

NORTHERN CAPE DEPARTMENT OF HEALTH

ANNUAL REPORT 2017 - 2018

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NORTHERN CAPE DEPARTMENT OF HEALTH

ANNUAL REPORT 2017/18

Honourable Ms. F Makatong
Executive Authority

I have the honour of submitting the Annual Report of the Northern Cape Department of Health, for the period 1st April 2017 to 31st March 2018.



.....
Ms. F Makatong
Executive Authority
Date: 31 May 2018



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2. Part A: General Information

2.1. Department's General Information

Northern Cape Department of Health

Du Toit Span Road, Executive Office

Private Bag X 5049

Kimberley

8300

Tel: 053 830 2148

Fax: 053 833 4394

sjonkers@ncpg.gov.za

lizelsmith@ncpg.gov.za



2.1.1 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
DBSA	Development Bank of South Africa
DCST	District Clinical Specialist Teams
DHIS	District Health Information System
DHMIS	District Health Management Information System
DORA	Division of Revenue Act
DPSA	Department of Public Service and Administration
DPTC	District Pharmaceutical Therapeutic Committee
EMC	Executive Management Committee
EMS	Emergency Medical Services
EPMDS	Employment Performance Management Development System
ESMOE	Essential Step in the Management of Obstetric Emergency
ETR	Electronic TB Register
FET	Further Education and Training
HAM	Health Area Manager
HBC	Home Based Care
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPTDG	Health Professional Training and Development Grant
HPV	Human Papilloma Virus
HRD	Human Resource Development
HSNC	Henrietta Stockdale Nursing College
ICT	Information, Communication and Technology
ICU	Intensive Care Unit
IMCI	Integrated Management of Childhood Illnesses
ISHP	Integrated School Health Programme
KH	Kimberley Hospital



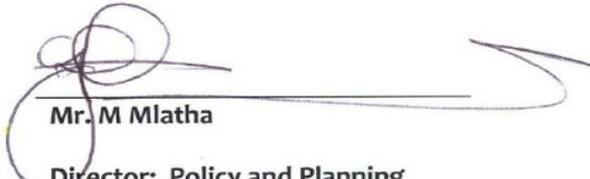
MCWH	Mother, Child and Women's Health
MDG	Millennium Development Goal
MDR	Multi-Drug Resistant
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MMR	Maternal Mortality Ratio
MPAT	Management Performance Assessment Tool
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
NDOH	National Department of Health
NGO	Non-Governmental Organisations
NHI	National Health Insurance
NPA	National Prosecuting Authority
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
OPD	Out Patients Department
PDE	Patient Day Equivalents
PEP	Post Exposure Prophylaxis
PFMA	Public Finance Management Act
PHC	Primary Health Care
PILIR	Policy on Incapacity Leave and Ill-Health Retirement
PMDS	Performance Management Development System
PMTCT	Prevention of Mother to Child Transmission
SANCB	South African National Council for the Blind
SAPC	South African Pharmacy Council
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SDIP	Service Delivery Improvement Plan
SCOPA	Standing Committee on Public Accounts
SLA	Service Level Agreements
STG	Standard Treatment Guidelines
TB	Tuberculosis
TIER	Three Integrated Electronic Registers
TROA	Total Client Remaining on ART
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



2.1.2. OFFICIAL SIGN-OFF OF THE ANNUAL PERFORMANCE REPORT

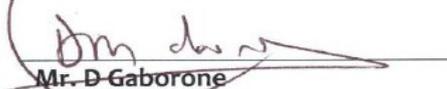
It is hereby certified that this Annual Performance Report:

- 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 Fufe Makatong, MEC for Health
- Accurately reflects the performance of the Department of Health in the Northern Cape Province for 2017/18 financial year.


Mr. M Mlatha

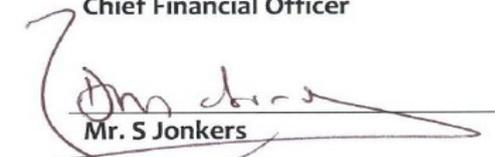
Date: 31 May 2018

Director: Policy and Planning


Mr. D Gaborone

Date: 31 May 2018

Chief Financial Officer


Mr. S Jonkers

Date: 31 May 2018

Head of Department

APPROVED BY:


Ms. F Makatong

Date: 31 May 2018

Member of the Executive Council



2.2. Foreword by the Member of Executive Council for Health



As a Department, we remain firmly focused on the vision of a “Long and healthy life for all South Africans” through universal access to delivering high quality health care to communities. Lessons learned since the start of the financial year, crafted the way forward with a firm commitment from the health leadership to start leading by example.

Our core values inspire us to work effortlessly towards an accessible, caring, equitable and quality health care system and since my appointment as political head in the Department, we undertook a province wide introductory sessions to both staff and health stakeholders. These sessions empowered me with an in-depth understanding of inherent health challenges from both perspectives of staff and communities as represented by their respective governance structures.

Upon pondering on the issues raised during the various sessions, I discovered that they are mainly related to human resources, infrastructure, pharmaceuticals, procurement, strengthening governance and staff morale. This feedback necessitated a broader consultation at a more strategic level that brought about a two-day internal stakeholder consultative meeting where I shared these issues as raised by districts.

The outcome of this session confirmed my long held view that service needs should determine organizational priorities and those should find expression in the Annual Performance Plan of the department. This has presented us with an opportunity to be more innovative and creative in finding ways to achieve our strategic goals despite the budgetary constraints.

Our endeavours to save cost while improving serves to our people can be clearly demonstrated through agreed upon insourcing of some of the services where we do not derive any value for money spent in services such as storage of decommissioned ambulances, food services, gardening services and phased in approach of security services. This exercise is intended to alleviate pressure on the Equitable Share budget while availing resources to services delivery gaps identified.

We are geared towards using the available resources as efficiently and prudently as possible as a result we requested the Provincial Treasury to assist with the investigation of irregular expenditure, unaccounted accruals and their management thereof.

We commit to lighten the administrative burden of doing business by streamlining processes and structures in line with the principles of Batho-Pele and delivering on the objectives and outlined tasks of the Annual Performance Plan of 2018/19.

A stylized, handwritten signature in black ink, consisting of several loops and a long horizontal stroke.

.....
Ms. F Makatong
Executive Authority
Date: 31 May 2018



2.3. Report of the Accounting Officer



Overview of the Operations of the Department

The Department has a new Member of Executive Council (MEC) who started at the beginning of this year, and Head of Department (HOD) who joined the department in August 2017 which has raised expectations of clients, staff, service providers and stakeholders regarding performance of the department. There is anticipation of accelerated delivery of good quality, accessible, efficient and effective healthcare services to all as the needs arise. The department had engaged its stakeholders and a collective resolve has been made to improve health services. Guidance in response to these very demanding and essential health issues have become top priority agenda in the department in order to make important progress towards achieving departmental mandates with more efficiency, effectiveness and accountability. Subsequently, to achieve these objectives the department has made alignments, however still there are some challenges.

Health is a constitutional right to all, and the health sector holds the overall responsibility for health care, with specific responsibility for the public healthcare sector. Accordingly, the department strives to provide and manage comprehensive health services through a district-based, primary healthcare model. Health is complex, and one of the difficulties in provision of accessible high quality healthcare services not only needs dynamic health system with adequately resourced, but also all forms of services such as health promotion, prevention, treatment and rehabilitation in order to enable clients access needed health services. In the province, the burden of communicable and non-communicable diseases, aging population, and vast geographical area with dispersed human settlements makes the delivery of health services challenging. In light of the complex problem, and slow recovery of the national economy efficient use of resources, better integrated plans, consequent management, assessment of value -for -money in contracts, insourcing some of activities such as catering, security, laundry, services without compromising the quality, particularly in newly established facilities, were some of the important steps that were introduced to improve health outcomes and ensure efficient and effective health system.

The National Health Act 61 of 2003 provides a number of basic healthcare rights. Indeed, in recent years the medico-legal claims against the department have been increasing as individuals exercise their right to approach the court for medical malpractices that were committed at health facilities. This is a huge concern that needs adequate and urgent attention. To address such challenges, pooling team of experts together and establishing different functional committees which include medico-legal team, governance, budget council, efficiency, grant and others are aimed at developing and implementing different strategies in their respective areas that drastically improve and ensure quality service coverage and care for patients have been implemented. This is very critical for essential health services, and the country's vision to have a nation of healthy and productive people. This is largely the responsibility of the health sector and its performance.

Government has continued to prioritise health service provision as a pathway to achieving its long-term National Development Plan 2030. In line with this, provision of a continuum of care with particular emphasis through strengthening health systems and health services through the Primary Health Care (PHC) approach was identified. Furthermore, the department has been taking steps towards the pursuit of a future National Health Insurance (NHI) agendas in selected NHI pilot district to test and learn innovative lessons. Improvement in the six building blocks of health system that were identified as critical elements for the delivery of equitable, accessible and good quality health services have been implemented. Based on this, the department has demonstrated strong commitment to addressing gaps in appropriately trained, skilled and well-motivated workforce as

well as their equitable distribution in health facilities across the province, good leadership at all levels, financial competencies, efficient supply chain management system, availability of adequate medicines and medical supplies, information management and infrastructure were given priority. The health system is complex, and the process of transforming it is massive.

Addressing such challenges not only improve access to good quality health services but also encourage use of services, particularly by socioeconomically marginalised subgroups of a population and rural residents. The recently opened new De Aar district Hospital, the new Mental Health Specialised Hospital, ideal clinic realisation and sophisticated equipment, chronic medicines dispensation system were some of the critical areas to improve the health services system. Health services cost money, doctors, nurses, medicine, infrastructure, hospitals and health costs continue to rise, however, financial systems do not always respond to the changes as desired or planned. As a result, accruals, irregular expenditure and non-payment to suppliers within thirty (30) days are significant challenges. Some of them are historical issues. However, through the support from all our stakeholders the department is confident service delivery will improve with better compliance with regulatory acts.

Health services is a human right and it is also one of the critical means to revive economies, create productive citizens, eradicate poverty, inequality reduction, and effect fundamental social and economic transformation, the department is moving with urgency and purpose towards grasp opportunities to improve efficiency and effectiveness in the delivery of healthcare services. Better use of resources, through better procurement practices, efficient use of scarce resources, decentralization of human resources with accountability and financial administrative responsibilities for efficient management, working together with key stakeholders, implementing consequent management and effective progress monitoring system will be strengthened to further promote in the delivery of healthcare services according to departmental values, visions, opportunities and constraints.

Overview of the financial results of the department

- **Overview of the financial results of the department:**

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

- **Departmental receipts**

The department derives more than 90% of its revenue from patient fees and these are based on determined tariffs set by the Minister of Health. The tariffs in the current financial year were increased by 6.1% and so was the revenue target. The 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.



Below is the financial performance on revenue generation:

Departmental receipts	2017/2018			2016/2017		
	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	49 582	29 703	19 879	59 702	38 469	21 233
Interest, dividends and rent on land	-	1	(1)	-	-	-
Sale of capital assets	2 368	60	2 308	2 232	1 115	1 117
Financial transactions in assets and liabilities	-	1 171	(1 171)	-	1 961	(1 961)
Total	51 950	30 935	21 015	61 934	41 545	20 389

The review of personnel capacity at facility level was performed and the vacancies identified. A provincial revenue office structure is in a process of being filled to ensure sufficient support and adequate monitoring and support of revenue management activities in all hospitals. The posts at the provincial office have been advertised and interviews has been conducted.

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

Future plans for collecting revenue

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

The review of patient classification and ICD 10 will receive preference.

Revenue tariff policy

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

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



Free services

There are certain circumstances under which patients will receive services free of charge independently of their classification as full paying or subsidized patients. Such circumstances include infectious, formidable diseases, pregnant women and children. Also patients classified under H0 category receive free services. It was not possible to quantify the cost of the free services rendered.

Reasons for under collection of revenue

The main revenue collected by the Department is from hospital patient fees recoverable from among others, Medical Aids, Compensation for Occupational Injuries and Disease (COIDA) and other government institutions such as South African Police Service (SAPS), South African National Defence Force (SANDF) and Department of Justice and Constitutional Development after providing health care services to their respective beneficiaries. In addition to the patient fees, commission of 2.5 per cent is earned on payroll deductions such as insurance and garnishee orders.

- **Programme Expenditure**

During the year under review the Department was allocated an adjusted budget of R4.630 billion, which included an adjustment to the conditional grants, roll-overs and other adjustments. At the end of the financial year the Department had spent R4.567 billion resulting in an under-expenditure of R62.940 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 2016/17 and 2017/18. Detailed performance by economic classification and fund is shown in the Appropriation Statement in the Annual Financial Statements.

Programme Name	2017/2018			2016/2017		
	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	209 905	230 613	(20 708)	196 999	226 526	(29 527)
District Health Services	2 001 541	1 989 395	12 146	1 913 993	1 913 947	46
Emergency Medical Services	327 707	302 726	24 981	307 718	284 989	22 729
Provincial Hospital Services	338 120	338 577	(457)	367 557	390 427	(22 870)
Central Hospital Services	970 244	954 327	15 917	970 641	945 268	25 373
Health Sciences	119 668	98 661	21 007	123 986	123 986	-

Health Care Support Services	100 142	91 782	8 360	102 529	108 656	(6 127)
Health Facilities Management	562 965	561 271	1 694	510 762	375 338	135 424
Total	4 630 292	4 567 352	62 940	4 494 185	4 369 137	125 048

Administration – overspent by R20.708 million

The programme overspends by R1.403 million on compensation of employees, due to existing budget pressures; while the goods & services overspend by R9.746 million due accruals on legal fees, computer services and audit fees which were paid. The department incurred a further R9 million towards the settlement of claim against the department.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

District Health Services – underspent by R12.094 million

The programme overspent by R31.878 million on compensation of employees due to existing budget pressures. Certain funds are already committed towards the procurement of medical equipment, female condoms and nutritional supplements on the HIV Grant.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year. A roll over has been requested on the funds committed towards the procurement of medical equipment.

Emergency Medical Services – underspent by R24.757 million

The programme overspent by R4.790 million on compensation of employees due to existing budget pressures. The goods & services overspend by R0.317 million due to accruals paid on the aeromedical services; while the capital budget underspend by R31.242 million due to cash flow constraints and funds already committed wherein the delivery will only take place in the next financial year.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

A roll over has been requested on the funds committed towards the procurement of emergency vehicles.

Provincial Hospital Services – overspent by R457 000

The programme overspent by R4.527 million on compensation of employees, due to existing budget pressures. The goods & services underspend by R3.339 million due cash flow constraints.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

Central Hospital Services – underspent by R16.340 million

The programme overspent by R44.160 million on compensation of employees, due to existing budget pressures. The goods & services underspend by R15.423 million due to cash flow constraints. The department had committed R26.324 million towards medical equipment funded from National Tertiary Services Grant and a further R24.786 million towards medical equipment and other items funded from Health Professions Training & Development Grant, and the delivery will only take place in the next financial year. "The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

A roll over will be requested on the funds committed towards the procurement of medical equipment.

Health Science and Training – underspent by R 21.007 million

The overall programme underspent by R21.007 million. However, the transfers & subsidies overspend by R24.754 million due to the payment of accruals in respect of Cuban Doctors' programme. This overspending is reduced by the funding earmarked for training of auxillary nurses and the skills development fund which has not yet been utilised.

Health Care Support Services – underspent by R8.360 million

The programme overspent by R2.865 million on compensation of employees, due to existing budget pressures. The goods & services show significant underspending, which is caused incorrect financial anomalies caused by use of the new inventory system which was piloted in the current financial year. The inventory was recognised in terms of Generally accepted accounting practices; while the department must report in terms of modified cash basis.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

Health Facilities Management – underspent by R1.694 million

The programme has underspend by R1.694 million due to procurement delays on the implementation of Expanded Public Work Programme. A roll over has been requested.

- **Virements/roll overs**

Description	Virements R'000	Reason for the virement
1. ADMINISTRATION	15 548	
Goods & Services	15 095	This programme over spent its goods & services budget due to the impact of accruals on legal fees, computer and communication services which were paid from current year budget allocation. The virement is to defray this overspending was

Description	Virements R'000	Reason for the virement
		effected from programme 4: Provincial Hospital Services and programme 7: Health Care Support Services.
Machinery and equipment	26	The budget was overspent due to need to replace security equipment. The virement shift was effected from programme 3: Emergency Medical Services.
Households	427	This programme over spent 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: District Health Services.
2. DISTRICT HEALTH SERVICES	4 181	
Compensation of employees	15 570	The programme overspend on compensation of employees due to existing budget pressures and the fact that services of nursing agencies were cancelled and staff appointed in the establishment in other health facilities. The virement shifts were effected from programme 5: Central Hospital Services and programme 6: Health Sciences & Training.
Goods & services	(10 962)	This programme under spent its goods & services as a result of lack of cash flow in the last quarter of the year and payments were restricted to Conditional Grants only. This under spend amount was moved to programme 1.
Households	(427)	This programme underspent its allocation towards transfers to households, since there were less personnel exits in the current year. The saving was utilised to defray overspending on programme 1: Administration.
3. EMERGENCY MEDICAL SERVICES	2 993	
Goods & Services	7 245	This programme overspent its goods & services due to the impact of accruals paid for the aeromedical services. The virement shift to defray this overspending was effected from programme 7: Health Care Support Services.
Machinery & equipment	(4 252)	This programme under spent its machinery & equipment to delays on the procurement process.

