



DEPARTMENT OF HEALTH

PROVINCIAL GOVERNMENT OF THE NORTHERN CAPE

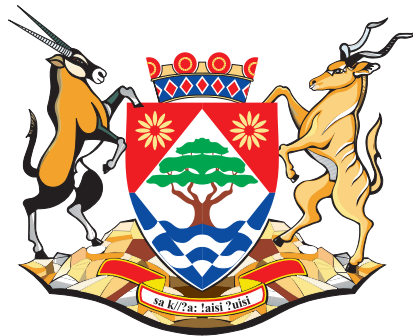


Vote 10
ANNUAL REPORT
2016/17

NORTHERN CAPE
DEPARTMENT OF HEALTH

ANNUAL REPORT
2016 - 2017

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NORTHERN CAPE DEPARTMENT OF HEALTH

ANNUAL REPORT 2016/17

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 2016 to 31st March 2017.



Mr L Motlhaping (MPL)

Date: 31 May 2017



MEC. Mr L Motlhaping conducting his site visits.

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MEC, Mr Motlhaping washing hands demonstrating the monitoring of National Core Standards (Infection Control) at facility level.

Part A: General Information

1.1 Department's General Information

Northern Cape Department of Health

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Event of recognising Professional Nurses during a Nurses Day.

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
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
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

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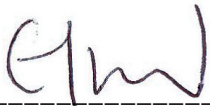
IMCI	Integrated Management of Childhood Illnesses
ISHP	Integrated School Health Programme
KH	Kimberley Hospital
MCWH	Mother, Child and Women's Health
MDG	Millennium Development Goal
MDR	Multi-Drug Resistant
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MMR	Maternal Mortality Ratio
MPAT	Management Performance Assessment Tool
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
NDOH	National Department of Health
NDP	National Development Plan
NGO	Non-Governmental Organisations
NHI	National Health Insurance
NPA	National Prosecuting Authority
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
OPD	Out Patients Department
PDE	Patient Day Equivalent
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
PMTCT	Prevention of Mother to Child Transmission
PSS	Patient Satisfaction Survey
SANCB	South African National Council for the Blind
SAPC	South African Pharmacy Council
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SDG	Strategic Development Goals
SDIP	Service Delivery Improvement Plan
SCOPA	Standing Committee on Public Accounts
SLA	Service Level Agreements
STG	Standard Treatment Guidelines
SP	Strategic Plan
TB	Tuberculosis
TIER	Three Integrated Electronic Registers
TROA	Total Client Remaining on ART
UFS	University of the Free State
WBOT	Ward Based Outreach Teams
WBPHCOTs	Ward Based Primary Health Care Outreach Teams
WHO	World Health Organisation
XDR	Extreme Drug Resistant
ZF MGCAWU	Zwelentlanga Fatman Mgcawu

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1.3 Official Sign-Off of the Annual Performance Report

It is hereby certified that this Annual Performance Report:

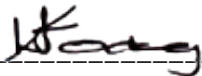
- Was developed by the Provincial Department of Health in the Northern Cape Province;
- Was prepared in line with the current Annual Performance Plan of the Northern Cape Department of the Health under the guidance of Honourable Lebogang Motlhaping, MEC for Health
- Accurately reflects the performance of the Department of Health in the Northern Cape Province for 2016/17 financial year.



Dr E WORKU

Director: Policy & Planning

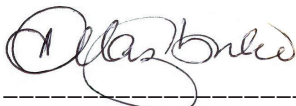
Date: 31st May 2017



Ms. S Wookey

Chief Financial Officer

Date: 31st May 2017



Ms N Mazibuko

Acting Head of Department

Date: 31st May 2017

APPROVED BY:



Mr L Motlhaping (MPL)

Executive Authority

Date: 31st May 2017

1.4 Foreword by the Member of Executive Council for Health

It gives me great pleasure to present the Annual Performance Report of the Northern Cape Department of Health for the 2016/17 financial year. Over the past year, the Department dedicated its available resources and put maximum efforts into achieving its predetermined objectives in the Annual Performance Plan (APP). Setting programme targets in the APP was guided by the Strategic Plan (SP) 2015/16 -2018/19 of the Department which in turn aligned with the Vision 2030 or the National Development Plan (NDP, 2030) where we should be. Specifically, for the health sector “A Long and Healthy Life for all South Africans” is the main overarching goal. Generally, the year was characterised by an overall slow economic progress and a high increase in the cost of healthcare as population healthcare needs increased. As a result, all eight (8) budgetary programmes of the Department have to adapt the tough economic environment that resulted with the implementation of the cost containment strategies.



Despite the challenges, the year has been a very fruitful year for the Department as it collectively contributed to influence the lives of our communities to better health standards. We also learned important lessons that goals to narrow the existing population level health disparities within the available limited resources cannot be achieved without active stakeholders' engagement and strengthening of the effectiveness and efficiency of the health system. To provide good quality healthcare services, the Department used an integrated and comprehensive approach to enhance synergy among communities, staff and key stakeholders in order to optimise their support in the delivery of good quality health services to our communities.

Overall during the reporting period, the Department's performance in terms of both financial and non-financial pre-determined objectives achievements has shown gradual improvement. Noticeable improvements have also been observed in a number of areas including the quality, equity and efficiency of our health system. There is improvement in access to good quality health services, and medication, hospital admissions, emergency services utilization, increased screening and enrolment on treatment, patient centred primary health care services, training of human resources for health, better connectivity of facilities, utilisation of research outputs and health information for guiding service improvement plans as well as efficient use of resources. It was encouraging to see that the strategies we employed since the start of the financial year began to yield desired outcomes.

With ever-increasing income inequalities among population groups, the high level of poverty, unemployment and the existing high burden of diseases, without doubt will continue as a challenge to the health sector. Addressing such issues may demand more integrated inter-sectoral approach, more resources directed to poverty alleviation programmes, and active community engagements in the year ahead. Improvement in population health status not only demands well-functioning health system, but also improvements in the living and working conditions. This makes strong cases for better inter-sectoral collaboration programmes as well as provision of health services in more efficient and effective ways so that each Rand spent in the health sector has great value. To ensure this, the Department is currently working with the logics to improve fiscal discipline and financial conditions. We anticipate that the logics model will be fully implemented in the next financial year and will add great value in health service delivery, and favourable audit outcomes.

Advancement in the health system is not only a complex task, but also needs a visionary leadership. During the reporting year, the Department has appointed staff in key leadership positions, and I remain confident that the Department continues to provide good quality, equitable and sustainable health services to all people in the Province, which is critical towards achieving a long and healthy life for all South Africans.

A handwritten signature in black ink, appearing to read 'L Motlhaping', written over a horizontal dashed line.

Mr L Motlhaping (MPL)

MEC for Health

Date: 31st May 2017

1.5 Report of the Accounting Officer

Overview of the Operations of the Department

The Annual Performance Report for the 2016/17 financial year provides a comprehensive analysis of the Department's performance against the predetermined targets, objectives and goals for the reporting period. Performance targets were set in line with the overarching goal in the National Development Plan 2030; the Medium Term Strategic Framework (2015/16-2019/20) and the Annual Performance Plan of the eight (8) budgetary programmes of the Department. The report was discussed at the Departmental quarterly performance review meetings, focusing on the assessment of targets i.e. what has been achieved and what has not, as well as reasons for deviations to guide refocusing priorities and future planning.

I would like to start by stating that the 2016/17 financial year was both a successful and a challenging year for the Department. The Department experienced a three (3) month long industrial strike which somehow negatively affected its service delivery. Nevertheless, the Department continued to provide services while in the midst of a strike. I would like to thank staff and stakeholders of the Department, who worked hard for making positive progress towards achieving the planned targets, even during the challenging moments, and those who put their shoulders to bring back stability to the Department and resume its service delivery activities. This meant a lot for our communities who are totally dependent on public health facilities for their healthcare needs. Health worker's ethics, behaviour and conduct is critical for the Department to deliver health services especially for those in the rural and remote parts of the Province. Delivering good quality health services with the National and Provincial Health Goals and objectives not only require adequate resources but also dedication, commitment and professionalism of our employees and key partners.

Northern Cape Province, as any other Province in South Africa faces key challenges in terms of the burden of diseases, poverty, unemployment, health inequities and weak health system. In addition to this, given the financial pressures, the Department continues to prioritise interventions defined as core services in line with the Ministerial Non-negotiable items and National Core Standards; improving patient safety in facilities and quality of care. Towards these goals, the eight budgetary health programmes and the districts health managements strived for provision of excellent health services while working collaboratively.

The performance monitoring report shows that, during the reporting period, overall 54 % of the predetermined objective targets were achieved, while 16 % partially achieved and 30 % of targets were not achieved. Performance figures suggest that the strategies we employed since the start of the financial year began to yield noticeable improvements in a number of areas. Access to good quality health services improved, particularly through patient centred primary health care services. However, the fact that some indicator targets were not achieved suggests that there is a need for further analysis on the root causes of the problems and more accountability measures in place for continuous improvements to be made in the Provincial healthcare delivery.

We believe that the increased demand for good quality health services, can only be achieved through improving efficiency and effectiveness which is largely dependent on health system transformation. Moreover, adequate resources, particularly financial and human resources for health, as well as leadership is critical. The Department is committed to obtain a clean audit outcome without compromising the delivery of excellent health services in the best possible manner. Leadership and good governance is critical in providing and adhering to the legislative framework requirements. To support leadership responsibilities at different levels, during the reporting period the department offered support to six (6) employees to study health management courses at different Universities including the Albertina Sisulu Leadership Programme. This is critical for the achievements of the department's strategic objectives in terms of human resources for health, particularly the leadership positions.

The department of health highly recognises the contribution of our stakeholders, the private sector, and communities' role in the reported performances. We also believe that as many of the population health influencing factors are residing outside the health sector, the achievement of better health care for all strategic objectives in the Province cannot be attained and sustained without the dedicated efforts and effective collaboration with key stakeholders and partners. In the period under review, the Department continued to engage with and strengthen relationships with the national and provincial stakeholders including communities in order to improve and ensure effective, efficient and equitable health service delivery in the Province.

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In as far as the year was a successful and a challenging one, significant milestone progress was achieved during the reporting financial year. I am pleased to note some of the significant progress which include but not limited to:

- The Departmental organisational structure which was necessary to adjust and align staff salary scales process is pending approval by Department of Public Service and Administration (DPSA).
- Forty (40) clinical students who were funded by the Department completed their studies at different tertiary institutions. They range from basic or specialist nursing, dentistry, radiography, medicine, dietetics, physiotherapy, pharmacy and optometry. We are really proud of all of them, especially one particular official who recently completed a Master's Programme in Dentistry and became the first African specialist in orthodontics in the province.
- The Provincial Treasury allocating an additional amount of R260 million earmarked for key services in pursuit of dealing with accruals. The National Department of Health provided technical support to the Department through the South African Institute of Chartered Accountants as well as provided a temporary solution to Primary Health Centres facilities for connectivity of WebDHIS (Electronic District Health Information System), HPRS (Health Patient Registration System) and E-tick (Electronic tick Register).
- The Ideal Clinic Realisation and Maintenance with the National Assessments, the province took a second position of which 100/104 facilities scored above 70%. As a result, improvement in Mother and Child health outcomes was possible as shown by significant reduction of maternal deaths (95.3 per 100 000 live births) in the reporting period compared to (112 per 100 000 livebirths) reported in 2015/16 financial year.
- Introduction of the implementation of the LOGIS procurement system which will limit users to process any transaction beyond the limit and helps for adherence of regulatory controls.
- Universal Test Treatment of HIV/TB and other diseases continues to increase.
- Nine-hundred and twenty-eight (928) wheelchairs were provided to those patients who are in serious need of such assistive devices.
- Timeous submission of the second draft of the 2017/18 Annual Performance Plan to oversight bodies.
- An evaluation study on factors contributing to the emergence of Drug Resistance Tuberculosis (DR-TB) in the Northern Cape Province and the cost of treatment was completed. Improvement plans based on the recommendations of the evaluation have been developed.
- Four (4) articles were published from the Research and Development Directorate on peer reviewed journals to improve the scientific body of national and international knowledge.
- The Central Chronic Medicine Dispensing and Distribution (CCMDD) is progressing well especially in Namakwa and Pixley ka Seme districts.
- The Pixley Ka Seme District has once again excelled in meeting its target of having placed patients on the Central Chronic Medication Dispensing and Distribution (CCMDD) at this stage of the financial year.
- Seven (7) staff members' cases of disciplinary cases for misconduct have been concluded.

During this quarter we also experienced some challenges, which include:

- A toll of two hundred and forty-nine (249) staff members resigned. Staff resignations remained at 36% for the reporting period of which Dr Harry Surtie Hospital was the most affected facility.
- Inability to fill critical vacated posts; delays in filling vacant posts in most directorates resulted with shortage of health professionals.
- Due to non-costing of operational plans, resulted in the underperformance of a number of indicators.
- Non-payment of accounts to service providers. As a result, long standing huge accruals has been limiting cash flow and negatively affecting services.
- Non-functional governance structures in facilities due to the non-provision of stipend resulting in poor functioning of governance structures.



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- IT infrastructure – Connectivity; ICT support still remains a challenge at Districts and facilities throughout the Province.
- The Migration of WebDHIS 1.4 (Electronic District Health Information System) has negatively affected the quality of data reporting during the financial year.
- EMS College is not fully functional as a result of inadequate funding, specialist shortages, non-functional communication/ IT system and poor training infrastructure.

Overview of the financial results of the Department

The department maintained the qualified audit opinion with emphasis paragraphs showing mainly on supply chain management and asset management related issues. The management of accruals remains a challenge for the department, which contributes to budget pressures.

Departmental Receipts

The department derives more than 90% of its revenue from patient fees and these are based on determined tariffs set by the National Minister of Health. Tariffs in the current financial year were increased by 6.1% and so was the revenue target. Revenue collection target did not materialise as planned resulting in collection of R41.545 million which is 7.7% below compared to the previous financial year.

Departmental receipts	2016/2017			2015/2016		
	Estimate	Actual Amount Collected	(Over)/Under Collection	Estimate	Actual Amount Collected	(Over)/Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	59 702	38 476	21 226	56 269	40 680	15 591
Interest, dividends and rent on land	-	75	(75)	-	-	-
Sale of capital assets	2 232	1 108	1 124	2 110	3 499	(1 389)
Financial transactions in assets and liabilities	-	1 886	(1 886)	-	858	(861)
Total	61 934	41 545	20 389	58 379	45 037	13 341

Future Plans for Collecting Revenue

A review of personnel capacity at facility level was performed and the vacancies identified. The Departments Provincial Revenue office structure was filled during the 2015/16 financial year to ensure sufficient support and adequate monitoring of revenue management activities in all hospitals.

The Department together with Provincial Treasury have developed a Revenue Enhancement Strategy in an attempt to improve patient debt collection.

- Efficient utilisation of revenue clerks, admission clerks, ward clerks will be assessed
- Assessment of vacancies at facilities will be addressed to ensure that clerks are on duty during a 24-hour shift.
- Training for Revenue Clerks will be sourced through Provincial Treasury
- A New Revenue Management system is in the process of being procured through SITA
- Standard Operating Procedures were developed for Revenue Processes
- IT Infrastructure and IT resources will be improved
- Quarterly visit to revenue earning site will be conducted

Revenue Tariff Policy

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

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

Free Services

There are certain circumstances under which patients will receive services free of charge independently of their classification (referred as Ho) as full paying or subsidized patients. Such circumstances include infectious, formidable

diseases, pregnant women and children. Also patients classified under Ho category receive free services. It was not possible for the Department to quantify the cost of the free services rendered.

Reasons for Under Collection of Revenue

Breakdown in internal controls, poor work ethic and lack of leadership were the main contributing factors relating to under collection of Revenue.

2.4.2.2 Programme Expenditure

During the year under review the Department was allocated an adjusted budget of R4.494 billion, which included an adjustment to the conditional grants and roll-overs. At the end of the financial year the Department spent R4.369 billion resulting in an under-expenditure of R125.048 million. A request to rollover unspent funds has been submitted to the Provincial Treasury on both the conditional grants and equitable share.

The table below shows budget and expenditure by programme for the financial years 2015/16 and 2016/17. Detailed performance by economic classification and fund is shown in the Appropriation Statement in the Annual Financial Statements.

Programme Name	2016/2017	2015/2016				
	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	196 999	219 342	(21 305)	192 979	211 203	(18 224)
District Health Services	1 913 993	1 915 040	(1 540)	1 710 644	1 696 409	14 235
Emergency Medical Services	307 718	291 112	22 747	293 598	271 386	22 212
Provincial Hospital Services	367 557	390 460	(23 833)	308 751	340 432	(31 681)
Central Hospital Services	970 641	945 261	22 111	864 894	879 335	(14 441)
Health Sciences	123 986	123 985	-	114 553	91 114	23 439
Health Care Support Services	102 529	108 599	(8 556)	94 934	119 767	(24 833)
Health Facilities Management	510 762	375 338	135 424	648 380	558 619	89 761
Total	4 494 185	4 369 137	125 048	4 228 733	4 168 265	60 468

Administration - (R21.305 million)

The programme overspent due to claims against the Department, substantial contractual obligations and payment of accruals and payable from prior years paid during the year under review.

The Department has implemented cost containment to the extent that expenditure is only directed to service delivery related items. Several high value contracts have been terminated in an attempt to reduce costs to the Department.

District Health Services – (R1.540 million)

The programme has spent within the allocated budget, although the compensation of employees overspent by R45.566 million. Goods & services underspend by R47.182 million due to efficiency gains achieved following the implementation of centralised procurement processes implemented midway through the financial year. An amount of R1.570 million was spent on interest on overdue accounts.

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

Emergency Medical Services - R22.747 million

Due to non-compliance with SCM processes during the 2015/16 financial year, the procurement process for the conversion of emergency vehicles had to be restarted during the year under review.

The Department therefore committed R24.018 million towards the conversion of emergency service vehicles procured during the 2015/16 financial year and 51 additional emergency services vehicles were procured during the year under review.

A roll over has been requested for the R24.018 million commitments on emergency vehicles.

Provincial Hospital Services - (R23.833 million)

The programme underspent on compensation of employees since a number of posts of medical officers which have not been filled, due to inability to attract and retain health professionals at Dr Harry Surtie Hospital. Recruitment agencies were utilised to address service needs. The appointment of the Recruitment agencies however resulted in non-compliance with SCM Chain processes and overspending on the goods & services.

The services of the recruitment agencies were discontinued during the year under review.

Central Hospital Services - R 22.111 million

The programme underspent on goods and services due to efficiency gains achieved following the implementation of centralised procurement processes implemented midway through the financial year. The capital budget underspent by R26.412 million due to poor planning resulting late procurement of medical equipment. An amount of R372 000 million was spent on interest on overdue accounts.

A roll over has been requested to mitigate the commitment of R26.412 million on payments for capital assets.

Health Science and Training - R nil

The programme is overspending by R33.206 million on transfers and subsidies due to payment of accruals in respect of Cuban Student Doctors Programme; while a saving was incurred due slow implementation of work place skills plan.

Funds will be reprioritised in the next financial year to accommodate expenditure on the Cuban Student Doctors Programme.

Health Care Support Services - (R8.556million)

The programme overspent by R5.802 million on goods & services due to accruals paid regarding the maintenance of standby generators.

The budget will be reprioritised in the next financial year in order to mitigate the overspending on the compensation of employees and maintenance of standby generators.

Health Facilities Management - R135.424 million

The goods and services was overspent by R8.480 million due to maintenance of electrical appliances. The Health Facility Revitalisation Grant was underspent by R116.506 million due to delays by implementing agents.

A roll over has been requested to mitigate these commitments.

Virements/Roll overs

Description	Virements R'ooo	Reason for the Virement
1. ADMINISTRATION	14 669	
Compensation of Employees	(1 624)	This programme underspent on compensation of employees since a number of posts in the supply chain management could not be filled. Premiers Office placed a moratorium on filling of posts. This saving was moved to Programme 7.
Goods and Services	16 916	This programme overspent its goods and services budget due to legal fees incurred for claims against the department, and outstanding payments from prior year that are. A Virement from Programme 2 was done to correct the situation.
Households	77	This programme overspent its allocation towards transfers to households, as a result of unexpected personnel exits in the public sector. A Virement from Programme 4 was done to correct this situation.
2. DISTRICT HEALTH SERVICES	(20 114)	
Goods and Services	(16 916)	This programme under spent its goods and services as a due to efficiency gains achieved following the implementation of centralised procurement processes implemented midway through the financial year. The underspend amount was moved to Programme 1 to alleviate pressures
Provinces and Municipalities	(1 237)	This programme underspent on transfers to municipalities 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 saving was utilised to defray overspending on Programme 6 and 8.
Machinery and Equipment	(2 661)	This programme under spent its machinery and equipment to delays on the procurement process. This underspent amount was moved to Programme 5.
3. EMERGENCY MEDICAL SERVICES	(6 560)	
Compensation of Employees	9 612	This programme overspent its budget for compensation of employees due to overtime costs resulting from service delivery pressures. A virement from Programme 4 was done to defray the overspending.
Goods and Services	(15 564)	This programme underspent its goods and services as a result of poor planning. This underspent amount was moved to Programme 1 and 4.
Machinery and Equipment	(490)	This programme underspent its machinery and equipment to as equipment for emergency service vehicles were only ordered after conversion started.
Provinces and Municipalities	(118)	This underspend amount was moved to Programme 6.

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Description	Virements R'000	Reason for the Virement
4. PROVINCIAL HOSPITAL SERVICES	14 568	
Compensation of Employees	(9 612)	The programme underspent on compensation of employees since a number of posts of medical officers which have not been filled, due to inability to attract and retain health professionals at Dr Harry Surtie Hospital. saving was moved to Programme 3.
Goods and Services	24 814	The budget pressure on goods and services, particularly outsourced medical services, medical supplies, laboratory services and municipal services, led this programme to over spend its goods and services allocation. A virement was done from Programmes 3. is to defray the pressure.
Households	(634)	This programme underspend 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 1, 6, 7 and 8.
5. CENTRAL HOSPITAL SERVICES	13 745	
Compensation of Employees	13 007	This programme overspent its budget for compensation of employees due to overtime costs resulting from service delivery pressures. A shift done from goods & services is to defray this situation. Provincial Treasury Approval was requested.
Goods and Services	(13 007)	This programme underspent its goods & services due to efficiency gains achieved following the implementation of centralised procurement processes implemented midway through the financial year. This saving was moved to compensation of employees in the same programme.
Non-Profit Institutions	(277)	This programme underspent its allocation towards transfers to non-profit institutions, since the contract with Harmony Home NGO was not renewed. This saving was moved to Programme 6.
Machinery and Equipment	14 022	This programme overspent its budget on machinery and equipment. The department phased out leasing of equipment and chose the out-right procurement of medical equipment. The virement was done from programme 1, 3, 6, 7 and 8 to defray.
6. HEALTH SCIENCES & TRAINING	(8 575)	
Goods and Services	(9 250)	This programme underspent its goods & services due to efficiency gains achieved following the implementation of centralised procurement processes
Machinery and Equipment	(1 242)	This programme underspent on machinery & equipment to due to late payment for medical equipment at the nursing college. A virement was done from programme 5 to defray the situation.
Households	1 917	This programme overspent its allocation towards transfers to households, as a result of unexpected personnel exits in the public sector. The virement is to mitigate this situation was done from programme 2, 3, 4 and 5.
7. HEALTH CARE SUPPORT SERVICES	(624)	
Compensation of employees	1 624	This programme overspent its budget for compensation of employees due to overtime costs resulting from service delivery pressures. The virement was done from programme 1 defray the situation.

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Description	Virements R'000	Reason for the Virement
Households	210	This programme overspent its allocation towards transfers to households, as a result of unexpected personnel exits in the public sector. The virement from programme 4 was done to defray pressure
Provinces and Municipalities	28	This programme overspent its allocation towards transfers to households, as a result of accruals on the payment for vehicle licences. A virement was done from programme 2 to defray the pressure
Machinery and Equipment	(2 486)	This programme underspent on machinery & equipment to due to delays on the procurement of forensic vehicles. A virement was done from programme 5 to defray the situation.
8. HEALTH FACILITIES MANAGEMENT	(7 109)	
Machinery and Equipment	(7 143)	This programme underspent its machinery & equipment, due to delays by services providers to deliver equipment for the new De Aar Hospital. This saving was moved to programme 5.
Households	34	This programme overspent its allocation towards transfers to households, as a result of unexpected personnel exits in the public sector. The virement is to mitigate this situation was done from programme 4.

Unauthorised Expenditure

The unauthorised expenditure for the period ending 31 March 2017 is R51.576 million compared to R92.790. This represents 1.1% of the adjusted budget compared to 2.9% in the previous financial year.

The nature of business is such that the department is continuously faced with service delivery pressures, despite limited resources at its disposal. Hence, the 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 with available budget. A Departmental Budget Committee has been re-established and is chaired by the Accounting Officer. Programme managers have been appointed in writing and play a pivotal role in controlling expenditure within their programmes. Expenditure trends are monitored and variances between budget and expenditure are scrutinised by Executive Management.

Fruitless and Wasteful Expenditure

The Department incurred fruitless and wasteful expenditure to the value of R10.537 million during the financial year. This was mainly due to interest incurred on late payments to service providers.

Irregular Expenditure

The Department incurred irregular expenditure to the value of R574,183 million during the financial year. This was mainly due to non-compliance with supply chain processes. R289,297 million worth of irregular expenditure related to non-compliance with Supply Chain Processes by Department of Health Supply chain processes while R284 297 million while R284,297 million relates to non-compliance with Supply Chain Processes by the Department of Roads and Public Works. The Department has started the investigation to establish who the liable officials are, whether the amount of the irregular expenditure resulted in any losses or damages suffered by the state; or whether the state did not attain value for money from the transaction, condition or event.

Future Plans of the Department

The Department has implemented strategic procurement processes to reduce the number of transaction incurred on a daily basis. All clinical and pharmaceutical goods will be procured using the National Treasury RT contracts.

Provincial RT contracts will be advertised for goods and services not included in the National Treasury RT contracts. Standard Operating Procedures were developed and officials will receive continuous training of supply processes and regulations. Service Standards were developed and Managers are required to improve planning to ensure that goods and services are timeously requested to afford SCM officials sufficient time to test the market and ensure compliance.

Public Private Partnerships

The department does not have PPP's neither has it entered in 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 are no new or proposed activities

Supply Chain Management

There were no unsolicited bid proposals dealt with through SCM bidding processes.

The department plans to procure sixty emergency medical services vehicles, machinery and medical equipment and maintenance services for various health facilities. The LOGIS procurement system has been fully implemented in the department of 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 gratitude for the leadership provided by our honourable MEC: ML Motlhaping and Executive Management Committee. Let me further extend this appreciation to the support of senior management and all staff of the department to ensure that the service delivery is not compromised while the department experience dire financial constraints.

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

Approval and sign off



Ms N Mazibuko

Acting Head of Department

Northern Cape Department of Health

Date: 31st May 2017

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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 2017.

Yours,



Ms N Mazibuko
Acting Head of Department

Date: 31st May 2017

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)
- Control of Access to Public Premise and Vehicles (Act 53 of 1985)
- Convention of the Rights of the Child, 1997 (Chapters 5 and 7)
- Division of Revenue (Act 7 of 2007)
- Electronic Communication and Transaction (Act 25 of 2002)
- Electronic Communications Security (Pty) Ltd (Act 68 of 2002)
- Environment Conservation (Act 73 of 1989)
- Fire-arms Control (Act 60 of 2000)
- Employment Equity (Act 55 of 1998)
- Foodstuffs, Cosmetics and Disinfectants (Act 54 of 1972)
- Hazardous Substances Control (Act 15 of 1973)
- Health Act, (Chapter 10)
- Health Professions (Act 56 of 1974)
- Higher Education (Act 101 of 1997)
- Income Tax Act, 1962
- Inquest (Act 58 of 1959)
- Intimidation (Act 72 of 1982)
- Labour Relations (Act 66 of 1995)
- Maternal Death (Act 63 of 1977)
- Medicine and Related Substance Control (Act 101 of 1965)
- Mental Health Care (Act 17 of 2002)

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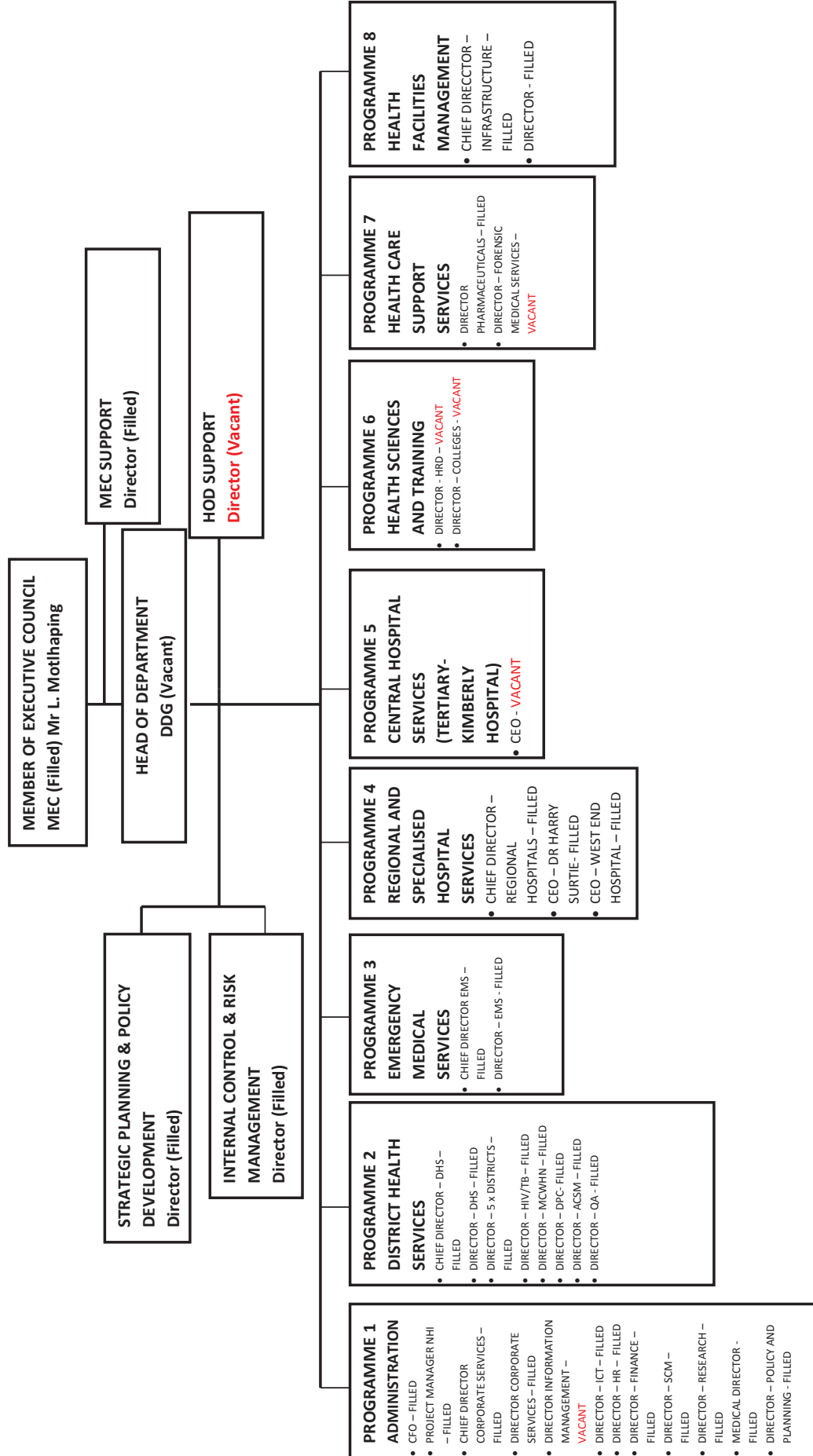
- National Building Regulations and Building Standards (Act 103 of 1997)
- National Environmental Management (Act 107 of 1998)
- National Health Insurance
- National Youth Commission Amendment (Act 19 of 2001)
- National Development Plan (Chapter 10 of MTSF)
- Nursing (Act 50 of 1978 and Related Regulations)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

Policy Mandates

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

1.9. ORGANISATIONAL ENVIRONMENT

CURRENT ORGANISATIONAL STRUCTURE



1.10. Entities Reporting to the MEC

- There are no entities reporting to the MEC

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

This section provides an overview of performances of eight budgetary programmes of the Department against key activities and targets that were planned and achieved in 2016/17 financial year. There is consistency between the APPs alignment with the National Development Plan (NDP 2030); Sustainable Development Goals (SDGs 2030); Provincial Growth and Development Plan (PDGP); and the Medium-Term Strategic Framework (MTSF). The Medium Term Strategic Framework of the Department indicates the priorities as articulated in the ten (10) point Strategic Plan which is in harmony with the National Development Plan and Sustainable Development Goals.

Our core aim for 2016/17 financial year was also to address the strategic priorities in the National Development Plan (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, a total number of one hundred and eighteen (118) performance indicators which were developed by eight (8) budgetary programmes of the Department were monitored quarterly to ensure the achievement of the annual set outputs. Out of the total indicators, ninety-three (93) of the indicators were customised indicators, while twenty-five (25) were provincial indicators. Overall, during the reporting period, the Department achieved 54% of its targets, while 16% partially achieved and 30% not achieved. Considering the fact that the Department faced the industrial strike, which took place in the 3rd quarter, as well as the resources constraints this performance achievement shows a reasonable performance. Indeed, the Department has been working towards addressing the challenges in a coordinated and integrated manner.

Despite the challenges, 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:

- The non-negotiables which includes medicines and pharmaceuticals, food, vaccines, waste management, security, ARVs, TB medication etc, funded with priority.
- Continuous improvement interventions that are implemented in the facilities are yielding encouraging results. The Patient Satisfaction rate (District Hospitals) shows more than (81) % patients were satisfied with the provided services.
- 96% of fixed PHC facilities scoring above 70% on the ideal clinic dashboard responding to Operation Phakisa. This was critical to improve the health systems performance and service delivery;
- Maternal mortality in facility ratio decreased to 95.3 per 100,000 (2016/17) from 112.5 per 100 000 (2015/16).
- Clients screened for non-communicable diseases significantly exceeded targets;
- EMS response rate in urban and rural areas performed within the target;
- Percentage of autopsies completed within 4 working days and the reports to SAPS performed well.
- Bed Utilisation rate (occupancy of available hospital beds) was 60% and 71% for district and KHC respectively. This suggests that there is a reasonable utilisation of Hospital beds.

- The Research and Development Unit was able to publish 4 (four) articles in internationally accredited journals from operational research/evaluations that was conducted.

However, there were some challenges that negatively impacted on the achievement of the pre-planned objectives/targets. These factors include:

- Inadequate resources for health;
- High HIV/AIDS and TB prevalence and incidence rate in the Province;
- The increasing trends in Non-Communicable Diseases;
- The new policy paradigm shifts that will cost us more and are not aligned with the financial resources;
- The Social Determinants of Health i.e. increase in unemployment, level of poverty, poorly developed residential areas, low level income etc;
- Poor health system (the six building blocks of the health system) i.e. such as human resources for health, financing, information communication and technology, pharmaceuticals, governance, infrastructure and medical equipment in strengthening the delivery of health care service
- Challenges in recruiting human resources particularly specialist doctors and professional nurses in rural areas/facilities;
- Inadequate finance/budget for each indicator outlined in the APP; and
- Industrial strike that took place during the third quarter of the reporting period

2.2.1. Service Delivery Environment

The Department developed a three (3) year Service Delivery Improvement Plan (SDIP) aligned to the Mid-Term Expenditure Framework (MTEF). The first annual report of the SDIP was submitted to the Department of Public Service and Administration (DPSA) in June 2016. The quarterly monitoring of the SDIP implementation has been concluded and the annual report will be submitted to DPSA in June 2017.

The department undertook evaluation studies for both identified services and a number of recommendations were developed in order to improve the quality of services.

2.2.2. Service Delivery Improvement Plan

The two (2) identified key services are:

- TB Management
- Child Health Care

Key Service 1: TB MANAGEMENT

The Northern Cape Department of Health has voiced its commitment towards key principles of achieving universal access to high quality TB Care, reducing human suffering, reaching out to vulnerable populations, protecting human rights and supporting the development of new tools.

The 2015 Report on Causes of Mortality (Statistics South Africa) shows that TB is the leading cause of death followed closely by HIV in the Province.

A noticeable improvement and achievement with the TB screening rate at 49% against target of 60% for 2016/17 financial year, which is attributed to active TB screening at vital check-up points during patient's consultation at facilities.

Treatment success improved from 79.8% 2015/16 to 81.6% 2016/17 though lower than the annual target of 95% in 2016/17 financial year and MDR TB treatment success rate output at 40.7% which is below target of 45%, the poor performance for both susceptible and drug resistant TB outcomes is attributed to unfavourable outcomes such as high defaulter and death rate.

As part of the strategy to intensify TB case finding and management, the Provincial Health Department has entered into partnership with the mines during which six (6) Memorandum of Understanding (MOUs) signed, in 2015/16 order to strengthen the provision of TB, HIV and STI services. In 2016/17 the partnership with the mines has improved to include chronic services, and to date the same number of mines are rendering the services.

The six (6) mines in partnership with the department are:

- BHP Billiton has change the name to South 32
- Khumani mine
- AfriSAM mine
- Blackrock mine
- Beeshoek mine
- Kalagadi mine

Key Service 2: Child Health Care

The Northern Cape Department of Health is committed to reduce morbidity and mortality amongst mothers and children and is currently focuses on the following key areas:

- Building on-going efforts particularly best practices;
- Generating and providing data on maternal and new-born deaths;
- Accelerating actions aimed at the reduction of maternal, infant and child mortality in the province.

INTENDED OUTCOME OF THE SERVICE:

The service is intended to keep all children healthy from birth until the age of 5 years by:

- Regularly monitoring of the growth and health of children when they visit health facilities by weighing and charting on the Road to Health Booklet
- Providing regular immunizations as per immunization schedule, especially measles, diarrhoea and pneumonia which are killer diseases in children
- Testing HIV exposed infants for HIV around six weeks (Polymerase Chain Reaction)
- Deworming children every six (6) months and giving Vitamin A
- Supplementation of underweight children and pregnant women
- Ensure that all pregnant women book early and receive Basic Antenatal Care (BANC)
- Promote contraceptive fertility planning
- Promote mother baby friendly facilities

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)	Infant mortality:6.5/1000 live births	6.4/1000
		Under 5-year Child mortality: 5.8/1000 live births. (2013/14)	Child mortality: 3. /1000 live births	4.4/1000

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Main Services	Beneficiaries	Current/ Actual standard of service	Desired Standard of service	Actual Achievement
TB Management services	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%	81.3%

Batho Pele arrangements with beneficiaries (Consultation access etc.)

Current/ Actual Arrangements	Desired Arrangements	Actual Achievements
Ministerial Health campaigns	Visit to all five (5) districts	Three districts visited (John Taolo Gaetsewe, Namakwa, Z F Magcawu)
-	Appointment of ward based outreach teams in all five (5) districts	All five districts have teams appointed
-	All clinics have established clinic committees and all hospitals to have appointed hospital boards	100% clinic committees established and 100% hospital boards appointed
Group sessions with mother during Antenatal Visits Delivery, Post-natal care, Immunization visits, curative services	Daily consultation at Primary Health Care 7am-4pm for all services- (Supermarket approach)	Taking place on a daily basis
-	Daily consultation Level 1/2 facilities 24-hour service	24 hour services rendered in all level 1 and 2 hospitals
-	Availability of permanent Doctors for complex cases	Appointment of District Clinical Specialty Teams in all five districts to provide support
-	Availability of regular courier services 3x a week	Collection of specimens' done on a daily basis
Health dialogues with parents at Early Childhood Development centres	Health dialogues with parents at Early Childhood Development centres One visit /quarter	Outreaches were done by dietitians to Early childhood development (ECD) centres to monitor growth and give Vitamin A supplements
Radio talk shows	Radio talk shows e.g. 4 for the year,	29 radio talk shows done
Suggestion boxes in 176 facilities	suggestion boxes available in 176 facilities	100% facilities having suggestion boxes
Mom-Connect-Communications hot line offered to all pregnant women	Mom-Connect Hotline at Primary Health Care facilities for all pregnant women to communicate	Strategy fully implemented but currently only accessed by patients having access to a cellphone
-	Four (4) Quarterly Reviews	Three (3) Quarterly Reviews conducted
-	Improve Private Partnership relationship	Signed Memorandum of Understanding to reinforce the provision of TB, HIV and STI services: <ul style="list-style-type: none"> • South 32 (BHP Billiton) • Khumani • AfriSAM • Blackrock • Beeshoek • Kgalagadi mine
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 reception rooms in English Afrikaans, Tswana, Xhosa, San community	Information booklets available at reception translated in provincial languages, Tswana, Afrikaans Xhosa and Sans	Not all translated. Most IEC comes from National department
Ward Based Outreach Teams do home visits and provide feedback to households	Invite media to health days Ward Based Outreach Teams at community level	Media informed of all departmental events
Inform mother and Care giver on procedures to be performed on the child	On-going	On-going
Nutrition advisors provide health education	Appointment of Health Promoters at facility level	Service rendered by nurses, WBOTS and district health promoter
Communities are invited to Provincial events	Communicated all TB related Health calendar programmes	Full adherence to the health calendar. 2 Day symposium on Tuberculosis held.
Radio slots on immunization and Childhood illnesses	On-going	On-going
Give information on services rendered at a facility	Signage in place	Only fully implemented in newly build and refurbished clinics
Inform mother and Care giver on procedures to be performed on the child	On-going	Done in line with protocols
Radio slots, kick TB campaigns,	Quarterly Radio slots	Done as per health calendar programme
Intensified Case Finding campaign and health calendar activities and through Community Health Workers	On-going	On-going

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 2016/17 financial year was a challenging year for the Department. In the year under review, for the period of October 2016 to December 2016, employees of the Department embarked on an illegal industrial action which resulted with some of Departmental activities not being executed. Even though the industrial strike involved mainly the Provincial Finance and Human Resources Management units, the fact that these units are critical drivers of the district health system, operations in the districts and health facilities were affected. Appointments, procurement of basic and essential items, transfer of complicated cases (patients) to Hospitals in the districts were somewhat delayed.

The organisation also had challenges in the form of human resource matters, particularly in top leadership positions. During the reporting period six (6) executive/senior management positions including the Head of the Department, Chief Director for Corporate Services, Director for District Health Services, Chief Director for Health

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Facility Management, Chief Director for Priority Programmes, CEO post for Tertiary Hospital were filled with acting personnel. The posts were vacant as a result of transfer, resignation, retirement, suspension and disciplinary procedures. The Department prioritised some of these management posts to be advertised for the re-establishment of governance structures. Leadership gap will negatively impact the transformation of the health system as well as the delivery of quality healthcare services to communities across the Province. On the other hand, a medical director for the province was appointed to strengthen the health system and delivery of good quality health services to all people in the Province.

The roll-out of the cost containment measures introduced by National Treasury in 2013 continues to provide guidance on the spending in the year under review. This resulted with budgetary shortfalls challenges and programmes struggled to provide quality and equitable health service with the available limited resources. In addition to the limited budget the Department also had challenges of accruals from the previous financial years'. Given the financial pressure, the Department focused mainly on the core services in line with the Ministerial Non-Negotiable items and National Core Standards; improving patient safety in facilities and the quality of care, whilst putting measures to improve internal efficiency and effectiveness at all levels so that every health rand is used to maximise health outcomes particularly the worse-off our communities. During the reporting period, the Department received a total amount of R4 494 185 billion (four billion four hundred ninety-four million and one hundred eighty-five thousand rand) for the eight (8) budgetary programmes. Despite the challenges, there was an effort to improve the financial management so that the Department can receive clean audit outcome for the 2016/17 financial year.

In as much as the year was a challenging one, the organisation also had its fair share of success stories, which had achieved by dedicated staff and stakeholders. The Department in collaboration with various stakeholders, managed to address some critical health system challenges.

The relationship between health outcomes and adequate resources and their efficient use has been a well-established fact in health sector. The weak health systems make it virtually impossible to prevent and manage diseases. The progress of the Department towards this goal is dependent on the strength of the six (6) building blocks of the health system. As part of strengthening the health system, the Department continued to achieve the Ideal Clinic realization and maintenance of PHC facilities which are critical for accelerating progress towards National Health Insurance objectives and targets. On the reporting period, 96% of our fixed PHC facilities have scored above 70% on the ideal clinic dashboard. This was critical to improve the health system performance and service delivery improved remarkably. This is confirmed by the improvement in the maternal and child health through provision of equitable and accessible healthcare. During the reporting period, the maternal mortality in facility ratio decreased to 95.3 per 100,000 (2016/17) from 112.5 per 100 000 (2015/16).

The department continued to fulfil its mandate of the delivery of good quality, efficient, effective equitable health services in collaboration with its key stakeholders including academic institutions. In 2016/17 financial year the Department supported six (6) staff members to attend the Albertina Sisulu programme at School of Health System and Public Health at University of Pretoria. This was critical to develop key strategic leadership to the organisation; continuous improvement of the services delivered; and improvement of staff morale.

During the period, the Strategic Plan of the Department was reviewed, leading to the minor changes in the line with the health policy paradigm shift. Consequently, the changes were incorporated as an annexure in the Annual Performance Plan of the 2017/18 financial year.

Relationships with stakeholders including oversight bodies improved as a result of stakeholder engagement forums and adherence to compliance measures. To support this process, during the reporting period, five (5) policies were developed.

The Department also developed a change management strategy with the objective to address historical imbalances of human resources, staff attitudes, reinforce the organisational values, foster innovation and to harness the synergy of collaborative works.

NATIONAL POLICY & LEGISLATIVE CHANGES

The Ideal Clinic Realization. In December 2015, the national Government published the NHI White Paper for comment which outlines the steps how the government intends to create universal health insurance for all South African citizens, over a 14-year period. The ideal Clinic realisation is integral part towards this goal.

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The new targets for HIV treatment (ARV) irrespective of CD4 count introduced towards achieving the National Department of Health 90-90-90 HI/AIDS and TB goals.

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
4. Reduced health care 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

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Strategic Goal	Goal Statement	Expected Outcomes (Objective Statement)
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.

2.4. 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

Sub-Programme: Policy and Planning

Priorities

- Monitor the implementation of the Departmental performance plan
- Improve communication of policies

Sub-Outcome 6: Improved Health Management and Leadership

Situation analysis

In the 2016/17 financial year the Department reviewed the 5-Year Strategic Plan 2015/16-2019/20 and included an annexure in the Annual Performance Plan (APP) 2017/18 for adoption. The Annual Performance Plan 2017/18 will be tabled and presented at Legislature in the 2017/18 financial year. In monitoring the ten (10) sub-outcomes of Outcome 2 which is “A long and Healthy Life for All South Africans” of the Revised 2014-2019 Mid-Term Strategic framework (MTSF) the department developed the Programme of Action (POA) 2017/18 which was monitored on a quarterly basis and presented to the Social Cluster. A process is underway to ensure that the Operational Plan and Business Process 2017/18 are aligned to programme budget and plans.

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

During the 2016/17 financial year, the Policy and Planning Directorate had challenges with the functionality of the policy committee due to resignation of two (2) members and secondment of the chairperson to the Office of the Premier. Only (2) two meetings were convened for the financial year, and (5) five policies were approved during the reporting period. A request recommending the review and establishment of new policy committee was approved and seven (7) members were appointed by the Acting Head of Department.

The following five (5) policies were recommended and approved:

- Remunerative Work Outside the Public Service policy
- Safety, Health, Environment, Quality and Risk policy
- Whistle Blowing policy
- Leave of Absence policy
- Special leave policy

Submitted MPAT evidence on Service Delivery Improvement Plan, uploaded evidence on the MPAT system for KPA 1: Strategic Planning and developed the improvement plan.

Achievements

- Developed and submitted (4) Departmental Quarterly Performance Reports 2016/17 to the Health Portfolio Committee, Office of the Premier and National Department of Health.
- Reviewed the 5-Year Strategic Plan 2015/16-2019/20 and included an annexure in the APP 2017/18 tabled at the Provincial Legislature.
- Developed and submitted the Annual Performance Plan 2017/18 to Office of the Premier (OTP) and National Department of Health (NDoH)
- Developed and alignment the Programme of Action(POA) 2017/18 to the APP 2017/18.

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- The following five (5) policies were approved:
 - Policy on Remunerated Work Outside Public Service
 - SHERQ Policy
 - Leave Management Policy,
 - Special Leave Policy,
 - Whistle Blowing Policy)

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed corrective action
<ul style="list-style-type: none"> • Lack of adherence to the set submission dates of reports by budget programmes. 	<ul style="list-style-type: none"> • Programme managers should be held accountable for non-adherence of submission of performance information.
<ul style="list-style-type: none"> • Lack of commitment from programme policy champions on implementation of approved policies. 	<ul style="list-style-type: none"> • Closely monitor the implementation of approved policies.

Table 1: Annual Targets for Policy and Planning

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments 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	Discussion document developed and will be discussed with the task team members	Developed draft Provincial Long Term Health Plan	-	Provincial Long Term Health Plan not developed	<ul style="list-style-type: none"> Some of the Task Team Members left the department. No meetings held with Long Term Health Plan Task Team members. There were no dedicated resources allocated for developing the plan
	Reviewed 5-Year Strategic Plan	Reviewed and Tabled the 5-Year Strategic Plan	Reviewed 5-Year Strategic Plan	Reviewed 5-Year Strategic Plan	-	-
	Number of approved policies	-	12 approved policies	5	-7	<ul style="list-style-type: none"> Resignation and secondment of policy committee members, which resulted in the committee not functioning as expected. Policies were presented in the 4th quarter and awaiting approval

Sub-Programme: Research and Epidemiology

Priorities: Strengthening health system by conducting research/programme evaluations on ways that potentially improve efficiency, effectiveness, evidence-based planning and generating credible evidence for rational decision-making

- Conducting programme evaluations/research
- Publication of evaluation/research outputs
- Research co-ordination

Sub-Outcome 6: Improved Health Management and Leadership

Situation analysis

The 2016/17 financial year has been a very fruitful year for the Research and Development Unit. The Unit made remarkable progress in its research/evaluation activities and very satisfying contributions to improve health system effectiveness and efficiency to provide good quality and equitable health services for all in the Province. This can be seen from the outputs of conducted research/ evaluations reports, number of accredited publications, established research partnerships and the number of approved research protocols within the Province.

The research/evaluation activities are driven by the health research priority setting document. Top ten (10) health research priority areas for the province were identified with active community engagement. More than 90% of the prioritised research areas were operational research linked to health system challenges, burden of diseases, health program effectiveness, and the social determinants of health. The consolidation of health research priorities for the province assisted target settings of the Research and Development Unit plans to strengthen the health system and address the burden of diseases. This gave a basis to initiate two (2) research and/or evaluation projects in the 2016/17 financial year.

Accordingly, in the 2016/17 financial year the Unit planned to conduct two (2) evaluation projects. One (1) Factor contributing the emergence of DR TB and the cost of treatment in the Northern Cape Province; and two (2) the effectiveness of condom programme in the Province. The TB evaluation project is completed, whilst the condom project in progress of about 75% completed.

Generally, research provides the best opportunities to improve the health status of the population through improving the health system effectiveness, benchmarking cost-effective ways of doing the business of the Department. Institutions that are unable to conduct research, access, generate, and apply relevant and improved knowledge will fall behind. In the Northern Cape Province, the critical importance of the Research Unit is well understood and currently efforts have been made to appoint new Provincial Health Research and Ethics Committee (PHREC) members and District Health Research Coordination Committees (DHRC) for all districts to advance health research. However, funding of research activities and adequate human resources for health research and departmental website for wider communication of research outputs and ideas are still challenges.

Achievements

- **Conducted research activities**

Final report on the evaluation project titled “Factors contributing to the emergence of DR TB in the Northern Cape Province and the cost of treatment is completed. The next step on the project is receive the management response report from TB control programme on the evaluation findings and improvement strategies to address the challenges. South Africa has the largest absolute number of TB and HIV-TB co-infected individuals in the world and as a result, one of the world’s worst TB epidemics, including a large number of multi-drug resistant TB cases. In the Northern Cape Province TB incidences including DR TB cases reports shows increasing trends in recent years. These statistics make it an imperative that conducting evaluation research in the area for effectively tackling the TB burden in the Province.

