 Skulls/Spines/ Chest/Extremities

Clinical equipment

- Improving standard of care and quality of working life through the procurement of clinical and support equipment. This will enable efficient and effective services to patient care. Including among others:
 - **Cardio Thoracic Instruments:**
Cardio Thoracic Instruments which are utilized to start-up process for open heart surgery.
 - **Anaesthetic Machines:**
The anaesthetic Machines replacing the old ones in maternity to ensure the safety of patients during operation.
 - **Video laryngoscope:**
A Video laryngoscope used for the management of patients with difficult airways that needs to be intubated
 - **Mobile Ultrasound:**
A Mobile Ultrasound used for safe regional anaesthesia and pain blocks as well as the management of patients intra- and post-operatively.
 - **Transport/Invasive Monitor:**
Transport/Invasive Monitor, used to monitor vital signs during the transfer of patients to Intensive Care Unit.
 - **Oxylog Ventilator:**
An Oxylog Ventilator used to ventilate a patient during transport between units.
 - **Orthopaedic Drills:**
Orthopaedic Drills used to decrease patient theatre times.
 - **Patient beds:**
New patient beds for the Kimberley Hospital and the Kimberley Hospital Ophthalmology and Orthopaedic Centre (KHOOC). The new beds can move up and down so the need for bed steps are eliminated, the head and foot ends can be raised as compared to the previous beds that were just flat and immovable, these beds can also be used to transport the patient to theatre thus eliminating the need for trolleys.
 - **ICU beds:**
Ten (10) ICU beds with accessories have been procured which includes a contract for the service of these beds for the next 5 years.

Kimberley Hospital Orthopaedic and Ophthalmology Centre (KHOOC):

- This venture opened up much needed infrastructural space on the premises of Kimberley Hospital and alleviates severe service delivery pressures that will impact positively on the whole province. It also contributed significantly to the decrease of orthopaedic and ophthalmology patients' waiting lists for surgery.

Registrar program

- The lecture hall project to an amount of R2 million for under graduate students has been completed, which will improve the training status of Kimberley Hospital as a Tertiary Hospital.
- There is continuous Professional Development and Capacitation of the following disciplines, Anaesthesia, Urology, Ophthalmology, Orthopaedics, Neuro-Surgery, Radiology, Family Medicine, Internal Medicine, Emergency Centre and Obstetrics and Gynaecology.

Appointments:

The following categories of staff commenced duty during the year under review:

Category	Number
Professional Nurse	61
Medical Registrar	1

Category	Number
Nursing Assistant	11
Medical Officer	63
Medical Specialist	3
Radiographer	1
Allied Health Professionals	3
Medical Officer Community Service	66
Assistant Manager Nursing	2
Psychologist	1
Professional nurse	50
Psychologist Community Service	1
Allied Health interns	2
Staff nurse	2
Admin Support	17
Intern doctors	33
Radiologist	1
General assistants	21
Admin Support	13

N/B: Some of the posts filled for the 2015/16 financial year were vacant as from the previous financial year and thus only filled in the year under review. These posts were still funded.

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none"> Inadequate facilities for Acute and Forensic Psychiatry including 72 hour units. Patients kept at casualty section for more than 72 hours with disastrous consequences like injury to staff and damage to property – we are forced to keep 24 patients in a 15 bed unit 	<ul style="list-style-type: none"> Draft proposal for the identification and funding for the upgrading of additional facility to accommodate more patients
<ul style="list-style-type: none"> Increased demand for Theatre time and ICU beds, the overload weighs heavily on the limited number of staff available as well as the increased possibility of adverse incidents occurring. 	<ul style="list-style-type: none"> Consideration of the requests for funding of additional staff for the Theatres, ICU and High Care.
<ul style="list-style-type: none"> Influx of referrals from the districts due to lack of caesarean section, general Orthopaedic services and basic district health service package Late referrals resulting in increased mortality 	<ul style="list-style-type: none"> Strengthen out - reach services with human and material resources. Adherence by district Hospitals to the referral policy and implementation of the district health package as designated.
<ul style="list-style-type: none"> Increase in the risk of patient adverse incidents due to increased service demands versus inadequate staffing numbers especially in nursing. 	<ul style="list-style-type: none"> Allocation of staffing ratios as per patient load as well as acuity and an increase in staffing budget.
<ul style="list-style-type: none"> The huge waiting list for wheelchairs is posing major problems and takes away the dignity of people. 	<ul style="list-style-type: none"> The budget for wheelchairs needs to increase so that the backlog is covered.
<ul style="list-style-type: none"> Cost containment measures that restricts optimal functionality of services due to non-payment and withholding of services by service providers 	<ul style="list-style-type: none"> Match service demands and the budget

Table 16: Annual targets for Tertiary Hospital

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Improve compliance with national core standards	National core standards self-assessment rate.	100% (1 Tertiary Hospital)	100%	100%	-	-
	Quality improvement plan after self-assessment rate.	100%	100%	100%	-	-
	Percentage of Tertiary Hospitals compliant with all extreme and vital measures of the national core standards.	0%	100% (1 Tertiary Hospital)	0%	-100%	<ul style="list-style-type: none"> Governance structures not in place.
Introduce a patient centred approach in the delivery of health service	Patient Satisfaction survey rate at Tertiary Hospitals.	100%	80%	100%	+20%	<ul style="list-style-type: none"> The patient satisfaction survey rate was conducted in November 2015 for the Tertiary Hospital.
	Patient Satisfaction rate at Tertiary Hospitals.	84%	80%	69%	-11%	<ul style="list-style-type: none"> Cleanliness remains a challenge.
Improve efficiencies and quality of care at Tertiary hospital	Average length of stay.	6.8 days	5.5 days	6.2 days	-0.7 days	-
	Inpatient Bed utilisation rate.	73%	74%	71.3%	+2.7%	<ul style="list-style-type: none"> Reduction in the number of elective operations due to theatre time.
	Expenditure per patient day equivalent (PDE).	R3 446	R3 736	R3 785.1	+R49	<ul style="list-style-type: none"> Increase in expenditure is due to accruals of the previous financial year.
	Complaints resolution rate	85%	80%	85.4%	+5.4%	<ul style="list-style-type: none"> Effective awareness campaigns conducted on complaints procedures.
	Complaints resolution within 25 working days rate	86%	80%	85.7%	+5.7%	<ul style="list-style-type: none"> Effective awareness campaigns conducted on complaints procedures.

Programme 5: CENTRAL HOSPITAL SERVICES

CENTRAL HOSPITAL SERVICES		2015/16			2014/15		
		Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000
Sub programme							
1	PROVINCIAL TERTIARY HOSPITAL SERVICES	864 894	879 335	-14 441	788 826	767 519	21 307
		864 894	879 335	-14 441	788 826	767 519	21 307

Central Hospital Services – (R14.441 million)

- The programme overspent by R14.143 million on compensation of employees due to service delivery demands.
- The budget will be reprioritised in the next financial year, to mitigate this overspending on compensation of employees.

PROGRAMME 6: HEALTH SCIENCES AND TRAINING

Priorities:

- 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

The Henrietta Stockdale Nursing College conducted training of the year Comprehensive Programme, the Bridging course, Diploma in Midwifery and Certificate in Auxiliary Nursing in 2015/16. The College had two hundred and sixty-eight (268) students at the end of 2015/16 financial year.

Training of undergraduate health science students

The Department has provided funding to a substantial number of students who are pursuing studies in a variety of health science programmes, which are identified as a need for the Province to alleviate the shortage of health professionals in scarce and critical skills.

Mandela-Castro Medical Training Programme

While bursaries were not allocated for local universities for the new intake of 2015 academic year, the recruitment process for the Mandela-Castro Medical Training Programme culminated in thirty (30) students sent to Cuba in October 2015 to undertake medical studies.

Achievements

- Tshwaragano satellite Nursing campus handing over by the John Taolo Gaetsewe Trust;
- Approved infrastructure plans for Gordonia satellite campus.

Forty-three (43) Health & Science Bursary Holders completed their studies

Field	Number Completed
B Cur (Nursing)	10
N. Dip Nursing	8
B. Pharmacy	9
B. Social Work	3
BSc. Audiology	1
BSc. Occupational Therapy	1
BSc Physiotherapy	1
BSc Speech and Audiology	1
N. Dip. EMC	1
MBCHB	8
N. Dip Radiography	1

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none"> • Shortage of lecturing staff and difficulty to attract due to the Occupational Specific Dispensation (OSD) Policy. 	<ul style="list-style-type: none"> • The Department should offer bursaries to newly qualified (2 -5 years experienced) nurses for Nursing Education post basic/degree qualification.
<ul style="list-style-type: none"> • Skills levy not protected against cost containment irrespective of spending patterns 	<ul style="list-style-type: none"> • The determination on the skills levy should be translated into conditions of expenditure

Table 17: Annual Targets for Health Sciences and Training

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Increase production of human resources of health	Basic nurse students graduating	94	40	39	-1	• One student failed and wrote supplementary exams
	Number of bursaries awarded for first year medicine students	-	50	30	-20	• Moratorium was placed on all new bursaries in the 2015/16 financial year.
	Number of bursaries awarded for first year nursing students	-	105	108	+3	-
To expand and sustain the Registrar training programme	Number of Registrar in training	-	5	0	-5	• Moratorium was placed on all new bursaries in the 2015/16 financial year.
	Number of Registrar retained after qualifying	-	16	0	-16	• Moratorium was placed on all new bursaries in the 2015/16 financial year.
To implement a Training Strategy aligned to the core function of the Department	Number of PHC nurses graduating	0	20	0	-20	• Moratorium was placed on all new bursaries in the 2015/16 financial year.
	Number of Paediatric nurses graduating	0	5	0	-5	• Moratorium was placed on all new bursaries in the 2015/16 financial year.
	Number of Advanced Midwives graduating	-	5	0	-5	• Moratorium was placed on all new bursaries in the 2015/16 financial year.
	Number of Managers accessing the Management Skills Programme	-	15	0	-15	• Moratorium was placed on all new bursaries in the 2015/16 financial year.
	Proportion of bursary holders permanently appointed	-	23% (15)	17%	-6%	• Moratorium was placed on all new bursaries in the 2016/17 financial year.
Train learners to qualify as professional nurses	Number of employees enrolled for training on Intermediate Life Support	12	36	12	-24	• Due to delay in infrastructure construction, the college was unable to enrol more students for training.
	Provide bursaries for administrative staff	20	40	28	-12	• Moratorium was placed on all new bursaries in the 2015/16 financial year.
Strengthening the Human Resource capacity	Number of staff and stakeholders trained on research	-	30	3	-27	• Moratorium was placed on all new bursaries in the 2015/16 financial year.

Programme 6: Health Science and Training:

	2015/16			2014/15		
	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 NURSE TRAINING COLLEGE	59 728	53 085	6 643	52 119	51 769	350
2 EMS TRAINING COLLEGE	966	888	78	-	-	-
3 BURSARIES	28 346	26 196	2 150	28 360	45 413	-17 053
4 PRIMARY HEALTH CARE TRAINING	-	-	-	1 362	27	1 335
5 TRAINING OTHER	25 513	10 945	14 568	26 857	7 042	19 815
TOTAL	114 553	91 114	23 439	108 698	104 251	4 447

Health Sciences – R23.439 million

- The strategy has been sought for recruitment of two hundred (200) auxiliary nurses. The overall programme underspent by R23.439 million, mainly due to delays on the recruitment and training of two hundred (200) auxiliary nurses and phasing out certain activities from the Health Professions Training and Development Grant in order to be fully compliant, while the department is experiencing cash flow constraints on the equitable share.
- The tender for training of two hundred (200) auxiliary nurses was awarded and two months' expenditure incurred, while the remaining funds will be used in the next financial year.

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Sub-Programme: Forensic Medical Services

Priorities:

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

Sub-outcome 2: Improved Quality of Health Care

Situation analysis

Forensic Medical Services

The focal point around the programmes set indicators has been to reduce the turnaround time to completion of autopsies and reporting of findings. The first indicator is tracking turnaround target of 80% cases done in four days, to help improve and sustain service delivery. An annual average of 93% was achieved in 2014/15 financial year on this target resulting in a positive deviation of +23% (the target was 70%), 92% was the achievement for 2015/16 financial year resulting in a positive (+12%) deviation (the target was increased to 80%). The previous two financial year's performance on the indicator depicts stability compared to previous financial years where the targets were not met.

Comparison:

Quarter	% of Autopsies over 4 Days	Deviation	Number of Cases in Quarter	Annual (Averaged)
Q1	94%	+ 14%	(377/413)	} 92%
Q2	91%	+ 11%	(407/446)	
Q3	88%	+ 8%	(491/558)	
Q4	93%	+ 13%	(407/436)	

Source: 1,2,3,4 Quarterly Performance Report 2015/16

The other focal point around the programme set objectives has been to improve the reporting timeline after completion of autopsies. The second indicator tracks the turnaround target of 80% of autopsy reports submission in 14 days. On the indicator tracking the turnaround time of autopsy reports availability in 14 days, the annual achievement on the set target is 91% with a positive deviation of +11%. The previous financial year 2014/15 achievement on target was 84%, the comparison depicts stability and sustained service delivery.

Comparison:

Quarter	% of Autopsy reports within 14 Days	Deviation	Number of Cases in Quarter	Annual (Averaged)
Q1	91%	+ 11%	(373/409)	} 91%
Q2	98%	+ 18%	(435/446)	
Q3	91%	+ 11%	(508/558)	
Q4	85%	+ 5%	(369/436)	

Source: 1,2,3,4 Quarterly Performance Report 2015/16

The issue of concern remains the sustenance of the performance, as some areas are still not stable with regard to having full time doctors to perform autopsies and timeous reporting thereof.

The unit is however still engaged in the active recruitment through headhunting of doctor(s) and specialist to stabilise the forensic services in the province. Two Cuban doctors will be joining the service in the new financial year 2016/17, to stabilise service in Pixley Ka Seme and JT Gaetsewe Districts.

Clinical Forensic services focal area this financial year is to recruit forensic nurses and doctors through headhunting in order to strengthen the Thuthuzela centres and designated health facilities. Kuruman and De Aar Thuthuzela have been the focal area. A process is underway to recruit three (3) professional nurses to reactivate Kuruman Thuthuzela, whereas De Aar Thuthuzela will be moving to new De Aar hospital upon completion.

Achievements

- Sustained service delivery, including at peak periods.
- An additional nurse recruited and appointed at Kimberley Thuthuzela, bringing total number to 3 professional nurses.

FORENSIC PATHOLOGY SERVICES

Types of PM's	Kimberley	Upington	De Aar	Kuruman	Springbok	Calvinia	Total
Murder	141	85	75	65	13	11	390
Accident	85	66	20	29	10	5	215
MVA	155	98	54	114	32	12	465
Suicide	82	31	28	46	15	4	206
Undetermined	1	14	8	7	2	2	34
Natural	105	206	77	40	29	29	486
Anaesthetic	4	2	0	0	0	0	6
Fetus	6	0	0	5	0	0	11
Decomposed	2	1	5	0	0	1	9
Bones	3	0	1	3	4	0	11
Other	6	5	4	0	1	0	16
TOTAL	590	508	272	309	106	64	1849

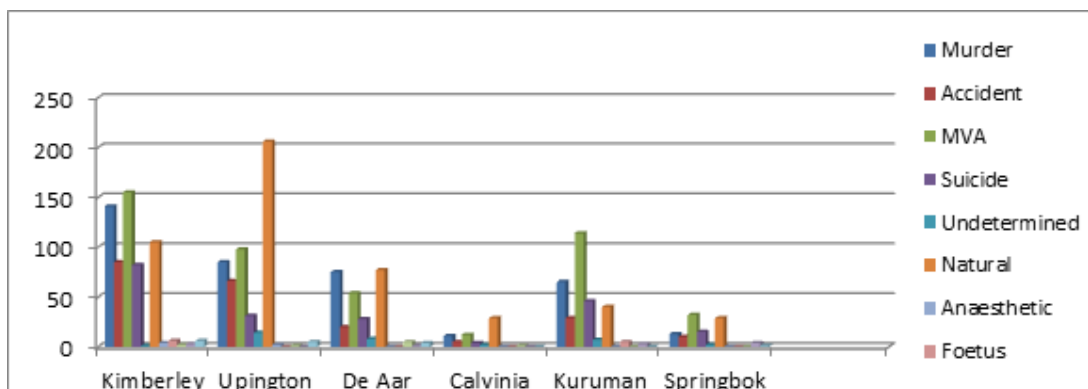
Source: 1,2,3,4 Quarterly Performance Report 2015/16

Graphical View of Forensic Pathology Caseload Statistics for April 2015 - March 2016



NB: 7 % of cases were performed by Kimberley doctors, bringing the caseload of Kimberley @ 39% as the main centre in the province, followed by Upington, Kuruman, De Aar, Springbok & Calvinia.

Graphical View of types of cases done in 2015/16



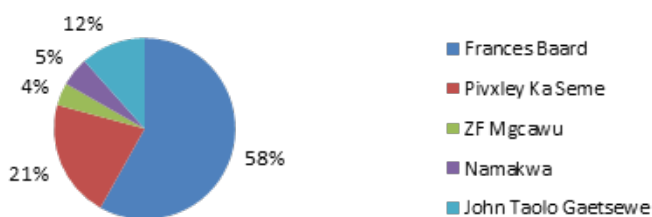
CLINICAL FORENSIC SERVICES

STATISTICAL VIEW OF CASES FROM APRIL 2015– MARCH 2016

DISTRICT REPORTING	FRANCES BAARD	PIXLEY KASEME	ZF MGCAWU	NAMAKWA	JOHN TAOLO GAETSEWE	TOTAL
Sexual Assault/new	361	131	25	32	72	621
HIV Counselling & testing	283	131	24	32	72	542
HIV Positive Clients	37	17	3	4	13	74
Clients on ARV (PEP)	227	111	17	19	59	433
DNA testing perpetrators	13	60	2	1	0	76
Domestic violence	23	76	40	132	22	293
Common Assault	107	352	1397	434	551	2841
Drunken driving	19	3	7	21	5	55
TOTAL	1070	881	1515	675	794	4935

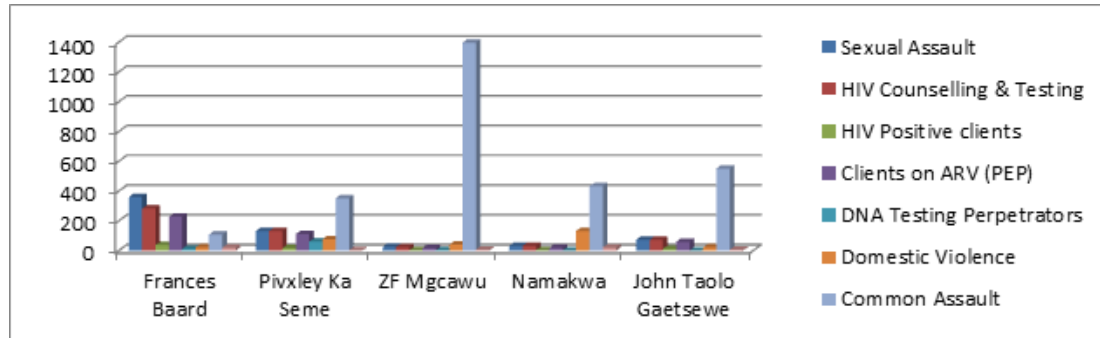
Source: 1,2,3 & 4 Quarterly Performance Report 2015/16

Graphical View of Clinical Forensic Caseload Statistics for April 2015- March 2016



Source: 1,2,3,4 Quarterly Performance Report 2015/16

Graphical View of types of cases done in 2015/16



Source: 1,2,3 & 4 Quarterly Performance Report 2015/16

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none"> Shortage of practising forensic nurses at Kuruman , De Aar, Kakamas Thuthuzela Centres and throughout health facilities in the province. Shortage of forensic pathology doctors/ specialists and support staff (data captures). 	<ul style="list-style-type: none"> Refer patients to the nearest health facilities Appoint full-time forensic nurses in facilities.
<ul style="list-style-type: none"> Lack of proper Employee Awareness Programme (EAP) services for forensic employees including doctors. 	<ul style="list-style-type: none"> Engage principals to relook recruitment strategies to allow us to compete with other provinces.
<ul style="list-style-type: none"> Lack of proper Employee Awareness programme services for forensic employees including doctors. 	<ul style="list-style-type: none"> Engage principals and Corporate Services (Human Resource Management) for urgent intervention. Arrange Psychologist consultation in Kimberley as Interim measure dependent on availability.
<ul style="list-style-type: none"> Shortage of forensic pathology doctors and/or specialists. 	<ul style="list-style-type: none"> Headhunting of additional forensic specialist and doctors is an on-going process. Engage principals to relook recruitment strategies, to allow us to compete with other provinces.
<ul style="list-style-type: none"> Inadequate budget allocation, old fleet, ageing equipment. 	<ul style="list-style-type: none"> Bid for additional funding to address issues. Improve efficiency to save costs and shift funds to address particular pressures.

Table 18: Annual targets for Forensic Medical Services

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviation 2015/16	Comments on deviations
Improved Forensic Medical Services	Percentage of autopsies completed within 4 working days	93%	80%	92%	+12%	<ul style="list-style-type: none"> Continued recruitment and training of doctors. Increased pool of doctors and expertise. Improvement of facilities.
	Percentage of autopsy reports submitted in 14 days to stakeholders (SAPS, NPA)	84%	80%	91%	+11%	<ul style="list-style-type: none"> Continued recruitment and training of doctors. Increased pool of doctors and expertise. Improvement of facilities. Improved relations with stakeholders.

Sub-Programme: PHARMACEUTICALS

Priorities:

- Improve availability and accessibility of medicine
- Improve quality of service including clinical governance and patient safety
- Improved and efficient medicine stock management

Sub-outcome 2: Improved Quality of Health Care

Situation analysis

The 2015/16 financial year had many challenges for the pharmaceutical sector country wide. These challenges included amongst others the National non-availability of ingredients to produce specific medication, tender changes, and non-deliveries by suppliers within prescribed timeframes. The non-payment of suppliers, caused by a lack of cash resulting in accounts being placed on hold, also contributed to the non-delivery of supplies. The shortage of pharmacy personnel at the Provincial Medical Depot as well as within the facilities resulted in existing staff being overworked which in turn resulted in labour unrest which negatively impacted on medicine availability. In most of the facilities the function of managing medicine stock is done by the nurses.

There were many factors that can be cited for the non-availability of medication, an in-depth analysis indicated that the key concerns that needs to be addressed speedily is the appointment of pharmacy personnel as well as the implementation of a credible electronic stock management system up to facility-level.

Where shortages of medication or non-availability thereof were experienced, appropriate plans were made to provide the needed medication. A key findings-report by a ministerial appointed non-governmental organization (NGO) indicated that the Northern Cape had a huge improvement on its stock availability as compared to the previous year as well as positive interaction by all its facilities in responding to stock queries as opposed to other provinces. The success rate of the Central Chronic Medicine Dispensing and Distribution (CCMDD) in the National Health Insurance-district was reported as the best in the country for the year under review. The fact that the CCMDD programme was not exclusively catering for patients that are in receipt of ARV medication, but also providing those that are on chronic medication. This was a major contributing factor in the Pixley Ka Seme district exceeding its target that was determined by the National Department of Health.

The Department also played a pivotal role in assisting farmers in the Blouputz district (near Upington) to have approximately five thousand (5 000) farm workers to obtain a Primary Health Care (PHC) which they have not been receiving for approximately two (2) years. The process will culminate in the signing of a Memorandum of Agreement (MOA) between the Department and the farmers in the Blouputz district in the new financial year. The possibility strongly exist that this service will also be expanded to the farmers in the Namakwa district as a similar challenge exists there in that farm-workers have not been receiving such Primary Health Care service for an extensive period of time.

Achievements:

- The Rx-Solution stock management system was successfully rolled-out and implemented in the NHI district and the desired results were obtained in those facilities where it was installed;
- Memorandum of Understanding were negotiated and signed between various mines throughout the Province for the rendering of primary health care services;
- The meeting with Farmer Unions and Agriculture Groups in the Uppington area culminating into five thousand (5 000) farm-workers and families receiving primary health care services;
- The CCMDD project-team in the Pixley Ka Seme district exceeded the target as determined by the National Department of Health for the financial year. It exceeded the target by 69% (reached 169% overall for the 2015/16 financial year);
- Approval has been granted to appoint fifteen (15) Pharmacist Assistants, albeit on a two (2)-year contract basis, on the CCMDD programme to improve the service in the NHI district. These appointments will relieve the pressure that is currently being experienced by the facilities that partakes in this programme;
- The Kimberley Hospital received an institutional grading from the South African Pharmacy Council that allows it to train Pharmacist Interns as well as Pharmacist Assistants for the year 2016;
- In the absolute minimal instances where pharmacy staff was appointed in facilities, there were huge improvements on the overall management of stock management;

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none"> • Shortage of qualified pharmaceutical staff at all facilities. 	<ul style="list-style-type: none"> • Registration of tutors that can supervise and mentor staff in completion of studies. • Appointment of staff.
<ul style="list-style-type: none"> • Non-availability of medication at facility level. 	<ul style="list-style-type: none"> • Introduce an electronic stock management system at facility level. • Ring-fence/earmark funds for the acquisition/ payment of medication.
<ul style="list-style-type: none"> • Non-conformance to the infrastructure requirements of the South African Pharmacy Council. 	<ul style="list-style-type: none"> • Infrastructure Directorate to allocate funds for the refurbishment and improvement of dilapidated pharmaceutical facilities.
<ul style="list-style-type: none"> • Limited storage space at facilities leading to impediments with new initiatives viz. Ideal Clinic concept. 	<ul style="list-style-type: none"> • Infrastructure Directorate to allocate funds for refurbishment and improvement of Dispensing rooms.

Table 19: Annual targets for Pharmaceuticals

Strategic Objectives	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviation	Comment on deviations
Improve medicine availability and rational use of medicine	Percentage availability of tracer medication (EML and STG) in the health facilities and institutions	97%	100%	96%	-4%	<ul style="list-style-type: none"> National Supplier challenges Inadequate stock management at facility level.
	Ratio of medication written off vs medication on hand	1	1	1	-	-
Reduce Patient waiting times	Number of districts implementing an alternative dispensing and distribution system for chronic medicines	1	3	1	-2	<ul style="list-style-type: none"> Non-payment of suppliers resulting in incomplete infrastructure to roll-out alternative dispensing and distribution system for chronic patients.
	Average out-patient waiting time at hospital pharmacies	≤15 minutes	≤25 minutes	16 minutes	+9 minutes	-

Programme 7: HEALTH CARE SUPPORT SERVICES

	2015/16			2014/15		
	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	6 730	9 291	-2 561	6 407	10 263	-3 856
2 ENGINEERING	26 473	46 348	-19 875	19 048	19 649	-601
3 FORENSIC SERVICES	23 174	23 177	-3	27 818	22 683	5 135
4 ORTHOTIC AND PROSTETIC SERVICES	6 079	5 748	331	8 328	6 603	1 725
5 MEDICINE TRADING ACCOUNT	32 478	35 203	-2 725	23 770	30 451	-6 681
TOTAL	94 934	119 767	-24 833	85 371	89 649	-4 278

Health Care Support Services – (R24.833 million)

- The programme overspend by R24.833 million, mainly due to budget pressure resulting from installation of standby generators and electrical maintenance to a number of facilities, considering the electricity load-shedding
- The budget will be reprioritised in the next financial year to mitigate this overspending.

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Priorities:

- Implementation of Hospital Revitalization Programme
- Implementation of Infrastructure Grants for Provinces
- Implementation of Capital Maintenance Programme
- Implementation of Clinical Engineering (Health Technology) Maintenance Programme
- Implementation of Government Immovable Asset Management Act

Sub-outcome 7: Improved Health Planning and Infrastructure Delivery

Situation analysis:

The department has spent 95% of its R625 590 000 budget in the form of new construction and upgrades. There are significant strides in the completion of the De Aar Hospital which is at 95% and Mental Health at 86%. Furthermore, the Health Facilities Management experience slow delivery on construction of new projects such as Kuruman Forensic Mortuary, Port Nolloth CHC and Heningsvlei Clinic due to the late appointment of service providers and disputes with contractors.

Achievements

- Improved expenditure that led to almost 100% spending of budget;

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
• Contractual issues with completion of New Mental Health facility.	• Matter taken up with implementing agent.
• Shortage of critical posts for maintenance function in the department	• Human Resource Management to expedite appointment of personnel
• It is still a concern that Bid Evaluation Committees and Bid Adjudication Committees do not sit frequently enough.	• Matter taken up with Executive Management committee.

Table 20: Annual targets for Health Facilities Management

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Major and minor refurbishment of health facilities	Number of health facilities that have undergone major and minor refurbishment	-	1 Kuruman Forensic Mortuary completed	0%	-100%	<ul style="list-style-type: none"> Appointment of service provider to commence.
Strengthen partnership with Department of Public Works to accelerate infrastructure delivery	Establish Service Level Agreements (SLAs) with the Department of Public Works (and any other implementing agent)	-	1	1	-	-
Implementation of Hospital Revitalisation Programme	Percentage of completion of new replacement hospitals	-	2 Hospitals at 60%, 1 planning stage- Regional Hospital in John Taolo Gaetsewe	De Aar Hospital 95% Mental Health 86% Planning stage Kuruman	-	-
Implementation of Health facilities Revitalisation Grant for Provinces	Percentage completion of new clinic and community health centers (CHC)	-	1 CHC under construction (Port Nolloth)	17% completed	-	<ul style="list-style-type: none"> Contract was terminated and new contractor appointed.
		-	100% completion of Kagung Clinic	10%	-90%	<ul style="list-style-type: none"> Demolition of building and remedial work underway.
		-	Construction of Heuningsvlei clinic	10%	-90%	<ul style="list-style-type: none"> Late appointment of contractor by Implementing agent (IDT).
		-	Williston CHC completed(Housing)	100%	-	-

Strategic Objective	Performance Indicator	Actual 2014/15	Target 2015/16	Actual 2015/16	Deviations	Comments on deviations
Implementation of capital Infrastructure Maintenance Programme	Percentage completion of upgraded and refurbished facilities	-	Nababeep	0%	-100%	<ul style="list-style-type: none"> Appointment of service provider to commence.
			Sutherland	100%	-	
			Fraserburg and Galeshewe Day Hospital	100%	-	
			Upgrades 100% completed	100%	-	
Implementation of Government immovable Asset Management Act	User Asset Management Plan compliance	-	7 facilities active with Preventative Maintenance	100%	-	-
			User Asset Management Plan reviewed and above 80% compliance with standards	U-AMP submitted	-	-
Implementation of Clinical Engineering Maintenance Programme	Repaired and replaced clinical equipment	-	Maintenance schedules updated according to Asset Register for clinical equipment	Ongoing as per priority needs	-	-
			3 Health Technology officials active in Districts	Ongoing	-	-

Programme 8: HEALTH FACILITIES MANAGEMENT

	2015/16			2014/15		
	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	318 921	228 097	90 824	272 370	195 588	76 782
2 PROVINCIAL HOSPITAL SERVICES	329 459	330 522	-1 063	185 667	200 576	-14 909
Total	648 380	558 619	89 761	458 037	396 164	61 873

Health Facilities Management – R89.761 million

- The underspending was caused by delays at the implementing agents and the department. A number of projects were negatively affected, and the department had to reprioritise the use of funds in some projects, namely, construction of guardhouse and fencing at several facilities, medical equipment at newly-built De Aar Hospital, refurbishment of old Calvinia Hospital, refurbishment of EMS base station at Tshwaragano Hospital and construction of Bankhara Clinic in Kuruman.
- The tenders for the above projects were only awarded during the third and fourth quarter of the financial year, although the projects were accordingly published on the Table B5 from the beginning of the year. The funding of these projects was therefore requested to be rolled over to the next financial year.

Changes to planned targets

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

Linking performance with budgets

Programme Name	2015/2016			2014/2015		
	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	192,979	211,203	(18,224)	173,694	192,331	(18,637)
District Health Services	1,710,644	1,696,409	14,235	1,618,498	1,633,011	(14,513)
Emergency Medical Services	293,598	271,386	22,212	259,262	242,847	16,415
Provincial Hospital Services	308,751	340,432	(31,681)	265,715	292,594	(26,879)
Central Hospital Services	864,894	879,335	(14,441)	788,826	767,519	21,307
Health Sciences	114,553	91,114	23,439	108,698	104,251	4,447
Health Care Support Services	94,934	119,767	(24,833)	85,258	85,263	(5)
Health Facilities Management	648,380	558,619	89,761	458,037	396,164	61,873
Total	4,228,733	4,168,265	60,468	3,757,988	3,713,980	44,008

2.5 Transfer of Payments

Transfer payments to public entities

The table below reflects the transfer payments which were budgeted for in the period 1 April 2015 to 31 March 2016, but no transfer payments were made.

Name of transferee	Type of organisation	Purpose for which the funds were used	Amount budgeted for (R'000)	Amount transferred (R'000)	Reasons why funds were not transferred
//Khara Hais municipality	Local Municipality	Primary Health Care	3 681	2 515	Certain attrition posts were filled at the expense of the department on behalf of municipality.
Sol Plaitje municipality	Local Municipality	Primary Health Care	2 394	-	It was agreed that the services will be taken over by the department, although there were unresolved issues.