Description	Virements R'000	Reason for the virement
		This under spent amount was moved to programme 1: Administration, 4: Provincial Hospital Services and 5: Central Hospital Services.
4. PROVINCIAL HOSPITAL SERVICES	(6 454)	
Goods & Services	(7 519)	The programme underspent its budget due to cash flow constraints. This saving was used to defray overspending on programme 1: Administration and programme 5: Central Hospital Services.
Machinery and equipment	1 065	The budget pressure on replacing old medical equipment and medical assistive devices at West End Specialised Hospital led this programme to overspend on machinery & equipment. The virement shift to defray this overspending was effected from programme 3: Emergency Medical Services.
5. CENTRAL HOSPITAL SERVICES	2 523	
Compensation of Employees	(5 165)	This programme under spent its budget for compensation of employees due to administrative posts that could not be filled. This saving was used to defray overspending on programme 2: District Health Service.
Goods & services	6 454	This programme overspent its goods & services budget due to the impact of accruals on medicine and laboratory services which were paid from current year budget allocation. The virement is to defray this overspending was effected from programme 4: Provincial Hospital Services
6. HEALTH SCIENCES & TRAINING	(10 405)	
Compensation of Employees	(10 405)	This programme under spent its compensation of employees as a result of vacant funded posts and also misalignment between operational activities and budget. The operational activities and budget were aligned effectively from 2018/19 financial year. This saving was used to defray overspending on programme 2: District Health Service.
7. HEALTH CARE SUPPORT SERVICES	(8 708)	

Description	Virements R'000	Reason for the virement
Goods & services	(10 313)	The programme underspent its budget due to cash flow constraints. This saving was used to defray overspending on programme 1: Administration and 3: Emergency Medical Services.
Machinery and equipment	1 605	This programme overspent its capital budget due to the impact of accruals incurred on vehicles procured for Forensic Medical Services in the previous financial year. The virement shift to defray this overspending was effected from programme 3: Emergency Medical Services.
8. HEALTH FACILITIES MANAGEMENT	322	
Machinery and equipment	322	This programme overspent its machinery & equipment funded from Equitable share, due to procurement of assistive devices for the new De Aar Hospital. The virement shift to defray this overspending was effected from programme 3: Emergency Medical Services.

- **Unauthorised Expenditure**

The unauthorised expenditure for the period ending 31 March 2018 is R100.296 million compared to R51.576 million. This represents 2.1% of the adjusted budget compared to 1.3% in the previous financial year.

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

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

- **Fruitless and wasteful Expenditure**

The department incurred fruitless and wasteful expenditure to the value of R5.270 million during the financial year, compared to R10.537 million in the previous financial year. This was mainly due to interest charged on overdue accounts as payments to service providers.

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

- **Irregular Expenditure**

The department incurred irregular expenditure to the value of R412.379 million during the financial year, compared to R574.183 million in the previous financial year. The main contributor to irregular expenditure in terms of monetary value is the awarding of tenders by implementing agents, followed by expired contracts that are extended on month-to-month. The main contributor in terms of numbers of cases is violation of departmental SCM policy.

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

- **Future plans of the department**

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

- **Public Private Partnerships**

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

- **Discontinued activities / activities to be discontinued**

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

- **New or proposed activities**

The department has planned to conclude Memorandum of Understanding (MOU) with the farming sector, to integrate resources to improve access to outreach health services in the rural areas.

- **Supply chain management**

There were no unsolicited bid proposals dealt with through SCM bidding processes. The department plans to procure machinery including emergency vehicles, medical equipment as well as major maintenance services for various health facilities. The SCM processes and systems are in place to prevent irregular expenditure, despite the personnel capacity challenges experienced in most facilities.

- **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**

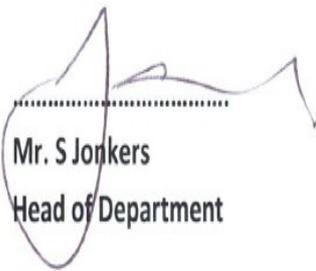
No reportable events after the reporting date were identified.

- **Acknowledgement/s or Appreciation**

Let me take this opportunity to express my sincere gratitude for the leadership provided by our honourable MEC: Makatong and Executive Management Committee. Let me further extend this appreciation to the support of senior management and all staff of the Department who ensured that 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**



Mr. S Jonkers
Head of Department

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

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

- All information and amounts disclosed throughout the Annual Report are consistent.
- The Annual Report is complete, accurate and is free from any omissions.
- The Annual Report has been prepared in accordance with the Guidelines on the Annual Report as issued by National Treasury.
- The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.
- The Accounting Officer is responsible for the preparation of the Annual Financial Statements and for the judgements made in this information.
- The Accounting Officer is responsible for establishing, and implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the Performance Information, the Human Resources Information and the Annual Financial Statements.
- The external auditors are engaged to express an independent opinion on the Annual Financial Statements.
- In my opinion, the Annual Report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2018.

Yours,


.....
Mr. S Jonkers
Head of Department
Date: 31st May 2018

2.3.2. 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)

2.3.3. 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.



Other Mandates

- Basic Conditions of Employment (Act 75 Of 1975)
- Broad Based Black Economic Empowerment (Act 53 Of 2003)
- Child Care Amendment (Act 96 of 1996)
- Choice on Termination of Pregnancy (Act 92 of 1996)
- Constitution of the Republic of South Africa (Act 106 of 1996)
- Control of Access to Public Premise and Vehicles (Act 53 of 1985)
- Convention of the Rights of the Child, 1997 (Chapters 5 and 7)
- Division of Revenue (Act 7 of 2007)
- Electronic Communication and Transaction (Act 25 of 2002)
- Electronic Communications Security (Pty) Ltd (Act 68 of 2002)
- Employment Equity (Act 55 of 1998)
- Environment Conservation (Act 73 of 1989)
- Fire-arms Control (Act 60 of 2000)
- Foodstuffs, Cosmetics and Disinfectants (Act 54 of 1972)
- Hazardous Substances Control (Act 15 of 1973)
- Health Act, (Chapter 10)
- Health Professions (Act 56 of 1974)
- Higher Education (Act 101 of 1997)
- Income Tax Act, 1962
- Inquest (Act 58 of 1959)
- Intimidation (Act 72 of 1982)
- Labour Relations (Act 66 of 1995)
- Maternal Death (Act 63 of 1977)
- Medicine and Related Substance Control (Act 101 of 1965)
- Mental Health Care (Act 17 of 2002)
- National Building Regulations and Building Standards (Act 103 of 1997)
- National Environmental Management (Act 107 of 1998)
- National Health Insurance
- National Youth Commission Amendment (Act 19 of 2001)
- National Development Plan (Chapter 10 of MTSF)
- Nursing (Act 50 of 1978 and Related Regulations)
- Nursing (Act 33 of 2005)
- Occupational Health and Safety (Act 85 of 1993)
- Preferential Procurement Policy Framework (Act 5 of 2004)
- Prevention and Combating of Corrupt Activities (Act 12 of 2004)
- Prevention and Treatment of Drug Dependency (Act 20 of 1992)
- Promotion of Access to Information (Act 2 of 2000)
- Promotion of Administrative Justice (Act 3 of 2000)
- Promotion of Equality and Prevention of Unfair Discrimination (Act 4 of 2000)
- Protected Disclosures (Act 26 of 2000)
- Protection of Information (Act 84 of 1982)
- Pharmacy (Act 53 of 1974 as amended)
- Public Finance Management (Act 1 of 1999 and Treasury Regulations)
- Public Service (Act 103 of 1994 and Regulations)
- South African Qualifications Authority (Act 58 of 1995)
- Sexual Offences (Act 32 of 2007)
- Skills Development (Act 97 of 1998)
- South African Schools Act, 1996
- State Information Technology (Act 88 of 1998)

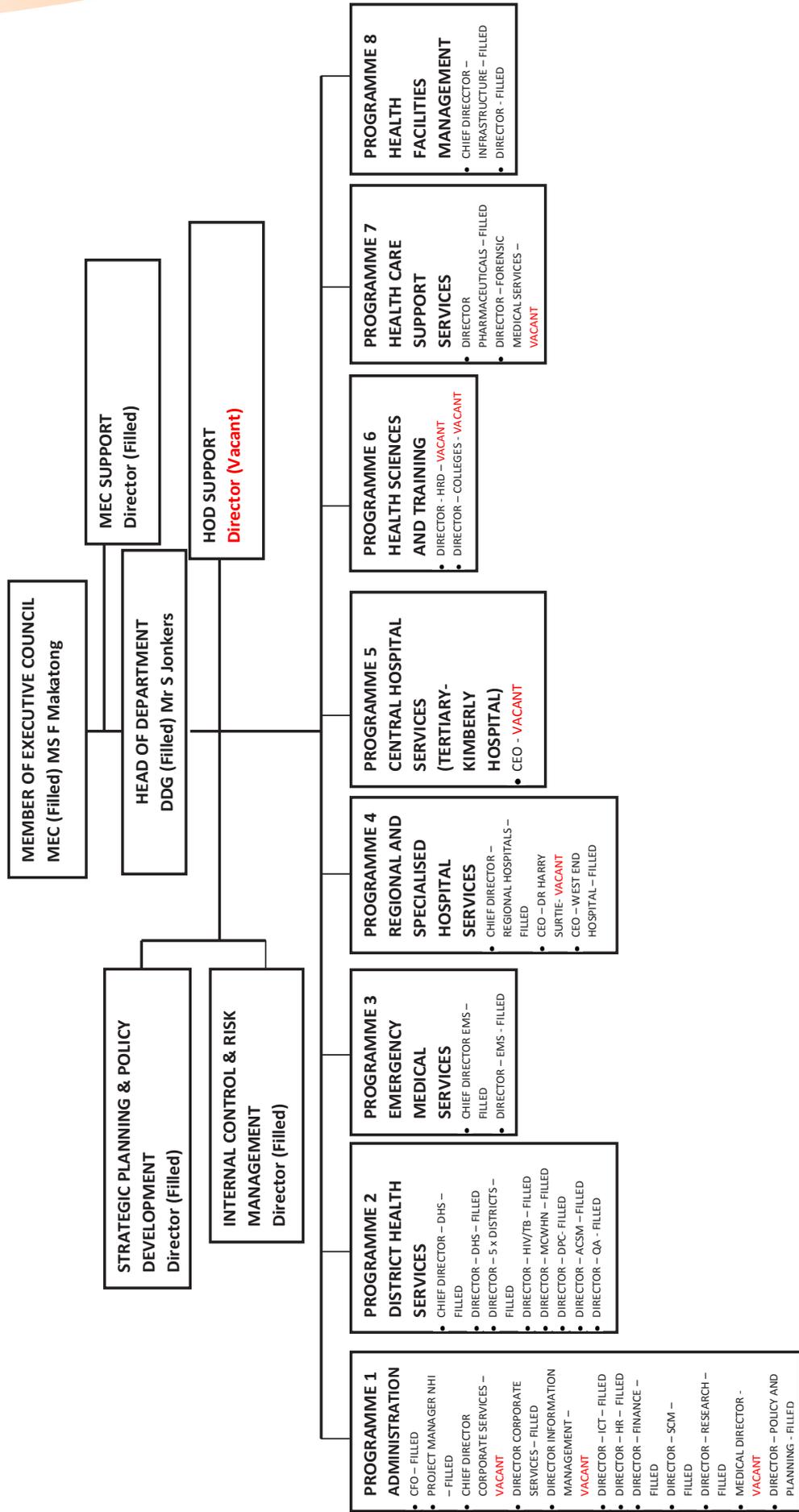
- Sterilization (Act 44 of 2005)
- The International Health Regulations (Act 28 of 1974)
- Tobacco Control Amendment (Act 23 of 2007)

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



**2.3.4. ORGANISATIONAL ENVIRONMENT
CURRENT ORGANISATIONAL STRUCTURE**



2.3.5. Entities Reporting to the MEC

- There are no entities reporting to the MEC

2.4 PART B: PERFORMANCE INFORMATION

2.4.1 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.

2.4.2 Overview of Departmental Performance

The population estimate of 85% is dependent on public healthcare service for their health care needs. It was critical to identify the health care services needs of these clients, as they have no other options. During the reporting period, comprehensive and continuous health services were provided to the community of the Northern Cape Province. The aim of this section is to try to establish what each level of health care services was achieved according to their pre-determined objective targets.

A total of ninety-two (92) customized and provincial predetermined objectives for 2017/18 and final expenditure per eight (8) budgetary programmes were monitored to support the implementation of the annual and operational plan. The overall performance of sixty percent (60%) of the pre-determined objective were achieved, while, and (40%) was not achieved. The performance indicators in the APP can be divided into favourable health indicators and adverse health indicators. Favourable health indicators measure desirable health events, to achieve a maximum level, either in health intervention coverage or health outcome (for example, complete coverage of antenatal care or the highest possible life expectancy). Adverse health indicators, on the other hand, measure undesirable events, that are to be reduced or to achieve a minimum level in health outcome (for example, a stunting prevalence or mortality rate of zero). This differentiation is important as the type of indicator has implications for the calculation of summary measures for annual performances. It is worth to note that the official health information system, collect little data to obtain a full picture.

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

According to the report, the maternal mortality ratio (MMR) and infant mortality has declined in the current reporting period 2017/18.

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

ART Treatment

The success of the antiretroviral treatment programme (ART) lies largely on the retention of enrolled clients and improvement on their quality of life. Within the ART programme this effort is underpinned to the implementation of the National Adherence Strategy and also decanting of stable clients through the Central Chronic Management Dispensing and Distribution (CCMDD) program. The province is lagging in implementing the adherence strategy and the directorate only started in quarter 3 of this financial year to train on the strategy. To date, only 203 Adherence Clubs (target: 1 639) had been established with 4 256 ART clients (target: 49 626) having been enrolled. The poor performance on implementing adherence strategy is largely due to budgetary constraints and the situation might improve in the new financial year if the financial conditions changes. The roll-out of the CCMDD will need strengthening and better coordination as this has affected recording of CCMDD enrolled patients into Tier.Net thus resulting in under-reporting of enrolled ART clients. Apart from system related factors affecting retention, there are also poor socio-economic factors that are associated with attrition of clients such as unemployment, substance use, poverty, lack of food security, etc.

The 2016 treatment outcome report showed that all indicators on the TB Treatment Outcomes performed below their targets. During the same period (i.e. 2016), the treatment success rate remained below 90% target at 77%, loss to follow-up and death rates remain above 5% at 10,3% and 7,7%, respectively. The loss to follow-up and death rates were the highest in Frances Baard District at 12, 8% and 8, 3% respectively.

In addressing the health facility related problems, the Department refurbished some facilities and the completed the new De Aar district Hospital whilst the Mental health specialised Hospitals is at an advance stage of construction. De Aar Hospital is now operational.

Monitoring of performance is necessary but not sufficient as it only asks or track whether programmes are doing what they planned to do. In order to assess whether or not our plans are resulting in their intended outcomes and impacts, and the reason for this, the department is carrying out evaluations. Evaluations involve deep analysis of issues such as causality, relevance, effectiveness, efficiency, sustainability, and value for money. The department undertook the need for bottom-up and top -down integrated planning; and evaluation proposal is submitted to evaluate the NHI Phase I policy implementation in Pixley Ka Seme to promote learning and use of the findings with improvement plans. Research/evaluation is management function as a way continuously improve performances.

- **Service Delivery Environment**

The final reporting of the three (3) year aligned Mid-Term Expenditure Framework (MTEF) Service Delivery Improvement Plan (SDIP), the department is in a position to report on the impact the intervention made in the performance of the two (2) identified services, namely:

- TB Control Management
- Child Health Care
-

These two (2) services were identified taking into consideration the Sustainable Development Goals (SDG) and National policy implementation. The Department went extra mile in commissioning studies that investigated the issues impacting on the performance of the two services. Both studies



came up with key findings that resulted in improvement plans, with the intention to improve performance and mostly improving the quality of services with the focus on the client. The department also notes the role played by partners in the provision of health care services. Memorandum of Understanding was signed with local mines, where we have seen workers getting their medication at their workplace and also provision mobile clinics to access those who are in remote areas. This would not have been achieved without the integrated effort. The provincial administration also undertook outreach programmes to address issues affecting the community and during these visits identified families that needed further assistance. There were community members who were provided with on the spot-assistance and others were referred for further intervention. With the development of the Service Delivery Improvement Plan (SDIP), the department anticipated improvement in services to the broader public and also to improve the overall performance.