There is an increasing need for condoms use among a wide range of high risk of HIV/STIs infection population groups in the Province. International evidence has shown that condom is highly effective in preventing sexual transmission of HIV/STIs as well as to prevent unwanted pregnancies when it is used consistently and correctly. This is relevant for countries like South Africa which are significantly affected by high rates HIV/AIDS, STIs as well as

teenage pregnancies. These are significant public health problems. Despite the proven benefits of condom in the fight against these multiple challenges of public health, much is not known about the effectiveness of the current condom programme in the Northern Cape Province. The aim of this study was to evaluate the effectiveness of the current condom programme in the Northern Cape province by means of identifying condom utilisation indicators such as availability, accessibility, acceptability as well as the structural, social and individual level barriers that limit/prevent the effective use condoms to answer the main evaluation question: "Why is the Condom Programme failing based on available evidence?". The study is not yet completed due to lack of funding, however this project is planned to continue and be completed in the 2017/18 financial year.

- **Ethical approval granted for sought to be conducted in our Province**

Coordination of health research activities is one of the critical work of the Research and Development Unit. To assist this, a multi-disciplinary Provincial Health Research and Ethics Committee (PHREC) members and District Health Research Coordination (DHRC) have been established to deal with the ethical soundness and the scientific integrity of the research to be conducted in the Province. The main goal of the research co-ordination work is to facilitate and promote research practices and ensure that research conducted in the Province is done in accordance with the ethical guidelines, respect and protection of human rights and scientific integrity. The functionality of the Provincial Health Research Committee is strongly dependent on the assistance of the District Health Research Coordinating Committees for gate keeping permission and monitoring of the on-going approved research topics. Twenty-eight (28) research proposals that sought to be conducted in our province have been reviewed and granted ethical approval. This was more than the planned twenty-five (25) proposals to be approved for the financial year.

- **Publication of research outputs**

In terms of accredited publication four (4) evaluation/research outputs have been produced in internationally accredited journals. Research output communication is one of the critical steps in conducting research in the first place, as it allows for the wider communication of research findings of new knowledge or information. The unit planned three (3) articles to be published for the financial year. The list of published articles are:

1. Research for Health Priorities in the Northern Cape Province: "Fostering research capacity to translate the identified research needs into action" American Journal of Public Health Research Vol. 5, No. 1, 2017.
2. Universal Health Coverage - A Tool to Fight Health Inequity Battles: The Need from Aspiration to Decisive Action in African Countries Journal of Public Health in Developing Countries. January 2017. (3): 1; PP 318-326.
3. A critical review of health research ethical guidelines regarding caregiver consent in paediatric HIV research in South Africa: The ethical and legal issues. The South African Journal of Bioethics and Law (SAJBL) November 2016 Vol. 9, No 2, 73-78
4. Factors that Influence Teenage Antenatal Care Utilization in John Taolo Gaetsewe (JTG) District of Northern Cape Province, South Africa: Underscoring the Need for Tackling Social Determinants of Health. International Journal of MCH and AIDS (2016), Volume 5, Issue 2, 1-12

- **Collaborative networks**

As part of the collaborative effort, staff from the Unit attended the World Health Organization's the Afro region two consultative meetings on the Social Determinants of health meetings that were held in Ottawa Canada and Cape Town, South Africa. The aim of the workshop was to develop indicators for measuring social determinants of health. Furthermore, Unit has achieved increased recognition in the Province through its successful evaluation works. The Unit continues to provide a vibrant and consecutive collaborative context for programme, districts and staff including Free State Department of Health.

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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 to conduct evaluation and ensure publication output on project output. 	<ul style="list-style-type: none"> • Fast-track the appointment of additional staff to the unit and provide tools of trade. • Department should generate additional funding.
<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 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Number of Programme performance evaluations conducted	(1) On-going, evaluation assessment and report in final stages.	2	1	-1	<ul style="list-style-type: none"> Out of two planned programme performance evaluations to be conducted in the financial year, one project is completed and the second one is at 75% complete. Lack fund for the project negatively affected its completion. However, it is envisaged that this project will be completed in the 2017/18 financial year provided that funds are available.
	Number of Publications on research outputs in peer reviewed journals	-	3	4	+1	<ul style="list-style-type: none"> In this indicator the Unit published four (4) articles more than was planned three (3) for the financial year. The dedication of staff commendable for the overachievement of the target.
	Number of ethically approved research protocols to be conducted in the Northern Cape Province	-	25	28	+3	<ul style="list-style-type: none"> The unit achieved more than the planned 25 number of ethically approved research protocols to be conducted in the Northern Cape. Overachievement of the target is due to more research request ought to be conducted in our Province.

Sub-Programme: Information, Communication & Technology (ICT)

Priorities

- Provide connectivity and upgrade physical network infrastructure in all facilities
- Provide an effective and efficient support services for the Department
- Information and Technology Unit become a Business enabler for the Department

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

Situation analysis

The Information, Communication and Technology (ICT) support remains a challenge in the districts and facilities throughout the province. The contract with Mind-matter has been extended whereby a process will be initiated to streamline the support process provided in the districts. The Kimberley Hospital and Dr Harry Surtie Hospital remains the only two (2) facilities with appointed ICT support personnel.

National Department of Health is in the process of providing a temporary solution to Primary Health Care (PHC) facilities for connectivity for WebDHIS (Electronic District Health Information System), HPRS (Health Patient Registration System) and e-tick (Electronic tick Register) as most facilities do not have connectivity. A cost estimation has been done to connect all facilities with the required WAN (Wide Area Network) and LAN (Local Area Network) and has been submitted for approval for implementation over a three (3)-year period.

Currently the Department has upgraded three (3) data lines with the required speed (5Mbps) for Kimberley Hospital, New De Aar Hospital and Dr Harry Surtie Hospital for the 2016/2017 financial year. Costing for the upgrade of the rest of the hospitals for the 2017/2018 financial year has been done and awaiting approval for implementation.

Progress have been made with regard to the Departmental Web Page. The website is currently being reviewed by the communications committee to ensure compliance and that the necessary information is in place.

The terms of Reference for the ICT (Information and Communication Committee) has been approved by the Head of Department and appointment letters of committee members has been issued. The first meeting for the ICT steering committee was on the 23rd March 2017.

The ICT Unit received a MPAT 1.6 score of three (3) for ICT Governance. The improvement plan has been submitted and the implementation thereof.

Achievements

- ICT helpdesk fully operational with more than 94.5% faults resolution within a day.
- 93% System availability and accessibility restored within 48 hours and maintained.
- Successful implementation of Incident Management System which complies to the requirements of the Auditor-General with the assistance of National Department of Health.
- Successful implementation of Asset Management System for the Department. This will address the Audit finding in terms of Asset Management for the Unit.

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed Corrective Action
<ul style="list-style-type: none"> • Shortage of ICT support personnel at districts and facilities. 	<ul style="list-style-type: none"> • Development of a costed district support strategy for approval. • Facilitate recruitment of IT technicians for districts, using phased approach where possible.
<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 (512kb CHC's, 2MB for all hospitals and District Offices).
<ul style="list-style-type: none"> • Majority of computers throughout the province are not getting the required regular updates and Microsoft. 	<ul style="list-style-type: none"> • Implement and roll-out the Window Server Update Services at all facilities in the Province. • Procurement of Hardware (Servers) for the Districts.

Table 3: Annual Targets for Information, Communication & Technology

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Develop a complete system design for a national integrated patient based information system	Percentage of hospitals with broadband access	7% (1/14 Hospitals)	21% (3/14 hospitals)	21% (3/14 Hospitals)	-	-
	Percentage of PHC facilities with network access	-	6% (11/179 clinics)	9% (15/179 clinics)	+3%	<ul style="list-style-type: none"> Public works identified (15) clinics in Frances Baard district for the installation Local Area Network. The initial target was set based upon the approval of the Virtual Private Network for the Department but was not approved due to it being too costly.
	Percentage of fixed PHC facilities with broadband access	0%	6% (11/179 health facilities)	0%	-6%	<ul style="list-style-type: none"> Due to inadequate budget availability the project could not be initiated. The initial target was set based upon the approval of the Virtual Private Network for the Department, but it was not approved due to the cost.

Sub-Programme: Human Resource Management

Priorities

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

Sub-Outcome 5: Improved Human Resources for Health

Situation analysis

The year under review has been one of the most challenging periods for the department faced with the change in leadership, non-participation on the Cuban programme as one of the training platform in dealing with the shortage of doctors. The Exco-Resolution that was implemented has negatively impacted on the filling of vacancies and this had a rapid effect on the performance of programmes due to staff shortage.

One of the mechanism used to ensure reduction in personnel headcounts, was that departments were expected to abolish all vacant unfunded posts on the PERSAL establishment and create absolutely critical posts once approval had been granted by the Premier.

As part of intensifying the strategy for human resources for health, the Department had gazetted three hundred and sixty-six (366) health professional posts for community service who started to work in January 2017. The department managed to place two hundred and ninety-six (296), out of the three hundred and sixty-six (366) gazetted posts based on the number of applications received through the National ICSP online system, excluding the fifty-four (54) community serve nurses who were placed manually.

For year the department has been experiencing a challenge of quality data management and records keeping at our district hospitals, it is against this backdrop that provincial treasury made funds available to support our department. This has led to the appointment of one hundred and sixty-five (165) administrative clerks excluding the twenty-three (23) normal replacement posts at health facilities in all districts where a need arose. The appointment contributed positively towards the decanting of queues in our district health facilities, created employment opportunities for youth in the province and alleviated pressure on health professionals in particular nurses that had to do their core functions including administration duties.

Financial sustainability of the bursary programme of the department has proven to be quite a straining in this financial year.

A total of three hundred and eight-four (384) pension pay-outs by Government Employee Pension Fund in this financial year April 2016 to March 2017.

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

Category	Number
Medical Officers	104
Medical Officers Community Service	94
Medical Interns	25
Professional Nurses	140
Community Service Nurses across the Province	54
Staff Nurse	28
Nursing Assistant	57
Interns – Pharmacy	6
Interns – Psychology	2
Admin Staff	188
Support Staff	50
Allied Workers Community Service	169
Allied Workers	36
TOTAL	953

NB: Some of these posts filled in 2016/17 financial year were vacant as from the previous financial years and only filled in the year under review after they were recreated.

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Achievements

- Contract and Permanent employment of medical officers and nurses in the different districts resulted into a reduction on the over expenditure of locum agencies.
- Vacancy rate reduced from 25.48% to 10.66% due to PERSAL clean up.
- Delegation of signing of PILIR applications documents approved.

Challenges and measures planned to overcome them

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> • Poor Performance in MPAT version 1.5 	<ul style="list-style-type: none"> • Develop an improvement plan and to be monitored on a monthly basis. • Review Key Performance Areas of sub-unit managers to include the service standards in the Job Descriptions.
<ul style="list-style-type: none"> • Late submission of leave forms for capturing impacting negatively on the disclosure notes in the Annual Financial Statements. 	<ul style="list-style-type: none"> • Circular on the management of leave has been forwarded to all staff for adherence.
<ul style="list-style-type: none"> • Submission of incomplete PILIR documents. 	<ul style="list-style-type: none"> • Intensify training to Human Resource officials in the districts.
<ul style="list-style-type: none"> • Non-approval of the final organizational structure. 	<ul style="list-style-type: none"> • The Department should ensure that the structure is send to Department Public Service and Administration.
<ul style="list-style-type: none"> • Increased expenditure of commuted overtime. 	<ul style="list-style-type: none"> • The Department to ensure that all doctors participating in commuted overtime have contracts and ensure proper management using guidelines in the approved departmental policy.

Table 4: Annual Targets for Human Resource Management

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Produce, cost and implement human resources for health plans	Developed Human Resources Plan	1 Human Resource Plan reviewed and implemented	Reviewed Human Resource Plan	0	1	<ul style="list-style-type: none"> Human Resource Plan was not adjusted for the financial year under review. Based on the following reasons: <ul style="list-style-type: none"> No changes to the actual plan of the department, No new functions or mandates in creating new service delivery mandate.
To improve quality of health care by ensuring accountability	Percentage of Performance Agreements signed by SMS officials	-	100%	47%	-52%	<ul style="list-style-type: none"> Sixteen (16) agreements finalised. There are eighteen (18) outstanding performance agreements. Two (2) Senior managers were dismissed and five (5) transferred out including 5 Resignations, and one (1) Retirement. The remaining five (5) was due to non-compliance.

Sub-Programme: Finance & Supply Chain Management-

Priorities: Attain an unqualified audit report

Sub-Outcome 6: Improved Health Management and Leadership

Situation Analysis:

The Office of Chief Financial Officer has placed emphasis and focus on the regularity audit for the 2016-17 financial year. This has resulted in the redirection of human resources towards focusing on the audit in ensuring that minimal inefficiencies are realised.

The division has also been engaged in the process of developing and implementing financial year end procedures in preparation of a credible set of Annual Financials Statements.

Financial reforms remained a priority during 4th quarter with the development and implementation of policies and standard operating procedures in key areas.

The Department has seen the establishment of the Provincial Treasury and Department of Health intervention task team with the aim of addressing the challenges the Department has been experiencing.

Technical support has been deployed to the Department. The process has further resulted into financial resources to the amount of R260 Million been allocated to the Department during the adjustment budget during quarter three to decrease the extent of the accruals relating to key services.

National Department of Health has continued to provide technical support to the Department. The process is yet to yield positive results. The office of the Chief Financial Officer is in the process to ensure that the process provides the intended results.

Cost containment measures focusing mainly on the core services in line with the Ministerial Non-negotiable items and National Core Standards continues to be monitored and enhanced.

The utilization of the Logis procurement system is at an advanced stage at the districts offices. The Supply Chain Management continues to monitor the progress thereof. The process has resulted in a more controlled procurement environment.

Human Resources capacity constraints continues to negatively affect the progress in the Asset Management unit. Processes are underway to improve the capacity of the unit through the utilization of the R2.3 million allocated.

The Provincial Treasury has also deployed additional staff to the unit to assist in the verification process of assets and the capturing of the asset onto the Logis system.

An under collection of revenue has been realised due to a lack of frontline revenue staff at facilities. The lack of a system remains a concern. The Department is currently in the process to engage with SITA to procure a revenue management system. The process is currently at an advanced stage.

The implementation of the Audit Rectification Plan remains a challenge due to human resources capacity constraints. Slow progress that has been realized in rectifying the audit finding. The office of the Chief Financial Officer will capacitate the Compliance and Reporting unit to improve the monitoring and implementation of the audit rectification plan.

Achievements

- There were no major achievements realised during the financial year under review.

Challenges and measures planned to overcome them

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> Budgetary and cash flow constraints remains a challenge. 	<ul style="list-style-type: none"> Cost containment measures introduced and will be monitored on an ongoing basis.
<ul style="list-style-type: none"> Filing and safe keeping of patient's information documents is a great concern due to unavailability of space. 	<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Lack of archiving facilities for the Office of the Chief Financial Officer. 	<ul style="list-style-type: none"> Engagements currently underway with the infrastructure management to revamp the existing West End Hospital. Procurement of additional mobile storage facilities is currently underway.
<ul style="list-style-type: none"> Asset Management unit currently understaffed. Asset register not accurate and complete. 	<ul style="list-style-type: none"> The recruitment of the additional officials has commenced with an anticipated conclusion date of the 15th May 2017. The capturing of the Assets on the Logis system has commenced.

Table 5: Annual Targets for Finance and Supply Chain Management

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviation	Comments for Deviation
To ensure effective financial management in line with the Public Financial Management Act	Auditor opinion from Auditor General of SA	-	Unqualified Audit Report	Qualified audit opinion	Unqualified Audit Report	<ul style="list-style-type: none"> The lack of an asset register will continue to negatively affect the audit outcome. The absence of a revenue management system, the lack of revenue collection capacity at the facilities has also contributed toward negative audit outcomes. Historical irregular expenditure awaiting investigation, condonation or write-off has also contributed towards the inability to achieve a positive audit outcome.

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Linking performance with budgets

Programme 1: Administration

	2016/17			2015/16		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1.OFFICE OF THE MEC	10,312	10,741	(429)	11,344	11,467	(123)
2.MANAGEMENT	186,687	215,785	(29,098)	181,635	199,725	(18,090)
	196,999	226,526	(29,527)	192,979	211,192	(18,213)

Administration – (R29.527 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 audit fees, legal fees, computer services, communication and leasing of departmental fleet.
- The department together with the Provincial Treasury are developing a financial turn-around strategy to stabilise the finances of the department. The interventions are being implemented to contain budget pressures resulting from the impact of accruals.

PROGRAMME 2: DISTRICT HEALTH SERVICES

Priorities: District Health Management

- Expand Ward Based Outreach Teams (wall-to-wall provincial coverage) by establishing teams throughout the province
- Fully functional District Clinical Specialist Teams in all districts
- Ensure accessibility to health care services through the implementation of the Primary Health Care and District Hospital packages
- Ideal Clinic Realization and Maintenance of facilities
- Coordinate functionality of governance structures

Priorities: Quality Assurance:

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

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

In pursuing the vision of the Department of health service excellence for all through the main priorities the District Health has undertaken and engaged in critical target oriented activities. Some of these activities includes recruitment and appointment of critical skills such as doctors to improve clinical management of patients at Primary Health Care (PHC) facilities. As a result, the department has seen an increase in the accessibility of PHC services. The Department is gradually moving towards the realization of Ideal Clinic in some facilities, for instance, the implementation and the roll-out of the Health Patient Administration System (HPRS) to improve on patients' needs and experience of care.

During the currently financial year, the Department had experienced system operations challenges thus negatively affecting appointment of personnel and procurement of basic and essential items in the districts. Also, another indirect negative impact resulted from the inability to transfer complicated cases to Kimberley hospital. It is against this background that the department saw a rise in complaints related to delays and prolonged stays in our district hospitals.

Nonetheless, the Department achieved positive performance in the Ideal Clinic Realisation and Maintenance (ICRM) National Assessments, where the province took a second position. This is clearly as a result of a concerted effort of all involved and progressive impact of much work and resources that have been channelled towards this purpose

Achievements

- Appointments of Doctors from Cuba in all districts.
- Refurbishments of some facilities which by Development Bank of South Africa (DBSA).
- Donations received from stakeholders in ZF Mgcawu and JT Gaetsewe districts,
- Galeshewe Day Hospital operationalised successfully to a 24 hours' service Primary Health Care facility.
- Appointment of thirty-three (33) administrative clerks in John Taolo Gaetsewe, five (5) in Frances Baard, thirty-four (34) in Namakwa, thirty-eight (38) in Pixley ka Seme and twenty-five (25) in ZF Mgcawu districts.
- Successful implementation of Stock Visibility System (SVS), albeit minor glitches the department still experiences.
- Pixley ka Seme identified as one of the eight (8th) districts in the world to receive assistance from Health

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Rise South Africa in non-communicable.

- Successful implementation of the Health Patient Register System in John Taolo Gaetsewe for 29 facilities.
- During the Ideal clinic Realisation and Maintenance (ICRM) peer review John Taolo Gaetsewe four (4) achieved golds and two (2) silvers.
- Appointment of Enrolled Nursing Assistance at Lingeletu and Progress clinic- ZF Mgcawu.
- Appointment of four (4) community service students in John Taolo Gaetsewe district.
- Appointment of an Assistant Director- Finance (12-month contract) in Pixley ka Seme, who managed to reduce accruals from R6 million to R2 million.
- Logis fully implemented in Pixley ka Seme district.

Challenges and measures planned to overcome them

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> • Governance structures not yet established in some facilities due to the lack of a stipend. 	<ul style="list-style-type: none"> • Encourage community involvement at operational level. • Department to expedite the appointment process.
<ul style="list-style-type: none"> • Inability to fill critical vacated posts due budgetary constraints. 	<ul style="list-style-type: none"> • Rationalisation and prioritisation of posts.
<ul style="list-style-type: none"> • Poor data quality despite the implementation of WebDHIS. 	<ul style="list-style-type: none"> • Have regular data review sessions with data users.
<ul style="list-style-type: none"> • Oversight on SVS which results in poor accountability, non-reporting, and poor performance on the programme itself. • Nootro-Depo System reflecting incorrect information in some facilities. 	<ul style="list-style-type: none"> • Strengthen, monitoring and supporting districts to improve on SVS. • Continues updating of the Nootro-Depo System.
<ul style="list-style-type: none"> • Inadequate maintenance of infrastructure. • Lack of maintenance of medical equipment in all facilities. 	<ul style="list-style-type: none"> • Adequate budget allocation for maintenance of facilities and appointment of maintenance personnel/ artisans. • Appointment of Health Clinical Technologist in all districts.
<ul style="list-style-type: none"> • EMS response time deteriorating in the districts. • White fleet vehicles repairs prolonged due to non-payment of service providers. 	<ul style="list-style-type: none"> • Strengthen EMS through resource allocation e.g increase number of EMS vehicles and human resource (Emergency Care Practitioners). • Process payment of outstanding accounts.
<ul style="list-style-type: none"> • Non-functional theatres result in prolonged waiting times for surgical procedures, and increase referrals to the next level, potential litigations and increase in patient day equivalent (PDE). 	<ul style="list-style-type: none"> • Appoint doctors, theatre nurses and procurement theatre equipment.

Table 7: Annual Targets for District Health

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Ensure quality primary health care services with optimally functional clinics by developing all clinics into ideal clinics	Percentage of fixed PHC facilities scoring above 70% on the ideal clinic dash board	-	100% (104/104)	96% (100/104)	-4%	<ul style="list-style-type: none"> Some facilities still need essential equipment, training, policy and protocols to ensure compliance to the Ideal Clinic Realisation and Maintenance.
Introduce a patient centred approach in the delivery of health service	Client Satisfaction survey rate (PHC)	91%	100% (166/166)	99.4 %	-0.6%	<ul style="list-style-type: none"> Renovations in Olifantshoek CHC, project to be concluded by 2017/18.
	Client Satisfaction rate (PHC)	91%	80%	81%	+1%	<ul style="list-style-type: none"> The implementation of the Ideal Clinic Realisation and Maintenance (ICRM) strategy to improve the patient experience of care through the Integrated Clinical Management (ICSM) and Central Chronic Management and Dispensing and Distribution (CCMDD).
Improve efficiencies and quality of care at PHC facilities	OHH registration visit coverage (Annualised)	53%	80%	37%	-43%	<ul style="list-style-type: none"> Household registration almost concluded in one (1) district (Pixley ka Seme), four (4) districts still busy with registrations, difficult recruiting team leaders.
Accelerate appointment of district clinical specialist teams	Number of Districts with fully fledged District Clinical Specialist Teams (DCSTs)	5	5	5	-	<ul style="list-style-type: none"> DCS Teams appointed in all districts.
Improve efficiencies and quality of care at PHC facilities	PHC Utilisation rate	2.5 visits	2.5 Visits	2.5 visits	-	<ul style="list-style-type: none"> Implementation of the ICRM and CCMDD programme.
	Complaints resolution rate (PHC)	65.3%	100%	56%	-44%	<ul style="list-style-type: none"> Non-functional governance structures hampers negatively on this indicator, complaints box must be opened in the presence of the members of the governance structures.

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
	Complaints resolution within 25 working days rate (PHC)	90%	80%	94%	+14%	<ul style="list-style-type: none"> The implementation of the ICRM strategy to improve the patient experience of care (ICSM, CCMDD).

Table 8: Annual Targets for District Hospitals

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Improve compliance with national core standards	National core standards self-assessment rate (District Hospitals)	82%	100% (11/11)	45.5% (5/11)	-54.5%	<ul style="list-style-type: none"> National Core Standard Assessments conducted in five (5) district hospitals, assessments capturing not done in six (6) district hospitals due to shortage of staff.
	Quality improvement plan after self-assessment rate (District Hospitals)	82%	100% (11/11)	80% (4/5)	-20%	<ul style="list-style-type: none"> Quality Improvement Plan not developed in all district hospitals due to shortage of staff.
	Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (District Hospitals)	0% (0/11)	100% (11/11)	0%	-100%	<ul style="list-style-type: none"> National Core Standard Assessments questioners were not captured due to shortage of dedicated Quality Assurance personnel and infrastructure. District hospitals have a shortage of certain equipment in order to comply with extreme and vital measures.
Introduce a patient centred approach in the delivery of health services	Patient Satisfaction survey rate (District Hospitals)	0%	100% (11/11)	91% (10/11)	-9%	<ul style="list-style-type: none"> Prof ZK Matthews hospital in a process of collating the patient experience of care indicators.
	Patient Satisfaction rate (District Hospitals)	52%	80%	83%	+3%	<ul style="list-style-type: none"> Renovations at Postmansburg Hospital at the General, Paediatrics and Maternity wards. Appointment of CEO at Manne Dipico Hospital.

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Improve efficiencies and quality of care at district hospitals	Average length of stay (District Hospitals)	3 days	3-5 days	3-4days	-1 days	<ul style="list-style-type: none"> Shortage of case managers and admission clerks.
	Inpatient Bed Utilisation Rate (District Hospitals)	52.7%	60%	60%	-	<ul style="list-style-type: none"> Shortage of case managers and admission clerks.
Improve efficiencies and quality of care at district hospitals	Expenditure per PDE (District Hospitals)	R1 635.3	R1814.90	R2 747	R932.10	<ul style="list-style-type: none"> Performance is as a result of accruals of the previous year (s).
	Complaints Resolution Rate (District Hospitals)	65.4%	100%	63%	-37%	<ul style="list-style-type: none"> Non-functional governance structures hampers negatively on this indicator, complaints bo0078 must be opened in the presence of the members of the governance structures.
Improve efficiencies and quality of care at district hospitals	Complaint Resolution within 25 working days' rate (District Hospitals)	94.6%	80%	98%	+18%	<ul style="list-style-type: none"> Renovations at Postmansburg Hospital at the General, Paediatrics and Maternity wards. Appointment of CEO at Manne Dipico Hospital.

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 by at least 50% using combination prevention approach
- Sustain Health and Wellness
 - Reduce mortality, sustain wellness and improve quality of life of at least 80 % of those infected and affected by HIV and TB
- Increase protection of human rights and improve access to justice by ensuring an enabling and accessible legal framework that protects and promotes human rights and gender sensitivity

Sub-Outcome 8: HIV & AIDS and TUBERCULOSIS PREVENTED AND SUCCESSFULLY MANAGED

Situation analysis

Many of the activities that were planned for Quarter 4 were reviewed and with programmes reprioritizing key activities such the Provincial STI, Condom and Pregnancy awareness and Provincial TB World Day. Financial constraints will continue urging health programmes to be more creative in terms of how outputs can be maximized within limited resources. And in this quarter, all HAST programmes conducted rigorous activity review together with the business planning process to plan on how targets will be achieved in the coming financial year. This exercise was critical as the country will be implementing a new National Strategic Plan on HIV, TB & STI (2017- 2022) and with programmes contributing to the Provincial Implementation Plan (PIP).

Poor data quality continues to hamper accurate programme performance monitoring and thus affecting formulation of correct interventions. The Monitoring & Evaluation Unit together with the Information Management Unit have embarked on data mop – up activities across the province to ensure credible health information. It was evident particularly in the ART Program with erratic month – to – month fluctuations on the number of patient remaining on care which makes planning difficult as it is not known whether such fluctuations are as a results of attrition or poor data quality.

In Quarter 4, the HAST Programme embarked on the commemoration of the World TB Day which was coordinated through the Provincial AIDS Council led by the Premier, Ms. Sylvia Lucas. The WTD was held in Upington in a form of the Provincial TB Indaba which involved robust discussion from a panel of experts including civil society. From these discussions, a Provincial TB Action Plan was developed and to be implemented in line with the Provincial Strategic Plan on HIV, TB and STIs (2017 – 2022).

The impact of cost containment has adversely affected programmes, particularly on the following areas:

- Execution of Medical Male Circumcision (MMC) outreach campaigns were cancelled thus adversely affecting the performance of the program;
- Majority of planned trainings programmes were postponed;
- The integrated facility supports visits to monitor implementation of guidelines and data quality;
- Appointments on critical posts for the TB and HIV clinical programme coordinators, data capturers, were not concluded;
- Effective monitoring of Universal Testing and Treat (UTT).

Development Partners:

Through the support of development partners and national some of the trainings were conducted.

HIV Prevention

The Prevention Programme together with other programmes held the Provincial STI, Condom and Pregnancy awareness event in Pofadder during March 2017. This awareness campaign was led by the MEC of Health, the Mr. L Motlhapeng to bring awareness on the reproductive health with emphasis on prevention of sexually transmitted

infections (STIs). This areas (Pofadder) was targeted based on the reported increases of STI infection rates in the region due to recent economic developments around the area.

The Prevention Programme maintained the improved rapid HIV testing rate from the previous quarters and is projected to exceed the annual target of two thousand and fifteen two hundred and fifty-nine (215 259). This is important to determine the level of access toward HIV services and also an important proxy indicator for HIV infections at community level.

The Human Sciences Research Council (HSRC), in collaboration with the Prevention Programme commenced with the South African National HIV Prevalence, Incidence and Behaviour Survey 2016/17. The objective of the survey is to inform the South African Government, Civil Society and Public as a whole on the progress the country has made in mitigating and managing HIV.

The Programme also implemented the Stepwise Process for Improving the Quality of HIV Rapid Test (SPIRT) assessments for improving the quality of rapid HIV testing at facility level, due to cost containment only Frances Baard has started to implement the assessment.

Although four (4) out of five (5) districts managed to appoint Condom Logistic Officers, the following challenges are still being experienced: Condom storages in various districts are not availed for condoms regardless of the renovation being done to those sites. The quality of condoms is being compromised due to poor storage conditions. In other districts, condoms are moved to unsuitable or non-compliant storage areas. There is lack of condom transportation in all districts from Primary Distribution Sites to Secondary Distribution Sites and this has negatively affected the distribution rate at facility level.

Community Awareness Campaigns / Social Mobilisation

The Development Bank of South Africa (DBSA) funded marketing campaign through Grounded Media to create awareness about HCT services and inform the community about the upgraded clinics in the Northern Cape. Grounded Media in collaboration with HIV & AIDS, and STI (HAS) programme held two Family Health Day events in the John Taolo Gaetsewe and Zwelentlanga Fatman Mgcawu districts respectively in May 2016. The MEC for Health together with other community leaders launched the DBSA upgraded health facilities in these areas. This launch also included provision of HCT services including screening on TB, hypertension and diabetes.

Comprehensive Care Management and Treatment Programme (CCMT)

The programme has been experiencing shortages and unavailability of Fixed Dose and some single dose drugs due to inability of suppliers not being able to meet the demand. All facilities had to rationalise and redistribute the available stock to ensure a sustainable drug supply to the patient. This challenge necessitated policy changes in ARV drug Regimens. The National Department of Health issued a revised circular on the use of First line, Fixed Dose Combination and second line ARVs. However, no drug stock-outs were reported from our facilities despite this nationwide problem. Some of the changes in the ARV drug Regimens are:

- 3TC 300mg not available on tender
- Lamivudine as single agent not available on tender
- There are four (4) Fix Dose Combinations of ARVs available

Cryptococcal Meningitis is one of the opportunistic Infections that cause a high mortality amongst People Living with HIV. Considering the evidence based information from surveillance and the benefits of reducing Cryptococcal Meningitis related mortality, the National Department of Health implemented the Reflex Cryptococcal Antigen (CrAG) screening at ART naïve patients with CD4 counts <100 as from 1 April 2016.

This means blood samples with CD4<100 will be automatically tested and patient to be followed up, symptomatically screened and referred for treatment. (See attached circular) Training will be rolled out by National Department of Health (NDOH) to all districts, National Health Laboratory Services (NHLS) will continue to test all blood samples with CD4 <100 for Cryptococcal Antigen.

The CCMT Programme accelerated the implementation of the Differentiated Care and Universal Test & Treat as mandated by the National Department of Health. Stable patients with viral suppression were decanted from

PHC facilities according to the three modalities, viz. Adherence Clubs, Spaced & Fast Lane Appointments and the Centralised Chronic Medicine Dispensing & Distribution (CCMDD). At the end of the quarter 4, the Province had sixty-six (66) Adherence Clubs and fifty-five (55) Support Groups, with five thousand four hundred and twenty-seven (5 427) patients on antiretroviral treatment program (ART) utilising fast lane appointments and additional nineteen thousand and twenty-two (19 022) chronic patients registered onto the CCMDD Programme with 39% (n = 7 419) being ART patients. There are only twelve (12) External Pick-up Points in the NHI District (Pixley ka Seme) where medication for some patients on chronic medication (CCMDD) are issued at. The decongestion process for Adherence Clubs and Fast Lane approach has been slow but the Province exceeded the CCMDD target of 11 266.

The programme did not manage to achieve the target for starting HIV positive clients on ART mainly due to data challenges experienced at health facilities. There are currently 55 (30%) facilities without data capturers.

Medical Male Circumcision Programme (MMC)

The MMC Unit had a successful run in quarter 1 by conducting the MMC outreach campaigns during the Easter and winter school holidays through outreach camps. These camps were supported by the South African Clothing & Textile workers Union (SACTWU) as the province is affected by shortage of medical personnel. The Provincial team mobilized clients in collaboration with the schools, the full support from parents. These campaigns were undertaken in the Frances Baard, ZF Mgcawu and John Taolo Gaetsewe districts with a total of one thousand two hundred and ninety-three (1 293) circumcisions performed in a week.

The Medical male circumcision (MMC) Programme performance has been negatively affected by the cost containment, which has led to the cancellation of planned activities. The other reason that has contributed to poor performance, was that district roving teams could not travel to various areas as there was no transport available.

The situation was worsened by the fact that the province does not have enough human resources, which led to a dependency on the external partner but we could not access the services as the department of health was incurring the transport, accommodation and meals for the of SACTWU Organisation.

Achievements

- Successfully hosted the Provincial STI, Condom and Pregnancy awareness event in Pofadder in March 2017.
- During February, Match Research Council conducted the Dissemination of female condoms meeting in the province, all districts participated.
- Seven coordinators have attended the Couple counselling and counselling and testing of children workshop at National Institute for Communicable Diseases (NICD).
- Condom Logistic Officers have been appointed in four districts- Frances Baard, Namakwa, ZF Mgcawu and Pixley districts.
- Adherence guidelines workshop done for programme managers.
- Pharmacovigilance training especially among some mines to improve patient management.
- The province exceeded the HTS target by 140%.

Challenges and measures planned to overcome them

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> • Poor condom distribution due to: <ul style="list-style-type: none"> • Lack of dedicated transport • Inadequate storage space affecting procurement. 	<ul style="list-style-type: none"> • Districts should ensure transportation of condoms of Primary Distributing Sites (storage sites) to facilities is incorporated into the district monthly transport plans • Districts should ensure transportation of condoms of Primary Distributing Sites (storage sites) to facilities is incorporated into the district monthly transport plans • Fast track renovation of sites for storage of condoms i.e. Namakwa, JTG, Pixley and ZFM (e.g. approved submissions for Poffadder, Port Nolloth, Danielskuil & Joe Morolong were handed over to Projects office for processing).

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Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> Declining patients remaining in care (ART) due to poor implementation of retention and adherence strategies also compounded by poor data management. 	<ul style="list-style-type: none"> Fast track implementation of retention strategies Ensure data of patients on CCMD and those issued with three (3) months treatment supply are accounted and captured accordingly as part of facility reports
<ul style="list-style-type: none"> High lost to follow-up and mortality rate DR TB more than 22% and 30% respectively. 	<ul style="list-style-type: none"> Develop interventions to address initial lost to follow-up among new TB cases. Renew TB tracer team contracts and strengthen retention in care strategies.
<ul style="list-style-type: none"> Low demand creation and institutionalization of VMMC despite having trained medical personnel across districts. 	<ul style="list-style-type: none"> National appointed the Centre for HIV and Aids Prevention Studies (CHAPS) as a service provider for the Provincial MMC services. Incorporate demand creation (mobilization) into Key performance areas of Condom Logistics Officers. Clinicians to allocate days for circumcisions at sites
<ul style="list-style-type: none"> Retaining patients in care requires implementing adherence strategies endorsed by the national office. There are currently no tools for cascading the training to Community Health Workers at district level, as no provision was made in the budget for training and printing of material. 	<ul style="list-style-type: none"> Budget to be re-prioritized in the addendum of 2016/17 accommodate training of CHCW and Health Professionals on Retention in Care Strategies. National Department of Health to assist with printing of training material as agreed.
<ul style="list-style-type: none"> Poor implementation of Youth Friendly Service due to poor programme management and high staff turnover. Recruitment processes for nurses put on hold. This leads to high defaulter rates and teenage pregnancies amongst youth infected with HIV. 	<ul style="list-style-type: none"> Acting Chief Director to assist in improving Youth Friendly Services Programme by fast tracking of critical posts and implementation of training.
<ul style="list-style-type: none"> Cost containment affecting programme implementation. 	<ul style="list-style-type: none"> Intervention sought from Executive Management to ensure cost containment measures are implemented in a coordinated manner with little impact of service delivery.

Table 9: Annual Targets for HIV & AIDS, STI

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Sustain health, wellness	Adults remaining on ART Total	-	55 575	51 419	-4 156	<ul style="list-style-type: none"> Trends still indicates poor programme performance due to the following: <ul style="list-style-type: none"> Poor implementation of Retention Strategies with some patients defaulting pre-ART and during treatment. Implementation of Differentiated Care & UTT could not be monitored due to cost containment. Five hundred and twenty-four (524) children were initiated on ART against a target of One hundred and ninety-seven (197), due to improved access to paediatric HIV care and treatment services across facilities with special emphasis on retention and follow-up of missed HIV positive children for ART initiation.
	Total Children (under 15 years) remaining on ART- Total	-	3 570	3 762	+192	<ul style="list-style-type: none"> Improvement as a result of: <ul style="list-style-type: none"> district awareness campaigns conducted, Health Systems Trust franchise model contracting private nurses, counsellors and general practitioners to provide HTS services contributed to the increased testing rate. No stock interruptions with rapid test kits were experienced throughout the quarter.
	Client tested for HIV (incl. ANC)	234 811	215 259	282 880	+67 621	
Increase access to a preventative package of sexual and reproductive health (SRH) services including medical circumcision	Male condom distribution coverage (annualised)	20.5	37	21.5	-15	<ul style="list-style-type: none"> Lack of dedicated transport to deliver condoms from storage sites to facilities In JT Gaetsewe appointment of district condom logistics officer not yet concluded. Inadequate condom storage capacity as ordering is also based on storage capacity at district level (small quantities procured).
	Medical male circumcision performed – Total	7 680	14 000	2 509	-11 491	<ul style="list-style-type: none"> Although the target was reduced from 24 022 to 14 000, still the province could not manage to perform MMC's as planned due to the following reasons: <ul style="list-style-type: none"> Cancellation of MMC outreach camps due to cost containment; Lack of coordination at district level.

Sub-Programme: Tuberculosis (TB)

Priorities:

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

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

Situation analysis

A noticeable improvement and achievement with the TB screening rate at 49% against target of 60% 2016/17 which is attributed to active TB screening at vital check-up points during patients consultation at facilities.

TB Treatment success improved from 79.8% 2015/16 to 81.6 % 2016/17 though lower than the annual target of 95% 2016/17 and MDR TB treatment success rate output at 40.7% which is below target of 45%, the poor performance for both susceptible and drug resistant TB outcomes is attributed to unfavourable outcomes such as high defaulter and death rate.

Susceptible and Multi Drug Resistant TB/HIV collaboration

Multi Drug Resistant TB/HIV co-infection rate has remained steady from 56% (2015) to 58% (2016) and ART initiation at 91% to 94% respectively. Similarly, Susceptible TB/HIV co-infection rate has remained steady at 41.5% (2015) to 41.6 % (2016) and a slight decline in ART uptake at 95.1%(2016) against the target of 100%.

Achievements

- Sustained availability of drugs for both susceptible and Drug Resistant TB (Bedaquiline and Linezolid).
- Aurum service providers assisted the department with the appointment of two (2) data capturers placed at Dr Harry Surtie and West End Hospital.
- The partnership with the mines started with services for TB/HIV and family planning. In the current agreements, the services include non- communicable diseases i.e Diabetes and Hypertension.
- As at end of 2016/2017 the department has partnered with thirteen (13) mines for the rendition of TB/HIV services.

Challenges and measures planned to overcome them

Challenges	Proposed Corrective Action
• An increase in patients defaulting treatment, which affects several indicators i.e default, death, and treatment success rate.	<ul style="list-style-type: none"> • Adherence Training for all Categories of care givers, to strengthen TB treatment adherence counselling. • Increase awareness / education to communities on the importance of treatment adherence. • NGOs to be closely monitored to do the follow up of clients.
• Coverage of TB Tracers in the districts not adequate.	• Improve coverage, on an annual basis. For 2017/18 a provision was made for 14 TB Tracers.
• Inadequate management of TB in-patients (in the Hospitals).	• Appointment of Focal Nurses is underway.
• Inadequate Data Management; recording and reporting of data.	• Conduct regular in-service training at Facilities.

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Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> • Poor Programme Management at facility level giving rise to poor programme performance and unfavourable outcomes. • Inadequate supervisory support to facilities. • Staffing challenges at provincial and district level. 	<ul style="list-style-type: none"> • Scale up supervisory support to conduct in-service training relating to the programme. • Prioritize worst performing facilities for support based on the outcome of the TB reviews conducted.
<ul style="list-style-type: none"> • A marked increase in MDR TB cases suggestive of primary infection, as a result of inadequate infection control measures both at community and household. 	<ul style="list-style-type: none"> • Conduct intensified case finding (ICF) on a quarterly basis to screen all suspects, early treatment initiation for TB positive cases to reduce transmission. • Educate TB focal members on the correct use of N95 and surgical masks to enhance infection control measures.

Table 10: Annual Targets for Tuberculosis (TB)

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Improve TB outcomes by maximising opportunities for TB screening and linkages to diagnosis	TB/HIV co-infected client on ART rate	-	100%	91.9%	-8.1%	<ul style="list-style-type: none"> Poor implementation of guidelines and policies due to lack of District Coordinators in Namakwa, Pixley and Frances Baard districts. Forty-three (43) patients died before started on ART treatment. Patients moved from Hospitals to PHC's for ART treatment start. Patients transferred out of the province before ART Start
	TB symptom 5 years and older screened rate	40.6%	60%	49%	-11%	<ul style="list-style-type: none"> Inadequate coordination of screening at facility level due to lack of district coordinators in Frances Baard, Namakwa and Pixley Ka Seme
Improve TB treatment outcomes	TB client treatment success rate	81%	95%	81.6%	-13.4%	<ul style="list-style-type: none"> Attributed to unfavorable outcomes such as high lost to follow up and death rate.
	TB client lost to follow up rate	7.4%	5-5%	8.6%	-3.1%	<ul style="list-style-type: none"> Clients not followed up on time. Adherence counselling not done for TB Clients Tracer teams not active due to contract termination.
Implement interventions to reduce TB mortality	TB Death Rate	6%	6%	5.2%	+0.8%	<ul style="list-style-type: none"> Improvement noted in Namakwa 47/707 (6,6%) and JTG 115/1660(6.9%) which indicates early detection of TB due to TB trainings, awareness campaigns and talks conducted.
Combat MDR TB by ensuring access and strengthening adherence to treatment	TB MDR TB confirmed treatment initiation rate	98%	100%	87.9%	-12.1%	<ul style="list-style-type: none"> Attributed to systematic and patient related factors
	TB MDR TB treatment success rate	39%	45%	40.7%	-4.3%	<ul style="list-style-type: none"> Due to the high treatment defaulter (21.2%) and died (31.3%) success rate is negatively influenced.

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

Priorities:

Strengthen access to comprehensive sexual and reproductive health services

- Provision of quality sexual and reproductive health services by health care providers on wide range of contraceptive methods
- Integration of sexual reproductive health to other health services

Promote Kangaroo Mother Care (KMC) for low birth weight babies

- Facilitate establishment of Kangaroo Mother Care units in all delivering facilities
- Monitoring implementation of KMC guidelines and protocols at all delivering facilities

Implement Integrated School Health Programme in Quintile 1 - 4 schools and Special Schools

Decrease child and maternal mortality

- Monitor implementation of protocols and guidelines on management of conditions leading to maternal deaths quarterly.
- Monitor implementation of basic and comprehensive emergency obstetric signal functions in all delivering sites quarterly
- Facilitate establishment of high risk antenatal clinic in each district quarterly
- Improve community awareness on maternal health issues and Mom Connect registration of all pregnant women
- Improve Integrated Management of Childhood Illnesses coverage through distance training
- Implementation of 10 steps to treat Severe Acute malnutrition (SAM) in PHC clinics and Hospitals

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

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

Situation analysis

Measles 2nd dose coverage (annualised) has improved from 77% in 2015/16 to 96.6% for 2016/17.

There has been an increase in Child 5 years’ pneumonia case fatality rate from 1.3% in 2015/16 to 1.6% for 2016/17.

Vitamin A coverage 12-59 months: 47% in 2015/16 and 50 for 2016/17 – The slight increase in Vitamin A coverage is due to the Integrated Child Health campaign that was conducted in the third quarter as well as the outreaches to Early Childhood Development (ECD) centres during the year. The campaign and outreach data were recorded separately and not on the DHIS.

There has been a substantial decline in maternal deaths over the past years from 151/100 000 live births (2012/13) to 95.3/100 000 live births (2016/17):

2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
151/100 000 live births	127/100 000 live births	124/100 000 live births	112.5/100 000 live births	95.3/100 000 live births

The reduction in maternal mortality is mainly due, to a decrease in deaths from non-pregnancy related infections. The decrease in HIV-related deaths is mainly due to increasing numbers of women accepting the offer of HIV testing and treatment, training of clinicians and constant monitoring, the Essential Steps in the Management of Obstetric Emergencies (ESMOE/EOST) trainings and refresher trainings thereof conducted on antenatal and maternity personnel, the MomConnect awareness by pregnant women.

Maternal Deaths:

All maternal deaths have not been assessed, thus factors relating to deaths could not be confirmed. The National Committee into Confidential Enquiry of Maternal Death (NCCEMD) comprehensive report for 2016 will be published.

The following tables presents Maternal Mortality per District

DISTRICTS	FRANCES BAARD	JT GAETSEWE	NAMAKWA	PIXLEY KA SEME	ZF MGCAWU	TOTAL
Maternal Death in facility	9	3	1	2	2	17
Death on arrival (DOA)	3	2	-	-	-	5
Private	2	-	-	-	1	3
Total	14	5	1	2	3	27

Maternal Cases	
Total deaths at public health facility:	17
Total live births	18 083
Ratio	95.3/100 000

There are eight (8) co-incident not included in the rate, which include:

- Three (3) private cases - live births from private sector are not sent to the province therefore cannot be included in the rate calculation.
- Five (5) x “Dead on Arrival” cases not calculated into MMR as it happened outside Public Health facilities.

The updated Basic Antenatal Care (BANC)+ program was introduced, which entails that antenatal visits are increased from six (6) to eight (8). The focus of the new programme is to reduce both maternal and perinatal deaths due to mainly hypertension and intrauterine growth restriction.

Strides were made in achieving both the Antenatal Care (ANC) visits before 20 weeks’ and mother postnatal visits within 6 days’ rates.

The Mother to Child, Youth and Woman’s Health (MCYWH) programme succeeded in persuading John Taolo Gaetsewe district to allocate trained Registered Nurse on Choice on Termination of Pregnancy (CTOP) services back to Tshwaragano Hospital to conduct CTOP services within the district.

School Health coverage for Grade 1 improved, due to appointment of sessional professional nurses for the month of April 2016. Sessional nurses were appointed to assist with the Human Papilloma Virus (HPV) campaign and upon completion of campaign, assisted with the Integrated School Health program.

The exclusive breastfeeding rates were found to be the highest in the Northern Cape during the South African Programme to Prevent HIV transmission from Mother to Child (SAPMTCT) survey and the best practices were presented at the World Breastfeeding conference.

Achievements:

- Implementation and alignment of PMTCT guideline and data elements.
- School health coverage improved due to appointment of sessional professional nurses for the month of April 2016.
- Pregnancy and STI awareness campaign conducted during the reproductive health month in Poffadder (Namakwa).
- PPIP 2016 updated and all facilities submitted their data and it was exported to South African Medical Research Council (SAMRC).

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- Inter-sectoral sub –committee was established with Department of Education, Department of Social Development, South African Police Services and Department of Art and Culture in order to address teenage pregnancy challenges in the province.
- All districts were represented at the Provincial dissemination workshop organised and sponsored by PATH in Upington. The provincial representative also attended the National PATH dissemination workshop. The overall objective was to update stakeholders on progress and potential impacts of the window of opportunity projects in John Taolo Gaetsewe on community and health systems.
- Case fatality rates for severe acute malnutrition was reduced significantly during the period under review.

There has been a substantial decline in Child under 5 years’ severe acute malnutrition case fatality rate:

2014/15	2015/16	2016/17
10.7%	8.3%	5.1%

National Youth Camp in partnership with Social Development and South African National Defence Force (SANDF) was attended in Kimberley. One thousand participants and two hundred (200) officials took part. Health screening activities and health education was conducted on teenage pregnancies, substance abuse, communicable and non-communicable diseases.

Challenges and measures planned to overcome them

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> • Poor uptake and recording of Polymerase Chain Reaction (PCR) tests at birth by delivering facilities although it is being done. • Rejected PCR specimens at facility level • Poor adherence of pregnant women on treatment. 	<ul style="list-style-type: none"> • Share the challenge with health care workers at every platform. • Continuous training and support visits conducted in collaboration with NHLS. • Align PMTCT programme with CCMT on adherence strategy.
<ul style="list-style-type: none"> • Data capturing of revised PMTCT data elements remains a challenge. 	<ul style="list-style-type: none"> • Collaborate with Health Programme Monitoring and Evaluation unit to improve capturing.
<ul style="list-style-type: none"> • Financial constraints • Lack of essential equipment in facilities. • IEC material. 	<ul style="list-style-type: none"> • Waiting for business plan approval for the new financial year. • Procurement of essential equipment for all facilities.
<ul style="list-style-type: none"> • Lack of access to high care and Intensive Care Unit (ICU) facilities at referral sites for neonates and children with severe conditions at district hospitals 	<ul style="list-style-type: none"> • District managers and CEO’s to establish high care and intensive care facilities.
<ul style="list-style-type: none"> • HR processes are taking long to fill critical posts. • Filling of critical posts e.g. Perinatal Health and genetics, EPI surveillance, C-IMCI, MNCYWH & N coordinator in JT Gaetsewe. 	<ul style="list-style-type: none"> • Prioritise critical posts.
<ul style="list-style-type: none"> • Transport challenges especially in districts to visit facilities. 	<ul style="list-style-type: none"> • Lobby for procurement of subsidized vehicles for MNCYWH Clinical Programme Coordinators – executive management approval. • Encourage joint planning to share transport.

Table 11: Annual Targets for MCWH & Nutrition

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviation	Comments on Deviation
Improve the implementation of Basic Antenatal Care	Antenatal 1st visit before 20 weeks' rate	62.3%	64%	64.7%	+0.7%	<ul style="list-style-type: none"> • Due to continuous community awareness on importance of early booking during reproductive health month. Mom-connect trainings in districts. Screening of women of child bearing age for pregnancy has also contributed to achievement of the target.
	Mothers postnatal visit within 6 days' rate	52.8%	60%	58.9%	-1.1%	<ul style="list-style-type: none"> • Due to challenges in communication on referral system, between delivery sites and PHCs.
	Antenatal client initiated on ART rate	-	96%	95.1%	-9. %	<ul style="list-style-type: none"> • Due to challenges of recording data and capturing
Provision of PMTCT	Infant 1st PCR test positive around 10 weeks' rate	-	1.7%	1.7%	-	<ul style="list-style-type: none"> • Due to Mother to Child Transmission (MTCT) trainings, facility support visits and regular Perinatal mortality meetings at facility level.
Protection of children against vaccine preventable disease	Immunisation coverage under 1 year	83.1%	85%	79.9%	-5.1%	<ul style="list-style-type: none"> • Periodic Stock-outs of Hexavalent vaccine impacting of the indicator.
	Measles 2nd dose coverage (annualised)	76.7%	85%	96.6%	+11%	<ul style="list-style-type: none"> • The indicator in the APP is specific to under 1 year but on the input form and the DHIS, the indicator accommodates missed immunisation doses to children even over 1 year
	DTaP-IPV/ HIB 3-Measles 1st dose drop-out rate	<57.7%	<13%	<18.9	<-5.9%	<ul style="list-style-type: none"> • Periodic National Stock-outs of Hexavalent vaccine.
Reduce child morbidity and mortality	Child under 5 years' diarrhoea case fatality rate	1.8	2.5%	3.8%	-1.3%	<ul style="list-style-type: none"> • Lack of access to high care and ICU facilities at referral sites for children with severe conditions. • Inadequate assessment, investigations, management and monitoring of children in Paediatric wards and emergency units at district hospitals. District managers and CEO's to establish high care and intensive care facilities. • Refresher training on child care for hospital personnel.
	Child 5 years' pneumonia case fatality rate	1.3	2.5%	1.6%	+1.3%	<ul style="list-style-type: none"> • Extensive training conducted on child care.
	Child under 5 years' severe acute malnutrition case fatality rate	8.3%	8.5%	5.1%	+3.4%	<ul style="list-style-type: none"> • Continuous training conducted and auditing process of files of children admitted to hospital.