Transfer Payments to all organisations other than public entities

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	Reasons for the funds unspent by the entity
//Khara Hais municipality	Local Municipality	Primary Health Care	Yes	2 515	2 515	Not applicable
Sol Plaatje municipality	Local Municipality	Primary Health Care	Yes	-	-	Not applicable
Pixley Ka Seme district municipality	District Municipality	District AIDS Council	Yes	500	500	Not applicable
ZF Mgcawu district municipality	District Municipality	District AIDS Council	Yes	500	500	Not applicable
Namakwa district municipality	District Municipality	District AIDS Council	Yes	500	500	Not applicable
Frances Baard district municipality	District Municipality	District AIDS Council	Yes	500	500	Not applicable
John Taolo Gaetsewe district municipality	District Municipality	District AIDS Council	Yes	500	500	Not applicable
Legatus NGO	Non-profit institution	Home-based care	Yes	8 625	8 625	Not applicable
Northern Cape Aids Forum & Christian Care & Support	Non-profit institution	Home-based care	Yes	6 793	6 793	Not applicable
Nightingale Hospice & Moeder Theresa Hospice	Non-profit institution	Home-based care	Yes	4 076	4 076	Not applicable
Moeder Theresa Hospice	Non-profit institution	Home-based care	Yes	3 348	3 348	Not applicable
Helen Bishop Orthopaedic After-Care Home	Non-profit institution	Home-based care	Yes	2 950	2 950	Not applicable
Aganang Aids Services Organisation	Non-profit institution	Home-based care	Yes	4 614	4 614	Not applicable
Boikobo Health Care	Non-profit institution	Home-based care	Yes	7 169	7 169	Not applicable
Boitumelo NPO	Non-profit institution	Home-based care	Yes	1 868	1 868	Not applicable
Bophelong Care Centre	Non-profit institution	Home-based care	Yes	940	940	Not applicable

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	Reasons for the funds unspent by the entity
Cecilia Makiwana Hospice	Non-profit institution	Home-based care	Yes	939	939	Not applicable
Dingleton Community Health Workers	Non-profit institution	Home-based care	Yes	2 097	2 097	Not applicable
Diocese Aids Ministry NPO	Non-profit institution	Home-based care	Yes	2 872	2 872	Not applicable
Diocese of Keimoes Upington	Non-profit institution	Home-based care	Yes	-	-	Not applicable
Drydo Home Based Care	Non-profit institution	Home-based care	Yes	4 976	4 976	Not applicable
Ebener Youth Group	Non-profit institution	Home-based care	Yes	-	-	Not applicable
Education Support Services Trust	Non-profit institution	Home-based care	Yes	2 405	2 405	Not applicable
Grassroot Soccer South Africa	Non-profit institution	Home-based care	Yes	718	718	Not applicable
Hope Christian Home Based Care	Non-profit institution	Home-based care	Yes	1 937	1 937	Not applicable
Hopetown Home Based Care Hospice	Non-profit institution	Home-based care	Yes	1 215	1 215	Not applicable
Hospice Health	Non-profit institution	Home-based care	Yes	1 801	1 801	Not applicable
Kgatelopele NGO	Non-profit institution	Home-based care	Yes	1 385	1 385	Not applicable
Maggie Samboer Hospice	Non-profit institution	Home-based care	Yes	2 289	2 289	Not applicable
Maruping Health Care	Non-profit institution	Home-based care	Yes	5 686	5 686	Not applicable
Masiphile NGO	Non-profit institution	Home-based care	Yes	3 120	3 120	Not applicable
Mobile HIV Councelling & Testing	Non-profit institution	Home-based care	Yes	619	619	Not applicable
Napwa Northern Cape (NGO)	Non-profit institution	Home-based care	Yes	403	403	Not applicable
Phutadichaba Home Based Care	Non-profit institution	Home-based care	Yes	1 378	1 378	Not applicable

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	Reasons for the funds unspent by the entity
Renorsterberg Gemeenskaap Projek	Non-profit institution	Home-based care	Yes	1 445	1 445	Not applicable
The Little Big Soup Kitchen NGO	Non-profit institution	Home-based care	Yes	1 148	1 148	Not applicable
Thusanang Home Based Care	Non-profit institution	Home-based care	Yes	4 529	4 529	Not applicable
Williston Drop in Centre	Non-profit institution	Home-based care	Yes	1 390	1 390	Not applicable
Resego Home Based Care	Non-profit institution	Home-based care	Yes	2 994	2 994	Not applicable
South African National Council	Non-profit institution	Home-based care	Yes	218	218	Not applicable

2.6 Conditional Grants

Conditional grants and earmarked funds paid

The table/s below details the conditional grants and ear marked funds paid during for the period 01 April 2015 to 31 March 2016

Department / Municipality to whom the grant has been transferred	Not Applicable
Purpose of the grant	-
Expected outputs of the grant	-
Actual outputs achieved	-
Amount per amended DORA (R'000)	-
Amount transferred (R'000)	
Reasons if amount as per DORA not transferred	-
Amount spent by the Department/ municipality (R'000)	-
Reasons for the funds unspent by the entity	-
Monitoring mechanism by the transferring department	-

Conditional grants and earmarked funds received

The table/s below details the conditional grants and ear marked funds received during the period 1 April 2015 to 31 March 2016

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 an effective response to HIV and AIDS including universal access to HIV counselling and testing. To support the implementation of the National Operational plan for comprehensive HIV treatment and care. To subsidize in part, funding for the anti-retroviral treatment programme
Expected outputs of the grant	-
Actual outputs achieved	-
Amount per amended DORA (R'000)	372,403
Amount received (R'000)	372,403
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	372,403
Reasons for the funds unspent by the entity	100% spent
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and Quarterly Review

Department who transferred the grant	National Department of Health
Purpose of grant	<ul style="list-style-type: none"> Support provinces to fund service costs associated with training of health science trainees on the public service platform Co-funding of the national human resource plan for health in expanding undergraduate medical education for 2013 and beyond (2025)
Expected outputs of the grant	-
Actual outputs achieved	-
Amount per amended DORA (R'000)	78,445
Amount received (R'000)	78,445
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	78,445
Reasons for the funds unspent by the entity	100% spent
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and Quarterly Review

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 Africa citizens. • To compensate tertiary facilities for the costs associated with provision of these services including cross boundary patients.
Expected outputs of the grant	<ul style="list-style-type: none"> • Provision of designated national tertiary services (T1 & T2 partly) as agreed between the province and the National Department of health.
Actual outputs achieved	Yes
Amount per amended DORA (R'000)	305,477
Amount received (R'000)	305,477
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	301,866
Reasons for the funds unspent by the entity	100% spent
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	<ul style="list-style-type: none"> • Discussion on a monthly basis at hospital senior management meeting. • Discussed at the provincial quarterly review meetings.

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 design (OD), systems and quality assurance (QA) • Supplement expenditure on health infrastructure delivered through public-private partnerships • To enhance capacity to deliver health infrastructure • The Hospital Revitalisation component funds construction, upgrading or replacement of hospitals • The Nursing Colleges and Schools component funds the upgrading of nursing colleges and schools • The Health Infrastructure component funds improvements in all health facilities

Expected outputs of the grant	-
Actual outputs achieved	-
Amount per amended DORA (R'000)	652,231
Amount received (R'000)	652,231
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	608,736
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> • Delays in finalising contract processes by the implementing agent and the department. • The funding of those projects was therefore requested to be rolled over to the next financial year.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and Quarterly Review

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)	1,400
Reasons if amount as per DORA was not received	Due to the slow implementation of the approved project plan.
Amount spent by the Department (R'000)	114
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and Quarterly Review

Department who transferred the grant	National Department of Health
Purpose of grant	<ul style="list-style-type: none"> To incentivise provincial social sector departments identified in the 2012 EPWP log-frame to increase job creation by focusing on the strengthening and expansion of social services programmes that have employment potential.
Expected outputs of the grant	-
Actual outputs achieved	-
Amount per amended DORA (R'000)	6,488
Amount received (R'000)	6,488
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	6,488
Reasons for the funds unspent by the entity	100% spent
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and Quarterly Review

Department who transferred the grant	National Department of Health
Purpose of grant	<ul style="list-style-type: none"> Test innovations in health services provision for implementing NHI, allowing for each district to interpret and design innovations relevant to its specific context. To undertake health system strengthening initiatives. To assess the feasibility, acceptability, effectiveness and affordability of innovative ways of engaging private sector resources for public purposes.
Expected outputs of the grant	-
Actual outputs achieved	-
Amount per amended DORA (R'000)	7,535
Amount received (R'000)	7,535
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	2,599
Reasons for the funds unspent by the entity	<ul style="list-style-type: none"> There was a change in the management structure in the NHI pilot district during June and that did lead to some delays in the procurement of rapid assessment tools, critical training material and roll out of electronic devices at health facilities.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and Quarterly Review

2.7 Donor Funds

Name of donor	National Skills Fund Growth & Development
Full amount of the funding	R105 000
Period of the commitment	Once-off
Purpose of the funding	Training and development donation (cash)
Expected outputs	Training of personnel
Actual outputs achieved	Personnel trained (Bursaries)
Amount received (R'000)	R105 000
Amount spent by the department (R'000)	R105 000
Reasons for the funds unspent	Not applicable
Monitoring mechanism by the donor	Number of personnel trained

Name of donor	Ortho Sol Development (Pty)LTD
Full amount of the funding	R19 000
Period of the commitment	Once-off
Purpose of the funding	Donation (cash)
Expected outputs	Development of KHOOC
Actual outputs achieved	KHOOC operational
Amount received (R'000)	R19 000
Amount spent by the department (R'000)	R19 000
Reasons for the funds unspent	Not applicable
Monitoring mechanism by the donor	Report

Name of donor	Maphalane Disability Trust
Full amount of the funding	R49 000
Period of the commitment	Once-off
Purpose of the funding	Donation (cash)
Expected outputs	Procure assistive devices
Actual outputs achieved	Assistive devices procured
Amount received (R'000)	R49 000
Amount spent by the department (R'000)	R49 000
Reasons for the funds unspent	Not applicable
Monitoring mechanism by the donor	Report

Name of donor	KHC CEO Awards
Full amount of the funding	R55 000
Period of the commitment	Once-off
Purpose of the funding	Donation (cash)
Expected outputs	Host CEO Awards
Actual outputs achieved	-
Amount received (R'000)	R55 000
Amount spent by the department (R'000)	R55 000
Reasons for the funds unspent	Not applicable
Monitoring mechanism by the donor	Report

2.8 Capital Investment

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

Infrastructure projects	2015/16			2014/2015		
	Final Appropriation R'000	Actual Expenditure R'000	Over/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
New and replacement assets	416,832	376,139	40,693	446,000	335,827	110,173
Existing infrastructure assets	208,947	151,201	57,746	27,206	67,988	(40,782)
- Upgrades and additions	106,530	50,285	56,245	11,186	40,117	(28,931)
- Rehabilitation, renovations and refurbishments	-	8,206	-8,206	11,020	547	10,473
- Maintenance and repairs	102,417	92,710	9,707	5,000	27,324	(22,324)
Infrastructure transfer	-	-	-	-	-	-
- Capital	523,362	434,630	88,732	462,020	363,698	98,322
- Current	102,417	92,710	9,707	11,186	40,117	(28,931)
Total	625,779	527,340	98,439	473,206	403,815	69,391

Below are the comments for each of the areas of concern:

Item	Progress
Progress made on implementing the capital, investment and asset management plan	<ul style="list-style-type: none"> 2015/16 Capital Projects were planned and implemented in accordance with the User Asset Management Plan (U-AMP). There were challenges experienced on construction of De Aar Hospital (Phase 3) there was several industrial actions, while the construction of Mental Hospital was affected by several interactions and re-programming of project activities with the Implementing Agent.
Infrastructure projects which have been completed in the current year and the progress in comparison to what was planned at the beginning of the year. Provide reasons for material variances (2% variance)	<ul style="list-style-type: none"> All upgrading projects have been completed. Deviations from the plan were experienced on the implementation of new capital projects due to slow delivery by the Contractors.
Infrastructure projects that are currently in progress (list projects) and when they are expected to be completed	<ul style="list-style-type: none"> Port Nolloth CHC: 2017 Kagung Clinic: 2017 Mental Health Hospital: 2017 De Aar Hospital: 2017
Plans to close down or down-grade any current facilities	Not Applicable

Item	Progress
Progress made on the maintenance of infrastructure	<ul style="list-style-type: none"> • Continuous capacitation of all staff at health facilities on maintenance requirements. • Continuous servicing of fire-fighting equipment. Repairs to buildings and roof structures in accordance with the Conditions Assessment.
Developments relating to the above that are expected to impact on the departments current expenditure	<ul style="list-style-type: none"> • Continuous engagement of all Health District Offices to create awareness on budget allocation for day-to-day maintenance. • This budget forms part of the current budget.
Details as to how asset holdings have changed over the period under review, including information on disposals, scrapping and loss due to theft	<ul style="list-style-type: none"> • Asset ownership has changed a lot with the buying of new furniture and the movement of the old furniture to other offices. • The department has identified assets for disposal, part of which has been evaluated by a service provider for either disposal through auctioning or donation. • A Theft and Losses register is being maintained.
Measures taken to ensure that the departments asset register remained up to date during the period under review	<ul style="list-style-type: none"> • The register has been updated with the new assets bought in the year under review.
The current state of the departments capital assets, for example what percentage is in good, fair or bad condition	<ul style="list-style-type: none"> • 40% of the assets are in excellent condition, 20% in good condition, 20% in fair condition and 20% in bad condition
Major maintenance projects that have been undertaken during the period under review	<ul style="list-style-type: none"> • Old Gordonia Hospital, • Building and roof structures at various facilities, • Standby generators at various facilities, • Fencing and gate-houses.
Progress made in addressing the maintenance backlog during the period under review, for example, has the backlog grown or become smaller? Is the rate of progress according to plan? If not why not, and what measures were taken to keep on track	<ul style="list-style-type: none"> • Continuous capacitation of all staff at health facilities on maintenance requirements. • Improvements are being experienced at facilities that have undergone maintenance. • The challenge that is facing the health facilities management programme is insufficient budget allocation for the day-to-day maintenance by the health facility managers. • Despite the fact that maintenance takes place according to the plan the pace of addressing the backlog remains inadequate.

3. PART C: GOVERNANCE

3.1. Introduction

The public sector plays a major role in society and determines the outcomes it wants to achieve and the different types of interventions. Effective governance in government encourages better decision making and the efficient use of resources and strength accountability for the stewardship of those resources.

Effective governance can also improve management, leading to more effective implementation of the chosen interventions, better service delivery, and, ultimately better outcomes. The department has established committees, policies and procedures aimed at encouraging and monitoring good governance within. Below is a discussion on some of the key governance structures within the Department.

3.2. Risk Management

The Department has an approved Risk Management Policy and Strategy and these have been implemented within the operations of the department. The Risk Management unit is in the process of ensuring risk management becomes and remains a high priority within the department.

The Department will be conducting regular risk assessments to review the risk registers of directorates, districts and facilities. These assessments help the department to better manage risks, and to come up with effective strategies to reduce those risks. These assessments also help in the identification of new emerging risks.

The Risk Management Committee was established and advises management on the issues of Risk Management. The Risk Management Committee also reviews the risk register for the whole department and it decides on the Top Ten risks of the Department.

There has been some progress made with Risk management in the Department, and this has to an extent resulted in the improvement in some areas. There is room for improvement hence our endeavours to continue and strive for better performance. The Risk Management unit is continuously interacting with all relevant stakeholders to ensure that quality improvements are realised.

3.3. Fraud and Corruption

The Department established a fraud and corruption unit and appointed a Director for Security management. Furthermore, the department reviewed its Anti-Fraud and Corruption strategy and the Whistle-Blowing policy to ensure an environment where employees are free to report any activity of fraud and corruption without fear of reprisals.

Security Management is continuously conducting security awareness programmes with regard to the policy documents. These campaigns ensure that employees are aware of procedures and processes to report fraud and corruption within the Department to minimise and eliminate incidents. Recommendations are also made to correct system deficiencies or employee behaviour in line with good governance.

3.4. 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. National Treasury Practice Note 8 of 2007/2008 – 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.

3.5. Code of Conduct

The Department is using the national code of conduct as published by the Department of Public Administration in line with Batho Pele principles. Employees are taken through as induction programme and trained on the explanatory manual on the code of conduct for the public servants, which explain in depth the role of the department and what is expected of each employee.

3.6. Health Safety and Environment Issues

The safety of employees within the Department of Health is of paramount importance. The Health and Safety Health Environment Risk and Quality (SHERQ) Manager as well as health and safety representatives were appointed in an effort to establish, strengthen and streamline safety programmes within department. In order to institutionalise the SHERQ concept in the department information sessions will be conducted for employees throughout the province and all appointed safety representatives will be trained accordingly.

The department also identified employees who will be trained as First Aiders level 1-3, upon completion of training employees will be accredited by the Emergency Medical Service College.

Some strides have been made in approving policies addressing the health and safety of employees viz: SHERQ, The HIV and AIDS, STI and TB in the Workplace as well as the Health Care Waste Management policy.

3.7. Portfolio Committees

The dates of the Portfolio Committee meetings are as follows:

Dates of meeting	Purpose of Meeting
15 April 2015	APP 2015/16 presentation
12 May 2015	Budget speech presentation
25 August 2015	Presentation of 1 st Quarterly report (April – June) 2015/16
23 November 2015	Presentation of 2014/15 Annual Report
24 November 2015	Presentation 2 nd Quarterly report (July – Sept) 2015/16
10 March 2016	3 rd Quarterly presentation (October – December)

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

1st Quarterly Report

RECOMMENDATIONS

The Department must:

- Plan appropriately to remain in the prescribed expenditure framework per quarter.
- Set targets that are smart to ensure the achievement thereof.

REPORTS TO THE COMMITTEE

- Progress report on the improvement on the HIV and TB treatment programmes
- Report on the management and reduction of communicable diseases
- Implementation of internet
- Introduce Medical Male Circumcision in the Integrated School Health Programme
- 75% of procurement is done locally
- Improve empowerment programmes on woman and children
- Improve on challenges in terms of 30 days payment to service providers
- Report on vehicle accidents
- Expedite engagement with relevant stakeholders to ensure that the Integrated School Health programme is realised
- Electronic Data Interface system and internet communication and technology to be fast tracked in facilities.

2nd Quarterly Report

RECOMMENDATIONS

The Department must:

- Plan appropriately to remain in the prescribed expenditure framework per quarter
- Set targets that are Specific, Measurable, Attainable, Realistic, Time bound and aligned to the strategic objectives

REPORTS TO THE COMMITTEE

Report on a quarterly basis on the progress made in terms of the Contract as per the Sector Oversight Model agreement

- Progress report on the improvement on the HIV and TB treatment programmes
- Report on the management and reduction of communicable diseases

- Reports on the introduction of medical male circumcision in the Integrated School Health Programme

3rd Quarterly Report

RECOMMENDATIONS:

The Department must

- Ensure that planned targets conform to the available budget and human resources of the department
- Expedite the recruitment processes to capacitate the human resources unit
- Speedily employ skilled and competent personnel in the supply chain management unit
- Properly plan and put financial control measures in place to prevent over expenditure and accruals
- Ensure that all the assets in the Department are accounted for and that the asset register is regularly updated

REPORTS TO THE COMMITTEE

- A report on the projects that were withdrawn from Department of Roads and Public Works, as well as new projects that were re-awarded to the Department of Roads and Public Works

3.8. SCOPA Resolutions

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
1	Proper planning and management of expenditure	Ensure proper financial planning to effect service delivery and avoid under and over expenditure in different programmes	The Department has : <ul style="list-style-type: none"> • Reprioritised the plans in line with the budget available. • Implemented the recommended actions as contained in the cost Containment document. • Enforced duties & responsibilities of programme managers • Strengthened the authority of the budget committee 	NO
2	Revenue Collection	Assist other facilities to improve on revenue collection	In revenue collection the department has : <ul style="list-style-type: none"> • Rolled out of the Electronic Data Interchange (EDI), to the last two facilities: <ul style="list-style-type: none"> - Kakamas Hospital - Postmasburg Hospital • Developed and implemented patient debt collection strategy. • Strengthened the monthly revenue management forums. 	NO

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
6.	Appointment of Health Professionals	Explore all avenues to ensure that medical practitioners are attracted and retained especially in rural areas	<ul style="list-style-type: none"> The department is in a process of applying for the accreditation of facilities for training in rural areas Tshwaragano hospital has already been accredited for nursing training and upon completion of De Aar Hospital, it will also serve as a training facility for professional Nurses The contract for student nurses will be reviewed in the 2016/17 financial year. The rural allowance will be paid to nurses in the rural areas and proper accommodation will be organised 	NO
7	Retention Strategy	Develop and implement an appropriate strategy to address the intake of nursing students and retention of professional nurses	<ul style="list-style-type: none"> The contract for medical officers will be reviewed in the 2016/17 financial year to ensure retention of doctors. The rural allowance will be paid to medical officers in the rural areas and proper accommodation will be organised. 	NO

3.9. 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
Immovable tangible capital assets: The auditor was unable to obtain sufficient appropriate audit evidence for immovable assets due to the department not providing supporting documentation for audit purposes.	2012	<ul style="list-style-type: none"> The immovable asset register was maintained for the year under review and completed assets were transferred to the Department of Public Works. The department developed an Audit Project Management Plan with all qualification paragraphs converted into projects led by a project champion. Immovable tangible capital assets are project number 1 on the plan.

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>Movable tangible capital assets:</p> <ul style="list-style-type: none"> • This item was overstated in the annual financial statements due to obsolete movable capital assets not written off by the department. • Movable capital assets were not accounted for in accordance with the Modified Cash Standard prescribed by the National Treasury. • The auditors were unable to obtain sufficient appropriate audit evidence for the amount disclosed due to the department providing an inaccurate asset register for audit purposes. 	2012	<ul style="list-style-type: none"> • A service provider has been appointed to assist the department with the process of disposal. • Addition register is updated on a monthly basis • The department developed an Audit Project Management Plan with all qualification paragraphs converted into projects led by a project champion. Movable tangible capital assets are project number 2 on the plan.
<p>Intangible capital assets:</p> <ul style="list-style-type: none"> • Intangible capital assets were understated because they were no recorded in the intangible asset register. • Intangible capital assets were not accounted for in accordance with the Modified Cash Standard prescribed by the National Treasury. • The auditors were unable to obtain sufficient appropriate audit evidence for the amount disclosed due to the department providing an inaccurate asset register for audit purposes. 	2012	<ul style="list-style-type: none"> • Addition register is updated on a monthly basis • All intangible assets are procured through the departmental IT unit • The department developed an Audit Project Management Plan with all qualification paragraphs converted into projects led by a project champion. Intangible capital assets are project number 3 on the plan.
<p>Commitments:</p> <ul style="list-style-type: none"> • Commitments were understated due to commitments not disclosed in accordance with the Modified Cash Standard prescribed by the National Treasury • The auditors were unable to obtain sufficient appropriate audit evidence for bursary commitments 	2014	<ul style="list-style-type: none"> • A bursary commitment register will be developed • Monthly reporting of commitments will be enforced • The department developed an Audit Project Management Plan with all qualification paragraphs converted into projects led by a project champion. Commitments are project number 9 on the plan.
<p>Accruals:</p> <p>Accruals were understated due to accruals not disclosed in accordance with the Modified Cash Standard prescribed by the National Treasury</p>	2012	<ul style="list-style-type: none"> • Monthly reporting of accruals will be enforced • The department developed an Audit Project Management Plan with all qualification paragraphs converted into projects led by a project champion. Accruals are project number 8 on the plan.

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:</p> <ul style="list-style-type: none"> Irregular expenditure was understated due to payments made in contravention of numerous laws and regulations The approved delegations were included in the irregular expenditure as required by the Modified Cash Standard prescribed by the National Treasury 	2011	<ul style="list-style-type: none"> Management of irregular expenditure registers will be enforced Monthly reporting of irregular expenditure will also be enforced The department developed an Audit Project Management Plan with all qualification paragraphs converted into projects led by a project champion. Irregular expenditure is project number 4 on the plan
<p>Fruitless and wasteful expenditure:</p> <ul style="list-style-type: none"> The department did not have an adequate system to identify and record fruitless and wasteful expenditure as required by the Modified Cash Standard prescribed by the National Treasury 	2012	<ul style="list-style-type: none"> Management of fruitless and wasteful expenditure registers will be enforced Monthly reporting of fruitless and wasteful expenditure will also be enforced The department developed an Audit Project Management Plan with all qualification paragraphs converted into projects led by a project champion. Fruitless and wasteful expenditure is project number 5 on the plan
<p>Accrued departmental revenue:</p> <ul style="list-style-type: none"> Accrued departmental revenue was understated Weaknesses in the system prevented the auditors from determining the extent of the error. 		<ul style="list-style-type: none"> The department developed an Audit Project Management Plan with all qualification paragraphs converted into projects led by a project champion. Accrued departmental revenue is project number 6 on the plan
<p>Employee-related cost:</p> <ul style="list-style-type: none"> The employee related costs were misstated due to the department not having adequate controls over employee costs. The auditors were unable to obtain sufficient appropriate audit evidence for overtime. 	2011	<ul style="list-style-type: none"> The department developed an Audit Project Management Plan with all qualification paragraphs converted into projects led by a project champion. Employee related cost is project number 7 on the plan

3.10. Internal Control Unit

The Audit and Internal Control unit's primary objective is to facilitate in the process of achieving and improvement in the department's audit outcome. The unit facilitated communication between the department and the Auditor General in order to provide a central point of contact for information requests and communications. The unit is also responsible to review all submissions to the auditors to ensure quality and consistency.

The unit also facilitated communication in the same manner as with the external auditors, between the department and the Shared Internal Audit for all internal audits conducted during the year.

Once the unit's capacity is expanded, it will be able to expand its activities into regular reviews of systems and procedures (both financial and performance related) within the department.

3.11. Internal Audit and Audit Committees

Key activities and objectives of the internal audit:

The Executive Council of the Northern Cape Provincial Government has established a 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 Financial Statements review
- Asset management
- Audit of Performance Information
- Conditional Grant Controls review
- Departmental fleet management
- District Health Plan – operational review
- Emergency Medical Services – fleet management
- Emergency Medical Services – operational review
- Ethics, code of conduct and governance structures
- Fraud Risk evaluation
- Human Resource Management - Labour relations
- Human Resource Management – Leave management
- Human Resource Management – Recruitment and selection
- Information Technology Governance review
- Interim Financial Statements review
- Management Performance Assessment Tool certification
- Mortuary - operational review
- 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.

3.12 Audit Committee

Key activities and objectives of the audit committee:

The Executive Council of the Northern Cape Provincial Government has established Cluster Audit Committees for the 12 Provincial Departments. The Health Cluster Audit Committee deals with 3 departments including the Department of Health. The Audit Committee assists the department by providing advice relating to the reporting process, the system of internal control, the risk management processes, the internal and external audit process and the departments processes for monitoring compliance with laws and regulations and the code of conduct.

The Audit Committee consists of the members listed below. It meets as frequent as mandated by the approved Audit Committee charter and as often as it deems necessary.

During the financial year under review, 4 meetings were convened as per its charter.

The table below discloses relevant information on the audit committee members.

Audit committee membership and attendance up to 31 March 2016:

Name	Qualifications	Internal or external	If internal, position in the department	Date appointed	Date Re-signed	No. of Meetings attended
Bongani Ngqola	Post Graduate Diploma in Business Management, Certified Information Systems Auditor (CISA), Higher Diploma in Computer Auditing, Bachelor of Commerce (Information Systems)	External	n/a	2 Dec 2014	n/a	5
Frans van Der Westhuizen	LLB, B juris, Dip Juris	External	n/a	2 Dec 2014	n/a	5
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	12 Dec 2014	n/a	5
Bafedile Lenkoe	Magister in public administration (MPA)	Internal	Chief Director	12 Dec 2014	n/a	2
Phemelo Kegakilwe	Bachelor of Veterinary Medicine and Surgery	Internal	Acting Chief Director	12 Dec 2014	n/a	3

Audit Committee Report

We are pleased to present our report for the financial year ended 31 March 2016.

Audit Committee Responsibility

The Audit Committee reports that it has complied with its responsibilities arising from Section 38 (1) (a) (ii) of the Public Finance Management Act and Treasury Regulation 3.1.13. The Audit Committee also reports that it has adopted appropriate formal terms of reference as its Audit Committee Charter, has regulated its affairs in compliance with this charter and has discharged all its responsibilities as contained therein.

The Effectiveness of Internal Control

The Audit Committee noted with concern the weaknesses in the system of internal control in the Department of Health. The weakness of system of internal control is attributed from the lack of proper governance and leadership challenges. There is a need for significant improvement for the system of internal control in the areas of Internal Control, Risk Management and Compliance.

Internal Audit Effectiveness

The internal audit function carries its mandate according to the Internal Audit charter approved by the Audit Committee. Internal Audit function is responsible for an independent and objective evaluation of the system of internal control. The Internal Audit is required to identify and report any significant internal control risks and exposure to the attention of Department senior management and the Audit Committee.

The Audit Committee notes with satisfaction the independence and objectivity of Internal Audit function. The Internal Audit function has identified and reported through comprehensive internal audit reporting the significant control weaknesses to management and the Audit Committee.

A Combined Assurance Plan has been developed for the department and Internal Audit coordinated its assurance efforts with those of the Auditor-General South Africa.

Internal Audit function has also undergone an external evaluation by the IIASA and has successfully implemented the recommendations that came out of the external review

Risk management

The Northern Cape Department of Health has established and implemented a Risk Management system. The Audit Committee made several recommendations which were being implemented during the year under review. However, the appointment of an independent risk management committee chairperson remains a challenge.

In-Year Management and Monthly/Quarterly Report

The department has been reporting monthly and quarterly to the relevant Treasury as is required by the PFMA.

Evaluation of Financial Statements

The Audit Committee has reviewed and noted with concern the annual financial statements prepared by the Department for the year under review. The Audit Committee noted that, although there is improvement of the Annual Financial Statements from the previous financial years, there is still a need for significant improvement.

Auditor-General's Report

Report of the Audit Committee

We are pleased to present our report for the financial year ended 31 March 2016.

Audit Committee Responsibility

The Audit Committee reports that it has complied with its responsibilities arising from Section 38 (1) (a) (ii) of the Public Finance Management Act and Treasury Regulation 3.1.13. The Audit Committee also reports that it has adopted appropriate formal terms of reference as its Audit Committee Charter, has regulated its affairs in compliance with this charter and has discharged all its responsibilities as contained therein.

The Effectiveness of Internal Control

The Audit Committee noted with concern the weaknesses in the system of internal control in the Department of Health. 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 Internal Control, Risk Management and Compliance.

Internal Audit Effectiveness

The internal audit function carries its mandate according to the Internal Audit charter approved by the Audit Committee and in line with the Standards of Professional Practice in Internal Auditing. Internal Audit function is responsible for an independent and objective evaluation of the system of internal control.

The Audit Committee notes with satisfaction the independence and objectivity of Internal Audit function. Internal Audit function performed, completed and reported all audit projects as per the internal audit operational plan approved by the Audit Committee. To the satisfaction of the Audit Committee, the Internal audit function has provided assurance on the adequacy and effectiveness of controls, advisory services to management and management committees, and consulting services, in the form of special and ad-hoc assignments to the Audit Committee.

Risk management

The Northern Cape Department of Health has an established Risk Management process, however the process is not yet matured and still has a number of weaknesses. Audit Committee made several recommendations which were being implemented during the year under review. The absence of an independent risk management committee chairperson, 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.

In-Year Management and Monthly/Quarterly Report

The department has been reporting monthly and quarterly to the relevant Treasury as is required by the PFMA.

Evaluation of Financial Statements

Whereas, the Audit Committee has reviewed and noted with concerns issues in the annual financial statements prepared by the Department, the financial statements were not received in time by Audit Committee for review and required material adjustment prior to submission to the Auditor-General. The Audit Committee noted that, although there is improvement of the Annual Financial Statements from the previous financial years, there is still a need for significant improvement.

Auditor-General's Report

The Department was not successful in eradicating all the qualifications and other reporting areas due to the complex nature of health challenges and weak system of internal controls and management challenges. However, for the year under review the department was able to move from 8 qualification areas to 5 qualification areas and a minor reduction in other matters reported by the Auditor-General.

The Audit Committee concurs and accepts the conclusions of the Auditor-General on the annual financial statements and recommends that the audited annual financial statements be accepted and read together with the report of the Auditor-General.

The Audit Committee is satisfied with the independence of the External Auditor from the department and the commitment to keep Audit Committee informed on the audit affairs of the Department.



Bongani Ngqola
Chairperson of the Audit Committee
Department of Health

08 August 2016

4. PART D: HUMAN RESOURCE MANAGEMENT

4.1. INTRODUCTION

Status of Human Resource in the department

Human resource management is one of the key pillars in our organisation and the role that it plays in providing an effective and efficient health system cannot be overemphasized. However this requires ensuring sufficiently skilled staff is in place and if their performance and productivity are properly managed. It is with this view that we developed the human resource plan for the Medium Term Expenditure Framework period of 2015/16-2017/18 as part of the process to address both the current and future workforce needs of the department towards achieving our organisational goals.

Department of Monitoring and evaluation in the office of the presidency has since launched the management performance assessment tool; this is a tool that is aimed at improving performance and service delivery in the Public Service. One of the key performance areas that are being assessed relates to practices around human resource management which has about eleven service standards that are being assessed to determine the level of compliance.

High vacancy rate in some of the critical occupations in the department remains a key challenge; it is with this view that we have introduced a concept of the block advert that seeks to capture these challenges and turn them into opportunities by offering job opportunities to the citizen of Northern Cape.

Priorities and their impact

• Review and align the provincial human resource plan with the service delivery platform

The department has an approved Human Resource Plan for the MTEF period of 2015/16-2017/18 which is aimed addressing current and future workforce over the MTEF period. The plan has been used as a tool of ensuring that capacity issues are adequately addressed across all occupations within the department as well as informing the recruitment and retention strategies.