- **Service Delivery Improvement Plan**

The two (2) identified key services are:

- TB Management
- Child Health Care

Key Service 1: TB MANAGEMENT

As a province having noted the, 2016 Statistics South Africa (StatsSA) report, stating TB as the leading cause of death in the province. The programme could not perform in most TB outcome set targets due to social determinants, e.g High unemployment, literacy levels and food security etc.

The TB treatment success rate remained below 90%, as it performed at 77%, mostly contributing to the loss to follow -up and death rates remaining above the 5% target. It was established that Frances Baard is the highest district with under-performance on TB success rate.

A multidisciplinary team led by Cuban Doctors attributes to the overachievement of initiating patients on treatment. This can be attributed to the introduction of new lab technology for increased case funding and introduction of Bedaquiline Access Programme (BDQ).

The department noted the case finding for all TB cases has declined from 7565 in 2016 to 7229 in 2017. This is one positive trend recorded in all five (5) districts.

The poor performance depicted is attributed to Social Determinants mentioned above, the latter has a direct impact in the administering of treatment, because the medication must be taken with food.

The following number of challenges has also been recorded that have impacted on the deaths and overall under performances:

Challenges:

- All deaths are recorded as TB deaths despite the cause being different as a result of the patient having TB client.
- High defaulter rate, due to absence of tracer teams.
- Loss to follow up.
- Social determinants, e.g High unemployment, literacy levels and food security etc.
- Staff shortages
- Budget constraints
- Non- payment of service providers



Achievements:

- Decline in Case Finding for all TB cases, from 7565 in 2016 to 7229 in 2017.
- MDR patient started on treatment increased from 317 (2014) to 470 (2015).
- Treatment success rate for MDR increased from 41% (2014) to 44% (2015) cohort.
- XDR treatment success rate increased from 19% (2014) to 59% (2015).
- Introduction of the Nurse Initiated MDR Programme (NIMDR), resulted in an increase to access and improve in treatment outcomes.
- DRTB exceeded target for Bedaquiline Access Programme (BDQ) for 2015, 255 patients were started against target of 250 patients.
- On-going training provided to implementers.
- Signing of MOU with three mines (United Manganese Kalahari, Petra Finch and Kolomela Mine) with the intention to strengthen Public Private Partnership.
- Opening of one stop clinic for Ex-Miners at Kuruman Hospital.

Key Service 2: Child Health Care

The different campaigns and intervention undertaken a significant reduction in Maternal and Neonatal deaths cases were recorded as follows:

Maternal Mortality- Per 100 000 live births

- Maternal Mortality -2015/2016 (112,5), 2016/2017 (95,3) and 2017/2018 at 65,9

Neonatal death – Per 1000 live births

- Neonatal death - 2015/2016 (14.3), 2016/2017 (13.4) and 2017/2018 at 11,6.

Maternity waiting homes for mothers who are currently staying far from the hospital was opened at Tshwaragano hospital (John Taolo Gaetsewe District) with the aim to provide support surrounding areas. Guidelines for access were developed and approved.

A number of workshops were held to capacitate staff to improve Maternal Foetal and Neonatal outcomes and the department was also supported by the National Technical team on Newborn cases. Improvement plans were developed and submitted to the National Department for Kimberley Hospital and Tshwaragano Hospital. The Human Milk bank was also renovated at Kimberley and Tshwaragano Hospital through partners (SABR).

There is also a reduction in the Prevention of Mother to Child Transmission which is currently at 1,1%, below the National target of 1.3% as compared to 2,7% in the year 2015/2016.

A study was undertaken on “Stunting at Birth” of which the final report is still to be released by the National Department of Health. Having noted this, the department also experienced a number of challenges, such as:

- Poor data management at facility level.
- Inconsistency in reporting of Indicators by facilities.
- Non adherence to policy and protocol implementation

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: live births 6.5/1000 live births	Under 1: 6.4/1000 Neonatal 2015/2016 (14.3%), 2016/2017 (13.4%) and 2017/2018 at 11,6%.
		Under 5-year Child mortality: 5.8/1000 live births. (2013/14)	Child mortality: live births Child mortality: 5.3. /1000 live births	Under 5: 4.4/1000
TB Management services	<ul style="list-style-type: none"> All TB diagnosed out patients, in-patients and DR-TB patients. Families of affected. 	Quantity: All TB diagnosed Patients (outpatients, admitted and DR-TB patients) Quality: 85% in line with national standard.	Quantity: 85% Quality: Quality of care to be at the national standard of 85%	Treatment success Rate 74%

Batho Pele arrangements with beneficiaries (Consultation access etc.)

Current/ Actual Arrangements	Desired Arrangements	Actual Achievements
Group session with mothers during Ante-Natal Visits Delivery, Post care, Immunization visits, curative services, home visits	Daily consultation at Primary Health Care 7am-4pm for all services- (Supermarket approach)	All Primary Health Care (PHC) facilities are rendering services from 7h00 to 16h00pm
-	Daily consultation Level 1/2 facilities 24-hour service	24hour services rendered in both District Hospital (Level 1) and Regional Hospital (Level 2)
-	Availability of regular courier services 3x a week	Courier services rendered on a daily basis
-	Availability of permanent Doctors for complex cases	Permanent Medical Officers available in all eleven (11) district hospitals, Outreach services provided to PHC's
-	Internet link for laboratory results to Primary Health Care facilities	Internet access available in newly built or refurbished facilities
Health Dialogues with parents at Early Childhood Development Centers	Health dialogues with parents at Early Childhood Development Centers One visit /quarter	Not fully achieved but partially rendered by Allied support services.

Current/ Actual Arrangements	Desired Arrangements	Actual Achievements
Suggestion boxes in 176 health Facilities	suggestion boxes available in 176 facilities	100 % in place
Radio Talk shows	Radio talk shows e.g. 4 for the year	6 Radio talk shows.
Mom-connect hotline offered to all pregnant women	Mom-connect hotline at Primary Health Care facilities for all pregnant women to communicate	35% coverage, not utilized by those who do not have access to cellphones.
Through Advocacy Communication Social Mobilization (ACSM) programme	Quarterly meetings with community Health Care Workers, Clinics Committees and Hospital Boards	Partially, due to cost containment.
-	Monthly health education sessions	Taking place daily.
-	Consultation during clinic visits	Daily in all health facilities.
-	Health education sessions at schools and at correctional centres (quarterly)	Not done. Staff shortage.
-	Include the Environmental Health Practitioners in TB quarterly Health Reviews	Not done. Staff shortage.
On diagnosis, (provide on-going counselling and health education).	Provide counselling to all cases	Counselling provided to all diagnosis cases
Clinics, Community Health Centres, Specialised hospitals (West-end and Dr Harry Surtie), district hospitals and community health workers through Direct Observed Treatment (DOTS)	DOTS by health care workers	Monitoring done by Ward Based Outreach Teams.
Memorandum of Understanding signed with mines	Signed MOU	To strengthen Public Private Partnership: United Manganese Kalahari, Petra Finch Kolomela Mine 6000 miners accessing the services. Access of services daily: Blackrock mine Kumani Beeshoek Aftrisam Kolomela
100% access as all health facilities provides TB management services	100% provision of TB treatment	100% medication provided

Current/ Actual Arrangements	Desired Arrangements	Actual Achievements
Patient going to a Clinic	Implement TB Tracer Teams at facility level	Opening of One Stop Clinic for Ex-Mine Workers In Kuruman Hospital, 05.12.2017. 6000 mine workers currently accessing the service. -Appointment of Linkage, through partnership with JOSAfricaOfficers in ZF Magcawu, Dr Harry Surtie Hospital – MDR TB unit and Frances Baard- West End Hospital- MDR TB unit
-	Bi-Weekly collection of sputum	Collection taking place Bi-weekly.
-	Screenings be done at during campaigns	Sexual Health Reproductive Awareness campaign conducted in all five districts. Provincial executive Council Outreach programme held in Pixley Ka Seme District, 28-31 August 2018. TB Awareness campaign, 20 March 2018.
-	Gene Xpert machine at all districts	In place in all five districts
	Within five days of diagnosis patient to be out on treatment	All patients initiated as per SOP
-	Six month staying hospital for selective DR TB cases	Referred patients to West End Hospital and Dr Harry Surtie Hospital
-	Mineworkers provided with medication at work place	Daily and provision (5 mines) Blackrock, Kumani, Beeshoek, Afrisam, Kolomela
-	Daily recording and reporting at facility level	Done as per SOP
Healthy lifestyle	Availing Obstetric ambulances x 5 district hospitals	All districts have Obstetric ambulances, except JTG
-	Ward Based Outreach Teams to visit households in 25% the wards	29 % WBOT's coverage
-	1 x Milk bank established in each district and tertiary hospital	Established and fully functional at Kimberley Hospital and Dr Harry Surtie hospital and both currently distributing to districts hospitals Established and fully functional at Kimberley Hospital and Dr Harry Surtie hospital and both currently distributing to districts hospitals
-	Establish lodges for lactating mothers at all district hospitals	1 X at KHC

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	Process drills	Done as per SOP requirement.
Nutrition advisors provide health education	Appointment of Health Promoters at facility level	No Health Promoters appointed. Supported by district Health Promoter.
Communities are invited to Provincial events	Communicated all TB related Health calendar programmes	Community involved in all outreach programmes
Radio slots on immunization and Childhood illnesses	Engage the public through sessions on Local Radio stations.	6 Radio slots held.
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	Procedure consent	Done in line with protocols and SOP.
Intensified Case Finding campaign and health calendar activities and through Community Health Workers	Adhere to health calendar	World Aids Day, 01.12.2017 (Upington) World TB Day, 20 March 2018 in Upington.

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 PHC 73% against target 90% Complaints resolved within 25 working days: 96% against target 90% District Hospitals 86% against 80% target. Complaints resolved within 25 working days: 95% against target 85%
Complaints registered	Complaints registers in place in all facilities	Monthly reporting of facilities to district offices and analysis of complaints received

- Organizational environment, key policy developments, legislative changes and strategy to overcome areas of underperformance-**

This report provides an overview on the service delivery environment that the departments has to confide itself under and also not forgetting the severe resource constraints it found itself year in and year out. The department also had to face the disease outbreaks that were faced with in the Country as a whole. We have seen the outbreak of Listeriosis creating panic in the country where the Minister had to take drastic steps that impacted on the economy and more on the citizen. This outbreak resulted in having to shift funds in order to respond to the National call.

The mushrooming of shacks also had a negative impact on the budget of the department, because service need to be rendered despite the allocation done per capital not taking them into consideration.

The department did also not escape the reshuffling that resulted in the change of political leadership. The MEC was moved and then a new MEC was appointed. This change only had an impact on service delivery and leadership. The new MEC needs to be taken through the processes of the department and still have to take responsibility of the service delivery needs at hand that came with the reshuffling. However, having the post of the Accounting Officer with filled by then made the transition easy. We could already see a change in leadership taking place in the department. Stability in terms of leadership was maintained. The focus was to ensure that accountability be a priority within the whole organization, where we have seen the approach of the Accounting Officer appointing committees in each identified problematic area. These committees served as oversight bodies to functions and were reporting to the Executive Management on critical decision making issues. The committees were held accountable and failure to adhere to Terms of Reference established individuals had to account directly to the HoD. leadership posts that were vacant for a long time being filled through strategic decision making, for e.g. movement of non-performing employees and acting appointments in line with legislation.

Posts were prioritized and attention was shift to the core business by filling scarce and critical skills in hospitals and clinics. This approach did not side line the staff functions, a number of posts management posts were filled too in order to provide the necessary support to the line functions.

Partner Engagement

Relationships with Health Partners has also being maintained were we have seen Memorandum of Understanding being signed and maintained with partners such; United Manganese Kalahari, Petra Finch, Kolomela Mine and from this MoU, we currently seeing six thousand (6000) miners accessing the services. And for the daily provision of services, the following partners, Blackrock mine, Kumani, Beeshoek, Afrisam and Kolomela. This does not leave out the NGO's that render a relentless service to our communities that are in rural communities struggling to access services on a daily basis.

The department struggled with the rendering of Oncology services in districts, but through partners could secure funding from Bristol-Myers Squib Foundation. This initiative will improve the quality of services at Kuruman Hospital in the John Taolo Gaetsewe District and at the same reduce the pressure placed on referrals to Kimberley hospital.

These partners also provided the department with human resources in some areas.

Staff training

Training of employees remains a priority because failure to continuously update staff on developments put the department at risk. Ongoing training on key priority areas is taking place. Training was also provided to the Executive and Senior managers in the alignment of the Performance Agreements with the strategic objectives set in the departmental strategic planning and APP as implementation tool thereof. This initiative was long overdue and will surely hold Executive senior managers accountable in their areas of performance.

Governance structures

The appointment of Governance structures (Hospital Boards and Clinic Committees) by the MEC. These structures play a critical role in the value chain of service delivery as they are representing the community. The functionality of these structures are to be monitored in order to serve their purpose. Then we will be in a position as a department to assess impact thereof through the complaints and Suggestion received from the community.

Departmental performance

The department has been achieving fifty (50%) of it its set goals. This was achieved against the challenges experienced, being staff shortages and cost containment put in place. Programmes could not fully implement their set targets and in some instances could not provide support to the periphery because of cost containment. Having mentioned challenges, did not stop the department in utilizing its minimal resources to render a quality health service to the citizen. A number of achievements have been recorded too, being adhering to the Health calendar by having awareness campaigns, screenings, health outreach to communities etc. To strengthen systems, the Research unit of the department also carried out evaluations on services and has to date completed two evaluation studies. The following studies, "Factors contributing to the emergence of Drug TB Resistance Tuberculosis (DR TB) in the Northern Cape and the cost of treatment" has been submitted and has been accepted by International accredited journal for publication, "Critical review of health planning and monitoring processes: the case of the Northern Cape" and "Social responsibility and Health Related Research" have also been submitted and was accepted but could not be published due to lack of funding.

In conclusion a number of strategies have been developed to improve the overall performance of the department, being the finalization of the organizational structure and the alignment of the Human Resource Plan that will serve as the strategic tool to direct service delivery in the department.

National Policy & Legislative Changes

The department is fully adhering to the implementation of National policies and has aligned the performance agreements of executive managers with policy mandates as outlined in the Senior



Managers performance directive issued by the DPSA. The department has already rolled out the NHI policy to all its five districts, utilizing the lessons learned from the Pixley Ka Seme district as national pilot site. The assessment for the Ideal Clinic Realisation and Maintenance conducted in all facilities. The department also undertook the initiative of developing a proposal to evaluate the NHI phase I health systems improvement. This is to track policy implementation and to help determine how NHI Phase II should respond to emerging issues to improve the quality of health services.

The implementation of the 90-90-90 strategy is also gaining momentum, where on-going training is taking place in all five districts and the distribution of condoms being increased. The department is also aligning its policies with National policies, such as the RT 15 of 2015. The draft policy is to be finalised in the end of the first quarter ending 30th June 2018. Adherence to Human Resource policy and directives where posts are removed from the establishment when not filled in six-month period.

2.4.3 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
3. Reduced health care costs	To strengthen capacity on financial management and enhance accountability	Achieve an unqualified audit opinion from the Auditor General
4. 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

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

- **Performance information**

The Department submits performance reports on a quarterly basis to the National Department of Health, Provincial 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 on how the budget was utilised and the state of the Department's financial management systems.

The Department Conducts Performance Information Monitoring sessions with all budget programmes to review performance on a quarterly basis, in order to monitor achievement in implementation of the Strategic Plan and Annual Performance Plan. These sessions assist the department in identifying early warning signs on poor performance. Programmes develop action plans on indicators not achieved.

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 achieve

2.4.4 PERFORMANCE INFORMATION BY PROGRAMME

PROGRAMME 1: ADMINISTRATION

Sub-Programme: Policy and Planning

Priorities

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

Sub-Outcome 6: Improved Health Management and Leadership

Situation analysis

In the course of the 2017/18 financial year the National Department of Health (NDoH) finalized the Customized Indicators for Provincial Annual Performance Plans 2018/19-2020/21. Furthermore, some budget programmes reviewed their targets based on the historical performance. In consequence the department reviewed the 5year Strategic Plan 2015/16-2019/20 and included the reviewed document as an annexure in the Annual Performance Plan(APP) 2018/19. The APP 2018/19 was developed, approved and submitted to Office of the Premier (OTP) and National Department of Health (NDoH). Tabling of the APP 2018/19 will take place in the first quarter of the 2018/19 financial year.

Additionally, the Programme of Action (POA) 2018/19 was developed in line with the APP 2018/19 and the final approved document was submitted to OTP. During the course of the 2017/18, the department continuously monitored the 2017/18 POA on a quarterly basis and also presented to the Social Protection, Community Participation and Crime Prevention Cluster.

With reference to the Operation Plan and Business Process, the department was unable to finalize the two plans in the 2017/18 financial year. Processes are underway to ensure that the plans are finalized and aligned to the APP as well as the available budget.