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Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviation	Comments on Deviation
Expansion and strengthening of integrated school health services	Schools Grade 1 screening coverage (annualised)	12.9%	10%	13.1%	+3.1%	<ul style="list-style-type: none"> The school health teams mainly focused on visiting primary schools.
Increase access to sexual and reproductive health by expanding the availability of contraceptive and access to cervical and Human Papilloma Virus screening services	Schools Grade 8 screening coverage (annualised)	7.5%	10%	7%	-3%	<ul style="list-style-type: none"> Insufficient school health screening conducted for grade 8 in districts due to lack of school health teams.
	Couple year protection rate	38.2%	45%	38.7%	-6.3%	<ul style="list-style-type: none"> Staff components at facilities delayed process to train professional nurses on contraceptives due to shortage of registered nurses thus clients have to wait longer and sometimes send back if skilled professional nurses are not available. Financial limitations render it impossible to conduct regular supervision for trained professionals to ensure adherence to policy and monitor reporting. Improvement is due to continuous training and mentoring on cervical screening.
	Cervical cancer screening coverage.	34.7%	40%	42.1%	+2.1%	<ul style="list-style-type: none"> Improvement is due to continuous training and mentoring on cervical screening.
	Human Papilloma Virus Vaccine 1st dose coverage	84%	86%	77%	-9%	<ul style="list-style-type: none"> Pixley Ka Seme and Frances Baard districts did not complete capturing for this round.
	Human Papilloma Virus Vaccine 2nd dose coverage	-	86%	59%	-27%	<ul style="list-style-type: none"> Outstanding second dose immunisations to be done in September / October 2017.
Improve nutritional status of children and mothers	Vitamin A coverage 12-59 months	46.8%	45%	50	+5%	<ul style="list-style-type: none"> Positive deviation due to continuous awareness conducted at community level.
	Infant exclusively breastfed at HepB (DTaP-IPV- Hib - HBV) 3rd dose rate	-	65%	55%	-10%	<ul style="list-style-type: none"> Mothers stop breastfeeding when they go back to work or school.
Reduce maternal and child morbidity and mortality	Maternal Mortality in facility ratio (annualised)	1125.5/100000	125/100 000 live births	95.3/100 000 births	+29.7	<ul style="list-style-type: none"> Continuous training conducted in ESMOE/EOST and BANC. Perinatal mortality meetings convened at facilities and districts levels. Improved Mom- Connect awareness.
	Inpatient early neonatal death rate	14.3/1000	11/1000 live births	13.4/1000 live births	-2.4	<ul style="list-style-type: none"> Lack of access to high care at districts hospital for neonatal care due to gross shortage of human resource and lack of essential equipment. Poor infrastructure at district hospitals not optimally aligned to norms and standards of new born care poor referral systems / decanting leading to overcrowding and risk of infections.

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

Chronic Diseases:

According to the World Health Organisation, Non-Communicable Diseases (NCD's) account for approximately 43% of total deaths in South Africa and more than 33% of total population has raised blood pressure and 31.3% has diabetes. Overall the prevalence of NCD's in South Africa is 33% and Northern Cape account for 23.3% of deaths of total population.

There are three major components for the programme to achieve its goals, (1) prevention and promotion of health and wellness at population, community and individual levels; (2) Improved control of NCD's through health system strengthening and reform. (3) Monitoring NCD's and their main risk factors and conducting innovative research. This programme has over-achieved both indicators, hypertension screening and diabetic screening.

There are two NGO's who are supporting this programme, namely, South African Non-Communicable Diseases Alliance (SANCDAs) and Health Rise South Africa. SANCDAs is an Alliance which stimulate awareness and unify support for NCD's prevention and management amongst key stakeholders. Its objective is to support the NCD strategic plan; develop priorities for advocacy and awareness; develop network support for NCD's and advance inter-sectoral action amongst the key stakeholders

Health Rise South Africa has the following three objectives which are aligned to NCD's goals:

- Empower patients with cardiovascular disease and diabetes (e.g., patient support network)
- Enable frontline health care providers to better address the needs of these populations (e.g., skills development and training)
- Promote NCD-related advocacy and policy efforts that will advance access to healthcare for people with diabetes and cardiovascular disease (e.g., streamline referral services)

Rehabilitation, Disability and Geriatric Services:

The Department established a good working relations with Department of Social Development, training for Care Givers at old age homes has taken place with regards to patients who had stroke and patients with paraplegia. Rehabilitation services though there's still a backlog, 1011 wheelchairs were issued during this financial year.

Medical Orthotic Prosthetic Services (MOPS) has some challenges with regards to supplies and that affect their production. They have a backlog of 48 prostheses, 32 callipers and 62 boots.

Oral Health

For April 2016 to March 2017, there were 44 767 dental extractions that poses a threat as the objective of this programme is to restore and not to extract teeth. Fissure sealants were only 49 and fillings were 947. The programme is facing a huge challenge due to lack of supplies at district level. Dental school services are also lacking only 49 schools were visited for 2016/17 financial year.

Oncology

The Kimberley Hospital has Oncology unit for adults but not for children, children are send to Bloemfontein in the Free State for treatment. The Department in collaboration with Childhood Cancer Foundation (CHOC) has been established that there are about one hundred and forty-four (144) children who are sick/treated for cancer in the Northern Cape. Two (2) days training was conducted and two hundred (200) Health Professionals were trained on childhood cancer and early warnings.

A committee has been established to look into oncology services for the entire province which convened two (2) meetings in order to look into the situational analysis. Cancer services has been neglected because there is no dedicated focal person. The only focus is on cervical cancer while we are battling with other types of cancer e.g. prostate cancer in males.

Eye Care Services

The collaboration with NGO's- South African National Council for the Blinds (SANCB) and African Vision together with Kimberley Hospital have played a significant role in improving the service.

Communicable Disease Control (CDC)

There was an emerging of a new zoonotic disease in the Province known as Myiasis the tropical diseases which was experienced in ZF Mgcau and John Taolo Gaetsewe districts, of which eighteen (18) cases were reported in ZF Mgcau and five (5) in JT Gaetsewe with no fatalities.

A 59-year-old male from Carnarvon was admitted at Kimberley Hospital Isolation ward in January 2017 after he had been bitten by a Hyalomma tick. Patient presented with fever, vomiting and petechial rash. One day after admission, the patient started bleeding profusely and died the same day and the final diagnosis was Congo Fever.

Challenges and measures planned to overcome them

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> Rehabilitation services is currently not a big priority. Therefor there are not enough staff at some of the districts and neither equipment and material to render the service. 	<ul style="list-style-type: none"> The Department have to start off with the roll out of the framework and strategic planning for disable and rehabilitation services. Maintenance of wheelchairs, callipers and boots. Budget for wheelchairs at district level. Medical Orthopaedic and Prosthetic services at Provincial level. (not part of program 7) Part of rehabilitation services are spectacles for low vision people.
<p>Eye Care</p> <ul style="list-style-type: none"> Lack/shortage of Ophthalmology trained nurses at district level. Shortage of Optometrists in the province. Frances Baard has one Optometrist without equipment. There is no source for spectacles dispensary. 	<ul style="list-style-type: none"> Fast track the appointment of Ophthalmology Nurses for ZF Mgcau, Frances Baard and Pixley ka Seme districts which is planned in the new financial year (2017/18) Department to appoint Optometrist per district. The provincial office had procured equipment still awaiting delivery. Establish optical laboratory and appoint Dispensing Optician for spectacle dispensary.

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Challenges	Proposed Corrective Action
Mental Health <ul style="list-style-type: none"> • Shortage of Psychiatrist in the province. 	<ul style="list-style-type: none"> • Embark on head- hunting to address lack of psychiatric capacity in the province. • Conduct in-service training and orientation of Medical Officers at West End Hospital.
Oral Health <ul style="list-style-type: none"> • This critical programme is currently overlooked and also paralyzed by lack of a provincial coordinator. 	<ul style="list-style-type: none"> • The department should appoint Oral Health Assistants and Oral Hygienist for prevention of carries. • Conduct health promotion at schools to inform the learners how to look after their teeth (brushing programs done by Oral Hygienists).
Oncology <ul style="list-style-type: none"> • There is no standard protocol for treatment of children. • Northern Cape does not have an Oncology Unit for children, nearest units are either Bloemfontein in the Free State or Tygerburg hospital in Cape Town. • At primary level care the signs and symptoms are not known by the Nursing staff, this cause late diagnoses. 	<ul style="list-style-type: none"> • Develop a protocol for diagnosing and treatment of children. • Develop a referral system for children with possible cancer. • Training of Professionals as well as Home base carers in identifying cancer symptoms. • Decrease the stigma attached to children cancers.

Table 12: Annual Targets for Disease Prevention and Control

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Screening of the population for mental health disorders	Clients screened for mental disorders	0.8%	27 568	96 678	+69 110	<ul style="list-style-type: none"> Improved performance due to the Health talks, screening campaigns and healthy lifestyle awareness campaigns conducted in collaboration with Health Promotion Directorate.
Prevent blindness through increased cataract surgery	Cataract Surgery Rate	829.7/1000 000	1395/1000 000	942.5/1000 000	-452.5	<ul style="list-style-type: none"> Some of the data from NGOs on cataract surgeries conducted is not included into the hospital data.
Strengthen disease surveillance system	Malaria case fatality rate	0%	0%	0%	-	<ul style="list-style-type: none"> Continuous monitoring and evaluation through surveillance.
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	-	111 162	412 492	+301 330	<ul style="list-style-type: none"> Improved performance due to the Health talks, screening campaigns and healthy lifestyle awareness campaigns conducted in collaboration with Health Promotion Directorate.
	Clients screened for diabetes	93 899	98 071	206 372	+108 301	<ul style="list-style-type: none"> Improved performance due to the Health talks, screening campaigns and healthy lifestyle awareness campaigns conducted in collaboration with Health Promotion Directorate.

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District Health Services – R46 000

	2016/17			2015/16		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. DISTRICT MANAGEMENT	141,845	209,840	(67,995)	169,464	172,539	(3,075)
2. COMMUNITY HEALTH CLINICS	419,317	415,281	4,036	382,848	383,490	(642)
3. COMMUNITY HEALTH CENTRES	274,509	257,821	16,688	237,163	236,047	1,116
4. OTHER COMMUNITY SERVICES	66,495	63,431	3,064	55,268	55,501	(233)
5. HIV/AIDS	459,058	419,096	39,962	368,124	360,957	7,167
6. NUTRITION	4,353	3,502	851	4,727	3,382	1,345
7. DISTRICT HOSPITALS	548,416	544,976	3,440	493,050	484,504	8,546
	1,913,993	1,913,947	46	1,710,644	1,696,420	14,224

District Health Services – R46 000

- The programme has spent within the allocated budget, although the compensation of employees overspent by R45.566 million due to existing budget pressures; while the goods & services underspend by R47.182 million due to cash flow constraints. An amount of R1.570 million was spent on interest on overdue accounts.
- The budget will be reprioritised in the next financial year in order to mitigate the overspending on the compensation of employees.

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

Priorities:

- Improve on response times by gradually increasing employment of staff and the number of operational ambulance

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

Situation analysis

The program started the year with a staff establishment of eight hundred and thirty (830) personnel including the management. About 90% of the eight hundred and thirty (830) staff is operational staff. The target population served is about 1.2m who are scattered all over the province. The requirement to serve the population based on demand is one thousand eight hundred (1800) staff members operating with one hundred and eight four (184) vehicles at any given time across the province. For the period in question the program has been operating with a total of seventy to one hundred and ten (70-110) ambulances. The number of operational vehicles has declined over time to almost seventy (70) in a day due to breakdowns. In-terms of performance the program has managed to achieve an average of 50% indicators over the period of assessment. This performance has been the worst performance as compared to the recent years.

There has been a noticeable increase on the inter facility transfers (IFT) inside and outside the province. The escalation of inter facility transfers (IFT) has contributed to poor response times to P1 calls both in urban and rural areas. Reclassification of facilities has also played a tremendous role in performance decline of the program as this have resulted in EMS having to transport patients to further situated higher level facilities. Furthermore, the budget allocation of the program continues to fail in meeting the demand of services. The program could not procure ambulances in the financial year 2016/2017 which could have made a positive contribution on service delivery and better response times. Further to this a contract on aeromedical services was lost in July 2016 which resulted in utilisation of more expensive service providers.

Achievements

- Batlharos EMS station Completed.
- Calvinia EMS station completed.

Challenges and measures planned to overcome them

Challenges	Proposed Corrective Action
• Non-finalisation of the legal issue regarding Aeromedical Services hampering emergency calls that require air ambulance services.	• The department to procure a new contract that will serve both Emergency Aeromedical Services and Flying Doctor Services.
• Shortage of personnel both clinical and none clinical staff.	• Filling of vacant posts and creation of required posts in order to meet the demand.
• Supply Chain Management procurement delays in conversion of procured ambulances.	• Department to fast-track the conversion of ambulances.
• Inadequate budget allocation.	• Review budget allocation.

Table 13: Annual Targets Emergency Medical Services

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Render an effective and efficient Emergency Medical Services	EMS P1 urban under 15 minutes' rate	64.2%	60%	37%	-23%	<ul style="list-style-type: none"> Shortage of operational vehicles due to regular breakdowns and staff - Vehicle replacement and effective monitoring of vehicle down times.
	EMS P1 rural under 40 minutes' rate	55.2%	50%	52.1%	+2.1%	<ul style="list-style-type: none"> Effective maximisation of operational ambulances in the rural communities.
	EMS inter-facility transfer rate	13.3%	10%	9.1%	+0.9%	<ul style="list-style-type: none"> Less patients transferred due to health care intervention at facility level.

Programme 3: EMERGENCY MEDICAL SERVICES- R22.729 million

	2016/17			2015/16		
	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. EMERGENCY TRANSPORT	307,706	284,977	22,729	293,387	271,386	22,001
2. PLANNED PATIENT TRANSPORT	12	12	-	211	-	211
	307,718	284,989	22,729	293,598	271,386	22,212

EMERGENCY MEDICAL SERVICES- R22.729 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 R24.018 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 equipment to be mounted as outlined above. 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 commitment on emergency vehicles.

PROGRAMME 4: PROVINCIAL HOSPITAL (DR HARRY SURTIE)

Priorities:

- To render regional hospital services
- Improve efficiency and quality of care by rendering multiple disciplinary health services

Sub-outcome 2: Improved Quality of Health Care

SITUATIONAL ANALYSIS

Dr Harry Surtie Hospital is providing a regional health care service package to the Western part of the Northern Cape Province. This hospital also serves as a district hospital to the residents living within the Dawid Kruiper municipality area, as this is their entry level to health care services. Additionally, there is no after-hours PHC services being rendered within the municipality thus inundating the Accident and Emergency unit with non-acute cases. The latter not only increase the number of patients to be attended too, but results in longer waiting times and an increase of complaints from clients.

Lingeletu clinic in Pabalello did introduce an extension of the operational hours until 19h00 in March 2017, but this had no impact on the hospital as the issue of availability of transport to refer patients to correct level of care, became a challenge. The hospital is also the first level of care for all Maternity cases, normal and abnormal who are residing within the municipality area excluding Kalahari region. The fact that the only recognised district hospital in this part of the province does not perform caesarean sections, does not only compromise quality Maternal and child health care, but also overburdens the service with an added unplanned cost implication.

Clinical Services

The hospital was able to deliver on the demand for regional hospital service package with the presence of doctors being appointed on agency contracts until 20th November 2016. The strengthened medical force even allowed for achievements such as the introduction of laparoscopic surgeries and hip replacements at the time. Only specialist departments such as Dermatology, Gastro-Enterology, Hepatic surgery, Cardiology, Neurosurgery and ENT surgery were referred to other centres like Kimberley Hospital Complex or Universitas hospitals. The exodus of the agency medical officers, the quality of health care services was severely compromised in basically all clinical departments with the exception of Obstetrics and Gynaecology. To date, Orthopaedic surgery is still non-existent and General Surgery is limping without qualified or experienced surgeons on staff. Orthopaedic services are only provided at Kimberley hospital with resultant long waiting times for patients from the Western part of the Province with, escalation in complaints and a high probability of litigation to come.

The hospital is also privileged to have recruited the services of a qualified neurologist who assisted immensely in reporting on CT-brains and make assessments on brain vitality. The appointment of medical officers since December 2016, strengthened the existing clinical departments but still lacked the appointment of specialists in disciplines such as Anaesthesiology and Critical Care as well as Orthopaedics'.

The hospital continued to play an advisory role to other healthcare establishments within the catchment area and a centre for clinical teaching and learning for nursing students as well as medical doctors learning towards a diploma in Paediatric Medicine. The deployment of student nurses continues to be a valuable source of support and a life line to the ailing nurse's corps. A total of thirty to forty (30-40) at any given time student nurses were assigned to the hospital for clinical practice.

The appointment of thirty-one (31) nurses, seven (7) professional nurses; fifteen (15) nursing assistants and eleven (11) staff nurses) strengthened the nurse's corps within the existing units, but the hospital is still unable to commission vital services like the Susceptible TB - and Paediatric Drug resistant TB unit, Post- Natal unit, 24-hour Theatre services and bigger Neonatal High Care unit. Vital nursing programs such as Quality Assurance, Infection Prevention and Control, TB Prevention and Control, Clinical Training and Occupational Health and Safety are not sustainable due to lack of proper coordination which on its own is directly related to lack of human resources. A new Clinical Forensics unit was commissioned in February 2017, in an attempt to address the challenges that were experienced since November 2016.

Support Services

The Allied support services are still functioning optimally despite minor problems which are mainly related to staff shortages. The hospital is still struggling without functional critical departments such as Facilities, maintenance, Household and cleaning. The absence of human resources and resultant lack of coordination of these sections, play a vital role in the hospital's inability to reach expected National Core standards. This also impacts negatively on the hospital's finances as the use of remunerative overtime and outsourcing of services such as plumbing and electrical are used to respond to related needs.

The Human Resource department has been successful in recruiting and appointing many health professionals since December 2016, but they are still experiencing problems related to lack of capacity and continued changes in the Human Resource processes.

The Finance department achieved a growth in revenue generation, but are still well under the expected standard. The restructuring of financial systems and strengthening of internal controls are priorities identified by hospital management's quality improvement plan aimed at addressing challenges within the Finance department.

Achievements

- Orthopaedic Surgery has managed to do twelve (12) hip replacements thus reducing referrals to Kimberley until November 2016.
- The introduction of Laparoscopic surgeries shortened patient's length of stay and thus decreased bed occupancy rates.
- There was a CIP training done, forty (40), employees successfully completed the training (lower category staff).
- Outreach Oncology services were revitalised in March 2017 with doctors from Kimberley hospital assisting in this regard.
- Opening of full flexed Clinical Forensics unit and Rape Centre in February 2017.
- Recruitment of thirty-one (31) Medical and nursing personnel which was initiated in November led to their speedy appointment in December 2016 which was a first since the centralisation of appointments.

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Human Resource

Appointments	<ul style="list-style-type: none"> • 6 - Medical Officers (on contract) • 8 - Medical Officers (absorbed from community service) • 2 Operational Managers General • 1 Professional Nurse Speciality • 2 Professional Nurses Speciality (on contract) • Professional Nurse General • 5 - Professional Nurse (on contract) • 11 - Professional Nurses (absorbed from community service) • 1 Pharmacy (absorbed from community service) • 4 Pharmacy community service • 2 Pharmacy interns • 1 Audiologist • 2 Speech Therapist • 2 Radiographers • 2 Occupational Therapist • 12 Enrolled Nurses • 2 Physiotherapist
Resignations	<ul style="list-style-type: none"> • 1 Data Capturer • 1 Operational Manager Speciality • 5 Professional Nurses General • 1 Professional Nurse Speciality • 5 Nursing Assistants • 1 Assistant Nurse • 1 Radiographer • 1 Cleaner • 1 porter • 1 Medical officer
Deaths	<ul style="list-style-type: none"> • 1 Operational Manager General • 1 Professional Nurse • 3 Assistant Nurses • 1 House keeper
Retirement	<ul style="list-style-type: none"> • 1 General Assistant • 1 Artisan Foreman
Relocation Transfer out	<ul style="list-style-type: none"> • 1 Professional nurse; • 2 Enrolled nursing assistants • 1 Enrolled Nurse

Challenges and measures planned to overcome them

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> • Lack of infrastructure maintenance 	<ul style="list-style-type: none"> • Renewal of service contracts • Allow access to infrastructural grant administered by Projects Office • Appointment of facility manager and workshop personnel like artisans and artisan's aids.

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Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> • Inadequate cash flow has led to suppliers not being paid. 	<ul style="list-style-type: none"> • Adequate allocation of budget to ensure delivery of service is not hampered.
<ul style="list-style-type: none"> • Shortage of Staff: • -Operational area non-functional eg. Paediatric, Dr TB Unit, Susceptible TB and Neo Natal High care not being commissioned yet. 	<ul style="list-style-type: none"> • Appointment of additional staff or downscaling of services if budget is insufficient. • The turnaround time for signing of submissions should not exceed 5 working days.
<ul style="list-style-type: none"> • Absence of Orthopaedic Service. • Functioning of General Surgery and Mental Health still compromised due to lack of skilled medical officers. 	<ul style="list-style-type: none"> • Appointment of Orthopaedic Surgeon or senior Medical officer with orthopaedic experience.
<ul style="list-style-type: none"> • Centralisation of all HR functions deems HR units at facility level ineffective. 	<ul style="list-style-type: none"> • Decentralisation of some HR functions such as appointments, approval of allowances to facility level.
<ul style="list-style-type: none"> • Inconsistent remuneration of staff following Performance Management Development System moderation for 2015/2016 – some staff members still not paid to date 	<ul style="list-style-type: none"> • Proper controls of such processes to be implemented.

Table: Annual Targets for Regional Hospitals

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Improve compliance with national core standards	National Core standards self-assessment rate (Regional Hospital)	0%	100%	0%	-100%	<ul style="list-style-type: none"> No assessments were conducted during the period under review.
	Quality improvement plan after self-assessment rate (Regional Hospital)	0%	100%	0%	-100%	<ul style="list-style-type: none"> No assessments were conducted during the period under review.
	Percentage of Hospitals compliant with all extreme and vital measures of the national core standards (Regional Hospital)	0%	100%	0%	-100%	<ul style="list-style-type: none"> 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	0%	100%	0%	-100%	<ul style="list-style-type: none"> No assessments were conducted during the period under review.
	Patient Satisfaction rate at Regional Hospitals	0%	80%	0%	-80%	<ul style="list-style-type: none"> 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.	4.8 days	4.8 days	5.7 days	-0.9 days	<ul style="list-style-type: none"> The hospital still has units with long hospitalisation periods such as Neonatal, Drug resistant TB unit and recently the Orthopaedic ward where patients had to wait for available beds at Kimberley Hospital Complex.
	Inpatient Bed Utilisation Rate	78.3%	72%	79.1%	-7.1%	<ul style="list-style-type: none"> This is as a result of patients staying longer in the hospital coupled with patient influx increased in most services. Drug resistant unit patients who stays almost up to a year in the hospital.

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
	Expenditure per patient day equivalent	R2192.00	R3400.00	R2013.30	-R1386.70	• -
	Complaints Resolution rate	21.2%	100%	47.4%	-52.6%	• Complaints committee not fully functional with the sudden change in top management of the hospital.
	Complaints Resolution within 25 working days' rate	100%	80%	78%	-2%	• Complaints committee not fully functional with the sudden change in top management of the 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

STAFFING PRESSURE

The Moonlighting Service Agency was utilised to address the challenge of shortage of nursing staff was discontinued on 11th of November 2016 because of failure to pay the contractor. Shortage of nursing staff especially Professional Nurses remained a major challenge. Appointment of different categories of staff members done according to Staffing Norms as prescribed by World Health Organisation (WHO).

There is no funds allocation for the operationalisation of the refurbished thirty-six (36) beds to admit acute Mental Health Care Users.

MEDICAL EQUIPMENT

There is a tremendous improvement in receiving procured medical equipment. About 60% of the medical equipment procured has been received. The institution is continuously liaising with Supply Chain Management to get the rest of the Medical Equipment procured.

BED PRESSURE

The institution is still plagued with a daily crisis of bed shortage for acute Mental Health Care Users admissions. This phenomenon is attributed to the challenge of no designated Mental Health Care Users at general hospitals.

The newly refurbished 36 bed ward to accommodate acute involuntary mental health Users to partially bridge the aforesaid phenomenon as well as making provision for state patient's admissions that happen to be accommodated at Correctional Centres will be operationalised towards the end of April 2017.

NATIONAL CORE STANDARD

Quality improvement plan activities underway in preparation for the next self-assessment envisaged for May 2017.

INFRASTRUCTURE

A comprehensive walk through was conducted to do assessment on:

- Security risks which includes CCTV Cameras and Access Control for personnel
 - Director Provincial Security sourced three Service Providers to do a walkthrough and look at the Scope of Work and give quotations. Same done. Waiting awarding of Order to Service Providers.
- Safety features (Kimberley Hospital Workshop Foreman) drew up a document listing all features that needed attention:
 - Electrical (Contractor sourced and work has been started)
 - Plumbing
 - Steelwork

DR-TB

Poor outcomes generally from DR-TB was reported by National Department of Health in a review meeting.

Professional Nurses, administration clerks and data captures consulted to monitor and control the situation.

Audiology

Baseline hearing assessment not done and some of the clients are from the districts. Sr Palo is presently conducting training in the districts pertaining to baseline hearing assessment. Every DR-TB site received Kuduwave for the baseline hearing assessment.

Poor treatment outcomes

Addressed in Review meeting that Coordinators to get on board and revitalise Ward Based Outreach Teams and Home Based Care Workers to assist with follow ups.

Achievements

- A permanent Psychiatrist was appointed to make a complete panel of three (3) Psychiatrists for Forensic Observation cases.
- A billing clerk was appointed on the 1st of March 2017 to operationalize the revenue system.
- Two (2) operational Managers were also appointed
- Two (2) Professional Nurses (Speciality) and five (5) Professional Nurses general were appointed during the 2015/2016 financial year.
- Six (6) staff Nurses were also appointed during the 2015/2016 financial year.
- One (1) Production clerk, one (1) administrative and one (1) House Keeper commenced duties on the 1st December 2016.
- Nine (9) Hygiene assistants were appointed on the 1st of December 2016.
- About 60% of the Medical equipment procured has been received
- Baseline National Core Standard self-assessment was done in April 2016.
- Consolidation of past three years (2012-2015) outstanding revenue invoices for Department of Justice and Correctional Services billing was completed.

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed Corrective Action
<ul style="list-style-type: none"> • There are no telephone lines in the newly refurbished offices of the Social Workers and Medical Offices and refurbished Involuntary 36 bed Ward. • Network connectivity lines that were not identified during previous scope of work remains a challenge communicated to SCM for intervention. • Newly refurbished medical officers and Social worker's offices still pending final approval following the investigation. 	<ul style="list-style-type: none"> • Fast-track the installation of telephone lines and network connectivity by Supply Chain Management Office. • Awaiting finalisation of investigation to enable operationalisation of refurbished unit.
<ul style="list-style-type: none"> • Shortage of Nursing staff especially Professional Nurses still remains a major challenge due the fact that the newly refurbished Involuntary thirty-six (36) Bed Ward had zero funding allocation for personnel. Existing vacancies from the 106 Bed filled and reprioritised to circumvent operationalization. • Some wards without staffing covered by means of having professionals performing oversight from their allocated wards. 	<ul style="list-style-type: none"> • Six Professional Nurses will be appointed on the 1st of April 2017. • Request for budget pressure to be communicated for Mid-Term Expenditure Framework Budget allocation to cushion the staffing challenge.
<ul style="list-style-type: none"> • Medical Officers and Social Workers without operational and dedicated office space. Fraud and corruption forensic investigation/inspection of medical offices/social workers refurbished office space intercepting operationalisation of the unit. 	<ul style="list-style-type: none"> • Awaiting finalisation of investigation to enable operationalisation of refurbished unit.

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Challenges and Concerns	Proposed Corrective Action
<ul style="list-style-type: none"> • Shortage of Psychiatric beds still remains a major challenge. Mental health care users who are eligible placed on Leave of Absence (LOA) to ameliorate the challenge of Acute beds need. 	<ul style="list-style-type: none"> • The refurbished thirty-six (36) beds ward to be operationalised following receive of pending furniture.
<ul style="list-style-type: none"> • Lack of an appointed Operational Manager for the DRTB Department. 	<ul style="list-style-type: none"> • Continuous engagement with the TB Programme to appoint an official from the Conditional Grant allocation.
<ul style="list-style-type: none"> • Outstanding furniture and medical equipment in the newly refurbished thirty-six (36) beds ward. 	<ul style="list-style-type: none"> • Procurement process underway prioritised by the Executive Management.
<ul style="list-style-type: none"> • Extreme slow network server compromising efficient service delivery. 	<ul style="list-style-type: none"> • Requisition for network upgrade done and submitted to Supply Chain Management at Kimberley Hospital Complex. New server request pending finalisation by Provincial IT Office.
<ul style="list-style-type: none"> • Absence of a dedicated Human Resource and Finance Unit which compound the institutional risk profile. 	<ul style="list-style-type: none"> • Financial Planning of the said units for consideration by Executive Management. Temporary support services within the disciplines received from KHC.
<ul style="list-style-type: none"> • No administrative clerks to ensure quality and efficiency of ward administration services. 	<ul style="list-style-type: none"> • Financial Planning of the said post for consideration by Executive Management
<ul style="list-style-type: none"> • Poor Overall Outcome score of 49% on National Core Standard self-assessment. 	<ul style="list-style-type: none"> • Launch of the WESH Hash Tag (#) NCS Excellence to galvanise all officials on the Quality Improvement Plan towards the next self-assessment in May 2016 and maintenance of quality improvement as a culture.
<ul style="list-style-type: none"> • Non Functional Hospital Board to improve corporate governance 	<ul style="list-style-type: none"> • Continuous liaison with the relevant provincial office responsible for governance committees to improve the scenario at the West End Specialist Hospital.

Table 15: Annual Targets for Specialised TB Hospital

Strategic Objectives	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Improve compliance with national core standards	National Core standards self-assessment rate	0%	100%	100%	-	-
	Quality improvement plan after self-assessment rate	0%	100%	100%	-	-
	Percentage of Specialist Hospitals compliant with all extreme and vital measures of the national core standards	0%	100%	0%	-100%	<ul style="list-style-type: none"> Facility is not compliant with all the extreme and vital measures.
Introduce a patient centred approach in the delivery of health service	Patient Satisfaction survey rate at Specialised Hospitals	0%	100%	100%	-	-
	Patient Satisfaction rate at Specialised Hospitals	0%	80%	83%	+3%	-
Improve efficiencies and quality of care at specialised hospital	Complaints resolution rate	21.2%	100%	100%	-	-
	Complaints resolution within 25 days' rate	100%	80%	100%	+20%	<ul style="list-style-type: none"> All complaints were resolved within the expected time frames.

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Programme 4: PROVINCIAL HOSPITAL SERVICES-(R22.870 million)

	2016/17			2015/16		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. GENERAL (REGIONAL) HOSPITALS	296,749	316,732	(19,983)	245,465	272,105	(26,640)
2. TUBERCULOSIS HOSPITALS	18,788	13,156	5,632	11,566	11,566	-
3. PSYCHIATRIC/MENTAL HOSPITALS	52,020	60,539	(8,519)	51,720	56,761	(5,041)
	367,557	390,427	(22,870)	308,751	340,432	(31,681)

Provincial Hospital Services --(R22.870 million)

The programme underspent on compensation of employees since a number of posts of medical officers which have not been filled, due to inability to attract and retain health professionals at Dr Harry Surtie Hospital. The recruitment agencies were utilised to maintain service delivery, resulting in the overspending of goods & services.

However, the recruitment agencies were discontinued during the last quarter of the financial year.

PROGRAMME 5: TERTIARY HOSPITAL (KIMBERLEY HOSPITAL)

Priorities:

- Compliance with the national core standards for effective health service delivery
- Improve efficiencies and quality of care at Tertiary Hospital

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 key deliverables grossly affected:

- The Obstetrics and Gynaecology unit is under extreme pressure due to the shortage of senior doctors. The lack of proper supervision, support and guidance has a negative impact on the quality of care, thus threatening the outcomes on maternal and peri-natal morbidity and mortality. A total of eight (8) maternal deaths are reported for the current financial year. The eight cases were referred from Griekwastad (1), Danielskuil 2, Barkly west 1 and Kimberley (4) due to disseminate Intravascular Circulation (non-clotting of blood) that led to profuse post-partum bleeding, unbooked Antenatal as well as Pre Eclamptic Toxemia. Teenage and advanced maternal age pregnancies are constantly on a rise leading to the high rate of caesarean sections at 60 %.

The other critical area which is also affected is the vacant ICT posts with medical IT experience especially in the areas of Picture Archiving and Communication Systems (PACS) and Radiology Information Systems (RIS) most senior posts are vacant and there are very limited skills in the province in this area, resulting in compromised respond to system problems in terms of PACS and RIS.

The institution further suffered a three-month old unprotected industrial action during October to December 2016, this affected service delivery in a negative way.

The Internal Medicine unit continue to experience a high mortality and morbidity rate due to the burden of disease especially TB, HIV and AIDS and these impacts heavily on the limited staff available. The continued demand for high risk ante natal care puts tremendous pressure on the available bed capacity and staff with a bed occupancy rate of 73% for Obstetrics and Gynaecology and 101% for Internal Medicine.

The Office of Health Standards Compliance conducted an assessment / inspection on the National Core Standards on the 20 – 23 June 2016 and the hospital obtained an overall score of 63%. Significant progress is made in addressing the elements of the National Core Standards around Infection Prevention and Control, improving patient and staff safety, addressing waiting times, Hospital cleanliness, availability of drugs and positive staff attitude through constant monitoring of compliance and training.

A total of two hundred and twenty-seven (227) categories of staff which are all direct replacement posts were appointed during the current financial year, thus gradually stabilising service delivery in most of the units:

Categories of staff	
1X Head of unit – Medical doctor	6X Community Service Professional nurses
1X Medical Specialist	22X Professional nurses
1X Clinical Manager	6X Contract enrolled nurse
36X Medical Officer's	9X Contract Assistant nurse
60X Community Service Medical Officer's	11X Allied Health Professionals
23X Intern Medical Officer's	29X Community Service Allied Health Professionals
3X Operational Manager - nursing	5X Intern Allied Health Professionals
13X Contract Professional nurses	1X Production clerk

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In spite of the above mentioned appointments, staff turnover remains high.

A total of 232 resignations and retirements noted i.e.

Categories of staff	
1 Head of unit – Medical doctor	1 Finance Manager
43 Medical Specialist	1 Senior admin officer
1 Clinical Manager	4 enrolled nurse
47 Medical Officer's	10 Assistant nurse
1 Medical Registrar	24 Allied Health Professionals
7 Intern Medical Officer's	23 Community Service Allied Health Professionals
1 Community Service Professional nurses	6 Intern Allied Health Professionals
28 Professional nurses	9 Production clerk
4 Technical operators	1 Switchboard operator
3 Trades men	1 Engineering technician
1 Chief Auxiliary officer	1 Senior house keeper
2 Messengers'	2 Porters
8 Cleaners	3 Laundry aids

Achievements

- Procurement of Clinical and support equipment

The standard of care and quality of working life has been improved through the procurement of Clinical and support equipment. The procurement of all this clinical equipment goes a long way to ensuring compliance with the Health Technology life cycle; it also addresses some of the issues raised by the Auditor General; it assists with compliance to the National Core standards; and addresses the National Minister of Health's priorities. The following critical equipment has been procured, amongst others:

- **Anaesthetic Machines**

The Anaesthetic Machines replacing the old ones in Theatre to ensure the safety of patients during operation. The cost of this equipment is R3.6million.

- **Wheelchairs and buggies (Children wheelchairs):**

Nine hundred and twenty-eight (928) wheelchairs and buggies to the value of more than R3m has been purchased, received and distributed to the entire province, reducing the waiting list to two hundred and eighty-six (286). This procurement of adult and children wheelchairs has improved the dignity and quality of life of each recipient.

- **Dialysis Machine:**

This machine to the value of R250 000.00 is used to assist patients who have kidney failure.

- **Automated External Defibrillator (AED):**

An additional two AED machines to the value of R151 000.00 have been ordered, this life saving machines will be used for the rectifying of arrhythmic heart rates and defibrillation allowing the heart to re-establish an effective rhythm.

- **ICU ventilator:**

A ventilator is also known as a "respirator" or "breathing machine." The machine is used to deliver breaths to a patient who is unable to effectively breathe on their own. Use of a ventilator is also commonly referred to as "life support" or life sustaining equipment. This machine to the value of R400 000 has been ordered.

- **Cardiotocography (CTG) Machine with foetal probes:**

CTG machine to the value of R148 000.00 has been ordered and will be used to monitor foetal wellbeing in cases where certain complications are suspected e.g. foetal distress.

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- **Cryo eyes:**
 Cryotherapy is used most often to treat retinal tears. An order to the value of R245 000.00 was placed for this equipment.

Challenges and measures planned to overcome them

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> • Increased demand for Theatre time and ICU beds. The over load 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 creation and funding of additional staff for the Theatres, ICU, 72-hour observation and High Care unit.
<ul style="list-style-type: none"> • Inadequate equitable share budget to address critical service delivery demands. 	<ul style="list-style-type: none"> • Motivate for an increase in budget allocation that will sustain the services required
<ul style="list-style-type: none"> • The ability to respond to system problems in terms of PACS and RIS is compromised. 	<ul style="list-style-type: none"> • Approval requested for the immediate replacement of funded posts as posts are vacated • Embark on a training programme.
<ul style="list-style-type: none"> • None communication of Outcomes of applications for Incapacity leave, which leads to litigations against the department for deducting outstanding amounts from the pensions. 	<ul style="list-style-type: none"> • Functions to approve recommendations from the Health Risk Manager to be decentralised to the hospital CEO.
<ul style="list-style-type: none"> • No approved organizational structure for Kimberley hospital, uncontrolled staff establishment. 	<ul style="list-style-type: none"> • Implement changes proposed by DPSA and province to submit organizational structure to be approved.
<ul style="list-style-type: none"> • Limited Job evaluation of all newly created posts, the department does not have enough job analysts. 	<ul style="list-style-type: none"> • The Organisational design to be capacitated and access to the equate system should be granted.
<ul style="list-style-type: none"> • Late outcomes of verification of qualifications and vetting results, which will result in audit findings and appointment of fraudulent employees and possible disputes. 	<ul style="list-style-type: none"> • Prompt response to verification of qualifications and vetting.

Table 16: Annual Targets for Tertiary Hospital

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviation	Comments on Deviation
Improve compliance with national core standards	National core standards self-assessment rate	100%	100%	100%	-	-
	Quality improvement plan after self-assessment rate	100%	100%	100%	-	-
	Percentage of hospitals compliant with all extreme and vital measures of the National Core Standards (Tertiary hospital)	0%	100% (1 Tertiary Hospital)	0%	-100%	<ul style="list-style-type: none"> Governance structures not in place and Policies not signed by the appropriate authority
Introduce a patient centred approach in the delivery of health service	Patient Satisfaction survey rate at Tertiary Hospitals	100%	100%	100%	-	-
	Patient Satisfaction rate (Tertiary Hospitals)	69%	80%	77%	- 3%	<ul style="list-style-type: none"> Staffing challenges which leads to low morale and negative staff attitude Cleanliness remains a challenge.
Improve efficiencies and quality of care at Tertiary hospital	Average length of stay.	6.2 days	6.2 days	6.7 days	-0.5 days	<ul style="list-style-type: none"> Patients stay longer in the ICU (21.5 days) because the step down facility i.e. high care is not operational due to staffing incapacity.
	Inpatient Bed utilisation rate.	71.3%	72%	71.5%	+0.5%	-
	Expenditure per patient day equivalent (PDE).	R3 785.10	R3 923	R4061	-R 138	<ul style="list-style-type: none"> Increase in the expenditure due to payment of accruals.
	Complaints resolution rate	85.4%	100%	84.1%	- 15.9%	<ul style="list-style-type: none"> Nature/complexity of complaint referred to the Clinical Complaints Review Committee (CCRC).
	Complaints resolution within 25 working days rate	85.7%	80%	77.4%	- 2.6%	<ul style="list-style-type: none"> Nature/complexity of complaint referred to the Clinical Complaints Review Committee (CCRC).

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Programme 5: CENTRAL HOSPITAL SERVICES- R25.373 million

	2016/17			2015/16		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
Sub programme						
1. PROVINCIAL TERTIARY HOSPITAL SERVICES	970,641	945,268	25,373	864,894	879,335	(14,441)
	970,641	945,268	25,373	864,894	879,335	(14,441)

Central Hospital Services – R25.373 million

- The programme underspent on goods & services due cash flow constraints; while the capital budget was underspent by R26.412 million due to delays on the procurement of medical equipment. An amount of R372 000 million was spent on interest on overdue accounts.
- A roll over has been requested to mitigate this commitment on payments for capital assets.

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

Efforts is currently underway to professionalize Emergency Medical Services (EMS) in the country. This requires all EMS and training providers to align their staff qualifications and education level to meet the NQF framework for EMS. The existing staff would need the support and guidance from the department, EMS College and EMS operational management to migrate to the new qualifications. The qualification migration will pose a challenge to operations and the college because most of the existing EMS personnel do not meet the NQF level 4 requirement and subject pre-requisites for the new NQF programmes.

Additional to the above, there is large percentage of the operational clinical and training staff who do not meet the Continuous Professional Development (CPD) requirements of the council. Staff non-compliance will lead to erasure from the respective registers. Staff shortage will occur as a result of the staff non-compliance.

The above training and development of EMS practitioners requires a fully functional college. The College is not fully functional as a result of inadequately funding, specialist shortages, non-functional communication/ IT system and poor training infrastructure. A prime example, the new programme will need lecturing staff that are a level higher than the NQF exit outcomes. The existing lecturing staff complement does not meet Council of Higher Education (CHE) and Health Professional Council of South Africa (HPCSA) accreditation requirements. Despite the severe budgetary, infrastructural and staffing challenges, the college has still managed to produce a training output. The college has supported EMS operations with advanced life support call outs and inter-hospital transfers. This is based on availability of staffing.

Mandela-Castro Medical Training Programme

Northern Cape Department of Health has been recruiting students from poor communities across the five (5) districts since two-thousand (2000) to pursue medical studies in Cuba through the Mandela-Castro Medical Collaboration programme. This approach is beginning to yield tangible results particularly as a response to alleviating the shortage of doctors in the rural areas. Out of thirty-five (35) doctors produced thus far, 71% are serving in various health care facilities within the Province whereas the others are placed by National Department of Health to undertake their internship in other Provinces and are expected to return to the Province upon the completion of their internship.

Health Systems Strengthening

Contrary to the current status quo, where none of the current targets could be achieved due to austerity measures, it is of fundamental importance to increase the production of human resources to improve health care service delivery.

The Northern Cape Department of Health Annual Performance Report (2015:9) points out that newly qualified South African, Cuban trained doctors are deployed to various facilities to improve the quality of health care service and that the province will continue with the Mandela-Castro Medical Collaboration Programme (MCMCP) by sending young matriculates to Cuba to study medicine in order to alleviate the shortage of doctors. The past two (2) years has, however, seen a negative response to this as there has not been any intake for MCMCP and the external local bursary programme due to austerity measures.

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Moreover, the ability to ensure the attraction, the equitable distribution of human resources and to create a credible supply pipeline of health care professionals to the rural district health care facilities it is advisable that funding for health care training should be prioritised.

Achievements

- The EMS college has negotiated the above Continuous Professional Development programme at zero cost to the department.
- The production of thirty-five (35) doctors and 71% are serving the Province across the five (5) districts and the rest are expected to be placed once they have completed their internship.
- Forty (40) bursars completed their degrees in various health science fields and have been placed in province. Please refer to a table of degrees obtained in the table below:

Institution	Profession	Number
North-West University	B. Pharmacy	2
	B. Nursing	1
Stellenbosch University	BSc: Occupational Therapy	1
	MBChB	4
University of Western Cape	BSc: Medical Bio Science	1
	BChD-B Dentistry	1
	MChD-M Dentistry	1
	BSc: Dietetics	1
	BSc: Physiotherapy	1
	B. Nursing	2
	B Pharmacy	1
University of Free state	MBChB	5
	BSc: Optometry	1
University of Witwatersrand	B. Pharmacy	1
Cape Peninsula University of Technology	B Tech: Nursing	12
	B Tech: Radiography	1
Central University of technology	B tech: Radiography	2
Free State School of Nursing	Nursing	2
Total		40

Challenges and measures planned to overcome them

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> • The state of lull on intake for the Mandela-Castro Medical Collaboration Programme. 	<ul style="list-style-type: none"> • Adherence to Key National Priorities as espoused by National Development Plan. • Adherence to set objectives as by National Health Insurance.
<ul style="list-style-type: none"> • Employment of clinical staff- (lecturers and Coordinators) • Recruitment and retention EMS specialist lecturing staff • The recruitment of NQF 6, 8 and 9 graduates are crucial to the accreditation of the college for the new programmes. 	<ul style="list-style-type: none"> • The province must develop recruitment and retention strategy for Occupational Specific Dispensation (OSD) specialist staff. • OSD scales for this practitioners should be renegotiated with national. • Strategic bursary allocations to in-service personnel and school leavers should be awarded to address the longer term needs of the training programme.
<ul style="list-style-type: none"> • Supportive infrastructural maintenance. 	<ul style="list-style-type: none"> • The Department should proactively develop plans to support the health and training facilities.
<ul style="list-style-type: none"> • Majority of the current EMS staff do not meet the entrance requirements for the new EMS programmes. 	<ul style="list-style-type: none"> • The Department must develop a strategy to address the migration of the current EMS staff to the new programmes

Table 17: Annual Targets for Health Sciences and Training

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Increase production of human resources of health	Basic nurse students graduating	39	131	154	+23	<ul style="list-style-type: none"> Additional students that passed their supplementary exams.
To implement a Training Strategy aligned to the core function of the Department	Number of bursaries awarded for first year medicine students	30	50	0	-50	<ul style="list-style-type: none"> Ensure that funding for all health sciences is not affected by austerity measures.
	Number of bursaries awarded for first year nursing students	108	120	89	-31	<ul style="list-style-type: none"> No intake for 30 Midwives.
	Number of PHC nurses graduating	0	20	0	-20	<ul style="list-style-type: none"> Ensure that funding for all health sciences is not affected by austerity measures.
	Number of Pediatric nurses graduating	0	5	0	-5	<ul style="list-style-type: none"> Ensure that funding for all health sciences is not affected by austerity measures.
	Number of Advanced Midwives graduating	0	5	0	-5	<ul style="list-style-type: none"> Ensure that funding for all health sciences is not affected by austerity measures.
	Number of Managers accessing the Management Skills Programme	0	20	6	-14	<ul style="list-style-type: none"> Department could offer the programme due to budget constraints.
Train learners to qualify as professional nurses	Proportion of bursary holders permanently appointed	17%	100%	100%	-	-
Ensure optimum clinical competency levels of EMS staff	Number of employees enrolled for training on Intermediate Life Support	12	36	34	-2	<ul style="list-style-type: none"> The college has met the accredited intakes of thirty-three (34) students in the 2016/17 academic period. The deviation is due to two (2) students, 1 student dropped-out prior to the commencement of the course and the other dropped-out due to medical reasons.
Strengthening the Human Resource capacity	Number of bursaries awarded to administrative staff	28	40	24	-16	<ul style="list-style-type: none"> There were delays in officials registering on time with learning institutions.

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Programme 6: Health Science and Training: - R nil

	2016/17			2015/16		
	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	63,585	58,569	5,016	59,728	53,085	6,643
2. EMS TRAINING COLLEGE	3,416	1,050	2,366	966	888	78
3. BURSARIES	24,430	56,620	(32,190)	28,346	26,196	2,150
4. PRIMARY HEALTH CARE TRAINING	29	29	-	-	-	-
5. TRAINING OTHER	32,526	7,718	24,808	25,513	10,945	14,568
	123,986	123,986	-	114,553	91,114	23,439

Health Sciences -- R nil

- The programme is overspending by R33.206 million on the transfers and subsidies due to payment of accruals in respect of Cuban Student Doctors Programme; while there was saving on current budget due to the slow implementation of work skills plan. Hence, the programme spent within the allocated budget.
- The budget will be reprioritised in the next financial year in order to provide for the Cuban Student Doctors Programme.

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

Sub-Programme: Forensic Medical Services

Priorities:

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

Sub-outcome 2: Improved Quality of Health Care

Situation analysis

Forensic Pathology 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 90% cases done in four days, to help improve and sustain service delivery. An annual average of 93% was achieved in 2014/15 FY on this target resulting in a positive deviation of +23% (the target was 70%), 92% was the achievement for 2015/16 FY resulting in a positive (+12%) deviation (the target was increased to 80%). The current financial year 94% was the achievement for 2016/17 FY resulting in a positive (+4%) deviation (the target was increased to 90%). The previous two financial year's performance on the indicator depicts stability compared to previous financial years where the targets were not met, prior to 2013/14 FY.

Comparison: 2015/16

Quarter	% of Autopsies over 4 Days (80%)	Deviation	Number of Cases in Quarter
Q1	94%	+ 14%	(385/409)
Q2	91%	+ 11%	(407/446)
Q3	88%	+ 8%	(491/558)
Q4	93%	+ 13%	(407/436)
Annual (Averaged)			92%

2016/2017

Quarter	% of Autopsies over 4 Days (90%)	Deviation	Number of Cases in Quarter
Q1	92%	+ 2%	(381/412)
Q2	95%	+5%	(446/468)
Q3	94%	+4%	(470/498)
Q4	95%	+5%	(430/453)
Annual (Averaged)			94%

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 10 days. On the indicator tracking the turnaround time of autopsy reports availability in 10 days, the annual achievement on the set target is 83% with a positive deviation of +3%. The previous financial year 2015/16 achievement on target was 91% tracked within 14 days, the financial year 2014/15 achievement on target was 84% tracked within 14 days, the comparison depicts stability and sustained service delivery.

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Comparison: 2015/16

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

2016/2017

Quarter	% of Autopsy reports within 10 Days	Deviation	Number of Cases in Quarter
Q1	79%	-1%	(327/412)
Q2	84%	+4%	(391/468)
Q3	86%	+6%	(429/498)
Q4	79%	+3%	(377/453)
Annual (Averaged)			83%

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.

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.