• Improve performance management and development systems and processes

The aim of performance management is to optimise every employee's output in terms of quality and quantity with the aim of improving the departments overall performance and service delivery. As a first step of addressing these we embarked on a process of reviewing all job description and linking them to the job functions, this has enabled us to measure performance and linking them to the job outputs. We also conducted workshops as part introducing Performance Management Development System as a performance management tool as opposed to an incentive as is currently perceived.

• Workforce planning and key strategies to attract and recruit a skilled and capable workforce

The National Director General has called on employment in health to be seen as one of huge contribution in the sector. As part of creating an building sustainable resources an capacity building we have awarded bursaries to the prospective students form poor communities/families in the province who are interested in studying towards health professions with the aim that they will be permanently employed post their studies.

• Employee wellness programmes

The role played by wellness management in providing individual and organisational wellness which focuses on improving the life balance plays a fundamental role in the performance of employees. Infrastructural challenges and budgetary constraints remain key root courses towards the unit achieving its operational targets and programme goals. In the interim we are using the wellness centre in Kimberley Hospital for some of the key activities or functions that the unit needs to render. The appointment of Senior Managers as health and safety representatives was one of the key milestones achieved, however the appointment of SHERQ representatives will play a significant role towards the unit realising its strategic role and improving on its service delivery mandates.

Challenges and Measures planned to overcome them:

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none"> Over Expenditure of the Health Professional Training and Development Grant due to incremental spending in awarding of bursaries. 	<ul style="list-style-type: none"> Develop a business plan for 2016/17 with a separate budget for bursaries. Submit budget bidding to Treasury for application of new funding for bursaries.
<ul style="list-style-type: none"> Management of leave with regard to the following: <ul style="list-style-type: none"> Over granting of leave and implications thereof Understanding of the different types of leave PILIR process not adhered to in respect of deadlines 	<ul style="list-style-type: none"> Develop a training plan for the implementation of the policies to address all the identified areas.
<p>Non adherence to Performance Management Development system:</p> <ul style="list-style-type: none"> Non- compliance to deadlines of submitting documents Misunderstanding on the application of the policy Prolonged moderation process 	<ul style="list-style-type: none"> The districts to be given the autonomy to manage the EPMDS system while the provincial office will conduct the oversight role. Conduct training on the policy, moderation process and system of PMDS.
<ul style="list-style-type: none"> To reduce the high vacancy rate which is a result of vacant and unfunded posts in the establishment 	<ul style="list-style-type: none"> All unfunded posts before 1st April 2014 be abolished.

4.2. HUMAN RESOURCE OVERSIGHT STATISTICS

3.1. Personnel related expenditure

TABLE 3.1.1. Personnel expenditure by programme for the period 1 April 2015 and 31 March 2016

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	196 593	97 941	0	0	49.8	14
Central Hospital services	824 938	532 616	0	0	64.6	78
District Health Services	1 565 809	895 489	0	0	57.2	131
Emergency Medical Services	255 682	152 955	0	0	59.8	22
Health Care Support Services	111 558	58 336	0	0	52.3	9
Health Facilities Management	479 510	8 055	0	0	1.7	1
Health Sciences and Training	86 992	26 117	0	0	30	4
Provincial Hospital Services	321 675	189 031	0	0	58.8	28
Total as on Financial Systems (BAS)	3 842 756	1 960 540	0	0	51	287

TABLE 3.1.2. Personnel costs by salary bands for the period 1 April 2015 and 31 March 2016

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
Lower Skilled (Levels 1-2)	347	0	49 571	1 965 510
Skilled (Levels 3-5)	539 397	27.4	154 113	1 965 510
Highly Skilled Production (Levels 6-8)	411 690	20.9	268 202	1 965 510
Highly Skilled Supervision (Levels 9-12)	645 705	32.9	531 882	1 965 510
Senior Management (Levels 13-16)	118 948	6.1	1 383 116	1 965 510
Contract (Levels 3-5)	11 728	0.6	5 864 000	1 965 510
Contract (Levels 6-8)	47 428	2.4	224 777	1 965 510
Contract (Levels 9-12)	146 594	7.5	538 949	1 965 510
Contract (Levels 13-16)	23 009	1.2	1 769 923	1 965 510
Periodical Remuneration	4 291	0.2	147 966	1 965 510
Abnormal Appointment	3 603	0.2	16 377	1 965 510
TOTAL	1952740	99.4	275461	1 965 510

TABLE 3.1.3 Salaries, Overtime, Home Owners Allowance and Medical Assistance by programme for the period 1 April 2015 and 31 March 2016

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	Total Personnel Cost per Programme (R'000)
Administration	75508	75.4	1141	1.1	1824	1.8	3049	3	100196
Central Hospital Services	375563	70.1	69262	12.9	9727	1.8	14439	2.7	535372
District Health Services	643641	71.7	23545	2.6	25394	2.8	29865	3.3	897349
Emergency Medical Services	99389	65.8	8551	5.7	6549	4.3	7553	5	151142
Health Care Support Services	40537	70.2	3310	5.7	1891	3.3	3045	5.3	57735
Health Facilities Management	6961	60	0	0	68	0.6	151	1.3	11598
Health Sciences	18811	71.6	2686	10.2	337	1.3	516	2	26283
Provincial Hospital Services	135126	72.7	10961	5.9	5762	3.1	5267	2.8	185835
TOTAL	1395536	71	119456	6.1	51552	2.6	63885	3.3	1965510

TABLE 3.1.4- Salaries, Overtime, Home Owners Allowance and Medical Assistance by salary band for the period 1 April 2015 and 31 March 2016

Salary bands	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	75508	75.4	1141	1.1	1824	1.8	3049	3
Central Hospital Services	375563	70.1	69262	12.9	9727	1.8	14439	2.7
District Health Services	643641	71.7	23545	2.6	25394	2.8	29865	3.3
Emergency Medical Services	99389	65.8	8551	5.7	6549	4.3	7553	5
Health Care support services	40537	70.2	3310	5.7	1891	3.3	3045	5.3
Health facilities management	6961	60	0	0	68	0.6	151	1.3
Health sciences	18811	71.6	2686	10.2	337	1.3	516	2
Provincial hospital services	135126	72.7	10961	5.9	5762	3.1	5267	2.8
TOTAL	1395536	71	119456	6.1	51552	2.6	63885	3.3

3.2 Employment and Vacancies

TABLE 3.2.1 – Employment and vacancies by programme as on 31 March 2016

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of posts filled additional to the establishment
Administration, Permanent	428	269	37.1	0
Central Hospital Services, Permanent	1768	1483	16.1	0
Central Hospital Services, Temporary	11	17	-54.5	0
District Health Services, Permanent	4502	3213	28.6	0
District Health Services, Temporary	35	36	-2.9	0
Emergency Medical Services, Permanent	900	796	11.6	0
Emergency Medical Services, Temporary	3	3	0	0
Health Care Support Services, Permanent	314	228	27.4	0
Health Care Support Services, Temporary	1	1	0	0
Health Facilities Management, Permanent	21	19	9.5	3
Health Sciences, Permanent	78	47	39.7	0
Provincial Hospital Services, Permanent	959	728	24.1	0
TOTAL	9020	6840	24.2	3

TABLE 3.2.2 Employment and vacancies by salary band as on 31 March 2016

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of posts filled additional to the establishment
Lower Skilled (Levels 1-2), Permanent	23	10	56.5	0
Lower Skilled (Levels 1-2), Temporary	6	6	0	0
Skilled (Levels 3-5), Permanent	4576	3492	23.7	0
Skilled (Levels 3-5), Temporary	4	6	-50	0
Highly Skilled Production (Levels 6-8), Permanent	1989	1515	23.8	0
Highly Skilled Production (Levels 6-8), Temporary	15	18	-20	0
Highly Skilled Supervision (Levels 9-12), Permanent	1758	1183	32.7	0
Highly Skilled Supervision (Levels 9-12), Temporary	24	26	-8.3	0
Senior Management (Levels 13-16), Permanent	126	85	32.5	0

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of posts filled additional to the establishment
Senior Management (Levels 13-16), Temporary	1	1	0	0
Contract (Levels 3-5), Permanent	2	2	0	0
Contract (Levels 6-8), Permanent	211	211	0	0
Contract (Levels 9-12), Permanent	272	272	0	3
Contract (Levels 13-16), Permanent	13	13	0	0
TOTAL	9020	6840	24.2	3

TABLE 3.2.3 – Employment and vacancies by critical occupations as on 31 March 2016

Critical Occupations	Number of Posts on approved establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Administrative related, Permanent	200	124	38	0
All artisans in the building metal machinery etc., Permanent	10	5	50	0
Ambulance and related workers, Permanent	778	705	9.4	0
Architects town and traffic planners, Permanent	1	1	0	1
Archivists curators and related professionals, Permanent	1	1	0	0
Artisan project and related superintendents, Permanent	17	11	35.3	0
Auxiliary and related workers, Permanent	161	118	26.7	0
Biochemistry Pharmacologist Zoology & Life Science Technician, Permanent	6	4	33.3	0
Boiler and Related Operators, Permanent	1	0	100	0
Building and Other Property Caretakers, Permanent	14	2	85.7	0
Bus and Heavy Vehicle Drivers, Permanent	34	18	47.1	0
Cleaners in Offices Workshops Hospitals etc., Permanent	1008	771	23.5	0
Cleaners in Offices Workshops Hospitals etc., Temporary	2	2	0	0
Client Information Clerks (Switchboard Receptionist Clerks), Permanent	28	21	25	0
Community Development Workers, Permanent	2	2	0	0

Critical Occupations	Number of Posts on approved establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Computer Programmers., Permanent	1	1	0	0
Dental Practitioners, Permanent	53	42	20.8	0
Dental Specialists, Permanent	1	1	0	0
Dental Technicians, Permanent	1	1	0	0
Dental Therapy, Permanent	12	8	33.3	0
Dieticians and Nutritionists, Permanent	85	61	28.2	0
Dieticians and Nutritionists, Temporary	1	1	0	0
Electrical and Electronics Engineering Technicians, Permanent	3	0	100	0
Emergency Services Related, Permanent	66	56	15.2	0
Engineering Sciences Related, Permanent	2	2	0	1
Engineers and Related Professionals, Permanent	9	7	22.2	1
Environmental Health, Permanent	38	19	50	0
Finance and Economics related, Permanent	1	1	0	0
Financial and Related professionals, Permanent	6	5	16.7	0
Financial Clerks and Credit controllers, Permanent	80	32	60	0
Food Services Aids and Waiters, Permanent	97	68	29.9	0
Food Services Workers, Permanent	5	4	20	0
General Legal Administration & Rel. professionals, Permanent	1	1	0	0
Head of Department/Chief Executive Officer, Permanent	1	1	0	0
Health Sciences Related, Permanent	20	11	45	0
Household and Laundry Workers, Permanent	216	143	33.8	0
Housekeepers Laundry and Related Workers, Permanent	7	5	28.6	0
Human Resources & Organizational Development & Relate Prof, Permanent	3	1	66.7	0
Human Resources Clerks, Permanent	6	5	16.7	0

Critical Occupations	Number of Posts on approved establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Human Resources Related, Permanent	2	1	50	0
Information Technology Related, Permanent	12	4	66.7	0
Leather Workers, Permanent	1	1	0	0
Legal Related, Permanent	2	1	50	0
Library Mail and Related clerks, Permanent	3	2	33.3	0
Light Vehicle Drivers, Permanent	48	39	18.8	0
Material-Recording and Transport Clerks, Permanent	7	5	28.6	0
Medical Practitioners, Permanent	567	432	23.8	0
Medical Practitioners, Temporary	33	36	-9.1	0
Medical Research and Related Professionals, Permanent	2	1	50	0
Medical Specialists, Permanent	46	14	69.6	0
Medical Specialists, Temporary	7	11	-57.1	0
Medical Technicians/ Technologists, Permanent	9	7	22.2	0
Messengers Porters and Deliverers, Permanent	133	114	14.3	0
Motor Vehicle Drivers, Permanent	3	2	33.3	0
Nursing Assistants, Permanent	1064	884	16.9	0
Occupational Therapy, Permanent	78	52	33.3	0
Occupational Therapy, Temporary	2	2	0	0
Optometrists and Opticians, Permanent	4	3	25	0
Oral Hygiene, Permanent	2	2	0	0
Other Administration & related clerks and Organisers, Permanent	1043	708	32.1	0
Other Administrative policy and related officers, Permanent	114	94	17.5	0
Other information technology personnel., Permanent	32	8	75	0
Other occupations, Permanent	19	18	5.3	0
Pharmaceutical assistants, Permanent	46	38	17.4	0

Critical Occupations	Number of Posts on approved establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Pharmacists, Permanent	208	150	27.9	0
Pharmacologists pathologists & related professional, Permanent	7	0	100	0
Physiotherapy, Permanent	91	58	36.3	0
Printing and related machine operators, Permanent	2	2	0	0
Professional nurse, Permanent	1882	1456	22.6	0
Professional nurse, Temporary	3	3	0	0
Psychologists and vocational counsellors, Permanent	26	19	26.9	0
Psychologists and vocational counsellors, Temporary	1	1	0	0
Radiography, Permanent	131	101	22.9	0
Radiography, Temporary	1	1	0	0
Secretaries & other keyboard operating clerks, Permanent	6	5	16.7	0
Security guards, Permanent	4	1	75	0
Security officers, Permanent	2	2	0	0
Senior managers, Permanent	24	14	41.7	0
Shoemakers, Permanent	1	1	0	0
Social work and related professionals, Permanent	28	21	25	0
Speech therapy and audiology, Permanent	53	36	32.1	0
Staff nurses and pupil nurses, Permanent	260	207	20.4	0
Supplementary diagnostic radiographers, Permanent	1	1	0	0
Trade laborers, Permanent	30	21	30	0
Trade/industry advisers & other related profession, Permanent	2	0	100	0
TOTAL	9020	6840	24.2	3

3.3. Filling of SMS Posts

TABLE 3.3.1 SMS post information as on 31 March 2016

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	33	22	67%	11	33%
14	6	6	100%	0	0%
15	1	1	100%	0	0%
16	1	1	100%	0	0%

TABLE 3.3.2 SMS post information as on 30 September 2015

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	33	20	60%	13	40%
14	6	6	100%	0	0
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 2015 and 31 March 2016

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	2	2	100%	0	0

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 2015 and 31 March 2016

Reasons for vacancies not advertised within six months
<ul style="list-style-type: none"> • Lack of capacity within the Human Resource Component; • Slow implementation of Departmental Human Resource Plan and 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"> • Inability of the Department to source applicants with the minimum requirements for the vacancies identified and human resource delegation not aligned to the requirements of Department 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 2015 and 31 March 2016

Reasons for vacancies not advertised within six months
<ul style="list-style-type: none"> • None.

Reasons for vacancies not advertised within six months
<ul style="list-style-type: none"> • Not applicable.

3.4. JOB EVALUATION

TABLE 3.4.1 Job Evaluation by Salary band for the period 1 April 2015 and 31 March 2016

Salary band	Number of posts on approved establishment	Number of Jobs Evaluated	% of posts evaluated by salary bands	Posts Upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
Lower skilled (Levels 1-2)	29	0	0	0	0	0	0%
Contract (Levels 3-5)	2	0	0	0	0	0	0%
Contract (Levels 6-8)	211	0	0	0	0	0	0%

Salary band	Number of posts on approved establishment	Number of Jobs Evaluated	% of posts evaluated by salary bands	Posts Upgraded		Posts downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
Contract (Levels 9-12)	272	0	0	0	0	0	0%
Contract (Band A)	2	0	0	0	0	0	0%
Contract (Band B)	10	0	0	0	0	0	0%
Contract (Band D)	1	0	0	0	0	0	0%
Skilled (Levels 3-5)	4580	2	0.04%	2	0.04%	0	0%
Highly skilled production (Levels 6-8)	2004	3	0.15%	0	0	0	0%
Highly skilled supervision (Levels 9-12)	1782	8	4.4%	1	0.05%	1	0.05%
Senior Management Service Band A	66	2	3.3	0	0	0	0%
Senior Management Service Band B	26	0	0	0	0	0	0%
Senior Management Service Band C	32	0	0	0	0	0	0%
Senior Management Service Band D	3	0	0	0	0	0	0%
TOTAL	9020	15	8.24%	3	0.9%	1	0.5%

TABLE 3.4.2. Profile of employees whose salary positions were upgraded due to their posts being upgraded for the period 1 April 2015 and 31 March 2016

Beneficiary	African	Asian	Coloured	White	Total
Female	47	0	34	0	81
Male	31	0	17	0	48
Total	78	0	51	0	129
Employees with a disability					0

TABLE 3.4.3. Employees with salary levels higher than those determined by job evaluation by Occupation for the period 1 April 2015 and 31 March 2016

TABLE 3.4.4 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2015 and 31 March 2016

Total Number of Employees whose salaries exceeded the grades determined by job evaluation in 2015/16	-
---	---

3.5. Employment changes

Table 3.5.1 – Annual turnover rates by salary band for the period 1 April 2015 and 31 March 2016

Salary Band	Number of Employees at Beginning of period April 2014	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Lower skilled (Levels 1-2), Permanent	1	0	0	0
Lower skilled (Levels 1-2), Temporary	7	0	0	0
Skilled (Levels 3-5), Permanent	3453	176	165	4.8
Skilled (Levels 3-5), Temporary	7	0	0	0
Highly skilled production (Levels 6-8), Permanent	1435	92	125	8.7
Highly skilled production (Levels 6-8), Temporary	18	0	1	5.6
Highly skilled supervision (Levels 9-12), Permanent	1184	85	124	10.5
Highly skilled supervision (Levels 9-12), Temporary	23	0	2	8.7
Senior Management Service Band A, Permanent	48	4	3	6.3
Senior Management Service Band A, Temporary	2	0	2	100
Senior Management Service Band B, Permanent	9	0	0	0
Senior Management Service Band B, Temporary	1	0	0	0
Senior Management Service Band C, Permanent	21	0	2	9.5
Senior Management Service Band D, Permanent	2	0	0	0
Contract (Levels 3-5), Permanent	146	15	4	2.7
Contract (Levels 6-8), Permanent	169	196	117	69.2
Contract (Levels 9-12), Permanent	253	185	122	48.2
Contract (Band A), Permanent	11	2	2	18.2
Contract (Band B), Permanent	3	0	1	33.3
Contract (Band C), Permanent	1	0	1	100
TOTAL	6794	755	671	9.9

TABLE 3.5.2 – Annual turnover rates by critical occupation for the period 1 April 2015 and 31 March 2016

Critical Occupation	Number of employees at beginning of period April 2014	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Administrative related, Permanent	127	5	8	6.3
All artisans in the building metal machinery etc., Permanent	5	0	0	0
Ambulance and related workers, Permanent	724	15	26	3.6
Architects town and traffic planners, Permanent	1	0	0	0
Archivists curators and related professionals, Permanent	1	0	0	0
Artisan project and related superintendents, Permanent	9	2	0	0
Auxiliary and related workers, Permanent	117	2	5	4.3
Biochemistry pharmacologist zoology & life science technician, Permanent	4	0	0	0
Building and other property caretakers, Permanent	4	0	2	50
Bus and heavy vehicle drivers, Permanent	18	0	0	0
Cleaners in offices workshops hospitals etc., Permanent	798	30	54	6.8
Cleaners in offices workshops hospitals etc., Temporary	3	0	0	0
Client inform clerks(switchboard receptionist inform clerks), Permanent	21	0	0	0
Community development workers, Permanent	2	0	0	0
Computer programmers., Permanent	1	0	0	0
Computer system designers and analysts., Permanent	1	0	0	0
Dental practitioners, Permanent	43	14	16	37.2

Critical Occupation	Number of employees at beginning of period April 2014	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Dental specialists, Permanent	1	0	0	0
Dental technicians, Permanent	1	0	0	0
Dental therapy, Permanent	9	0	1	11.1
Dieticians and nutritionists, Permanent	54	13	8	14.8
Dieticians and nutritionists, Temporary	1	0	0	0
Emergency services related, Permanent	59	0	3	5.1
Engineering sciences related, Permanent	2	0	0	0
Engineers and related professionals, Permanent	7	0	1	14.3
Environmental health, Permanent	24	6	10	41.7
Finance and economics related, Permanent	1	0	0	0
Financial and related professionals, Permanent	5	0	1	20
Financial clerks and credit controllers, Permanent	26	7	1	3.8
Food services aids and waiters, Permanent	76	2	10	13.2
Food services workers, Permanent	4	0	0	0
General legal administration & rel. professionals, Permanent	1	0	0	0
Head of department/ chief executive officer, Permanent	1	0	0	0
Health sciences related, Permanent	13	0	2	15.4
Household and laundry workers, Permanent	157	1	17	10.8
Housekeepers laundry and related workers, Permanent	5	0	0	0
Human resources & Organizational Development & relate prof, Permanent	1	0	0	0
Human resources clerks, Permanent	4	0	1	25
Human resources related, Permanent	1	0	0	0

Critical Occupation	Number of employees at beginning of period April 2014	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Information technology related, Permanent	4	0	0	0
Leather workers, Permanent	1	0	0	0
Legal related, Permanent	1	0	0	0
Library mail and related clerks, Permanent	2	0	0	0
Light vehicle drivers, Permanent	39	0	1	2.6
Material-recording and transport clerks, Permanent	5	0	0	0
Medical practitioners, Permanent	401	153	98	24.4
Medical practitioners, Temporary	38	0	5	13.2
Medical research and related professionals, Permanent	1	0	0	0
Medical specialists, Permanent	16	2	3	18.8
Medical specialists, Temporary	10	0	0	0
Medical technicians/ technologists, Permanent	6	2	0	0
Messengers porters and deliverers, Permanent	112	4	2	1.8
Motor vehicle drivers, Permanent	2	0	0	0
Nursing assistants, Permanent	880	89	54	6.1
Occupational therapy, Permanent	66	21	35	53
Occupational therapy, Temporary	2	0	0	0
Optometrists and opticians, Permanent	1	2	0	0
Oral hygiene, Permanent	2	0	0	0
Other administration & related clerks and Organizers, Permanent	678	28	15	2.2
Other administrative policy and related officers, Permanent	103	3	7	6.8
Other information technology personnel, Permanent	13	0	1	7.7
Other occupations, Permanent	21	0	3	14.3

Critical Occupation	Number of employees at beginning of period April 2014	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover Rate
Pharmaceutical assistants, Permanent	39	2	2	5.1
Pharmacists, Permanent	153	48	52	34
Pharmacologists pathologists & related professional, Permanent	1	0	0	0
Physiotherapy, Permanent	63	22	26	41.3
Printing and related machine operators, Permanent	2	0	0	0
Professional nurse, Permanent	1348	211	136	10.1
Professional nurse, Temporary	3	0	0	0
Psychologists and vocational counsellors, Permanent	16	8	4	25
Psychologists and vocational counsellors, Temporary	1	0	0	0
Radiography, Permanent	107	19	22	20.6
Secretaries & other keyboard operating clerks, Permanent	4	1	0	0
Security guards, Permanent	2	0	1	50
Security officers, Permanent	2	0	0	0
Senior managers, Permanent	14	1	2	14.3
Shoemakers, Permanent	1	0	0	0
Social work and related professionals, Permanent	21	0	2	9.5
Speech therapy and audiology, Permanent	32	20	17	53.1
Staff nurses and pupil nurses, Permanent	223	22	14	6.3
Supplementary diagnostic radiographers, Permanent	2	0	0	0
Trade Laborers, Permanent	24	0	3	12.5
TOTAL	6794	755	671	9.9

Table 3.5.3 – Reasons why staff left the department for the period 1 April 2015 and 31 March 2016

Termination Type	Number	% of total resignation
Death, Permanent	29	4.3
Resignation, Permanent	249	37.1
Resignation, Temporary	1	0.1
Expiry of contract, Permanent	246	36.7
Expiry of contract, Temporary	4	0.6
Discharged due to ill health, Permanent	6	0.9
Dismissal-misconduct, Permanent	17	2.5
Retirement, Permanent	119	17.7
TOTAL	671	100

Table 3.5.4 Promotions by critical occupation for the period 1 April 2015 and 31 March 2016

Occupation	Employees as at 1 April 2014	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	127	5	3.9	48	37.8
All artisans in the building metal machinery etc.	5	0	0	4	80
Ambulance and related workers	724	13	1.8	200	27.6
Architects town and traffic planners	1	0	0	0	0
Archivists curators and related professionals	1	0	0	1	100
Artisan project and related superintendents	9	0	0	9	100
Auxiliary and related workers	117	0	0	58	49.6
Biochemistry Pharmacologist zoology & life science Technicians	4	0	0	2	50
Building and other property caretakers	4	0	0	2	50
Bus and heavy vehicle drivers	18	0	0	8	44.4
Cleaners in offices workshops hospitals etc.	801	0	0	537	67
Client inform clerks(switchboard receptionist inform clerks)	21	0	0	5	23.8

Occupation	Employees as at 1 April 2014	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
Community development workers	2	0	0	1	50
Computer programmers.	1	0	0	1	100
Computer system designers and analysts.	1	0	0	0	0
Dental practitioners	43	3	7	12	27.9
Dental specialists	1	0	0	0	0
Dental technicians	1	0	0	0	0
Dental therapy	9	0	0	3	33.3
Dieticians and nutritionists	55	1	1.8	19	34.5
Emergency services related	59	0	0	15	25.4
Engineering sciences related	2	0	0	0	0
Engineers and related professionals	7	0	0	3	42.9
Environmental health	24	0	0	2	8.3
Finance and economics related	1	0	0	1	100
Financial and related professionals	5	0	0	2	40
Financial clerks and credit controllers	26	0	0	15	57.7
Food services aids and waiters	76	0	0	30	39.5
Food services workers	4	0	0	3	75
General legal administration & rel. professionals	1	0	0	1	100
Head of department/chief executive officer	1	0	0	0	0
Health sciences related	13	0	0	5	38.5
Household and laundry workers	157	5	3.2	107	68.2

Occupation	Employees as at 1 April 2014	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
Housekeepers laundry and related workers	5	0	0	1	20
Human resources & organisational development & relate professional	1	0	0	1	100
Human resources clerks	4	0	0	2	50
Human resources related	1	0	0	1	100
Information technology related	4	0	0	0	0
Leather workers	1	0	0	0	0
Legal related	1	0	0	1	100
Library mail and related clerks	2	0	0	2	100
Light vehicle drivers	39	0	0	23	59
Material-recording and transport clerks	5	0	0	0	0
Medical practitioners	439	8	1.8	43	9.8
Medical research and related professionals	1	0	0	0	0
Medical specialists	26	0	0	10	38.5
Medical technicians/ technologists	6	0	0	4	66.7
Messengers porters and deliverers	112	0	0	74	66.1
Motor vehicle drivers	2	0	0	2	100
Nursing assistants	880	0	0	352	40
Occupational therapy	68	0	0	12	17.6
Optometrists and opticians	1	0	0	0	0
Oral hygiene	2	0	0	1	50
Other administration & related clerks and organizers	678	9	1.3	265	39.1

Occupation	Employees as at 1 April 2014	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 administrative policy and related officers	103	2	1.9	64	62.1
Other information technology personnel.	13	0	0	8	61.5
Other occupations	21	0	0	17	81
Pharmaceutical assistants	39	0	0	13	33.3
Pharmacists	153	1	0.7	46	30.1
Pharmacologists pathologists & related professional	1	0	0	0	0
Physiotherapy	63	0	0	19	30.2
Printing and related machine operators	2	0	0	2	100
Professional nurse	1351	14	1	555	41.1
Psychologists and vocational counsellors	17	0	0	5	29.4
Radiography	107	2	1.9	43	40.2
Secretaries & other keyboard operating clerks	4	0	0	4	100
Security guards	2	0	0	1	50
Security officers	2	0	0	0	0
Senior managers	14	1	7.1	1	7.1
Shoemakers	1	0	0	1	100
Social work and related professionals	21	0	0	6	28.6
Speech therapy and audiology	32	0	0	6	18.8
Staff nurses and pupil nurses	223	0	0	58	26
Supplementary diagnostic radiographers	2	0	0	1	50
Trade laborers	24	0	0	20	83.3
TOTAL	6794	64	0.9	2758	40.6

Table 3.5.5 – Promotions by salary band for the period 1 April 2015 and 31 March 2016

Salary Band	Employees 1 April 2015	Promotions to another Salary Level	Salary Level 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
Lower skilled (Levels 1-2), Permanent	1	0	0	0	0
Lower skilled (Levels 1-2), Temporary	7	0	0	1	14.3
Skilled (Levels 3-5), Permanent	3453	6	0.2	1571	45.5
Skilled (Levels 3-5), Temporary	7	0	0	3	42.9
Highly skilled production (Levels 6-8), Permanent	1435	23	1.6	605	42.2
Highly skilled production (Levels 6-8), Temporary	18	0	0	6	33.3
Highly skilled supervision (Levels 9-12), Permanent	1184	28	2.4	539	45.5
Highly skilled supervision (Levels 9-12), Temporary	23	0	0	5	21.7
Senior management (Levels 13-16), Permanent	80	4	5	23	28.8
Senior management (Levels 13-16), Temporary	3	1	33.3	1	33.3
Contract (Levels 3-5), Permanent	146	0	0	0	0
Contract (Levels 6-8), Permanent	169	0	0	0	0
Contract (Levels 9-12), Permanent	253	1	0.4	3	1.2
Contract (Levels 13-16), Permanent	15	1	6.7	1	6.7
TOTAL	6794	64	0.9	2758	40.6

3.6. Employment Equity

The tables in this section are based on the formats prescribed by the Employment Equity Act, 55 of 1998.