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.

The Policy Development managed to have three (3) policy committee meetings out of the six (6) scheduled meetings. The reason for the meetings not sitting was the unavailability of policy committee members. A total of fifteen (15) policies were approved against the target of sixteen (16).

Coordinated the adoption of two (2) policies, District Health Information Systems policy (National) and Employee Performance Management and Development (Provincial). Both policies were endorsed by the Accounting Officer.

The Sub-directorate also had a number of engagements with Organised Labour as part of the consultation process and ten (10) draft policies were discussed and adopted by the PHSDSBC. However, there is a delay in turn-around time to have policies adopted by organized labour due to their scheduled chamber meetings, and this have an impact on the final approval of polices by the Accounting Officer.

Submission of Service Delivery Improvement Plan (SDIP) annual report to the DPSA on 30th June 2017 and approval of the Service Delivery Charter for the department.

Achievements

- The Strategic Plan 2015/16-2019/20 was reviewed and included as an annexure in the APP 2018/19.
- Developed and monitored the quarterly POA 2017/18 aligned to the APP 2017/18.
- Developed and submitted the APP 2018/19 to OTP and NDoH.

The following policies were approved under the year of performance:

- Communication policy
- Sexual Harassment policy
- Diversity Management policy
- Employment Equity policy
- ITC Information Security policy
- Anti- Fraud and Corruption policy
- Vehicle Subsidy policy
- Security Management policy
- Health Technology Equipment Donation policy
- Health Technology Management (Maintenance) policy
- Employee Wellness policy
- Subsistence and Travel policy
- Debt Management policy
- Protective Clothing and Equipment policy
- Non-Clinical Records Management policy

Challenges and measures planned to overcome them

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Unavailability of policy committee members. 	<ul style="list-style-type: none"> ▪ Seek the intervention of the Accounting Officer.
<ul style="list-style-type: none"> ▪ Delays by Organized Labour in provision of inputs during consultation process. 	<ul style="list-style-type: none"> ▪ Submit policies for consultation at the beginning of each quarter to be recorded in last chamber meetings.
<ul style="list-style-type: none"> ▪ Poor monitoring on the implementation of policies. 	<ul style="list-style-type: none"> ▪ No budget for district roadshows.
<ul style="list-style-type: none"> ▪ Timeous availability of programme budget hampering the finalization and development of the Operational Plan by budget programmes. 	<ul style="list-style-type: none"> ▪ Budget Unit to ensure that budget programmes have their budget readily available before the end of the financial year to ensure the alignment of the programme plans to the available budget.

Table: Strategic Objectives, Indicators, Planned Targets and Actual achievements for Policy and Planning

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
Strengthening leadership and governance in the department and ensuring that there is collaborative planning at all levels	Reviewed 5-Year Strategic Plan	-	-			
	Number of approved policies	5	16 Approved Policies	15	-1	<ul style="list-style-type: none"> ▪ Unavailability of policy committee members for meetings.

Sub-Programme: Research and Epidemiology

Priorities:

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

Sub-Outcome 6: Improved Health Management and Leadership

Situation analysis

Health research/programme evaluation is vital for the advancement of cost-effective, evidence-based and high quality healthcare services for the people of South Africa. The high incidence and prevalence of communicable diseases and emerging non-communicable diseases as well as their disproportionate distribution among different socioeconomic groups of a population and geographical areas compels the need to strengthen the research/monitoring and evaluation capacity as well as use of best practices to effectively respond to health challenges. This is vitally important to ensure that health systems provide reasonably good quality, accessible and affordable healthcare services for all citizens irrespective of their socioeconomic status and residential areas. The Research and Development Unit plays significant roles in terms of conducting and/or overseeing research activities including health policy implementations, reviewing the ethical and scientific merits of research proposals that sought to be conducted in our province for provision of gatekeeping permission as well as creating conducive and supporting research environment within the province.

Human Research Ethics Committees

While promoting appropriate research that is tailored to the needs of the province, it is also equally important to ensure that research participants are fairly and respectfully treated by researchers. Protecting the rights and welfare of research participants in research is a fundamental principle of ethical research. To promote and ensure this, the Provincial Health Research Ethics Committee (PHREC) review proposals that seek to be conducted in our province for their scientific validity and ethical soundness in line with the National Department of Health 'Ethics in Health Research: Principles, Processes and Structures guidelines.

Quality assurance audit of PHREC

In November 2017, the quality assurance audit was conducted on PHREC's performances by National Health Research Ethics Council (NHREC). The results of the assessment show that although the auditors were reasonably satisfied with the PHREC performances, it was also mentioned that several concerns which need adequate attention. Some of these concerns include, inadequate resources for monitoring and overseeing of approved proposals, PHREC ethics training, and the dual roles of the committee as research ethics and research coordination committee were raised among others.

Service delivery environment

The unit has performed very well in terms of evaluations. This can be seen from the MPAT assessment score which was 3 (three) out of 4 (four) in this criteria. In 2017/18 financial year, the Unit planned to conduct two evaluation studies. (1) Integrated planning and monitoring study in line with the NDP 2030 goals completed. This evaluation was important to assess the operational efficiencies of planning and progress monitoring gaps to recommend improvement strategies. Two (2) Evaluation proposals on the National Health Insurance (NHI) Phase I Health Systems Strengthening Initiatives and Health Equity Advancement in the NHI Pilot District (Pixley Ka Seme) has been developed. The overall aim of this evaluation is to track the NHI phases I policy implementation and help determine how NHI phase II should respond to emerging issues in the delivery of health services. The evaluation project has been considered among the provincial evaluation plans. Accordingly, the Office of the Premier (OTP) will allocate funds to conduct the proposed evaluation.

Performance

The Unit has had a productive year, and all planned key performance areas were executed. However, there is a need to strengthen the Unit's capacity to optimize its performance in terms of monitoring of approved protocols, research output communications, and updating of the provincial health research/evaluation priority areas for districts and province to guide researches that promote operational efficiencies within the department. Furthermore, publication of articles on peer reviewed journals needs funding, and lack of publication fees has been negatively affecting the key performance area in terms of number of articles published.

ACHIEVEMENTS

The Research and Development Unit performances over the reporting period,

- Supporting and promoting research/evaluation proposals through reviewing the ethical and scientific merits of proposals for gatekeeping permission. During the 2017/18 financial year the unit reviewed and approved a total of forty-five (45) proposals. Out of the total proposals seventeen (17) were for Master's degrees, twenty-one (21) were for Doctoral studies, three (3) were for B Tech studies, and four (4) were evaluation studies. Requested proposals per district shows that sixteen (16) proposals were in Frances Baard; nine (9) proposals in JT Gaetsewe; four (4) in Namakwa; eight (8) proposals in Pixley Ka Seme; and eight (8) proposals in ZF Mgawu district.
- Three (3) articles, namely: (a) Critical review of health planning and monitoring processes: the case of Northern Cape Department of Health" and (b) Social Responsibility and Health Related Research, and (c) Factors contributing to the emergence of DR TB in the Northern Cape Province and the cost of treatment have been submitted and accepted by journals for publication, but due to lack of funding not published. The Unit is searching for journals that are free for publication.
- One (1) evaluation proposal to evaluate the NHI Phase I health systems improvement initiatives has been developed to track policy implementation and help to determine how NHI phase II should respond to emerging issues to improve the cost-effectiveness, accessibility, quality and equity of healthcare services.
- Capacity development, monitoring and discussion sessions were held with all District Health Research Committees (DHRCs), who were established to coordinate and support the health research activities in their respective districts in line with National Health Act.

CHALLENGES

- The current national economic environment may have negatively impacted on the Unit's performance, specifically through limiting availability of resources to optimize its contributions. Financial constraints and decline of the in real terms often necessitate the use of austerity measures within the department. As a result, the Unit has been challenged to get adequate resources against its need.

Challenges and measures planned to overcome them

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

Table 2: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Research and Epidemiology

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	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	2	1	-1	<ul style="list-style-type: none"> ▪ Proposal on the National Health Insurance (NHI) Phase I Health Systems Strengthening Initiatives and Health Equity Advancement in the NHI Pilot District - Pixley Ka Seme has been developed and is at 55% complete. ▪ The department is still waiting for funding from Office of the Premier (OTP) as it is a Provincial Evaluation to start data collection.
	Number of Publications on research outputs in peer reviewed journals	4	3	0	-3	<ul style="list-style-type: none"> ▪ Three (3) articles have been submitted and accepted by journals but were not yet published due to lack of funding.
	Number of ethically approved research protocols to be conducted in the Northern Cape Province	28	50	45	-5	<ul style="list-style-type: none"> ▪ The department received and reviewed a total of forty-five (45) research proposals for gatekeeping permission during the reporting period. Of which forty-four (44) were approved, one (1) reverted back to the researcher for making changes and 0 (zero) were declined. Overall, during the reporting period a total of forty-five (45) proposals have been approved which is 90% of the annual plan achieved.

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

Priorities

- Provide connectivity and upgrade physical network infrastructure in all facilities

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

Situation analysis

Currently the Provincial ICT Directorate is functioning under severe constraints due to staff shortage. The directorate have two (2) vacant Deputy Director posts for Hardware Support and Networks and a principal Network Controller Networks. Requests has been done to fill the vacancies and approval granted. Due to the moratorium on the filling of posts it has not been advertised or filled. This has a severe impact on service delivery and the moral of staff.

Due to the staff shortage ICT support still remains a challenge at districts and facilities throughout the province that do not have any ICT support staff. Provincial ICT is currently providing support services to all districts. The current ratio of support staff to hardware (Computers, laptops, Printers) is 1: 800 estimated. The current norm is 1: 100/150 in the ICT sector. Currently the only facilities with appointed ICT support personnel is Kimberley Hospital and Dr Harry Surtie Hospital which are functioning optimally.

Most of our facilities in the province, especially clinics and CHCs do not have connectivity and this negatively affects administrative operations with regard to correspondences and reporting. National Department of Health has provided a temporary solution to PHC facilities for connectivity of Health Patient Registration System (HPRS). The process has been completed in all the districts. Other initiatives include the Broadband Project currently been done by National Department of Communication to implement connectivity in the Pixley ka Seme District. There was an approval granted to implement 3G Connectivity at thirty (30) facilities, but could not be completed due to the overspending on the Infrastructure Grant budget.

The table below highlight the identified site.

Galeshewe Clinic	Ma Doyle Clinic	Jan Kempdorp Clininc
Hartwater Clinic	Delportshoop Clininc	Windsorton Clinic
Pampierstad Clinic	Phutanang Clinic	Warrenton Clinic
Ritchie Clinic	Barkley West Clinic	Galeshewe Day Hospital
Garies CHC	Prieska Hospital	

Currently the Department has upgraded seven (7) Datalines with the required speed (5Mbps) Kimberley Hospital, New De Aar Hospital, Dr Harry Surtie, Dr Athur Letele Medical Depot and New Mental Health Hospital, West End Hospital and Kuruman Hospital. Griekwastad Hospital and Prieska Hospital is in the process of being upgraded as well. Costing for the upgrade of the hospitals for the 2017/2018 financial year has been done and approved and the projection is that the project will continue until 2020 due to the availability of metro Ethernet Fibre in the Districts. Regular engagement is being done with SITA and Telkom on progress of the project. Telkom has committed themselves to Fast-track the process where possible.

The submissions for the upgrading of Network Infrastructure has been approved for the following facilities in the table below. The rest of the sites could not be done due to the overspending on the Infrastructure Grant and the process was stopped by the CFO. The procurement of LAN Infrastructure for Clinics was also stopped by the CFO due to the overspending on the Infrastructure budget. Engagements are being done with the CFO and SCM to complete the rest of the sites in the new Financial Year from the Grant.

Table of Network Infrastructure on the following facilities:

Galeshewe Day Hospital *	Hartswater CHC	Pampierstad CHC
Griekwastad CHC *	Kakamas Hospital *	Keimoes Hospital *
Springbok Hospital *	Garies CHC	Dr Athur Letele Medical Depot *
Colesburg Hospital	Calvinia Hospital	Kuruman Hospital
Tshwaragano Hospital		

Note * Process of been completed.

Achievements

- Installation of PAAB (Patient Administration and Billing) completed at all Hospitals in the Province.
- Data line upgrades completed at the following sites:

New De Aar Hospital	New Mental Health Hospital	West End Hospital
Kimberley Hospital	Dr Harry Surtie Hospital	Kuruman Hospital
Prieska Hospital (In progress)	Griekwastad Hospital (In progress)	

- Installation of computers procured from the HPTDG completed at the following sites:

Colesburg Hospital (8)	Springbok Hospital (15)	Kakamas Hospital (4)	Keimoes (4)
Calvinia (6)	Kuruman Hospital (5)	Hartwater Hospital (2)	West End Hospital (5)
Kuruman Hospital (5)	Tswaragano Hospital (5)	Prieska Hospital (2)	

- Physical (local area network) network infrastructure completed at the following facilities

Griekwastad CHC	Ma Doyle Clinic	Barkley west Clinic	Beaconsfield Clinic
Hartwater Clininc	Jan Kempdorp Clinic	Delportshoop Clinic	Windsorton Clinic
Phutanong Clininc	Warrenton Clininc	Ritchie Clinic	Galeshewe CHC

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed Corrective Action
<ul style="list-style-type: none"> Availability of allocated funds/Budget (Infrastructure Upgrades) in the Infrastructure Budget. 	<ul style="list-style-type: none"> The Infrastructure Grant Manager should monitor spending on allocated budget against planned projects.
<ul style="list-style-type: none"> Delayed SCM negatively impacting on implementation on projects and affecting completion (timelines) thereof. 	<ul style="list-style-type: none"> SCM should fast-track process of appointing of contractors and procurement of equipment.
<ul style="list-style-type: none"> Lack 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.

Table 3: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Information, Communication & Technology

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
Develop a complete system design for a national integrated patient based information system	Percentage of PHC facilities with network access	9% (15/179 hospitals)	12% (21/179 clinics)	7% (12/179)	-5%	<ul style="list-style-type: none"> Submission was approved for the procurement of equipment and the appointment of the contractor but was not implemented due to the overspending on the Infrastructure budget.
	Percentage of hospitals with broadband access	21% (3/14 hospitals)	43% (6/14 hospitals)	43% (6/14)	-	-
	Percentage of fixed PHC facilities with broadband access	0%	6% (11/179 health facilities)	0%	-6%	<ul style="list-style-type: none"> Submission was approved for the procurement of the 3G cards for the facilities but was not implemented due to the overspending on the Infrastructure budget.

Sub-Programme: Human Resource Management

PRIORITY:

- Review and align the Provincial Human Resources 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 there has been stable in leadership due to the permanent appointment of the HOD and the contract appointment of the Provincial Medical Director. The greatest challenge is lack of funding for the Cuban programme, which limits payment on the Cuban programme and implementation of the approved Workplace Skills Plan for the 2017/18 financial year including the recurring bursary allocations.

The existence of the Exco Resolution on the filling of posts has continued to affect the Department negatively. In that light, this has resulted in no changes regarding staff shortages which in turn affected staff morale, caused burn-out and over-expenditure on overtime claims. The department has an obligation to ensure that there is holistic employee health and wellness, however there is no dedicated budget for this programme.

The abolishment of all unfunded vacant posts the department has managed to maintain the vacancy rate to less than 10% as required. Currently, the Human Resources sought the buy-in of Senior Management for the establishment of an HR plan committee which will review the HR plan for the 2018/19, 2019/20 and 20/21 financial years. The Department is currently busy with mentioned HR plan. The proposed organizational structure of the department is about to be aligned with the reviewed HR plan. The severe shortage of staff in the PMDS component across the province has contributed towards issues of non-compliance and disputes for the Department. Lack of proper management of PILLIR by relevant managers is contributing towards the prolonged PILLIR periods by lack of exercising the incapacity exit measures.

The negative impact of non-compliance to SHERQ can expose the department to closure of facilities by the Department of Labour.

The current rate of non-compliance with regard to SHERQ is based on the following factors:

- Lack of maintenance of infrastructure;
- Budget challenges.
- None commitment by officials to be part of the Health and safety committees
- Staffing of the SHERQ unit.

A total of three hundred and eight seven (387) pension pay-outs were made by GEPF in this financial year.