Achievements

- Sustained service delivery, including at peak periods.
- Attainment of set targets in improving autopsy performance and reporting turnaround time

FORENSIC PATHOLOGY SERVICES

ANNUAL 2016-17 FY STATISTICS							
Types of PM's	Kimberley	Upington	De Aar	Kuruman	Springbok	Calvinia	Total
Murder	133	76	70	54	16	9	358
Accident	100	66	33	28	14	3	244
MVA	178	75	67	135	30	11	496
Suicide	74	42	33	41	20	5	215
Undetermined	2	15	3	13	7	0	40
Natural	87	181	110	13	22	24	437
Anaesthetic	9	1	0	0	1	0	9
Fetus	3	4	0	3	1	0	11
Decomposed	0	1	0	0	0	0	3
Bones	7	0	0	2	2	0	11
Other	6	0	2	1	1	0	10
TOTAL	599	461	318	290	114	52	1834

Source: 1,2,3,4 Quarterly Performance Reports 2016/17

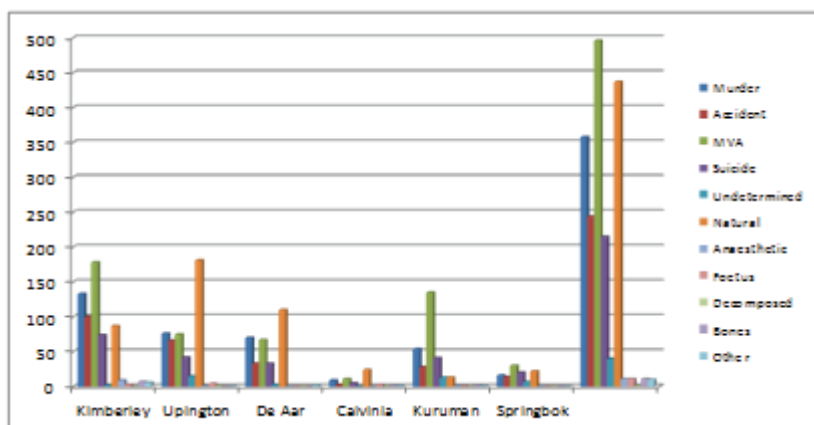
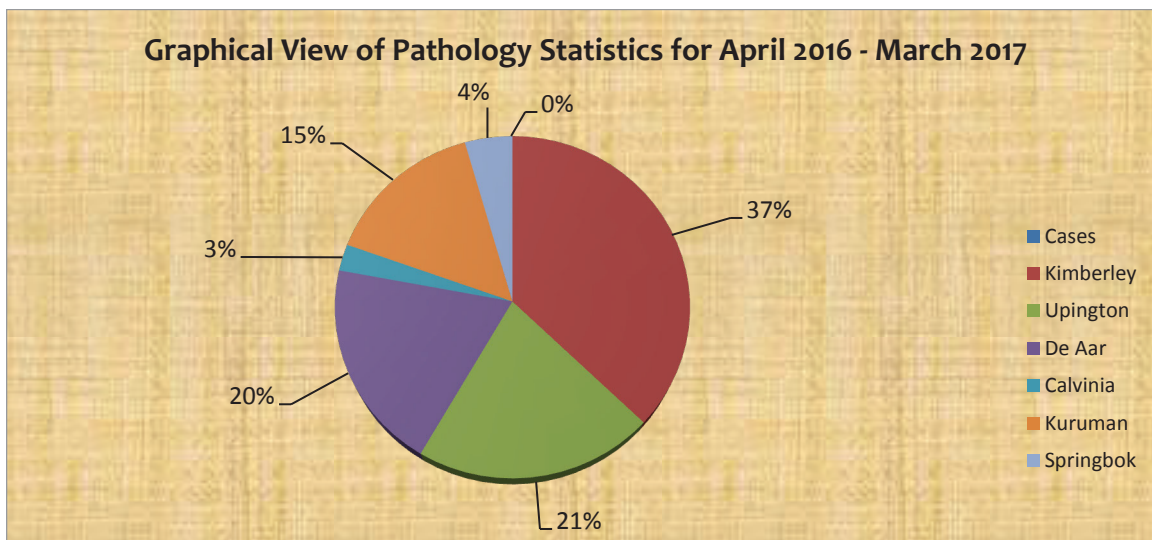
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ANNUAL 2015-16 FY STATISTICS

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

STATISTICAL VIEW OF CASES FROM APRIL 2016 – MARCH 2017



Challenges and Measures Planned to overcome them:

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> Shortage of practising clinical forensic nurses at Kuruman Thuthuzela, De Aar Thuthuzela, Kakamas Thuthuzela and throughout health facilities in the province. 	<ul style="list-style-type: none"> Appoint a full-time forensic nurse in Upington. Engage Districts Health Services and facilities to budget, train and appoint forensic nurses and doctors. Refer patients to nearest health facilities.
<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 (HR) 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/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"> Shortage of support staff, FPO's, dedicated cleaners, data capturers. Incomplete mortuary upgrades, and worsening state of affairs. 	<ul style="list-style-type: none"> Request approval and additional budget to build capacity. Continually engage the principals to lobby for funds to complete the mortuaries. Shift funds (savings) to address particular pressures. Develop a business case for appropriate facilities to be built (Kimberley & Springbok) especially Kimberley for training purposes.
<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 safe costs and shift funds to address particular pressures.

Table 18: Annual Targets for Forensic Medical Services

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviation 2016/17	Comments on Deviations
Improved Forensic Medical Services	Percentage of autopsies completed within 4 working days	93%	90%	94%	+4%	<ul style="list-style-type: none"> Increased pool of doctors and expertise. Improving state of facilities in certain areas. Improved management and co-ordination of services
	Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS, NPA)	84%	80%	83%	+3%	<ul style="list-style-type: none"> The continued engagement with doctors on the importance of the timely submission of reports for the justice system.

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 availability and accessibility of medicines remained a key priority with an overall achievement of 95% availability in the province. The deviation was due to various challenges experienced under the cost containment measures within the department. The late payment of certain supplier accounts resulted in certain essential medicines being out of stock. Pharmacists within the district health facilities redistributed pharmaceuticals to ensure available supplies under the current constraints. It should however be emphasised that non-negotiable supplies and payments should not be restricted to meet service delivery demands at operational level. The availability and accessibility of surgical supplies and consumables remained a challenge although the Pharmacy staff assisted to redistribute stocks to facilities where it was possible.

The improvement of pharmacy services through clinical governance and patient safety is a slow but continual process. South African Pharmacy Council (SAPC) Pharmacy inspections were successfully conducted at Keimoes CHC and the provincial depot, with the depot receiving an A grading. Fritz Visser CHC is in the process of recording the Pharmacy of this facility with the SAPC.

Support visits by Pharmacists to health facilities as facility audits or Ideal clinic assessments allows for the necessary interventions and improvement plans, although progress to improve the audit outcomes are slow and inconsistent due to various challenges.

Successful DPTC meetings were conducted at ZFMcgawu district; Pixley ka Seme district and at KH as this serves as a vital platform to engage on many clinical issues. The Pharmacovigilance reporting of any suspected adverse reaction is still very poor, with few reports being submitted from the districts to the provincial offices. The District Pharmacist of Namakwa embarked on a system of “process reminders” to enhance ADR reporting within the district and to improve on outcomes.

Infrastructural challenges such as the lack of storage space at facilities remains a challenge but in the ZFMcgawu district, enhancements were completed at four (4) facilities with the support of an external stakeholder (Idwala mines).

The absorption of CSPS at the depot, in the districts, the appointment of permanent pharmacists at health facilities is of benefit to the province as it enhances and enables the implementation of Good Pharmacy practise and clinical governance. The Pharmacist Assistants of KH successfully completed the post basic PA training during this period.

The efforts to improve stock management were realised through various initiatives. The SVS system was continually adapted to improve user knowledge, compliance and reporting on stock availability at PHCs and CHCs. It has progressed over the financial year with more facilities complying with the weekly deadline and reporting on stock levels allows the pharmacy personnel to monitor ND distribute available stocks where required. Challenges are still experienced as not all facilities are compliant in reporting weekly on the SVS tool but there has been a gradual buy-in and support from other stakeholders in certain districts. The Pixley Ka Seme district remains consistent and commendable in using and reporting on the SVS system.

The provincial depot is in the process of migrating to anew depot electronic system and all plans have been finalised. The conversion at the depot from the eight cages to a single cage resulted in the easier management of stocks and other business processes.

Support visits to health facilities and the continuous interacting with district officials facilitates the redistribution of stocks to avoid expiry and wastage at facilities.

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In ZFM, Namakwa and the Frances Baard districts MOUs were signed with private providers for the rendering of EPI and other PHC services.

Stock availability is however still hampered by the lack of resources (budget), dedicated vehicles and transport, electronic stock systems and dedicated Pharmacy staff to improve stock management.

The CCMDD programme has been successfully implemented in all districts, with Pixley ka Seme and Namakwa excelling in surpassing their annual targets. There have been some challenges such as the non-payment of the Pick-up points (PUPS) by NDOH.

Pharmacy Services continued to support the activities of health programmes such as the tOPV to bOPV switch; the Polio and measles campaign; the HPV campaign; The Flu campaign and other operational events.

Pharmacy week was celebrated across all districts with Pharmacy personnel actively engaged in community activities.

Achievements

District/Institution	Achievements
Provincial Medical Depot (PMD)	<ul style="list-style-type: none"> • The PMD received an A-grading from the South African Pharmacy Council (SAPC). • The process plans for migration of the electronic stock management system was completed. • Conversion of the PMD into a single unit (as opposed to the previous 8 divisions) was completed. • The PMD was successful in absorbing two Community Service Pharmacists as permanent pharmacists.
Frances Baard (FB)	<ul style="list-style-type: none"> • ‘Clean-up’ campaigns were conducted to redistribute medication to facilities that are understocked, therefore preventing expiration of medication. • Successful registration of a Responsible Pharmacist at Galeshewe Day Hospital.
John Taole Gaetsewe (JTG)	<ul style="list-style-type: none"> • The Ideal Clinic programme initiated the provision of equipment to facilities. • Stock Visibility System (SVS) improved medicine availability.
Namakwa	<ul style="list-style-type: none"> • Services relating to the supply of EPI vaccines to private providers commenced, with a Memorandum of Understanding (MOU) signed and the first-time supply of vaccines to a private clinic. • A successful Pharmacy Week was conducted. • The Central Chronic Medicine Dispensing and Distribution (CCMDD) programme in the district exceeded its target for 2016/17. • ‘Clean-up’ campaigns were conducted to redistribute medication to facilities that are understocked, therefore preventing expiration of medication. • ‘Process reminders’ were distributed to facilities i.e. tender changes, ADR reporting.
Pixley ka Seme	<ul style="list-style-type: none"> • A permanent pharmacist was successfully appointed at the district office. • Provided guidance to districts on the roll-out and implementation of the CCMDD programme. • SVS tool used well and medicine availability remains commendable. • Fritz Visser Pharmacy in Noupport is in the process of being recorded. • Commencement of facility visits by Acting District Pharmacist.

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District/Institution	Achievements
ZF Mgcawu (ZFM)	<ul style="list-style-type: none"> • A collective effort was made between programmes to ensure successful switch from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV). • The renovations at Danielskuil CHC Pharmacy by Idwala Mine have been successfully completed. • Keimoes CHC was awarded an A-grading for the inspection visit by the SAPC. • The Memorandum of Understanding (MOU) with the Farming Group (Karsten) was signed. • CCMDD activities expanded rapidly in the district; 1739 patients were enrolled at 13 registered facilities. • Weekly handover meetings are held at the district office to ensure continuous feedback between stakeholders.
Kimberley Hospital (KH)	<ul style="list-style-type: none"> • Post-basic Pharmacist Assistants successfully completed training and are registered with the SAPC.

Challenges and measures planned to overcome them

District/Institutions	Challenges	Proposed Corrective Action
PMD	<ul style="list-style-type: none"> • Absence of access control in the warehouse • Supplier accounts placed on hold 	<ul style="list-style-type: none"> • Access control to be installed • Pay all invoices over 30 days
Frances Baard	<ul style="list-style-type: none"> • Lack of vehicle allocation to pharmacists for facility visits results in pharmacists using personal vehicles to do 80% of facility visits. • Patient frustration evident due to non-finalization of CCMDD pick-up-points (PUPs). • Poor understanding of the roles and responsibilities of pharmacy personnel. • Poor stock control • Lack/absence of computerised dispensing system • Expired MOU between the department and private providers. • Shortage of surgical, dressings and vacolitres. 	<ul style="list-style-type: none"> • A request was made to the Frances Baard District office for increased vehicle allocation. • NDOH to be engaged to finalize PUPs. • Relevant stakeholder to provide education, information, and advise on improving communication. • Adherence to ordering schedule, improve rotation of stock, implement use of stock cards. • Procurement plans included computer programs • Revised MOU to be made available. • Pharmacists assist with contracts to ensure the accurate procedures for procurement of surgical, dressings, and vacolitres. Supply Chain Management to follow-up on outstanding orders.
John Taole Gaetsewe	<ul style="list-style-type: none"> • Support visits by pharmacy personnel is limited due to sharing of vehicles. • Delay in filling of funded posts. 	<ul style="list-style-type: none"> • Stock to be delivered 3 days of the week and pharmacists to conduct support visits in the remaining 2 days. • Process of recruitment to restart
Namakwa	<ul style="list-style-type: none"> • Functioning of the District Pharmacy and Therapeutics Committee (DPTC). • Under-reporting on Stock Visibility System. • Facilities do not maintain the update of Key Registers. 	<ul style="list-style-type: none"> • Provide relevant information for comment to DPTC members via e-mail during the interim of cost-containment measures. • Re-train staff at facilities, focussing on admin clerk's/data capturers. • Focus for the Community Service Pharmacist (CSP) presentation.

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District/Institutions	Challenges	Proposed Corrective Action
Pixley ka Seme	<ul style="list-style-type: none"> • Facilities non-adherent to ordering schedules • Management of Level 5 items • Management of down referral specialist patients • Internet connectivity continues to pose a challenge while new systems continue to be implemented requiring real-time monitoring and ordering of stock. 	<ul style="list-style-type: none"> • Facilities provided with reminders to submit orders and are provided with deadlines on annual ordering rosters. • Submit Level 5 motivations earlier. • Develop new methods of managing patients such as stocking specialist items at district pharmacy. • Submissions were made for dongles/ laptops that will improve pharmaceutical services.
ZF Mgcawu	<ul style="list-style-type: none"> • Integrity of medicine could be at risk as a result of exposure to excessive heat in during transportation. • Money shortages prevent completion of Chronic Dispensing Unit. • Submission of Section 21 reports by facilities. 	<ul style="list-style-type: none"> • Appropriate vehicles need to be employed. However, as an interim measure it is envisaged that current vehicles be modified for appropriate and safe transport of medicines. The private sector has been approached for assistance. • Approval of the submission will address the issue. • Section 21 items are issued from the District Office for better control purposes.
Kimberley Hospital (KH)	<ul style="list-style-type: none"> • Non-availability of medicines at Sol-Plaatjie facilities. 	<ul style="list-style-type: none"> • Down referrals and medication thereof to be managed from a central point by Sol-Plaatjie CSP for patients.
West-End Specialized Hospital (WESH)	<ul style="list-style-type: none"> • Insufficient storage space for surgical, dressings, vacolitres. 	<ul style="list-style-type: none"> • Discussions were conducted with management for space and temperature control.

Table 19: Annual Targets for Pharmaceuticals

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviation	Comment on Deviation
Improve availability and access of medicine	Percentage availability of tracer medication (EML) and STG) in the health facilities and institutions	100%	100%	95%	-5%	<ul style="list-style-type: none"> Status at Provincial Medical Depot: Closure in Quarter 3, non-payment of suppliers, change in electronic stock management system.
Improve quality of service including clinical governance and patient safety	Number of functional Pharmaceutical and Therapeutic Committee	-	6	6	-	-
Improved and efficient medicine stock management	Number of facilities implementing the Electronic stock management system	-	51	9	-42	<ul style="list-style-type: none"> Electronic stock management system not installed in the facilities.

Programme 7: HEALTH CARE SUPPORT SERVICES (R6.127 million)

	2016/17			2015/16		
	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. LAUNDRY SERVICES	7,241	10,981	(3,740)	6,730	9,291	(2,561)
2. ENGINEERING	18,172	31,001	(12,829)	26,473	46,348	(19,875)
3. FORENSIC SERVICES	29,157	23,272	5,885	23,174	23,177	(3)
4. ORTHOTIC AND PROSTETIC SERVICE	9,387	6,815	2,572	6,079	5,748	331
5. MEDICINE TRADING ACCOUNT	38,572	36,587	1,985	32,478	35,203	(2,725)
	102,529	108,656	(6,127)	94,934	119,767	(24,833)

Health Care Support Services – (R6.127 million)

- The programme experience budget pressures on the compensation of employees and goods & services. The programme overspent by R5.802 million on goods & services due to accruals paid regarding the maintenance of standby generators.
- The budget will be reprioritised in the next financial year in order to mitigate the overspending on the compensation of employees and maintenance of standby generators.

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

Sub-outcome 7: Improved Health Planning and Infrastructure Delivery

Situation analysis:

The Health Facility Management unit has achieved 73% expenditure over the budget. The 17% under-expenditure on the allocated budget is due to late confirmation of project lists to the implementing agents which resulted in late commitment of funds by the implementing agents.

Table 2: Extended Public Works Programme (EPWP) Incentive Grant

Grant (R'000)	Budget	Expenditure to Date	Budget Available	% Actual Spent
Initial HFRG allocation	R472 267 000	R374 265 821.86	R98 001 178.14	79%
Roll over budget	R42 318 000			
Adjusted HFRG budget	R514 585 000	R374 265 821.86	R140 319 178.14	73%
Total Grant Management Budget	R11 086 000	R0	R11 086 000	
Total HFRG Projects Budget including roll over	R503 499 000	R374 265 821.86	R129 233 178.14	74%
EPWP Incentive Grant	R3 286 000	R3 070 000	R216 000	93%

Achievements

- Twenty-six (26) new standby generators have been installed in certain facilities by the Department of Roads and Public Works.
- Service providers have been appointed for the servicing and installation of heating and ventilation equipment, stand-by generators and fire-fighting equipment. The maintenance contracts are commissioned for a period of three years.

Challenges and measures planned to overcome them

Challenges	Proposed corrective action
<ul style="list-style-type: none"> • Delays on payments of service providers. • Late submission of payment certificates by the implementing agents. • Slow processing of payment certificates in the Department. 	<ul style="list-style-type: none"> • Continuous engagement of the office of Supply Chain Management to procure outstanding medical equipment for Dr Harry Surtie and De Aar Hospitals • Compliance to the thirty (30) days payment period by both the implementing agents and the Department.
<ul style="list-style-type: none"> • Slow delivery of projects on site. • Service providers putting a halt on construction activities due payments that are processed after more than 30 working days • Insufficient capacity in some of the appointed companies to deliver projects. 	<ul style="list-style-type: none"> • Fast-track site handovers of the awarded projects from the implementing agents • Fast-track the awarding of projects advertised from the implementing agents and the Department's SCM.
<ul style="list-style-type: none"> • Late commencement of the project planning processes. 	<ul style="list-style-type: none"> • Timeous completion of the project planning cycles within the Department.

Table 20: Annual Targets for Health Facilities Management

Strategic Objective	Performance Indicator	Actual 2015/16	Target 2016/17	Actual 2016/17	Deviations	Comments on Deviations
Improve the quality of health infrastructure in South Africa by ensuring that all health facilities are compliant with facility norms	Number of facilities that comply with gazetted infrastructure Norms and Standards	-	59	11	-16	<ul style="list-style-type: none"> Slow progress by implementing agents.
Construction of new clinics, community health centres and hospitals	Number of additional clinics, community health centres and office facilities constructed	-	8	3 (Ka- Gung and Heuningvlei clinic, Port Nolloth CHC)	-5	<ul style="list-style-type: none"> Slow progress by implementing agents.
Implementation of Hospital Revitalization Programme	Number of additional hospitals and mortuaries constructed or revitalised	-	3	1 (Mental Health Hospital)	-2	<ul style="list-style-type: none"> Mortuaries have been put on hold.
Major and minor refurbishment of health facilities	Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	-	8	4	-4	<ul style="list-style-type: none"> Slow progress by Implementing agent.
	Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District)	-	19	19	-	-
Strengthen partnership with the Department of Public Works to accelerate infrastructure delivery	Established Service Level Agreement (SLA) with the Department of Public Works	-	1	1 (Revised SLA submitted)	-	-

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Programme 8: HEALTH FACILITIES MANAGEMENT R135,424 million

	2016/17			2015/16		
	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	338,981	205,616	133,365	318,921	228,097	90,824
2. PROVINCIAL HOSPITAL SERVICES	171,781	169,722	2,059	329,459	330,522	(1,063)
	510,762	375,338	135,424	648,380	558,619	89,761

Health Facilities Management – R135,424 million

- The goods & services was overspent by R8.480 million due to maintenance of electrical appliances. The Health Facility Revitalisation Grant was underspent by R116.506 million as a result delays on the awarding of tenders by implementing agents. Most of the tenders were only awarded during the third and fourth quarter.
- A roll over has been requested to mitigate these commitments, since most projects are still at the planning stage.

Strategies to overcome under performance

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

Changes to planned targets

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

Vote 10

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Linking performance with budgets

Voted funds and Direct charges	2016/17			2015/16		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'ooo	R'ooo	R'ooo	R'ooo	R'ooo	R'ooo
1. Programme Administration	196,999	226,526	(29,527)	192,979	211,192	(18,213)
2. District Health Services	1,913,993	1,913,947	46	1,710,644	1,696,420	14,224
3. Emergency Medical Services	307,718	284,989	22,729	293,598	271,386	22,212
4. Provincial Hospital Services	367,557	390,427	(22,870)	308,751	340,432	(31,681)
5. Central Hospital Services	970,641	945,268	25,373	864,894	879,335	(14,441)
6. Health Sciences And Training	123,986	123,986	-	114,553	91,114	23,439
7. Health Care Support Services	102,529	108,656	(6,127)	94,934	119,767	(24,833)
8. Health Facilities Management	510,762	375,338	135,424	648,380	558,619	89,761
TOTAL	4,494,185	4,369,137	125,048	4,228,733	4,168,265	60,468

2.5. Transfer Payments

Table 1: Transfer payments;

The table below reflects the transfer payments which were budgeted for in the period 1 April 2016 to 31 March 2017,

Transfer payments to excluding public entities

Name of Public Entity	Service rendered by the public entity	Amount transferred to the public entity	Amount spent by the public entity	Achievements of the public entity
Pixley Ka Seme district municipality	District AIDS Council	250	250	Services provided
ZF Mgcawu district municipality	District AIDS Council	250	250	Services provided
Namakwa district municipality	District AIDS Council	250	250	Services provided
Frances Baard district municipality	District AIDS Council	250	250	Services provided
John Taolo Gaetsewe district municipality	District AIDS Council	250	250	Services provided
Agang Aids Service Organisation	Home-based care	5 573	5 573	Services provided
Boikobo Health Care	Home-based care	8 951	8 951	Services provided
Boitumelo N.P.O	Home-based care	2 285	2 285	Services provided
Bophelo T/A Kgatelopele Social D	Home-based care	2 050	2 050	Services provided
Bophelong Care Cemtre	Home-based care	855	855	Services provided
Cecilia Makiwane Hospice	Home-based care	1 089	1 089	Services provided
Dingleton Community Heathworkers	Home-based care	2 565	2 565	Services provided
Diocese Aids Ministry Npo	Home-based care	3 522	3 522	Services provided
Drydo Homebased Care	Home-based care	6 264	6 264	Services provided
Educational Support Services Tru	Home-based care	3 120	3 120	Services provided
Grassroots Edge	Home-based care	1 380	1 380	Services provided
Helen Bishop Orthopedic	Home-based care	3 668	3 668	Services provided
Hope Christian Home Based Care	Home-based care	2 367	2 367	Services provided
Hopetown Home Based Care Hospice	Home-based care	1 479	1 479	Services provided

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Name of Public Entity	Service rendered by the public entity	Amount transferred to the public entity	Amount spent by the public entity	Achievements of the public entity
Hospice Health	Home-based care	1 437	1 437	Services provided
Hospice Moeder Theresa	Home-based care	4 917	4 917	Services provided
Kantani	Home-based care	35	35	Services provided
Legatus	Home-based care	9 312	9 312	Services provided
Lifeline Northern Cape	Home-based care	1 000	1 000	Services provided
Maggie Samboer Hospice	Home-based care	2 721	2 721	Services provided
Maruping Health Care	Home-based care	7 079	7 079	Services provided
Masiphile N.G.O	Home-based care	3 509	3 509	Services provided
Mobile Hiv Counselling and Testing	Home-based care	685	685	Services provided
Napwa Northern Cape	Home-based care	346	346	Services provided
Nightingale Hospice	Home-based care	5 089	5 089	Services provided
Northern Cape Aids Forum	Home-based care	8 397	8 397	Services provided
Phuthadichaba Hbc	Home-based care	1 689	1 689	Services provided
Renosterberg Gemeenskap Project	Home-based care	1 745	1 745	Services provided
Resego Homebased Care	Home-based care	3 748	3 748	Services provided
South African National Council	Home-based care	1 123	1 123	Services provided
The Little Big Cup Soup Kitchen	-	1 371	1 371	-
Thusanang Home Based Care	-	5 669	5 669	-
Williston Drop-In Centre	-	1 700	1 700	-

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
Pixley Ka Seme district municipality	District Municipality	District AIDS Council	Yes	250	250	Not applicable
ZF Mgcawu district municipality	District Municipality	District AIDS Council	Yes	250	250	Not applicable
Namakwa district municipality	District Municipality	District AIDS Council	Yes	250	250	Not applicable
Frances Baard district municipality	District Municipality	District AIDS Council	Yes	250	250	Not applicable
John Taolo Gaetsewe district municipality	District Municipality	District AIDS Council	Yes	250	250	Not applicable
Agang Aids Service Organisation	Non-profit institution	Home-based care	Yes	5 573	5 573	Not applicable
Boikobo Health Care	Non-profit institution	Home-based care	Yes	8 951	8 951	Not applicable
Boitumelo N.P.O	Non-profit institution	Home-based care	Yes	2 285	2 285	Not applicable
Bophelo T/A Kgatelopele Social D	Non-profit institution	Home-based care	Yes	2 050	2 050	Not applicable
Bophelong Care Centre	Non-profit institution	Home-based care	Yes	855	855	Not applicable
Cecilia Makiwane Hospice	Non-profit institution	Home-based care	Yes	1 089	1 089	Not applicable

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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
Dingleton Community Heathworkers	Non-profit institution	Home-based care	Yes	2 565	2 565	Not applicable
Diocese Aids Ministry Npo	Non-profit institution	Home-based care	Yes	3 522	3 522	Not applicable
Drydo Homebased Care	Non-profit institution	Home-based care	Yes	6 264	6 264	Not applicable
Educational Support Services Tru	Non-profit institution	Home-based care	Yes	3 120	3 120	Not applicable
Grassroots Edge	Non-profit institution	Home-based care	Yes	1 380	1 380	Not applicable
Helen Bishop Orthopedic	Non-profit institution	Home-based care	Yes	3 668	3 668	Not applicable
Hope Christian Home Based Care	Non-profit institution	Home-based care	Yes	2 367	2 367	Not applicable
Hopetown Home Based Care Hospice	Non-profit institution	Home-based care	Yes	1 479	1 479	Not applicable
Hospice Health	Non-profit institution	Home-based care	Yes	1 437	1 437	Not applicable
Hospice Moeder Theresa	Non-profit institution	Home-based care	Yes	4 917	4 917	Not applicable
Kantani	Non-profit institution	Home-based care	Yes	35	35	Not applicable
Legatus	Non-profit institution	Home-based care	Yes	9 312	9 312	Not applicable
Lifeline Northern Cape	Non-profit institution	Home-based care	Yes	1 000	1 000	Not applicable
Maggie Samboer Hospice	Non-profit institution	Home-based care	Yes	2 721	2 721	Not applicable
Maruping Health Care	Non-profit institution	Home-based care	Yes	7 079	7 079	Not applicable
Masiphile N.G.O	Non-profit institution	Home-based care	Yes	3 509	3 509	Not applicable
Mobile Hiv Counselling And Testi	Non-profit institution	Home-based care	Yes	685	685	Not applicable
Napwa Northern Cape	Non-profit institution	Home-based care	Yes	346	346	Not applicable
Nightingale Hospice	Non-profit institution	Home-based care	Yes	5 089	5 089	Not applicable
Northern Cape Aids Forum	Non-profit institution	Home-based care	Yes	8 397	8 397	Not applicable
Phuthadichaba Hbc	Non-profit institution	Home-based care	Yes	1 689	1 689	Not applicable
Renosterberg Gemeenskap Projek	Non-profit institution	Home-based care	Yes	1 745	1 745	Not applicable
Resego Homebased Care	Non-profit institution	Home-based care	Yes	3 748	3 748	Not applicable
South African National Council F	Non-profit institution	Home-based care	Yes	1 123	1 123	Not applicable

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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
The Little Big Cup Soup Kitchen	Non-profit institution	Home-based care	Yes	1 371	1 371	Not applicable
Thusanang Home Based Care	Non-profit institution	Home-based care	Yes	5 669	5 669	Not applicable
Williston Drop-In Centre	Non-profit institution	Home-based care	Yes	1 700	1 700	Not applicable

The table below reflects the transfer payments which were budgeted for in the period 1 April 2016 to 31 March 2017, but no transfer payments were made.

Name of transferee	Type of organization	Purpose for which the funds were used	Amount budgeted for (R'000)	Amount transferred (R'000)	Reasons why funds were not transferred
Sol Plaatje municipality	Local Municipality	Primary Health Care	607	-	It was agreed that the services will be taken over by the department, although there were unresolved issues.

2.6 Conditional Grants

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)	413,231
Amount received (R'000)	413,231
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	413,231
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	Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform
Expected outputs of the grant	-
Actual outputs achieved	-
Amount per amended DORA (R'000)	81,815
Amount received (R'000)	81,815

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Department who transferred the grant	National department of health
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	77,505
Reasons for the funds unspent by the entity	The department has spent to date R77,505 or 94.7 per cent of the adjusted budget, and resultantly underspend by R4,310 million on medical equipment. This resulted from delays caused by the industrial action. A roll over will be requested.
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 African citizens (including documented foreign nationals) • To compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the grant	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)	322,272
Amount received (R'000)	322,272
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	300,251
Reasons for the funds unspent by the entity	The department has spent to date R300,251 million or 93.2 per cent of adjusted budget, resulting in underspending of R22,021 million. The department had committed R22 million towards medical equipment used to provide tertiary services. An amount of R22 million has been committed towards procurement of medical equipment, which will be requested as roll over.
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 help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance • To enhance capacity to deliver health infrastructure
Expected outputs of the grant	-
Actual outputs achieved	-
Amount per amended DORA (R'000)	514,585
Amount received (R'000)	514,585
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	398,052

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Department who transferred the grant	National department of health
Reasons for the funds unspent by the entity	The department has spent to date R398.052 million or 77.4% of the adjusted budget, which is significantly below the average norm of 100%. 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. A roll over will be requested, since most projects are still at the planning stage.
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	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: <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)	3,286
Amount received (R'000)	3,286
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	3,286
Reasons for the funds unspent by the entity	The department has spent R3.286 million or 100 per cent of adjusted budget.
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	To incentivise provincial social sector departments, identified in the 2016 social sector EPWP log-frame to increase job creation by focusing on the strengthening and expansion of social sector programmes that have employment potential
Expected outputs of the grant	-
Actual outputs achieved	-
Amount per amended DORA (R'000)	15,230
Amount received (R'000)	15,230
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	15,230
Reasons for the funds unspent by the entity	The department has spent to date R15.230 million or 100 per cent of the adjusted budget.
Reasons for deviations on performance	-
Measures taken to improve performance	-

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Department who transferred the grant	National department of health
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)	10,489
Amount received (R'000)	10,489
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	8,872
Reasons for the funds unspent by the entity	<p>The department has spent to date R8.872 million or 84.6 per cent of the adjusted budget, resulting in underspending of R1.617 million. This is due to supplier performance since a number of orders have been placed for the procurement of training materials and medical supplies. A number of orders were delayed due to capacity problems, thus an amount of R1.617 million was committed on various items of goods & services and capital assets.</p> <p>A roll over will be requested for unspent funds.</p>
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

2.7 Donor Funds

Donor Funds Received

Name of donor	Maphalane Disability Trust
Full amount of the funding	R163 175
Period of the commitment	-
Purpose of the funding	Donation (cash)
Expected outputs	-
Actual outputs achieved	-
Amount received (R'000)	R163 175
Amount spent by the department (R'000)	R nil
Reasons for the funds unspent	Not applicable
Monitoring mechanism by the donor	-

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Name of donor	Kimberley Hospital Complex CEO Awards
Full amount of the funding	R26 674.77
Period of the commitment	-
Purpose of the funding	Donation (cash)
Expected outputs	-
Actual outputs achieved	-
Amount received (R'000)	R26 674.77
Amount spent by the department (R'000)	R nil
Reasons for the funds unspent	Not applicable
Monitoring mechanism by the donor	-

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:

2016/17

Infrastructure	Budget	exp	(over)/ Under
Existing infrastructure assets	217,896	87,284	130,612
Maintenance and repair	69,235	52,884	16,351
Upgrading and additions	107,000	29,078	77,922
Rehabilitation and refurbishment	41,661	5,322	36,339
New infrastructure assets: Capital	376,124	282,866	93,258
Infrastructure transfers	-	-	-
Capital	-	-	-
Current	-	-	-
Infrastructure: Payments for financial assets	-	-	-
Infrastructure: Leases	-	-	-
			-
Capital infrastructure	524,785	317,266	207,519
Current infrastructure	69,235	52,884	16,351
Total Infrastructure	594,020	370,150	223,870

PART C: GOVERNANCE

3.1. Introduction

The indicator on Good governance in the public sector is one of indicators measuring how public funds are spent by officials. There are processes and structures within government institutions geared towards insuring compliance with all relevant legislative requirements that govern public service in general and expenditure of funds.

The department has developed and finalised the organisational structure which will address the human resources needs and performance efficiencies to unable health facilities to be better resourced.

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.

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 continuously striving to ensure risk management becomes and remains a high priority within the department.

The Department conducts 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. During the year the Risk Management Committee could not function optimally due to difficulties in appointing a new external chairperson.

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 endeavors to continue and strive for better performance. The Risk Management unit is continuously interacting with all relevant stakeholders to ensure that quality improvements are realized.

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
3rd May 2016	APP 2016/17 presentation
3rd May 2016	Budget speech presentation
23rd September 2016	Presentation on 1st Quarterly report (April – June) 2016/17
16th November 2016	Presentation on 2015/16 Annual Report
16th February 2016	Presentation on 2nd Quarterly report (July – Sept) 2016/17
28th March 2017	Presentation on 3rd Quarterly (October – December)

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

Presentation on 1st Quarter Report

COMMITTEE OBSERVATIONS

- Lack of proper financial management and planning within the Department.
- Over expenditure of the Department in almost all of its programmes.
- The inability of the Department to absorb qualified nurses that have graduated.
- Reluctance of the Department to fill critical vacant funded posts.
- Improper planning that leads to habitual roll-over requests and commitments.

RECOMMENDATIONS

The Department must:

- Strengthen the financial systems of the Department to adhere to all financial legislation.
- Properly plan and put financial control measures in place to remain within the prescribed expenditure framework per quarter.
- Prioritise its retention strategy to absorb graduated nurses.
- Fill all critical vacant funded posts as a matter of urgency.
- Do its planning properly to avoid unnecessary roll-over requests and commitments.

REPORTS TO THE COMMITTEE

- A progress report on the construction of the Mental Health Hospital.
- A comprehensive report on all infrastructure projects on the construction of Health facilities.

Presentation on 2nd Quarter Report

COMMITTEE OBSERVATIONS

- Over-expenditure on the Budget of the Department for the quarter under review.
- Reluctance of the Department to fill critical vacant funded posts.

RECOMMENDATIONS

The Department must:

- Strengthen its financial systems to adhere to financial delegation in order to remain within the prescribed expenditure framework per quarter.
- Fill all critical vacant funded posts as a matter of urgency.

REPORTS TO THE COMMITTEE

- A status report on the Forensic Medical Services in the Province.

Presentation on 3rd Quarter Report

COMMITTEE OBSERVATIONS:

- The department had spent 70% of its Budget and only achieved 70% in terms of the performance of the quarter under review.
- The department had overspent in all its programmes.
- The format of reporting does not reflect indicators and targets as set out in the Annual Performance Plan.
- Set target are too high and not achievable.
- Slow pace on the conversion of the ambulances.

RECOMMENDATIONS

The Department must:

- Drastically improve its overall performance.
- Strengthen its financial systems to remain within the prescribed expenditure framework.
- Ensure that reports are consistent with the Annual Performance Plan.
- Properly plan targets, as set out in the Annual Performance Plan.
- Exhilarate the conversion of the ambulances as it hampers service delivery.

REPORTS TO THE COMMITTEE

- Expenditure report on the HIV/AIDS grant.
- A progress report on the construction of the Mental Health Hospital.
- A progress report on the work of the task team that was appointed to investigate alleged corruption and the consequent remedial action.
- Report on the costing of the locum agency doctors at the Department.
- Report on the so-called ghost workers in the Department.

Presentation on the 4th Quarter Report

The Department has not presented the 4th Quarter Report to Portfolio Committee at the time of printing the Annual Report.

3.8. Standing Committee on Public Accounts (SCOPA) Resolutions

Resolution No.	Subject	Details	Response by the Department	Resolved (Yes/No)
1	Supply chain management	Practical steps must be implemented to ensure officials in the Supply Chain Management do understand and know how to apply relevant legislation.	The department together with Provincial Treasury are implementing the financial turnaround strategy as determined by the Provincial Executive Committee. There is a need to build capacity and provide training.	No
2	Financial misstatements	Officials are responsible to prepare an accurate financial and performance report in order to avoid financial misstatements.	The department together with Provincial Treasury are implementing the financial turnaround strategy as determined by the Provincial Executive Committee. There is a need to build capacity and provide training.	No
3	Irregular expenditure	Irregular expenditure should be detected and avoided by ensuring internal controls measures are strengthened and monitored.	The department together with Provincial Treasury are implementing the financial turnaround strategy as determined by the Provincial Executive Committee. There is a need to build capacity and provide training.	No
4	Consequence management	Officials who are found to have disregarded applicable laws and regulations, that consequence management must be enforced.	The Labour Relations is currently probing the allegations of irregular conduct in relation to officials, through the disciplinary hearings as guided by DPSA regulations.	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
<p>Movable Assets</p> <p>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 R973 621 000 (2016: R910 919 000) and minor movable capital assets stated as R179 182 000 (2016: R174 427 000) in note 28 to the financial statements was necessary.</p>	2012 and beyond	<ul style="list-style-type: none"> The Department commenced with the process to develop a Departmental Asset Register. The verification process is currently at an advance stage within the Francis Baard District. Additional human resources have been deployed to the Department through the Provincial Treasury intervention programme. The Department has also commenced with the cleaning process through the disposal of obsolete and redundant assets.

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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> <p>In terms of section 40(3)(b)(i) of the PFMA, the department is required to disclose particulars of irregular expenditure in the notes to the financial statements. The department incurred expenditure in contravention of the supply chain management (SCM) requirements. This was not included in the irregular expenditure disclosed in note 24 to the financial statements. I was unable to determine the full extent of the understatement for the current as well as previous years as it was impracticable to do so</p>	2012 and beyond	<ul style="list-style-type: none"> • The Department has established the Compliance and Reporting unit to conduct post transaction audits. • The unit will be responsible to maintain the Irregular expenditure register. • The challenge is that the historical irregular expenditure is yet to be addressed as well but requires additional resources to attend to the matter. • The Department is in the process to engage with the provincial treasury to assist in providing resources to deal with the matter.
<p>Accruals & Payables</p> <p>The department did not disclose all outstanding amounts meeting the definition of accruals and payables, in accordance with the chapter on General Departmental Assets and Liabilities in the MCS. 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 as it was impracticable to do so.</p> <p>In addition, the department did not disclose the correct ageing and the correct classification for accruals and payables not recognised between goods and services, capital assets, as well as transfers and subsidies, in accordance with paragraph 46 of the chapter on General Departmental Assets and Liabilities in the MCS. Consequently, accruals and payables not recognised for 30 days and the classification of goods and services were overstated and those older than 30 days and the classification relating to capital assets as well as transfers and subsidies were understated. I was unable to determine the full extent of these misstatements as it was impracticable to do so.</p>	2012 and beyond	<ul style="list-style-type: none"> • Management has fully rolled out the utilisation of Logis for the procurement process. • Management has also developed a reporting mechanism where district offices provide a report on a monthly basis on the state of the Departmental accruals. • Centralization and reconciliation of key accounts has been introduced for sound management and monitoring of accounts.

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>Accrued Departmental Revenue</p> <p>The department did not record the accrued revenue billed at the facilities in accordance with the chapter on <i>General Departmental Assets and Liabilities</i> in the MCS, 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. In addition, there was a resultant impact on impairment of accrued departmental revenue. Additionally, I was unable to obtain sufficient appropriate audit evidence relating to accrued departmental revenue due to inadequate controls to maintain patient records. 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 R139 445 000 (2016: R105 774 000) in note 23 to the financial statements, was necessary</p>	<p>2012 and beyond</p>	<ul style="list-style-type: none"> • The department has opened sub bank account for each revenue generating facility to ease reconciliation and identification of amounts received. Speed point devices with a program for account number have also been installed for 13 hospitals to minimise cash handling risk at the facilities. • A process of reviewing revenue and accrued departmental debt management policies as well as the standard operating procedures is in process. These documents will be presented and made available to all users and monitor implementation thereof. • Additional human resources were provided by Provincial Treasury to minimise gaps in the admission and billing process of patients during and after business hours including records management process.

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

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

- Annual and Interim Financial Statements review
- Asset management
- Audit of Performance Information

- Ethics, code of conduct and governance structures
- Follow up on implementation of audit rectification plans
- Follow up on second draft APP assessment
- Fleet management
- Fraud Risk evaluation
- Information Technology Governance review
- Logis implementation status
- Management Performance Assessment Tool certification
- Mental Health Management
- Revenue management
- Supply Chain Management

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

Audit Committee

Key activities and objectives of the audit committee:

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. The AC also provided the MEC with a written report subsequent to the AC meetings to ensure the executive is informed about matters of concern.

During the financial year under review, 4 meetings were convened as per its charter with an additional meeting convened to discuss rectification plan status of implementation.

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

Audit committee membership and attendance up to 31 March 2017:

Name	Qualifications	Internal or external	If internal, position in the department	Date appointed	Date Resigned	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 Iuris, Dip Iuris	External	n/a	2 Dec 2014	n/a	4
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

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Name	Qualifications	Internal or external	If internal, position in the department	Date appointed	Date Resigned	No. of Meetings attended
Bafedile Lenkoe	Magister in public administration (MPA)	Internal	Chief Director	12 Dec 2014	n/a	3
Phemelo Kegakilwe	Bachelor of Veterinary Medicine and Surgery	Internal	Acting Chief Director	12 Dec 2014 -resigned October 2016	n/a	0

3.12. Audit Committee Report

Report of the Audit Committee

We are pleased to present our report for the financial year ended 31 March 2017.

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.

Governance processes

The Audit Committee reviewed the governance processes and is not satisfied in the implementation. The weak governance processes are attributed to instabilities in the leadership. These instabilities resulted in management not implementing the Audit Committee recommendations. The Committee will continue to monitor the implementation progress and review the processes in line with applicable prescripts including the ICT Governance Framework requirements.

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. The effectiveness of the control environment was further impaired as a result of key vacancies within the management structure, movement of key officials during the year as well as labour unrest half way through the financial year. Momentum gained to improve the control environment were neutralized contributing to the stagnation from the prior year. There is a need for significant improvement for the system of internal control in the areas of Control Environment, 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 has a number of weaknesses most of which are attributable to leadership instabilities and ineffectiveness. Audit Committee made several recommendations which were not 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. The AC recommended the appointment of a Risk Management Committee Chairperson which did not take place.

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 and performance information

Whereas, the Audit Committee has reviewed and noted with concerns issues in the annual financial statements and performance information 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.

Reporting to the Executive Authority

During the financial year the Chairperson of the Audit Committee sent quarterly reports to the Executive on the activities, concerns and recommendations of the Audit Committee

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 5 qualification areas to 4 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 performance information and recommends that the audited annual financial statements and performance information 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

7th August 2017

PART D: HUMAN RESOURCE MANAGEMENT

4.1. INTRODUCTION

Status of Human Resource in the Department

Human Resource Management is key in ensuring that the department is adequately staffed with efficient and effective relevant expertise. One of the key roles amongst others is to ensure that there are systems in place to measure, coordinate and maintain performance and productivity. It is under this background that the Human Resource Plan will be reviewed for the medium-term expenditure framework period of 2018/19 to 2020/21 to address current and future workforce needs towards achieving and maintain organizational goals.

Since the launching of the Management and Performance Assessment Tool (MPAT) in the office of monitoring and evaluation in the Office of the Presidency, the department has experienced challenges of compliance around practices of human resources management with regards to the eleven service standards.

Human Resources intends to address the following service standards:

1. Approval of the organogram.
2. Improved performance management for senior management and entire staff
3. compliment.
4. Approval of minimum administrative delegation as per the Department of Public
5. Service and Administration (DPSA) guidelines.
6. Management of Labour Relations matters within the prescribed time frames and
7. capturing of cases on the PERSAL system.
8. Maintain annual HRD implementation plan.
9. Ensuring compliance to the application of recruitment and retention practices.
10. Improvement in the management of Employee Health and Wellness.
11. Improvement in the management of Occupational health and safety.

Priorities and Impact

- Review and align the Provincial Human Resources Plan
The Department is in the processes of reviewing the HR plan and aligning it to the current proposed structure. The plan will be addressing the current and future workforce over the MTEF period of 2018/19 and 2020/21, this is aimed towards achieving and maintaining organizational goals, as well as informing retention strategies.
- Improve Performance Management and Development Systems and Processes
Due to the change in top management structures, the department struggled to comply with the performance management for senior management in the year under review. Thus will be focusing on improving the overall performance of the department in this regard including the entire staff compliment.
- Workforce Planning and Key Strategies to attract and recruit skilled workforce
Some of the bursary holders who were funded by the Department have successfully completed their degrees in various Health Science Programmes. A total of forty (40) in the year under review. The department retained most of its Community Service Workers, within all categories across the province into permanent positions.
- Employee Wellness Programme
Infrastructural challenges and budgetary constraints still remain the key root towards the unit achieving its operational targets and programme goals, however in terms of SHERQ the Department achieved key milestones by establishing Health and Safety Committees, conducting Risk Audits and Awareness Campaigns, thus ensuring that the department complies with regulatory frameworks.

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Challenges and Measures planned to overcome them:

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> Poor Performance in MPAT version 1.5. 	<ul style="list-style-type: none"> Develop an improvement plan, to be monitored monthly. Review Key Performance Area's (KPA's) of sub-unit managers to include service standards as part of their KPA's within their Job Descriptions.
<ul style="list-style-type: none"> Non-approval of the organizational structure. 	<ul style="list-style-type: none"> Acting Chief Director Corporate Services to drive the process and ensure that the structure is sent to DPSA before the end of the year.
<ul style="list-style-type: none"> None-adherence to Performance Management Development system (PMDS) and to deadlines of submitting the documents. 	<ul style="list-style-type: none"> Conduct training on the policy moderation process and system of PMDS. Annual PMDS calendar attached distributed to all managers.
<ul style="list-style-type: none"> Submission of incomplete PILIR documents. 	<ul style="list-style-type: none"> Intensify training for Human Resource officials in the districts.

4.2. HUMAN RESOURCE OVERSIGHT STATISTICS

3.1. Personnel related expenditure

TABLE 3.1.1. Personnel expenditure by programme for the period 1 April 2016 and 31 March 2017

Programme	Total Expenditure (R'ooo)	Personnel Expenditure (R'ooo)	Training Expenditure (R'ooo)	Professional and Special Services (R'ooo)	Personnel cost as a percent of total expenditure	Average personnel cost per employee (R'ooo)
Administration	187 719	95 824	0.00	0.00	51	13
Central Hospital services	758 111	507 062	0.00	0.00	67	69
District Health Services	1 448 356	897 995	0.00	0.00	62	123
Emergency Medical Services	223 867	151 043	0.00	0.00	67	21
Health Care Support Services	89 687	57 296	0.00	0.00	64	8
Health Facilities Management	258 261	8 289	0.00	0.00	3	1
Health Sciences and Training	109 112	22 345	0.00	0.00	20	3
Provincial Hospital Services	307 808	186 500	0.00	0.00	61	26
Total as on Financial Systems (BAS)	3 382 922	1 926 354	0.00	0.00	57	264

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Table 3.1.2 Personnel costs by salary band for the period 1 April 2016 and 31 March 2017

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
Abnormal Appointment	5 236	0.22	12 833	408
Contract (Levels 13-16)	41 020	1.75	-	-
Contract (Levels 3-5)	3 025	0.13	65 763	46
Contract (Levels 6-8)	48 949	2.08	264 590	185
Contract (Levels 9-12)	162 176	6.90	641 013	253
Highly skilled production (Levels 6-8)	499 267	21.25	326 105	1 531
Highly skilled supervision (Levels 9-12)	728 402	31.00	628 475	1 159
Lower skilled (Levels 1-2)	11 047	0.47	5 523 469	2
Other	202	0.01	202 216	1
Periodical Remunerations	630	0.03	57 238	11
Senior management (Levels 13-16)	180 347	7.68	1 398 041	129
Skilled (Levels 3-5)	652 671	27.78	184 162	3 544
TOTAL	2 332 972	99.30	319 541	7 301

Table 3-1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2016 and 31 March 2017

Programme	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost
Administration	88 229	75.2	512	0.4	2 503	2.1	4 910	4.2
Central Hospital Services	427 041	69.3	78 812	12.8	12 309	2	20 663	3.4
District Health Services	780 595	71.1	28 002	2.6	34 086	3.1	45 153	4.1
Emergency Medical Services	113 396	62.1	11 875	6.5	9 085	5	11 782	6.4
Health Care Support Services	47 394	69.3	3 675	5.4	2 505	3.7	4 383	6.4
Health Facilities Management	8 348	79.4	-	-	103	1	221	2.1
Health Sciences	19 383	72.3	2 160	8.1	455	1.7	807	3
Provincial Hospital Services	162 620	70.6	16 820	7.3	7 636	3.3	9 023	3.9
TOTAL	1 647 006	70.1	141 856	6	68 682	2.9	96 944	4.1

Table 3-1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by band for the period 1 April 2016 and 31 March 2017

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
NO INFORMATION FOR THIS TABLE								

3.2 Employment and Vacancies

The below tables in this section summarize the position with regard to employment and vacancies

The following tables summarize the number of posts on the establishment, the number of employees, the vacancy rate, and whether there are any staff that are additional to the establishment.

This information is presented in terms of three key variables:

- Programme
- Salary band
- Critical occupations (see definition in notes)

Department have identified critical occupations that need to be monitored. In terms of current regulations, it is possible to create a post on the establishment that can be occupied by more than one employee. Therefore, the vacancy rate reflects the percentage of posts that are not filled.