Table 3.6.1 – Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2016

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
Legislators, senior officials and managers, Permanent	10	1	0	11	1	4	0	0	4	0	16
Professionals, Permanent	118	57	35	210	136	91	112	40	243	204	793
Professionals, Temporary	2	6	0	8	27	2	0	1	3	10	48
Technicians and associate professionals, Permanent	252	90	2	344	16	760	696	15	1471	286	2117
Technicians and associate professionals, Temporary	0	0	0	0	0	0	0	0	0	7	7
Clerks, Permanent	167	92	0	259	3	329	155	1	485	31	778
Service and sales workers, Permanent	288	287	4	579	17	680	551	0	1231	37	1864
Craft and related trades workers, Permanent	3	10	0	13	5	0	0	0	0	0	18
Plant and machine operators and assemblers, Permanent	30	27	0	57	1	3	0	0	3	0	61
Elementary occupations, Permanent	273	137	0	410	2	434	284	0	718	6	1136
Elementary occupations, Temporary	0	1	0	1	0	0	1	0	1	0	2
TOTAL	1143	708	41	1892	208	2303	1799	57	4159	581	6840

Table 3.6.2 – Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2016

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
Top Management, Permanent	6	1	2	9	7	1	0	0	1	3	20
Senior Management, Permanent	18	6	6	30	14	5	1	3	9	12	65
Senior Management, Temporary	0	0	0	0	1	0	0	0	0	0	1
Professionally qualified and experienced specialists and mid-management, Permanent	142	66	15	223	81	327	325	23	675	204	1183
Professionally qualified and experienced specialists and mid-management, Temporary	2	2	0	4	16	2	0	0	2	4	26
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	170	110	2	282	15	517	522	5	1044	174	1515
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	2	0	2	5	0	0	1	1	10	18
Semi-skilled and discretionary decision making, Permanent	738	491	1	1230	16	1361	847	1	2209	37	3492

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
Semi-skilled and discretionary decision making, Temporary	0	1	0	1	2	0	0	0	0	3	6
Unskilled and defined decision making, Permanent	1	0	0	1	1	6	2	0	8	0	10
Unskilled and defined decision making, Temporary	0	2	0	2	3	0	1	0	1	0	6
Contract (Top Management), Permanent	0	0	0	0	0	0	0	0	0	1	1
Contract (Senior Management), Permanent	3	0	2	5	4	0	0	0	0	3	12
Contract (Professionally qualified), Permanent	44	17	13	74	39	33	33	17	83	76	272
Contract (Skilled technical), Permanent	19	10	0	29	4	51	66	7	124	54	211
Contract (Semi-skilled), Permanent	0	0	0	0	0	0	2	0	2	0	2
TOTAL	1143	708	41	1892	208	2303	1799	57	4159	581	6840

Table 3.6.3 – Recruitment for the period 1 April 2015 and 31 March 2016

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
Senior Management, Permanent	2	0	0	2	1	0	1	0	1	0	4
Professionally qualified and experienced specialists and mid-management, Permanent	11	3	2	16	8	36	12	3	51	10	85
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	8	2	0	10	1	48	26	1	75	6	92
Semi-skilled and discretionary decision making, Permanent	20	14	0	34	0	95	45	0	140	2	176
Contract (Senior Management), Permanent	2	0	0	2	0	0	0	0	0	0	2
Contract (Professionally qualified), Permanent	23	10	11	44	34	21	19	16	56	51	185
Contract (Skilled technical), Permanent	17	10	0	27	4	46	61	8	115	50	196
Contract (Semi-skilled), Permanent	2	6	0	8	0	2	5	0	7	0	15
TOTAL	85	45	13	143	48	248	169	28	445	119	755

Table 3.6.4 Promotions for the period 1 April 2015 to 31 March 2016

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
Top Management, Permanent	2	0	0	2	3	0	0	0	0	2	7
Senior Management, Permanent	3	1	3	7	3	0	1	1	2	8	20
Senior Management, Temporary	0	0	0	0	1	0	0	0	0	1	2
Professionally qualified and experienced specialists and mid-management, Permanent	58	26	2	86	18	174	185	7	366	97	567
Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	0	3	0	0	0	0	2	5
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	66	57	1	124	4	193	218	3	414	86	628
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	1	0	1	2	0	0	0	0	3	6
Semi-skilled and discretionary decision making, Permanent	370	182	1	553	6	661	342	0	1003	15	1577
Semi-skilled and discretionary decision making, Temporary	0	0	0	0	2	0	0	0	0	1	3
Unskilled and defined decision making, Temporary	0	0	0	0	1	0	0	0	0	0	1

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
Contract (Senior Management), Permanent	2	0	0	2	0	0	0	0	0	0	2
Contract (Professionally qualified), Permanent	2	0	0	2	0	1	1	0	2	0	4
TOTAL	503	267	7	777	43	1029	747	11	1787	215	2822

Table 3.6.5 – Terminations for the period 1 April 2015 to 31 March 2016

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
Top Management, Permanent	0	0	0	0	2	0	0	0	0	0	2
Senior Management, Permanent	0	0	1	1	1	1	0	0	1	0	3
Senior Management, Temporary	0	0	0	0	2	0	0	0	0	0	2
Professionally qualified and experienced specialists and mid-management, Permanent	5	6	6	17	20	27	31	3	61	26	124
Professionally qualified and experienced specialists and mid-management, Temporary	2	0	0	2	0	0	0	0	0	0	2
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	6	7	0	13	2	33	56	0	89	21	125

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
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	0	0	1	1
Semi-skilled and discretionary decision making, Permanent	41	24	0	65	0	49	50	0	99	1	165
Contract (Top Management), Permanent	0	0	0	0	1	0	0	0	0	0	1
Contract (Senior Management), Permanent	1	0	0	1	1	0	1	0	1	0	3
Contract (Professionally qualified), Permanent	12	5	13	30	14	7	17	20	44	34	122
Contract (Skilled technical), Permanent	14	2	0	16	2	21	30	5	56	43	117
Contract (Semi-skilled), Permanent	0	2	0	2	0	1	1	0	2	0	4
TOTAL	81	46	20	147	45	139	186	28	353	126	671

Table 3.6.6 Disciplinary action for the period 1 April 2015 to 31 March 2016

Disciplinary action	Male			Female			Total		
	African	Coloured	Indian	White	African	Coloured		Indian	White
Abuse of sick leave	0	0	0	0	0	0	0	0	0
Dishonesty	1	1	0	0	2	1	0	1	6
Late coming	0	0	0	0	0	0	0	0	0
Assault	2	0	0	0	2	0	0	0	4
Gross insubordination	0	0	0	0	0	0	0	0	0
Insolence	1	0	0	0	1	0	0	0	2
Intentional or negligent damage to the employee or client of the employer, co-worker	1	1	0	0	0	1	0	0	3
Intoxication	7	2	0	0	0	0	0	0	9
Gross absenteeism	9	2	0	0	4	4	0	0	19
Insubordination	1	1	0	0	0	0	0	0	2
Abuse of government vehicle	2	2	0	0	0	0	0	0	4
Gross negligence	0	0	0	0	0	0	0	0	0
Dereliction of duties	3	0	0	0	2	0	0	0	5
Theft / FRAUD	6	4	0	0	4	1	0	0	15
RWOPS	0	0	0	0	0	0	0	0	0
Misrepresentation	4	0	0	0	2	2	0	0	10
Negligence	4	0	0	0	3	2	0	0	7
Abuse of State property	2	1	0	0	0	0	0	0	3
Bringing the Name of the Department into Disrepute	1	0	0	0	0	0	0	0	1

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Absenteeism	2	1	0	0	0	1	0	0	4
Ex-Lege Discharge	2	2	0	0	2	0	0	0	6
Non-Compliance	6	10			3	1			
Racism	0	0	0	0	0	0	0	1	1

Table 3.6.7 – Skills development for the period 1 April 2015 to 31 March 2016

Occupational categories	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Medical Doctors	639	611	13	141	523	500	15	122	2564
Professional Nurses	81	78	3	17	66	63	3	14	325
Non professionals	273	260	4	66	224	213	4	52	1096
Human Resource Management Practitioners	15	15	1	3	12	11	1	3	61
Human Resource Development Practitioners	6	3	0	0	9	0	1	0	19
Senior Administration officers and Administration Officers	8	7	0	0	7	0	0	0	22
Finance Practitioners	19	20	0	4	16	15	0	4	78
SDFs	4	0	1	0	1	0	0	0	6
Psychologists	0	0	0	0	0	2	0	0	2

3.7. SIGNING OF PERFORMANCE AGREEMENTS BY SMS MEMBERS

Table 3.7.1. Signing of Performance Agreements by SMS members as on 31 May 2015

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
16	1	1	1	100%
15	1	1	1	100%
14	6	5	4	80%
13	38	30	28	93%

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2016

Reasons
<ul style="list-style-type: none"> Lack of submission from the affected employees and no accountability or consequence management.

Table 3.7.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2016

Reasons
<ul style="list-style-type: none"> None

3.8. Performance Rewards

TABLE 3.8.1 Performance Rewards by race, gender, and disability for the period 1 April 2015 to 31 March 2016

Race and Gender	Beneficiary Profile			Cost	
	Number of Beneficiaries	Total number of employees in group	% of total within group	Cost (R'000)	Average Cost per employee
African, Female	20	2300	0.9	211	10 541
African, Male	10	1138	0.9	125	12 460
Asian, Female	1	57	1.8	17	17 266
Asian, Male	0	41	0	0	0
Coloured, Female	11	1798	0.6	114	10 407
Coloured, Male	3	704	0.4	22	7 433
Total Blacks, Female	32	4155	0.8	343	10 705
Total Blacks, Male	13	1883	0.7	147	11 300
White, Female	8	580	1.4	193	24 121
White, Male	0	207	0	0	0
Employees with a disability	0	15	0	0	0
TOTAL	53	6840	0.8	682	12 876

TABLE 3.8.2 Performance Rewards by salary bands for personnel below Senior Management Service for the period 1 April 2015 to 31 March 2016

Salary Bands	Beneficiary Profile			Cost		
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	Total cost as a % of the total personnel expenditure
Lower skilled (Levels 1-2)	0	7	0	0	0	0
Skilled (Levels 3-5)	19	3500	0.5	102	5 368	19
Highly skilled production (Levels 6-8)	13	1535	0.8	127	9 769	13
Highly skilled supervision (Levels 9-12)	18	1214	1.5	305	16 944	18
Contract (Levels 3-5)	0	2	0	0	0	0
Contract (Levels 6-8)	0	211	0	0	0	0
Contract (Levels 9-12)	0	272	0	0	0	0
Periodical Remuneration	0	29	0	0	0	0
Abnormal Appointment	0	220	0	0	0	0
TOTAL	50	6990	0.7	534	10680	50

TABLE 3.8.3 – Performance Rewards by critical occupations for the period 1 April 2015 to 31 March 2016

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Administrative related	1	124	0.8	20	20 000
All artisans in the building metal machinery etc.	1	5	20	12	12 000
Ambulance and related workers	0	705	0	0	0
Architects town and traffic planners	0	1	0	0	0
Archivists curators and related professionals	0	1	0	0	0
Artisan project and related superintendents	0	11	0	0	0
Auxiliary and related workers	0	118	0	0	0

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Biochemistry pharmacologist, zoology & life science technician	0	4	0	0	0
Building and other property caretakers	0	2	0	0	0
Bus and heavy vehicle drivers	0	18	0	0	0
Cleaners in offices workshops hospitals etc.	5	771	0.6	22	4 400
Client inform clerks(switchboard receptionist clerks)	0	21	0	0	0
Community development workers	0	2	0	0	0
Computer programmers.	0	1	0	0	0
Dental practitioners	0	42	0	0	0
Dental specialists	0	1	0	0	0
Dental technicians	0	1	0	0	0
Dental therapy	0	8	0	0	0
Dieticians and nutritionists	0	62	0	0	0
Emergency services related	0	56	0	0	0
Engineering sciences related	0	2	0	0	0
Engineers and related professionals	0	7	0	0	0
Environmental health	0	19	0	0	0
Finance and economics related	0	1	0	0	0
Financial and related professionals	0	5	0	0	0
Financial clerks and credit controllers	0	32	0	0	0
Food services aids and waiters	0	68	0	0	0
Food services workers	0	4	0	0	0
General legal administration & rel. professionals	0	1	0	0	0
Head of department/ chief executive officer	0	1	0	0	0

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Health sciences related	1	11	9.1	11	11 000
Household and laundry workers	1	143	0.7	4	4 000
Housekeepers laundry and related workers	0	5	0	0	0
Human resources & organisational development & relate professionals	0	1	0	0	0
Human resources clerks	0	5	0	0	0
Human resources related	0	1	0	0	0
Information technology related	0	4	0	0	0
Leather workers	0	1	0	0	0
Legal related	0	1	0	0	0
Library mail and related clerks	0	2	0	0	0
Light vehicle drivers	0	39	0	0	0
Material-recording and transport clerks	0	5	0	0	0
Medical practitioners	3	467	0.6	147	49 000
Medical research and related professionals	0	1	0	0	0
Medical specialists	0	25	0	0	0
Medical technicians/ technologists	0	7	0	0	0
Messengers porters and deliverers	1	114	0.9	4	4 000
Motor vehicle drivers	0	2	0	0	0
Nursing assistants	5	884	0.6	30	6 000
Occupational therapy	0	54	0	0	0
Optometrists and opticians	0	3	0	0	0
Oral hygiene	0	2	0	0	0
Other administrator & related clerks and organisers	11	708	1.6	80	7 273
Other administrative policy and related officers	2	94	2.1	18	9 000
Other information technology personnel.	0	8	0	0	0
Other occupations	0	18	0	0	0

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Pharmaceutical assistants	0	38	0	0	0
Pharmacists	0	150	0	0	0
Physiotherapy	0	58	0	0	0
Printing and related machine operators	0	2	0	0	0
Professional nurse	20	1454	1.4	303	15 150
Psychologists and vocational counsellors	0	20	0	0	0
Radiography	0	101	0	0	0
Rank: Unknown	0	9	0	0	0
Secretaries & other keyboard operating clerks	0	5	0	0	0
Security guards	0	1	0	0	0
Security officers	0	2	0	0	0
Senior managers	0	14	0	0	0
Shoemakers	0	1	0	0	0
Social work and related professionals	1	21	4.8	14	14 000
Speech therapy and audiology	1	36	2.8	17	17 000
Staff nurses and pupil nurses	0	207	0	0	0
Supplementary diagnostic radiographers	0	1	0	0	0
Trade labourers	0	21	0	0	0
TOTAL	53	6840	0.8	682	12868

TABLE 3.8.4 Performance related rewards (cash bonus), by salary band, for Senior Management Service for the period 1 April 2015 to 31 March 2016

Salary Band	Beneficiary Profile			Cost		
	Number of beneficiaries	Number of employees	% of total within band	Total Cost (R'000)	Average cost per employee	Total cost as a % of the total personnel expenditure
Band A	0	0	0	0	0	0
Band B	0	0	0	0	0	0
Band C	0	0	0	0	0	0
Band D	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

3.9. Foreign Employment

TABLE 3.9.1 Foreign Worker by major occupation for the period 1 April 2015 and 31 March 2016

Major Occupation	1 April 2014		31 March 2014		Change	
	Number	% of Total	Number	% of Total	Number	% change
Elementary occupations	1	1	1	0.8	0	0
Professionals and managers	102	98.1	118	98.3	16	100
Technicians and associated professionals	1	1	1	0.8	0	0
TOTAL	104	100	120	100	16	100

3.10. Leave Utilisation

TABLE 3.10.1 Sick leave for the period 1 January 2015 to 31 December 2015

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)
Lower skilled (Levels 1-2)	15	93.3	3	0.1	5	7
Skilled (Levels 3-5)	17055	86.5	2383	51.3	7	9 913
Highly skilled production (Levels 6-8)	9031.5	86.6	1152	24.8	8	9 555
Highly skilled supervision (Levels 9-12)	5430.5	85	793	17.1	7	10 500
Senior management (Levels 13-16)	285	88.8	37	0.8	8	1 172
Contract (Levels 3-5)	18	94.4	3	0.1	6	13
Contract (Levels 6-8)	680	73.5	143	3.1	5	610
Contract (Levels 9-12)	593	78.9	122	2.6	5	991
Contract (Levels 13-16)	48	97.9	7	0.2	7	182
TOTAL	33156	85.9	4643	100	7	32943

TABLE 3.10.2 Disability leave (temporary and permanent) for the period 1 January 2015 to 31 December 2015

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
Lower skilled (Levels 1-2)	1	100	1	0.3	1	0	1	391
Skilled (Levels 3-5)	5377	100	197	50.4	27	3 205	5377	391
Highly skilled production (Levels 6-8)	4018	100	109	27.9	37	4 127	4018	391
Highly skilled supervision (Levels 9-12)	2820	100	76	19.4	37	5 117	2820	391
Senior management (Levels 13-16)	29	100	3	0.8	10	116	29	391
Contract (Levels 6-8)	13	100	3	0.8	4	11	13	391
Contract (Levels 9-12)	34	100	2	0.5	17	67	34	391
TOTAL	12292	100	391	100	31	12643	12292	391

TABLE 3.10.3 Annual Leave for the period 1 January 2015 to 31 December 2015

Salary Band	Total Days Taken	Average days per Employee	Number of Employees who took leave
Lower skilled (Levels 1-2)	66	11	6
Skilled (Levels 3-5)	71754.87	21	3423
Highly skilled production (Levels 6-8)	33929.6	22	1558
Highly skilled supervision (Levels 9-12)	28485.09	23	1264
Senior management (Levels 13-16)	2103.92	23	90
Contract (Levels 3-5)	45	11	4
Contract (Levels 6-8)	2825	16	176
Contract (Levels 9-12)	3922	16	238
Contract (Levels 13-16)	391	24	16
TOTAL	143522.48	21	6775

TABLE 3.10.4 Capped leave for the period 1 January 2015 to 31 December 2015

Salary Band	Total days of capped leave taken	Average number of days taken per employee	Number of Employees who took Capped leave	Average capped leave per employee as at 31 December 2015
Skilled (Levels 3-5)	122	5	21	24
Highly skilled production (Levels 6-8)	93	4	33	21
Highly skilled supervision (Levels 9-12)	307	12	36	25
Senior management (Levels 13-16)	25	25	29	1
TOTAL	547	8	29	71

TABLE 3.10.5 Leave Payouts for the period 1 January 2015 to 31 December 2015

The following table summarises payments made to employees as a result of leave that was not taken.

REASON	Total Amount (R'000)	Number of Employees	Average payment per employee
Leave payout for 2015/16 due to non-utilisation of leave for the previous cycle	41	1	41000
Capped leave payouts on termination of service for 2015/16	6 617	275	24062
Current leave payout on termination of service for 2015/16	1 517	127	11945
TOTAL	8175	403	20285

3.11. HIV AND 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.	<ul style="list-style-type: none"> • The HIV and AIDS, STI and TB in the workplace policy was approved, which identifies the prevention of occupational exposure to potentially infectious blood and blood products as a key focus area. • Protocols are in place on infection control measures • Implementation of targeted awareness and education initiatives. • Implemented strategies for mainstreaming HIV and AIDS and human rights issues. • Implemented initiatives to reduce alcohol and substance abuse amongst employees.

TABLE 3.11.2 – Details of Health Promotion and HIV and AIDS Programmes (tick the applicable boxes and provide the required information)

Question	Yes	No	Details, if yes
1. 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.	✓		Dr Mbulawa Chief Director Corporate Services
2. 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.	✓		(See attachment)
3. Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this Programme.	✓	✓	Wellness Management, Health and Productivity, Safety Health Environment Risk and Quality, HIV/AIDS. Kimberley Hospital provides a facility for infected public servants.
4. 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.		✓	
5. 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.	✓		Wellness Management, Safety Health Environment Risk and Quality, HIV/AIDS, STIs and TB in the Workplace, Health and Productivity Policy. Departmental policies are forwarded to all employees via groupwise and compact discs.

Question	Yes	No	Details, if yes
6. 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.	✓		HIV/AIDs, STIs and TB in the Workplace Policy. Health and Productivity, Safety Health Environment Risk and Quality (SHERQ).
7. Does the Department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.		✓	
8. Has the Department developed measures/indicators to monitor & evaluate the impact of its Health Promotion Programme? If so, list these measures/indicators.	✓		Implementation of Health Promotion Strategy in the department.

Attachments

Staff members promoting the health and well-being of employees

Provincial Office	M. De Freitas
	B. Hoffman
	C.D. Jardine
Kimberley Hospital Complex	Dr J. Koetzee
	Dr B. Marrero De Armas
	Dr A. Robertson
	Sr D. Petersen
	Sr V. Itebogeng
	T. Lekwene

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 2015 and 31 March 2016

Total number of collective agreements	None
--	-------------

- Collective Agreements are signed nationally and implemented provincially

TABLE 3.12.2 – Misconduct and disciplinary hearings finalised for the period 1 April 2015 and 31 March 2016

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	2	4%
Verbal warning	1	2%
Written warning	6	10%
Final written warning	3	5%
Suspended without pay	4	7%
Fine	0	0%
Demotion	0	0%

Outcomes of disciplinary hearings	Number	% of total
Dismissal (Discharge for operational requirements)	1	2%
Dismissal (Deemed dismissal – absent 30 calendar days))	11	20%
Dismissal (misconduct)	2	4%
Transfer Out	0	0%
Case withdrawn	13	23%
Resignations	2	3%
Non Compliance (no registered with Professionals Council)	11	20%
Total	56	100%

TABLE 3.12.3 – Types of misconduct addressed at disciplinary hearings for the period 1 April 2015 and 31 March 2016

Type of misconduct	Number	% of total
Abuse of sick leave	0	0%
Intimidation	1	1%
Racism	2	3%
Dishonesty	6	9%
Late coming	0	0%
Assault	3	4%
Gross insubordination	0	0%
Insolence	2	3%
Intentional or negligent damage to the employ or client of the employer, co-worker	2	3%
Intoxication	7	10%
Gross absenteeism	11	15%
Insubordination	1	1%
Abuse of government vehicle	4	6%
Gross negligence	3	4%
Dereliction of duties	5	7%
Fraud	2	3%
RWOPS	1	1%
Misrepresentation	2	3%
Negligence	0	0%
Abuse of State Property	2	3%
Bringing the Name of the Department into Disrepute	1	1%
Absenteeism	6	9%
Fight	0	0%
Theft	10	14%
Total	71	100%

TABLE 3.12.4 – Grievances lodged for the period 1 April 2015 and 31 March 2016

	Number	% of Total
Number of grievances resolved	79	77%
Number of grievances not resolved	23	23%
Total number of grievances lodged	102	100%

TABLE 3.12.5 – Disputes lodged with Councils for the period 1 April 2015 and 31 March 2016

	Number	% of Total
Number of Conciliations	11	39%
Number of Conciliations Finalised	4	14%
Number of Arbitrations	7	25%
Number of Arbitrations Finalised	6	22%
Total Number of Disputes Lodged	28	100%

TABLE 3.13.6 – Strike actions for the period 1 April 2014 and 31 March 2015

Total number of person working days lost	None
Total cost (R'000) of working days lost	None
Amount (R'000) recovered as a result of no work no pay	None

TABLE 3.13.7 – Precautionary suspensions for the period 1 April 2015 and 31 March 2016

Number of people suspended	23
Number of people whose suspension exceeded 30 days	22
Average number of days suspended	107.2
Cost of suspensions (R'000)	R2 889 493.00

3.13. Skills development

Table 3.13.1 Training needs identified for the period 1 April 2015 and 31 March 2016

Occupational Categories	Gender	Number of employees as at 1 April 2015	Training needs identified at start of reporting period			
			Learner-ships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	60	0	60	0	60
	Male	30	0	30	0	30
Professionals	Female	48	0	48	0	48
	Male	24	0	24	0	24
Technicians and associate professionals	Female	2		2		2
	Male	3		3		3
Clerks	Female	120	0	0	120	120
	Male	60	0	0	60	60
Service and sales workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Elementary occupations	Female	37	0	0	37	37
	Male	73	0	0	73	73

Occupational Categories	Gender	Number of employees as at 1 April 2015	Training needs identified at start of reporting period			
			Learner-ships	Skills Programmes & other short courses	Other forms of training	Total
Sub Total	Female	267	0	110	157	267
	Male	190	0	57	133	190
Total		457	0	167	290	457

Table 3.13.2 Training provided for the period 1 April 2015 and 31 March 2016

Occupational Categories	Gender	Number of employees as at 1 April 2014	Training provided within the reporting period			
			Learner-ships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Professionals	Female	0	0	0	0	0
	Male	0	0	0	0	0
Technicians and associate professionals	Female	0	0	0	0	0
	Male	0	0	0	0	0
Clerks	Female	30	0	30	0	30
	Male	10	0	10	0	10
Service and sales workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Elementary occupations	Female	37	0	0	37	37
	Male	73	0	0	73	73
Sub Total	Female	67	0	30	37	67
	Male	83	0	10	73	83
Total		150	0	40	110	150

3.14. Injury on duty

TABLE 3.14.1 Injury on duty for the period 1 April 2015 and 31 March 2016

Nature of injury on duty	Number	% of total
Required basic medical attention only	135	80.4%
Temporary Total Disablement	33	19.6%
Permanent Disablement	0	0
Fatal	0	0
Total	168	100%

3.15. Utilisation of consultants

Table 3.15.1 – Report on consultant appointments using appropriated funds for the period 1 April 2015 and 31 March 2016

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
Not Applicable	Not Applicable	Not Applicable	Not Applicable

Table 3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2015 and 31 March 2016

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
Not Applicable	Not Applicable	Not Applicable	Not Applicable

Table 3.15.3-Report on consultant appointments using Donor funds for the period 1 April 2015 and 31 March 2016

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

Table 3.15.4 – Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2014 and 31 March 2015

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
Not applicable	Not applicable	Not applicable	Not applicable

3.16. Severance Packages

Table 3.16.1 Granting of employees initiated severance packages for the period 1 April 2015 and 31 March 2016

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
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0

Part E: Financial Information

5.1 Report of the Auditor General

Report of the Auditor-General to the Northern Cape Provincial Legislature on Vote no. 10: Department of Health

Report on the Financial Statements

Introduction

1. I have audited the financial statements of the Department of Health set out on pages 168 to 296, which comprise the appropriation statement, the statement of financial position as at 31 March 2016, the statement of financial performance, statement of changes in net assets and cash flow statement and for the year then ended, as well as the notes, comprising a summary of significant accounting policies and other explanatory information.

Accounting Officer's Responsibility for the Financial Statements

2. The accounting officer is responsible for the preparation and fair presentation of these financial statements in accordance with the Modified Cash Standard prescribed by 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, 2015 (Act No. 1 of 2015) (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.

Auditor-General's Responsibility

3. My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with the International Standards on Auditing. Those standards require that I comply with ethical requirements, and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.
4. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified audit opinion.

Basis for Qualified Opinion

Movable Tangible Capital Assets

6. I was unable to obtain sufficient appropriate audit evidence for the movable tangible capital assets relating to major and minor assets due to the asset register not being updated. I was unable to confirm these by alternative means. Consequently, I was unable to determine whether any adjustment to the major movable capital assets stated as R910 919 000 (2015: R820 017 000) and minor movable capital assets stated as R174 427 000 (2015: R155 920 000) in note 29 to the financial statements was necessary.

Accruals and payables not recognised

7. I was unable to obtain sufficient appropriate audit evidence for the restatement of the corresponding figure for accruals and payables not recognised. As described in note 21 to the financial statements, the restatement was made to rectify a previous year misstatement, but the restatement could not be substantiated by sufficient appropriate audit evidence. I was unable to confirm the restatement by alternative means. Consequently, I was unable to determine whether any adjustment to the accruals and payables not recognised, stated at R350 529 000 in the financial statements, was necessary.
8. The department did not disclose all outstanding amounts meeting the definition of accruals and payables not recognised, in accordance with the chapter on General Departmental Assets and Liabilities of the Modified Cash Standard. As the department did not maintain adequate records of outstanding payments for goods and services received but not yet 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.

Accrued Departmental Revenue

9. I was unable to obtain sufficient appropriate audit evidence relating to accrued departmental revenue due to inadequate systems to maintain patient records. Due to the lack of systems, I was unable to confirm the amount of accrued revenue by alternative means. Consequently, I was unable to determine whether any adjustment to accrued departmental revenue, stated as R105 438 000 (2015: R100 876 000) in note 24 to the financial statements, was necessary. In addition, the department did not record the accrued revenue billed at the facilities in accordance with the chapter on General Departmental Assets and Liabilities of the Modified Cash Standard, as internal controls had not been established for the recognition of the patient billing before their initial entry in the financial records. I was unable to determine the full extent of the understatement for the year under review and the previous year as it was impracticable to do so.
10. The department did not calculate the present value of the estimated future cash flows of impairment amount discounted at an appropriate interest rate, in accordance with the chapter on General Departmental Assets and Liabilities of the Modified Cash Standard. I was unable to determine the full extent of the overstatement for the year under review and the previous year as it was impracticable to do so.

Irregular Expenditure

11. The department did not include all previous year transactions relating to irregular expenditure in note 25 to the financial statements, as required by section 40(3)(b)(i) of the PFMA. The department made payments in contravention of the supply chain management requirements. I was unable to determine the full extent of the understatement for the previous years as it was impracticable to do so.

Intangible Capital Assets

12. I was unable to obtain sufficient appropriate audit evidence for the intangible capital assets due to the asset register not being updated. I was unable to confirm this by alternative means. Consequently, I was unable to determine whether any adjustment to the intangible capital assets, stated as R5 319 000 (R2015: R4 640 000) in note 30 to the financial statements, was necessary.

Qualified Opinion

13. In my opinion, except for the possible effects of the matters described in the basis for qualified opinion paragraphs, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2016 and its financial performance and cash flows for the year then ended, in accordance with the Modified Cash Standard and the requirements of the PFMA and DoRA.

Emphasis of Matters

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

Significant Uncertainties

15. With reference to note 19 to the financial statements, the department was the defendant and the claimant in several lawsuits. The ultimate outcome of the matters could not be determined at the time of this report, and, apart from the disclosure, no provision for any liability and asset that could result was made in the financial statements.

Restatement of Corresponding Figures

16. As disclosed in note 32 to the financial statements, the corresponding figures for 31 March 2015 have been restated as a result of an error discovered during the year ended 31 March 2016 in the financial statements of the Northern Cape Department of Health at, and for the year ended, 31 March 2015.

Material Losses and Impairments

17. As disclosed in note 24 to the financial statements, material losses to the amount of R14 305 000 were incurred as a result of a write-off of irrecoverable patient debt as well as the impairment of accrued departmental revenue to the amount of R76 557 000.

Material Underspending of the Budget

18. As disclosed in the appropriation statement, the department has materially underspent the budget on health facilities management programme 8 to the amount of R89 761 000.

Payables

19. Payables which exceed the payment term of 30 days as required in Treasury Regulation 8.2.3 amount to R337 606 000. This amount, in turn, exceeds the voted funds to be surrendered of R60 441 000 as per the statement of financial performance by R277 165 000. The amount of R277 165 000 would therefore have constituted unauthorised expenditure had the amounts due been paid in a timely manner.

Additional Matter

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

Unaudited Supplementary Schedules

21. The supplementary information set out on pages 285 to 296 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 thereon.

Report on other Legal and Regulatory Requirements

22. 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 findings on the reported performance information against predetermined objectives of selected programmes presented in the annual performance report, compliance with legislation and internal control. The objective of my tests was to identify reportable findings as described under each subheading but not to gather evidence to express assurance on these matters. Accordingly, I do not express an opinion or conclusion on these matters.

Predetermined Objectives

23. I performed procedures to obtain evidence about the usefulness and reliability of the reported performance information of the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2016:
 - Programme 2: District health services, on pages 44 to 63.
 - Programme 5: Tertiary hospital services, on pages 71 to 75.
24. I evaluated the usefulness of the reported performance information to determine whether it was presented in accordance with the National Treasury's annual reporting principles and whether the reported performance was consistent with the planned programmes. I further performed tests to determine whether indicators and targets were well defined, verifiable, specific, measurable, time bound and relevant, as required by the National Treasury's Framework for managing programme performance information (FMPPPI).

25. I assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.

26. The material findings in respect of the selected programmes are as follows:

Programme 2: District Health Services

Reliability of Reported Performance Information

27. The FMPPI requires auditees to have appropriate systems to collect, collate, verify and store performance information to ensure reliable reporting of actual achievements against planned objectives, indicators and targets. I was unable to obtain the information and explanations I considered necessary to satisfy myself as to the reliability of the reported performance information. This was due to limitations placed on the scope of my work as the auditee could not provide sufficient appropriate evidence in support of the reported performance information.

Programme 5: Tertiary Hospital Services

Reliability of Reported Performance Information

28. The FMPPI requires auditees to have appropriate systems to collect, collate, verify and store performance information to ensure reliable reporting of actual achievements against planned objectives, indicators and targets. I was unable to obtain the information and explanations I considered necessary to satisfy myself as to the reliability of the reported performance information. This was due to limitations placed on the scope of my work as the auditee could not provide sufficient appropriate evidence in support of the reported performance information.

Additional Matters

29. I draw attention to the following matters:

Achievement of Planned Targets

30. Refer to the annual performance report on pages 85 to 87 for information on the achievement of planned targets for the year. This information should be considered in the context of the material findings on the reliability of the reported performance information in paragraph 6 of this report.

Adjustment of Material Misstatements

31. 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 Services. As management subsequently corrected only some of the misstatements, I raised material findings on the reliability of the reported performance information.

Compliance with Legislation

32. I performed procedures to obtain evidence that the department had complied with legislation regarding financial matters, financial management and other related matters. My material findings on compliance with specific matters in key legislation, as set out in the general notice issued in terms of the PAA, are as follows:

Budgets

33. Effective steps were not taken to prevent unauthorised expenditure, as required by section 38(1)(c)(ii) of the PFMA and Treasury Regulation 9.1.1.

Financial statements, performance and annual reports

34. 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 non-current assets and disclosure items identified by the auditors in the submitted financial statements

were subsequently 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 audit opinion.

Procurement and Contract Management

35. 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.
36. Goods and services of a transaction value above R500 000 were procured without inviting competitive bids, as required by Treasury Regulation 16A6.1. Deviations were approved by the accounting officer even though it was not impractical to invite competitive bids, in contravention of Treasury Regulation 16A6.4.
37. The preference point system was not applied in all procurement of goods and services above R30 000, as required by section 2(a) of the Preferential Procurement Policy Framework Act and Treasury Regulation 16A6.3(b).
38. Contracts and quotations 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.
39. Sufficient appropriate audit evidence could not be obtained that 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 public service regulation 3C.
40. Sufficient appropriate audit evidence could not be obtained that persons in 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
41. Sufficient appropriate audit evidence could not be obtained that persons in service of other state institutions, who had a private or business interest in contracts awarded by the department, participated in the process relating to that contract, in contravention of Treasury Regulation 16A8.4.

Expenditure Management

42. Effective 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. The value of R805 906 000, as disclosed in note 25 to the financial statement, was not complete as management was still busy with the exercise to quantify the full extent of the irregular expenditure.
43. Effective steps were not taken to prevent fruitless and wasteful expenditure of R4 392 000, as disclosed in note 26 of the financial statements, as required by section 38(1)(c)(ii) of the PFMA and Treasury Regulation 9.1.1.
44. Contractual obligations and money owed by the department were not settled within 30 days or as per agreed period, as required by section 38(1)(f) of the PFMA and Treasury Regulation 8.2.3.

Revenue Management

45. Appropriate processes were not developed and implemented to provide for the identification, collection, recording, reconciliation and safeguarding of information about revenue, as required by Treasury Regulation 7.2.1.
46. Sufficient appropriate audit evidence could not be obtained that reasonable steps were taken to recover debts before writing them off, as required by Treasury Regulation 11.4.1.
47. Effective and appropriate steps were not taken to collect all money due, as required by section 38(1)(c)(i) of the PFMA and Treasury Regulations 11.2.1, 15.10.1.2(a) and 15.10.1.2(e).
48. Interest was not charged on debts, as required by Treasury Regulation 11.5.1.

Consequence Management

49. Allegations of financial misconduct against the accounting officer were not investigated, as required by Treasury Regulation 4.1.3.
50. Investigations were not conducted into all allegations of financial misconduct committed by officials, as required by Treasury Regulation 4.1.1.

Internal Control

51. I considered internal control relevant to my audit of the financial statements, and compliance with legislation. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for qualified opinion, the findings on the annual performance report and the findings on compliance with legislation included in this report.

Leadership

52. The leadership compiled an action plan based on the audit report findings, however they did not adequately monitor the existing action plan to ensure that corrective actions are taken when required and within the required timeframes. This has resulted in similar prior year material findings reoccurring in the current financial year.
53. The leadership did not ensure that the reviewed 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.
54. The leadership did not ensure that the department complied with applicable legislation. Material findings on compliance legislation were raised in the year under review. The department's internal processes and systems did not prevent material non-compliance, irregular, unauthorised as well as fruitless and wasteful expenditure from occurring.
55. The leadership did not timely follow up and correct previously identified internal control deficiencies relating to information technology as the unit was not yet fully staffed.