Appointments VS Terminations for the year under review

Appointments Category	Number	Termination Category	Numbers
Medical Officers	195 (73 Com serve + 43 Interns)	Medical Officers	168 (77 Com serve + 39 Interns)
Processional nurses	155	Processional nurses	151
Staff Nurse	50	Staff Nurse	47
Nursing Assistant	87	Nursing Assistant	98
Support staff	46	Support staff	278
Community serve nurses across the province	64	Community serve nurses across the province	43
Allied workers	140(102 Com serve)	Allied workers	273
Social worker	3	Social worker	1
EMS	9	EMS	16
Pharmacist	74(44 Com serve + 8 Interns)	Pharmacist	68
Dentist	16 (15 Com serve)	Pharmacist	21
Pharmacy Assistant	9	Pharmacy Assistant	
Total	848	Total	1164

Achievements

- Ninety percent (90%) of disputes lodged against the Department were in favour of the Department.
- Advertisement of the Block advert for professionals which was advertised in February 2018.
- Ten (10) policies were consulted successfully through the bargaining chamber.
- Approved Sexual harassment policy.
- Finalized EMS database, grade progressions including thirty-eight (38) other health professionals' categories.
- Human Resource related circulars were communicated throughout the Department.
- Retention of health professionals who completed their community service in December 2017 into vacant funded posts.
- Online reporting of the employment equity report for the first time in December 2017.
- Long service award ceremony across the districts.
- Approval for funding towards the nursing intake through HWSETA.

Challenges and measures planned to overcome them

Challenges	Proposed corrective action
<ul style="list-style-type: none"> ▪ Mal-distribution of Human Resources. 	<ul style="list-style-type: none"> ▪ Skills Audit to deal with skills gap.
<ul style="list-style-type: none"> ▪ Financially constrained environment. 	<ul style="list-style-type: none"> ▪ Budget Baseline assessment.
<ul style="list-style-type: none"> ▪ Poor management of PILIR cases. 	<ul style="list-style-type: none"> ▪ Intensify Training to HR officials in the districts and managers to be held accountable for non-action.
<ul style="list-style-type: none"> ▪ Non adherence to the Recruitment and Selection Process. 	<ul style="list-style-type: none"> ▪ Support to hospitals and districts. Training to HR Officials in the hospitals and districts. Effective monitoring and evaluation.
<ul style="list-style-type: none"> ▪ Lack of Buy in of senior managers in HR committees. 	<ul style="list-style-type: none"> ▪ Managers to nominate relevant officials as representatives in HR committees.
<ul style="list-style-type: none"> ▪ Increased expenditure of commuted overtime. 	<ul style="list-style-type: none"> ▪ Hospital CEO's to ensure that all doctors participating in commuted overtime have approved contracts and ensure proper management using guidelines in the approved departmental policy.

Table 4: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Human Resource Management

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on deviations
Produce, cost and implement human resources for health plans	Developed Human Resources Plan	-	Reviewed Human Resource Plan	Reviewed Human Resource Plan	-	<ul style="list-style-type: none"> ▪ Huma Resource Plan implementation report submitted to OTP.
To improve quality of health care by ensuring accountability	Percentage of Performance Agreements signed by SMS officials	-	100%	96.2%	-3.8%	<ul style="list-style-type: none"> ▪ Twenty-six (26) out of twenty-seven (27) performance agreements has been signed. ▪ One (1) Performance agreement outstanding.

Sub-Programme: Finance & Supply Chain Management-

Priorities: Attain an unqualified audit report

Sub-Outcome 6: Improved Health Management and Leadership

Situation Analysis:

The Office of the Chief Financial Officer focused on the development of internal controls by updating the Audit Action Plan and Project Implementation Plans.

The controls referred to above, are informed by the Audit outcome issued by the Office of the Auditor-General. This Audit outcome was issued on the 31st July 2017 resulting in a slight improvement compared to the previous financial year.

The Department received a qualified audit opinion with the emphasis of the main challenges of Asset Management, Irregular Expenditure, Revenue Management and the management and monitoring of accruals being highlighted by the Auditor General.

The Audit Action Plan has been developed with the reintroduction of the four (4) projects. The project implementation plans for the projects has been discussed with the executive management. Project leaders have been appointed to coordinate the implementation of the projects.

The office of the Chief Financial Officer is in the process to engage the Provincial Treasury and SAICA in dealing with some of the Key performance areas contained in the Audit Action Plan.

Financial reforms remained a priority, key policies have been finalised and some are in circulation with the aim of rolling the policies out before the financial year end.

The terms of reference for the National Health support programme were finalised and communicated to key stakeholders.

Provincial Treasury has expanded the support to the Department with the Deployment of additional resources in some competencies such as Asset Management and Revenue Management.

The developmental process of the Departmental Asset Register is currently in progress with the verification at an advanced stage in the Francis Baard district.

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

The procurement of a revenue collection system was concluded and implementation is on course.

The regularization of contracts especially those that are on a month to month basis is in process with the anticipated conclusion of the fourth quarter.

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

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

ACHIEVEMENTS

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

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Lack of a framework to address internal control deficiencies 	<ul style="list-style-type: none"> ▪ The Department has finalised the individual project implementation plans to address the negative audit outcome.
<ul style="list-style-type: none"> ▪ The absence of a revenue management system at Departmental facilities has also contributed toward negative audit outcomes. 	<ul style="list-style-type: none"> ▪ The procurement of a revenue collection system was concluded and implementation is on completed.
<ul style="list-style-type: none"> ▪ Historical irregular expenditure awaiting investigation, condonation or write-off has also contributed towards the inability to achieve a positive audit outcome. 	<ul style="list-style-type: none"> ▪ Project Implementation Plans addressing management of Accruals and Irregular Expenditure have been developed and are being implemented. ▪ Furthermore, provincial Treasury has appointed a team of consultants to assist with this process.
<ul style="list-style-type: none"> ▪ The lack of an asset register will continue to negatively affect the audit outcome. 	<ul style="list-style-type: none"> ▪ The process to develop the Asset register is currently underway. ▪ The Department has received additional human resources for the asset verification from Provincial Treasury.

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

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

EMPLOYMENT EQUITY AND GENDER

PRIORITY:

- Ensure gender equality and women empowerment at all levels

SUB- OUTCOME 6: Improved health management and leadership

SITUATIONAL ANALYSIS

As it is a requirement for sector departments to comply with legislation, the Northern Cape Department of Health, also strived towards ensuring compliance. A number of forums has been established as per related legislation and the existence of these forums are crucial for the betterment of Human Rights and most importantly the inclusion of all in the mainstream.

The following forums were established:

- Disability forum,
- Women's forum.,
- Men's forum and Moral Regeneration forum

All these forums serve an important role that is of benefit to the employee and the external client who comes to this establishment for service delivery. We however, note that the functioning of these forums will not bring an overnight change but with the little steps will eventually improve the moral of staff.

The directorate also engaged in a number of events such as, Heritage day celebration, Women's day, Father's day and health walks. These events were not just for entertainment but was a way of the department to ensure that platforms are created where engagements are taking place.

Taking service delivery to the people there was also visits to facilities where staff left their work stations and went to support the clinical staff by cleaning facilities. The department developed the following compliance documents:

- The SDIP for the MTEF period of 2018-2021 and was submitted to the DPSA.
- Change Management Plan to promote diversity.
- Employment Equity Plan to implement Employment Equity and Diversity in employment.

Approval and submission of the following documents:

- Service Delivery Improvement Plan 2018 – 2021.
- Change Management Plan.
- Employment Equity Plan.
- Service Charter.

ACHIEVEMENTS

- Four (4) diversity and equity awareness programmes conducted

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none">▪ No budget	<ul style="list-style-type: none">▪ Finance to allocate a budget
<ul style="list-style-type: none">▪ Limited office space	<ul style="list-style-type: none">▪ Government properties to be renovated and furnished.
<ul style="list-style-type: none">▪ Understaffed	<ul style="list-style-type: none">▪ Approval of Departmental Organisational structure.



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

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
Empowerment of women	Percentage of women in Senior Management positions in the department	-	31% (11/36)	22%	-9%	<ul style="list-style-type: none"> Change Management and Transformation not involved in the Recruitment and Selection process.
Promote Diversity and Equity awareness in the department	Number of diversity and equity awareness programmes conducted	-	4	4	-	-

Linking Performance with budget

Programme 1

<u>Programme 1: ADMINISTRATION</u>	2017/18			2016/17		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
<u>Sub programme</u>						
1. OFFICE OF THE MEC	12,289	16,940	(4,651)	10 312	10 741	(429)
2. MANAGEMENT	197,616	213,673	(16,057)	186 687	215 785	(29 098)
	209,905	230,613	(20,708)	196 999	226 526	(29 527)

Narrative Administration – overspent by R20.708 million

The programme overspends by R1.403 million on compensation of employees, due to existing budget pressures; while the goods & services overspend by R9.746 million due accruals on legal fees, computer services and audit fees which were paid. The department incurred a further R9 million towards the settlement of claim against the department.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

PROGRAMME 2: DISTRICT HEALTH SERVICES

PRIORITIES: DISTRICT MANAGEMENT

- Ensure accessibility to health care services by:
 - Improving the administration of Primary Health Care and District Hospital Services,
 - Improving the security at health facilities;
- Ideal Clinic Realization and Maintenance of facilities
- Primary Health Care re-engineering

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

The White Paper on the Transformation of the Health System (1997) is a ground-breaking document which set the tone for the first health sector reforms post-apartheid. Its main objective was to redress the inadequacies created through the establishment of a number of health divisions which lead to wide-scale fragmentation of health services in South Africa, including former homelands.

One of the main goals of the White Paper was therefore the creation of a decentralized but unified health system, through the establishment of the District Health System (DHS). Through this System was intended that the district be seen as the focus for the implementation of health services; the unit of analysis, where all efforts should converge and translate into service delivery, through the PHC approach as defined.

Over the last five years, the shrinking fiscus has put a lot of strain on the delivery of quality Health care. The continuing shortage of human resources and budgetary constraints remains a critical challenge that impedes service delivery especially in the backdrop of new priorities such as the Ideal Clinic Realisation Model, PHC re-engineering and National Core Standards. The health outcomes of the districts are negatively affected by the lack of Human Resources and other non-negotiables.

In spite of the challenges above, our health care personnel remain dedicated to provide the highest possible care for communities in the province.

The department has a good partnerships and close collaborations with the mining sector in the Province, which relationship sees a number of sponsorships to enhance service delivery.

The Ideal Clinic Maintenance and Realisation dashboard depicts an improvement on the monitored ICRM components. Due to the implementation of the ICRM strategies we are noting a; (1) decrease on the PHC Utilisation Rate with more patients being decanted at facility level;

(2) there is an increase in the enrolment of patients (41 030) on the CCMDD programme; (3). facilities adhering to the appointment system.

The assessments for the Ideal Clinic Realisation and Maintenance (ICRM) were conducted only in 161 of 163 targeted facilities excluding Olifantshoek CHC and Wrenchville clinic which are temporarily closed. However, considering this factor, the achievement should be viewed as 100% (161 of 161). There is continuous improvements and updates on the ICRM status.

The unit had engagements with Quality Assurance to resolve the management of complaints at fixed facilities. An in depth analysis on the nature of the complaints was done for the affected districts to develop a targeted action plan.

Hospital Services:

The province has been struggling to achieve 75% or more on the National Core Standards in the last period due to the challenges mentioned above.

Out of thirty-three (33) Community Health Centre's (CHC), on twelve (12) are rendering a twenty-four (24) hour service to the community. We still have seen some of these CHCs operating as district hospitals, despite the reclassification. Having this challenge in place results in patients not referred to the next level after 24 hours. The Bed Utilisation of these CHCs is not being monitored, admitting patient beyond 24 hours has a denting impact on the budget for CHCs.

Bed utilisation remains a challenge. The absence of operational theatres in five (5) District Hospitals impacts on the Bed Utilization.

District Health Services has achieved the four (4) out of the eleven (11) targeted indicators reported for the year. These are:

- Complaints resolved within 25 days' rate (district hospitals).
- Complaints Resolution resolved rate (district hospitals).
- Complaint resolution within 25 working days' rate (PHC).
- Ideal clinic status determinations conducted by Perfect Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC).

Achievements

- Successful launch of maternity waiting homes at Kuruman and Tshwaragano hospital to improve service delivery.
- Growing partnership with mines in John Taolo Gaetsewe to enhance service delivery.
- Procurement of the laundry equipment for Kakamas hospital; this increased capacity at facility level to handle processing of linen.
- Opening of the One Stop clinic for the ex-miners at Kuruman hospital.
- Opening of the new De Aar hospital to enhance service delivery.
- 9/11 District Hospital kitchens received Certificate of Compliance; this indicates that the kitchens are safe for food preparations which will reduce foodborne infections such as Listeriosis.
- Extended hours for two (2) facilities in the Namakwa (Calvinia and Kleinzee clinic), Middlepos (un-serviced area) to ensure accessibility in hard to reach areas.
- Surgical outreach in Calvinia hospital to reduce/relieve referral pathway at Dr Harry Surtie hospital.
- Anti-microbial stewardship done in (Garies CHC, Poffader CHC and Post Nolloth, and Springbok hospital) to reduce prescriptions of antibiotics in districts, and increase resistance for antibiotics.
- SIOC-CDT assisted the Department of Health in Z.F Mgcau District to fund the introduction of the Re-A-Fola Health Promotion in the Tsantsabane Local Municipality during January 2018.

- Installation of a backup water supply at Kagiso CHC- John Taolo Gaetsewe.
- Appointment of nine (9) nurses in Magareng- Frances Baard to improve on service delivery.
- Ideal Clinics on 31/03/18 were ninety-one (91) facilities - (57% facilities), four more were Ideal but not captured under the correct level by the 31/03/18.

Challenges and measures planned to overcome them

CHALLENGES	PROPOSED CORRECTIVE ACTION
LEADERSHIP & GOVERNANCE	
<ul style="list-style-type: none"> ▪ Lack of middle management at District level compromise corporate governance 	<ul style="list-style-type: none"> ▪ Super numeral posts at provincial and district level to be rationalised to fill gaps at facility and district management level
<ul style="list-style-type: none"> ▪ Delay in appointment and training of governance structures (hospital boards and clinic committees) impacts on complaints resolution at facility level 	<ul style="list-style-type: none"> ▪ The process of appointment of governance structures to be concluded ▪ Awaiting training of trainers by the National Department of Health
HUMAN RESOURCES	
<ul style="list-style-type: none"> ▪ Human resource capacity at facility level is over stretched and as result compromise service delivery 	<ul style="list-style-type: none"> ▪ Filling of replacement posts to be prioritised to improve service delivery
ICT and INFORMATION MANAGEMENT	
<ul style="list-style-type: none"> ▪ Lack of ITC at some facilities compromises effective communication and data quality. 	<ul style="list-style-type: none"> ▪ Funds to be made available to improve connectivity
INFRASTRUCTURE	
<ul style="list-style-type: none"> ▪ Poor maintenance of infrastructure and medical equipment in all facilities due to budget constraints 	<ul style="list-style-type: none"> ▪ Infrastructure unit to monitor implementation of maintenance of projects at facilities in order to accelerate work by implementing agents ▪ Day to day maintenance to be facilitated from district level ▪ Districts to identify all medical equipment that need maintenance to accelerate processes
FINANCE	
<ul style="list-style-type: none"> ▪ Limited Cash flow received from province impacting on accruals and commitments ▪ Cash flow not available on time 	<ul style="list-style-type: none"> ▪ Provincial Finance unit to release exact amount requested from district office to pay suppliers timeously.

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

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
Ensure quality primary health care services with optimally functional clinics by developing all clinics into ideal clinics	Ideal Clinic status determinations conducted by Perfect Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)	-	100% (163/163)	99% (161/163)	-1%	<ul style="list-style-type: none"> Two (2) facilities closed which resulted in only 161 facilities assessed; thus 100% of facilities that could be assessed. Olifantshoek CHC still under construction and Wrenchville clinic still closed after damage to the facility; patients currently seen at Kuruman Clinic.
	OHH registration visit coverage	37%	50%	28.8%	-21.2%	<ul style="list-style-type: none"> Pixley ka Seme district had a wall to wall coverage for WBOT, four (4) districts still to conclude their household registration. The WBOT to continue registering the hard to reach areas in all districts
Improve efficiencies and quality of care at PHC facilities	PHC Utilisation rate - Total	2.5 Visits	2.3 Visits	2.2 Visits	-0.1 Visits	<ul style="list-style-type: none"> Patients on CCMDD reduce headcounts at facilities, there is decanting of patients at facility level which are implementing the ICRM strategies. Total patients on CCMDD: 41 030.
	Complaints resolution rate (PHC)	56%	90%	73%	-17%	<ul style="list-style-type: none"> There is still a lack of understanding of the complaints management resolution policy and under of complaints. Operational managers not equipped in managing high level complaints.
	Complaints resolution within 25 working days' rate	94%	90%	96%	+6%	<ul style="list-style-type: none"> Facilities managed to resolve complaints within the stipulated time. Support visits were conducted in all

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
	(PHC)					facilities that were not doing well on complaints management, on-site training was done by the provincial complaints manager

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

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
Improve compliance with national standards	Hospital achieved 75% and more on National Core Standards self-assessment rate (District Hospitals)	-	72% (8/11)	18% (2/11)	-54%	<ul style="list-style-type: none"> ▪ All district hospitals were assessed in the financial year. ▪ Nine (9) hospitals (Prieska, Hartswater, De Aar, Springbok, Prof Matthews, Tshwaragano, Postmansburg, De Aar and Manne Dipico) did not achieve 75% or more on the National Core Standard mainly due to the following: <ul style="list-style-type: none"> - Outdated policies and Standard Operating Procedures, - Inadequate leadership and governance, - Absence of financial and human resource delegations. - Absence of middle management at district hospitals.