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Table 3.2.1 Employment and vacancies by programme as on 31 March 2017

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of posts filled additional to the establishment
Administration, Permanent	318.00	275.00	13.52	0.00
Central Hospital Services, Permanent	1,657.00	1,429.00	13.76	0.00
Central Hospital Services, Temporary	7.00	7.00	0.00	0.00
District Health Services, Permanent	3,720.00	3,351.00	9.92	0.00
District Health Services, Temporary	29.00	29.00	0.00	0.00
Emergency Medical Services, Permanent	837.00	766.00	8.48	0.00
Emergency Medical Services, Temporary	2.00	2.00	0.00	0.00
Health Care Support Services, Permanent	241.00	219.00	9.13	0.00
Health Care Support Services, Temporary	1.00	1.00	0.00	0.00
Health Facilities Management, Permanent	16.00	15.00	6.25	0.00
Health Sciences, Permanent	51.00	43.00	15.69	0.00
Provincial Hospital Services, Permanent	824.00	745.00	9.59	0.00
TOTAL	7,703.00	6,882.00	10.66	0.00

Table 3.2.2 Employment and vacancies by band as on 31 March 2017

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	2.00	1.00	50.00	0.00
Lower Skilled (Levels 1-2), Temporary	1.00	1.00	0.00	0.00
Skilled (Levels 3-5), Permanent	3,940.00	3,541.00	10.13	0.00
Skilled (Levels 3-5), Temporary	3.00	3.00	0.00	0.00
Highly Skilled Production (Levels 6-8), Permanent	1,662.00	1,518.00	8.66	0.00
Highly Skilled Production (Levels 6-8), Temporary	13.00	13.00	0.00	0.00
Highly Skilled Supervision (Levels 9-12), Permanent	1,366.00	1,141.00	16.47	0.00
Highly Skilled Supervision (Levels 9-12), Temporary	18.00	18.00	0.00	0.00
Senior Management (Levels 13-16), Permanent	178.00	126.00	29.21	0.00
Senior Management (Levels 13-16), Temporary	3.00	3.00	0.00	0.00
	1.00	1.00	0.00	0.00
Contract (Levels 3-5), Permanent	46.00	46.00	0.00	0.00
Contract (Levels 6-8), Permanent	185.00	185.00	0.00	0.00
Contract (Levels 9-12), Permanent	253.00	253.00	0.00	0.00
Contract (Levels 13-16), Permanent	32.00	32.00	0.00	0.00
TOTAL	7,703.00	6,882.00	10.66	0.00

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Table 3.2.3 Employment and vacancies by critical occupations as on 31 March 2017

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	367.00	289.00	21.25	0.00
All artisans in the building metal machinery etc., Permanent	4.00	4.00	0.00	0.00
Ambulance and related workers, Permanent	687.00	679.00	1.16	0.00
Architects town and traffic planners, Permanent	-	-	-	-
Archivists curators and related professionals, Permanent	1.00	1.00	0.00	0.00
Artisan project and related superintendents, Permanent	11.00	11.00	0.00	0.00
Auxiliary and related workers, Permanent	123.00	111.00	9.76	0.00
Biochemistry Pharmacologist Zoology & Life Science Technician, Permanent	4.00	4.00	0.00	0.00
Boiler and Related Operators, Permanent	-	-	-	-
Building and Other Property Caretakers, Permanent	2.00	2.00	0.00	0.00
Bus and Heavy Vehicle Drivers, Permanent	23.00	21.00	8.70	0.00
Cleaners in Offices Workshops Hospitals etc., Permanent	846.00	753.00	10.99	0.00
Cleaners in Offices Workshops Hospitals etc., Temporary	1.00	1.00	0.00	0.00
Client Information Clerks (Switchboard Receptionist Clerks), Permanent	21.00	19.00	9.52	0.00
Community Development Workers, Permanent	4.00	4.00	0.00	0.00
Computer Programmers., Permanent	1.00	1.00	0.00	0.00
Dental Practitioners, Permanent	49.00	42.00	14.29	0.00
Dental Specialists, Permanent	1.00	1.00	0.00	0.00
Dental Technicians, Permanent	1.00	1.00	0.00	0.00
Dental Therapy, Permanent	13.00	8.00	38.46	0.00
Dieticians and Nutritionists, Permanent	70.00	66.00	5.71	0.00
Dieticians and Nutritionists, Temporary	1.00	1.00	0.00	0.00
Electrical and Electronics Engineering Technicians, Permanent	-	-	-	-
Emergency Services Related, Permanent	112.00	55.00	50.89	0.00
Engineering Sciences Related, Permanent	1.00	1.00	0.00	0.00
Engineers and Related Professionals, Permanent	6.00	4.00	33.33	0.00
Environmental Health, Permanent	30.00	28.00	6.67	0.00
Finance and Economics related, Permanent	1.00	1.00	0.00	0.00
Financial and Related professionals, Permanent	6.00	5.00	16.67	0.00
Financial Clerks and Credit controllers, Permanent	35.00	34.00	2.86	0.00
Food Services Aids and Waiters, Permanent	75.00	64.00	14.67	0.00
Food Services Workers, Permanent	6.00	5.00	16.67	0.00
General Legal Administration & Rel. professionals, Permanent	1.00	1.00	0.00	0.00
Head of Department/Chief Executive Officer, Permanent	1.00	1.00	0.00	0.00
Health Sciences Related, Permanent	12.00	7.00	41.67	0.00
Household and Laundry Workers, Permanent	138.00	132.00	4.35	0.00
Household food and laundry services	8.00	0.00	0.00	0.00

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Critical Occupations	Number of Posts on approved establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Housekeepers Laundry and Related Workers, Permanent	17.00	5.00	70.59	0.00
Human Resources & Organizational Development & Relate Prof, Permanent	1.00	1.00	0.00	0.00
Human Resources Clerks, Permanent	5.00	5.00	0.00	0.00
Human Resources Related, Permanent	1.00	1.00	0.00	0.00
Information Technology Related, Permanent	7.00	4.00	42.86	0.00
Leather Workers, Permanent	1.00	1.00	0.00	0.00
Legal Related, Permanent	1.00	1.00	0.00	0.00
Library Mail and Related clerks, Permanent	2.00	2.00	0.00	0.00
Light Vehicle Drivers, Permanent	44.00	35.00	20.45	0.00
Material-Recording and Transport Clerks, Permanent	5.00	5.00	0.00	0.00
Medical Practitioners, Permanent	491.00	428.00	12.83	0.00
Medical Practitioners, Temporary	27.00	27.00	0.00	0.00
Medical Research and Related Professionals, Permanent	1.00	1.00	0.00	0.00
Medical Specialists, Permanent	32.00	14.00	56.25	0.00
Medical Specialists, Temporary	5.00	5.00	0.00	0.00
Medical Technicians/Technologists, Permanent	7.00	6.00	14.29	0.00
Messengers Porters and Deliverers, Permanent	113.00	101.00	10.62	0.00
Motor Vehicle Drivers, Permanent	3.00	1.00	66.67	0.00
Nursing Assistants, Permanent	958.00	867.00	9.50	0.00
Occupational Therapy, Permanent	69.00	58.00	15.94	0.00
Occupational Therapy, Temporary	1.00	1.00	0.00	0.00
Optometrists and Opticians, Permanent	3.00	2.00	33.33	0.00
Oral Hygiene, Permanent	2.00	2.00	0.00	0.00
Other Administration & related clerks and Organizers, Permanent	713.00	695.00	2.52	0.00
Other Administrative policy and related officers, Permanent	92.00	88.00	4.35	0.00
Other information technology personnel., Permanent	7.00	6.00	14.29	0.00
Other occupations, Permanent	18.00	16.00	11.11	0.00
Pharmaceutical assistants, Permanent	42.00	36.00	14.29	0.00
Pharmacists, Permanent	186.00	169.00	9.14	0.00
Pharmacologists pathologists & related professional, Permanent	3.00	0.00	0.00	0.00
Physicists, Permanent	2.00	1.00	50.00	0.00
Physiotherapy, Permanent	77.00	67.00	12.99	0.00
Printing and related machine operators, Permanent	2.00	2.00	0.00	0.00
Professional nurse, Permanent	1,601.00	1,439.00	10.12	0.00
Professional nurse, Temporary	3.00	3.00	0.00	0.00
Psychologists and vocational counsellors, Permanent	23.00	21.00	8.70	0.00
Psychologists and vocational counsellors, Temporary	1.00	1.00	0.00	0.00
Radiography, Permanent	107.00	93.00	13.08	0.00
Radiography, Temporary	-	-	-	-

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Critical Occupations	Number of Posts on approved establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
Secretaries & other keyboard operating clerks, Permanent	6.00	5.00	16.67	0.00
Security guards, Permanent	1.00	1.00	0.00	0.00
Security officers, Permanent	3.00	3.00	0.00	0.00
Senior managers, Permanent	21.00	14.00	33.33	0.00
Shoemakers, Permanent	1.00	1.00	0.00	0.00
Social work and related professionals, Permanent	28.00	23.00	17.86	0.00
Speech therapy and audiology, Permanent	38.00	30.00	21.05	0.00
Staff nurses and pupil nurses, Permanent	245.00	218.00	11.02	0.00
Supplementary diagnostic radiographers, Permanent	1.00	1.00	0.00	0.00
Trade laborers, Permanent	23.00	19.00	17.39	0.00
Trade/industry advisers & other related profession, Permanent	1.00	0.00	0.00	0.00
TOTAL	7,703.00	6,882.00	10.66	0.00

Notes

- The CORE classification, as prescribed by the Department Public Service and Administration, should be used for completion of this table.
- Critical occupations are defined as occupations or sub-categories within an occupation:
 - a. In which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available or they are available but do not meet the applicable employment criteria;
 - b. For which persons required advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialized instruction;
 - c. Where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
 - d. In respect of which a department experiences a high degree of difficulty to recruit or retain the services of employees.

Filling of SMS Posts

The tables in this section provide information on employment and vacancies as it relates to members of the Senior Management Service by salary level. It also provides information on advertising and filling of SMS posts, reason for not complying with prescribed timeframes and disciplinary steps taken.

Table 3.3.1 SMS post information as on 31 march 2017

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	29	24	82.76	5	17.24
14	8	5	62.5	3	37.5
15	1	0	0	1	100
16	1	1	100	0	0

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Table 3.3.2 SMS post information as on 30 September 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	66.66	11	33.33
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 2016 and 31 March 2017

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	0	0	0	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 2016 and 31 March 2017

Reasons for vacancies not advertised within six (6) months

- 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 (6) months

- 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 2017 and 31 March 2017

Reasons for vacancies not advertised within six (6) months

None

Reasons for vacancies not filled within six (6) months

None

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3.4 Job Evaluation

Table 3.4.1 Job Evaluation by Salary band for the period 1 April 2016 and 31 March 2017

Salary Band	Number of Posts	Number of Jobs Evaluated	% of Posts Evaluated	Number of Posts Upgraded	% of Upgraded Posts Evaluated	Number of Posts Downgraded	% of Downgraded Posts Evaluated
01 Lower Skilled (Levels 1-2)	3	0	0.00	0	0.00	0	0.00
02 Skilled (Levels 3-5)	3943	0	0.00	235	0.00	0	0.00
03 Highly Skilled Production (Levels 6-8)	1675	0	0.00	1	0.00	0	0.00
04 Highly Skilled Supervision (Levels 9-12)	1384	0	0.00	1	0.00	0	0.00
05 Senior Management Service Band A	130	0	0.00	0	0.00	0	0.00
06 Senior Management Service Band B	24	0	0.00	1	0.00	0	0.00
07 Senior Management Service Band C	25	0	0.00	0	0.00	0	0.00
08 Senior Management Service Band D	2	0	0.00	0	0.00	0	0.00
09 Other	1	0	0.00	0	0.00	0	0.00
11 Contract (Levels 3-5)	46	0	0.00	0	0.00	0	0.00
12 Contract (Levels 6-8)	185	0	0.00	0	0.00	0	0.00
13 Contract (Levels 9-12)	253	0	0.00	0	0.00	0	0.00
14 Contract Band A	19	0	0.00	0	0.00	0	0.00
15 Contract Band B	10	0	0.00	0	0.00	0	0.00
16 Contract Band C	2	0	0.00	0	0.00	0	0.00
17 Contract Band D	1	0	0.00	0	0.00	0	0.00
TOTAL	7703	0	0.00	238	0.00	0	0.00

Table 3.4.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2015 and 31 March 2017

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

The following table summarizes the number of cases where remuneration bands exceeded the grade determined by job evaluation. Reasons for the deviation are provided in each case

Table 3.4.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2016 and 31 March 2017

Total number of Employees whose salaries exceeded the grades determined by job evaluation	None
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Table. 3.4.4. Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2016 and 31 March 2017

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

Table 3.5.1 Annual turnover rates by salary band for the period 1 April 2016 and 31 March 2017

Salary Band	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
01 Lower Skilled (Levels 1-2) Permanent	870	0	0	0.00
01 Lower Skilled (Levels 1-2) Temporary	2	0	0	0.00
02 Skilled (Levels 3-5) Permanent	2820	260	155	5.50
02 Skilled (Levels 3-5) Temporary	9	0	6	66.67
03 Highly Skilled Production (Levels 6-8) Permanent	1430	49	123	8.60
03 Highly Skilled Production (Levels 6-8) Temporary	18	0	5	27.78
04 Highly Skilled Supervision (Levels 9-12) Permanent	1052	46	109	10.36
04 Highly Skilled Supervision (Levels 9-12) Temporary	25	0	5	20.00
05 Senior Management Service Band A Permanent	69	14	10	14.49
05 Senior Management Service Band A Temporary	1	1	0	0.00
06 Senior Management Service Band B Permanent	17	2	3	17.65
06 Senior Management Service Band B Temporary	2	0	0	0.00
07 Senior Management Service Band C Permanent	18	1	3	16.67
08 Senior Management Service Band D Permanent	2	0	1	50.00
09 Other Temporary	1	0	0	0.00
11 Contract (Levels 3-5) Permanent	4	44	1	25.00
12 Contract (Levels 6-8) Permanent	208	175	128	61.54
13 Contract (Levels 9-12) Permanent	260	173	142	54.62
14 Contract Band A Permanent	14	9	7	50.00
15 Contract Band B Permanent	10	1	1	10.00
16 Contract Band C Permanent	1	0	0	0.00
17 Contract Band D Permanent	1	0	0	0.00
TOTAL	6834	775	699	10.23

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Table 3.5.2 Annual turnover rates by critical occupation for the period 1 April 2016 and 31 March 2017

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
Administrative related permanent	127	172	10	7.87
All artisans in the building metal machinery etc. Permanent	5	0	1	20.00
Ambulance and related worker's permanent	701	0	20	2.85
Architects town and traffic planner's permanent	1	0	1	100.00
Archivists curators and related professional's permanent	1	0	0	0.00
Artisan project and related superintendent's permanent	11	0	0	0.00
Auxiliary and related worker's permanent	117	0	6	5.13
Biochemistry pharmacol. zoology & life science technical permanent	4	0	0	0.00
Building and other property caretakers permanent	2	0	0	0.00
Bus and heavy vehicle driver's permanent	19	2	1	5.26
Cleaners in offices workshops hospitals etc. Permanent	788	44	48	6.09
Cleaners in offices workshops hospitals etc. Temporary	2	0	1	50.00
Client inform clerks (switch board reception inform clerks) permanent	21	0	2	9.52
Community development worker's permanent	4	0	0	0.00
Computer programmers. Permanent	1	0	0	0.00
Dental practitioner's permanent	44	16	19	43.18
Dental specialist's permanent	1	0	0	0.00
Dental technician's permanent	1	0	0	0.00
Dental therapy permanent	8	0	0	0.00
Dieticians and nutritionist's permanent	65	16	14	21.54
Dieticians and nutritionist's temporary	1	0	0	0.00
Emergency services related permanent	55	0	0	0.00
Engineering sciences related permanent	2	0	1	50.00
Engineers and related professional's permanent	7	0	2	28.57
Environmental health permanent	22	15	9	40.91
Finance and economics related permanent	1	0	0	0.00
Financial and related professional's permanent	5	0	0	0.00
Financial clerks and credit controller's permanent	31	0	0	0.00
Food services aids and waiter's permanent	67	0	3	4.48
Food services worker's permanent	4	0	0	0.00
General legal administration & rel. Professionals permanent	1	0	0	0.00
Head of department/chief executive officer permanent	1	0	0	0.00
Health sciences related permanent	10	0	3	30.00
Household and laundry worker's permanent	141	1	10	7.09
Housekeepers laundry and related worker's permanent	5	0	0	0.00
Human resources & organizational development & relate prof permanent	1	0	0	0.00
Human resources clerk's permanent	5	0	0	0.00
Human resources related permanent	1	0	1	100.00
Information technology related permanent	4	0	0	0.00
Leather worker's permanent	1	0	0	0.00
Legal related permanent	1	0	0	0.00
Library mail and related clerk's permanent	2	0	0	0.00
Light vehicle driver's permanent	37	2	2	5.41
Material-recording and transport clerk's permanent	5	0	0	0.00
Medical practitioner's permanent	423	136	118	27.90

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Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
Medical practitioner's temporary	38	1	10	26.32
Medical research and related professional's permanent	1	0	0	0.00
Medical specialist's permanent	16	3	5	31.25
Medical specialist's temporary	11	0	5	45.45
Medical technician's/technologists permanent	7	0	1	14.29
Messengers porters and deliverers permanent	110	0	9	8.18
Motor vehicle driver's permanent	2	0	1	50.00
Nursing assistant's permanent	876	54	54	6.16
Occupational therapy permanent	56	26	23	41.07
Occupational therapy temporary	1	0	0	0.00
Optometrists and optician's permanent	2	0	0	0.00
Oral hygiene permanent	2	0	0	0.00
Other administration & related clerks and organizers permanent	709	13	22	3.10
Other administrative policy and related officer's permanent	93	2	7	7.53
Other information technology personnel. Permanent	8	0	1	12.50
Other occupations permanent	18	0	2	11.11
Pharmaceutical assistant's permanent	39	1	2	5.13
Pharmacists permanent	154	52	38	24.68
Physiotherapy permanent	58	31	25	43.10
Printing and related machine operator's permanent	2	0	0	0.00
Professional nurse permanent	1442	129	158	10.96
Professional nurse temporary	3	0	0	0.00
Psychologists and vocational counsellor's permanent	19	7	5	26.32
Psychologists and vocational counsellor's temporary	1	0	0	0.00
Radiography permanent	100	11	21	21.00
Radiography temporary	1	0	0	0.00
Secretaries & other keyboard operating clerks' permanent	4	0	0	0.00
Security guards' permanent	1	0	0	0.00
Security officer's permanent	2	0	0	0.00
Senior managers' permanent	15	1	4	26.67
Shoemakers permanent	1	0	0	0.00
Social work and related professionals' permanent	25	0	1	4.00
Speech therapy and audiology permanent	36	14	18	50.00
Staff nurses and pupil nurses' permanent	203	25	13	6.40
Supplementary diagnostic radiographers' permanent	1	0	0	0.00
Trade labourers permanent	21	0	2	9.52
TOTAL	6834	775	699	10.23

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Table 3.5.3 Reasons why staff left the department for the period 1 April 2016 and 31 March 2017

Termination Type	Number	Percentage of Total Resignations	Percentage of Total Employment	Total	Total Employment
01 Death, Permanent	35	5.01	0.51	699	6882
01 Death, Temporary	1	0.14	0.01	699	6882
02 Resignation, Permanent	249	35.62	3.62	699	6882
03 Expiry of contract, Permanent	274	39.20	3.98	699	6882
03 Expiry of contract, Temporary	14	2.00	0.20	699	6882
06 Discharged due to ill health, Permanent	7	1.00	0.10	699	6882
07 Dismissal-misconduct, Permanent	15	2.15	0.22	699	6882
09 Retirement, Permanent	103	14.74	1.50	699	6882
09 Retirement, Temporary	1	0.14	0.01	699	6882
TOTAL	699	100.00	10.16	699	6882

Table 3.5.4 Promotions by critical occupation for the period 1 April 2016 and 31 March 2017

Occupation	Employees as at 1 April 2016	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	9	7.09	56	44.09
All artisans in the building metal machinery etc.	5	0	0.00	3	60.00
Ambulance and related workers	701	0	0.00	236	33.67
Architects town and traffic planners	1	0	0.00	0	0.00
Archivists curators and related professionals	1	0	0.00	1	100.00
Artisan project and related superintendents	11	0	0.00	8	72.73
Auxiliary and related workers	117	1	0.85	59	50.43
Biochemistry Pharmacologist zoology & life science Technicians	4	0	0.00	3	75.00
Building and other property caretakers	2	0	0.00	2	100.00
Bus and heavy vehicle drivers	19	0	0.00	10	52.63
Cleaners in offices workshops hospitals etc.	790	0	0.00	548	69.37
Client inform clerks (switchboard receptionist inform clerks)	21	0	0.00	13	61.90
Community development workers	4	0	0.00	1	25.00
Computer programmers.	1	0	0.00	1	100.00
Computer system designers and analysts.	-	-	-	-	-
Dental practitioners	44	2	4.55	9	20.45
Dental specialists	1	0	0.00	0	0.00
Dental technicians	1	0	0.00	1	100.00
Dental therapy	8	0	0.00	6	75.00
Dieticians and nutritionists	66	1	1.52	31	46.97
Emergency services related	55	0	0.00	14	25.45
Engineering sciences related	2	0	0.00	0	0.00
Engineers and related professionals	7	0	0.00	2	28.57
Environmental health	22	0	0.00	6	27.27

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Occupation	Employees as at 1 April 2016	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
Finance and economics related	1	0	0.00	0	0.00
Financial and related professionals	5	0	0.00	2	40.00
Financial clerks and credit controllers	31	4	12.90	16	51.61
Food services aids and waiters	67	0	0.00	52	77.61
Food services workers	4	1	25.00	4	100.00
General legal administration & rel. professionals	1	0	0.00	0	0.00
Head of department/chief executive officer	1	0	0.00	0	0.00
Health sciences related	10	0	0.00	4	40.00
Household and laundry workers	141	0	0.00	101	71.63
Housekeepers laundry and related workers	5	0	0.00	3	60.00
Human resources & organisational development & relate professional	1	0	0.00	1	100.00
Human resources clerks	5	0	0.00	2	40.00
Human resources related	1	0	0.00	2	200.00
Information technology related	4	0	0.00	3	75.00
Leather workers	1	0	0.00	0	0.00
Legal related	1	0	0.00	1	100.00
Library mail and related clerks	2	0	0.00	2	100.00
Light vehicle drivers	37	0	0.00	19	51.35
Material-recording and transport clerks	5	0	0.00	4	80.00
Medical practitioners	461	9	1.95	57	12.36
Medical research and related professionals	1	0	0.00	0	0.00
Medical specialists	27	0	0.00	8	29.63
Medical technicians/technologists	7	0	0.00	3	42.86
Messengers porters and deliverers	110	0	0.00	74	67.27
Motor vehicle drivers	2	0	0.00	1	50.00
Nursing assistants	876	0	0.00	107	12.21
Occupational therapy	57	0	0.00	15	26.32
Optometrists and opticians	2	0	0.00	0	0.00
Oral hygiene	2	0	0.00	0	0.00
Other administration & related clerks and organizers	709	8	1.13	347	48.94
Other administrative policy and related officers	93	2	2.15	51	54.84
Other information technology personnel.	8	0	0.00	5	62.50
Other occupations	18	0	0.00	14	77.78
Pharmaceutical assistants	39	0	0.00	15	38.46
Pharmacists	154	3	1.95	51	33.12
Pharmacologists pathologists & related professional	-	-	-	-	-
Physiotherapy	58	0	0.00	24	41.38
Printing and related machine operators	2	0	0.00	2	100.00
Professional nurse	1445	13	0.90	113	7.82
Psychologists and vocational counsellors	20	1	5.00	6	30.00

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Occupation	Employees as at 1 April 2016	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
Radiography	101	0	0.00	45	44.55
Secretaries & other keyboard operating clerks	4	0	0.00	4	100.00
Security guards	1	0	0.00	0	0.00
Security officers	2	0	0.00	0	0.00
Senior managers	15	0	0.00	0	0.00
Shoemakers	1	0	0.00	0	0.00
Social work and related professionals	25	0	0.00	7	28.00
Speech therapy and audiology	36	0	0.00	5	13.89
Staff nurses and pupil nurses	203	0	0.00	14	6.90
Supplementary diagnostic radiographers	1	0	0.00	1	100.00
Trade laborers	21	0	0.00	19	90.48
TOTAL	6834	54	0.79	2214	32.40

Table 3.5.5 Promotions by salary band for the period 1 April 2016 and 31 March 2017

Salary Band	Employees 1 April 2016	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	870	0	0.00	0	0.00
Lower skilled (Levels 1-2), Temporary	2	0	0.00	0	0.00
Skilled (Levels 3-5), Permanent	2820	5	0.18	1542	54.68
Skilled (Levels 3-5), Temporary	9	0	0.00	4	44.44
Highly skilled production (Levels 6-8), Permanent	1430	15	1.05	393	27.48
Highly skilled production (Levels 6-8), Temporary	18	0	0.00	2	11.11
Highly skilled supervision (Levels 9-12), Permanent	1052	25	2.38	217	20.63
Highly skilled supervision (Levels 9-12), Temporary	25	0	0.00	1	4.00
Senior management (Levels 13-16), Permanent	106	8	7.55	43	40.57
Senior management (Levels 13-16), Temporary	3	0	0.00	1	33.33
Other, Temporary	1	0	0.00	0	0.00
Contract (Levels 3-5), Permanent	4	0	0.00	0	0.00
Contract (Levels 6-8), Permanent	208	0	0.00	1	0.48
Contract (Levels 9-12), Permanent	260	1	0.38	2	0.77
Contract (Levels 13-16), Permanent	26	0	0.00	8	30.77
TOTAL	6834	54	0.79	2214	32.40

3.6 Employment Equity

Table 3.6.1 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2017

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	2	1	0	3	1	16
Professionals, Permanent	117	72	40	229	141	92	132	38	262	214	846
Professionals, Temporary	0	0	0	0	0	0	0	0	0	0	0
Technicians and associate professionals, Permanent	278	115	2	395	17	834	730	11	1575	272	2259
Technicians and associate professionals, Temporary	0	0	0	0	0	0	0	0	0	0	0
Clerks, Permanent	159	90	0	249	3	325	154	1	480	32	764
Service and sales workers, Permanent	282	275	4	561	17	679	536	0	1215	40	1833
Craft and related trades workers, Permanent	3	9	0	12	5	0	0	0	0	0	17
Plant and machine operators and assemblers, Permanent	32	24	0	56	0	3	0	0	3	0	59
Elementary occupations, Permanent	266	132	0	398	2	415	269	0	684	3	1087
Elementary occupations, Temporary	0	0	0	0	0	1	1	0	2	0	3
TOTAL	1147	717	46	1910	180	2351	1822	50	4223	562	6882

Table 3.6.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2017

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	6	0	0	0	0	1	16
Senior Management, Permanent	24	12	9	45	23	8	14	4	26	16	110
Senior Management, Temporary	0	0	0	0	1	0	0	0	0	2	3
Professionally qualified and experienced specialists and mid-management, Permanent	133	72	17	222	57	327	327	23	677	185	1141
Professionally qualified and experienced specialists and mid-management, Temporary	2	1	0	3	14	0	0	0	0	1	18
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	167	113	2	282	16	521	522	6	1049	171	1518
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	1	0	1	3	0	0	0	0	9	13
Semi-skilled and discretionary decision making, Permanent	740	488	1	1229	15	1403	858	1	2262	35	3541

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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	0	0	1	0	1	1	3
Unskilled and defined decision making, Permanent	0	0	0	0	0	1	0	0	1	0	1
Unskilled and defined decision making, Temporary	0	0	0	0	1	0	0	0	0	0	1
Contract (Top Management), Permanent	0	0	0	0	2	0	0	0	0	1	3
Contract (Senior Management), Permanent	9	2	3	14	6	1	0	0	1	8	29
Contract (Professionally qualified), Permanent	37	13	11	61	37	29	35	13	77	78	253
Contract (Skilled technical), Permanent	21	12	1	34	5	43	47	3	93	53	185
Contract (Semi-skilled), Permanent	8	2	0	10	0	18	18	0	36	1	47
TOTAL	1147	718	46	1911	186	2351	1822	50	4223	562	6882

Table 3.6.3 Recruitment for the period 1 April 2016 and 31 March 2017

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	1	0	0	1	0	0	0	0	0	0	1
Senior Management, Permanent	2	4	0	6	3	0	6	0	6	1	16
Senior Management, Temporary	0	0	0	0	0	0	0	0	0	1	1
Professionally qualified and experienced specialists and mid-management, Permanent	6	7	0	13	4	10	16	1	27	2	46
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	8	5	0	13	0	23	9	0	32	4	49
Semi-skilled and discretionary decision making, Permanent	48	23	0	71	0	114	72	0	186	3	260
Contract (Senior Management), Permanent	3	1	0	4	2	0	0	0	0	4	10
Contract (Professionally qualified), Permanent	14	8	9	31	33	17	23	11	51	58	173
Contract (Skilled technical), Permanent	20	12	1	33	5	38	43	3	84	53	175
Contract (Semi-skilled), Permanent	8	1	0	9	0	20	14	0	34	1	44
TOTAL	110	61	10	181	47	222	183	15	420	127	775

Table 3.6.4 Promotions for the period 1 April 2016 and 31 March 2017

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	4	0	0	4	4	0	0	0	0	1	9
Senior Management, Permanent	8	2	6	16	9	2	4	4	10	7	42
Senior Management, Temporary	0	0	0	0	0	0	0	0	0	1	1
Professionally qualified and experienced specialists and mid-management, Permanent	37	24	5	66	23	52	51	6	109	44	242
Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	0	1	0	0	0	0	0	1
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	61	44	1	106	7	111	108	1	220	75	408
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	0	0	2	2
Semi-skilled and discretionary decision making, Permanent	382	212	0	594	8	629	306	1	936	9	1547
Semi-skilled and discretionary decision making, Temporary	0	0	0	0	3	0	0	0	0	1	4
Unskilled and defined decision making, Temporary	-	-	-	-	-	-	-	-	-	-	-
Contract (Senior Management), Permanent	2	0	2	4	2	0	0	0	0	2	8
Contract (Professionally qualified), Permanent	1	0	0	1	1	0	0	1	1	0	3
Contract (Skilled Technical), Permanent	0	0	0	0	0	1	0	0	1	0	1
TOTAL	495	282	14	791	58	795	469	13	1277	142	2268

Table 3.6.5 Terminations for the period 1 April 2016 and 31 March 2017

Occupational Bands	Male					Female					Total
	Male, African	Male, Coloured	Male, Indian	Male, Total Black	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Black	Female, White	
01 Top Management, Permanent	1	0	0	1	1	0	0	0	0	2	4
02 Senior Management, Permanent	4	1	0	5	4	1	0	0	2	2	13
03 Professionally qualified and experienced specialists and mid-management, Permanent	14	3	0	17	17	26	22	3	51	24	109
03 Professionally qualified and experienced specialists and mid-management, Temporary	2	1	0	3	1	0	0	0	0	1	5
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	13	10	0	23	0	37	47	1	85	15	123
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	1	1	0	2	1	1	0	1	2	0	5
05 Semi-skilled and discretionary decision making, Permanent	35	18	0	53	1	60	39	0	99	2	155
05 Semi-skilled and discretionary decision making, Temporary	0	1	0	1	4	0	0	0	0	1	6
09 Contract (Senior Management), Permanent	2	1	0	3	1	0	1	0	1	3	8
10 Contract (Professionally qualified), Permanent	17	4	4	25	25	19	18	11	48	44	142
11 Contract (Skilled technical), Permanent	12	3	0	15	3	28	35	4	67	43	128
12 Contract (Semi-skilled), Permanent	0	0	0	0	0	0	1	0	1	0	1
TOTAL	101	43	4	148	58	172	164	20	356	137	699

Table 3.6.6 Disciplinary action for the period 1 April 2016

Disciplinary action	Male African	Colored	Indian	White	Female African	Coloured	Indian	White	Total
Abuse of sick leave	1	1	0	0	0	0	0	0	2
Dishonesty	3	1	0	0	2	0	0	0	6
Late coming	0	0	0	0	0	0	0	0	0
Assault	2	0	0	0	1	0	0	0	3
Unprofessional Conduct	1	0	0	0	1	0	0	0	2
Insolence	2	0	0	0	1	0	0	0	3
Intentional or negligent damage to the employee or client of the employer, co-worker	0	0	0	0	0	0	0	0	0
Intoxication	2	1	0	0	0	0	0	0	3
Gross absenteeism	7	4	0	0	1	6	0	0	18
Insubordination	0	0	0	0	0	0	0	0	0
Abuse of government vehicle	2	3	0	0	0	0	0	0	5
Negligence	3	0	1	0	3	0	0	0	6
Dereliction of duties	6	0	0	0	1	0	0	0	7
Theft / Fraud	12	3	0	0	7	2	0	0	24
RWOPS	1	0	0	0	0	0	0	0	1
Misrepresentation	7	2	0	0	3	0	0	0	12
Financial Misconduct	8	4	0	0	1	0	0	0	13
Abuse of State property	0	1	0	0	0	0	0	0	1
Bringing the Name of the Department into Disrepute	0	0	0	0	0	0	0	0	0
Ex-Lege Discharge	23	4	0	0	19	1	0	0	53
Non-Compliance	4	6	0	0	1	1	0	0	12
Sexual Harassment/Racism/Discrimination	0	1	0	0	0	0	0	0	1

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Table 3.6.7 Skills development for the period 1 April 2016 and 31 March 2017

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	0	0	0	0	0
Legislators, senior officials and managers	Male	0	0	0	0	0
Professionals	Female	0	0	0	0	0
Professionals	Male	0	0	0	0	0
Technicians and associate professionals	Female	0	0	0	0	0
Technicians and associate professional	Male	0	0	0	0	0
Clerks	Female	0	0	0	0	0
Clerks	Male	0	0	0	0	0
Service and sales workers	Female	0	0	0	0	0
Service and sales workers	Male	0	0	0	0	0
Skilled agriculture and fishery workers	Female	0	0	0	0	0
Skilled agriculture and fishery workers	Male	0	0	0	0	0
Craft and related trades workers	Female	0	0	0	0	0
Craft and related trades workers	Male	0	0	0	0	0
Plant and machine operators and assemblers	Female	0	0	0	0	0
Plant and machine operators and assemblers	Male	0	0	0	0	0
Elementary occupations	Female	0	0	0	0	0
Elementary occupations	Male	0	0	0	0	0
Gender sub totals	Female	0	0	0	0	0
Gender sub totals	Male	0	0	0	0	0
Total		0	0	0	0	0

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3.7 Signing of Performance Agreements by SMS Member

Table 3.7.1 Signing of Performance agreement by SMS members as on 31 March 2017

SMS Level	Total number of funded SMS posts	Total number of SMS members	Total number of signed performance agreements	Signed performance agreements as % of total number of SMS members
13	31	27	18	95%
14	07	2	2	100%
15	01	01	0	0%
16	01	01	0	0%

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2017

Reason
Non Compliance
Change of Executive Management in the 2016/17 financial year

Table 3.7.3 Disciplinary steps taken against SMS members for not having concluded performance agreements as on 31 March 2017

Reason
None

3.8 Performance Rewards

Table 3.8.1 Performance Rewards by race, gender, and disability for the period 1 April 2016 and 31 March 2017

Demographics	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
African, Female	0.00	2,348.00	0.00	0.00	0.00
African, Male	0.00	1,142.00	0.00	0.00	0.00
Asian, Female	0.00	50.00	0.00	0.00	0.00
Asian, Male	0.00	46.00	0.00	0.00	0.00
Coloured, Female	1.00	1,821.00	0.05	15.06	15,056.70
Coloured, Male	0.00	714.00	0.00	0.00	0.00
Total Blacks, Female	1.00	4,219.00	0.02	15.06	15,056.70
Total Blacks, Male	0.00	1,902.00	0.00	0.00	0.00
White, Female	0.00	561.00	0.00	0.00	0.00
White, Male	0.00	184.00	0.00	0.00	0.00
Employees with a disability	0.00	16.00	0.00	0.00	0.00
TOTAL	1.00	6,882.00	0.01	15.06	15,056.70

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Table 3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2016 and 31 March 2017

Salary Band	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Lower skilled (Levels 1-2)	0	6	0	0	0
Skilled (Levels 3-5)	33	3476	0.9	175	5,303
Highly skilled production (Levels 6-8)	18	1537	1.2	174	9,667
Highly skilled supervision (Levels 9-12)	24	1213	2	389	16,208
Contract (Levels 3-5)	0	3	0	0	0
Contract (Levels 6-8)	0	212	0	0	0
Contract (Levels 9-12)	0	273	0	0	0
Periodical Remuneration	0	29	0	0	0
Abnormal Appointment	0	221	0	0	0
TOTAL	75	6970	1.1	738	9840

Table 3.8.3 Performance Rewards by critical occupation for the period 1 April 2016 and 31 March 2017

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Administrative related	0.00	289.00	0.00	0.00	0.00
All artisans in the building metal machinery etc.	0.00	4.00	0.00	0.00	0.00
Ambulance and related workers	0.00	679.00	0.00	0.00	0.00
Architects town and traffic planners	0.00	1.00	0.00	0.00	0.00
Archivists curators and related professionals	0.00	11.00	0.00	0.00	0.00
Artisan project and related superintendents	0.00	111.00	0.00	0.00	0.00
Auxiliary and related workers	0.00	4.00	0.00	0.00	0.00
Biochemistry Pharmacol. zoology & life science technician	0.00	2.00	0.00	0.00	0.00
Building and other property caretakers	0.00	21.00	0.00	0.00	0.00
Bus and heavy vehicle drivers	0.00	754.00	0.00	0.00	0.00
Cleaners in offices workshops hospitals etc.	0.00	19.00	0.00	0.00	0.00
Client inform clerks (switchboard reception inform clerks)	0.00	4.00	0.00	0.00	0.00
Community development workers	0.00	1.00	0.00	0.00	0.00
Computer programmers.	0.00	42.00	0.00	0.00	0.00
Dental practitioners	0.00	1.00	0.00	0.00	0.00
Dental specialists	0.00	1.00	0.00	0.00	0.00
Dental technicians	0.00	8.00	0.00	0.00	0.00
Dental therapy	0.00	67.00	0.00	0.00	0.00
Dieticians and nutritionists	0.00	55.00	0.00	0.00	0.00
Emergency services related	0.00	1.00	0.00	0.00	0.00
Engineering sciences related	0.00	4.00	0.00	0.00	0.00
Engineers and related professionals	0.00	28.00	0.00	0.00	0.00
Environmental health	0.00	1.00	0.00	0.00	0.00
Finance and economics related	0.00	5.00	0.00	0.00	0.00

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Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Financial and related professionals	0.00	34.00	0.00	0.00	0.00
Financial clerks and credit controllers	0.00	64.00	0.00	0.00	0.00
Food services aids and waiters	0.00	5.00	0.00	0.00	0.00
Food services workers	0.00	1.00	0.00	0.00	0.00
General legal administration & rel. professionals	0.00	1.00	0.00	0.00	0.00
Head of department/chief executive officer	0.00	7.00	0.00	0.00	0.00
Health sciences related	0.00	132.00	0.00	0.00	0.00
Household and laundry workers	0.00	5.00	0.00	0.00	0.00
Housekeepers laundry and related workers	0.00	1.00	0.00	0.00	0.00
Human resources & organizational development & relate professionals	0.00	5.00	0.00	0.00	0.00
Human resources clerks	0.00	1.00	0.00	0.00	0.00
Human resources related	0.00	4.00	0.00	0.00	0.00
Information technology related	0.00	1.00	0.00	0.00	0.00
Leather workers	0.00	1.00	0.00	0.00	0.00
Legal related	0.00	2.00	0.00	0.00	0.00
Library mail and related clerks	0.00	35.00	0.00	0.00	0.00
Light vehicle drivers	0.00	5.00	0.00	0.00	0.00
Material-recording and transport clerks	0.00	455.00	0.00	0.00	0.00
Medical practitioners	0.00	1.00	0.00	0.00	0.00
Medical research and related professionals	0.00	19.00	0.00	0.00	0.00
Medical specialists	0.00	6.00	0.00	0.00	0.00
Medical technicians/technologists	0.00	101.00	0.00	0.00	0.00
Messengers porters and deliverers	0.00	1.00	0.00	0.00	0.00
Motor vehicle drivers	0.00	867.00	0.00	0.00	0.00
Nursing assistants	0.00	59.00	0.00	0.00	0.00
Occupational therapy	0.00	2.00	0.00	0.00	0.00
Optometrists and opticians	0.00	2.00	0.00	0.00	0.00
Oral hygiene	0.00	695.00	0.00	0.00	0.00
Other administrative policy and related officers	0.00	6.00	0.00	0.00	0.00
Other administrator & related clerks and organizers	0.00	88.00	0.00	0.00	0.00
Other information technology personnel.	0.00	16.00	0.00	0.00	0.00
Other occupations	0.00	36.00	0.00	0.00	0.00
Pharmaceutical assistants	0.00	169.00	0.00	0.00	0.00
Pharmacists	0.00	1.00	0.00	0.00	0.00
Physiotherapy	0.00	67.00	0.00	0.00	0.00
Printing and related machine operators	0.00	2.00	0.00	0.00	0.00
Professional nurse	1.00	1,442.00	0.07	15.06	15,056.70
Psychologists and vocational counsellors	0.00	22.00	0.00	0.00	0.00
Radiography	0.00	93.00	0.00	0.00	0.00
Rank: Unknown	0.00	5.00	0.00	0.00	0.00
Secretaries & other keyboard operating clerks	0.00	1.00	0.00	0.00	0.00
Security guards	0.00	3.00	0.00	0.00	0.00
Security officers	0.00	14.00	0.00	0.00	0.00
Senior managers	0.00	1.00	0.00	0.00	0.00
Shoemakers	0.00	23.00	0.00	0.00	0.00

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Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Social work and related professionals	0.00	30.00	0.00	0.00	0.00
Speech therapy and audiology	0.00	218.00	0.00	0.00	0.00
Staff nurses and pupil nurses	0.00	1.00	0.00	0.00	0.00
Supplementary diagnostic radiographers	0.00	19.00	0.00	0.00	0.00
TOTAL	1.00	6,882.00	0.01	15.06	15,056.70

Table 3.8.4 Performance related rewards (cash bonus), by salary for Senior Management Service for the period 1 April 2016 and 31 March 2017

SMS Band	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)	% of SMS Wage Bill	Personnel Cost SMS (R'000)
Band A	0	0	0	0	0	0	0
Band B	0	0	0	0	0	0	0
Band C	0	0	0	0	0	0	0
Band D	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0

3.9 Foreign Workers

Table 3-9.1 Foreign workers by salary band for the period 1 April 2016 and 31 March 2017

Salary Band	Employment at Beginning of Period	% of Total	Employment at End of Period	% of Total	Change in Employment	% of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Highly skilled production (Levels 6-8)	7	5.93	24	8.11	17	9.55	118	296	178
Highly skilled supervision (Levels 9-12)	55	46.61	130	43.92	75	42.13	118	296	178
Senior management (Levels 13-16)	54	45.76	140	47.30	86	48.31	118	296	178
Skilled (Levels 3-5)	2	1.69	2	0.68	0	0.00	118	296	178
TOTAL	118	100.00	296	100.00	178	100.00	118	296	178

Table 3-9.2 Foreign workers by major occupation for the period 1 April 2016 and 31 March 2017

Major Occupation	Employment at Beginning of Period	% of Total	Employment at End of Period	% of Total	Change in Employment	% of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Elementary occupations	1	0.85	2	0.68	1	0.56	118	296	178
Professionals and managers	116	98.31	292	98.65	176	98.88	118	296	178
Technicians and associated professionals	1	0.85	2	0.68	1	0.56	118	296	178
TOTAL	118	100.00	296	100.00	178	100.00	118	296	178

3.10 Leave Utilization

Table 3.10.1 Sick leave for the period 1 January 2016 to 31 December 2017

Salary Band	Total days	% days with medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 13-16)	54	14.81	10	0.19	5.4	195
Contract (Levels 3-5)	4	50	3	0.06	1.33	2
Contract (Levels 6-8)	646	44.89	145	2.72	4.46	643
Contract (Levels 9-12)	554	53.66	122	2.29	4.54	1005
Highly skilled production (Levels 6-8)	11961	63.23	1275	23.95	9.38	14073
Highly skilled supervision (Levels 9-12)	7756	60.42	863	16.21	8.99	16248
Lower skilled (Levels 1-2)	571	85.46	170	3.19	3.36	292
Senior management (Levels 13-16)	536	62.5	56	1.05	9.57	2122
Skilled (Levels 3-5)	25535	62.33	2680	50.34	9.53	16404
TOTAL	47616	62.13	5324	100	8.94	50983

Table 3.10.2. Disability leave (temporary and permanent) for the period 1 January 2016 to December 2017

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Disability Leave	% of Total Employees using Disability Leave	Average Days per Employee	Estimated Cost (R'000)	Total number of days with medical certification	Total number of Employees using Disability Leave
Contract (Levels 6-8)	1	100	1	0.77	1	1	1	130
Contract (Levels 9-12)	120	85	6	4.62	20	223	102	130
Highly skilled production (Levels 6-8)	3181	100	41	31.54	77.59	3643	3181	130
Highly skilled supervision (Levels 9-12)	954	67.19	18	13.85	53	1277	641	130
Lower skilled (Levels 1-2)	33	100	3	2.31	11	17	33	130
Senior management (Levels 13-16)	7	100	1	0.77	7	28	7	130
Skilled (Levels 3-5)	2917	99.79	60	46.15	48.62	1923	2911	130
TOTAL	7213	95.33	130	100	55.48	7111	6876	130

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Table 3.10.3 Annual leave for the period 1 January 2016 to 31 December 2016

Salary Band	Total Days Taken	Average days per Employee	Number of Employees who took leave
Contract (Levels 13-16)	402	21.16	19
Contract (Levels 3-5)	29	9.67	3
Contract (Levels 6-8)	3094	15.09	205
Contract (Levels 9-12)	4424	15.8	280
Highly skilled production (Levels 6-8)	32791	20.58	1593
Highly skilled supervision (Levels 9-12)	25970	21.43	1212
Lower skilled (Levels 1-2)	1684	5.83	289
Senior management (Levels 13-16)	2401	18.61	129
Skilled (Levels 3-5)	70278	19.93	3527
TOTAL	141072	19.44	7257

Table 3.10.4 Capped leave for the period 1 January 2016 and 31 December 2016

Salary Band	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at end of period	Number of Employees who took Capped leave
Contract (Levels 13-16)			31.57	
Highly skilled production (Levels 6-8)	137.34	6.24	32.72	22
Highly skilled supervision (Levels 9-12)	171	6.58	35.28	26
Senior management (Levels 13-16)	1	1	26.8	1
Skilled (Levels 3-5)	75	3.26	20.14	23
TOTAL	384.34	5.34	28.19	72

Table 3.10.5 Leave payouts for the period 1 April 2016 and 31 March 2017

REASON	Total Amount (R'000)	Number of Employees	Average payment per employee
Capped leave payouts on termination of service for current financial year	6 820	296	23 041
Current leave payout on termination of service for current financial year	1 757	130	13 512
TOTAL	8 577	426	20 133

3.11 HIV/AIDS & Health Promotion Programmes

Table 3.11.1 Steps taken to reduce the risk of occupational exposure

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

Table 3.11.2 Details of health Promotion and HIV/AIDS Programmes

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.	X		Ms. F.P. Ntsiko Director: Human Resource Management
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.	X		Yes, below is the breakdown of the staff in the Health and Wellness Unit, however there is no budget for this programme except the compensation budget
3. Has The Department Introduced A Employee Assistance Or Health Promotion Programme For Your Employees? If So, Indicate The Key Elements/ Services Of This Programme.	X		Key elements <ul style="list-style-type: none"> • Counselling - Provincial Office (assistance given to districts and hospitals). • Incident Investigation for injuries on duty - Provincial Office (assistance given to districts and hospitals). • Chronic Disease Management – Wellness Centre Kimberley Hospital Complex. • Joint Events – Awareness Programmes/ Health Screening events.
4. Has The Department Established Committee (S) As Contemplated In Part Vi E.5 (E) Of Chapter 1 Of The Public Service Regulations, 2001? If So, Please Provide The Names Of The Members Of The Committee And The Stakeholder(S) That They Represent.		X	
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.	X		The HIV/AIDS, STI and TB in the Workplace policy covers all employees. It will be up for review between 2017 and 2019. For protection reasonable accommodation guaranteed under the policy as well confidentiality and protection of employees' personal data.

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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.	X		Except for the Policy, no other measures in place. The policy gives guidance with the necessary action that needs to be taken by the affected employee.
7. Does The Department Encourage Its Employees To Undergo Voluntary Counselling And Testing? If So, List The Results That You Have Achieved.	X		As part of all Health Screening events held HCT is included and employees are encouraged to test. World Aids Day Testing <ul style="list-style-type: none"> • 70 (seventy) - All negative • Wellness Centre Testing (2016-2017) • 88 (eighty-eight) - 82 (negative), 2 (positive)
8. Has the Department developed measures/indicators to monitor and evaluate the impact of its Health Promotion Programme? If so, list these measures/ indicators.	X		Implementation of Health Promotion Strategy in the department.

Health and Wellness Unit

Staff members promoting the health and well-being of employees	
Provincial Office	M. De Freitas
	B. Hoffman
	C.B. Jardine
Kimberley Hospital Complex	Dr B. Marrero De Armas
	Sr D. Petersen
	Sr V. Itebogeng
	T. Lekwene

3.12 Labour Relations

Table 3.12.1 Collective agreements for the period 1 April 2016 and March 2017

Total number of collective agreements	None
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- Collective Agreements are signed nationally and implemented provincially

Table 3.12.2 – Misconduct and disciplinary hearings finalized for the period 1 April 2016 and 31 March 2017

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	1	14%
Verbal warning	0	0%
Written warning	5	71%
Final written warning	0	0%
Suspended without pay	0	0%
Fines	0	0%
Demotion	0	0%
Dismissal (Discharge for operational requirements)	0	0%
Dismissal (Deemed dismissal – absent 30 calendar days))	0	0%

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Outcomes of disciplinary hearings	Number	% of total
Dismissal (misconduct)	1	14%
Transfer Out	0	0%
Case withdrawn	0	0%
Resignations	1	14%
Non Compliance (no registered with Professionals Council)	0	0%
Total	7	100%

Table 3.12.3 – Types of misconduct addressed at disciplinary hearings for the period 1 April and 31 March 2017

Type of misconduct	Number	% of total
Abuse of sick leave	1	2%
Intimidation	0	0%
Racism	0	0%
Dishonesty	4	10%
Late coming	0	0%
Assault	1	2%
Gross insubordination	0	0%
Insolence	1	2%
Intentional or negligent damage to the employ or client of the employer, co-worker	0	0%
Intoxication	1	2%
Gross absenteeism	4	10%
Insubordination	0	0%
Abuse of government vehicle	3	8%
Gross negligence	0	0%
Dereliction of duties	4	10%
fraud	8	20%
Remuneration Work Outside Public Service (RWOPS)	1	2%
Misrepresentation	0	0%
Negligence	0	0%
Abuse of State Property	0	0%
Bringing the Name of the Department into Disrepute	0	0%
Absenteeism	5	13%
Fight	0	0%
Theft	6	15%
Total	39	96%

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

Grievances	Number	% of Total
Number of grievances resolved	51	57%
Number of grievances not resolved	38	43%
Total number of grievances lodged	89	100%

Table 3.12.5 – Disputes lodged with Councils for the period 1 April 2016 and 31 March 2017

Grievances	Number	% of Total
Number of Conciliations	14	39%
Number of Conciliations Finalised	14	39%
Number of Arbitrations	22	61%
Number or Arbitrations Finalised	15	42%
Total number of disputes lodged	36	100%

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Table 3.12.6 – Strike actions for the period 1 April 2016 and 31 March 2017

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 3.12.7 – Precautionary suspensions for the period 1 April 2016 and 31 March 2017

Number of people suspended	5
Number of people whose suspension exceeded 30 days	5
Average number of days suspended	90
Cost of suspensions (R'000)	R448 931.21

3.13 Skills Development

Table 3.13.1 Training needs identified for the period 1 April 2016 and 31 March 2017

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	0	0	3	0	3
	Male	0	0	5	0	5
Professionals	Female	0	0	39	0	39
	Male	0	0	16	0	16
Technicians and associate professionals	Female	0	0	158	0	158
	Male	0	0	103	0	103
Technicians and associate professionals	Female	0	0	58	0	58
	Male	0	0	37	0	37
Clerks	Female	0	0	66	0	66
	Male	0	0	34	0	34
Senior Government Manager	Female	0	0	12	0	12
	Male	0	0	8	0	8
Senior Government Manager	Female	0	0	12	0	12
	Male	0	0	8	0	8
Senior Government Manager	Female	0	0	12	0	12
	Male	0	0	9	0	9
Senior Government Manager Personnel / Human Resource Manager	Female	0	0	14	0	14
	Male	0	0	6	0	6
Fleet Manager	Female	0	0	70		70
	Male	0	0	30	0	30
Programme or Project Manager	Female	0	0	70	0	70
	Male	0	0	30	0	30
Senior Government Official	Female	0	0	20	0	20
	Male	0	0	10	0	10
Finance Manager	Female	0	0	11	0	11
	Male	0	0	9	0	9

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Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Filing or Registry Clerk	Female	0	0	11	0	11
	Male	0	0	19	0	19
Skills Development Facilitator / Practitioner						
Data Management Manager	Female	0	0	21	0	21
	Male	0	0	18	0	18
Safety, Health, Environment and Quality (SHE&Q) Practitioner						
Safety, Health, Environment and Quality (SHE&Q) Practitioner	Female	0	0	21	0	21
	Male	0	0	185	0	185
Safety, Health, Environment and Quality (SHE&Q) Practitioner						
Safety, Health, Environment and Quality (SHE&Q) Practitioner	Female	0	0	204	0	204
	Male	0	0	40	0	40
Admissions Clerk						
Environmental Manager	Female	0	0	60	0	60
	Male	0	0	7	0	7
Environmental Manager						
Labour Relations Case Administrator	Female	0	0	13	0	13
	Male	0	0	7	0	7
Mortuary Technician / Assistant						
Human Resource Advisor	Female	0	0	13	0	13
	Male	0	0	37	0	37
Ambulance Officer						
Supply Chain Practitioner	Female	0	0	63	0	63
	Male	0	0	6	0	6
Radiologist						
Radiologist	Female	0	0	14	0	14
	Male	0	0	8	0	8
Sonographer						
Physiotherapist	Female	0	0	12	0	12
	Male	0	0	7	0	7
Physiotherapist						
Physiotherapist	Female	0	0	13	0	13
	Male	0	0	35	0	35
Physiotherapist						
Information Technology Manager	Female	0	0	65	0	65
	Male	0	0	4	0	4
Information Technology Manager						
Clinic Manager (specialised Health Service)	Female	0	0	6	0	6
	Male	0	0	35	0	35
Clinic Manager (specialised Health Service)						
Massage Therapist	Female	0	0	65	0	65
	Male	0	0	35	0	35
Physiotherapist						

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Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Physiotherapist	Female	0	0	65	0	65
	Male	0	0	15	0	15
Skills Development Facilitator / Practitioner						
Personnel / Human Resource Manager	Female	0	0	25	0	25
	Male	0	0	6	0	6
Senior Government Manager	Female	0	0	4	0	4
	Male	0	0	15	0	15
Senior Government Manager						
Senior Government Manager	Female	0	0	30	0	30
	Male	0	0	10	0	10
Senior Government Manager						
Senior Government Manager	Female	0	0	20	0	20
	Male	0	0	1	0	1
Senior Government Manager						
Senior Government Manager	Female	0	0	11	0	11
	Male	0	0	3	0	3
Personnel / Human Resource Manager						
Fleet Manager	Female	0	0	0	0	0
	Male	0	0	15	0	15
Programme or Project Manager						
Personnel / Human Resource Manager	Female	0	0	25	0	25
	Male	0	0	15	0	15
Senior Government Official						
Ambulance Officer	Female	0	0	25	0	25
	Male	0	0	1	0	1
Senior Government Manager						
Finance Manager	Female	0	0	0	0	0
	Male	0	0	0	0	0
Filing or Registry Clerk						
Filing or Registry Clerk	Female	0	0	4	0	4
	Male	0	0	6	0	6
Skills Development Facilitator / Practitioner						
Data Management Manager	Female	0	0	9	0	9
	Male	0	0	0	0	0
Safety, Health, Environment and Quality (SHE&Q) Practitioner						

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Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Safety, Health, Environment and Quality (SHE&Q) Practitioner	Female	0	0	3	0	3
	Male	0	0	0	0	0
Safety, Health, Environment and Quality (SHE&Q) Practitioner						
Safety, Health, Environment and Quality (SHE&Q) Practitioner	Female	0	0	1	0	1
	Male	0	0	8	0	8
Admissions Clerk						
Environmental Manager	Female	0	0	12	0	12
	Male	0	0	3	0	3
Environmental Manager						
Labour Relations Case Administrator	Female	0	0	0	0	0
	Male	0	0	1	0	1
Mortuary Technician / Assistant						
Human Resource Advisor	Female	0	0	0	0	0
	Male	0	0	0	0	0
Ambulance Officer						
Supply Chain Practitioner	Female	0	0	1	0	1
	Male	0	0	0	0	0
Radiologist						
Radiologist	Female	0	0	1	0	1
	Male	0	0	7	0	7
Sonographer						
Physiotherapist	Female	0	0	13	0	13
	Male	0	0	1	0	1
Physiotherapist						
Physiotherapist	Female	0	0	3	0	3
	Male	0	0	0	0	0
Physiotherapist						
Information Technology Manager	Female	0	0	4	0	4
	Male	0	0	5	0	5
Information Technology Manager						
Clinic Manager (specialised Health Service)	Female	0	0	10	0	10
	Male	0	0	30	0	30
Clinic Manager (specialised Health Service)						
Massage Therapist	Female	0	0	70	0	70
	Male	0	0	0	0	0
Physiotherapist						
Physiotherapist	Female	0	0	0	0	0
	Male	0	0	0	0	0
Skills Development Facilitator / Practitioner						
Personnel / Human Resource Manager	Female	0	0	0	0	0
	Male	0	0	0	0	0

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Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Senior Government Manager	Female	0	0	0	0	0
	Male	0	0	0	0	0
Senior Government Manager						
Senior Government Manager	Female	0	0	0	0	0
	Male	0	0	0	0	0
SUB TOTAL:	Female				1148	1148
	Male				714	714
TOTAL					1862	1862

Table 3.13.2. Training provided for the period 1 April 2016 and 31 March 2017

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Managers	Male			5		
	Female			3		
Professionals	Male			4		
	Female			11		
Professionals	Male			6		
	Female			15		
Professionals	Male			6		
	Female			13		
Technicians and Associate Professionals	Male			103		
	Female			158		
Clerical Support workers	Male			37		
	Female			58		
	Male			34		
	Female			66		
Sub Total	Male			195		
	Female			324		
TOTAL				519		

3.14 Injury on duty

Table 3.14.1 Injury on duty for the period 1 April 2016 and 31 March 2017

Nature of injury on duty	Number	% of total
Required basic medical attention only	53	100%
Temporary Total Disablement	0	
Permanent Disablement	0	
Fatal	0	
Total	53	100%

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3.15 Utilisation of consultants

Table 3.15.1 – Report on consultant appointments using appropriated funds for the period 1 April 2016 and 31 March 2017

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value in Rand
xxx	xxx	xxx	xxx

Table 3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2016 and 31 March 2017

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
xxx	xxx	xxx	xxx

Table 3.15.3 Report on consultant appointments using Donor funds for the Period 1 April 2016 and 31 March 2017

Project Title	Total number of consultants that worked on the project	Duration: Work days	Donor and Contract value in Rand
xxx	xxx	xxx	xxx

Table 3.15.4 analysis of consultant appointment using donor funds in terms of Historically disadvantaged individuals (HDIs) for the period 1 April 2016 and 31 March 2017

Project Title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that work on the project
xxx	xxx	xxx	xxx

3.16 Severance Packages

Table 3.16.1 Granting of employees initiated severance packages for the period 1 April 2016 and 31 March 2017

Salary band	Number of applications received	Number of applications referred to the MPSA	Number of applications supported by MPSA	Number of packages approved by department
Highly skilled production (Levels 6-8)	0	0	0	0
Highly skilled supervision (Levels 9-12)	0	0	0	0
Lower skilled (Levels 1-2)	0	0	0	0
Senior management (Levels 13-16)	0	0	0	0
Skilled (Levels 3-5)	0	0	0	0
TOTAL	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 Audit of the Financial Statements

Qualified Opinion

I have audited the financial statements of the Department of Health set out on pages 227 to 373, which comprise the appropriation statement, the statement of financial position as at 31st March 2017, and the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as the notes to the financial statements, including a summary of significant accounting policies.