Financial and Performance Management

56. The collation of different information from various units for incorporation to the financial statements and annual performance report was not done timeously to allow for sufficient and adequate reviews, this resulted in the material amendments to the financial statements and annual performance report. The action plan to address previous year's audit findings was implemented towards the end of the financial year, resulting in previous year's audit findings not being fully addressed. Additionally, the department did not perform a complete asset count that included all facilities for the financial year under review, and the asset registers were not updated timeously.
57. The department mainly relied on a manual system to identify and record payables, accruals and commitments. The underlying systems and controls were inadequate to identify and record all related transactions.
58. The underlying systems and controls were inadequate to provide reliable evidence to support the reporting on predetermined objectives for programmes selected for auditing. Facility managers at certain facilities were not adequately reconciling monthly input forms to the registers at the facilities before signing them off. At certain facilities, changes effected on the District Health Information Software (DHIS) due to data clean-ups, were not adequately updated on the monthly input forms, which resulted in various misstatements identified. Furthermore, information was not adequately stored to ensure that it was easily retrievable.
59. The department did not review and monitor compliance with applicable legislation. The department did not have a delegated employee for the larger part of the financial year that was trained to address and monitor new legislative changes affecting the department. The majority of compliance paragraphs relating to procurement processes were not adhered to. The department did not ensure that all requirements relating to the authorisation of payments were met prior to approving contracts. The department did not ensure that the all the supply chain management (SCM) requirements were adhered to for all bids awarded.

Governance

60. A risk management strategy was in place; however, due to the capacity of the risk management unit, the risk was not assessed during the year under review at all units within the department.

Other Reports

61. I draw attention to the following engagement that could potentially have an impact on the department's financial, performance and compliance related matters. My opinion is not modified in respect of this engagement.

Performance Audits

62. A performance audit on the management of pharmaceuticals was conducted at the national and provincial departments of health. The objective was to determine whether patients received prescribed pharmaceuticals in time. The performance audit focused on the following:
- Policy and planning for pharmaceuticals
 - Procurement of pharmaceuticals
 - Storage and safeguarding of pharmaceutical stock
 - Distribution of pharmaceuticals to patients.
63. The outcomes of this performance audit will be included in a transversal report to be tabled in Parliament.

Investigations

64. The internal special investigation team performed an investigation at the request of the member of the executive council, which covered the period under review and the previous period. The investigation was initiated based on an allegation of possible fraud relating to SCM and misappropriation of the department's assets. At the time of this report, these investigations were ongoing and may result in disciplinary hearings against the parties concerned.

Auditor-General
Kimberley
31 July 2016



A U D I T O R - G E N E R A L
S O U T H A F R I C A
Auditing to build public confidence

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

5.2 Annual Financial Statements

Appropriation per programme	2015/16							2014/15	
	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	178 684	-	14 295	192 979	211 203	(18 224)	109.4%	173 694	192 331
2. District Health Services	1 701 174	-	9 470	1 710 644	1 696 409	14 235	99.2%	1 618 498	1 633 011
3. Emergency Medical Services	305 754	-	(12 156)	293 598	271 386	22 212	92.4%	259 262	242 847
4. Provincial Hospital Services	304 577	-	4 174	308 751	340 432	(31 681)	110.3%	265 715	292 594
5. Central Hospital Services	858 244	-	6 650	864 894	879 335	(14 441)	101.7%	788 826	767 519
6. Health Sciences	124 514	-	(9 961)	114 553	91 114	23 439	79.5%	108 698	104 251
7. Health Care Support Services	96 026	-	(1 092)	94 934	119 767	(24 833)	126.2%	85 258	85 263
8. Health Facilities Management	659 760	-	(11 380)	648 380	558 619	89 761	86.2%	458 037	396 164
Subtotal	4 228 733	-	-	4 228 733	4 168 265	60 468	98.6%	3 757 988	3 713 980
Statutory Appropriation									
TOTAL	4 228 733	-	-	4 228 733	4 168 265	60 468	98.6%	3 757 988	3 713 980

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16		2014/15	
	Final Appropriation	Actual Expenditure	Final Appropriation	Actual Expenditure
TOTAL (brought forward)				
Reconciliation with statement of financial performance				
ADD				
Departmental receipts			-	
NRF Receipts			-	
Aid assistance	228		142	
	4 228 961		3 758 130	
Actual amounts per statement of financial performance (total revenue)				
ADD				
Aid assistance		255		344
Prior year unauthorised expenditure approved without funding				-
		4 168 520		3 714 324
Actual amounts per statement of financial performance (total expenditure)				

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

Appropriation per economic classification	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Economic classification									
Current payments	3 408 810	(732)	-	3 408 078	3 470 721	(62 643)	101.8%	3 066 032	3 089 133
Compensation of employees	2 151 775	-	(10 795)	2 140 980	2 150 712	(9 732)	100.5%	1 942 868	1 936 740
Salaries and wages	1 884 332	1 084	(5 339)	1 880 077	1 896 442	(16 365)	100.9%	1 712 144	1 713 243
Social contributions	267 443	(1 084)	(5 456)	260 903	254 270	6 633	97.5%	230 724	223 497
Goods and services	1 257 035	(732)	10 795	1 267 098	1 317 306	(50 208)	104.0%	1 123 164	1 150 049
Administrative fees	15 590	(1 335)	-	14 255	1 976	12 279	13.9%	13 105	2 875
Advertising	8 323	(1 839)	-	6 484	4 979	1 505	76.8%	7 024	11 946
Minor assets	26 402	(177)	(6 578)	19 647	18 508	1 139	94.2%	14 340	20 472
Audit costs: External	13 098	-	-	13 098	13 473	(375)	102.9%	11 000	13 076
Bursaries: Employees	716	-	-	716	3 706	(2 990)	517.6%	661	1 813
Catering: Departmental activities	6 115	(438)	(54)	5 623	7 814	(2 191)	139.0%	6 283	10 118
Communication	13 755	(1 988)	(811)	10 956	22 908	(11 952)	209.1%	11 883	18 543
Computer services	20 956	(405)	(440)	20 111	25 524	(5 413)	126.9%	15 120	23 004
Consultants: Business and advisory services	13 042	(4 733)	-	8 309	6 364	1 945	76.6%	7 302	17 947
Infrastructure and planning services	7 987	-	-	7 987	-	7 987	-	6 096	-
Laboratory services	152 643	(16 259)	-	136 384	111 759	24 625	81.9%	147 721	88 758
Legal services	8 302	-	-	8 302	4 882	3 420	58.8%	6 877	3 504
Contractors	80 014	10 042	9 542	99 598	147 750	(48 152)	148.3%	79 795	98 541

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

Appropriation per economic classification	2015/16						2014/15		
	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
Agency and support / outsourced services	92 507	9 241	-	101 748	92 664	9 084	91.1%	85 510	83 967
Entertainment	211	-	-	211	-	211	-	200	-
Fleet services	61 338	-	2 189	63 527	87 876	(24 349)	138.3%	39 432	65 114
Inventory: Clothing material and supplies	5 706	-	(3 150)	2 556	1 498	1 058	58.6%	5 001	1 630
Inventory: Farming supplies	56	-	-	56	6	50	10.7%	8	9
Inventory: Food and food supplies	26 837	(456)	-	26 381	21 140	5 241	80.1%	18 632	20 287
Inventory: Fuel, oil and gas	37 237	(209)	-	37 028	19 089	17 939	51.6%	37 905	15 640
Inventory: Learner and teacher support material	211	-	(211)	-	-	-	-	200	-
Inventory: Materials and supplies	4 426	(21)	(310)	4 095	5 255	(1 160)	128.3%	1 861	4 072
Inventory: Medical supplies	132 242	(10 379)	-	121 863	117 249	4 614	96.2%	145 358	124 602
Inventory: Medicine	231 679	25 047	-	256 726	254 965	1 761	99.3%	191 924	186 748
Medsas inventory interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	28 752	(831)	(602)	27 319	32 595	(5 276)	119.3%	27 998	40 611
Consumable: Stationery, printing and office supplies	18 958	(1 713)	(389)	16 856	13 579	3 277	80.6%	18 125	19 191
Operating leases	52 546	8 761	12 295	73 602	106 410	(32 808)	144.6%	41 765	62 984
Property payments	107 158	2 610	-	109 768	130 830	(21 062)	119.2%	108 792	134 095

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

Appropriation per economic classification	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Transport provided: Departmental activity	1 082	-	-	1 082	4 171	(3 089)	385.5%	5	2 329
Travel and subsistence	51 611	(6 565)	(534)	44 512	38 358	6 154	86.2%	40 042	59 925
Training and development	25 308	(4 605)	-	20 703	15 491	5 212	74.8%	23 817	5 254
Operating payments	3 219	-	(152)	3 067	3 635	(568)	118.5%	3 407	3 668
Venues and facilities	9 008	(4 480)	-	4 528	2 852	1 676	63.0%	5 910	9 327
Rental and hiring	-	-	-	-	-	-	-	65	-
Interest and rent on land	-	-	-	-	2 703	(2 703)	-	-	2 344
Interest	-	-	-	-	2 703	(2 703)	-	-	2 344
Transfers and subsidies	110 637	732	-	111 369	114 288	(2 919)	102.6%	115 308	138 763
Provinces and municipalities	9 247	(248)	-	8 999	5 341	3 658	59.4%	8 294	2 218
Provinces	-	-	-	-	-	-	-	7 329	1 839
Provincial Revenue Funds	-	-	-	-	-	-	-	7 329	1 839
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	9 247	(248)	-	8 999	5 341	3 658	59.4%	965	379
Municipal bank accounts	9 247	(248)	-	8 999	5 341	3 658	59.4%	965	379
Municipal agencies and funds	-	-	-	-	-	-	-	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

Appropriation per economic classification	2015/16							2014/15	
	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
Departmental agencies	-	39	-	39	-	39	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies (non-business entities)	-	39	-	39	-	39	-	-	-
Non-profit institutions	81 077	(110)	-	80 967	85 948	(4 981)	106.2%	77 413	80 506
Households	20 313	1 051	-	21 364	22 999	(1 635)	107.7%	29 601	56 039
Social benefits	7 653	449	-	8 102	7 613	489	94.0%	8 350	9 732
Other transfers to households	12 660	602	-	13 262	15 386	(2 124)	116.0%	21 251	46 307
Payments for capital assets	709 286	-	-	709 286	583 256	126 030	82.2%	576 648	486 084
Buildings and other fixed structures	516 397	7 576	(2 176)	521 797	487 723	34 074	93.5%	425 675	356 283
Buildings	516 397	4 221	(2 907)	517 711	483 548	34 163	93.4%	425 675	356 283
Other fixed structures	-	3 355	731	4 086	4 175	(89)	102.2%	-	-
Machinery and equipment	192 889	(8 279)	2 122	186 732	94 767	91 965	50.8%	150 077	128 855
Transport equipment	49 977	1 005	-	50 982	25 437	25 545	49.9%	51 825	39 052
Other machinery and equipment	142 912	(9 284)	2 122	135 750	69 330	66 420	51.1%	98 252	89 803
Intangible assets	-	703	54	757	766	(9)	101.2%	896	946
Payments for financial assets	4 228 733	-	-	4 228 733	4 168 265	60 468	98.6%	3 757 988	3 713 980

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	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									
Sub programme									
1. Office of the MEC	9 582	1 762	-	11 344	11 467	(123)	101.1%	9 625	9 714
2. Management	169 102	(1 762)	14 295	181 635	199 736	(18 101)	110.0%	164 069	182 618
Total for sub programmes	178 684	-	14 295	192 979	211 203	(18 224)	109.4%	173 694	192 331
Economic classification									
Current payments	176 720	-	14 295	191 015	207 938	(16 923)	108.9%	163 934	178 637
Compensation of employees	108 344	-	(979)	107 365	107 365	-	100.0%	97 849	97 652
Salaries and wages	93 451	1 084	(814)	93 721	93 721	-	100.0%	85 232	86 115
Social contributions	14 893	(1 084)	(165)	13 644	13 644	-	100.0%	12 617	11 537
Goods and services	68 376	-	15 274	83 650	99 749	(16 099)	119.2%	66 085	80 657
Administrative fees	1 086	-	-	1 086	557	529	51.3%	1 030	842
Advertising	664	-	-	664	905	(241)	136.3%	779	810
Minor assets	431	-	-	431	428	3	99.3%	1 631	1 491
Audit costs: External	13 098	-	-	13 098	13 473	(375)	102.9%	11 000	13 076
Bursaries: Employees	-	-	-	-	9	(9)	-	9	9
Catering: Departmental activities	105	-	-	105	718	(613)	683.8%	900	883
Communication	8 600	-	-	8 600	21 855	(13 255)	254.1%	7 137	3 907
Computer services	3 752	-	-	3 752	12 300	(8 548)	327.8%	2 801	14 541

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	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
Consultants: Business and advisory services	4 353	-	-	4 353	1 613	2 740	37.1%	4 667	13 509
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Legal services	8 276	-	-	8 276	4 882	3 394	59.0%	6 852	3 504
Contractors	1 432	-	-	1 432	677	755	47.3%	826	886
Agency and support / outsourced services	-	-	-	-	-	-	-	20	20
Entertainment	211	-	-	211	-	211	-	200	-
Fleet services	9 176	-	2 979	12 155	15 734	(3 579)	129.4%	8 600	4 604
Inventory: Clothing material and supplies	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	2	(2)	-	5	5
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	4	(4)	-	12	12
Inventory: Medical supplies	-	-	-	-	4	(4)	-	42	42
Inventory: Medicine	-	-	-	-	(624)	624	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	949	-	-	949	665	284	70.1%	900	877
Consumable: Stationery, printing and office supplies	2 002	-	-	2 002	1 687	315	84.3%	2 773	2 548

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual expenditure R'000
Operating leases	3 372	-	12 295	15 667	15 619	48	99.7%	3 200	2 446
Property payments	2 702	-	-	2 702	2 187	515	80.9%	3 582	3 653
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	6 681	-	-	6 681	5 727	954	85.7%	6 500	10 683
Training and development	807	-	-	807	844	(37)	104.6%	500	158
Operating payments	403	-	-	403	243	160	60.3%	382	369
Venues and facilities	276	-	-	276	240	36	87.0%	1 737	1 783
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	824	(824)	-	-	328
Interest	-	-	-	-	824	(824)	-	-	328
Transfers and subsidies	207	-	-	207	1 613	(1 406)	779.2%	216	4 090
Provinces and municipalities	-	-	-	-	83	(83)	-	17	17
Provinces	-	-	-	-	-	-	-	17	17
Provincial Revenue Funds	-	-	-	-	-	-	-	17	17
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	83	(83)	-	-	-
Municipal bank accounts	-	-	-	-	83	(83)	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Non-profit institutions	110	(110)	-	-	-	-	-	105	-
Households	97	110	-	207	1 530	(1 323)	739,1%	94	4 073
Social benefits	97	110	-	207	413	(206)	199,5%	94	310
Other transfers to households	-	-	-	-	1 117	(1 117)	-	-	3 763
Payments for capital assets	1 757	-	-	1 757	1 652	105	94,0%	9 544	9 604
Buildings and other fixed structures	-	-	-	-	-	-	-	813	813
Buildings	-	-	-	-	-	-	-	813	813
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1 757	(6)	-	1 751	1 646	105	94,0%	8 334	8 371
Transport equipment	-	1 005	-	1 005	1 005	-	100,0%	-	-
Other machinery and equipment	1 757	(1 011)	-	746	641	105	85,9%	8 334	8 371
Intangible assets	-	6	-	6	6	-	100,0%	397	420
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	178 684	-	14 295	192 979	211 203	(18 224)	109,4%	173 694	192 331

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

1.1 Office of the MEC	2015/16						2014/15		
	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	9 472	836	-	10 308	10 318	-10	100.1%	9 491	9 580
Compensation of employees	4 911	1 169	-	6 080	6 080	-	100.0%	4 650	4 223
Goods and services	4 561	-333	-	4 228	4 228	-	100.0%	4 841	5 356
Interest and rent on land	-	-	-	-	10	-10	-	-	-
Transfers and subsidies	110	-110	-	-	113	-113	-	105	56
Provinces and municipalities	-	-	-	-	76	-76	-	-	-
Non-profit institutions	110	-110	-	-	-	-	-	105	56
Households	-	-	-	-	37	-37	-	-	-
Payments for capital assets	-	1 036	-	1 036	1 036	-	100.0%	29	78
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	1 036	-	1 036	1 036	-	100.0%	29	78
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	9 582	1 762	-	11 344	11 467	-123	101.1%	9 625	9 714

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	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	167 248	-836	14 295	180 707	197 620	-16 913	109.4%	154 443	169 058
Compensation of employees	103 433	-1 169	-979	101 285	101 285	-	100.0%	93 199	93 429
Goods and services	63 815	333	15 274	79 422	95 521	-16 099	120.3%	61 244	75 301
Interest and rent on land	-	-	-	-	814	-814	-	-	328
Transfers and subsidies	97	110	-	207	1 500	-1 293	724.6%	111	4 034
Provinces and municipalities	-	-	-	-	7	-7	-	17	17
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	97	110	-	207	1 493	-1 286	721.3%	94	4 017
Payments for capital assets	1 757	-1 036	-	721	616	105	85.4%	9 515	9 526
Buildings and other fixed structures	-	-	-	-	-	-	-	813	813
Machinery and equipment	1 757	-1 042	-	715	610	105	85.3%	8 305	8 293
Intangible assets	-	6	-	6	6	-	100.0%	397	420
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	169 102	-1 762	14 295	181 635	199 736	-18 101	110.0%	164 069	182 618

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16								2014/15	
	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 2: District Health Services										
Sub programme										
1. District Management	128 519	40 945	-	169 464	172 539	(3 075)	101.8%	110 217	150 478	
2. Community Health Clinics	366 261	22 919	(6 332)	382 848	383 490	(642)	100.2%	336 691	352 338	
3. Community Health Centres	245 082	(7 919)	-	237 163	236 047	1 116	99.5%	249 223	234 967	
4. Other Community Services	62 171	(6 903)	-	55 268	55 501	(233)	100.4%	75 784	73 574	
5. HIV/ AIDS	411 086	(52 432)	9 470	368 124	360 957	7 167	98.1%	384 023	357 894	
6. Nutrition	4 662	65	-	4 727	3 382	1 345	71.5%	4 367	3 918	
7. Coroner Services	-	-	-	-	-	-	-	113	4 386	
8. District Hospitals	483 393	3 325	6 332	493 050	484 493	8 557	98.3%	458 080	455 456	
Total for sub programmes	1 701 174	-	9 470	1 710 644	1 696 409	14 235	99.2%	1 618 498	1 633 011	
Economic classification										
Current payments	1 586 725	-	-	1 586 725	1 571 910	14 815	99.1%	1 473 773	1 491 093	
Compensation of employees	977 335	-	-	977 335	984 025	(6 690)	100.7%	892 134	892 135	
Salaries and wages	845 339	-	3 412	848 751	863 540	(14 789)	101.7%	754 399	785 047	
Social contributions	131 996	-	(3 412)	128 584	120 485	8 099	93.7%	137 735	107 088	
Goods and services	609 390	-	-	609 390	587 440	21 950	96.4%	581 639	597 843	
Administrative fees	1 345	(357)	-	988	629	359	63.7%	1 186	1 429	
Advertising	6 122	(1 839)	-	4 283	3 379	904	78.9%	5 341	8 930	
Minor assets	11 693	-	-	11 693	11 934	(241)	102.1%	10 086	13 360	

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	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
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	166	-	-	166	14	152	8.4%	158	204
Catering: Departmental activities	5 168	(438)	-	4 730	4 424	306	93.5%	4 611	7 202
Communication	1 647	(961)	-	686	603	83	87.9%	1 563	10 930
Computer services	6 764	(359)	-	6 405	5 910	495	92.3%	4 809	5 665
Consultants: Business and advisory services	5 005	(4 733)	-	272	157	115	57.7%	1 506	193
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	99 146	(16 259)	-	82 887	57 020	25 867	68.8%	102 223	63 932
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	16 700	4 879	-	21 579	24 275	(2 696)	112.5%	23 104	27 647
Agency and support / outsourced services	45 622	9 648	-	55 270	42 628	12 642	77.1%	40 982	45 124
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services	3 213	-	-	3 213	3 802	(589)	118.3%	3 049	15 338
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and supplies	1 386	-	-	1 386	1 080	306	77.9%	1 315	113
Inventory: Farming supplies	8	-	-	8	5	3	62.5%	8	2
Inventory: Food and food supplies	18 554	(84)	-	18 470	16 611	1 859	89.9%	15 451	16 447

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16							2014/15	
	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
Inventory: Fuel, oil and gas	3 114	-	-	3 114	3 202	(88)	102.8%	6 392	1 701
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	1 841	-	-	1 841	2 510	(669)	136.3%	(1 341)	1 619
Inventory: Medical supplies	47 852	(8 429)	-	39 423	41 794	(2 371)	106.0%	65 991	63 146
Inventory: Medicine	182 220	25 265	-	207 485	205 905	1 580	99.2%	157 274	145 406
Medsas Inventory Interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	14 808	-	-	14 808	18 296	(3 488)	123.6%	13 876	23 700
Consumable: Stationery, printing and office supplies	10 918	(1 149)	-	9 769	7 199	2 570	73.7%	10 203	7 167
Operating leases	27 711	3 530	-	31 241	30 058	1 183	96.2%	17 925	27 003
Property payments	65 256	3 171	-	68 427	81 067	(12 640)	118.5%	67 806	76 870
Transport provided: Departmental activity	-	-	-	-	1 598	(1 598)	-	5	942
Travel and subsistence	22 327	(5 231)	-	17 096	18 388	(1 292)	107.6%	19 888	25 765
Training and development.	2 947	(2 174)	-	773	967	(194)	125.1%	2 744	755
Operating payments	1 109	-	-	1 109	1 502	(393)	135.4%	1 754	1 742

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16							2014/15	
	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
Venues and facilities	6 748	(4 480)	-	2 268	2 483	(215)	109.5%	3 665	5 511
Rental and hiring	-	-	-	-	-	-	-	65	-
Interest and rent on land	-	-	-	-	445	(445)	-	-	1 114
Interest	-	-	-	-	445	(445)	-	-	1 114
Transfers and subsidies	94 306	-	-	94 306	97 045	(2 739)	102.9%	88 911	86 720
Provinces and municipalities	8 881	-	-	8 881	5 127	3 754	57.7%	7 773	1 697
Provinces	-	-	-	-	-	-	-	7 173	1 694
Provincial Revenue Funds	-	-	-	-	-	-	-	7 173	1 694
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	8 881	-	-	8 881	5 127	3 754	57.7%	600	3
Municipal bank accounts	8 881	-	-	8 881	5 127	3 754	57.7%	600	3
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies (non-business entities)	-	-	-	-	-	-	-	-	-
Non-profit institutions	80 288	-	-	80 288	84 658	(4 370)	105.4%	76 252	79 450

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	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
Households	5 137	-	-	5 137	7 260	(2 123)	141.3%	4 886	5 572
Social benefits	5 137	-	-	5 137	4 245	892	82.6%	4 386	5 572
Other transfers to households	-	-	-	-	3 015	(3 015)	-	500	-
Payments for capital assets	20 143	-	9 470	29 613	27 454	2 159	92.7%	55 814	55 199
Buildings and other fixed structures	-	2 907	-	2 907	2 996	(89)	103.1%	648	648
Buildings	-	-	-	-	-	-	-	648	648
Other fixed structures	-	2 907	-	2 907	2 996	(89)	103.1%	-	-
Machinery and equipment	20 143	(2 907)	9 470	26 706	24 458	2 248	91.6%	54 777	54 162
Transport equipment	-	-	-	-	-	-	-	-	3 740
Other machinery and equipment	20 143	(2 907)	9 470	26 706	24 458	2 248	91.6%	54 777	50 422
Intangible assets	-	-	-	-	-	-	-	389	389
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	1 701 174	-	9 470	1 710 644	1 696 409	14 235	99.2%	1 618 498	1 633 011

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	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	128 007	40 945	-	168 952	168 960	-8	100.0%	101 838	142 969
Compensation of employees	107 774	-	-	107 774	105 694	2 080	98.1%	76 431	89 809
Goods and services	20 233	40 945	-	61 178	63 261	-2 083	103.4%	25 407	53 155
Interest and rent on land	-	-	-	-	5	-5	-	-	5
Transfers and subsidies	25	-	-	25	1 395	-1 370	5580.0%	24	230
Provinces and municipalities	25	-	-	25	661	-636	2644.0%	24	25
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	734	-734	-	-	205
Payments for capital assets	487	-	-	487	2 184	-1 697	448.5%	8 355	7 279
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-1 881
Machinery and equipment	487	-	-	487	2 184	-1 697	448.5%	7 966	8 771
Intangible assets	-	-	-	-	-	-	-	389	389
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	128 519	40 945	-	169 464	172 539	-3 075	101.8%	110 217	150 478

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
2.2 Community Health Clinics									
Economic classification									
Current payments	356 602	22 919	-6 332	373 189	379 650	-6 461	101.7%	326 495	347 421
Compensation of employees	245 383	-	-6 332	239 051	239 051	-	100.0%	222 137	217 847
Goods and services	111 219	22 919	-	134 138	140 541	-6 403	104.8%	104 358	129 537
Interest and rent on land	-	-	-	-	58	-58	-	-	37
Transfers and subsidies	8 999	-	-	8 999	2 998	6 001	33.3%	7 889	2 611
Provinces and municipalities	8 149	-	-	8 149	1 885	6 264	23.1%	7 079	1 511
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	850	-	-	850	1 113	-263	130.9%	810	1 100
Payments for capital assets	660	-	-	660	842	-182	127.6%	2 307	2 306
Buildings and other fixed structures	-	517	-	517	517	-	100.0%	-	-
Machinery and equipment	660	-517	-	143	325	-182	227.3%	2 307	2 306
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	366 261	22 919	-6 332	382 848	383 490	-642	100.2%	336 691	352 338

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16					2014/15			
	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	240 007	-7 105	-	232 902	232 421	481	99.8%	243 534	229 528
Compensation of employees	161 570	-593	-	160 977	160 977	-	100.0%	167 327	149 664
Goods and services	78 437	-6 512	-	71 925	71 366	559	99.2%	76 207	79 797
Interest and rent on land	-	-	-	-	78	-78	-	-	67
Transfers and subsidies	1 818	-	-	1 818	702	1 116	38.6%	1 725	1 475
Provinces and municipalities	74	-	-	74	81	-7	109.5%	70	42
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 744	-	-	1 744	621	1 123	35.6%	1 655	1 433
Payments for capital assets	3 257	-814	-	2 443	2 924	-481	119.7%	3 964	3 964
Buildings and other fixed structures	-	1 156	-	1 156	1 637	-481	141.6%	-	-
Machinery and equipment	3 257	-1 970	-	1 287	1 287	-	100.0%	3 964	3 964
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	245 082	-7 919	-	237 163	236 047	1 116	99.5%	249 223	234 967

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual expenditure R'000
Economic classification									
Current payments	59 449	-6 971	-	52 478	52 479	-1	100.0%	72 508	68 954
Compensation of employees	39 471	-1 641	-	37 830	37 830	-	100.0%	47 107	50 669
Goods and services	19 978	-5 330	-	14 648	14 649	-1	100.0%	25 401	18 285
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	2 722	-	-	2 722	2 954	-232	108.5%	901	2 245
Provinces and municipalities	-	-	-	-	-	-	-	72 508	68 954
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	2 722	-	-	2 722	2 934	-212	107.8%	901	2 110
Households	-	-	-	-	20	-20	-	-	135
Payments for capital assets	-	68	-	68	68	-	100.0%	2 375	2 375
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	68	-	68	68	-	100.0%	2 375	2 375
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	62 171	-6 903	-	55 268	55 501	-233	100.4%	75 784	73 574

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Economic classification									
Current payments	327 716	-58 608	-	269 108	258 667	10 441	96.1%	280 347	254 158
Compensation of employees	76 797	-	-	76 797	79 847	-3 050	104.0%	77 520	73 418
Goods and services	250 919	-58 608	-	192 311	178 820	13 491	93.0%	202 827	180 740
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	78 727	-	-	78 727	84 270	-5 543	107.0%	76 451	77 930
Provinces and municipalities	633	-	-	633	2 500	-1 867	394.9%	600	100
Non-profit institutions	77 566	-	-	77 566	81 724	-4 158	105.4%	75 351	77 340
Households	528	-	-	528	46	482	8.7%	500	490
Payments for capital assets	4 643	6 176	9 470	20 289	18 020	2 269	88.8%	27 225	25 806
Buildings and other fixed structures	-	390	-	390	-	390	-	99	99
Machinery and equipment	4 643	5 786	9 470	19 899	18 020	1 879	90.6%	27 126	25 707
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	411 086	-52 432	9 470	368 124	360 957	7 167	98.1%	384 023	357 894

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

2.6 Nutrition	2015/16						2014/15		
	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	4 566	-	-	4 566	3 221	1 345	70.5%	4 331	3 879
Compensation of employees	1 806	-	-	1 806	1 432	374	79.3%	1 704	995
Goods and services	2 760	-	-	2 760	1 789	971	64.8%	2 627	2 884
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	3
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	3
Payments for capital assets	96	65	-	161	161	-	100.0%	36	36
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	96	65	-	161	161	-	100.0%	36	36
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	4 662	65	-	4 727	3 382	1 345	71.5%	4 367	3 918

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16					2014/15			
	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	-	-	-	-	-	-	-	-	4 265
Compensation of employees	-	-	-	-	-	-	-	-	1 558
Goods and services	-	-	-	-	-	-	-	-	2 698
Interest and rent on land	-	-	-	-	-	-	-	-	9
Transfers and subsidies	-	-	-	-	-	-	-	-	8
Provinces and municipalities	-	-	-	-	-	-	-	-	8
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	113	113
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	113	113
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	-	-	-	-	-	-	-	113	4 386

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	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
2.8 District Hospitals									
Economic classification									
Current payments	470 378	8 820	6 332	485 530	476 512	9 018	98.1%	444 720	439 919
Compensation of employees	344 534	2 234	6 332	353 100	359 194	-6 094	101.7%	299 908	308 175
Goods and services	125 844	6 586	-	132 430	117 014	15 416	88.4%	144 812	130 747
Interest and rent on land	-	-	-	-	304	-304	-	-	997
Transfers and subsidies	2 015	-	-	2 015	4 726	-2 711	234.5%	1 921	2 217
Provinces and municipalities	-	-	-	-	-	-	-	-	11
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2 015	-	-	2 015	4 726	-2 711	234.5%	1 921	2 206
Payments for capital assets	11 000	-5 495	-	5 505	3 255	2 250	59.1%	549	2 430
Buildings and other fixed structures	-	844	-	844	842	2	99.8%	10 890	10 890
Machinery and equipment	11 000	-6 339	-	4 661	2 413	2 248	51.8%	1 921	2 206
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	483 393	3 325	6 332	493 050	484 493	8 557	98.3%	458 080	455 456

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

Programme 3: Emergency Medical Services									
2015/16									
	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	303 251	1 502	-11 366	293 387	271 386	22 001	92.5%	259 262	242 847
2. Planned Patient Transport	2 503	-1 502	-790	211	-	211	-	-	-
Total for sub programmes	305 754	-	-12 156	293 598	271 386	22 212	92.4%	259 262	242 847
Economic classification									
Current payments	257 360	(732)	(12 156)	244 472	245 056	(584)	100.2%	206 920	207 459
Compensation of employees	162 801	-	5 806	168 607	168 607	-	100.0%	145 336	148 403
Salaries and wages	138 958	-	5 806	144 764	144 505	259	99.8%	124 636	128 731
Social contributions	23 843	-	-	23 843	24 102	(259)	101.1%	20 700	19 672
Goods and services	94 559	(732)	(17 962)	75 865	75 654	211	99.7%	61 584	58 518
Administrative fees	-	-	-	-	9	(9)	-	-	7
Advertising	105	-	-	105	68	37	64.8%	100	204
Minor assets	8 944	-	(6 880)	2 064	474	1 590	23.0%	743	743
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	5	(5)	-	-	-
Catering: Departmental activities	105	-	(54)	51	51	-	100.0%	100	53
Communication	1 581	(732)	(811)	38	28	10	73.7%	1 414	1 281
Computer services	527	-	(440)	87	87	-	100.0%	500	1
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3: Emergency Medical Services		2014/15									
2015/16	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		
Laboratory services	-	-	-	-	-	-	-	-	-		
Scientific and technological services	-	-	-	-	-	-	-	-	-		
Legal services	-	-	-	-	-	-	-	-	-		
Contractors	4 216	-	(3 639)	577	87	490	15.1%	1 908	677		
Agency and support / outsourced services	-	-	-	-	20	(20)	-	23	47		
Entertainment	-	-	-	-	-	-	-	-	-		
Fleet services	43 869	-	(790)	43 079	62 842	(19 763)	145.9%	22 950	43 784		
Housing	-	-	-	-	-	-	-	-	-		
Inventory: Clothing material and supplies	3 162	-	(3 150)	12	12	-	100.0%	3 000	499		
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-		
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-		
Inventory: Fuel, oil and gas	22 527	-	-	22 527	646	21 881	2.9%	20 500	1 613		
Inventory: Learner and teacher support material	211	-	(211)	-	-	-	-	200	-		
Inventory: Materials and supplies	316	-	(310)	6	6	-	100.0%	300	9		
Inventory: Medical supplies	1 088	-	-	1 088	653	435	60.0%	1 432	1 278		
Inventory: Medicine	740	-	-	740	31	709	4.2%	702	51		
Medsas Inventory Interface	-	-	-	-	-	-	-	-	-		
Inventory: Other supplies	-	-	-	-	-	-	-	-	-		