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
Improve efficiencies and quality of care at district hospitals	Average length of stay (District Hospitals)	3.4 days	3.5 days	3.2 days	-0.3 days	<ul style="list-style-type: none"> This is attributed to a drastic drop in the mid count census at Manne Dipico hospital due to shortage of staff.
	Inpatient Bed Utilisation Rate (District Hospitals)	60%	63%	55%	-8%	<ul style="list-style-type: none"> This is attributed to a drastic drop in the mid count census at Manne Dipico hospital due to shortage of staff. Non-operational theatres in five (5) hospitals (Manne Dipico, Kakamas, Prof ZK Matthews Postmansburg and Tshwaragano hospital). Districts have a high number of CHC beds and patients stay beyond 24 hours.
	Expenditure per PDE (District Hospitals)	R2 747.90	R1 820.00	R2 270.4	-R450	<ul style="list-style-type: none"> The indicator is negatively impacted by accruals and misalignment of the budget.
	Complaints Resolution Rate (District Hospitals)	63%	80%	86%	+6%	<ul style="list-style-type: none"> Clinical Governance structures are well functioning at district hospitals which assist in dealing with complaints effectively. Hospitals assigned professional nurse to manage issues of quality assurance and complaints. This is an added responsibility on the current staff and not a sustainable solution.

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
	Complaint Resolution within 25 working days' rate (District Hospitals)	98%	85%	95%	+10%	<ul style="list-style-type: none"> ▪ Clinical Governance structures are well functioning at district hospitals which assist in dealing with complaints effectively. ▪ Hospitals assigned professional nurse to manage issues of quality assurance and complaints. This is an added responsibility on the current staff and not a sustainable solution

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

PRIORITY:

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

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

Situation analysis:

Comprehensive Care, Management and Treatment of HIV and AIDS (CCMT) programme

The HIV, AIDS, STI and TB (HAST) Directorate embarked on a series of activities to strengthen implementation of HIV & AIDS services in facilities and community level. These activities included the HIV Early Warning Indicators (EWI) Feedback workshop held in July 2017 (Upington) with all five districts. This workshop was supported and funded by World Health Organization in collaboration with the National Department of Health. Subsequent to this, all districts embarked on the second round of EWI on which certain facilities were assessed through a collaborative effort where district coordinators formed teams to support each other.

Care and Support:

Adherence Club Training for TOTs conducted in Upington and five (5) participants per district attended the training. It is expected that the districts cascade the training to sub districts using the approved training submission.

The Care and Support Sub – Programme also embarked on verification of warm bodies of all the Community Health Workers (i.e. Community Care givers, HIV Testing Services Counsellors, TB Tracers and Peer Educators). This exercise was informed by previous reports which indicated discrepancies between programme targets and NGO's actual reports. The programme continued with the Early Warning Indicators (EWI) Assessments for ART Program a team effort of all district coordinators conducting assessments in four (4) districts with exception of the Namakwa district which was planned for the 4th Quarter.

The following challenges have been noted that affects the CCMT programme:

- Information systems in place but not optimally utilised. Not updated regularly e.g. Tier.net.
- Lack of proper recording and reporting.
- Follow up on LTFU not done by NGOs.

The programme has planned the following corrective measures:

- Planned NGO Meeting to discuss programme non-performance and reiterate their responsibilities.
- Facility visits to do auditing of files to check on no-reporting and updating tier.net.

Electronic Gate Keeping

As part of the strategies to contain National Health Laboratory System's (NHLS) laboratory expenditure and simultaneously promote the rational use of laboratory services, the National Department of Health mandated the NHLS to implement the Standardised National Electronic Gate-Keeping (eGK) Rules. A Provincial team was established to facilitate the process and the Province implemented the eGK with the minimum repeat interval criteria as of 5th March 2018. The implementation will be monitored using the Monthly Rejection Reports supplied by the NHLS. The province attended the 1st eGK Review Workshop from 27th to 28th March 2018.

A total of thirty-six (36) "Gate Keepers" (Frances Baard: 8, JT Gaetsewe: 9, Namakwa: 4, Pixley Ka Seme: 5, ZF Mgcau: 10) were issued with eGK Approval Codes in order to restore any rejected tests when required with the processing ongoing.

HIV Prevention

Two (2) successful RTQII trainings were conducted in Q1 2017/18 in Upington and Kimberley, both trainings were funded by World Health Organisation. The target audience included clinicians, non-clinicians, CHW, mines (MOU partners) and correctional services (100 Participants attended the training). The main objective of the training was to ensure the readiness for the roll-out of the HTS Quality Proficiency Testing which started in September 2017. The Prevention unit worked with Arthur Letele Medical Logistics to secure HTS Rapid Test Kits for the first two quarters of the Financial Year 2017-2018 to avert stock out of test kits in the Province while the RT-41 tender processes are finalised.

SPI RT (Stepwise rapid test assessment) done to seven (7) facilities bringing it to a total of twelve (12) facilities assessed for readiness for PT (Proficiency Testing) in Frances Baard District.

The Prevention Programme conducted readiness assessment to implement Proficiency Testing which is conducted through National Health Laboratory System's (NHLS) in facilities around ZF Mgcau district. The proficiency testing will be conducted in selected facilities and materials will be delivered directly to these facilities.

The HIV Prevention Programme embarked on a roadshow for preparation of the roll-out of the new HIV Rapid Test Kits as per national directive. The current test kit, Advanced Quality which has been used for HIV screening will be replaced by Toyo whilst Bio-Tracer will replace Abbon for confirmation as of January 2018. This transition requires close monitoring to ensure that all facilities in the province are ready hence the district roadshows. As a result of this transition in the HTS programme, two districts (Frances Baard and ZF Mgcau) were at the risk of running low on HIV rapid test kits from the beginning of December 2017, however, a swift response from the programme and district coordinators averted this by rearranging test kits between health facilities where they were in abundance.

February month was dedicated to raising awareness around sexual and reproductive health, and promotion of condom usage. A series of activities culminated to the provincial event for the Sexual Reproductive Health Month being held in Kuruman (JT Gaetsewe district) in February 2018. The



district was identified because of the incidence of sexually transmitted infections, high teenage pregnancy rate coupled with low condom distribution rate compared to other districts. Teams composed of different health programmes were established and dispatched to all districts to offer support during the Sexual and Reproductive Health & Healthy Lifestyle awareness month.

To address the low condom distribution in the province, the HIV & AIDS Directorate embarked on a series of targeted interventions to improve the distribution rate. Procurement of condoms is still a serious challenge, with 14 million male condoms that were ordered not yet delivered due to delayed payment of suppliers and delays in placing orders by our Supply Chain Management. To address the risk of running low on condoms, three (3) million male condoms donated by National Department of Health (NDoH) were delivered to the province in February 2018. These were immediately delivered to districts with the lowest distribution rate, i.e. JT Gaetsewe, Namakwa, and ZF Mgcawu.

Activities:

- Conducted the STI syndromic management trainings for nurses in three (3) districts (Namakwa, ZFM and Pixley Ka Seme district), targeting 25 nurses for each district.
- Health Systems Trust (HST) commenced in conducting the Community HIV Testing campaign from February 2017 in ZF Mgcawu district. This initiative will be roll-out to other districts as well.
- The HIV Testing Services (HTS) sub-programmer conducted the 10 - days Basic HIV Counselling and Testing training in Upington and thirty-three (33) lay counsellors were trained.
- Distribution off HTS policy guideline done to all facilities, NGO's and Partners.
- STI Clinical Sentinel Surveillance workshop held supported by NDOH to address reported challenges in the thirty (30) selected sentinel sites e.g. gross under – reporting which leads to under estimation of the occurrence of episodes on sexually transmitted infections. All the sentinel sites attended together with their district prevention coordinators, with the workshop focusing mainly on prevention, diagnosis, treatment and reporting.
- Hosted the provincial Sex Worker Event in Kimberley supported by National Department of Health (NDoH) Communication Unit where by one hundred and thirty-one (131) sex workers attended for strengthening interventions for key populations, with sex workers as one of the most important category of key populations driving the HIV infection.
- Proficiency Testing (PT) conducted in eighteen (18) facilities per district awaiting report from National Institute of Communicable Diseases (NICD). This effort was aimed to evaluate the ability of a tester to conduct HIV testing to ensure quality HIV Testing Services.
- Orientation of new HIV Rapid (Toyo – Screening test) and BIO-Tracer –Confirmatory test done in all districts. To be used as from the 1st January 2018.
- Ten (10) days Basic HIV testing and counselling training conducted in ZFM district and twenty (20) counsellors trained. The Training was funded by Health Systems Trust (HST).
- About four hundred and seventy thousand (470 000) delivery of female condoms done for Northern Cape Province in February 2018 and subsequently a payment of R2.7 million for female condoms done on 28th February 2018.



The HIV & AIDS Programme conducted performance reviews to identify poor performing areas and factors influencing such performance. Based on this exercise, the programme formulated the following interventions:

- Certain Provincial health programmes to be dispatched to assist with delivery of condoms.
- Develop a provincial Medical Male Circumcision (MMC) Improvement Plan to address access and demand of medical male circumcision services in areas that will result in high yields.

The directorate has one (1) out of five (5) indicators having its target being achieved, namely, “HIV test done – total” for 2017/18 financial years. This situation is as a result of knock-on effects of previous quarterly poor performances since these indicators are cumulative targets hence if target in one of quarters is not achieved has an impact on the other quarter. And also it is worth noting that majority of challenges which resulted in non-achievement of targets in previous quarters remains unresolved.

Medical Male Circumcision (MMC)

Lack of institutionalization of Medical Male Circumcision (MMC) remains a barrier to access for services thus targets could not be met. RT35 tender is implemented as a form of interventions to ensure that services are fast tracked. However, the implementation of services by this services provider started at a slow pace hence a non-significant impact on service delivery.

The National VMMC RT35 Tender was awarded to AURUM Institute during November 2016 and SLAs were delayed from National. SLA was finally received during April 2017 but had to be interrogated by Legal Office which led to the signing of it in May 2017. Provincially the Voluntary Medical Male Circumcision (VMMC) programme has been dependent on Outreach camps and District roving teams for implementation which was made possible by an approved Overtime submission. Since health facilities could not render the service during normal working hours, the services were rendered during weekends and public holidays.

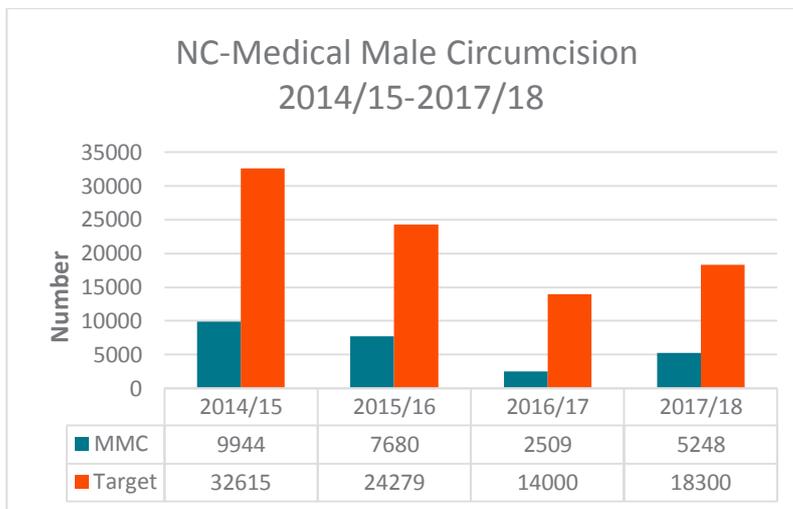
In order to improve the current poor status of Medical Male Circumcision (MMC), the HAS Directorate has engaged the Provincial Medical Director with a purpose of institutionalizing the MMC programme into our hospitals to be offered routinely. This initiative will greatly augment the effort of the contracted MMC service provider, CHAPS, by improving access in all areas. This is also critical to ensure sustainability of the programme amidst financial pressures as budget meant for the Roving Teams can be released for system strengthening of the provincial health sector.

The Provincial team participated in the development of the National MMC Mobilisation Strategy through a national workshop held in Johannesburg in February 2018. As an output from this workshop, a three-day provincial workshop was conducted in Upington resulting the development of district based MMC micro-plans underpinned by raising awareness toward maximizing access to MMC services.



Total number of Medical Male Circumcision performed in the Northern Cape Province

2014/15-2017/18:



COMMUNITY AWARENESS AND MOBILISATION CAMPAIGNS

The HAS Directorate participated in the Provincial commemoration of the 2017 World AIDS Day held on 1st December 2017 in Upington, spearheaded by the Provincial AIDS Council. This year, World AIDS Day was commemorated under the theme, "It is my right to know my status. Prevention is my responsibility". The theme encourages us to make our actions count and take personal and collective responsibility to prevent new HIV and TB infections in South Africa. A total number of ten (10) households with people infected and affected by HIV and/or TB were identified and visited during the day to issue food parcels including provision of care and support services to these households.

Hosted the annual Provincial STI & Condom awareness event in John Taolo Gaetsewe whereby various communities were invited by the MEC for Health in Bendell village with above five (500) people attending the event.

Hosted the Provincial Sex Worker event where one hundred and thirty-one (131) sex workers attended as part of the province to strengthening programs on key and vulnerable populations which have been shown to be the key drivers of HIV infection. The National Communication Unit also participated and did media profiling in this event.

The HAS directorate collaborated with the TB Control Programme in the build-up activities towards the Provincial TB World Day event. The following mobilisation activities were carried out:

- Community awareness Blitz conducted in taxi ranks around Upington to raise awareness on TB and, promotion and issuing of condoms.
- Three (3) schools visited to trace TB contacts among children living with family member infected with TB.
- Door-to-door campaigns and health education.

The unit also attended a national workshop on the National HTS Revitalisation Campaign which sees the provincial HTS target increasing from two hundred and twenty thousand (220 000) to three hundred and three thousand (303 000) in 2018/19. The revitalisation campaign will commence in June 2018.

90 90 90 HIV/TB STRATEGY – PROGRESS

At the start of the financial year, the province together with national HIV cluster held a two (2)-day workshop in Upington where all districts participated to develop their 2018/19 District Implementation Plans (DIPs). The DIPs are aligned to key outcome indicators as outlined in the APP and DORA plans. A myriad of activities were executed at community level to ensure success of the DIPs, and activities includes the following:

- Community engagements through door-to-door campaigns, community dialogues on specific topics
- The commemoration of the World AIDS Day and World TB Day preceded by build – up activities to mobilizes communities.

The month of February 2018 was dedicated as sexual reproductive health month and the event took place in Kuruman spearheaded by the former Health MEC, Hon. Motlhaping. The event focused on education on sexual reproductive health, condom distribution programme, prevention and management of sexually transmitted infections (STIs), comprehensive health screening, etc. And the target groups were youths, women and other key populations e.g. sex workers.

FOCUS FOR IMPACT ON HIGH BURDENED AREAS

As part of the National Strategic Plan on HIV, TB and STI (2017 – 2022), the province has teamed up with the Western Cape Provincial AIDS Council on implementing the “Focus for Impact”. The programmes seeks to identify high burdened areas on HIV and TB, and subsequently identify associated factors that drives the burden of diseases in these areas and formulate interventions. Through the Provincial Steering Committee, the project plan for Focus for Impact has been drafted for the Province and funding for the first phase will be through the Global Fund. Areas with high HIV burden were identified and included in the “Focus for Impact” which is being coordinated through the Provincial AIDS Council Secretariat where health is represented in the Provincial Steering Committee. The second phase, which involves conducting investigative assessment to document factors driving the disease burden is planned to start in June 2018 upon which an action plan will be developed to address these challenges.

Achievements

- Condom Logistics Officer for John Taolo Gaetsewe District appointed with effect from 01 June 2017.
- SLA between NCDOH and AURUM was concluded and provision of VMMC Services started in June 2017
- Improved reporting of data on condom distribution from Primary Distributing Sites (PDS) after all PDS were registered into WebDHIS as reporting units (organisational units).
- An orientation with condom logistics officers for all five districts were held to induct them on condom distribution framework, alignment of job description and reporting. The outputs were positive and impact will be closely monitored.
- The HTS target exceeded by 132%.