In my opinion, except for the possible effects of the matters described in the basis for qualified opinion section of my report, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31st March 2017, and its financial performance and cash flows for the year then ended in accordance with the Modified Cash Standard (MCS) 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, 2016 (Act No. 3 of 2016) (DoRA).

Basis for Qualified Opinion

Movable Tangible Capital Assets

The department 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 R973 621 000 (2016: R910 919 000) and minor movable capital assets stated as R179 182 000 (2016: R174 427 000) in note 28 to the financial statements was necessary.

Accruals and Payables not Recognized

The department did not disclose all outstanding amounts meeting the definition of accruals and payables, in accordance with the chapter on General Departmental Assets and Liabilities in the MCS. As the department did not maintain adequate records of outstanding payments for goods and services received but not yet paid at year-end, was unable to determine the full extent of the understatement of accruals and payables not recognised for the current and prior years as it was impracticable to do so.

In addition, the department did not disclose the correct ageing and the correct classification for accruals and payables not recognised between goods and services, capital assets, as well as transfers and subsidies, in accordance with paragraph 46 of the chapter on General Departmental Assets and Liabilities in the MCS. Consequently, accruals and payables not recognised for 30 days and the classification of goods and services were overstated and those older than 30 days and the classification relating to capital assets as well as transfers and subsidies were understated. I was unable to determine the full extent of these misstatements as it was impracticable to do so.

Accrued Departmental Revenue

The department did not record the accrued revenue billed at the facilities in accordance with the chapter on General Departmental Assets and Liabilities in the MCS, 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. In addition, there was a resultant impact on impairment of accrued departmental revenue. Additionally, I was unable to obtain sufficient appropriate audit evidence relating to accrued departmental revenue due to inadequate controls to maintain patient records. 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 R139 000 (2016:

R105 774 000) in note 23 to the financial statements, was necessary.

Irregular Expenditure

In terms of section 40(3)(b)(i) of the PFMA, the department is required to disclose particulars of irregular expenditure in the notes to the financial statements. The department incurred expenditure in contravention of the supply chain management (SCM) requirements. This was not included in the irregular expenditure disclosed in note 24 to the financial statements. I was unable to determine the full extent of the understatement for the current as well as previous years as it was impracticable to do so.

I conducted my audit in accordance with the International Standards on Auditing ('SAS'). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of my report.

I am independent of the department in accordance with the International Ethics Standards Board for Accountants' Code of ethics for professional accountants (IESBA code) and the ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA code.

I believe that the audit evidence has obtained is sufficient and appropriate to provide a basis for my qualified opinion.

Material Uncertainty related to Financial Sustainability

I draw attention to note 20 to the financial statements, which indicates the amount of accruals and payables not recognised. If the accruals and payables that exceeded the payment term of 30 days had been paid as required by Treasury Regulation 8.2.3, the department would have incurred a net loss for the current and prior year. As stated in note 20, this condition, along with other matters as set forth in the accounting officer's report, indicates that a material uncertainty exists that may cast significant doubt on the department's ability to continue as a going concern. My opinion is not modified in respect of this matter.

Emphasis of Matters

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

Restatement of Corresponding Figures

As disclosed in the notes 32 to the financial statements, the corresponding figures for 31 March 2016 have been restated as a result of an error in the financial statements of the department at, and for the year ended, 31 March 2017.

Uncertainty Relating to the future outcome of exceptional litigation

With reference to note 18 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 no provision for any liability and asset that could result was made in the financial statements.

Material underspending of the budget on a programme

As disclosed in the appropriation statement, the department has materially underspent the budget on health facilities management to the amount of R1 35 424 000 due to delays by the suppliers and the implementing agents.

Other Matter

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

Unaudited Supplementary Schedules

The supplementary information set out on pages 360 to 373 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

Responsibilities of accounting officer for the financial statements

The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS prescribed by National Treasury and the requirements of the PFMA and DoRA and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the department of health's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless there is an intention either to liquidate the department and to cease operations, or there is no realistic alternative but to do so.

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

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

A further description of my responsibilities for the audit of the financial statements is included in the annexure to the auditor's report.

Report on the audit of the Annual Performance Report

Introduction and scope

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

My procedures address the reported performance information, which must be based on the approved performance planning documents of the department. I have not evaluated the completeness and appropriateness of the performance indicators included in the planning documents. My procedures also did not extend to any disclosures or assertions relating to planned performance strategies and information in respect of future periods that may be included as part of the reported performance information. Accordingly, my findings do not extend to these matters.

I evaluated the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2017:

Programmes	Pages in the annual performance report
Programme 2 — District Health Services	56-85
Programme 4 — Regional and Specialized Hospital	88 & 98

I performed procedures to determine whether the reported performance information was properly presented and whether performance was consistent with the approved performance planning documents. I performed further procedures to determine whether the indicators and related targets were measurable and relevant, and assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.

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

Programme 2 — District Health Services

Various Indicators

The department did not have an adequate performance management system to maintain records to enable reliable reporting on achievement of targets. Sufficient appropriate audit evidence could not be provided in some instances while in other cases the evidence provided did not agree to the recorded achievements. This resulted in a misstatement of the target achievement reported as the evidence provided indicated that the following indicators were material misstated and I was also unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any further adjustments were required to the reported achievements.

Indicator	Reported Achievement
Client satisfaction rate PHC	81%
Client satisfaction survey rate PHC	99.40/0
OHH registration visit coverage annualised	37%
Number of districts with full-fledged DCST	5
PHC utilisation rate	2.5 days
Quality improvement plan after self-assessment rate (district hospitals	80%
National core standards self-assessment rate district hospitals	45.5%
Patient satisfaction rate district hospitals	83%
Patient satisfaction survey rate district hospitals	91%
Inpatient bed utilisation rate district hospitals	60%
Expenditure per PDE district hospitals	R 2 747
Complaints resolution rate district hospitals	63%
Complaint resolution within 25 working days rate district hospitals	98%
Adults remaining on ART total	51 419
Total children under 15 years remaining on ART — total	3 732
Male condom distribution coverage annualised	21.5
Medical male circumcision Performed — total	2509
TB death rate	5,2
TB MDR TB confirmed treatment initiation rate	87,900/0
TB MDR TB treatment success rate	40.7%
Antenatal 1st visit before 20 weeks' rate	64,700/0
Infant 1st PCR test positive around 10 weeks' rate	1,700/0
Measles 2nd dose coverage annualised	96,600/0
Immunisation coverage under one year	79.9%
DTaP-IPV/ HIB 3-Measles 1st dose drop-out rate	< 18.9%
Child under 5 years' diarrhea case fatality rate	3,800/0
Child under 5 years' severe acute malnutrition case fatality rate	5,100/0
Schools grade 1 screening coverage annualised	13,100/0
Schools grade 8 screening coverage annualised	7%
Couple year protection rate	38,700/0
Cervical cancer screening coverage.	42.1%
Human Papilloma virus vaccine 1st dose coverage	770/0
Human Papilloma virus vaccine 2nd dose coverage	59%
Vitamin A coverage 12-59 months	50%
Maternal mortality in facility ratio annualised	96,61100000 births
Inpatient early neonatal death rate	13.4/1000 live births
Clients screened for diabetes 5 years and older	206 372
Clients screened for mental disorders	96 678
Cataract surgery rate	1 126/1000000

Various Indicators

I was unable to obtain sufficient appropriate audit evidence to support the reported reason for the variance, as required by the Annual report guide for provincial departments. This was due to limitations placed on the scope of my work because the auditee could not provide sufficient appropriate evidence in support of the reasons for variances reported. Consequently, I was unable to confirm the reason for the variances by alternative means for the following indicators:

Indicator	Reported Achievement
National core standards self- assessment rate district hospitals	45.5%
Quality improvement plan after self-assessment rate (district hospitals	80%
Percentage of hospitals compliant with all extreme and vital measures of the national core standards district hospitals	0%

Various indicators

The method of calculation for the achievement of the planned three indicators was not clearly defined, as required by the Framework for Managing Programme Performance Information (FMPPi) for the following indicators:

Indicator	Reported Achievement
Medical male circumcision performed — total	2509
Dtap-IPV-Hib-HBV 3-Measles 1st dose drop-out-rate	< 18.9%
Infant exclusively breastfed at HepB (DtaP- [PV- Hib - HBV) 3rd dose rate	55.0%

Various Indicators

The systems and processes to enable reliable reporting of actual service delivery against the indicator were not adequately designed to ensure that reported actual achievements against planned objectives, indicators and targets are verifiable, as required by the FMPPi for the following indicators:

Indicator	Reported Achievement
OHH registration visit coverage	37%
Patient satisfaction rate (PHC)	81%
Patient satisfaction rate (district hospitals)	83%

Strategic objective

The strategic objective was reported on the annual performance report while the planned strategic objective was not approved in the annual performance plan. This is not in line with the requirements of treasury regulation 5.2.4.

Sub-Programme	Strategic Objective
Provincial strategic objective for disease prevention and control	Screening of the population for mental health disorders

Programme 4 — Regional and Specialised hospital

Various indicators

The department did not have an adequate performance management system to maintain records to enable reliable reporting on achievement of targets. Sufficient appropriate audit evidence could not be provided in some instances while in other cases the evidence provided did not agree to the recorded achievements. This resulted in a misstatement of the target achievement reported as the evidence provided indicated that the following indicators were material misstated and I was also unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any further adjustments were required to the reported achievements.

Indicator	Reported Achievement
Average length of stay regional hospital	5.7 days
Inpatient bed utilisation rate regional hospital	79.1%
Complaints resolution rate regional hospital	47.40%
Patient satisfaction rate specialised hospital	83%

Various Indicators

I was unable to obtain sufficient appropriate audit evidence to support the reported reason for the variance, as required by the Annual report guide for provincial departments. This was due to limitations placed on the scope of my work because the auditee could not provide sufficient appropriate evidence in support of the reasons for variances reported. Consequently, I was unable to confirm the reason for the variances by alternative means for the following indicators:

Indicator	Reported achievement
National Core Standards self-assessment rate Regional Hospital	0%
Quality Improvement Plan after self-assessment rate (Regional hospital	0%
Percentage of hospitals compliant with all extreme and vital measures of the national core standards Regional Hospital	0%
Patient satisfaction survey rate Regional Hospital	0%
Patient satisfaction rate Regional Hospital	0%
Average length of stay Regional Hospital	5.7 days
Inpatient bed utilisation rate Regional Hospital	79,100/0
Expenditure per PDE Regional Hospital	2 013.3
Complaints resolution rate Regional Hospital	47
Complaints resolution within 25 working days' rate (Regional Hospital	78%
National core standards self-assessment rate Specialised hospital	100%
Quality improvement plan after self-assessment rate (Specialised hospital	100%
Percentage of hospitals compliant with all extreme and vital measures of the national core standards Specialised hospital	49%
Patient satisfaction survey rate Specialised hospital	75%
Patient satisfaction rate Specialised Hospital	83%
Complaints resolution rate Specialised Hospital	100%
Complaints resolution within 25 working days' rate Specialised Hospital	100%

Indicator Client satisfaction rate (Specialised hospitals)

The systems and processes to enable reliable reporting of actual service delivery against the indicator were not adequately designed to ensure that reported actual achievements against planned objectives, indicators and targets are verifiable, as required by the FMPPi.

Other matters

I draw attention to the matters below.

Achievement of planned targets

Refer to the annual performance report on pages' 38 to 128 for information on the achievement of planned targets for the year and explanations provided for the under/overachievement of a significant number of targets. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information in page 217 to 221 of this report.

Adjustment of material misstatements

identified material misstatements in the annual performance report submitted for auditing.

These material misstatements were in the reported performance information of programme 2, district health services and programme 4 — regional and specialised hospital. As management subsequently corrected only some of the misstatements, I reported material findings on the usefulness and reliability of the reported performance information. Those that were not corrected are included in the material findings paragraphs.

Report on Audit of Compliance with Legislation

Introduction and scope

In accordance with the PAA and the general notice issued in terms thereof, I have a responsibility to report material findings on the compliance of the department with specific matters in key legislation. I performed procedures to identify findings but not to gather evidence to express assurance.

The material findings in respect of the compliance criteria for the applicable subject matters are as follows:

Budgets

Effective steps were not taken to prevent unauthorised expenditure amounting to R51 576 000 (2016: R92 790 000) as disclosed in note 9 to the annual financial statements, in contravention of section 38(1)(c)(ii) of the PFMA and Treasury Regulation 9.1.1. The total amount of unauthorised expenditure recorded in the annual financial statements at 31 March 2017 amounted to R381 222 000 (2016: R329 646 000). Most of the unauthorised expenditure was mainly due to over expenditure on the budget due to substantial contractual obligations and payment of prior year accruals paid during the year under review.

Sufficient and appropriate evidence could not be obtained that allocations earmarked by the provincial treasury for specific purposes were used for other purposes with the approval of the provincial treasury, as required by Treasury Regulation 6.3.1 (c).

Annual Financial Statements, Performance and Annual Reports

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) and (b) of the PFMA. Material misstatements of expenditure and disclosure items identified by the auditors in the submitted financial statements were corrected and the supporting records were provided subsequently, but the uncorrected material misstatements and supporting records that could not be provided resulted in the financial statements receiving a qualified audit opinion

Expenditure Management

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 full extent of the irregular expenditure could not be quantified as indicated in the basis for qualification paragraph. Most of the disclosed irregular expenditure was caused by infrastructure contracts awarded by implementing agents as well as goods and services sourced without following proper supply chain management processes. Some of this non-compliance was included under the non-compliance heading, Procurement and contract management, in this report. As disclosed in note 24 to the financial statements, irregular expenditure that was incurred in the previous years was still under investigation.

Effective steps were not taken to prevent fruitless and wasteful expenditure amounting to R10 537 000 (2016: R4 392 000), as disclosed in note 25 to the annual financial statements, in contravention of section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The total amount of fruitless and wasteful expenditure recorded in the annual financial statements at 31 March 2017 amounted to R56 777 000 (2016: R46 240 000). Most of the fruitless and wasteful expenditure was mainly due to interest and penalties for late payments.

Contractual obligations and money owed by the department were not met and settled within 30 days, as required by section 38(1)(f) of the PFMA and Treasury Regulation 82.3.

Revenue Management

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.

Sufficient and appropriate evidence could not be obtained that effective and appropriate steps were 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).

Interest was not charged on debts determined by the minister of Finance, as required by Treasury Regulation 11.5.1.

Procurement and Contract Management

Some of the goods and services with a transaction value below R500 000 were procured without obtaining the required price quotations, as required by Treasury Regulation 16A6.1. Similar non-compliance was reported in the prior year.

Some of the quotations were accepted from prospective suppliers who had not submitted a declaration on whether they are employed by the state or connected to any person employed by the state, which is prescribed in order to comply with Treasury Regulation 16A8.3.

Some of the contracts and quotations were awarded to suppliers whose tax matters had not been declared by the South African Revenue Services to be in order as required by Treasury Regulation 16A9.1 (d) and the Preferential Procurement Regulations.

Some of the goods and services to 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.

Sufficient appropriate audit evidence could not be obtained that all extensions of or modifications to contracts were approved by a properly delegated official as required by Treasury Regulation 8.1 and 8.2 and section 44 of the PFMA.

Sufficient and appropriate 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 had disclosed such interest, as required by Treasury Regulation 16A8.4 and public service regulation 3C. Similar non-compliance was reported in the prior year.

Sufficient and appropriate 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 had disclosed such interest, as required by Treasury Regulation 16A8.4. Similar non-compliance was reported in the prior year.

Sufficient and appropriate evidence could not be obtaining 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, as required by Treasury Regulation 16A8.4.

Other Information

The department of health's accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial

statements, the auditor's report thereon and those selected programmes presented in the annual performance report that have been specifically reported on in the auditor's report.

My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.

In connection with my audit, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and the selected programmes presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.

I have not yet received the final annual report. When I do receive this information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected I may have to re-issue my auditors report amended as appropriate.

Internal Control Deficiencies

considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation; however, my objective was not to express any form of assurance thereon. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for qualified opinion, the findings on the performance report and the findings on compliance with legislation included in this report.

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 time frames. This has resulted in material findings similar to those of the prior year recurring in the current financial year.

The leadership did not ensure that the organisational structure of the department was finalised and implemented to promote effective human resource management and to ensure that adequate and sufficiently skilled resources are in place.

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.

The leadership did not timeously follow up and correct previously identified internal control deficiencies relating to information technology as the unit was not yet fully staffed.

The different information from various units for incorporation to the financial statements and annual performance report was not timeously collated to allow for sufficient and adequate reviews. This resulted in material amendments to the financial statements and annual performance report. The action plan to address the 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.

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.

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 cleanups 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.

The majority of compliance paragraphs related to procurement processes that were not adhered to. The department did not ensure that all requirements relating to the authorisation of payments were met prior to approving contracts.

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The department did not ensure that the all the SCM requirements were adhered to for all bids awarded.

The department conducted a risk assessment, as required by the PFMA. The risk assessment was not effective to detect or prevent the number of control deficiencies identified as communicated in this report.

Auditor General

Auditor-General Kimberley

31 July 2017



AUDITOR - GENERAL
SOUTH AFRICA
Auditing to build public confidence

Annexure — Auditor-General’s Responsibility for the Audit

As part of an audit in accordance with the ‘SAS, I exercise professional judgement and maintain professional scepticism throughout my audit of the financial statements, and the procedures performed on reported performance information for selected programmes and on the department’s compliance with respect to the selected subject matters.

Financial Statements

In addition to my responsibility for the audit of the financial statements as described in the auditor’s report, I also:

identify and assess the risks of material misstatement of the financial statements whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.

obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department’s internal control.

evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer.

conclude on the appropriateness of the accounting officer’s use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the department of health’s ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor’s report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify the opinion on the financial statements. My conclusions are based on the information available to me at the date of the auditor’s report. However, future events or conditions may cause a department to cease operating as a going concern.

evaluate the overall presentation, structure and content of the financial statements, including the disclosures and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

Communication with those charged with Governance

I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

I also confirm to the accounting officer that i have complied with relevant ethical requirements regarding independence, and communicate all relationships and other matters that may reasonably be thought to have a bearing on my independence and, where applicable, related safeguards.

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APPROPRIATION STATEMENT

For the year ended 31 March 2017

Annual Financial Statements

Programme	Appropriation per programme											
	2016/17					2015/16		Expenditure as % of final appropriation	Variance	Actual Expenditure	Final Appropriation	Actual Expenditure
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	R'000	R'000					
1. Administration	183 368	-	14 669	198 037	219 343	(21 306)	110.8%	192 979	211 192			
2. District Health Services	1 933 614	-	(20 114)	1 913 500	1 915 040	(1 540)	100.1%	1 710 644	1 696 420			
3. Emergency Medical Services	320 419	-	(6 560)	313 859	291 112	22 747	92.8%	293 598	271 386			
4. Provincial Hospital Services	352 059	-	14 568	366 627	390 460	(23 833)	106.5%	308 751	340 340			
5. Central Hospital Services	953 627	-	13 745	967 372	945 261	22 111	97.7%	864 894	879 335			
6. Health Sciences	132 560	-	(8 575)	123 985	123 985	-	100.0%	114 553	91 114			
7. Health Care Support Services	100 667	-	(624)	100 043	108 599	(8 556)	108.6%	94 934	119 767			
8. Health Facilities Management	517 871	-	(7 109)	510 762	375 338	135 424	73.5%	648 380	558 619			
Subtotal	4 494 185	-	-	4 494 185	4 369 138	125 047	97.2%	4 228 733	4 168 265			
Statutory Appropriation												
TOTAL	4 494 185	-	-	4 494 185	4 369 138	125 047	97.2%	4 228 733	4 168 265			

NORTHERN CAPE DEPARTMENT OF HEALTH
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For the year ended 31 March 2017

	2016/17		2015/16	
	Final Appropriation	Actual Expenditure	Final Appropriation	Actual Expenditure
TOTAL (brought forward)	4 494 185	4 369 138	4 228 733	4 168 265
Reconciliation with statement of financial performance				
ADD				
Departmental receipts			-	
NRF Receipts			-	
Aid assistance			228	
Actual amounts per statement of financial performance (total revenue)	4 494 185		4 228 961	
ADD				
Aid assistance				255
Prior year unauthorised expenditure approved without funding				
Actual amounts per statement of financial performance (total expenditure)		4 369 138		4 168 520

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NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

appropriation per economic classification	2016/17					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
Economic classification									
Current payments	3 784 383	-	-	3 784 383	3 806 290	(21 907)	100.6%	3 408 078	3 470 710
Compensation of employees	2 273 017	-	-	2 286 024	2 322 039	(36 015)	101.6%	2 140 980	2 150 712
Salaries and wages	1 994 502	-	13 007	2 005 197	2 047 423	(42 226)	102.1%	1 880 077	1 896 442
Social contributions	278 515	-	10 695	280 827	274 616	6 211	97.8%	260 903	254 270
Goods and services	1 511 366	-	(13 007)	1 498 359	1 478 455	19 904	98.7%	1 267 098	1 317 295
Administrative fees	6 807	-	(1 009)	5 798	1 224	4 574	21.1%	14 255	1 976
Advertising	8 289	-	-	8 289	1 511	6 778	18.2%	6 484	4 979
Minor assets	2 076 0	-	(1 659)	19 101	4 968	14 133	26.0%	19 647	18 508
Audit costs: External	13 193	-	-	13 193	15 409	(2 216)	116.8%	13 098	13 462
Bursaries: Employees	774	-	-	774	1 379	(605)	178.2%	716	3 706
Catering: Departmental activities	7 870	-	-	7 870	5 773	2 097	73.4%	5 623	7 814
Communication	13 153	-	-	13 153	26 204	(13 051)	199.2%	10 956	22 908
Computer services	19 908	-	-	19 908	33 370	(13 462)	167.6%	20 111	25 524
Consultants: Business and advisory services	2 061	-	-	2 061	2 472	(411)	119.9%	8 309	6 364
Infrastructure and planning services	4	-	-	4	-	4	-	7 987	-
Laboratory services	166 713	-	(18 007)	148 706	124 585	24 121	83.8%	136 384	111 759
Legal services	4 444	-	-	4 444	5 340	(896)	120.2%	8 302	4 882
Contractors	103 758	-	23 401	127 159	125 756	1 403	98.9%	99 598	147 750
Agency and support / outsourced services	108 336	-	1 413	109 749	115 772	(6 023)	105.5%	101 748	92 664
Entertainment	222	-	-	222	-	222	-	211	-

NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

Appropriation per economic classification	2016/17					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
Fleet services	101 341	-	(12 010)	89 331	88 916	415	99.5%	63 527	87 876
Inventory: Clothing material and supplies	3 504	-	(1 025)	2 479	1 041	1 438	42.0%	2 556	1 498
Inventory: Farming supplies	28	-	-	28	3	25	10.7%	56	6
Inventory: Food and food supplies	28 224	-	-	28 224	29 190	(966)	103.4%	26 381	21 140
Inventory: Fuel, oil and gas	32 923	-	(2 638)	30 285	27 307	2 978	90.2%	37 028	19 089
Inventory: Learner and teacher support material	103	-	-	103	-	103	-	-	-
Inventory: Materials and supplies	6 104	-	-	6 104	2 359	3 745	38.6%	4 095	5 255
Inventory: Medical supplies	149 205	-	-	149 205	158 512	(9 307)	106.2%	121 863	117 249
Inventory: Medicine	310 450	-	-	310 450	311 074	(624)	100.2%	256 726	254 965
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	32 035	-	-	32 035	46 105	(14 070)	143.9%	27 319	32 595
Consumable: Stationery, printing and office supplies	19 571	-	-	19 571	10 919	8 652	55.8%	16 856	13 579
Operating leases	86 309	-	6 548	92 857	110 068	(17 211)	118.5%	73 602	106 410
Property payments	169 789	-	-	169 789	175 322	(5 533)	103.3%	109 768	130 830
Transport provided: Departmental activity	1 755	-	-	1 755	7 531	(5 776)	429.1%	1 082	4 171
Travel and subsistence	49 803	-	-	49 803	33 326	16 477	66.9%	44 512	38 358
Training and development	32 337	-	(8 021)	24 316	8 574	15 742	35.3%	20 703	15 491
Operating payments	3 436	-	-	3 436	2 950	486	85.9%	3 067	3 635
Venues and facilities	8 157	-	-	8 157	756	7 401	9.3%	4 528	2 852
Rental and hiring	-	-	-	-	739	(739)	-	-	-

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NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

Appropriation per economic classification	2016/17						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
Interest and rent on land	-	-	-	-	5 796	(5 796)	-	-	2 703
Interest	-	-	-	-	5 796	(5 796)	-	-	2 703
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	131 872	-	-	131 872	167 558	(35 686)	127.1%	111 369	114 299
Provinces and municipalities	9 739	(6 891)	(1 326)	1 522	1 531	(9)	100.6%	8 999	5 352
Provinces	8 516	(6 704)	(1 208)	604	1 474	(870)	244.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	8 516	(6 704)	(1 208)	604	1 474	(870)	244.0%	-	-
Municipalities	1 223	(187)	(118)	918	57	861	6.2%	8 999	5 352
Municipal bank accounts	1 054	(187)	(118)	749	-	749	-	8 999	5 352
Municipal agencies	169	-	-	169	57	112	33.7%	-	-
Departmental agencies and acc	-	6	-	6	6	-	100.0%	39	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies and ac	-	6	-	6	6	-	100.0%	39	-
Non-profit institutions	100 698	6 317	(277)	106 738	106 738	-	100.0%	80 967	85 948
Households	21 435	568	1 603	23 606	59 283	(35 677)	251.1%	21 364	22 999
Social benefits	8 079	408	(356)	8 131	7 307	824	89.9%	8 102	7 613
Other transfers to households	13 356	160	1 959	15 475	51 976	(36 501)	335.9%	13 262	15 386
Payments for capital assets	577 930	-	-	577 930	395 290	182 640	68.4%	709 286	583 256
Buildings and other fixed structures	400 059	445	(7 143)	393 361	318 208	75 153	80.9%	521 797	487 723
Buildings	400 059	-	(7 143)	392 916	316 583	76 333	80.6%	517 711	483 548

NORTHERN CAPE DEPARTMENT OF HEALTH

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NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

Appropriation per economic classification	2016/17										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	R'000	R'000		
Other fixed structures	-	445	-	445	1 625	(1 180)	365.2%	4 086	4 175				
Machinery and equipment	177 871	(445)	7 143	184 569	77 082	107 487	41.8%	186 732	94 767				
Transport equipment	48 653	-	(1 169)	47 484	23 082	24 402	48.6%	50 982	25 437				
Other machinery and equipment	129 218	(445)	8 312	137 085	54 000	83 085	39.4%	135 750	69 330				
Intangible assets	-	-	-	-	-	-	-	757	766				
Payments for financial assets	-	-	-	-	-	-	-	-	-				
	4 494 185	-	-	4 494 185	4 369 138	125 047	97.2%	4 228 733	4 168 265				
Programme 1: Administration													
	2016/17										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	R'000	R'000		
Sub programme													
1. Office of the MEC	10 133	-	42	10 175	10 741	(566)	105.6%	11 344	11 467				
2. Management	173 235	-	14 627	187 862	208 601	(20 739)	111.0%	181 635	199 725				
Total for sub programmes	183 368	-	14 669	198 037	219 342	(21 305)	110.8%	192 979	211 192				
Economic classification													
Current payments	181 298	-	14 592	195 890	207 365	(11 475)	105.9%	191 015	207 927				
Compensation of employees	115 978	-	(1 624)	114 354	114 355	(1)	100.0%	107 365	107 365				
Salaries and wages	102 050	-	(1 624)	100 426	99 046	1 380	98.6%	93 721	93 721				
Social contributions	13 928	-	-	13 928	15 309	(1 381)	109.9%	13 644	13 644				

NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

Appropriation per economic classification	2016/17						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
Goods and services	65 320	-	16 216	81 536	92 324	(10 788)	113.2%	83 650	99 738
Administrative fees	740	-	-	740	680	60	91.9%	1 086	557
Advertising	948	-	-	948	1 069	(121)	112.8%	664	905
Minor assets	288	-	-	288	73	215	25.3%	431	428
Audit costs: External	13 193	-	-	13 193	15 409	(2 216)	116.8%	13 098	13 462
Bursaries: Employees	-	-	-	-	12	(12)	-	-	9
Catering: Departmental activities	92	-	-	92	867	(775)	942.4%	105	718
Communication	9 774	-	-	9 774	23 954	(14 180)	245.1%	8 600	21 855
Computer services	4 583	-	-	4 583	9 307	(4 724)	203.1%	3 752	12 300
Consultants: Business and advisory services	583	-	-	583	1 687	(1 104)	289.4%	4 353	1 613
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	4 431	-	-	4 431	5 338	(907)	120.5%	8 276	4 882
Contractors	1 634	-	-	1 634	465	1 169	28.5%	1 432	677
Agency and support / outsourced services	-	-	-	-	39	(39)	-	-	-
Entertainment	222	-	-	222	-	222	-	211	-
Fleet services	9 631	-	-	9 631	7 880	1 751	81.8%	12 155	15 734
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and supplies	-	-	-	-	-	-	-	-	-

NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

Appropriation per economic classification	2016/17						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: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	2
Inventory: Fuel, oil and gas	-	-	-	-	1	(1)	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	3	(3)	-	-	4
Inventory: Medical supplies	-	-	-	-	373	(373)	-	-	4
Inventory: Medicine	-	-	-	-	(2 836)	2 836	-	-	(624)
Medsas Inventory Interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	1 045	-	-	1 045	780	265	74.6%	949	665
Consumable: Stationery, printing and office supplies	1 946	-	-	1 946	1 429	517	73.4%	2 002	1 687
Operating leases	3 520	-	16 216	19 736	10 535	9 201	53.4%	15 667	15 619
Property payments	3 010	-	-	3 010	3 857	(847)	128.1%	2 702	2 187
Transport provided: Departmental activity	-	-	-	-	17	(17)	-	-	-
Travel and subsistence	8 907	-	-	8 907	10 185	(1 278)	114.3%	6 681	5 727
Training and development	140	-	-	140	698	(558)	498.6%	807	844
Operating payments	342	-	-	342	167	175	48.8%	403	243
Venues and facilities	291	-	-	291	224	67	77.0%	276	240
Rental and hiring	-	-	-	-	111	(111)	-	-	-
Interest and rent on land	-	-	-	-	686	(686)	-	-	824

NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

Appropriation per economic classification	2016/17					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
Interest	-	-	-	-	686	(686)	-	-	824
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	218	-	77	295	295	-	100.0%	207	1 613
Provinces and municipalities	-	-	1	1	1	-	100.0%	-	83
Provinces	-	-	1	1	1	-	100.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	1	1	1	-	100.0%	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	83
Municipal agencies and funds	-	-	-	-	-	-	-	-	83
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies	-	-	-	-	-	-	-	-	-
Non-profit institutions	116	(116)	-	-	-	-	-	-	-
Households	102	116	76	294	294	-	100.0%	207	1 530
Social benefits	102	-	34	136	136	-	100.0%	207	413
Other transfers to households	-	116	42	158	158	-	100.0%	-	1 117
Payments for capital assets	1 852	-	-	1 852	11 683	(9 831)	630.8%	1 757	1 652
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-

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NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

Appropriation per economic classification	2016/17						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
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1 852	-	-	1 852	11 683	(9 831)	630.8%	1 751	1 646
Transport equipment	-	-	-	-	-	-	-	1 005	1 005
Other machinery and equipment	1 852	-	-	1 852	11 683	(9 831)	630.8%	746	641
Intangible assets	-	-	-	-	-	-	-	6	6
Payments for financial assets	-	-	-	-	-	-	-	-	-
	183 368	-	14 669	198 037	219 342	(21 305)	110.8%	192 979	211 192

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NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

appropriation per economic classification	2016/17					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

1.1 OFFICE OF THE MEC	2016/17					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
Economic classification									
Current payments	10 017	-	-	10 017	10 449	(432)	104.3%	10 308	10 318
Compensation of employees	5 201	-	-	5 201	5 900	(699)	113.4%	6 080	6 080
Goods and services	4 816	-	-	4 816	4 537	279	94.2%	4 228	4 228
Interest and rent on land	-	-	-	-	12	(12)	-	-	10
Transfers and subsidies	116	-	42	158	158	-	100.0%	-	113
Provinces and municipalities	-	-	-	-	-	-	-	-	76
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	116	(116)	-	-	-	-	-	-	-
Households	-	116	42	158	158	-	100.0%	-	37

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NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

Appropriation per economic classification	2016/17						2015/16		
	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
Payments for capital assets	-	-	-	-	134	(134)	-	1 036	1 036
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	134	(134)	-	1 036	1 036
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
	10 133	-	42	10 175	10 741	(566)	105.6%	11 344	11 467

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For the year ended 31 March 2017

1.2 MANAGEMENT	2016/17					2015/16			
	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	171 281	-	14 592	185 873	196 915	(11 042)	105.9%	180 707	197 609
Compensation of employees	110 777	-	(1 624)	109 153	108 455	698	99.4%	101 285	101 285
Goods and services	60 504	-	16 216	76 720	87 786	(11 066)	114.4%	79 422	95 510
Interest and rent on land	-	-	-	-	674	(674)	-	-	814
Transfers and subsidies	102	-	35	137	137	-	100.0%	207	1 500
Provinces and municipalities	-	-	1	1	1	-	100.0%	-	7
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	102	-	34	136	136	-	100.0%	207	1 493
Payments for capital assets	1 852	-	-	1 852	11 549	(9 697)	623.6%	721	616
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1 852	-	-	1 852	11 549	(9 697)	623.6%	715	610
Intangible assets	-	-	-	-	-	-	-	6	6
Payments for financial assets	173 235	-	14 627	187 862	2 08 601	(20 739)	111.0%	181 635	199 725

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For the year ended 31 March 2017

		2016/17						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
Programme 2: DISTRICT HEALTH SERVICES										
Sub programme										
1.	District Management	135 623	6 222	(1 194)	140 651	210 186	(69 535)	149.4%	169 464	172 539
2.	Community Health Clinics	427 648	(7 094)	(1 237)	419 317	415 747	3 570	99.1%	382 848	383 490
3.	Community Health Centres	276 373	(1 864)	-	274 509	257 988	16 521	94.0%	237 163	236 047
4.	Other Community Services	65 244	1 251	-	66 495	63 431	3 064	95.4%	55 268	55 501
5.	HIV/AIDS	456 570	2 488	-	459 058	419 098	39 960	91.3%	368 124	360 957
6.	Nutrition	4 430	(77)	-	4 353	3 502	851	80.5%	4 727	3 382
7.	District Hospitals	567 726	(926)	(17 683)	549 117	545 088	4 029	99.3%	493 050	484 504
Total for sub programmes		1 933 614	-	(20 114)	1 913 500	1 915 040	(1 540)	100.1%	1 710 644	1 696 420
Economic classification										
Current payments										
	Compensation of employees	1 801 234	-	(16 216)	1 785 018	1 787 888	(2 870)	100.2%	1 586 725	1 571 910
	Salaries and wages	1 039 165	-	-	1 039 165	1 084 731	(45 566)	104.4%	977 335	984 025
	Social contributions	898 881	-	-	898 881	952 297	(53 416)	105.9%	848 751	863 540
	Goods and services	140 284	-	-	140 284	132 434	7 850	94.4%	128 584	120 485
	Administrative fees	762 069	-	(16 216)	745 853	700 895	44 958	94.0%	609 390	587 440
	Advertising	1 111	-	-	1 111	161	950	14.5%	988	629
	Minor assets	5 998	-	-	5 998	38	5 960	0.6%	4 283	3 379
	Audit costs: External	12 721	-	-	12 721	2 731	9 990	21.5%	11 693	11 934
		-	-	-	-	-	-	-	-	-

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For the year ended 31 March 2017

	2016/17						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
Bursaries: Employees	132	-	-	132	42	90	31.8%	166	14
Catering: Departmental activities	7 063	-	-	7 063	2 427	4 636	34.4%	4 730	4 424
Communication	1 173	-	-	1 173	1 877	(704)	160.0%	686	603
Computer services	11 243	-	-	11 243	14 155	(2 912)	125.9%	6 405	5 910
Consultants: Business and advisory services	526	-	-	526	116	410	22.1%	272	157
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	94 915	-	(5 000)	89 915	102 508	(12 593)	114.0%	82 887	57 020
Legal services	-	-	-	-	2	(2)	-	-	-
Contractors	38 268	-	-	38 268	15 953	22 315	41.7%	21 579	24 275
Agency and support / outsourced services	48 721	-	-	48 721	42 626	6 095	87.5%	55 270	42 628
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services	9 292	-	(5 272)	4 020	8 062	(4 042)	200.5%	3 213	3 802
Inventory: Clothing material and supplies	1 101	-	-	1 101	2	1 099	0.2%	1 386	1 080
Inventory: Farming supplies	5	-	-	5	3	2	60.0%	8	5
Inventory: Food and food supplies	21 140	-	-	21 140	23 120	(1 980)	109.4%	18 470	16 611
Inventory: Fuel, oil and gas	8 149	-	(1 418)	6 731	3 627	3 104	53.9%	3 114	3 202

NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

	2016/17						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: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	3 114	-	-	3 114	728	2 386	23.4%	1 841	2 510
Inventory: Medical supplies	56 335	-	-	56 335	51 549	4 786	91.5%	39 423	41 794
Inventory: Medicine	242 615	-	-	242 615	247 329	(4 714)	101.9%	207 485	205 905
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	17 302	-	-	17 302	21 552	(4 250)	124.6%	14 808	18 296
Consumable: Stationery, printing and office supplies	10 977	-	-	10 977	5 159	5 818	47.0%	9 769	7 199
Operating leases	36 810	-	(4 526)	32 284	26 601	5 683	82.4%	31 241	30 058
Property payments	101 809	-	-	101 809	116 539	(14 730)	114.5%	68 427	81 067
Transport provided: Departmental activity	616	-	-	616	278	338	45.1%	-	1 598
Travel and subsistence	20 150	-	-	20 150	11 202	8 948	55.6%	17 096	18 388
Training and development	3 573	-	-	3 573	631	2 942	17.7%	773	967
Operating payments	1 541	-	-	1 541	1 428	113	92.7%	1 109	1 502
Venues and facilities	5 669	-	-	5 669	445	5 224	7.8%	2 268	2 483
Rental and hiring	-	-	-	-	4	(4)	-	-	-
Interest and rent on land	-	-	-	-	2 262	(2 262)	-	-	445
Interest	-	-	-	-	2 262	(2 262)	-	-	445

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Programme 2: DISTRICT HEALTH SERVICES		2016/17						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	
Rent on land	-	-	-	-	-	-	-	-	-	-
Transfers and subsidies	114 651	-	(1 237)	113 414	113 425	(11)	100.0%	94 306	97 056	
Provinces and municipalities	9 353	(6 712)	(1 237)	1 404	1 415	(11)	100.8%	8 881	5 138	
Provinces	8 516	(6 712)	(1 237)	567	1 358	(791)	239.5%	-	-	
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-	
Provincial agencies and funds	8 516	(6 712)	(1 237)	567	1 358	(791)	239.5%	-	-	
Municipalities	837	-	-	837	57	780	6.8%	8 881	5 138	
Municipal bank accounts	668	-	-	668	-	668	-	8 881	5 138	
Municipal agencies and funds	169	-	-	169	57	112	33.7%	-	-	
Departmental agencies and accounts	-	2	-	2	2	-	100.0%	-	-	
Social security funds	-	-	-	-	-	-	-	-	-	
Departmental agencies	-	2	-	2	2	-	100.0%	-	-	
Non-profit institutions	99 867	6 607	-	106 474	106 474	-	100.0%	80 288	84 658	
Households	5 431	103	-	5 534	5 534	-	100.0%	5 137	7 260	
Social benefits	5 431	103	-	5 534	4 710	824	85.1%	5 137	4 245	
Other transfers to households	-	-	-	-	824	(824)	-	-	3 015	
Payments for capital assets	17 729	-	(2 661)	15 068	13 727	1 341	91.1%	29 613	27 454	

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For the year ended 31 March 2017

Programme 2: DISTRICT HEALTH SERVICES	2016/17						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
Buildings and other fixed structures	-	-	-	-	1 180	(1 180)	-	2 907	2 996
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	1 340	(1 340)	-	2 907	2 996
Machinery and equipment	17 729	-	(2 661)	15 068	12 547	2 521	83,3%	26 706	24 458
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	17 729	-	(2 661)	15 068	12 547	2 521	83,3%	26 706	24 458
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and subsoil assets	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	1 933 614	-	(20 114)	1 913 500	1 915 040	(1 540)	100,1%	1 710 644	1 696 420

NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

.1 DISTRICT MANAGEMENT	2016/17					2015/16			
	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	135 066	-	-	135 066	205 184	(70 118)	151.9%	168 952	168 960
Compensation of employees	108 646	-	-	108 646	114 497	(5 851)	105.4%	107 774	105 694
Goods and services	26 420	-	-	26 420	90 655	(64 235)	343.1%	61 178	63 261
Interest and rent on land	-	-	-	-	32	(32)	-	-	5
Transfers and subsidies	26	103	-	129	594	(465)	460.5%	25	1 395
Provinces and municipalities	26	-	-	26	40	(14)	153.8%	25	661
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	103	-	103	554	(451)	537.9%	-	734
Payments for capital assets	531	6 119	(1 194)	5 456	4 408	1 048	80.8%	487	2 184
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	531	6 119	(1 194)	5 456	4 408	1 048	80.8%	487	2 184
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	(1 194)	140 651	210 186	(69 535)	149.4%	169 464	172 539
	135 623	6 222	(1 194)	140 651	210 186	(69 535)	149.4%	169 464	172 539

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2.2 COMMUNITY HEALTH CLINICS	2016/17					2015/16			
	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	417 477	-	-	417 477	414 459	3 018	99.3%	373 189	379 650
Compensation of employees	275 082	-	-	275 082	258 214	16 868	93.9%	239 051	239 051
Goods and services	142 395	-	-	142 395	156 048	(13 653)	109.6%	134 138	140 541
Interest and rent on land	-	-	-	-	197	(197)	-	-	58
Transfers and subsidies	9 476	(6 712)	(1 237)	1 527	1 136	391	74.4%	8 999	2 998
Provinces and municipalities	8 581	(6 712)	(1 237)	632	8	624	1.3%	8 149	1 885
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	895	-	-	895	1 128	(233)	126.0%	850	1 113
Payments for capital assets	695	(382)	-	313	152	161	48.6%	660	842
Buildings and other fixed structures	-	-	-	-	75	(75)	-	517	517
Machinery and equipment	695	(382)	-	313	77	236	24.6%	143	325
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
	427 648	(7 094)	(1 237)	419 317	415 747	3 570	99.1%	382 848	383 490

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	2016/17					2015/16			
	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	271 658	-	-	271 658	255 695	15 963	94.1%	232 902	232 421
Compensation of employees	176 361	-	-	176 361	175 346	1 015	99.4%	160 977	160 977
Goods and services	95 297	-	-	95 297	80 132	15 165	84.1%	71 925	71 366
Interest and rent on land	-	-	-	-	217	(217)	-	-	78
Transfers and subsidies	1 935	1	-	1 936	1 372	564	70.9%	1 818	702
Provinces and municipalities	78	-	-	78	91	(13)	116.7%	74	81
Departmental agencies and accounts	-	1	-	1	1	-	100.0%	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 857	-	-	1 857	1 280	577	68.9%	1 744	621
Payments for capital assets	2 780	(1 865)	-	915	921	(6)	100.7%	2 443	2 924
Buildings and other fixed structures	-	-	-	-	829	(829)	-	1 156	1 637
Machinery and equipment	2 780	(1 865)	-	915	92	823	10.1%	1 287	1 287
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	276 373	(1 864)	-	274 509	257 988	16 521	94.0%	237 163	236 047

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2.4 OTHER COMMUNITY SERVICES	2016/17					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
Economic classification									
Current payments	61 195	-	-	61 195	58 078	3 117	94.9%	52 478	52 479
Compensation of employees	41 807	-	-	41 807	48 489	(6 682)	116.0%	37 830	37 830
Goods and services	19 388	-	-	19 388	9 589	9 799	49.5%	14 648	14 649
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	2 870	1 921	-	4 791	4 845	(54)	101.1%	2 722	2 954
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	2 870	1 921	-	4 791	4 791	-	100.0%	2 722	2 934
Households	-	-	-	-	54	(54)	-	-	20
Payments for capital assets	1 179	(670)	-	509	508	1	99.8%	68	68
Buildings and other fixed structures	-	-	-	-	260	(260)	-	-	-
Machinery and equipment	1 179	(670)	-	509	248	261	48.7%	68	68
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	65 244	1 251	-	66 495	63 431	3 064	95.4%	55 268	55 501

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2-5 HIV/AIDS	2016/17					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
Economic classification									
Current payments	354 855	-	-	354 855	314 880	39 975	88.7%	269 108	258 667
Compensation of employees	75 313	-	-	75 313	89 017	(13 704)	118.2%	76 797	79 847
Goods and services	279 542	-	-	279 542	225 250	54 292	80.6%	192 311	178 820
Interest and rent on land	-	-	-	-	613	(613)	-	-	-
Transfers and subsidies	98 222	4 686	-	102 908	102 968	(60)	100.1%	78 777	84 270
Provinces and municipalities	668	-	-	668	1 250	(582)	187.1%	633	2 500
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	96 997	4 686	-	101 683	101 683	-	100.0%	77 566	81 724
Households	557	-	-	557	35	522	6.3%	528	46
Payments for capital assets	3 493	(2 198)	-	1 295	1 250	45	96.5%	20 289	18 020
Buildings and other fixed structures	-	-	-	-	-	-	-	390	-
Machinery and equipment	3 493	(2 198)	-	1 295	1 250	45	96.5%	19 899	18 020
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	456 570	2 488	-	459 058	419 098	39 960	91.3%	368 124	360 957

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2.6 NUTRITION	Economic classification	2016/17					2015/16		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
		R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	Current payments	4 353	-	-	4 353	3 485	80.1%	4 566	3 221
	Compensation of employees	1 913	-	-	1 913	1 793	93.7%	1 806	1 432
	Goods and services	2 440	-	-	2 440	1 692	69.3%	2 760	1 789
	Interest and rent on land	-	-	-	-	-	-	-	-
	Transfers and subsidies	-	-	-	-	17	-	-	-
	Provinces and municipalities	-	-	-	-	-	-	-	-
	Departmental agencies and accounts	-	-	-	-	-	-	-	-
	Non-profit institutions	-	-	-	-	-	-	-	-
	Households	-	-	-	-	17	-	-	-
	Payments for capital assets	77	(77)	-	-	-	-	161	161
	Buildings and other fixed structures	-	-	-	-	-	-	-	-
	Machinery and equipment	77	(77)	-	-	-	-	161	161
	Intangible assets	-	-	-	-	-	-	-	-
	Payments for financial assets	4 430	(77)	-	4 353	3 502	80.5%	4 727	3 382

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2.7 DISTRICT HOSPITALS	2016/17						2015/16		
	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	556 630	-	(16 216)	540 414	536 107	4 307	99.2%	485 530	476 512
Compensation of employees	360 043	-	-	360 043	397 375	(37 332)	110.4%	353 100	359 194
Goods and services	196 587	-	(16 216)	180 371	137 529	42 842	76.2%	132 430	117 014
Interest and rent on land	-	-	-	-	1 203	(1 203)	-	-	304
Transfers and subsidies	2 122	-	-	2 123	2 493	(370)	117.4%	2 015	4 737
Provinces and municipalities	-	-	-	-	26	(26)	-	-	11
Departmental agencies and accounts	-	1	-	1	1	-	100.0%	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2 122	-	-	2 122	2 466	(344)	116.2%	2 015	4 726
Payments for capital assets	8 974	(927)	(1 467)	6 580	6 488	92	98.6%	5 505	3 255
Buildings and other fixed structures	-	-	-	-	16	(16)	-	844	842
Machinery and equipment	8 974	(927)	(1 467)	6 580	6 472	108	98.4%	4 661	2 413
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	(926)	(17 683)	549 117	545 088	4 029	99.3%	493 050	484 504