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

		2014/15									
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
Programme 3: Emergency Medical Services	2015/16	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
	Consumable supplies	878	-	(602)	276	276	-	100.0%	1 368	2 174	
	Consumable: Stationery, printing and office supplies	527	-	(389)	138	138	-	100.0%	150	606	
	Operating leases	3 155	-	-	3 155	7 370	(4 215)	233.6%	2 993	3 645	
	Property payments	921	-	-	921	151	770	16.4%	851	165	
	Transport provided: Departmental activity	-	-	-	-	1 698	(1 698)	-	-	-	
	Travel and subsistence	1 476	-	(534)	942	942	-	100.0%	1 400	1 475	
	Training and development	-	-	-	-	-	-	-	750	-	
	Operating payments	211	-	(152)	59	59	-	100.0%	200	44	
	Venues and facilities	-	-	-	-	1	(1)	-	-	162	
	Rental and hiring	-	-	-	-	-	-	-	-	-	
	Interest and rent on land	-	-	-	-	795	(795)	-	-	538	
	Interest	-	-	-	-	795	(795)	-	-	538	
	Transfers and subsidies	366	732	-	1 098	1 098	-	100.0%	229	229	
	Provinces and municipalities	366	(248)	-	118	118	-	100.0%	132	132	
	Provinces	-	-	-	-	-	-	-	132	132	
	Provincial Revenue Funds	-	-	-	-	-	-	-	132	132	
	Provincial agencies and funds	-	-	-	-	-	-	-	-	-	

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 3: Emergency Medical Services									
2015/16					2014/15				
	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
Municipalities	366	(248)	-	118	118	-	100.0%	-	-
Municipal bank accounts	366	(248)	-	118	118	-	100.0%	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	980	-	980	980	-	100.0%	97	97
Social benefits	-	269	-	269	269	-	100.0%	97	97
Other transfers to households	-	711	-	711	711	-	100.0%	-	-
Payments for capital assets	48 028	-	-	48 028	25 232	22 796	52.5%	52 113	35 159
Buildings and other fixed structures	-	-	-	-	-	-	-	1 860	1 860
Buildings	-	-	-	-	-	-	-	1 860	1 860
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	48 028	-	-	48 028	25 232	22 796	52.5%	50 202	33 248
Transport equipment	48 028	-	-	48 028	24 258	23 770	50.5%	50 202	27 590
Other machinery and equipment	-	-	-	-	974	(974)	-	-	5 658
Intangible assets	-	-	-	-	-	-	-	51	51
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	305 754	-	(12 156)	293 598	271 386	22 212	92.4%	259 262	242 847

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	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
3.1 Emergency Transport									
Economic classification	254 857	770	-11 366	244 261	245 056	-795	100.3%	206 920	207 459
Current payments	161 299	1 502	5 806	168 607	168 607	-	100.0%	145 336	148 403
Compensation of employees	93 558	-732	-17 172	75 654	75 654	-	100.0%	61 584	58 518
Goods and services	-	-	-	-	795	-795	-	-	538
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	366	732	-	1 098	1 098	-	100.0%	229	229
Provinces and municipalities	366	-248	-	118	118	-	100.0%	132	132
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	980	-	980	980	-	100.0%	97	97
Payments for capital assets	48 028	-	-	48 028	25 232	22 796	52.5%	52 113	35 159
Buildings and other fixed structures	-	-	-	-	-	-	-	1 860	1 860
Machinery and equipment	48 028	-	-	48 028	25 232	22 796	52.5%	50 202	33 248
Intangible assets	-	-	-	-	-	-	-	51	51
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	303 251	1 502	-11 366	293 387	271 386	22 001	92.5%	259 262	242 847

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

3.2 Planned Patient Transport		2015/16						2014/15		
		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Economic classification										
Current payments		2 503	-1 502	-790	211	-	211	-	-	-
Compensation of employees		1 502	-1 502	-	-	-	-	-	-	-
Goods and services		1 001	-	-790	211	-	211	-	-	-
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		-	-	-	-	-	-	-	-	-
Payments for financial assets										
Total		2 503	-1 502	-790	211	-	211	-	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	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 4: Provincial Hospital Services									
Sub programme									
1. General (Regional) Hospitals	241 863	-	3 602	245 465	272 105	(26 640)	110.9%	199 177	223 307
2. Tuberculosis Hospitals	13 813	(2 229)	(18)	11 566	11 566	-	100.0%	14 842	14 661
3. Psychiatric/Mental Hospitals	48 901	2 229	590	51 720	56 761	(5 041)	109.7%	51 696	54 626
Total for sub programmes	304 577	-	4 174	308 751	340 432	(31 681)	110.3%	265 715	292 594
Economic classification									
Current payments	303 383	-	3 667	307 050	338 796	(31 746)	110.3%	260 624	285 800
Compensation of employees	218 672	-	(9 514)	209 158	207 834	1 324	99.4%	177 614	180 044
Salaries and wages	191 783	-	(7 635)	184 148	184 221	(73)	100.0%	155 908	159 227
Social contributions	26 889	-	(1 879)	25 010	23 613	1 397	94.4%	21 706	20 817
Goods and services	84 711	-	13 181	97 892	130 868	(32 976)	133.7%	83 010	105 731
Administrative fees	131	-	-	131	26	105	19.8%	155	29
Advertising	178	-	-	178	154	24	86.5%	191	841
Minor assets	152	-	-	152	1 150	(998)	756.6%	249	820
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	8	-	-	8	6	2	75.0%	16	18
Catering: Departmental activities	118	-	-	118	10	108	8.5%	117	429
Communication	846	-	-	846	102	744	12.1%	792	328
Computer services	4 965	-	-	4 965	1 060	3 905	21.3%	3 537	654

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16							2014/15	
	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
Consultants: Business and advisory services	-	-	-	-	10	(10)	-	-	8
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	4 225	-	-	4 225	9 878	(5 653)	233.8%	3 530	1 746
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	26	-	-	26	-	26	-	25	-
Contractors	1 853	-	13 181	15 034	36 377	(21 343)	242.0%	3 086	25 518
Agency and support / outsourced services	16 333	-	-	16 333	11 002	5 331	67.4%	15 151	9 615
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services	-	-	-	-	60	(60)	-	20	313
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and supplies	-	-	-	-	219	(219)	-	2	310
Inventory: Farming supplies	-	-	-	-	1	(1)	-	-	-
Inventory: Food and food supplies	2 975	-	-	2 975	3 662	(687)	123.1%	2 823	2 602
Inventory: Fuel, oil and gas	3 562	-	-	3 562	4 338	(776)	121.8%	3 389	2 711

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16							2014/15	
	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
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	708	-	-	708	271	437	38.3%	651	795
Inventory: Medical supplies	8 477	-	-	8 477	20 179	(11 702)	238.0%	8 258	10 270
Inventory: Medicine	10 476	-	-	10 476	8 161	2 315	77.9%	8 622	5 190
Medsas Inventory Interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	3 946	-	-	3 946	3 327	619	84.3%	5 080	5 590
Consumable: Stationery, printing and office supplies	598	-	-	598	942	(344)	157.5%	1 000	5 252
Operating leases	3 533	-	-	3 533	6 635	(3 102)	187.8%	3 647	4 388
Property payments	18 800	-	-	18 800	22 199	(3 399)	118.1%	21 046	25 774
Transport provided: Departmental activity	1 082	-	-	1 082	-	1 082	-	-	245
Travel and subsistence	1 006	-	-	1 006	634	372	63.0%	1 208	1 538
Training and development	158	-	-	158	8	150	5.1%	84	8
Operating payments	555	-	-	555	450	105	81.1%	331	489
Venues and facilities	-	-	-	-	7	(7)	-	-	250
Rental and hiring	-	-	-	-	-	-	-	-	-

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Interest and rent on land	-	-	-	-	94	(94)	-	-	25
Interest	-	-	-	-	94	(94)	-	-	25
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1 028	-	(585)	443	639	(196)	144.2%	1 344	1 634
Provinces and municipalities	-	-	-	-	-	-	-	365	365
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	365	365
Municipal bank accounts	-	-	-	-	-	-	-	365	365
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies	-	38	-	38	-	38	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies (non-business entities)	-	38	-	38	-	38	-	-	-
Non-profit institutions	-	-	-	-	234	(234)	-	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16										2014/15	
	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	R'000	R'000	
Households	1 028	(38)	(585)	405	405	-	100.0%	979	1 269			
Social benefits	1 028	(38)	(585)	405	405	-	100.0%	979	1 079			
Other transfers to households	-	-	-	-	-	-	-	-	190			
Payments for capital assets	166	-	1 092	1 258	997	261	79.3%	3 747	5 160			
Buildings and other fixed structures	-	-	731	731	731	-	100.0%	2 422	2 422			
Buildings	-	-	-	-	-	-	-	2 422	2 422			
Other fixed structures	-	-	731	731	731	-	100.0%	-	-			
Machinery and equipment	166	-	307	473	212	261	44.8%	1 281	2 667			
Transport equipment	-	-	-	-	-	-	-	-	-			
Other machinery and equipment	166	-	307	473	212	261	44.8%	1 281	2 667			
Intangible assets	-	-	54	54	54	-	100.0%	44	71			
Payments for financial assets	-	-	-	-	-	-	-	-	-			
Total	304 577	-	4 174	308 751	340 432	(31 681)	110.3%	265 715	292 594			

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

4.1 General (Regional) Hospitals	2014/15									
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	
2015/16	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
Economic classification										
Current payments	241 371	-	3 667	245 038	271 943	-26 905	111.0%	197 870	221 604	
Compensation of employees	170 337	-	-9 514	160 823	160 823	-	100.0%	131 480	135 783	
Goods and services	71 034	-	13 181	84 215	111 044	-26 829	131.9%	66 390	85 796	
Interest and rent on land	-	-	-	-	76	-76	-	-	25	
Transfers and subsidies	492	-	-333	159	155	4	97.5%	834	1 229	
Provinces and municipalities	-	-	-	-	-	-	-	365	365	
Departmental agencies and accounts	-	4	-	4	-	4	-	-	-	
Non-profit institutions	-	-	-	-	-	-	-	-	-	
Households	492	-4	-333	155	155	-	100.0%	469	864	
Payments for capital assets	-	-	268	268	7	261	2.6%	473	474	
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	
Machinery and equipment	-	-	268	268	7	261	2.6%	473	474	
Intangible assets	-	-	-	-	-	-	-	-	-	
Payments for financial assets	-	-	-	-	-	-	-	-	-	
Total	241 863	-	3 602	245 465	272 105	-26 640	110.9%	199 177	223 307	

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
4.2 Tuberculosis Hospitals									
Economic classification									
Current payments	13 430	-1 963	-	11 467	11 467	-	100.0%	13 899	13 899
Compensation of employees	7 472	-	-	7 472	11 195	-3 723	149.8%	10 554	11 042
Goods and services	5 958	-1 963	-	3 995	272	3 723	6.8%	3 345	2 857
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	217	-100	-18	99	99	-	100.0%	206	25
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	217	-100	-18	99	99	-	100.0%	206	25
Payments for capital assets	166	-166	-	-	-	-	-	737	737
Buildings and other fixed structures	-	-	-	-	-	-	-	398	398
Machinery and equipment	166	-166	-	-	-	-	-	339	339
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	13 813	-2 229	-18	11 566	11 566	-	100.0%	14 842	14 661

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
4.3 Psychiatric/Mental Hospitals									
Economic classification									
Current payments	48 582	1 963	-	50 545	55 386	-4 841	109.6%	48 855	50 297
Compensation of employees	40 863	-	-	40 863	35 816	5 047	87.6%	35 580	33 219
Goods and services	7 719	1 963	-	9 682	19 552	-9 870	201.9%	13 275	17 078
Interest and rent on land	-	-	-	-	18	-18	-	-	-
Transfers and subsidies	319	100	-234	185	385	-200	208.1%	304	380
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	34	-	34	-	34	-	-	-
Non-profit institutions	-	-	-	-	234	-234	-	-	-
Households	319	66	-234	151	151	-	100.0%	304	380
Payments for capital assets	-	166	824	990	990	-	100.0%	2 537	3 949
Buildings and other fixed structures	-	-	731	731	731	-	100.0%	2 024	2 024
Machinery and equipment	-	166	39	205	205	-	100.0%	469	1 854
Intangible assets	-	-	54	54	54	-	100.0%	44	71
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	48 901	2 229	590	51 720	56 761	-5 041	109.7%	51 696	54 626

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16					2014/15			
	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 5: Central Hospital Services									
Sub programme									
Provincial Tertiary Hospital Services	858 244	-	6 650	864 894	879 335	(14 441)	101.7%	788 826	767 519
Total for sub programmes	858 244	-	6 650	864 894	879 335	(14 441)	101.7%	788 826	767 519
Economic classification									
Current payments	837 764	-	4 155	841 919	859 566	(17 647)	102.1%	765 163	749 252
Compensation of employees	563 659	-	4 155	567 814	581 957	(14 143)	102.5%	528 101	528 101
Salaries and wages	508 127	-	4 155	512 282	522 008	(9 726)	101.9%	498 954	474 193
Social contributions	55 532	-	-	55 532	59 949	(4 417)	108.0%	29 147	53 908
Goods and services	274 105	-	-	274 105	277 201	(3 096)	101.1%	237 062	221 151
Administrative fees	280	-	-	280	352	(72)	125.7%	266	64
Advertising	566	-	-	566	47	519	8.3%	287	287
Minor assets	1 054	-	-	1 054	2 398	(1 344)	227.5%	500	1 093
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	82	-	-	82	6	76	7.3%	74	74
Catering: Departmental activities	157	-	-	157	183	(26)	116.6%	149	181
Communication	164	-	-	164	141	23	86.0%	156	411
Computer services	4 216	-	-	4 216	6 033	(1 817)	143.1%	1 950	1 950
Consultants: Business and advisory services	301	-	-	301	1 131	(830)	375.7%	286	852
Infrastructure and planning services	-	-	-	-	-	-	-	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Laboratory services	49 272	-	-	49 272	44 861	4 411	91.0%	41 968	23 080
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	31 532	-	-	31 532	17 587	13 945	55.8%	30 555	19 792
Agency and support / outsourced services	28 751	-	-	28 751	38 376	(9 625)	133.5%	28 227	28 446
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services	74	-	-	74	62	12	83.8%	70	506
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and supplies	1 062	-	-	1 062	41	1 021	3.9%	683	683
Inventory: Farming supplies	-	-	-	-	-	-	-	-	7
Inventory: Food and food supplies	4 936	-	-	4 936	862	4 074	17.5%	-	1 232
Inventory: Fuel, oil and gas	7 825	-	-	7 825	10 901	(3 076)	139.3%	7 424	9 613
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	1 054	-	-	1 054	1 793	(739)	170.1%	1 000	1 063
Inventory: Medical supplies	69 329	-	-	69 329	51 890	17 439	74.8%	64 925	45 251
Inventory: Medicine	38 025	-	-	38 025	41 485	(3 460)	109.1%	25 119	36 101
Medsas Inventory Interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	5 965	-	-	5 965	6 432	(467)	107.8%	5 659	4 493

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	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
Consumable: Stationery, printing and office supplies	3 109	-	-	3 109	2 121	988	68.2%	2 764	2 305
Operating leases	10 540	-	-	10 540	26 660	(16 120)	252.9%	10 000	16 921
Property payments	13 385	-	-	13 385	20 438	(7 053)	152.7%	12 699	21 720
Transport provided: Departmental activity	-	-	-	-	875	(875)	-	-	1 142
Travel and subsistence	1 581	-	-	1 581	606	975	38.3%	1 500	1 427
Training and development	245	-	-	245	664	(419)	271.0%	232	1 586
Operating payments	600	-	-	600	1 256	(656)	209.3%	569	871
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	408	(408)	-	-	-
Interest	-	-	-	-	408	(408)	-	-	-
Transfers and subsidies	1 989	-	585	2 574	2 979	(405)	115.7%	3 596	3 596
Provinces and municipalities	-	-	-	-	2	(2)	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	2	(2)	-	-	-
Municipal bank accounts	-	-	-	-	2	(2)	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Non-profit institutions	679	-	-	679	1 056	(377)	155.5%	1 056	1 056
Households	1 310	-	585	1 895	1 921	(26)	101.4%	2 540	2 540
Social benefits	1 310	-	585	1 895	1 921	(26)	101.4%	2 540	2 540
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	18 491	-	1 910	20 401	16 790	3 611	82.3%	20 067	14 671
Buildings and other fixed structures	-	4 830	1 910	6 740	6 740	-	100.0%	10 595	10 595
Buildings	-	4 830	1 910	6 740	6 740	-	100.0%	10 595	10 595
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	18 491	(4 830)	-	13 661	10 041	3 620	73.5%	9 472	4 076
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	18 491	(4 830)	-	13 661	10 041	3 620	73.5%	9 472	4 076
Intangible assets	-	-	-	-	9	(9)	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	858 244	-	6 650	864 894	879 335	(14 441)	101.7%	788 826	767 519

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	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
5.1 Provincial Tertiary Hospital Services									
Economic classification									
Current payments	837 764	-	4 155	841 919	859 566	-17 647	102.1%	765 163	749 252
Compensation of employees	563 659	-	4 155	567 814	581 957	-14 143	102.5%	528 101	528 101
Goods and services	274 105	-	-	274 105	277 201	-3 096	101.1%	237 062	221 151
Interest and rent on land	-	-	-	-	408	-408	-	-	-
Transfers and subsidies	1 989	-	585	2 574	2 979	-405	115.7%	3 596	3 596
Provinces and municipalities	-	-	-	-	2	-2	-	-	-
Non-profit institutions	679	-	-	679	1 056	-377	155.5%	1 056	1 056
Households	1 310	-	585	1 895	1 921	-26	101.4%	2 540	2 540
Payments for capital assets	18 491	-	1 910	20 401	16 790	3 611	82.3%	20 067	14 671
Buildings and other fixed structures	-	4 830	1 910	6 740	6 740	-	100.0%	10 595	10 595
Machinery and equipment	18 491	-4 830	-	13 661	10 041	3 620	73.5%	9 472	4 076
Intangible assets	-	-	-	-	9	-9	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	858 244	-	6 650	864 894	879 335	-14 441	101.7%	788 826	767 519

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	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 6: Health Sciences & Training									
Sub programme									
1. Nurse Training College	59 840	7 902	(8 014)	59 728	53 085	6 643	88.9%	52 119	51 769
2. EMS Training College	4 031	(1 118)	(1 947)	966	888	78	91.9%	-	-
3. Bursaries	22 619	5 727	-	28 346	26 196	2 150	92.4%	28 360	45 413
4. Primary Health Care Training	1 429	(1 429)	-	-	-	-	-	1 362	27
5. Other Training	36 595	(11 082)	-	25 513	10 945	14 568	42.9%	26 857	7 042
Total for sub programmes	124 514	-	(9 961)	114 553	91 114	23 439	79.5%	108 698	104 251
Economic classification									
Current payments	109 290	-	(9 961)	99 329	79 665	19 664	80.2%	86 989	61 059
Compensation of employees	50 670	-	(9 961)	40 709	27 888	12 821	68.5%	38 271	26 725
Salaries and wages	47 640	-	(9 961)	37 679	25 407	12 272	67.4%	38 271	24 333
Social contributions	3 030	-	-	3 030	2 481	549	81.9%	-	2 392
Goods and services	58 620	-	-	58 620	51 777	6 843	88.3%	48 718	34 334
Administrative fees	12 643	(978)	-	11 665	379	11 286	3.2%	10 454	390
Advertising	99	-	-	99	44	55	44.4%	95	142
Minor assets	957	-	-	957	51	906	5.3%	913	468
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	422	-	-	422	3 666	(3 244)	868.7%	401	1 469
Catering: Departmental activities	348	-	-	348	2 317	(1 969)	665.8%	330	1 299

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Communication	364	-	-	364	30	334	8.2%	348	77
Computer services	577	-	-	577	75	502	13.0%	1 423	84
Consultants: Business and advisory services	889	-	-	889	81	808	9.1%	843	309
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	-	-	-	-	286	(286)	-	-	976
Agency and support / outsourced services	519	-	-	519	-	519	-	496	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services	-	-	-	-	-	-	-	-	-
Housing	-	-	-	-	-	-	-	-	48
Inventory: Clothing material and supplies	-	-	-	-	67	(67)	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	-	(209)	-	-	-	-	-	-	-
Inventory: Learner and teacher support material	209	-	-	-	-	-	-	198	-
	-	-	-	-	-	-	-	-	-

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	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
Inventory: Materials and supplies	-	-	-	-	-	-	-	-	2
Inventory: Medical supplies	-	-	-	-	-	-	-	-	-
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas Inventory Interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	380	-	-	380	468	(88)	123.2%	361	408
Consumable: Stationery, printing and office supplies	1 266	(564)	-	702	930	(228)	132.5%	666	732
Operating leases	3 468	5 516	-	8 984	19 552	(10 568)	217.6%	3 290	8 421
Property payments	158	-	-	158	903	(745)	571.5%	150	780
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	14 639	(1 334)	-	13 305	9 820	3 485	73.8%	8 610	15 419
Training and development	20 970	(2 431)	-	18 539	12 973	5 566	70.0%	19 465	2 720
Operating payments	176	-	-	176	14	162	8.0%	167	109
Venues and facilities	536	-	-	536	121	415	22.6%	508	481
Rental and hiring	-	-	-	-	-	-	-	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Interest and rent on land	-	-	-	-	-	-	-	-	-
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	12 741	-	-	12 741	10 590	2 151	83.1%	20 751	42 234
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies	-	1	-	1	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies (non- business entities)	-	1	-	1	-	-	-	-	-

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	12 741	(1)	-	12 740	10 590	2 150	83.1%	20 751	42 234
Social benefits	81	108	-	189	189	-	100.0%	-	15
Other transfers to households	12 660	(109)	-	12 551	10 401	2 150	82.9%	20 751	42 219
Payments for capital assets	2 483	-	-	2 483	859	1 624	34.6%	958	958
Buildings and other fixed structures	-	-	-	-	-	-	-	74	74
Buildings	-	-	-	-	-	-	-	74	74
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2 483	(88)	-	2 395	771	1 624	32.2%	869	869
Transport equipment	1 949	-	-	1 949	-	1 949	-	869	-
Other machinery and equipment	534	(88)	-	446	771	(325)	172.9%	-	869
Intangible assets	-	88	-	88	88	-	100.0%	15	15
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	124 514	-	(9 961)	114 553	91 114	23 439	79.5%	108 698	104 251

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	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	57 810	7 793	-8 014	57 589	52 493	5 096	91.2%	51 084	50 803
Compensation of employees	41 509	-	-8 014	33 495	26 409	7 086	78.8%	36 252	25 185
Goods and services	16 301	7 793	-	24 094	26 084	-1 990	108.3%	14 832	25 618
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	81	109	-	190	189	1	99.5%	77	394
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	1	-	1	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	81	108	-	189	189	-	100.0%	77	394
Payments for capital assets	1 949	-	-	1 949	403	1 546	20.7%	958	572
Buildings and other fixed structures	-	-	-	-	-	-	-	74	74
Machinery and equipment	1 949	-	-	1 949	403	1 546	20.7%	869	483
Intangible assets	-	-	-	-	-	-	-	15	15
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	59 840	7 902	-8 014	59 728	53 085	6 643	88.9%	52 119	51 769

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
6.2 EMS Training College									
Economic classification									
Current payments	3 497	-662	-1 947	888	888	-	100.0%	-	-
Compensation of employees	2 301	-	-1 947	354	354	-	100.0%	-	-
Goods and services	1 196	-662	-	534	534	-	100.0%	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	534	-456	-	78	-	78	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	534	-456	-	78	-	78	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	4 031	-1 118	-1 947	966	888	78	91.9%	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual expenditure R'000
Economic classification									
Current payments	9 959	5 380	-	15 339	15 339	-	100.0%	9 562	5 063
Compensation of employees	1 983	-	-	1 983	983	1 000	49.6%	1 881	1 375
Goods and services	7 976	5 380	-	13 356	14 356	-1 000	107.5%	7 681	3 688
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	12 660	-109	-	12 551	10 401	2 150	82.9%	18 798	39 964
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	12 660	-109	-	12 551	10 401	2 150	82.9%	18 798	39 964
Payments for capital assets	-	456	-	456	456	-	100.0%	-	386
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	368	-	368	368	-	100.0%	-	386
Intangible assets	-	88	-	88	88	-	100.0%	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	22 619	5 727	-	28 346	26 196	2 150	92.4%	28 360	45 413

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

6.4 Primary Health Care Training	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual expenditure R'000
Economic classification									
Current payments	1 429	-1 429	-	-	-	-	-	1 362	27
Compensation of employees	-	-	-	-	-	-	-	-	27
Goods and services	1 429	-1 429	-	-	-	-	-	1 362	-
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	-	-	-	-	-	-	-	-	-
Payments for financial assets									
Total	1 429	-1 429	-	-	-	-	-	1 362	27

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

6.5 Training Other	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000		R'000	
Current payments	36 595	-11 082	-	25 513	10 945	14 568	42.9%	24 981	5 166
Compensation of employees	4 877	-	-	4 877	142	4 735	2.9%	138	138
Goods and services	31 718	-11 082	-	20 636	10 803	9 833	52.4%	24 843	5 028
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	1 876	1 876
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	1 876	1 876
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	36 595	-11 082	-	25 513	10 945	14 568	42.9%	26 857	7 042

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	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. Laundries	6 730	-	-	6 730	9 291	(2 561)	138.1%	6 407	10 263
2. Engineering	19 961	6 512	-	26 473	46 348	(19 875)	175.1%	19 048	19 649
3. Forensic Services	31 779	(8 605)	-	23 174	23 177	(3)	100.0%	27 818	22 683
4. Ortholic and Prostetic Services	8 860	(2 781)	-	6 079	5 748	331	94.6%	8 328	6 603
5. Medical Trading Account	28 696	4 874	(1 092)	32 478	35 203	(2 725)	108.4%	23 770	30 451
Total for sub programmes	96 026	-	(1 092)	94 934	119 767	(24 833)	126.2%	85 371	85 263
Economic classification									
Current payments	92 900	-	-	92 900	118 822	(25 922)	127.9%	83 199	83 204
Compensation of employees	61 087	-	-	61 087	64 131	(3 044)	105.0%	56 605	56 721
Salaries and wages	51 246	-	-	51 246	54 890	(3 644)	107.1%	48 500	49 190
Social contributions	9 841	-	-	9 841	9 241	600	93.9%	8 105	7 531
Goods and services	31 813	-	-	31 813	54 564	(22 751)	171.5%	26 594	26 477
Administrative fees	5	-	-	5	4	1	80.0%	5	30
Advertising	-	-	-	-	102	(102)	-	-	19
Minor assets	738	(177)	-	561	410	151	73.1%	218	458
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	3
Catering: Departmental activities	-	-	-	-	64	(64)	-	1	10

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	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
Communication	443	(295)	-	148	100	48	67.6%	373	1 480
Computer services	105	(46)	-	59	59	-	100.0%	100	109
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	10 241	5 163	-	15 404	36 525	(21 121)	237.1%	9 710	10 402
Agency and support / outsourced services	1 170	(407)	-	763	638	125	83.6%	611	609
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services	4 999	-	-	4 999	5 376	(377)	107.5%	4 743	450
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and supplies	96	-	-	96	79	17	82.3%	1	25
Inventory: Farming supplies	48	-	-	48	-	48	-	-	-
Inventory: Food and food supplies	372	(372)	-	-	-	-	-	353	-
Inventory: Fuel, oil and gas	-	-	-	-	2	(2)	-	2	2

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	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
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	53	(21)	-	32	61	(29)	190.6%	1 239	141
Inventory: Medical supplies	5 468	(1 950)	-	3 518	2 704	814	76.9%	4 710	4 588
Inventory: Medicine	218	(218)	-	-	-	-	-	207	-
Medsas Inventory Interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	1 727	(831)	-	896	3 030	(2 134)	338.2%	754	3 262
Consumable: Stationery, printing and office supplies	403	-	-	403	416	(13)	103.2%	369	540
Operating leases	748	(285)	-	463	505	(42)	109.1%	710	138
Property payments	3 929	(561)	-	3 368	3 368	-	100.0%	1 628	3 336
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	831	-	-	831	1 061	(230)	127.7%	811	845
Training and development	171	-	-	171	-	171	-	42	18
Operating payments	48	-	-	48	60	(12)	125.0%	4	12
Venues and facilities	-	-	-	-	-	-	-	-	-

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16					2014/15			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual expenditure R'000
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	127	(127)	-	-	6
Interest	-	-	-	-	127	(127)	-	-	6
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	182	(182)	-	261	261
Provinces and municipalities	-	-	-	-	11	(11)	-	7	7
Provinces	-	-	-	-	-	-	-	7	7
Provincial Revenue Funds	-	-	-	-	-	-	-	7	7
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	11	(11)	-	-	-
Municipal bank accounts	-	-	-	-	11	(11)	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	171	(171)	-	254	254
Social benefits	-	-	-	-	171	(171)	-	254	254
Other transfers to households	-	-	-	-	-	-	-	-	-

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

	2015/16						2014/15		
	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 7: Health Care Support Services									
Payments for capital assets	3 126	-	(1 092)	2 034	763	1 271	37.5%	1 798	1 798
Buildings and other fixed structures	-	448	-	448	448	-	100.0%	348	348
Buildings	-	-	-	-	-	-	-	348	348
Other fixed structures	-	448	-	448	448	-	100.0%	-	-
Machinery and equipment	3 126	(448)	(1 092)	1 586	315	1 271	19.9%	1 450	1 450
Transport equipment	-	-	-	-	-	-	-	754	672
Other machinery and equipment	3 126	(448)	(1 092)	1 586	315	1 271	19.9%	696	778
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	96 026	-	(1 092)	94 934	119 767	(24 833)	126.2%	85 371	89 649

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16										2014/15	
	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	R'000	R'000	
7.1 Laundry Services												
Economic classification												
Current payments	6 730	-	-	6 730	9 173	-2 443	136.3%	6 359	10 209	6 359	10 209	
Compensation of employees	6 240	-	-	6 240	6 258	-18	100.3%	5 891	5 733	5 891	5 733	
Goods and services	490	-	-	490	2 915	-2 425	594.9%	468	4 476	468	4 476	
Interest and rent on land	-	-	-	-	-	-	-	-	-	-	-	
Transfers and subsidies					118	-118		48	48	48	48	
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-	-	
Non-profit institutions	-	-	-	-	-	-	-	-	-	-	-	
Households	-	-	-	-	118	-118	-	-	48	-	48	
Payments for capital assets											6	
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-	-	
Machinery and equipment	-	-	-	-	-	-	-	-	-	-	6	
Intangible assets	-	-	-	-	-	-	-	-	-	-	-	
Payments for financial assets												
Total	6 730	-	-	6 730	9 291	-2 561	138.1%	6 407	10 263	6 407	10 263	

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

7.2 Engineering	2015/16							2014/15	
	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	19 961	5 876	-	25 837	45 690	-19 853	176.8%	18 879	18 881
Compensation of employees	10 611	-	-	10 611	9 583	1 028	90.3%	10 008	9 540
Goods and services	9 350	5 876	-	15 226	36 107	-20 881	237.1%	8 871	9 341
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	22	-22	-	169	169
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	22	-22	-	169	169
Payments for capital assets	-	636	-	636	636	-	100.0%	-	599
Buildings and other fixed structures	-	448	-	448	448	-	100.0%	-	-
Machinery and equipment	-	188	-	188	188	-	100.0%	-	599
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	19 961	6 512	-	26 473	46 348	-19 875	175.1%	19 048	19 649

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Economic classification									
Current payments	30 929	-7 969	-	22 960	23 044	-84	100.4%	26 944	17 536
Compensation of employees	22 200	-6 111	-	16 089	16 089	-	100.0%	20 043	13 175
Goods and services	8 729	-1 858	-	6 871	6 871	-	100.0%	6 901	4 355
Interest and rent on land	-	-	-	-	84	-84	-	-	6
Transfers and subsidies									
Provinces and municipalities	-	-	-	-	6	-6	-	7	7
Non-profit institutions	-	-	-	-	6	-6	-	7	7
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	850	-636	-	214	127	87	59.3%	754	754
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	850	-636	-	214	127	87	59.3%	754	754
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets									
Total	31 779	-8 605	-	23 174	23 177	-3	100.0%	27 705	18 297

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

7.4 Orthotic and Prosthetic Services	2015/16						2014/15		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual expenditure R'000
Economic classification									
Current payments	8 529	-2 781	-	5 748	5 748	-	100.0%	7 894	6 169
Compensation of employees	2 662	-	-	2 662	3 218	-556	120.9%	2 503	2 824
Goods and services	5 867	-2 781	-	3 086	2 530	556	82.0%	5 391	3 345
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies									
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	331	-	-	331	-	331	-	434	434
Buildings and other fixed structures	-	-	-	-	-	-	-	348	348
Machinery and equipment	331	-	-	331	-	331	-	86	86
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets									
Total	8 860	-2 781	-	6 079	5 748	331	94.6%	8 328	6 603

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

		2014/15									
		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	
7.5 Medical Trading Account											
2015/16											
Economic classification											
Current payments		26 751	4 874	-	31 625	35 167	-3 542	111.2%	23 123	30 409	
Compensation of employees		19 374	6 111	-	25 485	28 983	-3 498	113.7%	18 160	25 449	
Goods and services		7 377	-1 237	-	6 140	6 141	-1	100.0%	4 963	4 960	
Interest and rent on land		-	-	-	-	43	-43	-	-	-	
Transfers and subsidies		-	-	-	-	36	-36	-	37	37	
Provinces and municipalities		-	-	-	-	5	-5	-	-	-	
Non-profit institutions		-	-	-	-	-	-	-	-	-	
Households		-	-	-	-	31	-31	-	37	37	
Payments for capital assets		1 945	-	-1 092	853	-	853	-	610	5	
Buildings and other fixed structures		-	-	-	-	-	-	-	-	-	
Machinery and equipment		1 945	-	-1 092	853	-	853	-	610	5	
Intangible assets		-	-	-	-	-	-	-	-	-	
Payments for financial assets		-	-	-	-	-	-	-	-	-	
Total		28 696	4 874	-1 092	32 478	35 203	-2 725	108.4%	23 770	30 451	