Challenges and measures planned to overcome them

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Delays in processing of payment to Condom Suppliers resulting non – delivery of ordered condoms subsequently leading to poor condom distribution 	<ul style="list-style-type: none"> ▪ Finance and Supply Chain Management to ensure that payment are processed timely to Condom Suppliers
<ul style="list-style-type: none"> ▪ Non filling of critical posts is affecting implementation of programmes at district and facility level, namely: <ul style="list-style-type: none"> ✓ HIV & AIDS District Coordinators ✓ District M&E Personnel 	<ul style="list-style-type: none"> ▪ Intervention from executive management is sought to expedite filling of vacant posts.
<ul style="list-style-type: none"> ▪ Activities as planned on the HIV Conditional Grant are not executed accordingly due to systemic challenges despite submissions being submitted for approval. 	<ul style="list-style-type: none"> ▪ Intervention from executive management is sought.
<ul style="list-style-type: none"> ▪ Loss of patient enrolled into antiretroviral treatment program (ART) remains a challenge due to other socio – economic factors such as mobile populations without informing facilities for proper referrals, high unemployment rate, etc. 	<ul style="list-style-type: none"> ▪ Strengthening of referral and transfer processes between facilities and districts. ▪ Strengthening of adherence strategy through: (1) Adherence Clubs; (2) follow-up of stable ART patients enrolled into CCMDD. ▪ Engage other stakeholders (e.g. job generating sectors, social development, farming sector, etc.) in order to highlight the impact of poor socio – economic conditions on health outcomes. Interventions have been having been included into the Provincial Implementation Plan of 2017 – 2022 with a multi – sectoral approach through the Provincial AIDS Council Secretariat.
<ul style="list-style-type: none"> ▪ Poor linkages between CCMDD and Fastlane resulting in high number of patients being reported as lost to follow up 	<ul style="list-style-type: none"> ▪ Strengthen the coordination of CCMDD implementation at district and facility level ▪ The SOP for Data Management in Tier.Net for Patients enrolled in CCMDD Programme needs to be shared with the Facility to provide guidance.

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

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on deviations
Increase HIV testing coverage, treatment and retain clients on ART	ART client remain on ART end of month –total	55 181	69 256	57 429	-11 827	<ul style="list-style-type: none"> ▪ The quarterly target not be achieved due to the following reasons: <ul style="list-style-type: none"> ✓ Patients defaulting from treatment. ✓ Lower than expected initiation rate. ✓ Fewer than planned Adherence Clubs established resulting in low number of enrolment of eligible ART clients. ✓ Poor linkages between CCMDD and Fastlane resulting in high number of patients being reported as lost to follow up.
	HIV test done - total	282 880	220 259	289 982	+69 723	<ul style="list-style-type: none"> ▪ Target exceeded due to: <ul style="list-style-type: none"> ✓ Community based HTS implemented by HST in all districts. ✓ Community awareness activities during the Sexual Reproductive Health Month (February 2018), World AIDS Day 2017. ✓ Facility on site trainings. ✓ HTS Orientation Roadshow on the new RT-41 2017 tender test kits. ✓ HIV 10 days Basic Counselling and Testing training and refresher conducted
Increase access to a preventative package of sexual and reproductive health (SRH) services	Male condom distributed	9 036 023	15 154 881	12 084 178	-3 070 703	<ul style="list-style-type: none"> ▪ Target not achieved due to: <ul style="list-style-type: none"> ✓ Inadequate transport in some districts for condom delivery. ✓ Delays in procurement of condoms by SCM due to systemic inefficiency and rand-dollar exchange.

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on deviations
including medical male circumcision						<ul style="list-style-type: none"> ✓ Delays in processing payment of suppliers resulting in suppliers withholding on condom orders. ✓ Inadequate storage capacity affecting effective distribution and access.
	Medical male circumcision - Total	2 509	18 300	5 248	-13 052	<ul style="list-style-type: none"> ▪ Target not achieved due to: <ul style="list-style-type: none"> ✓ Shortages of medical personnel negatively affecting institutionalisation of MMC into public hospitals. ✓ Poor coordination of MMC services at district level. ✓ Delays in refurbishment of identified MMC sites for use by CHAPS. ✓ Lack of operational district MMC roving teams to augment CHAPS efforts.

Programme: Tuberculosis (TB)

Priorities:

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

SUB-OUTCOME 8: HIV & AIDS and Tuberculosis Prevented and Successfully Managed

Situation analysis

According to the STATS SA 2016 (Causes of Mortality Report) report TB is still the leading cause of death in the Northern Cape Province. In spite of TB being reported as the leading cause of death in the province, however, the case finding for all TB Cases has declined from 7565 in 2016 to 7229 in 2017, this trend can also be observed in all 5 districts. The 2016 treatment outcome report showed that all indicators on the TB Treatment Outcomes performed below their targets. During the same period (i.e. 2016), the treatment success rate remained below 90% target at 77%, loss to follow-up and death rates remain above 5% at 10,3% and 7,7%, respectively. The loss to follow-up and death rates were the highest in Frances Baard District at 12, 8% and 8, 3% respectively

The poor performance of the programme is mainly attributed to Social Determinants of Health such as unemployment, literacy levels, food security etc. The latter have an impact on patient's treatment adherence, nutritional status and rapid transmission of the disease. However, the health systems factor also contributed to the poor performance of the programme. The fiscal status of the department impacted on the non-filling of critical vacant posts such as District TB Coordinators, Allied Health professionals and nurses' posts at facility level. Non-payment of suppliers and slow Supply and Chain processes resulted in poor support to districts, medication shortages and non-procurement of clinical records.

The Drug resistant TB Programme has made good progress in terms of patient treatment initiation started on treatment and treatment outcomes in the 2015 cohort. The number of MDR patients started on treatment has increased from 317 (2014) to 470 in 2015 (48% increase). The number of Pre XDR and XDR patients increased from 40 (2014) to 71 (2017) patients. The treatment success rates for MDR increased from 41% (2014) to 44% for 2015 cohort. The XDR treatment success rate increased from 19% (2014) to 59% (2015). Despite significant gains on MDR Treatment outcomes, an increase in Primary MDR infections has been observed which is worrying.

In spite of all the systemic challenges, the DRTB programme exceeded the target for the Bedaquiline Access Programme (BDQ) for the 2015. A total of two hundred and fifty-five (255) eligible patients were started on the BDQ Access Programme at the West End Hospital (WESH) and Dr Harry Surtie Hospital against the target of two hundred and fifty (250). The success of the DRTB Programme is attributable to commitment of the multi-disciplinary teams led by the Cuban doctors at the three (3) treatment sites, the introduction of new lab technology for increased case finding and introduction of new drugs such as Bedaquiline, Clofazamine and Delamanid.



ACHIEVEMENTS

- In partnership with URC, thirty-six (36) TB screening stamps were procured to further improve TB case finding, however, these stamps were used only in Frances Baard District for piloted purposes. Additional stamps will be procured in the 2018 /19 financial year for implementation across all 5 district. This initiative also reduced costs of TB Screening booklets. URC also trained health professionals at facilities in Frances Baard in TB Quality Improvement Methodology.
- In an effort to curb the unfavourable treatment outcomes the province implemented the new Multi Drug Resistant (MDR) TB Short regimen on 1st June 2017 and by March 2018 a total of 198 patients have been enrolled on the program. Although the province was not initially part of the DCAP (Delamanid) pilot process, 8 patients have been enrolled at West End Specialised Hospital (WESH).
- The Nurse Initiated MDR Programme (NIMDR) was introduced in 2015 to mitigate the shortage of beds at WESH and Dr HSH, increase access to care and improve treatment outcomes. In partnership with JPSA,45 nurses were trained. Amongst those nurses who were trained 17 have started initiating MDR treatment with a total of 173 MDR patients initiated on MDR treatment.
- The National/provincial DRTB clinical audit and review were conducted at West End Hospital and Dr. Harry Surtie Hospital, on 04th and 06 September 2017, respectively. The findings indicated that good clinical practices were applied with main findings being that good clinical management is applied, the National delegation expressed their satisfaction. Areas of improvement identified were patient counselling and eye testing, a recommendation was for facilities to come up with improvement plans to be monitored on a quarterly basis by Unit managers and district coordinators.
- The department in collaboration with Provincial Executive Council hosted a successful Outreach programme in Pixley ka Seme district from 28-31 August 2017. Main objective of the programme was to provide dignified nutritional and personal hygiene support to deserving patients linked with health facilities. A total of 40 patients and 40 households benefitted from this including comprehensive service delivery from other government departments in an effort to address key deliverables contained in the National Strategic Plan on HIV, TB and STI (NSP:2017-2022).
- Due to budgetary constraints the TB awareness programmes were only conducted during March 2018 as part of the World TB Day, which was commemorated in Upington on 20th March 2018. The objective of these event was to mobilise leadership at all levels, to review resolution of WTB Day Summit of 2017 and present the TB Crisis plan with 300 delegates participating in the event. This event was preceded by radio talks, door to door campaigns and health talks at taxi ranks in order to bring awareness on TB amongst communities.
- Standard Operating procedure for the use of N95 respirators were developed and circulated for implementation in all health facilities to reduce the risk of transmission among health care workers.
- A Memorandum of Understanding (MOU) has been signed between NCDOH and three (3) mines, namely, United Manganese Kalahari (UMK) Petra Finch and Kolomela Mines in order to strengthen the Public Private Partnership for improving access to health care services for mining and peri-mining communities.

Challenges and measures planned to overcome them

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> The lack of human resources at district and facility level results in poor programme coordination, implementation and performance monitoring. 	<ul style="list-style-type: none"> Submissions for appointment of TB Coordinators from the HIV Conditional Grant returned unsigned. The budgets for appointment of staff at district and facility level to be approved by Head of Department.
<ul style="list-style-type: none"> Late submission and incomplete reports from health facilities due to lack of ITC equipment and transport 	<ul style="list-style-type: none"> Support visits were conducted at poor performing facilities to retrieve outstanding data and reports. Head of Department to approve budget for ITC Infrastructure. Discuss with ITC Manager to procure computers, laptops and improve access to data network at facilities
<ul style="list-style-type: none"> Slow SCM processes lead to Lack of clinical stationary at health facilities. This resulted in non/poor patient information and missing data. 	<ul style="list-style-type: none"> Partners were consulted to support the province with clinical stationary, but due their own financial constraints, they were unable to assist the province. The CFO and SCM Manager to improve SCM Processes at all levels to ensure sustainable supply of stationary
<ul style="list-style-type: none"> The lack of tracer/injectable teams resulting in high lost to follow up rate for Drug Susceptible and Drug Resistant TB 	<ul style="list-style-type: none"> Meeting were held with NGOs and facility managers in the Sol Plaatje Municipality to address LTFU and relations with health facilities. Head of Department must approve budget for appointment of tracer/injection teams for hard to reach areas and treatment adherence counselling training for HCP. NGO sector to be reorganise to respond to tracing of defaulters in catchment areas.
<ul style="list-style-type: none"> Reduction in TB Case finding due to Poor implementation of TB Awareness and Health Promotion activities 	<ul style="list-style-type: none"> HOD/CFO to make the allocated R3m ES and R45million of Earmarked funding available in new financial year to improve Intensified Case finding
<ul style="list-style-type: none"> Poor Infrastructure at district hospitals hamper implementation of MDR decentralisation and Implementation of FAST Model 	<ul style="list-style-type: none"> Programme must be involved when Infrastructure refurbishments and upgrading are discussed. Budget must be made available for upgrading and refurbishments for district hospitals

Table 10: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Tuberculosis (TB)

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on deviations
Reduce TB and MDR-TB mortality through increased access to screening, initiation and ensuring adherence to treatment	TB/HIV co-infected client on ART rate	91.9%	100%	96.3%	-3.7%	<ul style="list-style-type: none"> All districts except Namakwa achieved above 90%. Consultation with HAMS and HIV Coordinator to support facilities to improve reporting rates.
	TB symptom 5 years and older start on treatment rate	-	65%	94.5%	+29.5%	<ul style="list-style-type: none"> Target exceeded due to Integration of TB into Integrated Management of Child Illnesses Programme. Sustain performance through active case finding campaigns and support to facilities.
	TB client treatment success rate	81.6%	90%	74%	-16%	<ul style="list-style-type: none"> All districts did not meet target with Frances Baard (72,6%), Pixley ka Seme (75,3%), Namakwa (75,7%) performing below 80%. <p>The following reasons are attributed to poor performance:</p> <ul style="list-style-type: none"> ✓ The high death and Lost to follow-up rates due to poor socio – economic conditions; ✓ High not-evaluated cases resulting in skewed reporting and also outstanding data from the above districts are contributing to poor performance. ✓ Lack of tracer teams in most areas.
	TB client lost to follow up rate	8.6%	≤ 5%	9,8%	- 4.8%	<ul style="list-style-type: none"> A high Loss to follow up rate in Frances Baard (11, 8%) Pixley (6, 2%), ZFM with (11, 7%) and JTG with 8,7%, due to inadequate implementation of treatment adherence programmes and stigma.
	TB Client Death Rate	5.2%	5.5%	7.8%	- 2.3%	<ul style="list-style-type: none"> High mortality rate in Frances Baard (8,3%) followed by ZFM (7,8%) and JTG with (7,7%) due to inadequate implementation of treatment adherence programmes

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on deviations
						and stigma.
	TB treatment success rate	40.7%	45%	44.1%	-0.9%	<ul style="list-style-type: none"> ▪ Dr, Hospital. Surtie Hospital and West End Specialised Hospital has high mortality rate of 24.8% and 27, 3% respectively. ▪ Lost to follow-up rates at Dr. Harry. Surtie Hospital 27% and West End Specialised Hospital with 16.5% due to late detection of disease and inadequate treatment adherence. Sustainable budget needed to Intensify case finding and Community Awareness Programmes

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
 - Improve community awareness on maternal health issues and MomConnect registration of all pregnant women
 - Improve Integrated Management of Childhood Illnesses coverage through distance training
 - Implementation of 10 steps to treat Severe Acute malnutrition (SAM) in PHC clinics and Hospitals

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

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

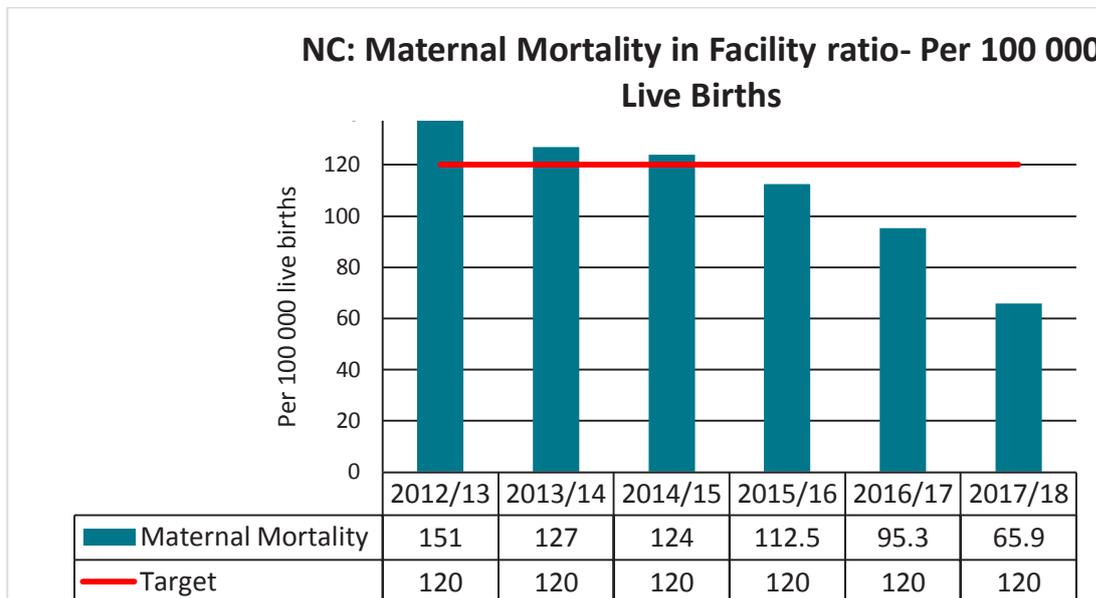
Situation analysis:

A significant reduction in maternal and neonatal mortality ratio's in facilities have been noted, which can be credited to Community Awareness Campaigns, Facility and District Perinatal Mortality meetings, and continuous training on:

- ESMOE/EOST
- BANC +
- MSSN
- HBB
- PMTCT



There has been a substantial decline in maternal deaths over the past years from 151/100 000 live births (2012/13) to 65.9/100 000 live births (2017/18):



The following tables presents Maternal Mortality per District

DISTRICTS	FRANCES BAARD	JT GAETSEWE	NAMAKWA	PIXLEY KA SEME	ZF MGCAWU	TOTAL
Maternal Death in facility	8	2	0	1	4	15

Maternal Cases	
Total deaths at public health facility:	15
Total live births & Born before Arrival	22 775
Ratio	65.9/100 000

ACTIVITIES

Maternal Mortality

Medical Research Council health system workshops were conducted for the province to improve maternal, foetal and neonatal outcomes.

- To facilitate a process whereby the districts / referral system starts a review of the current situation with respect to management and referral of patients with high obstetric or perinatal risk, as part of provincial implementation of the integrated plan for reducing mortality in mothers, new-borns and under 5's.