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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									
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
1. Emergency Transport	317 780	1 583	(5 516)	313 847	291 100	22 747	92.8%	293 387	271 386
2. Planned Patient Transport	2 639	(1 583)	(1 044)	12	12	-	100.0%	211	-
Total for sub programmes	320 419	-	(6 560)	313 859	291 112	22 747	92.8%	293 598	271 386
Economic classification									
Current payments	272 329	-	(5 952)	266 377	267 650	(1 273)	100.5%	244 472	245 056
Compensation of employees	172 468	-	9 612	182 080	182 080	-	100.0%	168 607	168 607
Salaries and wages	149 307	-	7 300	156 607	155 867	740	99.5%	144 764	144 505
Social contributions	23 161	-	2 312	25 473	26 213	(740)	102.9%	23 843	24 102
Goods and services	99 861	-	(15 564)	84 297	83 926	371	99.6%	75 865	75 654
Administrative fees	-	-	-	-	3	(3)	-	-	9
Advertising	111	-	-	111	-	111	-	105	68
Minor assets	2 059	-	(1 659)	400	179	221	44.8%	2 064	474
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	5	(5)	-	-	5
Catering: Departmental activities	78	-	-	78	48	30	61.5%	51	51
Communication	796	-	-	796	22	774	2.8%	38	28
Computer services	254	-	-	254	-	254	-	87	87
Consultants: Business and advisory services	-	-	-	-	17	(17)	-	-	-

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	2016/17						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
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	2 117	-	-	2 117	92	2 025	4.3%	577	87
Agency and support / outsourced services	20	-	-	20	124	(104)	620.0%	-	20
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services	76 510	-	(6 738)	69 772	69 210	562	99.2%	43 079	62 842
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and supplies	1 540	-	(1 025)	515	-	515	-	12	12
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	1 613	-	(1 000)	613	409	204	66.7%	22 527	646
Inventory: Learner and teacher support material	103	-	-	103	-	103	-	-	-
Inventory: Materials and supplies	345	-	-	345	12	333	3.5%	6	6

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	2016/17					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
Programme 3: EMERGENCY MEDICAL SERVICES									
Inventory: Medical supplies	1 147	-	-	1 147	592	555	51.6%	1 088	653
Inventory: Medicine	780	-	-	780	19	761	2.4%	740	31
Medsas Inventory Interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	674	-	-	674	14	660	2.1%	276	276
Consumable: Stationery, printing and office supplies	387	-	-	387	668	(281)	172.6%	138	138
Operating leases	8 779	-	(5 142)	3 637	2 703	934	74.3%	3 155	7 370
Property payments	971	-	-	971	592	379	61.0%	921	151
Transport provided: Departmental activity	-	-	-	-	7 171	(7 171)	-	-	1 698
Travel and subsistence	1 433	-	-	1 433	1 505	(72)	105.0%	942	942
Training and development	-	-	-	-	-	-	-	-	-
Operating payments	144	-	-	144	23	121	16.0%	59	59
Venues and facilities	-	-	-	-	-	-	-	-	1
Rental and hiring	-	-	-	-	518	(518)	-	-	-
Interest and rent on land	-	-	-	-	1 644	(1 644)	-	-	795
Interest	-	-	-	-	1 644	(1 644)	-	-	795
Rent on land	-	-	-	-	-	-	-	-	-

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	2016/17					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
Transfers and subsidies	386	-	(118)	268	266	2	99.3%	1 098	1 098
Provinces and municipalities	386	(187)	(118)	81	79	2	97.5%	118	118
Provinces	-	-	-	-	79	(79)	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	79	(79)	-	-	-
Municipalities	386	(187)	(118)	81	-	81	-	118	118
Municipal bank accounts	386	(187)	(118)	81	-	81	-	118	118
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	187	-	187	187	-	100.0%	980	980
Social benefits	-	187	-	187	187	-	100.0%	269	269
Other transfers to households	-	-	-	-	-	-	-	711	711
Payments for capital assets	47 704	-	(490)	47 214	23 196	24 018	49.1%	48 028	25 232

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	2016/17						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
Programme 3: EMERGENCY MEDICAL SERVICES									
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	47 704	-	(490)	47 214	23 196	24 018	49.1%	48 028	25 232
Transport equipment	47 704	-	(490)	47 214	23 082	24 132	48.9%	48 028	24 258
Other machinery and equipment	-	-	-	-	114	(114)	-	-	974
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
	320 419	-	(6 560)	313 859	291 112	22 747	92.8%	293 598	271 386

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3.1 EMERGENCY TRANSPORT		2016/17						2015/16	
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	269 690	1 583	(4 908)	266 365	267 637	(1 272)	100.5%	244 261	245 056
Compensation of employees	170 885	1 583	9 612	182 080	182 080	-	100.0%	168 607	168 607
Goods and services	98 805	-	(14 520)	84 285	84 285	-	100.0%	75 654	75 654
Interest and rent on land	-	-	-	-	1 272	(1 272)	-	-	795
Transfers and subsidies	386	-	(118)	268	267	1	99.6%	1 098	1 098
Provinces and municipalities	386	(187)	(118)	81	80	1	98.8%	118	118
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	187	-	187	187	-	100.0%	980	980
Payments for capital assets	47 704	-	(490)	47 214	23 196	24 018	49.1%	48 028	25 232
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	47 704	-	(490)	47 214	23 196	24 018	49.1%	48 028	25 232
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
	317 780	1 583	(5 516)	313 847	291 100	22 747	92.8%	293 387	271 386

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3-2 PLANNED PATIENT TRANSPORT	2016/17					2015/16			
	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	2 639	(1 583)	(1 044)	12	12	-	100.0%	211	-
Compensation of employees	1 583	(1 583)	-	-	-	-	-	-	-
Goods and services	1 056	-	(1 044)	12	12	-	100.0%	211	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	2 639	(1 583)	(1 044)	12	12	-	100.0%	211	-

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Programme 4: PROVINCIAL HOSPITALS SERVICES												
	2016/17						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		R'000	
Programme 4: PROVINCIAL HOSPITALS SERVICES												
	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	
Programme 4: PROVINCIAL HOSPITALS SERVICES												
	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	
Sub programme												
1. General (Regional) Hospitals	280 211	-	15 801	296 012	316 737	(20 725)	107.0%	245 465	272 105			
2. Tuberculosis Hospitals	19 933	(175)	(970)	18 788	13 156	5 632	70.0%	11 566	11 566			
3. Psychiatric/Mental Hospitals	51 915	175	(263)	51 827	60 567	(8 740)	116.9%	51 720	56 761			
Total for sub programmes	352 059	-	14 568	366 627	390 460	(23 833)	106.5%	308 751	340 432			
Economic classification												
Current payments	350 802	-	15 202	366 004	389 226	(23 222)	106.3%	307 050	338 796			
Compensation of employees	232 490	-	(9 612)	222 878	222 090	788	99.6%	209 158	207 834			
Salaries and wages	204 733	-	(9 612)	195 121	196 353	(1 232)	100.6%	184 148	184 221			
Social contributions	27 757	-	-	27 757	25 737	2 020	92.7%	25 010	23 613			
Goods and services	118 312	-	24 814	143 126	166 885	(23 759)	116.6%	97 892	130 868			
Administrative fees	107	-	-	107	53	54	49.5%	131	26			
Advertising	195	-	-	195	-	195	-	178	154			
Minor assets	728	-	-	728	296	432	40.7%	152	1 150			
Audit costs: External	-	-	-	-	-	-	-	-	-			
Bursaries: Employees	8	-	-	8	3	5	37.5%	8	6			
Catering: Departmental activities	78	-	-	78	124	(46)	159.0%	118	10			
Communication	584	-	-	584	20	564	3.4%	846	102			
Computer services	1 837	-	-	1 837	1 947	(110)	106.0%	4 965	1 060			
Consultants: Business and advisory services	3	-	-	3	11	(8)	366.7%	-	10			

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Programme 4: PROVINCIAL HOSPITALS SERVICES		2016/17					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
Infrastructure and planning services	4	-	-	4	4	-	4	-	-	-
Laboratory services	9 871	-	-	9 871	5 757	4 114	4 114	58.3%	4 225	9 878
Scientific and technological services	-	-	-	-	-	-	-	-	-	-
Legal services	13	-	-	13	-	13	13	-	26	-
Contractors	2 059	-	23 401	25 460	41 842	(16 382)	(16 382)	164.3%	15 034	36 377
Agency and support / outsourced services	14 699	-	1 413	16 112	35 756	(19 644)	(19 644)	221.9%	16 333	11 002
Entertainment	-	-	-	-	-	-	-	-	-	-
Fleet services	29	-	-	29	50	(21)	(21)	172.4%	-	60
Housing	-	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and supplies	223	-	-	223	509	(286)	(286)	228.3%	-	219
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-	1
Inventory: Food and food supplies	3 632	-	-	3 632	4 164	(532)	(532)	114.6%	2 975	3 662
Inventory: Fuel, oil and gas	7 009	-	-	7 009	4 307	2 702	2 702	61.4%	3 562	4 338
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	641	-	-	641	143	498	498	22.3%	708	271
Inventory: Medical supplies	21 453	-	-	21 453	23 197	(1 744)	(1 744)	108.1%	8 477	20 179

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For the year ended 31 March 2017

Programme 4: PROVINCIAL HOSPITALS SERVICES									
	2016/17					2015/16			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Appropriation	Final expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Medicine	20 385	-	-	20 385	9 045	11 340	44.4%	10 476	8 161
Medsas Inventory Interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	4 269	-	-	4 269	6 338	(2 069)	148.5%	3 946	3 327
Consumable: Stationery, printing and office supplies	630	-	-	630	765	(135)	121.4%	598	942
Operating/leases	5 700	-	-	5 700	7 633	(1 933)	133.9%	3 533	6 635
Property payments	22 008	-	-	22 008	23 148	(1 140)	105.2%	18 800	22 199
Transport provided: Departmental activity	1 139	-	-	1 139	-	1 139	-	1 082	-
Travel and subsistence	259	-	-	259	956	(697)	369.1%	1 006	634
Training and development	165	-	-	165	59	106	35.8%	158	8
Operating payments	584	-	-	584	657	(73)	112.5%	555	450
Venues and facilities	-	-	-	-	-	-	-	-	7
Rental and hiring	-	-	-	-	105	(105)	-	-	-
Interest and rent on land	-	-	-	-	251	(251)	-	-	94
Interest	-	-	-	-	251	(251)	-	-	94
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1 082	-	(634)	448	448	-	100.0%	443	639
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-	-

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For the year ended 31 March 2017

	2016/17					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
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	4	-	4	4	-	100.0%	38	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies	-	4	-	4	4	-	100.0%	38	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1 082	(4)	(634)	444	444	-	100.0%	405	234
Social benefits	1 082	(4)	(634)	444	444	-	100.0%	405	405
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	175	-	-	175	786	(611)	449.1%	1 258	997
Buildings and other fixed structures	-	-	-	-	-	-	-	731	731
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	731	731
Machinery and equipment	175	-	-	175	786	(611)	449.1%	473	212
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	175	-	-	175	786	(611)	449.1%	473	212

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Programme 4: PROVINCIAL HOSPITALS SERVICES									
	2016/17					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
Intangible assets	-	-	-	-	-	-	-	54	54
Payments for financial assets	-	-	-	-	-	-	-	-	-
	352 059	-	14 568	366 627	390 460	(23 833)	106.5%	308 751	340 432

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4-1 GENERAL (REGIONAL) HOSPITALS	2016/17						2015/16		
	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	279 693	-	15 976	295 669	315 976	(20 307)	106.9%	245 038	271 943
Compensation of employees	180 723	-	(7 425)	173 298	173 298	-	100.0%	160 823	160 823
Goods and services	98 970	-	23 401	122 371	142 551	(20 180)	116.5%	84 215	111 044
Interest and rent on land	-	-	-	-	127	(127)	-	-	76
Transfers and subsidies	518	-	(175)	343	343	-	100.0%	159	155
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	4	-	4	4	-	100.0%	4	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	518	(4)	(175)	339	339	-	100.0%	155	155
Payments for capital assets	-	-	-	-	418	(418)	-	268	7
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	418	(418)	-	268	7
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
	280 211	-	15 801	296 012	316 737	(20 725)	107.0%	245 465	272 105

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4.2 TUBERCULOSIS HOSPITALS	2016/17					2015/16			
	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	19 530	-	(774)	18 756	13 124	5 632	70.0%	11 467	11 467
Compensation of employees	12 576	-	(774)	11 802	11 014	788	93.3%	7 472	11 195
Goods and services	6 954	-	-	6 954	2 110	4 844	30.3%	3 995	272
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	228	-	(196)	32	32	-	100.0%	99	99
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	228	-	(196)	32	32	-	100.0%	99	99
Payments for capital assets	175	(175)	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	175	(175)	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	19 933	(175)	(970)	18 788	13 156	5 632	70.0%	11 566	11 566

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4.3 PSYCHIATRIC/MENTAL HOSPITALS	2016/17					2015/16			
	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	51 579	-	-	51 579	60 126	(8 547)	116.6%	50 545	55 386
Compensation of employees	39 191	-	(1 413)	37 778	37 778	-	100.0%	40 863	35 816
Goods and services	12 388	-	1 413	13 801	22 224	(8 423)	161.0%	9 682	19 552
Interest and rent on land	-	-	-	-	124	(124)	-	-	18
Transfers and subsidies	336	-	(263)	73	73	-	100.0%	185	385
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	34	-
Non-profit institutions	-	-	-	-	-	-	-	-	234
Households	336	-	(263)	73	73	-	100.0%	151	151
Payments for capital assets	-	175	-	175	368	(193)	210.3%	990	990
Buildings and other fixed structures	-	-	-	-	-	-	-	731	731
Machinery and equipment	-	175	-	175	368	(193)	210.3%	205	205
Intangible assets	-	-	-	-	-	-	-	54	54
Payments for financial assets	51 915	175	(263)	51 827	60 567	(8 740)	116.9%	51 720	56 761

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Programme 5: CENTRAL HOSPITAL SERVICES		2016/17					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. Provincial Tertiary Hospital Services	953 627	-	13 745	967 372	945 261	22 111	97.7%	864 894	879 335
Total for sub programmes	953 627	-	13 745	967 372	945 261	22 111	97.7%	864 894	879 335
Economic classification									
Current payments	921 630	-	-	921 630	922 664	(1 034)	100.1%	841 919	859 566
Compensation of employees	596 247	-	13 007	609 254	613 808	(4 554)	100.7%	567 814	581 957
Salaries and wages	536 619	-	13 007	549 626	552 061	(2 435)	100.4%	512 282	522 008
Social contributions	59 628	-	-	59 628	61 747	(2 119)	103.6%	55 532	59 949
Goods and services	325 383	-	(13 007)	312 376	308 484	3 892	98.8%	274 105	277 201
Administrative fees	295	-	-	295	103	192	34.9%	280	352
Advertising	321	-	-	321	404	(83)	125.9%	566	47
Minor assets	1 111	-	-	1 111	450	661	40.5%	1 054	2 398
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	45	-	-	45	227	(182)	504.4%	82	6
Catering: Departmental activities	165	-	-	165	27	138	16.4%	157	183
Communication	173	-	-	173	315	(142)	182.1%	164	141
Computer services	1 429	-	-	1 429	7 710	(6 281)	539.5%	4 216	6 033
Consultants: Business and advisory services	317	-	-	317	428	(111)	135.0%	301	1 131

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	2016/17					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
Programme 5: CENTRAL HOSPITAL SERVICES									
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	61 927	-	(13 007)	48 920	16 320	32 600	33.4%	49 272	44 861
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	28 852	-	-	28 852	12 786	16 066	44.3%	31 532	17 587
Agency and support / outsourced services	43 067	-	-	43 067	36 421	6 646	84.6%	28 751	38 376
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services	102	-	-	102	64	38	62.7%	74	62
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and supplies	539	-	-	539	436	103	80.9%	1 062	41
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	3 060	-	-	3 060	1 906	1 154	62.3%	4 936	862
Inventory: Fuel, oil and gas	15 932	-	-	15 932	18 955	(3 023)	119.0%	7 825	10 901
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	1 679	-	-	1 679	1 347	332	80.2%	1 054	1 793

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	2016/17						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: Medical supplies	64 482	-	-	64 482	79 396	(14 914)	123.1%	69 329	51 890
Inventory: Medicine	46 440	-	-	46 440	57 517	(11 077)	123.9%	38 025	41 485
Medias Inventory Interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	6 311	-	-	6 311	7 910	(1 599)	125.3%	5 965	6 432
Consumable: Stationery, printing and office supplies	2 549	-	-	2 549	2 187	362	85.8%	3 109	2 121
Operating leases	15 271	-	-	15 271	36 473	(21 202)	238.8%	10 540	26 660
Property payments	29 244	-	-	29 244	25 971	3 273	88.8%	13 385	20 438
Transport provided: Departmental activity	-	-	-	-	65	(65)	-	-	875
Travel and subsistence	1 182	-	-	1 182	354	828	29.9%	1 581	606
Training and development	258	-	-	258	128	130	49.6%	245	664
Operating payments	632	-	-	632	584	48	92.4%	600	1 256
Venues and facilities	-	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	372	(372)	-	-	408
Interest	-	-	-	-	372	(372)	-	-	408
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	2 094	-	(277)	1 817	1 830	(13)	100.7%	2 574	2 979

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	2016/17							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
Provinces and municipalities	-	-	-	-	-	-	-	-	2
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	2
Municipal agencies and funds	-	-	-	-	-	-	-	-	2
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies	-	-	-	-	-	-	-	-	-
Non-profit institutions	715	(174)	(277)	264	264	-	100.0%	679	1 056
Households	1 379	174	-	1 553	1 566	(13)	100.8%	1 895	1 921
Social benefits	1 379	174	-	1 553	1 553	-	100.0%	1 895	1 921
Other transfers to households	-	-	-	-	13	(13)	-	-	-
Payments for capital assets	29 903	-	14 022	43 925	20 767	23 158	47.3%	20 401	16 790
Buildings and other fixed structures	-	-	-	-	-	-	-	6 740	6 740
Buildings	-	-	-	-	-	-	-	6 740	6 740
Other fixed structures	-	-	-	-	-	-	-	-	-

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Programme 5: CENTRAL HOSPITAL SERVICES		2016/17						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
Machinery and equipment	29 903	-	14 022	43 925	20 767	23 158	47.3%	13 661	10 041
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	29 903	-	14 022	43 925	20 767	23 158	47.3%	13 661	10 041
Intangible assets	-	-	-	-	-	-	-	-	9
Payments for financial assets	-	-	-	-	-	-	-	-	-
	953 627	-	13 745	967 372	945 261	22 111	97.7%	864 894	879 335

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5:1 PROVINCIAL TERTIARY HOSPITAL SERVICES	2016/17					2015/16			
	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	921 630	-	-	921 630	922 664	(1 034)	100.1%	841 919	859 566
Compensation of employees	596 247	-	13 007	609 254	613 808	(4 554)	100.7%	567 814	581 957
Goods and services	325 383	-	(13 007)	312 376	308 484	3 892	98.8%	274 105	277 201
Interest and rent on land	-	-	-	-	372	(372)	-	-	408
Transfers and subsidies	2 094	-	(277)	1 817	1 830	(13)	100.7%	2 574	2 979
Provinces and municipalities	-	-	-	-	-	-	-	-	2
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	715	(174)	(277)	264	264	-	100.0%	679	1 056
Households	1 379	174	-	1 553	1 566	(13)	100.8%	1 895	1 921
Payments for capital assets	29 903	-	14 022	43 925	20 767	23 158	47.3%	20 401	16 790
Buildings and other fixed structures	-	-	-	-	-	-	-	6 740	6 740
Machinery and equipment	29 903	-	14 022	43 925	20 767	23 158	47.3%	13 661	10 041
Intangible assets	-	-	-	-	-	-	-	-	9
Payments for financial assets	-	-	-	-	-	-	-	-	-
	953 627	-	13 745	967 372	945 261	22 111	97.7%	864 894	879 335

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		2016/17						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	
Programme 6: HEALTH SCIENCES AND TRAINING										
Sub programme										
1.	Nurse Training College	64 315	(52)	(679)	63 584	58 569	5 015	92.1%	59 728	53 085
2.	EMS Training College	4 256	-	(840)	3 416	1 049	2 367	30.7%	966	888
3.	Bursaries	24 942	299	(811)	24 430	56 620	(32 190)	231.8%	28 346	26 196
4.	Primary Health Care Training	1 505	(247)	(1 229)	29	29	-	100.0%	-	-
5.	Training Other	37 542	-	(5 016)	32 526	7 718	24 808	23.7%	25 513	10 945
Total for sub programmes		132 560	-	(8 575)	123 985	123 985	-	100.0%	114 553	91 114
Economic classification										
Current payments										
Compensation of employees		117 607	-	(9 250)	108 357	72 945	35 412	67.3%	99 329	79 665
Salaries and wages		42 191	-	-	42 191	26 140	16 051	62.0%	40 709	27 888
Social contributions		38 581	-	-	38 581	23 573	15 008	61.1%	37 679	25 407
Goods and services		3 610	-	-	3 610	2 567	1 043	71.1%	3 030	2 481
Administrative fees		75 416	-	(9 250)	66 166	46 805	19 361	70.7%	58 620	51 777
Advertising		4 448	-	(1 009)	3 439	191	3 248	5.6%	11 665	379
Minor assets		95	-	-	95	-	95	-	99	44
Audit costs: External		712	-	-	712	37	675	5.2%	957	51
Bursaries: Employees		-	-	-	-	-	-	-	-	-
Catering: Departmental activities		549	-	-	549	1 090	(541)	198.5%	422	3 666
Communication		320	-	-	320	2 251	(1 931)	703.4%	348	2 317
		208	-	-	208	-	208	-	364	30

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For the year ended 31 March 2017

	2016/17					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
Computer services	356	-	-	356	251	105	70.5%	577	75
Consultants: Business and advisory services	501	-	-	501	213	288	42.5%	889	81
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	299	-	-	299	-	299	-	-	286
Agency and support / outsourced services	547	-	-	547	21	526	3.8%	519	-
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services	-	-	-	-	257	(257)	-	-	-
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and supplies	-	-	-	-	31	(31)	-	-	67
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	220	-	(220)	-	-	-	-	-	-

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	2016/17					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: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	-	-	-	-	-
Inventory: Medical supplies	-	-	-	-	-	-	-	-	-
Inventory: Medicine	-	-	-	-	-	-	-	-	-
Medsas Inventory Interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	351	-	-	351	410	(59)	116.8%	380	468
Consumable: Stationery, printing and office supplies	2 436	-	-	2 436	448	1 988	18.4%	702	930
Operating leases	15 580	-	-	15 580	26 080	(10 500)	167.4%	8 984	19 552
Property payments	4 343	-	-	4 343	1 113	3 230	25.6%	158	903
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	15 886	-	-	15 886	7 251	8 635	45.6%	13 305	9 820
Training and development	28 061	-	(8 021)	20 040	7 052	12 988	35.2%	18 539	12 973
Operating payments	40	-	-	40	35	5	87.5%	176	14
Venues and facilities	464	-	-	464	74	390	15.9%	536	121
Rental and hiring	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-

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Programme 6: HEALTH SCIENCES AND TRAINING									
	2016/17					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
Interest	-	-	-	-	-	-	-	-	-
Rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	13 441	-	1 917	15 358	51 022	(35 664)	332.2%	12 741	10 590
Provinces and municipalities	-	-	-	8	8	-	100.0%	-	-
Provinces	-	-	-	8	8	-	100.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	8	8	-	100.0%	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	1	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies	-	-	-	-	-	-	-	1	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	13 441	(8)	1 917	15 350	51 014	(35 664)	332.3%	12 740	10 590
Social benefits	85	(52)	-	33	33	-	100.0%	189	189
Other transfers to households	13 356	44	1 917	15 317	50 981	(35 664)	332.8%	12 551	10 401

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		2016/17						2015/16	
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
		R'000	R'000	R'000	R'000	R'000		R'000	R'000
Payments for capital assets		1 512	-	(1 242)	270	18	252	2 483	859
Buildings and other fixed structures		-	-	-	-	-	-	-	-
Buildings		-	-	-	-	-	-	-	-
Other fixed structures		-	-	-	-	-	-	-	-
Machinery and equipment		1 512	-	(1 242)	270	18	252	2 395	771
Transport equipment		949	-	(679)	270	18	270	1 949	-
Other machinery and equipment		563	-	(563)	-	-	(18)	446	771
Intangible assets		-	-	-	-	-	-	88	88
Payments for financial assets		-	-	-	-	-	-	-	-
		132 560	-	(8 575)	123 985	123 985	-	114 553	91 114
									100.0%

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6.1 NURSE TRAINING COLLEGE	2016/17						2015/16		
	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	63 281	-	-	63 281	58 518	4 763	92.5%	57 589	52 493
Compensation of employees	32 464	-	-	32 464	25 183	7 281	77.6%	33 495	26 409
Goods and services	30 817	-	-	30 817	33 335	(2 518)	108.2%	24 094	26 084
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	85	(52)	-	33	33	-	100.0%	190	189
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	1	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	85	(52)	-	33	33	-	100.0%	189	189
Payments for capital assets	949	-	(679)	270	18	252	6.7%	1 949	403
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	949	-	(679)	270	18	252	6.7%	1 949	403
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	(52)	(679)	63 584	58 569	5 015	92.1%	59 728	53 085
	64 315								

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6.2 EMS TRAINING COLLEGE	2016/17						2015/16		
	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	3 693	-	(277)	3 416	1 049	2 367	30.7%	888	888
Compensation of employees	2 431	-	-	2 431	346	2 085	14.2%	354	354
Goods and services	1 262	-	(277)	985	703	282	71.4%	534	534
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	563	-	(563)	-	-	-	-	78	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	563	-	(563)	-	-	-	-	78	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	4 256	-	(840)	3 416	1 049	2 367	30.7%	966	888

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	2016/17						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
Economic classification									
Current payments	11 586	255	(2 728)	9 113	5 639	3 474	61.9%	15 339	15 339
Compensation of employees	2 121	-	-	2 121	485	1 636	22.9%	1 983	983
Goods and services	9 465	255	(2 728)	6 992	5 154	1 838	73.7%	13 356	14 356
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	13 356	44	1 917	15 317	50 981	(35 664)	332.8%	12 551	10 401
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	13 356	44	1 917	15 317	50 981	(35 664)	332.8%	12 551	10 401
Payments for capital assets	-	-	-	-	-	-	-	456	456
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	368	368
Intangible assets	-	-	-	-	-	-	-	88	88
Payments for financial assets	-	-	-	-	-	-	-	-	-
	24 942	299	(811)	24 430	56 620	(32 190)	231.8%	28 346	26 196

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6.4 PRIMARY HEALTH CARE TRAINING	2016/17					2015/16			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1 505	(255)	(1 229)	21	21	-	100.0%	-	-
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	1 505	(255)	(1 229)	21	21	-	100.0%	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	8	-	8	8	-	100.0%	-	-
Provinces and municipalities	-	8	-	8	8	-	100.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	1 505	(247)	(1 229)	29	29	-	100.0%	-	-

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	2016/17					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
6.5 TRAINING OTHER									
Economic classification									
Current payments	37 542	-	(5 016)	32 526	7 718	24 808	23.7%	25 513	10 945
Compensation of employees	5 175	-	-	5 175	126	5 049	2.4%	4 877	142
Goods and services	32 367	-	(5 016)	27 351	7 592	19 759	27.8%	20 636	10 803
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies									
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets									
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets									
	37 542	-	(5 016)	32 526	7 718	24 808	23.7%	25 513	10 945

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For the year ended 31 March 2017

		2016/17					2015/16		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
		R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Programme 7: HEALTH CARE SUPPORT SERVICES									
Sub programme									
1. Laundry Services		7 127	-	114	7 241	10 981	151.7%	6 730	9 291
2. Engineering		18 113	-	59	18 172	31 001	170.6%	26 473	46 348
3. Forensic Services		34 639	(5 499)	(85)	29 055	23 215	79.9%	23 174	23 177
4. Orthotic And Prosthetic Services		9 350	-	(312)	9 038	6 815	75.4%	6 079	5 748
5. Medicine Trading Account		31 438	5 499	(400)	36 537	36 587	100.1%	32 478	35 203
Total for sub programmes		100 667	-	(624)	100 043	108 599	108.6%	94 934	119 767
Economic classification									
Current payments		97 373	-	1 624	98 997	107 553	108.6%	92 900	118 822
Compensation of employees		64 764	-	1 624	66 388	69 145	104.2%	61 087	64 131
Salaries and wages		55 502	-	1 624	57 126	59 370	103.9%	51 246	54 890
Social contributions		9 262	-	-	9 262	9 775	105.5%	9 841	9 241
Goods and services		32 609	-	-	32 609	38 357	117.6%	31 813	54 564
Administrative fees		-	-	-	-	12	-	5	4
Advertising		-	-	-	-	-	-	-	102
Minor assets		695	-	-	695	23	3.3%	561	410
Audit costs: External		-	-	-	-	-	-	-	-
Bursaries: Employees		-	-	-	-	-	-	-	-
Catering: Departmental activities		-	-	-	-	29	-	-	64
Communication		329	-	-	329	16	4.9%	148	100
Computer services		111	-	-	111	-	-	59	59

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Programme 7: HEALTH CARE SUPPORT SERVICES									
	2016/17					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
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Scientific and technological services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	7 700	-	-	7 700	22 026	(14 326)	286.1%	15 404	36 525
Agency and support / outsourced services	1 164	-	-	1 164	702	462	60.3%	763	638
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services	5 770	-	-	5 770	3 391	2 379	58.8%	4 999	5 376
Housing	-	-	-	-	-	-	-	-	-
Inventory: Clothing material and supplies	101	-	-	101	63	38	62.4%	96	79
Inventory: Farming supplies	23	-	-	23	-	23	-	48	-
Inventory: Food and food supplies	392	-	-	392	-	392	-	-	-
Inventory: Fuel, oil and gas	-	-	-	-	8	(8)	-	-	2
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-

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Programme 7: HEALTH CARE SUPPORT SERVICES		2016/17				2015/16			
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Inventory: Materials and supplies	58	-	-	58	126	(68)	217.2%	32	61
Inventory: Medical supplies	5 758	-	-	5 758	3 188	2 570	55.4%	3 518	2 704
Inventory: Medicine	230	-	-	230	-	230	-	-	-
Medsas Inventory Interface	-	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	1 979	-	-	1 979	3 535	(1 556)	178.6%	896	3 030
Consumable: Stationery, printing and office supplies	425	-	-	425	262	163	61.6%	403	416
Operating leases	629	-	-	629	40	589	6.4%	463	505
Property payments	6 287	-	-	6 287	4 102	2 185	65.2%	3 368	3 368
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-
Travel and subsistence	799	-	-	799	778	21	97.4%	831	1 061
Training and development	129	-	-	129	-	129	-	171	-
Operating payments	30	-	-	30	42	(12)	140.0%	48	60
Venues and facilities	-	-	-	-	13	(13)	-	-	-
Rental and hiring	-	-	-	-	1	(1)	-	-	-
Interest and rent on land	-	-	-	-	51	(51)	-	-	127
Interest	-	-	-	-	51	(51)	-	-	127
Rent on land	-	-	-	-	-	-	-	-	-

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	2016/17						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
Transfers and subsidies	-	-	238	238	238	-	100.0%	-	182
Provinces and municipalities	-	-	28	28	28	-	100.0%	-	11
Provinces	-	-	28	28	28	-	100.0%	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	28	28	28	-	100.0%	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	11
Municipal agencies and funds	-	-	-	-	-	-	-	-	11
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	210	210	210	-	100.0%	-	171
Social benefits	-	-	210	210	210	-	100.0%	-	171
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	3 294	-	(2 486)	808	808	-	100.0%	2 034	763
Buildings and other fixed structures	-	445	-	445	445	-	100.0%	448	448
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	445	-	445	445	-	100.0%	448	448

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	2016/17						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
Machinery and equipment	3 294	(445)	(2 486)	363	363	-	100.0%	1 586	315
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	3 294	(445)	(2 486)	363	363	-	100.0%	1 586	315
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
	100 667	-	(624)	100 043	108 599	(8 556)	108.6%	94 934	119 767

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	2016/17						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
7.1 LAUNDRY SERVICES									
Economic classification									
Current payments	7 127	-	-	7 127	10 867	(3 740)	152.5%	6 730	9 173
Compensation of employees	6 611	-	-	6 611	6 331	280	95.8%	6 240	6 258
Goods and services	516	-	-	516	4 536	(4 020)	879.1%	490	2 915
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	114	114	114	-	100.0%	-	118
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	114	114	114	-	100.0%	-	118
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	7 127	-	114	7 241	10 981	(3 740)	151.7%	6 730	9 291

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For the year ended 31 March 2017

7.2 ENGINEERING	2016/17						2015/16		
	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	18 113	-	-	18 113	30 942	(12 829)	170.8%	25 837	45 690
Compensation of employees	11 258	-	-	11 258	10 195	1 063	90.6%	10 611	9 583
Goods and services	6 855	-	-	6 855	20 747	(13 892)	302.7%	15 226	36 107
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	59	59	59	-	100.0%	-	22
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	59	59	59	-	100.0%	-	22
Payments for capital assets	-	-	-	-	-	-	-	636	636
Buildings and other fixed structures	-	-	-	-	-	-	-	448	448
Machinery and equipment	-	-	-	-	-	-	-	188	188
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	(12 829)	-	-	-
	18 113	-	59	18 172	31 001	(12 829)	170.6%	26 473	46 348

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7.3 FORENSIC SERVICES	2016/17					2015/16			
	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	33 743	(5 054)	-	28 689	22 849	5 840	79.6%	22 960	23 044
Compensation of employees	23 508	(5 054)	-	18 454	18 454	-	100.0%	16 089	16 089
Goods and services	10 235	-	-	10 235	4 347	5 888	42.5%	6 871	6 871
Interest and rent on land	-	-	-	-	48	(48)	-	-	84
Transfers and subsidies	-	-	17	17	17	-	100.0%	-	6
Provinces and municipalities	-	-	17	17	17	-	100.0%	-	6
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	896	(445)	(102)	349	349	-	100.0%	214	127
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	896	(445)	(102)	349	349	-	100.0%	214	127
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
	34 639	(5 499)	(85)	29 055	23 215	5 840	79.9%	23 174	23 177

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7-4 ORTHOTIC AND PROSTETIC SERVICES	2016/17					2015/16			
	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	9 001	-	-	9 001	6 778	2 223	75.3%	5 748	5 748
Compensation of employees	2 823	-	-	2 823	3 485	(662)	123.5%	2 662	3 218
Goods and services	6 178	-	-	6 178	3 293	2 885	53.3%	3 086	2 530
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	37	37	37	-	100.0%	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	37	37	37	-	100.0%	-	-
Payments for capital assets	349	-	(349)	-	-	-	-	331	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	349	-	(349)	-	-	-	-	331	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
	9 350	-	(312)	9 038	6 815	2 223	75.4%	6 079	5 748

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7.5 MEDICINE TRADING ACCOUNT	2016/17					2015/16			
	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	29 389	5 054	1 624	36 067	36 117	(50)	100.1%	31 625	35 167
Compensation of employees	20 564	5 054	1 624	27 242	30 680	(3 438)	112.6%	25 485	28 983
Goods and services	8 825	-	-	8 825	5 434	3 391	61.6%	6 140	6 141
Interest and rent on land	-	-	-	-	3	(3)	-	-	43
Transfers and subsidies	-	-	11	11	11	-	100.0%	-	36
Provinces and municipalities	-	-	11	11	11	-	100.0%	-	5
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	31
Payments for capital assets	2 049	445	(2 035)	459	459	-	100.0%	853	-
Buildings and other fixed structures	-	445	-	445	445	-	100.0%	-	-
Machinery and equipment	2 049	-	(2 035)	14	14	-	100.0%	853	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	(50)	-	-	-
	31 438	5 499	(400)	36 537	36 587	(50)	100.1%	32 478	35 203

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Programme 8: HEALTH FACILITIES MANAGEMENT										
	2016/17					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. District Hospital Services	395 008	(48 884)	(7 143)	338 981	205 616	133 365	60.7%	318 921	228 097	
2. Provincial Hospital Services	122 863	48 884	34	171 781	169 722	2 059	98.8%	329 459	330 522	
Total for sub programmes	517 871	-	(7 109)	510 762	375 338	135 424	73.5%	648 380	558 619	
Economic classification										
Current payments	42 110	-	-	42 110	50 999	(8 889)	121.1%	44 668	48 968	
Compensation of employees	9 714	-	-	9 714	9 690	24	99.8%	8 905	8 905	
Salaries and wages	8 829	-	-	8 829	8 856	(27)	100.3%	7 486	8 150	
Social contributions	885	-	-	885	834	51	94.2%	1 419	755	
Goods and services	32 396	-	-	32 396	40 779	(8 383)	125.9%	35 763	40 053	
Administrative fees	106	-	-	106	21	85	19.8%	100	20	
Advertising	621	-	-	621	-	621	-	589	280	
Minor assets	2 446	-	-	2 446	1 179	1 267	48.2%	2 735	1 663	
Audit costs: External	-	-	-	-	-	-	-	-	-	
Bursaries: Employees	40	-	-	40	-	40	-	38	-	
Catering: Departmental activities	74	-	-	74	-	74	-	114	47	
Communication	116	-	-	116	-	116	-	110	49	
Computer services	95	-	-	95	-	95	-	50	-	
Consultants: Business and advisory services	131	-	-	131	-	131	-	2 494	3 372	

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Programme 8: HEALTH FACILITIES MANAGEMENT											
	Adjusted Appropriation	Shifting of Funds	2016/17			Variance	Expenditure as % of final appropriation	2015/16		Actual expenditure	
			R'000	R'000	R'000			Final Appropriation	R'000		
Infrastructure and planning services	-	-	-	-	-	-	-	7 987	-	-	
Laboratory services	-	-	-	-	-	-	-	-	-	-	
Scientific and technological services	-	-	-	-	-	-	-	-	-	-	
Legal services	-	-	-	-	-	-	-	-	-	-	
Contractors	22 829	-	-	22 829	-	142.8%	14 040	14 040	31 936	-	
Agency and support / outsourced services	118	-	-	118	35	70.3%	112	112	-	-	
Entertainment	-	-	-	-	-	-	-	-	-	-	
Fleet services	7	-	-	7	5	28.6%	7	7	-	-	
Housing	-	-	-	-	-	-	-	-	-	-	
Inventory: Clothing material and supplies	-	-	-	-	-	-	-	-	-	-	
Inventory: Farming supplies	-	-	-	-	-	-	-	-	-	-	
Inventory: Food and food supplies	-	-	-	-	-	-	-	-	-	3	
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	-	-	
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-	-	
Inventory: Materials and supplies	267	-	-	267	267	-	454	454	610	-	
Inventory: Medical supplies	30	-	-	30	(187)	723.3%	28	28	25	-	

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Programme 8: HEALTH FACILITIES MANAGEMENT										
	2016/17					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	
Medsas Inventory Interface	-	-	-	-	-	-	-	-	-	
Inventory: Other supplies	-	-	-	-	-	-	-	-	-	
Consumable supplies	104	-	-	104	5 566	(5 462)	5351.9%	99	101	
Consumable: Stationery, printing and office supplies	221	-	-	221	1	220	0.5%	135	146	
Operating leases	20	-	-	20	3	17	15.0%	19	11	
Property payments	2 117	-	-	2 117	-	2 117	-	2 007	517	
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	-	
Travel and subsistence	1 187	-	-	1 187	1 095	92	92.2%	3 070	1 180	
Training and development	11	-	-	11	6	5	54.5%	10	35	
Operating payments	123	-	-	123	14	109	11.4%	117	51	
Venues and facilities	1 733	-	-	1 733	-	1 733	-	1 448	-	
Rental and hiring	-	-	-	-	-	-	-	-	-	
Interest and rent on land	-	-	-	-	530	(530)	-	-	10	
Interest	-	-	-	-	530	(530)	-	-	10	
Rent on land	-	-	-	-	-	-	-	-	-	
	-	-	-	-	-	-	-	-	-	
Transfers and subsidies	-	-	34	34	34	-	100.0%	-	142	
Provinces and municipalities	-	-	-	-	-	-	-	-	-	

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Programme 8: HEALTH FACILITIES MANAGEMENT		2016/17					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
Provinces	-	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	34	34	34	-	100.0%	-	142
Social benefits	-	-	34	34	34	-	100.0%	-	-
Other transfers to households	-	-	-	-	-	-	-	-	142
Payments for capital assets	475 761	-	(7 143)	468 618	324 305	144 313	69.2%	603 712	509 509
Buildings and other fixed structures	400 059	-	(7 143)	392 916	316 583	76 333	80.6%	510 971	476 808
Buildings	400 059	-	(7 143)	392 916	316 805	76 111	80.6%	510 971	476 808
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	75 702	-	-	75 702	7 722	67 980	10.2%	92 132	32 092
Transport equipment	-	-	-	-	-	-	-	-	174

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Programme 8: HEALTH FACILITIES MANAGEMENT									
	2016/17					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
Other machinery and equipment	75 702	-	-	75 702	7 722	67 980	10.2%	92 132	31 918
Intangible assets	-	-	-	-	-	-	-	609	609
Payments for financial assets	-	-	-	-	-	-	-	-	-
	517 871	-	(7 109)	510 762	375 338	135 424	73.5%	648 380	558 619

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8.1 DISTRICT HOSPITAL SERVICES	2016/17					2015/16			
	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	25 582	-	-	25 582	36 388	(10 806)	142.2%	28 851	32 126
Compensation of employees	837	-	-	837	-	837	-	5 094	2
Goods and services	24 745	-	-	24 745	36 319	(11 574)	146.8%	23 757	32 114
Interest and rent on land	-	-	-	-	69	(69)	-	-	10
Transfers and subsidies	-	-	-	-	-	-	-	-	104
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	104
Payments for capital assets	369 426	(48 884)	(7 143)	313 399	169 228	144 171	54.0%	290 070	195 867
Buildings and other fixed structures	307 526	(48 884)	(7 143)	251 499	168 385	83 114	67.0%	212 938	190 617
Machinery and equipment	61 900	-	-	61 900	843	61 057	1.4%	77 132	5 250
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	395 008	(48 884)	(7 143)	338 981	205 616	133 365	60.7%	318 921	228 097

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8.2 PROVINCIAL HOSPITAL SERVICES	2016/17										2015/16									
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure	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	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	
Economic classification																				
Current payments	16 528	-	-	16 528	14 611	1 917	88.4%	15 817	16 842	1 025			15 817	16 842	1 025		15 817	16 842	1 025	
Compensation of employees	8 877	-	-	8 877	9 690	(813)	109.2%	3 811	8 903	(887)			3 811	8 903	(1092)		3 811	8 903	(1092)	
Goods and services	7 651	-	-	7 651	4 460	3 191	58.3%	12 006	7 939	(4671)			12 006	7 939	(4067)		12 006	7 939	(4067)	
Interest and rent on land	-	-	-	-	461	(461)	-	-	-	-			-	-	-		-	-	-	
Transfers and subsidies	-	-	34	34	34	-	100.0%	-	38	4			-	38	4		-	38	4	
Provinces and municipalities	-	-	-	-	-	-	-	-	-	-			-	-	-		-	-	-	
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	-			-	-	-		-	-	-	
Non-profit institutions	-	-	-	-	-	-	-	-	-	-			-	-	-		-	-	-	
Households	-	-	34	34	34	-	100.0%	-	38	4			-	38	4		-	38	4	
Payments for capital assets	106 335	48 884	-	155 219	155 077	142	99.9%	313 642	313 642	-			313 642	313 642	-		313 642	313 642	-	
Buildings and other fixed structures	92 533	48 884	-	141 417	148 198	(6 781)	104.8%	2 98 033	286 191	(87 162)			2 98 033	286 191	(87 842)		2 98 033	286 191	(87 842)	
Machinery and equipment	13 802	-	-	13 802	6 879	6 923	49.8%	15 000	26 842	11 042			15 000	26 842	11 842		15 000	26 842	11 842	
Intangible assets	-	-	-	-	-	-	-	-	-	-			-	-	-		-	-	-	
Payments for financial assets	122 863	48 884	34	171 781	169 722	2 059	98.8%	329 459	330 522	1 063			329 459	330 522	1 063		329 459	330 522	1 063	

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.

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2. Detail of specifically and exclusively appropriated amounts voted (after Virement):

Detail of these transactions can be viewed in note 1 (Annual Appropriation) to the Annual Financial Statements.

3. Detail on payments for financial assets

Detail of these transactions per programme can be viewed in the note on Payments for financial assets to the Annual Financial Statements.

4. Explanations of material variances from Amounts Voted (after Virement):

4.1	Per programme	Final Appropriation	Actual Expenditure	Variance R'000	Variance as a % of Final Appropriation
	Administration	198 037	219 342	(21 305)	-11%
	District Health Services	1 913 500	1 915 040	(1 540)	0%
	Emergency Medical Services	313 859	291 112	22 747	7%
	Provincial Hospital Services	366 627	390 460	(23 833)	-7%
	Central Hospital Services	967 372	945 261	22 111	2%
	Health Sciences	123 985	123 985	-	0%
	Health Care Support Services	100 043	108 599	(8 556)	-9%
	Health Facilities Management	510 762	375 338	135 424	27%

Administration - (R21 305million)

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 audit fees, legal fees, computer services, communication and leasing of departmental fleet.

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The department together with the Provincial Treasury are developing a financial turn-around strategy to stabilise the finances of the department. The interventions are being implemented to contain budget pressures resulting from the impact of accruals.

District Health Services – (R1 540 million)

The programme has spent within the allocated budget, although the compensation of employees overspent by R45-566 million due to existing budget pressures; while the goods & services underspend by R44,135 million due to cash flow constraints. An amount of R1,570 million was spent on interest on overdue accounts.

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

Emergency Medical Services - R22-747 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 R24.018 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 equipment to be mounted as outlined above. 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 commitment on emergency vehicles.

Provincial Hospital Services - (R23-833 million)

The programme underspent on compensation of employees since a number of posts of medical officers which have not been filled, due to inability to attract and retain health professionals at Dr Harry Surtie Hospital. The recruitment agencies were utilised to maintain service delivery resulting in the overspending of goods & services.

However, the recruitment agencies were discontinued during the last quarter of the financial year.

Central Hospital Services - R22-111 million

NORTHERN CAPE DEPARTMENT OF HEALTH

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NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

The programme underspent on goods & services due cash flow constraints; while the capital budget was underspent by R26.412 million due to delays on the procurement of medical equipment. An amount of R372.000 million was spent on interest on overdue accounts.

A roll over has been requested to mitigate this commitment on payments for capital assets.

Health Science and Training - R nil

The programme has broken even, however R33.206 million was overspend on the transfers and subsidies due to payment of accruals in respect of Cuban Student Doctors Programme; it is reduced by the saving resulting from slow implementation of work skills plan. Hence, the programme spent within the allocated budget.

The budget will be reprioritised in the next financial year in order to provide for the Cuban Student Doctors Programme.

Health Care Support Services - (R8.556 million)

The programme experience budget pressures on the compensation of employees and goods & services. The programme overspent by R5.802 million on goods & services due to accruals paid regarding the maintenance of standby generators.

The budget will be reprioritised in the next financial year in order to mitigate the overspending on the compensation of employees and maintenance of standby generators.

Health Facilities Management - R135 424 million

The goods & services was overspent by R8.480 million due to maintenance of electrical appliances. The Health Facility Revitalisation Grant was underspent by R116.506 million as a result delays on the awarding of tenders by implementing agents. Most of the tenders were only awarded during the third and fourth quarter.

A roll over has been requested to mitigate these commitments, since most projects are still at the planning stage.

NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

4.2	Per economic classification	Final	Actual	Variance	Variance as a %
		Appropriation R'000	Expenditure R'000	R'000	of Final Appropriation R'000
	Current payments				
	Compensation of employees	2 286 024	2 322 039	(36 015)	-1.6%
	Goods and services	1 498 359	1 478 455	19 904	1.3%
	Interest and rent on land	-	5 796	(5 796)	-100.0%
	Transfers and subsidies				
	Provinces and municipalities	1 522	1 532	(10)	-0.7%
	Departmental agencies and accounts	6	6	-	0.0%
	Non-profit institutions	106 738	106 738	-	0.0%
	Households	23 606	59 283	(35 677)	-151.1%
	Payments for capital assets				
	Buildings and other fixed structures	393 361	318 590	74 771	19.0%
	Machinery and equipment	184 555	77 082	107 473	58.2%
	Intangible assets	14	14	-	0.0%
	Payments for financial assets				
		-	-	-	0

Explanation of variances

NORTHERN CAPE DEPARTMENT OF HEALTH

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NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

Compensation of employee - (R36.015 million)

The department overspent with an amount of R36.015 million on compensation of employee due to existing budget pressures. The department experienced budget pressures on the implementation of Occupation Specific Dispensation (OSD) rank translations, grade progression and improved qualifications.

Goods and services – R19.904 million

Expenditure amounts to R1.478 billion or 99.0 per cent of the adjusted budget of R1.511 billion. The underspent by R19.904 million on goods & services at the end of the financial year due to cash flow constraints.

However, the accruals amount to R292.116 million on goods & services was reported at the end of February 2017. The impact of accruals is being experienced, specifically on leasing of medical equipment, fleet services, outsource medical services, medical waste removal, medicine, municipal services and communication costs have been partly paid.

Interest and rent on Land – (R5.796 million)

An amount of R4.468 million has been spent on this item. This represents interest paid on overdue accounts, it is mainly caused by inability to pay outstanding debts on time due to cash flow constraints.

Transfers to municipalities – (R10 000)

The department underspend on transfers to municipalities 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 saving was utilised to defray overspending on other transfers and subsidies.

Transfers to households – (R35.677 million)

NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

The department overspent by R33-206 million on the transfers to households due to payment of accruals in respect of Cuban Student Doctors Programme.

The budget will be reprioritised in the next financial year in order to provide for the Cuban Student Doctors Programme.

Buildings & other fixed structures – R74-771 million

The department underspent by R74-771 million which is due to delays on the awarding of tenders by implementing agents. Most of the tenders were only awarded during the third and fourth quarter.

A roll over has been requested to mitigate these commitments, since most projects are still at the planning stage.

Machinery & equipment – R107-473 million

The department underspent due to delays on the procurement of medical equipment for Kimberley Hospital and new De Aar Hospital; while a further R24-018 million was committed towards procuring the emergency vehicles.

A roll over has been requested to mitigate these commitments on medical equipment and emergency vehicles.

4-3 Per conditional grant	Final Appropriation		Actual Expenditure		Variance		Variance as a % of	
	R'000	R'000	R'000	R'000	R'000	R'000	Final Appropriation	R'000
Comprehensive HIV and AIDS Grant	413 231	413 231	413 231	-	-	0%		
Health Facility Revitalisation Grant	514 585	398 052	398 052	116 533	23%			
Health Professions Training and Development Grant	81 815	77 505	77 505	4 310	5%			
National Health Insurance	10 489	8 872	8 872	1 617	15%			
National Tertiary Services Grant	322 272	300 274	300 274	21 998	7%			
Extended Public Works Programme Incentive Grant	15 230	15 230	15 230	-	0%			

NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

Extended Public Works Programme Social Services Grant	3 286	3 286	0%
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Explanation of variances

Comprehensive HIV and Aids Grant – R nil

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

Health Facility Revitalisation Grant - R116.533 million

The Health Facility Revitalisation Grant was underspent by R116,506 million as a result of delays on the awarding of tenders by implementing agents. Most of the tenders were only awarded during the third and fourth quarter.

A roll over has been requested to mitigate these commitments, since most projects are still at the planning stage.

Health Professions Training & Development Grant - R4.310 million

The department underspend by R4,310 million as a result of delays on the procurement of medical equipment. A roll over has been requested to mitigate this commitment.

National Health Insurance Grant - R1.617 million

The department underspend due to poor supplier performance since a number of orders have been placed for the procurement of training materials and medical supplies. A roll over has been requested to mitigate this commitment.

National Tertiary Services Grant (underspent by R21.998 million)

The department underspend as a result of delays on the procurement of medical equipment. A roll over has been requested for the unspent funds on the capital budget.