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8: Health Facilities Management									
2015/16					2014/15				
	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	362 814	(32 513)	(11 380)	318 921	228 097	90 824	71.5%	272 370	195 588
2. Provincial Hospital Services	296 946	32 513	-	329 459	330 522	(1 063)	100.3%	185 667	200 576
Total for sub programmes	659 760	-	(11 380)	648 380	558 619	89 761	86.2%	458 037	396 164
Economic classification									
Current payments	44 668	-	-	44 668	48 968	(4 300)	109.6%	25 430	32 629
Compensation of employees	9 207	-	(302)	8 905	8 905	-	100.0%	6 958	6 959
Salaries and wages	7 788	-	(302)	7 486	8 150	(664)	108.9%	6 245	6 407
Social contributions	1 419	-	-	1 419	755	664	53.2%	713	552
Goods and services	35 461	-	302	35 763	40 053	(4 290)	112.0%	18 472	25 338
Administrative fees	100	-	-	100	20	80	20.0%	9	84
Advertising	589	-	-	589	280	309	47.5%	231	713
Minor assets	2 433	-	302	2 735	1 663	1 072	60.8%	-	2 039
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	38	-	-	38	-	38	-	-	36
Catering: Departmental activities	114	-	-	114	47	67	41.2%	75	61
Communication	110	-	-	110	49	61	44.5%	100	129
Computer services	50	-	-	50	-	50	-	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	Programme 8: Health Facilities Management									
	2015/16					2014/15				
	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	R'000
Consultants: Business and advisory services	2 494	-	-	2 494	3 372	(878)	135,2%	-	3 076	-
Infrastructure and planning services	7 987	-	-	7 987	-	7 987	-	6 096	-	-
Laboratory services	-	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-	-
Contractors	14 040	-	-	14 040	31 936	(17 896)	227,5%	10 606	12 643	-
Agency and support / outsourced services	112	-	-	112	-	112	-	-	106	-
Entertainment	-	-	-	-	-	-	-	-	-	-
Fleet services	7	-	-	7	-	7	-	-	71	-
Housing	-	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and supplies	-	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	3	(3)	-	-	1	-
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	454	-	-	454	610	(156)	134,4%	-	431	-
Inventory: Medical supplies	28	-	-	28	25	3	89,3%	-	27	-

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

Programme 8: Health Facilities Management							2014/15		
2015/16	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
Inventory: Medicine	-	-	-	-	7	(7)	-	-	-
Medsas Inventory Interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	99	-	-	99	101	(2)	102.0%	-	107
Consumable: Stationery, printing and office supplies	135	-	-	135	146	(11)	108.1%	200	41
Operating leases	19	-	-	19	11	8	57.9%	-	22
Property payments	2 007	-	-	2 007	517	1 490	25.8%	1 030	1 797
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	3 070	-	-	3 070	1 180	1 890	38.4%	125	2 773
Training and development	10	-	-	10	35	(25)	350.0%	-	9
Operating payments	117	-	-	117	51	66	43.6%	-	32
Venues and facilities	1 448	-	-	1 448	-	1 448	-	-	1 140
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	10	(10)	-	-	332
Interest	-	-	-	-	10	(10)	-	-	332
Rent on land	-	-	-	-	-	-	-	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

Programme 8: Health Facilities Management		2014/15								
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
2015/16		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Transfers and subsidies										
Provinces and municipalities		-	-	-	-	142	(142)	-	-	-
Provinces		-	-	-	-	-	-	-	-	-
Municipalities		-	-	-	-	-	-	-	-	-
Non-profit institutions		-	-	-	-	-	-	-	-	-
Households		-	-	-	-	142	(142)	-	-	-
Social benefits		-	-	-	-	-	-	-	-	-
Other transfers to households		-	-	-	-	142	(142)	-	-	-
Payments for capital assets		615 092	-	(11 380)	603 712	509 509	94 203	84.4%	432 607	363 535
Buildings and other fixed structures		516 397	(609)	(4 817)	510 971	476 808	34 163	93.3%	408 915	339 523
Buildings		516 397	(609)	(4 817)	510 971	476 808	34 163	93.3%	408 915	339 523
Other fixed structures		-	-	-	-	-	-	-	-	-
Machinery and equipment		98 695	-	(6 563)	92 132	32 092	60 040	34.8%	23 692	24 012
Transport equipment		-	-	-	-	174	(174)	-	-	7 050
Other machinery and equipment		98 695	-	(6 563)	92 132	31 918	60 214	34.6%	23 692	16 962
Intangible assets		-	609	-	609	609	-	100.0%	-	-
Payments for financial assets		-	-	-	-	-	-	-	-	-
Total		659 760	-	(11 380)	648 380	558 619	89 761	86.2%	458 037	396 164

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2016

8.1 District Hospital Services	2014/15									
	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	R'000
Current payments	28 851	-	-	28 851	32 126	-3 275	111.4%	21 058	13 640	
Compensation of employees	5 396	-	-302	5 094	2	5 092	0.0%	3 326	2	
Goods and services	23 455	-	302	23 757	32 114	-8 357	135.2%	17 732	13 578	
Interest and rent on land	-	-	-	-	10	-10	-	-	60	
Transfers and subsidies	-	-	-	-	104	-104	-	-	-	
Provinces and municipalities	-	-	-	-	-	-	-	-	-	
Non-profit institutions	-	-	-	-	-	-	-	-	-	
Households	-	-	-	-	104	-104	-	-	-	
Payments for capital assets	333 963	-32 513	-11 380	290 070	195 867	94 203	67.5%	251 312	181 948	
Buildings and other fixed structures	250 268	-32 513	-4 817	212 938	190 617	22 321	89.5%	238 620	173 114	
Machinery and equipment	83 695	-	-6 563	77 132	5 250	71 882	6.8%	12 692	8 834	
Intangible assets	-	-	-	-	-	-	-	-	-	
Payments for financial assets	-	-	-	-	-	-	-	-	-	
Total	362 814	-32 513	-11 380	318 921	228 097	90 824	71.5%	272 370	195 588	

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**APPROPRIATION STATEMENT
for the year ended 31 March 2016**

	2015/16						2014/15		
	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	15 817	-	-	15 817	16 842	-1 025	106.5%	4 372	18 989
Compensation of employees	3 811	-	-	3 811	8 903	-5 092	233.6%	3 632	6 957
Goods and services	12 006	-	-	12 006	7 939	4 067	66.1%	740	11 760
Interest and rent on land	-	-	-	-	-	-	-	-	272
Transfers and subsidies									
Provinces and municipalities	-	-	-	-	38	-38	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	38	-38	-	-	-
Payments for capital assets	281 129	32 513	-	313 642	313 642	-	100.0%	181 295	181 587
Buildings and other fixed structures	266 129	31 904	-	298 033	286 191	11 842	96.0%	170 295	166 409
Machinery and equipment	15 000	-	-	15 000	26 842	-11 842	178.9%	11 000	15 178
Intangible assets	-	609	-	609	609	-	100.0%	-	-
Payments for financial assets									
Total	296 946	32 513	-	329 459	330 522	-1 063	100.3%	185 667	200 576

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2016**

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 Ex- penditure	Variance R'000	Variance as a % of Final Appropriation
Administration	192 979	211 203	(18 224)	-9.4%
District Health Services	1 710 644	1 696 409	14 235	0.8%
Emergency Medical Services	293 598	271 386	22 212	7.6%
Provincial Hospital Services	308 751	340 432	(31 681)	-10.3%
Central Hospital Services	864 894	879 335	(14 441)	-1.7%
Health Sciences	114 553	91 114	23 439	20.5%
Health Care Support Services	94 934	119 767	(24 833)	-26.2%
Health Facilities Management	648 380	558 619	89 761	13.8%

Administration – (R18.224 million)

The programme overspending was due to legal fees incurred for claim against the department, interest on overdue accounts and outstanding payments from prior year that are processed centrally such as computer services, communication and departmental fleet services.

The department together with the Provincial Treasury are devising a plan to deal with the impact of accruals. The interventions are being implemented to contain budget pressure resulting from the impact of accruals.

District Health Services – R14.235 million

The programme underspends mainly on the goods and services and machinery & equipment, which is attributable to slow implementation of National Health Insurance at Pixley-ka-Seme District and non-payment of laboratory services due to cash flow constraints. There was change in management at NHI pilot district which lead to some delays on the procurement of goods & services.

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2016**

An amount of R3.684 million was committed on various items of goods & services including capital assets. A roll over of budget was requested in this regard, while the remaining funds will be surrendered to Treasury.

Emergency Medical Services – R22.212 million

However, there were delays on the procurement of emergency vehicles. This delay was further affected by cash flow constraints affecting the payment of suppliers, in which case the suppliers wanted payments before conversion of vehicles takes place.

The department had committed R22.212 million towards the procurement of emergency mobiles, in order to make the vehicle ready for service delivery, the department has issued another tender for the conversion of vehicles into ambulance including the supply and installation of medical equipment. The vehicles have been delivered to relevant service providers for conversion and mounting the required equipment. A roll over has been requested to mitigate this effect.

Provincial Hospital Services – (R31.681 million)

This programme overspends its budget due to the impact of accruals that could not be paid during the previous financial year. The programme overspend on goods & services and machinery & equipment specifically on outsourced medical services, medical supplies, laboratory services and municipal services. However, the programme underspend by R10.716 million on compensation of employees of earmarked funds due to challenges on the recruitment of medical officers, resultantly the programme relies on the outsourced services as an alternative measure.

The recruitment process will be accelerated to respond to service delivery demands and outsourced medical services will be phased out. The interventions are further being implemented to contain budget pressure resulting from the impact of accruals.

Central Hospital Services – (R14.441 million)

The programme overspend by R14.143 million on compensation of employees due to service delivery demands.

The budget will be reprioritised in the next financial year, to mitigate this overspending on compensation of employees.

Health Sciences – R23.439 million

The strategy has been sought for recruitment of 200 auxillary nurses. The overall programme underspend by R23.439 million, mainly due to delays on the recruitment and training of 200 auxillary nurses and phasing out certain activities from the Health Professions Training & Development Grant in order to be fully compliant, while the department is experiencing cash flow constraints on the equitable share.

The tender for training of 200 auxillary nurses was awarded and two months' expenditure incurred, while the remaining funds will be used in the next financial year.

Health Care Support Services – (R24.833 million)

The programme overspend by R24.833 million, mainly due to budget pressure resulting from installation of standby generators and electrical maintenance to a number of facilities, considering the electricity load-shedding.

The budget will be reprioritised in the next financial year to mitigate this overspending.

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2016**

Health Facilities Management – R89.761 million

The underspending was caused by delays at the implementing agents and the department. A number of projects were negatively affected, and the department had to reprioritise the use of funds in some projects, namely, construction of guardhouse and fencing at several facilities, medical equipment at newly-built De Aar Hospital, refurbishment of old Calvinia Hospital, refurbishment of EMS base station at Tshwaragano Hospital and construction of Bankhara Clinic in Kuruman.

The tenders for the above projects were only awarded during the third and fourth quarter of the financial year, although the projects were accordingly published on the Table B5 from the beginning of the year. The funding of these projects was therefore requested to be rolled over to the next financial year.

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	2 140 980	2 150 712	(9 732)	-0.5%
Goods and services	1 267 098	1 317 306	(50 208)	-4.0%
Interest and rent on land	-	2 703	(2 703)	-100.0%
Transfers and subsidies				
Provinces and municipalities	8 999	5 341	3 658	40.6%
Departmental agencies and accounts	39	-	39	100.0%
Non-profit institutions	80 967	85 948	(4 981)	-6.2%
Households	21 364	22 999	(1 635)	-7.7%
Payments for capital assets				
Buildings and other fixed structures	521 797	487 723	34 074	6.5%
Machinery and equipment	186 732	94 767	91 965	49.2%
Intangible assets	757	766	(9)	-1.2%
Payments for financial assets	-	-	-	-

Explanation of variances

Compensation of employees – (R9.732 million)

The department is generally faced with budget pressures on the compensation of employees. The main contributing factor is due to overtime costs resulting from service delivery pressures and implementation of OSD rank translations.

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2016**

The compensation of employees will be reprioritised in the next financial year, considering the need to attract and retain scarce skills and the challenge of scarce financial resources.

Goods and services – (R50.208 million)

The department experienced cash flow constraints due to the impact of accruals; this negatively affected the payment of suppliers and resulted into further unauthorised expenditure. The items that were mainly overspend are travel & subsistence, operating leases, fleet services, maintenance costs, communication, security services.

The department will continue to implement the cost containment measures to stay within the allocated budget, in the next financial year. Further, interventions are being implemented to contain budget pressure resulting from the impact of accruals. The Provincial Treasury is assisting the department to this effect.

Interest and rent on land – (R2.703 million)

The overspending was caused by interest on overdue accounts amount to R2.703 million. The department could not pay suppliers from the equitable share during the last two months of 2014/15 financial year, due to cash flow constraints.

Provinces and municipalities – R3.658 million

The transfers to municipalities was underspend by R3.832 million due to delays on the finalisation of provincialisation at Sol Plaatjie Municipality and ZF Mgcawu District. 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. The negotiations are still ongoing, and planned to be completed in the next financial year.

The unutilised funds will be surrendered to the Provincial Revenue Fund, since these funds are earmarked.

Non-profit institutions – (R4.981 million)

This overspending resulted from mainly from the increase in stipends paid to home-based carers.

The budget will be reprioritised in the next financial year.

Households – (R1.635 million)

The department overspend on transfers to households mainly due to unexpected post-employment benefits that must be paid to officials leaving the public service.

The budget will be reprioritised in the next financial year.

Buildings & Other Fixed Structures – R34.074 million

The underspending on buildings & other fixed structures resulted from several delays by implementing agents on the awarding of certain tenders which were only finalised during the third and fourth quarter of the year.

The funds are already committed and a roll over will be requested, to fund further construction activities in the next financial year.

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2016**

Machinery & Equipment – R91.965 million

The under spending is caused mainly by delays in the procurement of emergency vehicles and medical equipment for the newly-built De Aar Hospital.

The department had committed funds towards the procurement of emergency vehicles and the procurement of medical equipment and office automation devices. A roll over has been requested to this effect.

4.3 Per conditional grant	Final Appropri- ation	Actual Expendi- ture	Variance	Variance as a % of Final Appropri- ation
	R'000	R'000	R'000	R'000
Comprehensive HIV and AIDS Grant	372 403	372 403	-	0%
Health Facility Revitalisation Grant	652 231	608 736	43 495	7%
Health Professions Training & Dev	78 445	78 445	-	0%
National Tertiary Services Grant	305 477	301 866	3 611	1%
National Health Insurance	7 535	2 599	4 936	66%
EPWP Incentive Grant	2 000	114	1 886	94%
EPWP Social Services Grant	6 488	6 488	-	0%

Explanation of variances:

Comprehensive HIV & Aids Grant – R nil million

The department has spent all the allocated funds in line with the approved business plan.

Health Facility Revitalisation Grant - R43.495 million

The underspending was caused by delays at the implementing agents and the department. A number of projects were negatively affected, and the department had to reprioritise the use of funds in some projects, namely, construction of guardhouse and fencing at several facilities, medical equipment at newly-built De Aar Hospital, refurbishment of old Calvinia Hospital, refurbishment of EMS base station at Tshwaragano Hospital and construction of Bankhara Clinic in Kuruman.

The tenders for the above projects were only awarded during the third and fourth quarter of the financial year, although the projects were accordingly published on the Table B5 from the beginning of the year. The funding of these projects was therefore requested to be rolled over to the next financial year.

Health Professions Training & Development Grant (R nil)

The department has spent all the allocated funds in line with the approved business plan.

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2016**

National Tertiary Services Grant – R3.611 million

The underspending result from delays in supplier delivery. The delays was partly due cash flow constraints affecting the equitable share, wherein the suppliers withheld certain purchase orders.

The department had committed R3.500 million towards medical equipment, office furniture and other capital assets used to provide tertiary services. Funds have been requested as a roll over to the next financial year.

National Health Insurance (NHI) – R4.936 million

There were a change in the management structure in the NHI pilot district during June and that did lead to some delays in the delays in procurement of rapid assessment tools, critical training material and roll out of electronic devices at health facilities. An investigation was conducted on irregular SCM practices and that led to the suspension of certain officials of the SCM / Finance section. A number of orders were delayed due to capacity problems, thus an amount of R3.684 was committed on various items of goods & services and capital assets.

An expenditure improvement plan has been developed and implemented effectively from Mid- September 2015, which did not yield much results. Funds have been requested as a roll over to the next financial year.

EPWP Integrated Grant (R1.886)

The grant underspent due to delays in awarding of tender by the implementing agent, Department of Public Works.

The tender was awarded during last month of the financial year. The department has met with the Department of Public Works for project planning. Funds have been requested as a roll over to the next financial year.

Social Sector EPWP Incentive Grant (R nil)

The department has spent all the allocated funds in line with the approved business plan.

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2016**

	<i>Note</i>	2015/16 R'000	2014/15 R'000
REVENUE			
Annual appropriation	1	4,228,733	3,757,988
Departmental revenue	2	-	-
Aid assistance	3	228	142
TOTAL REVENUE		4,228,961	3,758,130
EXPENDITURE			
Current expenditure			
Compensation of employees	4	2,150,712	1,936,739
Goods and services	5	1,317,304	1,150,177
Interest and rent on land	6	2,703	2,235
Aid assistance	3	255	344
Total current expenditure		3,470,974	3,089,495
Transfers and subsidies			
Transfers and subsidies	7	114,287	138,762
Total transfers and subsidies		114,287	138,762
Expenditure for capital assets			
Tangible assets	8	582,492	485,122
Intangible assets	8	767	945
Total expenditure for capital assets		583,259	486,067
TOTAL EXPENDITURE		4,168,520	3,714,324
SURPLUS/(DEFICIT) FOR THE YEAR		60,441	43,806
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		60,468	44,008
Annual appropriation		6,540	(37,577)
Conditional grants		53,928	81,585
Aid assistance	4	(27)	(202)
SURPLUS/(DEFICIT) FOR THE YEAR		60,441	43,806

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2016**

	<i>Note</i>	2015/16 R'000	2014/15 R'000
ASSETS			
Current assets		336,579	252,382
Unauthorised expenditure	9	329,646	236,856
Cash and cash equivalents	10	6	-
Prepayments and advances	11	479	631
Receivables	12	6,448	14,895
Non-current assets		12,070	-
Receivables	12	12,070	-
TOTAL ASSETS		348,649	252,382
LIABILITIES			
Current liabilities		348,275	252,008
Voted funds to be surrendered to the Revenue Fund	13	152,659	135,645
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	14	7,049	7,131
Bank overdraft	15	187,662	106,975
Payables	16	324	868
Aid assistance unutilised	3	581	1,389
Non-current liabilities		-	-
TOTAL LIABILITIES		348,275	252,008
NET ASSETS		374	374

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2016**

	<i>Note</i>	2015/16 R'000	2014/15 R'000
Represented by:			
Recoverable revenue		374	374
TOTAL		374	374
	<i>Note</i>	2015/16 R'000	2014/15 R'000
Capitalisation Reserves		-	-
Recoverable revenue			
Opening balance		374	378
Transfers:		-	(4)
Debts recovered (included in departmental receipts)		-	-4
Closing balance		374	374
Retained funds		-	-
Revaluation Reserve		-	-
TOTAL		374	374

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**CASH FLOW STATEMENT
for the year ended 31 March 2016**

	Note	2015/16 R'000	2014/15 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		4,269,899	3,801,067
Annual appropriated funds received	1.1	4,228,133	3,757,988
Departmental revenue received	2	41,538	42,649
Interest received	2.2	-	288
Aid assistance received	3	228	142
Net (increase)/decrease in working capital		(96,805)	(93,262)
Surrendered to Revenue Fund		(180,763)	(144,800)
Surrendered to RDP Fund/Donor		(781)	-
Current payments		(3,375,481)	(2,995,624)
Interest paid	6	(2,703)	(2,235)
Payments for financial assets		-	-
Transfers and subsidies paid		(114,287)	(138,762)
Net cash flow available from operating activities	17	499,079	426,384
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(583,259)	(486,067)
Proceeds from sale of capital assets	2.3	3,499	-
Net cash flows from investing activities		(579,760)	(486,067)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		-	(4)
Net cash flows from financing activities		-	(4)
Net increase/(decrease) in cash and cash equivalents		(80,681)	(59,687)
Cash and cash equivalents at beginning of period		(106,975)	(47,288)
Cash and cash equivalents at end of period	18	(187,656)	(106,975)

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

Summary of significant accounting policies

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.

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.

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.

1	Basis of preparation The financial statements have been prepared in accordance with the Modified Cash Standard.
2	Going concern The financial statements have been prepared on a going concern basis.
3	Presentation currency Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.
4	Rounding Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5	Foreign currency translation 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.
6	Comparative information
6.1	Prior period comparative information 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.
6.2	Current year comparison with budget A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.
7	Revenue

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

7.1	<p>Appropriated funds</p> <p>Appropriated funds comprise 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>
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>
8.2	<p>Other expenditure</p> <p>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.</p>

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

8.3	<p>Accrued expenditure payable</p> <p>Accrued expenditure payable is recorded in the notes to the financial statements when the goods are received or, in the case of services, when they are rendered to the department or in the case of transfers and subsidies when they are due and payable.</p> <p>Accrued expenditure payable is measured at cost.</p>
8.4	<p>Leases</p>
8.4.1	<p>Operating leases</p> <p>Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment.</p> <p>The operating lease commitments are recorded in the notes to the financial statements.</p>
8.4.2	<p>Finance leases</p> <p>Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.</p> <p>The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.</p> <p>Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:</p> <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	<p>Aid Assistance</p>
9.1	<p>Aid assistance received</p> <p>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.</p> <p>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.</p>
9.2	<p>Aid assistance paid</p> <p>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.</p>
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>

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

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>
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>Financial assets</p>
13.1	<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.</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>
13.2	<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>
14	<p>Payables</p> <p>Loans and payables are recognised in the statement of financial position at cost.</p>
15	<p>Capital Assets</p>
15.1	<p>Immovable capital assets</p> <p>Immovable capital assets are initially recorded in the notes to the financial statements at cost. Immovable 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 immovable capital assets cannot be determined reliably, the immovable capital assets are measured at R1 unless the fair value of the asset has been reliably estimated, in which case the fair value is used.</p> <p>All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</p> <p>Immovable 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 is added to the cost of the asset at the end of the capital project unless the immovable asset is recorded by another department in which case the completed project costs are transferred to that department.</p>

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

15.2	<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.</p> <p>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 is added to the cost of the asset at the end of the capital project unless the movable asset is recorded by another department/entity in which case the completed project costs are transferred to that department.</p>
15.3	<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.</p> <p>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.</p> <p>Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.</p> <p>Subsequent expenditure that is of a capital nature is added to the cost of the asset at the end of the capital project unless the intangible asset is recorded by another department/entity in which case the completed project costs are transferred to that department.</p>
16	<p>Provisions and Contingents</p>
16.1	<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>
16.2	<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>

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

16.3	<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>
16.4	<p>Commitments</p> <p>Commitments 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>
17	<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>
18	<p>Fruitless and wasteful expenditure</p> <p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when 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>
19	<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>

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ACCOUNTING POLICIES
for the year ended 31 March 2016**

20	<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>
21	<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>
22	<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>
23	<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>
24	<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'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>

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

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:

	2015/16			2014/15	
	Final Ap- propriation	Actual Funds Received	Funds not requested/ not received	Final Appropri- ation	Appro- priation received
	R'000	R'000	R'000	R'000	R'000
Administration	192,979	192,979	-	173,694	173,694
District Health Services	1,710,644	1,710,644	-	1,618,498	1,618,498
Emergency Medical Services	293,598	293,598	-	259,262	259,262
Provincial Hospital Services	308,751	308,751	-	265,715	265,715
Central Hospital Services	864,894	864,894	-	788,826	788,826
Health Sciences & Training	114,553	114,553	-	108,698	108,698
Health Care Support Services	94,934	94,934	-	85,258	85,258
Health Facilities Management	648,380	647,780	600	458,037	458,037
Total	4,228,733	4,228,133	600	3,757,988	3,757,988

An amount of R600,000 for Expanded Public Works Programme: Integrated Grant to Provinces was withheld due to slow spending.

1.2 Conditional grants

	Note	2015/16	2014/15
		R'000	R'000
Total grants received	33	1,423,980	1,212,758
Provincial grants included in Total Grants received		-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

2. Departmental revenue

	Note	2015/16 R'000	2014/15 R'000
Tax revenue			
Sales of goods and services other than capital assets	2.1	40,680	41,236
Interest, dividends and rent on land	2.2	-	288
Sales of capital assets	2.3	3,499	-
Transactions in financial assets and liabilities	2.4	858	1,413
Total revenue collected		45,037	42,937
Less: Own revenue included in appropriation	14	45,037	42,937
Departmental revenue collected		-	-

2.1 Sales of goods and services other than capital assets

	Note	2015/16 R'000	2014/15 R'000
	2		
Sales of goods and services produced by the department		40,680	41,236
Sales by market establishment		4,311	4,969
Administrative fees		1,790	1,791
Other sales		34,579	34,476
Sales of scrap, waste and other used current goods			
Total		40,680	41,236

2.2 Interest, dividends and rent on land

	Note	2015/16 R'000	2014/15 R'000
	2		
Interest		-	288
Dividends			
Rent on land			
Total		-	288

2.3 Sale of capital assets

	Note	2015/16 R'000	2014/15 R'000
	2		
Tangible assets			
Machinery and equipment	30	3,499	-
Total		3,499	-

Proceeds received from sale of redundant assets, mainly emergency medical services vehicles.

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

2.4 Transactions in financial assets and liabilities

	Note	2015/16 R'000	2014/15 R'000
Stale cheques written back	2	11	-
Other Receipts including Recoverable Revenue		847	1,413
Total		858	1,413

3. Aid assistance

	Note	2015/16 R'000	2014/15 R'000
Opening Balance		1,389	1,591
Prior period error			-
As restated		1,389	1,591
Transferred from statement of financial performance		(27)	(202)
Paid during the year		(781)	-
Closing Balance		581	1,389

An amount of R781,000 on Global fund was refunded to the National Department of Health.

3.1 Analysis of balance by source

	Note	2015/16 R'000	2014/15 R'000
Aid assistance from other sources	3	581	1,389
Closing balance		581	1,389

3.2 Analysis of balance

	Note	2015/16 R'000	2014/15 R'000
Aid assistance unutilised	3	581	1,389
Closing balance		581	1,389

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

4. Compensation of employees

4.1 Salaries and Wages

	Note	2015/16 R'000	2014/15 R'000
Basic salary		1,409,399	1,294,451
Performance award		885	433
Service Based		1,904	1,938
Compensative/circumstantial		213,170	174,111
Periodic payments		850	457
Other non-pensionable allowances		270,234	241,850
Total		<u>1,896,442</u>	<u>1,713,240</u>

4.2 Social contributions

	Note	2015/16 R'000	2014/15 R'000
Employer contributions			
Pension		163,182	150,280
Medical		90,543	72,974
UIF		1	1
Bargaining council		544	244
Total		<u>254,270</u>	<u>223,499</u>
Total compensation of employees		<u>2,150,712</u>	<u>1,936,739</u>
Average number of employees		<u>6,825</u>	<u>6,994</u>

Year on year increase above inflation is mainly due to increase in appointments on higher levels of staff.

5. Goods and services

	Note	2015/16 R'000	2014/15 R'000
Administrative fees		1,977	2,875
Advertising		4,978	11,946
Minor assets	5.1	18,507	20,486
Bursaries (employees)		3,706	1,813
Catering		7,815	10,122
Communication		22,907	18,541
Computer services	5.2	25,524	23,005
Consultants: Business and advisory services		6,363	17,947
Laboratory services		111,760	88,757
Legal services		4,883	3,504
Contractors		147,750	98,540
Agency and support / outsourced services		92,662	83,969

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

	Note	2015/16 R'000	2014/15 R'000
Audit cost – external	5.3	13,473	13,076
Fleet services		87,877	65,251
Inventory	5.4	419,200	352,985
Consumables	5.5	46,170	59,801
Operating leases		106,414	62,988
Property payments	5.6	130,829	134,073
Rental and hiring			
Transport provided as part of the departmental activities		4,171	2,329
Travel and subsistence	5.7	38,362	59,925
Venues and facilities		2,849	-
Training and development		15,489	5,253
Other operating expenditure	5.8	3,638	12,991
Total		<u>1,317,304</u>	<u>1,150,177</u>

Year on year increase above inflation is mainly due to accruals of the 2014/15 financial year in the current financial year.

5.1 Minor assets

	Note	2015/16 R'000	2014/15 R'000
	5		
Tangible assets			
Machinery and equipment		18,416	18,979
Intangible assets			
Software		91	1,507
Total		<u>18,507</u>	<u>20,486</u>

5.2 Computer services

	Note	2015/16 R'000	2014/15 R'000
	5		
SITA computer services		7,007	3,423
External computer service providers		18,517	19,582
Total		<u>25,524</u>	<u>23,005</u>

5.3 Audit cost – External

	Note	2015/16 R'000	2014/15 R'000
	5		
Regularity audits		13,473	13,076
Total		<u>13,473</u>	<u>13,076</u>

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

5.4 Inventory

	Note	2015/16	2014/15
	5	R'000	R'000
Clothing material and accessories		1,497	1,628
Farming supplies		6	8
Food and food supplies		21,139	20,288
Fuel, oil and gas		19,090	15,637
Materials and supplies		5,253	4,074
Medical supplies		117,250	124,603
Medicine		254,965	186,747
Total		419,200	352,985

Year on year increase is mainly due to the payment of accruals at the Provincial medical depot.

5.5 Consumables

	Note	2015/16	2014/15
	5	R'000	R'000
Consumable supplies		32,592	40,610
Uniform and clothing		6,965	8,935
Household supplies		24,859	30,007
Building material and supplies		61	534
Communication accessories		26	203
IT consumables		426	587
Other consumables		255	344
Stationery, printing and office supplies		13,578	19,191
Total		46,170	59,801

5.6 Property payments

	Note	2015/16	2014/15
	5	R'000	R'000
Municipal services		52,021	54,297
Property maintenance and repairs		884	727
Other		77,924	79,049
Total		130,829	134,073

5.7 Travel and subsistence

	Note	2015/16	2014/15
	5	R'000	R'000
Local		35,197	56,067
Foreign		3,165	3,858
Total		38,362	59,925

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

5.8 Other operating expenditure

	Note	2015/16	2014/15
		R'000	R'000
Professional bodies, membership and subscription fees	5	104	31
Resettlement costs		2,086	2,145
Other		1,448	10,815
Total		<u>3,638</u>	<u>12,991</u>

6. Interest and rent on land

	2015/16	2014/15
	R'000	R'000
Interest paid	2,703	2,235
Total	<u>2,703</u>	<u>2,235</u>

7. Transfers and subsidies

	Note	2015/16	2014/15
		R'000	R'000
Provinces and municipalities	34	5,341	2,217
Non-profit institutions	Annex 1A	85,947	80,506
Households	Annex 1B	22,999	56,039
Total		<u>114,287</u>	<u>138,762</u>

Year on year decrease is caused mainly by the non-payment of bursary commitment to the National Department of Health.

8. Expenditure for capital assets

	Note	2015/16	2014/15
		R'000	R'000
Tangible assets		582,492	485,122
Buildings and other fixed structures	31	487,724	356,282
Machinery and equipment	29	94,768	128,840
Intangible assets		767	945
Software	30	767	945
Total		<u>583,259</u>	<u>486,067</u>

The following amounts have been included as project costs in Expenditure for capital assets

Compensation of employees	8,905	6,958
Goods and services	39,318	25,657
Total	<u>48,223</u>	<u>32,615</u>

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

8.1 Analysis of funds utilised to acquire capital assets – 2015/16

	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible assets	582,492	-	582,492
Buildings and other fixed structures	487,724	-	487,724
Machinery and equipment	94,768	-	94,768
Intangible assets	767	-	767
Software	767	-	767
Total	583,259	-	583,259

8.2 Analysis of funds utilised to acquire capital assets – 2014/15

	Voted funds	Aid assistance	Total
	R'000	R'000	R'000
Tangible assets	485,122	-	485,122
Buildings and other fixed structures	356,282	-	356,282
Machinery and equipment	128,840	-	128,840
Intangible assets	945	-	945
Software	945	-	945
Total	486,067	-	486,067

8.3 Finance lease expenditure included in Expenditure for capital assets

	Note	2015/16 R'000	2014/15 R'000
Tangible assets			
Machinery and equipment		574	13,935
Total		574	13,935

9. Unauthorised expenditure

9.1 Reconciliation of unauthorised expenditure

	Note	2015/16 R'000	2014/15 R'000
Opening balance		236,856	145,220
Prior period error		-	-
As restated		236,856	145,220
Unauthorised expenditure – discovered in current year (as restated)		92,790	91,636
Closing balance		329,646	236,856

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

9.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification

	2015/16	2014/15
	R'000	R'000
Capital	813	1,413
Current	292,683	207,752
Transfers and subsidies	36,150	27,691
Total	329,646	236,856

9.3 Analysis of unauthorised expenditure awaiting authorisation per type

	2015/16	2014/15
	R'000	R'000
Unauthorised expenditure relating to overspending of the vote or a main division within a vote	329,646	236,856
Total	329,646	236,856

Year on year increase is mainly due to the pressure of 2014/15 accruals.