Expanded Public Works Programme (R nil)

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

Social Sector EPWP incentive grant (R nil)

NORTHERN CAPE DEPARTMENT OF HEALTH

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NOTES TO THE APPROPRIATION STATEMENT

For the year ended 31 March 2017

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

STATEMENT OF FINANCIAL PERFORMANCE

For the year ended 31 March 2017

	Note	2016/17	2015/16
		R'000	R'000
REVENUE			
Annual appropriation	1	4 494 185	4 228 733
Aid assistance	3		228
TOTAL REVENUE		4 494 185	4 228 961
EXPENDITURE			
Current expenditure			
Compensation of employees	4	2 322 039	2 150 712
Goods and services	5	1 478 832	1 317 304
Interest and rent on land	6	5 796	2 703
Aid assistance	3		255
Total current expenditure		3 806 666	3 470 974
Transfers and subsidies			
Transfers and subsidies	7	167 560	114 287
Total transfers and subsidies		167 560	114 287
Expenditure for capital assets			
Tangible assets	8	394 912	582 492
Intangible assets	8	-	767
Total expenditure for capital assets		394 912	583 259
TOTAL EXPENDITURE		4 369 138	4 168 520
SURPLUS FOR THE YEAR		125 047	60 441

STATEMENT OF FINANCIAL PERFORMANCE

For the year ended 31 March 2017

Reconciliation of Net Surplus for the year		
Voted funds	125 047	60 468
Annual appropriation	(19 434)	6 540
Conditional grants	144 481	53 928
Aid assistance	-	(27)
SURPLUS FOR THE YEAR	125 047	60 441

STATEMENT OF FINANCIAL POSITION

For the year ended 31 March 2017

	Note	2016/17 R'000	2015/16 R'000
ASSETS			
Current assets		385 631	336 579
Unauthorised expenditure	9	381 222	329 646
Cash and cash equivalents	10	-	6
Prepayments and advances	11	229	479
Receivables	12	4180	6 448
Non-current assets		18 314	12 070
Receivables	12	18 314	12 070
TOTAL ASSETS		403 945	348 649
LIABILITIES			
Current liabilities		403 945	348 275
Voted funds to be surrendered to the Revenue Fund	13	269 173	152 659
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	14	4 548	7 049
Bank overdraft	15	126 443	187 662
Payables	26	3 200	324
Aid assistance unutilised	3	581	581

STATEMENT OF FINANCIAL POSITION

For the year ended 31 March 2017

	Note	2016/17 R'000	2015/16 R'000
TOTAL LIABILITIES		403 945	348 275
NET ASSETS		-	374

Represented by:

- Capitalisation reserve
- Recoverable revenue
- Retained funds
- Revaluation reserves

	Note	2016/17 R'000	2015/16 R'000
TOTAL		374	374

NORTHERN CAPE DEPARTMENT OF HEALTH
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STATEMENT OF CHANGES IN NET ASSETS

For the year ended 31 March 2017

	Note	2016/17 R'000	2015/16 R'000
Capitalisation Reserves			
Opening balance			
Transfers:			
Movement in Equity			
Movement in Operational Funds			
Other movements			
Closing balance			
Recoverable revenue			
Opening balance		374	374
Transfers:		(374)	
Irrecoverable amounts written off	8.3	-	-
Debts revised		-	-
Debts recovered (included in departmental receipts)		(374)	-
Debts raised		-	-
Closing balance		-	374
Retained funds			
Opening balance			
Transfer from voted funds to be surrendered (Parliament/Legislatures ONLY)			
Utilised during the year			
Other transfers			
Closing balance			
Revaluation Reserve			
Opening balance			
Revaluation adjustment (Housing departments)			
Transfers			

STATEMENT OF CHANGES IN NET ASSETS

For the year ended 31 March 2017

Other		
Closing balance		
TOTAL		374

CASHFLOW STATEMENT

For the year ended 31 March 2017

	Note	2016/17 R'000	2015/16 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		4 534 622	4 269 899
Annual appropriated funds received	1.1	4 494 185	4 228 133
Departmental revenue received	3	40 362	41 538
Interest received	3.3	75	-
Aid assistance received	3	-	228
Net (increase)/decrease in working capital		(52 426)	(96,805)
Surrendered to Revenue Fund		(104 155)	(180,763)
Surrendered to RDP Fund/Donor		-	(781)
Current payments		(3 749 295)	(3 375 481)
Interest paid		(5 795)	(2 703)
Transfers and subsidies paid		(167 560)	(114 287)
Net cash flow available from operating activities	17	455 391	499 079
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	8	(394 912)	(583,259)
Proceeds from sale of capital assets	2.2	1 108	3 499
Net cash flows from investing activities		(393 804)	(579 760)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/(decrease) in net assets		(374)	-
Net cash flows from financing activities		(374)	-
Net increase/(decrease) in cash and cash equivalents		61 213	(80 681)

CASHFLOW STATEMENT

For the year ended 31 March 2017

Cash and cash equivalents at beginning of period	(187 656)	(106 975)
Cash and cash equivalents at end of period	(126 443)	(187 656)

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ACCOUNTING POLICIES

For the year ended 31 March 2017

Summary of significant accounting policies	
<p>The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.</p> <p>The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.</p> <p>Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.</p>	
1	<p>Basis of preparation</p> <p>The financial statements have been prepared in accordance with the Modified Cash Standard.</p>
2	<p>Going concern</p> <p>The financial statements have been prepared on a going concern basis.</p>
3	<p>Presentation currency</p> <p>Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.</p>
4	<p>Rounding</p> <p>Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).</p>
5	<p>Foreign currency translation</p> <p>Cash flows arising from foreign currency transactions are translated into South African Rand using the spot exchange rates prevailing at the date of payment / receipt.</p>
6	<p>Comparative information</p>
6.1	<p>Prior period comparative information</p> <p>Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.</p>

ACCOUNTING POLICIES

For the year ended 31 March 2017

6.2	<p>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.</p>
7	<p>Revenue</p>
7.1	<p>Appropriated funds Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation). 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. 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 Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise. 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 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. Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents. Write-offs are made according to the department's debt write-off policy</p>

ACCOUNTING POLICIES

For the year ended 31 March 2017

8	Expenditure	
8.1	Compensation of employees	
8.1.1	Salaries and wages	Salaries and wages are recognised in the statement of financial performance on the date of payment.
8.1.2	Social contributions	Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment. 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.
8.2	Other expenditure	Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.
8.3	Accruals and payables not recognised	Accruals and payables not recognised are recorded in the notes to the financial statements 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. Accruals and payables not recognised are measured at cost.
8.4	Leases	
8.4.1	Operating leases	Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. The operating lease commitments are recorded in the notes to the financial statements.

ACCOUNTING POLICIES

For the year ended 31 March 2017

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>

ACCOUNTING POLICIES

For the year ended 31 March 2017

11	<p>Prepayments and advances Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash. Prepayments and advances are initially and subsequently measured at cost. Prepayments were not expensed during the financial year under review.</p>
12	<p>Loans and receivables Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.</p>
13	<p>Investments Investments are recognised in the statement of financial position at cost.</p>
14	<p>Financial assets</p>
14.1	<p>Financial assets (not covered elsewhere) A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial. At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.</p>
14.2	<p>Impairment of financial assets Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.</p>
15	<p>Payables Loans and payables are recognised in the statement of financial position at cost.</p>
16	<p>Capital Assets</p>
16.1	<p>Immovable capital assets Immovable capital assets are initially recorded in the notes to the financial statements at cost. Immovable capital assets acquired</p>

ACCOUNTING POLICIES

For the year ended 31 March 2017

	<p>through a non-exchange transaction are 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 fair value for recording in the asset register.</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>
<p>16.2</p>	<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 in which case the completed project costs are transferred to that department.</p>
<p>16.3</p>	<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 in which case the completed project costs are transferred to that department.</p>

NORTHERN CAPE DEPARTMENT OF HEALTH

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ACCOUNTING POLICIES

For the year ended 31 March 2017

17	Provisions and Contingents
17.1	<p>Provisions</p> <p>Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>
17.2	<p>Contingent liabilities</p> <p>Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.</p>
17.3	<p>Contingent assets</p> <p>Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.</p>
17.4	<p>Commitments</p> <p>Commitments (other than for transfers and subsidies) are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.</p>
18	<p>Unauthorised expenditure</p> <p>Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:</p> <ul style="list-style-type: none"> • approved by Parliament or the Provincial Legislature with funding and the related funds are received; or • approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or • transferred to receivables for recovery.

ACCOUNTING POLICIES

For the year ended 31 March 2017

	<p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.</p>
19	<p>Fruitless and wasteful expenditure</p> <p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.</p> <p>Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.</p> <p>Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
20	<p>Irregular expenditure</p> <p>Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.</p> <p>Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.</p> <p>Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
21	<p>Changes in accounting policies, accounting estimates and errors</p> <p>Changes in accounting policies that are effected by management have been applied retrospectively in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS requirements.</p> <p>Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which</p>

ACCOUNTING POLICIES

For the year ended 31 March 2017

	retrospective restatement is practicable.
22	<p>Events after the reporting date Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.</p>
23	<p>Principal-Agent arrangements The department is party to a principal-agent arrangement for [include details here]. In terms of the arrangement the department is the [principal / agent] and is responsible for [include details here]. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.</p>
24	<p>Departures from the MCS requirements [Insert information on the following: that management has concluded that the financial statements present fairly the department's primary and secondary information; that the department complied with the Standard except that it has departed from a particular requirement to achieve fair presentation; and the requirement from which the department has departed, the nature of the departure and the reason for departure.]</p>
25	<p>Capitalisation reserve 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 Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.</p>
26	<p>Recoverable revenue</p>

ACCOUNTING POLICIES

For the year ended 31 March 2017

	<p>Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.</p>
27	<p>Related party transactions</p> <p>A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.</p> <p>Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.</p>
28	<p>Inventories (Effective from date determined in a Treasury Instruction)</p> <p>At the date of acquisition, inventories are recorded at cost price in the statement of financial performance.</p> <p>Where inventories are acquired as part of a non-exchange transaction, the cost of inventory is its fair value at the date of acquisition.</p> <p>Inventories are subsequently measured at the lower of cost and net realisable value or the lower of cost and current replacement value.</p> <p>Subsequent measurement of the cost of inventory is determined on the weighted average basis.</p>
29	<p>Public-Private Partnerships</p> <p>Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies.</p> <p>A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.</p>
30	<p>Employee benefits</p> <p>The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the</p>



NORTHERN CAPE DEPARTMENT OF HEALTH
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ACCOUNTING POLICIES
For the year ended 31 March 2017

	Employee benefits note.
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For the year ended 31 March 2017

1. Annual Appropriation

1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for Provincial Departments:

	Final Appropriation	2016/17 Actual Funds Received	Funds not requested/ not received	Final Appropriation	2015/16 Appropriation received
	R'000	R'000	R'000	R'000	R'000
Administration	196 999	196 999	-	192 979	192 979
District Health Services	1 913 993	1 913 993	-	1 710 644	1 710 644
Emergency Medical Services	307 718	307 718	-	293 598	293 598
Provincial Hospital Services	367 557	367 557	-	308 751	308 751
Central Hospital Services	970 641	970 641	-	864 894	864 894
Health Sciences & Training	123 986	123 986	-	114 553	114 553
Health Care Support Services	102 529	102 529	-	94 934	94 934
Health Facilities Management	510 762	510 762	-	648 380	648 380
Total	4 494 185	4 494 185	-	4 228 733	4 228 733

1.2 Conditional grants

	Note	2016/17 R'000	2015/16 R'000
Total grants received	1A	<u>1 360 908</u>	<u>1 423 980</u>

2. Departmental revenue

	Note	2016/17 R'000	2015/16 R'000
Sales of goods and services other than capital assets	2.1	38 476	40 680
Interest, dividends and rent on land		75	
Sales of capital assets	2.2	1 108	3 499
Transactions in financial assets and liabilities	2.3	<u>1 886</u>	<u>858</u>
Total revenue collected		41 545	45 037
Less: Own revenue included in appropriation	14	<u>41 545</u>	<u>45 037</u>
Departmental revenue collected		-	-

2.1 Sales of goods and services other than capital assets

	Note	2016/17 R'000	2015/16 R'000
Sales of goods and services produced by the department	2	<u>38 478</u>	<u>40 680</u>

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Sales by market establishment	3 688	4 311
Administrative fees	1 941	1 790
Other sales	32 847	34 579
Sales of scrap, waste and other used current goods		
Total	38 478	40 680

2.2 Sale of capital assets

	Note 2	2016/17 R'000	2015/16 R'000
Tangible assets		1 108	3 499
Machinery and equipment		1 108	3 499
Total		1 108	3 499

2.3 Interest, dividends and rent on land

	Note 2	2016/17 R'000	2015/16 R'000
Interest		75	-
Total		75	-

2.4 Transactions in financial assets and liabilities

	Note 2	2016/17 R'000	2015/16 R'000
Stale cheques written back		38	11
Other Receipts including Recoverable Revenue		1 848	847
Total		1 886	858

3. Aid assistance

	Note	2016/17 R'000	2015/16 R'000
Opening Balance		581	1,389
Prior period error		-	-
As restated		581	1,389
Transferred from statement of financial performance		-	(27)
Paid during the year		-	(781)
Closing Balance		581	581

3.1 Analysis of balance by source

	Note	2016/17 R'000	2015/16 R'000
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For the year ended 31 March 2017

Aid assistance from other sources	581	581
Closing balance	581	581

3.2 Analysis of balance

	Note	2016/17 R'000	2015/16 R'000
Aid assistance unutilised	4	581	581
Closing balance		581	581

4. Compensation of employees

4.1 Salaries and Wages

	Note	2016/17 R'000	2015/16 R'000
Basic salary		1 518 987	1 409 399
Performance award		123	885
Service Based		1 991	1 904
Compensative/circumstantial		229 915	213 170
Periodic payments		-	850
Other non-pensionable allowances		296 407	270 234
Total		2 047 423	1 896 442

4.2 Social contributions

	Note	2016/17 R'000	2015/16 R'000
Employer contributions			
Pension		177 373	163 182
Medical		96 850	90 543
UIF		-	1
Bargaining council		393	544
Total		274 616	254 270

Total compensation of employees

2 322 039	2 150 712
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Average number of employees

6 836	6 825
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5. Goods and services

	Note	2016/17 R'000	2015/16 R'000
Administrative fees		1 223	1 978
Advertising		1 513	4 978
Minor assets	5.1	4 963	18 507
Bursaries (employees)		1 380	3 706

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Catering		5 773	7 815
Communication		26 203	22 907
Computer services	5.2	33 371	25 524
Consultants: Business and advisory services		2 475	6 363
Laboratory services		124 584	111 760
Legal services		5 340	4 883
Contractors		126 135	147 750
Agency and support / outsourced services		117 801	92 662
Audit cost – external	5.3	15 409	13 473
Fleet services		86 887	87 876
Inventory	5.4	529 486	419 201
Consumables	5.5	57 024	46 168
Operating leases		110 071	106 414
Property payments	5.6	175 321	130 830
Rental and hiring		739	-
Transport provided as part of the departmental activities		7 531	4 171
Travel and subsistence	5.7	33 325	38 362
Venues and facilities		756	2 849
Training and development		8 574	15 489
Other operating expenditure	5.8	2 948	3 638
Total		1 478 832	1 317 304

5.1 Minor assets

	Note	2016/17 R'000	2015/16 R'000
	6		
Tangible assets			
Machinery and equipment		4 963	18 416
Intangible assets			
Software		-	91
Total		4 963	18 507

5.2 Computer services

	Note	2016/17 R'000	2015/16 R'000
	6		
SITA computer services		20 199	7 007
External computer service providers		13 172	18 517

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For the year ended 31 March 2017

Total		33 371	25 524
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5.3 Audit cost – External

	Note 6	2016/17 R'000	2015/16 R'000
Regularity audits		15 409	13 473
Total		15 409	13 473

5.4 Inventory

	Note 6	2016/17 R'000	2015/16 R'000
Clothing material and accessories		1 041	1 498
Farming supplies		3	6
Food and food supplies		29 190	21 139
Fuel, oil and gas		27 305	19 090
Materials and supplies		2 359	5 253
Medical supplies		158 516	117 250
Medicine		311 072	254 965
Total		529 486	419 201

5.5 Consumables

	Note 6	2016/17 R'000	2015/16 R'000
Consumable supplies		46 105	32 591
Uniform and clothing		10 659	6 965
Household supplies		28 637	24 859
Building material and supplies		5 425	61
Communication accessories		19	26
IT consumables		843	426
Other consumables		522	255
Stationery, printing and office supplies		10 919	13 577
Total		57 024	46 168

5.6 Property payments

	Note 6	2016/17 R'000	2015/16 R'000
Municipal services		65 793	52 022
Property maintenance and repairs		31	884
Other		109 497	77 924

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Total	<u>175 321</u>	<u>130 830</u>
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5.7 Travel and subsistence

	Note 6	2016/17 R'000	2015/16 R'000
Local		27 153	35 197
Foreign		6 172	3 165
Total		<u>33 325</u>	<u>38 362</u>

5.8 Other operating expenditure

	Note 6	2016/17 R'000	2015/16 R'000
Professional bodies, membership and subscription fees		165	104
Resettlement costs		1 593	2 086
Other		1 190	1 448
Total		<u>2 948</u>	<u>3 638</u>

6. Interest and rent on land

	Note	2016/17 R'000	2015/16 R'000
Interest paid		5 795	2 703
Total		<u>5 795</u>	<u>2 703</u>

7. Transfers and subsidies

	Note	2016/17 R'000	2015/16 R'000
Provinces and municipalities	Annex 1A	1 538	5 341
Non-profit institutions	Annex 1B	106 738	85 947
Households	Annex 1C	56 893	22 999
Total		<u>167 560</u>	<u>114 287</u>

8. Expenditure for capital assets

	Note	2016/17 R'000	2015/16 R'000
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Tangible assets		394 912	582 492
Buildings and other fixed structures	40	317 832	487 724
Machinery and equipment	39	77 080	94 768
Intangible assets		-	767
Software	40	-	767
Total		394 912	583 259

The following amounts have been included as project costs in Expenditure for capital assets

Compensation of employees		8 905
Goods and services		39 318
Total		48 223

8.1 Analysis of funds utilised to acquire capital assets – 2016/17

	Voted funds	Total
	R'ooo	R'ooo
Tangible assets	394 912	394 912
Buildings and other fixed structures	317 832	317 832
Machinery and equipment	77 080	77 080
Intangible assets	-	-
Software	-	-
Total	394 912	394 912

8.2 Analysis of funds utilised to acquire capital assets – 2015/16

	Voted funds	Total
	R'ooo	R'ooo
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

8.3 Finance lease expenditure included in Expenditure for capital assets

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS For the year ended 31 March 2017

	Note	2016/17 R'000	2015/16 R'000
Tangible assets			
Machinery and equipment		14 880	574
Total		14 880	574

9. Unauthorised expenditure

9.1 Reconciliation of unauthorised expenditure

	Note	2016/17 R'000	2015/16 R'000
Opening balance		329 646	236 856
Prior period error		-	-
As restated		329 646	236 856
Unauthorised expenditure – discovered in current year (as restated)		51 576	92 790
Closing balance		381 222	329 646

9.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification

	2016/17 R'000	2015/16 R'000
Capital	344 259	292 683
Current	813	813
Transfers and subsidies	36 150	36 150
Total	381 222	329 646

9.3 Analysis of unauthorised expenditure awaiting authorisation per type

	2016/17 R'000	2015/16 R'000
Unauthorised expenditure relating to overspending of the vote or a main division within a vote	381 222	329 646
Total	381 222	329 646

9.4 Details of unauthorised expenditure – current year

Incident	Disciplinary steps taken/criminal proceedings	2016/17 R'000

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Over spending of a vote	Under investigation	51 576
Total		51 576

10. Cash and cash equivalents

	Note	2016/17 R'000	2015/16 R'000
Consolidated Paymaster General Account		-	6
Total		-	6

11. Prepayments and advances

	Note	2016/17 R'000	2015/16 R'000
Travel and subsistence		229	479
Total		229	479

Travel Allowance paid to officials who travelled overseas.

12. Receivables

		2016/17			2015/16		
	Note	Current R'000	Non-current R'000	Total R'000	Current R'000	Non-current R'000	Total R'000
Claims recoverable	12.1	534	-	534	-	-	-
Recoverable expenditure	12.2	3 003	3 977	6 980	4 588	-	4 588
Staff debt	12.3	642	14 337	14 979	1 190	11 478	12 668
Other debtors	12.4	1	-	1	670	592	1 262
Total		4 180	18 314	22 494	6 448	12 070	18 518

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12.1 Claims recoverable

	Note	2016/17 R'000	2015/16 R'000
Provincial departments		534	
Total		534	

12.2 Recoverable expenditure (disallowance accounts)

	Note	2016/17 R'000	2015/16 R'000
	12		
Damage vehicles		-	7
Salary: Income tax		531	500
Salary: ACB recalls		46	6
Salary: Tax debt		546	306
Salary: Deduction Disallowance		42	20
Salary: Pension fund		2 622	-
Salary: Recoverable		3 193	3 746
Salary: Medical aid		-	3
Total		6 980	4 588

12.3 Staff debt

	Note	2016/17 R'000	2015/16 R'000
	12		
Debt receivable		14 979	12 668
Total		14 979	12 668

12.4 Other debtors

	Note	2016/17 R'000	2015/16 R'000
	12		
Debt receivable		-	1 262
UIF		1	-
Total		1	1 262

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12.5 Impairment of receivables

	Note	2016/17 R'000	2015/16 R'000
Estimate of impairment of receivables		7 886	5 839
Total		7 886	5 839

13. Voted funds to be surrendered to the Revenue Fund

	Note	2016/17 R'000	2015/16 R'000
Opening balance		152 659	135 645
Prior period error	13.1	-	-
As restated		152 659	135 645
Transfer from statement of financial performance (as restated)		125 047	60 468
Add: Unauthorised expenditure for current year	11	51 576	92 790
Voted funds not requested/not received	1.1	-	(600)
Paid during the year		(60 109)	(135 644)
Closing balance		269 173	152 659

14. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

	Note	2016/17 R'000	2015/16 R'000
Opening balance		7 049	7 131
Prior period error	19.1	-	-
As restated		7 049	7 131
Own revenue included in appropriation		41 545	45 037
Paid during the year		(44 046)	(45 037)
Closing balance		4 548	7 049

15. Bank Overdraft

	Note	2016/17 R'000	2015/16 R'000
Consolidated Paymaster General Account		126 443	187 662
Total		126 443	187 662

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16. Payables – current

	Note	2016/17 R'000	2015/16 R'000
Clearing accounts	16.1	1 817	125
Other payables	16.2	1 383	199
Total		3 200	324

16.1 Clearing accounts

Description	Note	2016/17 R'000	2015/16 R'000
Salary Pension	16	27	-
Salary Recoverable		1 231	-
Salary: Finance other institutions		14	13
Salary: Reversal Control		302	17
Salary: Garnishee order		101	95
Salary Tax Debt		90	-
T&S Advance		21	-
Sal Income Tax		31	-
Total		1 817	125

16.2 Other payables

Description	Note	2016/17 R'000	2015/16 R'000
Cancel cheque/ re-issue	16	-	76
Disallowance miscellaneous		1 008	115
Payable: Adv:Pub Ent Adv Acc		-	8
Debt Receivable interest		82	-
Debt Receivable income		293	-
Total		1 383	199

17. Net cash flow available from operating activities

	Note	2016/17 R'000	2015/16 R'000
Net surplus as per Statement of Financial Performance		125 047	60 441
Add back non cash/cash movements not deemed operating activities		330 344	438 638

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(Increase)/decrease in receivables – current	(3 976)	(3,623)
(Increase)/decrease in prepayments and advances	250	152
Increase/(decrease) in payables – current	2 876	(544)
Proceeds from sale of capital assets	(1 108)	(3 499)
Expenditure on capital assets	394 912	583 259
Surrenders to Revenue Fund	(104 155)	(180 763)
Surrenders to RDP Fund/Donor	-	(781)
Voted funds not requested/not received	-	(600)
Own revenue included in appropriation	41 545	45 037
Net cash flow generated by operating activities	455 391	499 079

18. Reconciliation of cash and cash equivalents for cash flow purposes

	Note	2016/17 R'000	2015/16 R'000
Consolidated Paymaster General account		(126 443)	(187,662)
Cash receipts		-	6
Total		(126 443)	(187,656)

18 Contingent liabilities and contingent assets

18.1 Contingent liabilities

Liable to	Nature	Note	2016/17 R'000	2015/16 R'000
Housing loan guarantees	Employees	Annex 3A	1 388	1 447
Claims against the department		Annex 3B	1 454 530	469 154
Intergovernmental payables (unconfirmed balances)		Annex 5	4 214	3 216
Total			1 460 132	473 817

Claims against the state comprise of legal claims by third parties for which the timing is uncertain. Prior year comparatives were adjusted to better reflect the fair presentation of the Annual Financial Statements. The net effect has resulted in a decrease in the previous year's figures disclosed.

18.2 Contingent assets

Nature of contingent asset	N	2016/17 R'000	2015/16 R'000
Labour matters	o t e	86	1 486

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Motor vehicle accidents	73	110
OSD overpayments	1 958	1 958
Other	929	930
Total	3 046	4 484

19 Commitments

	Note	2016/17 R'000	2015/16 R'000
Current expenditure			
Approved and contracted		412 702	375 410
Approved but not yet contracted		-	
		412 702	375 410
Capital expenditure			
Approved and contracted		614 813	185 739
Approved but not yet contracted		-	
		614 813	185 739
Total Commitments		1 027 515	561 149

Bursary commitment R130 082 463 Maintenance R63 890 000

20 Accruals and payables not recognised

20.1 Accruals

			2016/17 R'000	2015/16 R'000
Listed by economic classification				
	30 Days	30+ Days	Total	Total
Goods and services	10 122	33 474	43 596	-
Transfers and subsidies	-	-	-	-
Capital assets	-	-	-	-
Total	10 122	33 474	43 596	-

Listed by programme level

	Note	2016/17 R'000	2015/16 R'000
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Administration	4 822	-
District Health Services	28 524	-
Emergency Medical Services	3 726	-
Provincial Hospital Services	1 068	-
Central Hospital Services	1 184	-
Health Sciences and Training	2 048	-
Health Care Support Services	-	-
Health Facilities Management	2 224	-
Total	43 596	-

20.2 Payables not recognised

			2016/17 R'000	2015/16 R'000
Listed by economic classification	30 Days	30+ Days	Total	Total
Goods and services	98 635	152 245	250 880	576 991
Transfers and subsidies	-	-	-	-
Capital assets	-	45 441	45 441	1,092
Other				10 655
Total	98 635	197 686	296 321	588 738

	Note	2016/17 R'000	2015/16 R'000
Listed by programme level			
Administration		58 295	99 171
District Health Services		127 169	209 559
Emergency Medical Services		10 062	27 819
Provincial Hospital Services		3 201	71 595
Central Hospital Services		19 432	72 721
Health Science and Training		29 429	52 916
Health Care Support Services		45 535	4 982
Health Facilities Management		3 198	49 975
Total		296 321	588 738

The prior year comparative figures have been restated to better reflect the fair presentation of the Annual Financial Statements, the restatement was as a result of some accruals which were omitted during the 2015/16 financial year.

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	Note	2016/17 R'000	2015/16 R'000
<i>Included in the above totals are the following:</i>			
Confirmed balances with other departments	Annex 5	35 823	36 364
Confirmed balances with other government entities	Annex 5		
Total		35 823	36 364

21 Employee benefits

	Note	2016/17 R'000	2015/16 R'000
Leave entitlement		85 843	75 127
Service bonus (Thirteenth cheque)		57 299	53 752
Performance awards		36 464	32 276
Capped leave commitments		35 798	36 545
Other		2 757	2 063
Total		218 161	199 763

Negative capped leave amounts to 10 369

22 Lease commitments

22.1 Operating leases expenditure

	Buildings and other fixed structures	Machinery and equipment	Total
2016/17			
Not later than 1 year	11 878	818	12 696
Later than 1 year and not later than 5 years	7 818	348	8 166
Later than five years			
Total lease commitments	19 696	1 166	20 862

	Buildings and other fixed structures	Machinery and equipment	Total
2015/16			
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	22 303
Later than five years			
Total lease commitments	41 509	37 017	78 526

Material leasing arrangements include agreements for residential accommodation of student nurses

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22.2 Finance leases expenditure**

	Machinery and equipment	Total
2016/17		
Not later than 1 year	9 678	9 678
Later than 1 year and not later than 5 years	14 890	14 890
Later than five years	-	-
Total lease commitments	24 568	24 568

	Machinery and equipment	Total
2015/16		
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

**This note excludes leases relating to public private partnership as they are separately disclosed in note no. 35.

The material leasing Agreement includes the Government Fleet Entity

23 Accrued departmental revenue

	Note	2016/17 R'000	2015/16 R'000
Sales of goods and services other than capital assets		139 445	105 774
Total		139 445	105 774

Comparative figures have been adjusted by an amount of R 336 000 which was an understatement of amounts recognised to better reflect fair presentation of the Annual Financial Statements.

23.1 Analysis of accrued departmental revenue

Note	2016/17	2015/16
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	R'000	R'000
Opening balance	105 774	100 876
Less: amounts received	27 877	33 538
Add: amounts recognised	61 548	52 741
Less: amounts written-off/reversed as irrecoverable	-	14 305
Closing balance	<u>139 445</u>	<u>105 774</u>

23.2 Accrued department revenue written off

	Note	2016/17 R'000	2015/16 R'000
Nature of losses			
Patient debt written off		-	14 305
Total		<u>-</u>	<u>14 305</u>

23.3 Impairment of accrued departmental revenue

	Note	2016/17 R'000	2015/16 R'000
Estimate of impairment of accrued departmental revenue		139 626	102 871
Total		<u>139 626</u>	<u>102 871</u>

24 Irregular expenditure

24.1 Reconciliation of irregular expenditure

	Note	2016/17 R'000	2015/16 R'000
Opening balance		5 172 888	4 166 702
Prior period error		-	-
As restated		5 172 888	4 166 702
Add: Irregular expenditure – relating to prior year		-	200 280
Add: Irregular expenditure – relating to current year		574 183	805 906
Less: Prior year amounts condoned		-	-
Less: Current year amounts condoned		-	-
Less: Amounts not condoned and recoverable	15	-	-
Less: Amounts not condoned and not recoverable		-	-
Closing balance		<u>5 747 071</u>	<u>5 172 888</u>

Analysis of awaiting condonation per age classification

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Current year	574 183	805 906
Prior years	5 172 888	4 366 982
Total	5 747 071	5 172 888

24.2 Details of irregular expenditure – added current year (relating to current and prior years)

Incident	Disciplinary steps taken/criminal proceedings	2016/17 R'000
Infrastructure contracts awarded by implementing agents		284 886
Goods and services sourced without following Supply chain management processes		289 297
Total		574 183

24.3 Details of the non-compliance where an institution was not represented in a bid committee for contracts arranged by other institutions

Incident	2016/17 R'000
Infrastructure contracts awarded by implementing agents	284 886
Total	284 886

25 Fruitless and wasteful expenditure

25.1 Reconciliation of fruitless and wasteful expenditure

	Note	2016/17 R'000	2015/16 R'000
Opening balance		46 240	41 848
Prior period error			
As restated		46 240	41 848
Fruitless and wasteful expenditure – relating to prior year			
Fruitless and wasteful expenditure – relating to current year		10 537	4 392
Closing balance		56 777	46 240

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25.2 Analysis of awaiting resolution per economic classification

	2016/17 R'000	2015/16 R'000
Current	40 845	35 515
Capital	15 932	10 725
Total	56 777	46 240

26 Related party transactions

The Department of Health did not have any related party transactions.

27 Key management personnel

	No. of Individuals	2016/17 R'000	2015/16 R'000
Political office bearers (provide detail below)	1	1 902	1 821
Officials:			
Level 15 to 16	2(1)	1 646	1 410
Level 14 (incl. CFO if at a lower level)	10(9)	7 393	7 374
Family members of key management personnel	2(3)	1 166	1 133
Total		12 107	11 738

28 Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing Balance R'000
MACHINERY AND EQUIPMENT	910 919	-	62 702		973 621
Transport assets	122 034		17 205		139 239
Computer equipment	48 121		8 144		56 265
Furniture and office equipment	36 911		1 496		38 407
Other machinery and equipment	703 853		35 857		739 310
TOTAL MOVABLE TANGIBLE	910 919	-	62 702		973 621

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CAPITAL ASSETS

Movable Tangible Capital Assets under investigation

	Number	Value R'000
Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:		
Machinery and equipment		28 698

28.1 Additions

ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	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	56 231	6 471	-	-	62 702
Transport assets	17 205	-	-	-	17 205
Computer equipment	1 673	6 471	-	-	8 144
Furniture and office equipment	1 496	-	-	-	1 496
Other machinery and equipment	35 857	-	-	-	35 857
TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS	56 231	6 471	-	-	62 702

28.2 Movement for 2015/16

MOVEMENT IN TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

Opening balance	Prior period error	Additions	Disposals	Closing Balance
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	R'000	R'000	R'000	R'000	R'000
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

28.3 Minor assets

	Intangible assets R'000	Machinery and equipment R'000	Total R'000
Opening balance	1 598	172 829	174 427
Value adjustments	-	-	-
Additions	-	4 755	4 755
Disposals	-	-	-
TOTAL MINOR ASSETS	1 598	177 584	179 182

	Intangible assets	Machinery and equipment	Total
Number of R1 minor assets	6 100	41 916	48 016
Number of minor assets at cost	1 845	22 702	24 547
TOTAL NUMBER OF MINOR ASSETS	7 945	64 618	72 563

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2016

	Intangible assets R'000	Machinery and equipment R'000	Total R'000
Opening balance	1 507	154 413	155 920

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Prior period error			
Additions	91	18 416	18 507
Disposals			
TOTAL MINOR ASSETS	1 598	172 829	174 427

	Intangible assets	Machinery and equipment	Total
Number of R1 minor assets	6 100	41 916	48 016
Number of minor assets at cost	1 845	21 610	23 455
TOTAL NUMBER OF MINOR ASSETS	7 945	63 526	71 471

29 Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	5 319	(3 066)			2 253
TOTAL INTANGIBLE CAPITAL ASSETS	5 319	(3 066)			2 253

Included in the above total of the intangible capital assets per register are assets that are under investigations:

	Value R'000
Software	3,066

29.1 Movement for 2015/16

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
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SOFTWARE	4 640	767	(88)	5 319
<hr/>				
TOTAL INTANGIBLE CAPITAL ASSETS	4 640	-	767	(88)
				5 319

30 Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance R'000	Value adjustments	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	219 506	-	32 671	-	252 177
Non-residential buildings	206 264	-	29 791	-	236 055
Other fixed structures	13 242	-	2 881	-	16 123
Capital Work in progress	1 736 428		285 543	(32 671)	1 989 300
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	1 955 934	-	318 214	(32 671)	2 241 477

Immovable Tangible Capital Assets under investigation

	Number	Value R'000
Included in the above total of the immovable tangible capital assets per the asset register are assets that are under investigation:		
Buildings and other fixed structures	-	-

30.1 Additions

ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

Cash	Non-cash	(Capital Work in Progress	Received current, not paid	Total
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	R'000	R'000	current costs and finance lease payments) R'000	(Paid current year, received prior year) R'000	R'000
BUILDING AND OTHER FIXED STRUCTURES	318 215	-	(285 544)	-	32 671
Non-residential buildings	315 334	-	(285 544)	-	29 791
Other fixed structures	2 881	-	-	-	2 881
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	318 215	-	(285 544)	-	32 671

30.2 Movement for 2015/16

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2016

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	204 710	-	85 327	(70 531)	219 264
Non-residential buildings	204 710	-	72 085	(70 531)	206 264
Other fixed structures	-	-	13 242	-	13 242
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	204 710	-	85 327	(70 531)	219 264

30.3 S42 Immovable assets

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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	2	70 531
Non-residential buildings	2	70 531
TOTAL	2	70 531

Comparative figures have been restated to better reflect the fair presentation of the financial statements, the adjustments are due to an error in the number and value of the facilities transferred through S42

Included in the completed projects are costs incurred in previous years relating to various facilities yet to be transferred to Department of Public Works

Name of project	2012/13	2013/14	2014/15	2015/16	Total	Description of services
Gamopedi Clinic	3 306 564				3 306 564	Building of new clinic
Norvalspond Clinic	2 400 695	324 421			2 725 116	Construction of New Clinic
West end Hospital	136 611	2 563 341	3 530 534	3 352 523	9 583 009	Extension of the TB Unit
Galeshewe Hospital	302 073	2 412 723	8 699 689		11 414 484	Additions of a Ward
Deurham clinic	5 675 038	8 433 465	870 858	1 565 501	16 544 862	Construction of New Clinic
Tshwaragano Hopital	19 946 684	6 003 649		465 636	26 415 969	Additions to the existing building
Douglas Hospital	103 030			1 178 623	1 281 653	Supply and Install of heat pumps
Mataleng Clinic	1 149 720	384 102			1 533 822	Alterations and Upgrading of ART Facilities at Pholong and Mataleng Clinic
Warrenton Hospital	1 014 900	127 387			1 142 287	Repairs and Renovations ART Fac
Kimberley Hospital	1 888 620	14 929 515	17 864 889	15 220 092	49 903 116	Renovation and repairs
Kimberley Hospital-Curomed				958 880	958 880	General Refurbishments

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Name of project	2012/13	2013/14	2014/15	2015/16	Total	Description of services
						and Upgrades of the facility
Richmond Clinic		1 110 075			1 110 075	General Refurbishments and Upgrades of the facility
Springbok Hospital		357 953		790 722	1 148 674	General Refurbishments and Upgrades of the facility
ZFM District office-Old Gordonia Hospital			6 525 756	15 162 390	21 688 146	Upgrading of the old gordonia Hospital to office accommodation
	35 923 933.91	36 646 631.93	37 491 725.13	38 694 365.88	148 756 656.85	

31 Principal-agent arrangements

31.1 Department acting as the principal

	Fee paid	
	2016/17 R'000	2015/16 R'000
Independent Development Trust	2 521	1 665
Total	2 521	1 665

The Independent Development Trust are implementing agent for infrastructure projects and they receive a fee at an agreed rate

32 Prior period errors

32.1 Correction of prior period errors

Note	2015/16 R'000
Other:	
Accrued Departmental Revenue reduced to	(26 650)
Contingent Liabilities: Claims against the Department	(59 951)
Accruals and Payables	(152 178)

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Contingent Assets	(1)
Net effect	(238 780)

The comparative figures were adjusted to better reflect the fair presentation of the Annual Financial Statements.

33. Non-adjusting events after reporting date

2016/17

	R'000
·	
- There were no events subsequent to year end that affected the Annual Financial Statements	-
- The Chief Financial Officer, Director SCM and Director Financial Accounting was Redeployed to the Department of Social Development during June 2017.	-
Total	-

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
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ANNEXURE 1A STATEMENT OF CONDITIONAL GRANTS RECEIVED	GRANT ALLOCATION			TRANSFER			SPENT			2015/16 R'000			
	NAME OF GRANT	DoRA and other transfers R'000	Roll Overs R'000	Adjustments R'000	Total Available	Actual Transfer R'000	Funds Withheld R'000	Re-allocations by National Treasury or National Department R'000	Amount received by municipality R'000		Amount spent by municipality R'000	% of available funds spent by municipality %	Division of Revenue Act
National Tertiary Serv Grant	318 661	3 611			322 272	322 272	322 272	300 274	21 998	21 998	93%	301 866	
Comprehensive HIV Aids Grant	413 231				413 231	413 231	413 231	413 231	-	-	100%	372 403	
National Health Ins Grant	7 543	2 946			10 489	10 489	10 489	8 872	1 617	1 617	85%	2 599	
Hospital Revit Grant Health Proff	472 267	42 318			514 585	514 585	514 585	398 052	116 533	116 533	77%	608 736	
Training&Dev Grnt Social Sector EPWP Incen Grnt	81 815				81 815	81 815	81 815	77 505	4 310	4 310	95%	78 445	
WP Intergrated Grant	15 230				15 230	15 230	15 230	15 230	-	-	100%	6 488	
TOTAL	2 000	1 286	-	-	3 286	3 286	3 286	3 286	144 458	144 458	100%	1 370 651	

Departments are reminded of the requirement to certify that all transfers in terms of this Act were deposited into the primary bank account of the province or, where appropriate, into the CPD account of the province.

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ANNEXURE 1B
STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS PAID TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION			TRANSFER		Re-allocations by National Treasury or National Department	%
	DoRA and other transfers R'000	Roll Overs R'000	Adjustments R'000	Total Available	Actual Transfer R'000		
Transfers to municipalities	1 523			1 523	827		
NC074 Kareeberg Municipality	5			5	5		
NC083 //Khara Hais municipality	448			448	448		
NC082: Kail: Garib municipality	18			18	18		
NC091 Sol Plaatjie municipality	124			124	124		
NC452 Ga-Segonyana municipality	40			40	40		
NC453 Gamagara municipality	62			62	62		
NC093 Magareng municipality	7			7	7		
NC094 Phokwane municipality	7			7	7		
TOTAL	2 234			2 234	1 538		

National Departments are reminded of the DORA requirements to indicate any re-allocations by the National Treasury or the transferring department, certify that all transfers in terms of this Act were deposited into the primary bank account of a province or, where appropriate, into the CPD account of a province as well as indicate the funds utilised for the administration of the receiving officer.

Departments are required to include a summary of expenditure per conditional grant to aid in the identification of under- / over spending of such funds and to allow the department to provide an explanation for the variance

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ANNEXURE 1D
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

	TRANSFER ALLOCATION				EXPENDITURE		2015/16 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	9 312	-	-	9 312	9 312		8 125
Northern Cape Aids Forum	8 397	-	-	8 397	8 397		6 293
Nightingale Hospice	5 089			5 089	5 089		4 076
Moeder Theresa Hospice	4 917			4 917	4 917		3 348
Helen Bishop Orthopaedic After-Care Home	3 668			3 668	3 668		2 950
Aganang Aids Services Organisation	5 573			5 573	5 573		4 614
Boikobo Health Care	8 951			8 951	8 951		6 669
Boitumelo NPO	2 285			2 285	2 285		1 868
Bophelong Care Centre	855			855	855		940
Cecelia Makiwawa Hospice	1 089			1 089	1 089		939
Dingleton Community Health Workers	2 565			2 565	2 565		2 097
Diocese Aids Ministry NPO	3 522			3 522	3 522		2 872
Diocese Keimoes Upington	-			-	-		4 976
Drydo Home Based Care	6 264			6 264	6 264		-
Ebenezer Youth Group	3 120			3 120	3 120		2 405
Education Support Services Trust	-			-	-		718
Grassroot Soccer SA	1 380			1 380	1 380		1 937
Hope Christian Home Based Care	2 367			2 367	2 367		1 215
Hopetown Home Based Care Hospice	1 479			1 479	1 479		1 801

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Hospice Health	1 437	1 437	1 437	1 385
Kgatelopele NPO	2 050	2 050	2 050	2 289
Maggie Samboer Hospice	2 721	2 721	2 721	5 528
Maruping Health Care	7 079	7 079	7 079	3 120
Masiphele NGO	3 509	3 509	3 509	619
Mobile HIV Counselling and Testing	685	685	685	403
Napwa Northern Cape NGO	346	346	346	1 378
Phuthadichaba Home Based Care	1 689	1 689	1 689	1 445
Renosterberg Gemeenskap	1 745	1 745	1 745	1 148
The little Big Soup Kitchen NGO	1 371	1 371	1 371	4 529
Thusanang Home Based Care	5 669	5 669	5 669	1 390
Williston Drop-in Centre	1 700	1 700	1 700	2 994
Resego Home Based Care	3 748	3 748	3 748	218
South African National Council	1 123	1 123	1 123	-
Kantani	34	34	34	-
Lifeline	1 000	1 000	1 000	-
Subtotal	106 738	-	106 738	85 947
TOTAL	106 738	-	106 738	85 947

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ANNEXURE 1E
STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION					EXPENDITURE		2015/16 Appropriation Act R'000
	Adjusted Appropriation Act	Roll Overs	Adjustments	Total Available	Actual Transfer	% of Available funds Transferred		
	R'000	R'000	R'000	R'000	R'000	%		
Transfers								
H/H: EMPL S/BEN: INJURY ON DUTY	203	-	-	203	203	100%	-	-
H/H: EMPL S/BEN: LEAVE GRATUITY	7 106	-	-	7 106	7 106	100%	7 612	7 612
H/H: CLAIMS AGAINST STATE (CASH)	823	-	-	823	823	100%	-	-
H/H: BURSARIES (NON-EMPLOYEES)	48 603	-	-	48 603	48 603	100%	12 701	12 701
H/H: DONATIONS & GIFTS	158	-	-	158	158	100%	-	-
TOTAL	56 893	-	-	56 893	56 893		20 313	20 313

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ANNEXURE 1F
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2016/17		2015/16	
		R'000		R'000	
Received in cash					
KCH CEO Awards	KCH CEO awards	-	-	55	19
Orthor Sol development (Pty) Ltd	Research and development: Orthopaedic division		114	49	
Maphalane Disability Trust	Donation (cash)		-	105	
NSF Growth and Development	Training and development				
Subtotal		114	114	228	228
Received in kind					
National Department of Health	90 HPV electronic capturing devices		-	180	
National Department of Health	4 Continuous positive airway pressure packages		-	505	
National Department of Health	5 data projectors		6 471	26	
National Department of Health	Mobile clinic		242	-	
National Department of Health	Medical Equipment's				
Subtotal		6 713	6 713	711	711
TOTAL		6 827	6 827	939	939

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS

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ANNEXURE 1G

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE

NATURE OF GIFT, DONATION OR SPONSORSHIP (Group major categories but list material items including name of organisation)	2016/17	2015/16
	R'000	R'000
Made in kind		
Donations made by the Member of Executive Council	119	117
TOTAL	119	117

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS

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ANNEXURE 2A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2017 – LOCAL

Guarantor institution	Guarantee in respect of	Original guaranteed capital amount R'000	Opening balance 1 April 2016 R'000	Guarantees draw downs during the year R'000	Guarantees repayments/ cancelled/ reduced/ released during the year R'000	Revaluations R'000	Closing balance 31 March 2017 R'000	Guaranteed interest for year ended 31 March 2017 R'000	Realised losses not recoverable i.e. claims paid out R'000
Standard Bank	Housing	1 517	317	-	-	-	317	-	-
NedBank Limited	Housing	581	167	-	12	-	155	-	-
First National Bank	Housing	951	306	-	-	-	306	-	-
NedBank (Inc)	Housing	124	16	-	-	-	16	-	-
ABSA Bank	Housing	3 097	466	-	-	-	466	-	-
Old Mutual	Housing	-	-	-	-	-	-	-	-
People's Bank	Housing	67	13	-	-	-	13	-	-
NedBank (NBS)	Housing	122	43	-	-	-	43	-	-
Old Mutual (NEDB/P)	Housing	-	72	-	-	-	72	-	-
	Subtotal	6 459	1 400	-	12	-	1 388	-	-
	TOTAL	6 459	1 400	-	12	-	1 388	-	-

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ANNEXURE 2B
STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2017

Nature of Liability	Opening Balance 1 April 2016 R'000	Liabilities incurred during the year R'000	Liabilities paid/cancelled/reduced during the year R'000	Liabilities recoverable (Provide details hereunder) R'000	Closing Balance 31 March 2017 R'000
Claims against the department					
Medico-Legal cases	282 329	978 413	(8 473)		1 252 269
Breach of contract	112 885	15 349	(19 197)		109 037
Motor vehicle accidents	3 508	15 312	1		18 819
Labour matters	5 531	354	(92)		5 793
Other	65 305	4 707	(1 400)		68 612
TOTAL	469 558	1 014 135	(29 161)	-	1 454 530

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
For the year ended 31 March 2017

**ANNEXURE 3
CLAIMS RECOVERABLE**

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2016/17 *	
	31/03/2017 R'000	31/03/2016 R'000	31/03/2017 R'000	31/03/2016 R'000	31/03/2017 R'000	31/03/2016 R'000	Receipt date up to six (6) working days after year end	Amount R'000
Department								
Department of Justice & Constitutional Development	10				10		10	
National Dept Of Public Works			2			2		2
National Dept Of Health		3 417	3 417	3 417	3 417	3 417		3 417
Free State Department of Health		1 450	1 450	1 241	1 450	1 241		1 241
Gauteng Department of Health		266	266	346	266	346		346
Northern Cape Department of Roads & Public Works								
Northern Cape Provincial Treasury		60	60		60			60
Western Cape Department of Health		1 190	1 190	1 317	1 190	1 317		1 317
Limpopo Department of Health		30	30	30	30	30		30
National Department of Public Works				2				2
North West Department of Health		58	58	58	58	58		58
Northern Cape Department of Social Development								
Eastern Cape Department of Health		178	178	178	178	178		178
TOTAL	81	-	6 952	6 687	7 033	6 687	81	-

*

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS

For the year ended 31 March 2017

ANNEXURE 5
INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2016/17 *	
	31/03/2017 R'000	31/03/2016 R'000	31/03/2017 R'000	31/03/2016 R'000	31/03/2017 R'000	31/03/2016 R'000	Payment date up to six (6) working days before year end	Amount R'000
DEPARTMENTS								
National Department of Health	29 240	31 851	55	55	29 295	31 906		
Department of Justice & Constitutional Development			391	391	391	391		
Northern Cape Department of Roads & Public Works			3 733	2 476	3 733	2 476		
Free State Department of Health	4 502	4 502		1	4 502	4 503		
North West Department of Health			8	8	8	8		
Northern Cape Office of the Premier	1 858			66	1 858	66		
Western Cape Department of Health								
South African Police Service		11		169	-	11		
Kwa-Zulu Natal Department of Health				14	14	14		
Northern Cape Department of Safety and Liaison				16	-	16		
National Department of Water				20	-	20		

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS

For the year ended 31 March 2017

Affairs & Forestry									
NC Dept Of Education		13						13	-
FS Office Of The Premier	9							9	-
NC Dept Of Social Development	197							197	-
NC Sports Arts & Culture	17							17	-
TOTAL	35 823	36 364	4 214	3 216	40 037	39 580			

ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS

For the year ended 31 March 2017

**ANNEXURE 6
INVENTORIES**

Inventory [Per major category]	Note	Quantity	2016/17		2015/16	
			Quantity	R'000	Quantity	R'000
Opening balance			52 134			45,355
Add/(Less): Adjustments to prior year balance						-
Add: Additions/Purchases – Cash			345 977			265,652
Add: Additions - Non-cash						-
(Less): Disposals			(5 130)			(1,047)
(Less): Issues			(328 898)			(255,323)
Add/(Less): Adjustments			(2 509)			(2,503)
Closing balance			61 574			52,134

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ANNEXURE 7 MOVEMENT IN CAPITAL WORK IN PROGRESS

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1 736 428	285 543	(32 671)	1 989 300
Non-residential buildings	1 736 428	285 543	(29 790)	1 992 181
Other fixed structures	-	-	(2 881)	(2 881)
TOTAL	1 736 428	285 543	(32 671)	1 989 300

Age analysis on ongoing projects	Number of projects		2016/17
	Planned, Construction not started	Planned, Construction started	Total R'000
0 to 1 Year	-		
1 to 3 Years	-	10	10
3 to 5 Years	-	4	4
Longer than 5 Years	-	4	4
Total	-	18	18

The Kimberley Mental Health projects has been under construction for longer than 5 years for various reasons which are receiving the necessary attention.

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2016

	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	1 415 010	-	355 796	(34 378)	1 736 428
Non-residential buildings	1 415 010		355 796	(34 378)	1 736 428
Other fixed structures	-				
TOTAL	1 415 010	-	355 796	(34 378)	1 736 428

ANNEXURES


Annexure A: Statement of responsibility and Confirmation of Accuracy

Statement of responsibility and confirmation of accuracy for the annual report

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

- ✓ All information and amounts disclosed throughout the annual report are consistent.
- ✓ The annual report is complete, accurate and is free from any omissions.
- ✓ The annual report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.
- ✓ The Annual Financial Statements (PART E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.
- ✓ The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgement made in this information.
- ✓ The Accounting Officer is responsible for establishing, implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the annual financial statements.
- ✓ The external auditors are engaged to express an independent opinion on the annual financial statements.
- ✓ In my opinion, the annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the department for the financial year ended 31 March 2017.

Yours faithfully



Ms. N Mazibuko
Acting Head of Department

Date: 31st May 2017



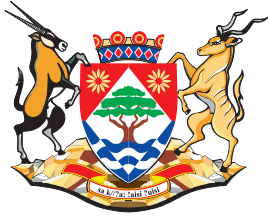
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7. Northern Cape Department of Health, PERSAL 2016/17

ACKNOWLEDGEMENTS

Developing the Northern Cape Department of Health, Annual Report was a collaborative effort from all staff within the Department who were actively involved in the completion of this report.



**NORTHERN CAPE DEPARTMENT OF HEALTH
ANNUAL REPORT 2016/17**



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