9.4 Details of unauthorised expenditure – current year

Incident	Disciplinary steps taken/criminal proceedings	2015/16
		R'000
Overspending of the vote	Under investigation	92,790
Total		92,790

10. Cash and cash equivalents

	Note	2015/16	2014/15
		R'000	R'000
Cash receipts		6	-
Total		6	-

11. Prepayments and advances

	Note	2015/16	2014/15
		R'000	R'000
Travel and subsistence		479	631
Total		479	631

The Department paid staff advances for subsistence and allowances when undertaking official trips abroad.

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

12. Receivables

	<i>Note</i>	2015/16			2014/15		
		Current R'000	Non- current R'000	Total R'000	Current R'000	Non- current R'000	Total R'000
Recoverable expenditure	12.1	4,588	-	4,588	1,935	482	2,417
Staff debt	12.2	1,190	11,478	12,668	2,755	9,723	12,478
Other debtors	12.3	670	592	1,262	-	-	-
Total		6,448	12,070	18,518	4,690	10,205	14,895

12.1 Recoverable expenditure (disallowance accounts)

	<i>Note</i> 12	2015/16 R'000	2014/15 R'000
Damage vehicles		7	-
Salary: Income tax		500	526
Salary: ACB recalls		6	-
Salary: Tax debt		306	76
Salary: Deduction disallowance		20	23
Salary: Pension fund		-	40
Salary: Recoverable		3,746	1,751
Disallowance dishonoured cheques		-	1
Salary: Medical aid		3	-
Total		4,588	2,417

12.2 Staff debt

	<i>Note</i> 12	2015/16 R'000	2014/15 R'000
Debt receivable		12,668	12,478
Total		12,668	12,478

12.3 Other debtors

	<i>Note</i> 12	2015/16 R'000	2014/15 R'000
Debt receivable		1,262	-
Total		1,262	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

12.4 Impairment of receivables

	<i>Note</i>	2015/16	2014/15
		R'000	R'000
Estimate of impairment of receivables		5,839	5,183
Total		5,839	5,183

13. Voted funds to be surrendered to the Revenue Fund

	<i>Note</i>	2015/16	2014/15
		R'000	R'000
Opening balance		135,645	101,693
Prior period error		-	-
As restated		135,645	101,693
Transfer from statement of financial performance (as restated)		60,468	44,008
Add: Unauthorised expenditure for current year	9	92,790	91,636
Voted funds not requested/not received	1.1	(600)	-
Paid during the year		(135,644)	(101,692)
Closing balance		152,659	135,645

14. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

	<i>Note</i>	2015/16	2014/15
		R'000	R'000
Opening balance		7,131	7,302
Prior period error		-	-
As restated		7,131	7,302
Own revenue included in appropriation		45,037	42,937
Paid during the year		(45,119)	(43,108)
Closing balance		7,049	7,131

15. Bank Overdraft

	<i>Note</i>	2015/16	2014/15
		R'000	R'000
Consolidated Paymaster General Account		187,662	106,975
Total		187,662	106,975

16. Payables – current

	<i>Note</i>	2015/16	2014/15
		R'000	R'000
Clearing accounts	16.1	125	79
Other payables	16.2	199	789
Total		324	868

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

16.1 Clearing accounts

	Note	2015/16	2014/15
	16	R'000	R'000
Description			
Salary: Finance other institutions		13	-
Salary: Pension fund		17	-
Salary: Garnishee order		95	79
Total		125	79

16.2 Other payables

	Note	2015/16	2014/15
	16	R'000	R'000
Description			
(Identify major categories, but list material amounts)			
Cancel cheque/re-issue		76	48
Disallowance miscellaneous		115	175
Payable: Adv:Pub Ent Adv Acc		8	-
Damage vehicle		-	3
Salary: ACB recall		-	562
Outstanding payments		-	1
Total		199	789

17. Net cash flow available from operating activities

	Note	2015/16	2014/15
		R'000	R'000
Net surplus/(deficit) as per Statement of Financial Performance		60,441	43,806
Add back non cash/cash movements not deemed operating activities		438,638	382,578
(Increase)/decrease in receivables – current		(3,623)	(2,369)
(Increase)/decrease in prepayments and advances		152	171
Increase/(decrease) in payables – current		(544)	572
Proceeds from sale of capital assets		(3,499)	-
Expenditure on capital assets		583,259	486,067
Surrenders to Revenue Fund		(180,763)	(144,800)
Surrenders to RDP Fund/Donor		(781)	-
Voted funds not requested/not received		(600)	-
Own revenue included in appropriation		45,037	42,937
Net cash flow generated by operating activities		499,079	426,384

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

18. Reconciliation of cash and cash equivalents for cash flow purposes

	2015/16 R'000	2014/15 R'000
Consolidated Paymaster General account	(187,662)	(106,975)
Cash receipts	6	-
Total	(187,656)	(106,975)

19. Contingent liabilities and contingent assets

19.1 Contingent liabilities

Liable to	Nature	Note	2015/16 R'000	2014/15 R'000
Housing loan guarantees	Employees	Annex 2A	1,447	1,665
Claims against the department		Annex 2B	529,105	338,416
Intergovernmental payables (unconfirmed balances)		Annex 4	3,216	3,564
Total			533,768	343,645

Year on year increase is due to the sharp increase in medico-legal claims submitted against the Department. The Department is in the process of defending all matters. Prior year comparatives were adjusted to better reflect the fair presentation of the Annual Financial Statements. The restatement was due to the claims which were not disclosed in the previous financial year.

19.2 Contingent assets

Nature of contingent asset	2015/16 R'000	2014/15 R'000
Labour matters	1,486	1,486
Motor vehicle accidents	110	38
OSD overpayments	1,958	1,958
Others	930	930
Total	4,485	4,412

20. Commitments

	Note	2015/16 R'000	2014/15 R'000
Current expenditure			
Approved and contracted		375,410	445,287
Approved but not yet contracted		375,410	445,287
Capital expenditure			
Approved and contracted		185,739	450,583
Approved but not yet contracted		185,739	450,583
Total Commitments		561,149	895,870

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

Commitments longer than a year: Bursary commitments	R 192,880 Million
Other maintenance contracts	R 28 965 Million
Leases	R 628 Thousand

The comparative figures have been restated to better reflect the fair presentation of financial statements. The restatement is as a result of commitments which were not disclosed in the prior year.

21. Accruals and payables not recognised

21.1 Accruals

		2015/16 R'000	2014/15 R'000
Listed by economic classification			
	30 Days	30+ Days	Total
Goods and services	-	-	291,402
Interest and rent on land			-
Transfers and subsidies			832
Capital assets	-	-	56,073
Other	-	-	2,221
Total			350,529
	Note	2015/16 R'000	2014/15 R'000
Listed by programme level			
Administration		-	27,291
District Health Services		-	128,483
Emergency Medical Services		-	32,596
Provincial Hospital Services		-	26,655
Central Hospital Services		-	86,803
Health Sciences and Training		-	2,905
Health Care Support Services		-	8,977
Health Facilities Management		-	36,819
Total		-	350,529

The comparative figures have been adjusted to better reflect the fair presentation of the Annual financial statements. The restatement is as a result of accruals which were omitted in the prior year.

Material accruals are due to service delivery pressures faced by the Department and the slow growth of the budget.

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

21.2 Payables not recognised

			2015/16	2014/15
			R'000	R'000
Listed by economic classification				
	30 Days	30+ Days	Total	Total
Goods and services	107,842	316,972	424,814	-
Interest and rent on land				
Transfers and subsidies				
Capital assets	48	1,044	1,092	-
Other	-	10,654	10,654	-
Total	107,890	328,670	436,560	-
		Note	2015/16	2014/15
			R'000	R'000
Listed by programme level				
Administration			51,903	-
District Health Services			172,158	-
Emergency Medical Services			16,050	-
Provincial Hospital Services			48,943	-
Central Hospital Services			67,815	-
Health Sciences and Training			39,741	-
Health Care Support Services			2,961	-
Health Facilities Management			36,989	-
Total			436,560	-
		Note	2015/16	2014/15
			R'000	R'000
Included in the above totals are the following:				
Confirmed balances with other departments		<i>Annex 4</i>	36,364	4,502
Total			36,364	4,502

22. Employee benefits

	Note	2015/16	2014/15
		R'000	R'000
Leave entitlement		75,127	69,077
Service bonus (Thirteenth cheque)		53,752	48,202
Performance awards		32,276	29,289
Capped leave commitments		36,545	38,530
Other		2,063	1,527
Total		199,763	186,625

Included in the other disclosure is the negative capped leave balances to the value of R21000.00

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

23. Lease commitments

23.1 Operating leases expenditure

2015/16	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	-	-	34,285	21,938	56,223
Later than 1 year and not later than 5 years	-	-	7,224	15,079	15,124
Later than five years	-	-			
Total lease commitments	-	-	41,509	37,017	78,526

2014/15	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	-	-	18,381	15,332	33,713
Later than 1 year and not later than 5 years	-	-	16,081	1,910	17,991
Later than five years	-	-			
Total lease commitments	-	-	34,462	17,242	51,704

23.2 Finance leases expenditure**

2015/16	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	-	-	-	13,481	13,481
Later than 1 year and not later than 5 years	-	-	-	22,457	22,457
Later than five years	-	-	-		
Total lease commitments	-	-	-	35,938	35,938

2014/15	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year	-	-	-	26,976	26,976
Later than 1 year and not later than 5 years	-	-	-	24,038	24,038
Later than five years	-	-	-		
Total lease commitments	-	-	-	51,014	51,014

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

24. Accrued departmental revenue

	Note	2015/16 R'000	2014/15 R'000
Tax revenue			
Sales of goods and services other than capital assets		105,438	100,876
Total		<u>105,438</u>	<u>100,876</u>

24.1 Analysis of accrued departmental revenue

	Note	2015/16 R'000	2014/15 R'000
Opening balance		100,876	82,339
Less: amounts received		33,538	27,936
Add: amounts recognised		52,405	61,617
Less: amounts written-off/reversed as irrecoverable		14,305	15,144
Closing balance		<u>105,438</u>	<u>100,876</u>

The comparative figures have been restated to better reflect the fair presentation of the annual financial statements. Adjustment is due to the recognised amount understated in the prior year.

24.2 Accrued department revenue written off

	Note	2015/16 R'000	2014/15 R'000
Nature of losses			
Patient debt written off		14,305	15,144
Total		<u>14,305</u>	<u>15,144</u>

24.3 Impairment of accrued departmental revenue

	Note	2015/16 R'000	2014/15 R'000
Estimate of impairment of accrued departmental revenue		76,557	60,334
Total		<u>76,557</u>	<u>60,334</u>

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

25. Irregular expenditure

25.1 Reconciliation of irregular expenditure

	Note	2015/16 R'000	2014/15 R'000
Opening balance		4,166,702	3,629,533
Prior period error		-	-
As restated		4,166,702	3,629,533
Add: Irregular expenditure – relating to prior year		200,280	-
Add: Irregular expenditure – relating to current year		805,906	537,169
Closing balance		<u>5,172,888</u>	<u>4,166,702</u>

Analysis of awaiting condonation per age classification

Current year	805,906	537,169
Prior years	4,477,305	3,629,533
Total	<u>5,172,888</u>	<u>4,166,702</u>

The comparative figures have been restated to better reflect the fair presentation of the annual financial statements. The adjustment is due to irregular expenditure not disclosed in the prior year resulting in an increase of the prior year figure.

25.2 Details of irregular expenditure – current year

Incident	Disciplinary steps taken/criminal proceedings	2015/16 R'000
Infrastructure contracts awarded by implementing agents	No disciplinary steps, however the matter will be investigated	468,497
Goods and services sourced without following Supply chain management processes	No disciplinary steps, however the matter will be investigated	337,408
Total		<u>805,906</u>

25.3 Details of irregular expenditures under investigation (not included in the main note)

Incident	2015/16 R'000
Irregular expenditure obtained during the audit	41,105
Total	<u>41,105</u>

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

25.4 Details of the non-compliance where an institution was not represented in a bid committee for contracts arranged by other institutions

Incident	2015/16 R'000
Infrastructure contracts awarded by implementing agents	468,497
Total	468,497

26. Fruitless and wasteful expenditure

26.1 Reconciliation of fruitless and wasteful expenditure

	<i>Note</i>	2015/16 R'000	2014/15 R'000
Opening balance		41,848	35,636
Prior period error		-	-
As restated		41,848	35,636
Fruitless and wasteful expenditure – relating to current year		4,392	6,212
Closing balance		46,240	41,848

26.2 Analysis of awaiting resolution per economic classification

	2015/16 R'000	2014/15 R'000
Current	35,515	31,699
Capital	10,725	10,179
Total	46,240	41,878

26.3 Analysis of Current year's fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	2015/16 R'000
Interest on overdue accounts	None	3,635
Other	None	756
Total		4 392

27. Related party transactions

Disclosure relating to other provincial government departments and entities

Related party relationship

The Department of Health has related party relationships with the following provincial departments and provincial entities due to common control by the Provincial Legislature as follows:

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

Provincial Departments

Agriculture, Land Reform and rural Development
Co-operative Governance, Human Settlements and Traditional Affairs
Economic Development
Education
Environment and Nature Conservation
Northern Cape Provincial Legislature
Northern Cape Provincial Treasury
Office of the Premier
Roads and Public Works
Social Development
Sports, Arts and Culture
Transport, Safety and Liaison

Provincial Entities

Housing Fund
Kalahari Kid Corporation (KKC)
McGregor Museum
Ngwao Boswa Kapa Bokone
Northern Cape Arts and Culture Council
Northern Cape Economic Development, Trade and Investment Promotion (NCEDA)
Northern Cape Gambling Board
Northern Cape Liquor Board
Northern Cape Political Party Fund
Northern Cape Tourism Authority
NC Fleet
Independent Development Trust

Related party transactions

There were no related party transactions concluded with the aforementioned related parties other than those specifically disclosed in separate sub-headings above

28. Key management personnel

	No. of Individuals	2015/16 R'000	2014/15 R'000
Political office bearers (provide detail below)	2(1)	1,821	1,564
Officials:			
Level 15 to 16	1(1)	1,410	1,322
Level 14 (incl. CFO if at a lower level)	8(9)	7,374	8,219
Family members of key management personnel	3(3)	1,133	1,312
Total		11,738	12,417

The Department had eight (8) officials on level fourteen (14) of which two (2) were acting

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

29. Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing Balance R'000
HERITAGE ASSETS					
Heritage assets					
MACHINERY AND EQUIPMENT	820,017	-	94,768	3,866	910,919
Transport assets	100,096	-	25,437	3,499	122,034
Computer equipment	46,276	-	2,212	367	48,121
Furniture and office equipment	35,219	-	1,692	-	36,911
Other machinery and equipment	638,426	-	65,427	-	703,853
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	820,017	-	94,768	3,866	910,919

Disposals of R367,000 represent computers donated to students on the Cuban bursary scholarship.

29.1 Additions

ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	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	94,768	-	-	-	94,768
Transport assets	25,437	-	-	-	25,437
Computer equipment	2,212	-	-	-	2,212
Furniture and office equipment	1,692	-	-	-	1,692
Other machinery and equipment	65,427	-	-	-	65,427
TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS	94,768	-	-	-	94,768

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

29.2 Disposals

DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Sold for cash	Non-cash disposal	Total disposals	Cash Received Actual
	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	3,499	367	3,866	3,499
Transport assets	3,499	-	3,499	3,499
Computer equipment	-	367	367	-
TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS	3,499	367	3,866	3,499

29.3 Movement for 2014/15

MOVEMENT IN TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	691,177	-	128,840	-	820,017
Transport assets	61,044	-	39,052	-	100,096
Computer equipment	36,935	-	9,341	-	46,276
Furniture and office equipment	31,328	-	3,891	-	35,219
Other machinery and equipment	561,870	-	76,556	-	638,426
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	691,177	-	128,840	-	820,017

29.4 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2016

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	1,507	-	154,413	-	155,920
Value adjustments	-	-	-	-	-	-
Additions	-	91	-	18,416	-	18,507
Disposals	-	-	-	-	-	-
TOTAL MINOR ASSETS	-	1,598	-	172,829	-	174,427

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2015

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
Opening balance	-	-	-	135,435	-	135,435
Prior period error	-	-	-	-	-	-
Additions	-	1,507	-	18,978	-	20,485
Disposals	-	-	-	-	-	-
TOTAL MINOR ASSETS	-	1,507	-	154,413	-	155,920

30. Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	4,640	-	767	(88)	5,319
TOTAL INTANGIBLE CAPITAL ASSETS	4,640	-	767	(88)	5,319

Disposals of R88,000 represent computer software donated to students on the Cuban bursary scholarship.

30.1 Additions

ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Cash R'000	Non- Cash R'000	(Develop- ment work in progress - current costs) R'000	Received current year, not paid (Paid current year, received prior year) R'000	Total R'000
SOFTWARE	767	-	-	-	767
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS	767	-	-	-	767

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

30.2 Disposals

DISPOSALS OF INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Sold for cash R'000	Non-cash disposal R'000	Total disposals R'000	Cash Received Actual R'000
SOFTWARE	-	88	88	-
TOTAL DISPOSALS OF INTANGIBLE CAPITAL ASSETS	-	88	88	-

30.3 Movement for 2014/15

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2015

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	3,695	-	945	-	4,640
TOTAL INTANGIBLE CAPITAL ASSETS	3,695	-	945	-	4,640

31. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance R'000	Value adjustments	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	137,813	-	84,801	(70,531)	152,082
Non-residential buildings	137,813	-	71,559	(70,531)	138,841
Other fixed structures	-	-	13,242	-	13,242
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	137,813	-	84,801	(70,531)	152,082

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

31.1 Additions

ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Cash R'000	Non- cash R'000	(Capital Work in Progress current costs and finance lease payments) R'000	Received current, not paid (Paid current year, received prior year) R'000	Total R'000
BUILDING AND OTHER FIXED STRUCTURES	493,632	-	(408,832)	-	84,801
Non-residential buildings	480,391	-	(408,832)	-	71,559
Other fixed structures	13,242	-	-	-	13,242
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	493,632	-	(408,832)	-	84,801

31.2 Disposals

DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Sold for cash R'000	Non-cash disposal R'000	Total disposals R'000	Cash Received Actual R'000
BUILDINGS AND OTHER FIXED STRUCTURES	-	70,531	-	-
Non-residential buildings	-	70,531	-	-
Other fixed structures	-	-	-	-
TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS	-	70,531	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

31.3 Movement for 2014/15

**MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE
YEAR ENDED 31 MARCH 2015**

	Opening balance	Prior period error	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	103,435	-	34,378	-	137,813
Non-residential buildings	103,435	-	34,378	-	137,813
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	103,435	-	34,378	-	137,813

31.4 S42 Immovable assets

Assets subjected to transfer in terms of S42 of the PFMA – 2015/16

	Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES	42	69,184
Non-residential buildings	42	69,184
Other fixed structures	-	-
TOTAL	42	69,184

Assets subjected to transfer in terms of S42 of the PFMA – 2014/15

	Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES		
Non-residential buildings	-	-
TOTAL	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

32. Prior period errors

32.1 Correction of prior period errors

	<i>Note</i>	2014/15 R'000
Assets:		
Accrued departmental revenue: amount recognised		8,997
Net effect		<u>8,997</u>

The correction was necessary to fairly present the amount of accrued departmental revenue for the 2014/15 financial year.

	<i>Note</i>	2014/15 R'000
Liabilities:		
Contingent liabilities: claims against the state		61,836
Commitments		19,961
Accruals		25,643
Net effect		<u>107,440</u>

The correction was necessary to fairly present the amount of contingent liabilities for the 2014/15 financial year.

33. Principal –Agent arrangements

	2015/16 R'000	2014/15 R'000
33.1 Principal –Agent arrangements	1,665	
Total	<u>1,665</u>	

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

34. STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF GRANT	GRANT ALLOCATION					SPENT			2014/15		
	Division of Revenue Act/ Provincial Grants R'000	Roll Overs R'000	DORA Adjustments R'000	Other Adjustments R'000	Total Available R'000	Amount received by department R'000	Amount spent by department R'000	Under/(Over-spending) R'000	% of available funds spent by department	Division of Revenue Act R'000	Amount spent by department R'000
Comprehensive HIV and AIDS grant	371,253	1,150	-	-	372,403	372,403	372,403	-	100%	355,972	354,004
Health professions training and development grant	78,445	-	-	-	78,445	78,445	78,445	-	100%	76,697	76,697
National tertiary services grant	305,477	-	-	-	305,477	305,477	301,866	3,611	99%	298,727	291,526
National health insurance grant	7,204	331	-	-	7,535	7,535	2,599	4,936	34%	7,000	3,975
Expanded public works programme: Integrated grant to provinces	2,000	-	-	(600)	1,400	1,400	114	1,286	8%	2,115	2,115
Expanded public works programme: Social sector grant to provinces	6,488	-	-	-	6,488	6,488	6,488	-	100%	7,337	7,337
Health facility revitalisation grant	593,591	58,641	-	-	652,232	652,232	608,736	43,496	93%	464,910	395,519
	1,364,458	60,122	-	-(600)	1,423,980	1,423,980	1,370,651	53,329	96%	1,212,758	1,131,173

All funds transferred in terms of the Division of Revenue Act were deposited into the primary bank account of the province.

An amount of R600,000 for Expanded Public Works Programme: Integrated Grant to Provinces was withheld due to slow spending.

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

35. STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION					TRANSFER		
	Division of Revenue Act	Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department	
	R'000	R'000	R'000		R'000	R'000	%	
Conditional Grants								
//Khara Hais municipality	3,681	-	-	3,681	2,515	1,166	-	
Sol Plaatjie municipality	2,394	-	-	2,394	-	2,394	-	
Pixley Ka Seme district municipality	88	-	-	88	500	-	-	
ZF Mgcawu district municipality	125	-	-	125	500	-	-	
Namakwa district municipality	127	-	-	127	500	-	-	
Frances Baard district municipality	500	-	-	500	500	-	-	
John Taolo Gaetsewe district municipality	127	-	-	127	500	-	-	

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

Unconditional Grants

Northern Cape Department of Transport, Safety and Liaison

NC052 Nama Khoi municipality	67	-	-	-	-	76	-	-
NC054 Kamiesberg municipality	1	1	67	-	57	10	1	-
NC055 Hantam municipality	5	5	5	-	12	-	-	-
NC055 Karoo Hoogland municipality	6	6	6	-	39	-	-	-
NC061 Richtersveld municipality	-	-	-	-	1	-	-	-
NC057 Khai-Ma municipality	1	1	1	-	-	1	-	-
NC071 Ubuntu municipality	4	4	4	-	-	4	-	-
NC072 Umsobomvu municipality	5	5	5	-	-	5	-	-
NC073 Emthanjeni municipality	1,405	1,405	1,405	-	65	1,340	-	-
NC074 Kareeberg municipality	5	5	5	-	-	5	-	-
NC082 !Kai! Garib municipality	18	18	18	-	-	18	-	-
NC083 //Khara Hais municipality	448	448	448	-	21	427	-	-
NC091 Sol Plaatjie municipality	124	124	124	-	48	76	-	-
NC093 Magareng municipality	7	7	7	-	-	7	-	-
NC094 Phokwane municipality	7	7	7	-	-	7	-	-
NC452 Ga-Segonyana municipality	40	40	40	-	7	33	-	-
NC453 Gamagara municipality	62	62	62	-	-	62	-	-
TOTAL	9,247	9,247	9,247		5,341	5,556		-

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

ANNEXURE 1A

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

	TRANSFER ALLOCATION				EXPENDITURE		2014/15 Appropriation Act R'000
	Adjusted Appropriation Act R'000	Roll overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	% of Available funds transferred %	
NON-PROFIT INSTITUTIONS							
Transfers							
Legatus NGO	8,125	-	-	8,125	8,625	106%	10,215
Northern Cape Aids Forum	6,293	-	-	6,293	6,793	108%	6,392
Nightingale Hospice	4,076	-	-	4,076	4,076	100%	2,042
Moeder Theresa Hospice	3,348	-	-	3,348	3,348	100%	2,764
Helen Bishop Orthopaedic After-Care Home	2,950	-	-	2,950	2,950	100%	2,670
Aganang Aids Services Organisation	4,614	-	-	4,614	4,614	100%	4,771
Boikobo Health Care	6,669	-	-	6,669	7,169	107%	5,990
Boitumelo NPO	1,868	-	-	1,868	1,868	100%	2,056
Bophelong Care Centre	940	-	-	940	940	100%	635
Cecilia Makiwana Hospice	939	-	-	939	939	100%	588
Dingleton Community Health Workers	2,097	-	-	2,097	2,097	100%	1,502
Diocese Aids Ministry NPO	2,872	-	-	2,872	2,872	100%	1,648
Diocese Keimoes Upington	-	-	-	-	-	-	1,901

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

Drydo Home Based Care	4,976	-	-	4,976	4,976	100%	4,103
Ebenezer Youth Group	-	-	-	-	-	-	2,838
Education Support Services Trust	2,405	-	-	2,405	2,405	100%	1,672
Grassroot Soccer SA	718	-	-	718	718	100%	543
Hope Christian Home Based Care	1,937	-	-	1,937	1,937	100%	1,954
Hopetown Home Based Care Hospice	1,215	-	-	1,215	1,215	100%	696
Hospice Health	1,801	-	-	1,801	1,801	100%	810
Kgatelopele NPO	1,385	-	-	1,385	1,385	100%	1,593
Maggie Samboer Hospice	2,289	-	-	2,289	2,289	100%	1,559
Maruping Health Care	5,528	-	-	5,528	5,686	103%	4,765
Masiphele NGO	3,120	-	-	3,120	3,120	100%	3,102
Mobile HIV Counselling and Testing	619	-	-	619	619	100%	629
Napwa Northern Cape NGO	403	-	-	403	403	100%	599
Phutadichaba Home Based Care	1,378	-	-	1,378	1,378	100%	1,345
Renosterberg Gemeenskaap Projek	1,445	-	-	1,445	1,445	100%	961
The Little Big Soup Kitchen NGO	1,148	-	-	1,148	1,148	100%	761
Thusanang Home Based Care	4,529	-	-	4,529	4,529	100%	3,746
Williston Drop-in Centre	1,390	-	-	1,390	1,390	100%	947
Resego Home Based Care	2,994	-	-	2,994	2,994	100%	-
South African National Council	218	-	-	218	218	100%	-
TOTAL	81,077	-	-	81,077	85,947		75,752

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

ANNEXURE 1B
STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2014/15 Appropriation Act R'000
	Adjusted Appropriation Act R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	% of Available funds Transferred %	
Transfers							
H/H EMPL S/BEN: INJURY ON DUTY	-	-	-	-	4	-	-
H/H EMPL S/BEN: LEAVE GRATUITY	7,612	-	-	7,612	7,608	100%	7,227
H/H CLAIMS AGAINST STATE (CASH)	-	-	-	-	4,845	-	-
H/H: BURSARIES (NON-EMPLOYEES)	12,701	-	-	12,701	10,401	82%	12,064
H/H: DONATIONS & GIFTS	-	-	-	-	141	-	-
TOTAL	20,313	-	-	20,313	22,999		19,291

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

ANNEXURE 1C

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2015/16	2014/15
		R'000	R'000
Received in cash			
KHC CEO awards	KHC CEO awards	55	20
Ortho Sol development (Pty) Ltd	Research and development: Orthopaedic division	19	122
Maphalane disability trust	Donation (cash)	49	-
NSF growth and development	Training and development	105	-
Subtotal		228	142
Received in kind			
National Department of Health	90 HPV electronic capturing devices (Tablets)	180	-
National Department of Health	4 Continuous positive airway pressure (CPAP) packages	505	-
National Department of Health	5 Data projectors	26	-
Kumba Iron Ore	Mobile clinic	-	-
Subtotal		711	-
TOTAL		939	142

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

ANNEXURE 1D

STATEMENT OF AID ASSISTANCE RECEIVED

NAME OF DONOR	PURPOSE	OPENING BALANCE R'000	REVENUE R'000	EXPENDI- TURE R'000	CLOSING BALANCE R'000
Received in cash					
European union	Training and information technology	769	-	-	769
Global fund	TB intervention	781	-	781	-
Belgium fund	TB intervention	(481)	-	-	(481)
TOTAL		1,069	-	781	288

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

ANNEXURE 1E

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE

NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation)	2015/16 R'000	2014/15 R'000
Made in kind		
Donations made by the Member of Executive Council	117	55
TOTAL	117	55

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016

ANNEXURE 2A

STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2016 – LOCAL

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2015	Guarantees draw downs during the year	Guarantees repayments/ cancelled/ reduced/ released during the year	Revaluations	Closing balance 31 March 2016	Guaranteed interest for year ended 31 March 2016	Realised losses not recoverable i.e. claims paid out
		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Standard Bank	Housing	1,517	425	-	(97)	-	328	-	-
Nedbank Limited	Housing	581	167	-	-	-	167	-	-
Firststrand Bank	Housing	951	349	-	(42)	-	307	-	-
Nedbank (INC)	Housing	124	16	-	-	-	16	-	-
ABSA Bank	Housing	3,097	532	-	(43)	-	489	-	-
Old Mutual	Housing	-	16	-	(15)	-	1	-	-
People's Bank	Housing	67	13	-	-	-	13	-	-
Nedbank (NBS)	Housing	122	54	-	-	-	54	-	-
Old Mutual (NEDB/P)	Housing	-	93	-	(21)	-	72	-	-
TOTAL		6,459	1,665	-	(218)	-	1,447	-	-

ANNEXURE 2B

STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2016

	Opening Balance	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing Balance
Nature of Liability	1 April 2015				31 March 2016
	R'000	R'000	R'000	R'000	R'000
Claims against the department					
Medico-legal cases	174,111	195,053	27,335	-	342,829
Breach of contract	93,135	21,103	1,353	-	112,885
Motor vehicle accidents	492	2,204	141	-	2,555
Labour matters	5,031	530	30	-	5,531
Other	65,646	-	341	-	65,305
TOTAL	338,615	219,889	29,200	-	529,105

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

**ANNEXURE 3
CLAIMS RECOVERABLE**

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2015/16	
	31/03/2016	31/03/2015	31/03/2016	31/03/2015	31/03/2016	31/03/2015	Receipt date up to six (6) working days after year end	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	-	-
Northern Cape Department of Education	-	-	-	30	-	30	-	-
Free State Department of Health	-	-	1,241	564	1,241	564	-	-
Gauteng Department of Health	-	-	346	320	346	320	-	-
Northern Cape Department of Roads & Public Works	-	-	-	94	-	94	-	-
Northern Cape Provincial Treasury	-	-	60	56	60	56	-	-
Western Cape Department of Health	-	-	1,317	519	1,317	519	-	-
Limpopo Department of Health	-	-	30	1	30	1	-	-
National Department of Public Works	-	-	2	2	2	2	-	-
North West Department of Health	-	-	58	24	58	24	-	-
Northern Cape Department of Social Development	-	-	-	195	-	195	-	-
National Department of Health	-	-	3,417	3,316	3,417	3,316	-	-
Eastern Cape Department of Health	-	-	178	-	178	-	-	-
Northern Cape Department of Economic Development & Tourism	-	-	19	-	19	-	-	-
Northern Cape Department of Environment & Nature Conservation	-	-	7	-	7	-	-	-
TOTAL	-	-	6,685	5,131	6,685	5,131	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

ANNEXURE 4

INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2015/16	
	31/03/2016	31/03/2015	31/03/2016	31/03/2015	31/03/2016	31/03/2015	Payment date up to six (6) working days before year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
DEPARTMENTS								
Current								
National Department of Health	31,851	-	55	55	31,906	55	-	-
Department of Justice & Constitutional Development	-	-	391	391	391	391	-	-
Northern Cape Department of Roads & Public Works	-	-	2,476	2,476	2,476	2,476	-	-
Free State Department of Health	4,502	4,502	1	250	4,503	4,752	-	-
North West Department of Health	-	-	8	7	8	7	-	-
Northern Cape Office of the Premier	-	-	66	66	66	66	-	-
Western Cape Department of Health	11	-	-	76	11	76	-	-
South African Police Service	-	-	169	13	169	13	-	-
Kwa-Zulu Natal Department of Health	-	-	14	14	14	14	-	-
Free State Department of Social Development	-	-	-	6	-	6	-	-
Northern Cape Department of Safety and Liaison	-	-	16	-	16	-	-	-
Northern Cape Department of Education	-	-	-	210	-	210	-	-
National Department of Water Affairs & Forestry	-	-	20	-	20	-	-	-
TOTAL	36,364	4,502	3,216	3,564	39,580	8,066	-	-

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

ANNEXURE 5

INVENTORIES

Inventory [Per major category]	Note	Quantity	2015/16	Quantity	2014/15
			R'000		R'000
Opening balance		-	45,355	-	48,352
Add/(Less): Adjustments to prior year balance		-	-	-	(4)
Add: Additions/Purchases - Cash		-	265,652	-	241,001
Add: Additions - Non-cash		-	-	-	-
(Less): Disposals		-	(1,047)	-	-
(Less): Issues		-	(255,323)	-	(237,981)
Add/(Less): Adjustments		-	(2,503)	-	(6,013)
Closing balance		-	52,134	-	45,355

**NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10**

**ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2016**

ANNEXURE 6

MOVEMENT IN CAPITAL WORK IN PROGRESS

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1,249,388	478,000	(69,184)	1,658,204
Non-residential buildings	1,249,388	464,758	(55,942)	1,658,204
Other fixed structures	-	13,242	(13,242)	-
TOTAL	1,249,388	478,000	(69,184)	1,658,204

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2015

	Opening balance R'000	Prior period error R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	927,970	-	355,796	(34,378)	1,249,388
Non-residential buildings	927,970	-	355,796	(34,378)	1,249,388
Other fixed structures	-	-	-	-	-
TOTAL	927,970	-	355,796	(34,378)	1,249,388