- To encourage the review or finalisation of the protocols for antenatal care (BANC plus) as well as for delivery, postnatal and neonatal care, focusing on the requirement for quality and safe care, the appropriate level/ facilities, and referrals

National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD)

The NCCEMD supported the Provincial Tertiary hospital (Kimberley Hospital) after maternal mortality data in our country was presented at NHC technical committee meeting late in 2016 and showed that the number of deaths in Provincial Tertiary hospitals was increasing in those institutions as compared to previous triennial Saving Mothers Reports. The aim was to identify any matters affecting maternal health services and then make recommendations to both NHCTC and the NHC.

National Committee on Confidential Enquiries into Maternal Deaths conducted a meeting at Manne Dipico hospital to discuss the non-functional theatre. The outcome was that the theatre to remain closed, due to the low number of deliveries and shortage of staff.

The provincial chapter of the maternal death triennial was finalised and presented to the NCCEMD, still waiting for launching and dissemination.

National Technical support visit on New-born Care was conducted in Kimberley Hospital and Tswaragano hospital, of which Quality Improvement Plans were developed and submitted to NDoH.

There is a reduction in the Prevention of Mother to Child Transmission which is currently on 1.1%, (below the National target of 1.3%) as compared to 2.7% in 2015/16.

Progress have been made on the “Under-5 case fatality rate” and targets have been achieved/exceeded:

- Diarrhoea case fatality under 5 years’ rate
- Pneumonia case fatality under 5 years’ rate
- Severe acute malnutrition case fatality under 5 years’ rate

However, the fluctuation of performance of the other child health indicators is raising a concern, and improvement plans to address this shortage, need to be drafted.

The Road to Health booklet has been revised and structured around 5 key themes, in order to optimize its use as a tool for promoting the well-being of children during the “First 1000 days”.

These themes encapsulate everything that a child needs to grow and develop optimally, and are:

- Good nutrition for healthy growth
- Love, play and interaction for health development
- Protection from diseases and injuries
- Health care when they are sick or injured
- Extra care and support if and when they need it

Preliminary results on study of “stunting at birth” have been released, awaiting final report. National Nutrition Week was celebrated in all 5 districts with the theme of “Rethink your drink... choose water”, with the aim on reducing intake of sugary snacks and drinks.

National Comprehensive EPI and In-Depth Surveillance Review conducted in the Province from 31st October to 10th November 2017, and final EPI Review survey will be available soon.

The “HPV Indirect Grant” provided funding during 2017/18 for the procurement of Dedicated Vaccine Fridges, but this could not materialize due to delays at NCDoh Supply Chain Management. Facilities in the districts face major challenges related to cold chain storage, resulting in high avoidable vaccine wastages, stock-outs and EPI related outbreaks.

The HPV grant which has been the indirect grant from NDoH will be converted to the direct grant to be managed by the provincial Department of Health as from the 1st July 2018.

The performance on School Health coverage is being hampered by inadequate/lack of school health teams in the districts. The current staff establishment for ISHP is:

District School Health Teams:

Category	District	Number
Professional Nurse	Frances Baard	1
Professional Nurse	Pixley Ka Seme	1
Professional Nurse	ZF Mgcawu	1
TOTAL		3

The ideal is that each sub-district should have a designated School Health Nurse, which indicates a shortfall of 25.

Frances Baard	JT Gaetsewe	Namakwa	Pixley Ka Seme	ZF Mgcawu	Total
Sub-districts: 4	Sub-districts 3	Sub-districts 5	Sub-districts 8	Sub-districts 4	28

Activities:

- Sexual Health Reproductive Health awareness campaign was conducted in all five districts, with main event being held in JT Gaetsewe district on 23rd March 2018.
- SRH on-site support conducted to improve fertility control uptake, reporting and counselling for contraceptives with emphasis on subdermal implant and management of side effects to reduce early removal with consideration of medical eligibility for clients on chronic medications.

Achievements:

- The Human milk bank at Kimberley Hospital was renovated by SABR and launched. The improved facility will lead to improved hygiene and sanitation (safer milk) in the bank as well as increased storage to handle more donations.
- The following appointments were done during 2017/18:
 - ✓ Provincial Surveillance Officer
 - ✓ Dietician at West End Hospital
- Youth Ambassador for the Northern Cape was appointed by the Minister of Health, and the purpose is to provide advocacy programs to the youth, and assist with the SHE Conquers’ program.

Challenges and measures planned to overcome them

Challenges and Concerns	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> Data discrepancies at provincial, district and facility level. 	<ul style="list-style-type: none"> Follow-up made with Information Management unit.
<ul style="list-style-type: none"> Not all facilities are reporting on Perinatal and Child Problem Identification Programmes (PPIP and CHIPP). 	<ul style="list-style-type: none"> Continuous follow-up and support to the districts to strengthen implementation.
<ul style="list-style-type: none"> No outreach services from Tertiary and Regional hospitals to the districts, due to shortage of Specialists. 	<ul style="list-style-type: none"> Engage Executive Managers to address outreach services.
<ul style="list-style-type: none"> Poor reporting on Vaccine Preventable Diseases by Districts. 	<ul style="list-style-type: none"> Continue sensitization, on-site training and support.
<ul style="list-style-type: none"> HPV data not synchronised due challenges with supplier at NDOH. 	<ul style="list-style-type: none"> Data bundles to be provided by NDOH for districts to be able to synchronize data.
<ul style="list-style-type: none"> Non procurement of vaccines dedicated fridges due to delay of SCM processes. 	<ul style="list-style-type: none"> Expedite the procurement of fridges.
<ul style="list-style-type: none"> Slow SCM processes for procurement of nutritional supplements and other services needed to improve programmes at ground level. 	<ul style="list-style-type: none"> Expedite non-negotiable procurements.
<ul style="list-style-type: none"> Slow or non-payment of invoices linked to non-negotiable or National priorities. 	<ul style="list-style-type: none"> Expedite payments of services that are non-negotiable.
<ul style="list-style-type: none"> Slow or no filling of priority vacant posts that causes services to not be available in high risk areas. 	<ul style="list-style-type: none"> Vacant posts to be signed off as a priority, especially in high risk facilities or areas.
<ul style="list-style-type: none"> Poor implementation of National policies due to facilities not taking ownership of the policies. 	<ul style="list-style-type: none"> Facilities should take ownership of National policies and make it a priority to implement these policies to ensure quality of care
<ul style="list-style-type: none"> Cancer screening not offered on client consultation. 	<ul style="list-style-type: none"> Approved budget to fast track training.
<ul style="list-style-type: none"> SRH not integrated into programs. 	<ul style="list-style-type: none"> On-site policy clarification to sensitize health care workers.
<ul style="list-style-type: none"> Non-functional mobile services 	<ul style="list-style-type: none"> Engage Executive Managers to address the issue of mobile services

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

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviation	Comments on Deviation
Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children	Antenatal 1st visit before 20 weeks' rate	64.7%	65%	64%	-1%	<ul style="list-style-type: none"> Some facilities are still not rendering ANC on demand. Expectant teenagers afraid of society rejection. Poor implementation of MomConnect.
	Mother postnatal visit within 6 days' rate	58.9%	60%	61.9%	+1.9%	<ul style="list-style-type: none"> Improvement due to strengthened linkage between delivery sites and PHC facilities.
	Antenatal client start on ART rate	95.1%	98%	88.9%	-9.1%	<ul style="list-style-type: none"> Poor recording, capturing and non-verification of data at facility level. Element not included on ROR.
	Infant 1st PCR test positive around 10 weeks' rate	1.7%	1.5%	1.4%	+0.1%	<ul style="list-style-type: none"> Health talks, community dialogues, regular data analysis, training and support visits contributed to the achievement of low PCR positivity rate.
	Immunisation under 1-year coverage	79.9%	87%	84.2%	-2.8%	<ul style="list-style-type: none"> Frequent non availability or stock outs of vaccines at all levels (CHC, clinics)
	Measles 2nd dose coverage	96.6%	86%	90.6%	+4.6%	<ul style="list-style-type: none"> Immunization catch-up done to under-5 children visiting facilities.
	DTaP-IPV-Hib-HBV 3 - Measles 1st dose drop-out rate	<18.9%	<12%	-2.8%	+9.2%	<ul style="list-style-type: none"> Immunization catch-up done to under-5 children visiting facilities.
	Diarrhoea case fatality under 5 years' rate	3.8%	2%	1.7%	+0.3%	<ul style="list-style-type: none"> Continuous training on Integrated management of Childhood Illnesses and support visits.
	Pneumonia case fatality under 5 years' rate	1.6%	1.9%	1.9%	-	-



Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviation	Comments on Deviation
	Severe acute malnutrition case fatality under 5 years' rate	5.1%	6%	6.1%	-0.1%	<ul style="list-style-type: none"> Continuous training, internal audits and support visits.
Expansion and strengthening of integrated school health services	School Grade 1 - learners screened	13.1%	4247	2821	-1426	<ul style="list-style-type: none"> Only 3 professional nurses rendering School Health Services in the province.
	School Grade 8 - learners screened	7%	3242	1272	-1970	<ul style="list-style-type: none"> Only 3 professional nurses rendering School Health Services in the province.
Reduce teenage pregnancy	Delivery in 10 to 19 years in facility rate	-	12%	17%	-5%	<ul style="list-style-type: none"> Insufficient Sexual Reproductive Health Education through Integrated School Health Program, including gender education, due to the lack/inadequate school health teams.
Increase access to sexual and reproductive health by expanding the availability of contraceptive and access to cervical and Human Papilloma Virus screening services	Couple year protection rate (annualised)	38.7%	46%	59.8%	+13.8%	<ul style="list-style-type: none"> Improved services for long acting methods such as tubal ligation and IUCD
						<ul style="list-style-type: none"> Managed use of contraceptive methods, side effects and improved counselling by health care professionals Community awareness on contraceptive methods On-site facility training conducted Confusion on sub-dermal implant expiry date and insertion clarified and resolved with all health care workers and pharmaceutical units The improvement on reporting.
	Cervical Cancer Screening coverage 30 years and older	42.1%	45%	40%	-5%	<ul style="list-style-type: none"> Cervical cancer screening not offered on demand, on daily basis. Lack of clients' awareness on benefits of cervical cancer screening

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviation	Comments on Deviation
Reduce maternal and child morbidity and mortality, through BAC, PMTCT and improving nutritional status of children	Human Papilloma Virus Vaccine 1st dose	77%	24390	9280	-18 529	<ul style="list-style-type: none"> Data under reported due to data on the electronic tablets still on the process of synchronization by NDOH.
	Human Papilloma Virus Vaccine 2nd dose	59%	24390	6761	-17629	<ul style="list-style-type: none"> Data under reported due to data on the electronic tablets still on the process of synchronization by NDOH.
	Vitamin A 12 – 59 months' coverage	50	47%	50.4%	+3.4%	<ul style="list-style-type: none"> Continuous training, community and ECD outreaches.
	Infant exclusively breastfed at DTap-IPV-Hib-HBV 3rd dose rate	55%	70%	55.3%	-14.7%	<ul style="list-style-type: none"> Some facilities are still not reporting on the indicator although 3rd dose hexavalent vaccine (denominator) was administered during this period. Some of the smaller facilities (satellites) don't have babies coming in for 14-week immunization so the indicator will be "0"
	Maternal Mortality in facility ratio	95.3/100 000 births	120/100 000 live births	65.9/100 000 live births	+54.1/100 000 live births	<ul style="list-style-type: none"> ESMOE/EOST/BANC+/ trainings continuous. Perinatal Mortality meetings at facilities and district levels
	Neonatal death in facility rate	-	15/ 1000 live births	11.6/1000 live births	+4.4/1 000 live births	<ul style="list-style-type: none"> ESMOE/EOST/BANC+/ trainings continuous. Management of Sick and Small Newborn (MSSN)/Helping Babies Breathe (HBB) training continuous Perinatal Mortality meetings at facilities and district levels.

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

Priorities:

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

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

Situation analysis:

Eye Care Services

The province is struggling to meet the target due to the fact that only two districts that are performing cataract surgeries Kimberley Hospital in Frances Baard and John Taolo Gaetsewe District. There were only eight hundred and four (804) cataracts surgeries that were done for 2017/2018.

Another challenge was the operating ophthalmic microscope which is broken at Kimberley Ophthalmology Centre, this has negatively affected performance.

Communicable Disease Control (CDC)

For the past year, twelve (12) cases of malaria were reported and all these cases was due to travel history outside South Africa. Out of all those cases there were no deaths (0% case fatality rate).

There were six (6) Crimean Congo Haemorrhagic Fever (CCHF) case reported for the past year and two (2) patients died. Six (6) cases of Listeriosis were reported and there were three (3) deaths two (2) neonates and one (1) adult. There were no new cases reported from January 2018 to March 2018.

ACHIEVEMENTS:

- Mental health board was active and reviewed documents, interview patients and handling of complaints.
- CDC – 12 malaria cases were reported with travel history; no deaths reported.



Challenges and measures planned to overcome them

CHALLENGES	PROPOSED CORRECTIVE ACTION
<p>Eye Care</p> <ul style="list-style-type: none"> ▪ Lack of Ophthalmic Health Care Professionals. No personnel in other districts viz: Pixley ka Seme & Namakwa especially nurses as optometrist have limited scope 	<ul style="list-style-type: none"> ▪ Submissions for Ophthalmology Nurses for ZFM, Pixley ka Seme and Frances Baard were approved awaiting HR processes to unfold.
<ul style="list-style-type: none"> ▪ Shortage of Optometrist at district level including Kimberley Hospital. 	<ul style="list-style-type: none"> ▪ Creation of post for Optometrist in Kimberley Hospital was done still awaiting
<ul style="list-style-type: none"> ▪ The province does not have spectacles dispensing laboratory. 	<ul style="list-style-type: none"> ▪ The submission for establishment of optical laboratory was approved awaiting for SCM processes to unfold.
<ul style="list-style-type: none"> ▪ There is a need for ophthalmologist in Dr Harry Surtie hospital. 	<ul style="list-style-type: none"> ▪ The submission for the creation of Ophthalmologist at Dr. Harry Surtie Hospital was done awaiting for approval.
<ul style="list-style-type: none"> ▪ The operating ophthalmic microscope is broken at Kimberley Ophthalmology Centre. 	<ul style="list-style-type: none"> ▪ The process of procuring a new one is underway at SCM.
<p>Communicable Diseases Control (CDC)</p> <ul style="list-style-type: none"> ▪ Non-existence of District Outbreak Response Teams (DORT) in Namakwa, Pixley ka Seme and in JTG is in-active makes it difficult for these districts to respond to outbreaks. 	<ul style="list-style-type: none"> ▪ Establishment of these teams per district.

Table 12: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Disease Prevention and Control

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
Prevent blindness through increased cataract surgery	Cataract Surgery Rate	942.5/1000 000	1517/1000 000	668.4/1000 000	-848.6/1000 000	<ul style="list-style-type: none"> Lack of Ophthalmic personnel at district level negatively impacts on performance, coupled with non-functional of microscope at Kimberley Ophthalmology Centre.
Strengthen disease surveillance system	Malaria case fatality rate	0%	0%	0%	-	-

LINKING PERFORMANCE WITH BUDGET

Programme 2: DISTRICT HEALTH SERVICES						
Sub programme	2017/18			2016/17		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
1. DISTRICT MANAGEMENT	144 742	171 628	(26 886)	141 845	209 840	(67 995)
2. COMMUNITY HEALTH CLINICS	423 580	444 186	(20 606)	419 317	415 281	4 036
3. COMMUNITY HEALTH CENTRES	279 432	288 843	(9 411)	274 509	257 821	16 688
4. OTHER COMMUNITY SERVICES	73 122	68 414	4 708	66 495	63 431	3 064
5. HIV/AIDS	528 267	453 285	74 982	459 058	419 096	39 962
6. NUTRITION	4 700	2 239	2 461	4 353	3 502	851
7. DISTRICT HOSPITALS	547 698	560 800	(13 102)	548 416	544 976	3 440
	2 001 541	1 989 395	12 146	1 913 993	1 913 947	46

District Health Service overspent by R12.146 million

The programme overspent by R31.878 million on compensation of employees due to existing budget pressures. Certain funds are already committed towards the procurement of medical equipment, female condoms and nutritional supplements on the HIV Grant.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year. A roll over has been requested on the funds committed towards the procurement of medical equipment.

PROGRAMME 3: EMERGENCY MEDICAL SERVICES (EMS)

Priorities:

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

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

Situation analysis

The target for P1 urban calls under 15 minutes has declined over the annual period. This can maybe have attributed to breakdowns and accidents. This has created a decline on the program performance in terms of achieving its targets. The current situation has been as a result of serious shortage of ambulances and an increasing demand for emergency services. The program is currently operating with an average of eighty-six (86) to ninety (90) ambulances over the period under assessment, the challenge of not having enough operational ambulances available remain.

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 eighty-four (184) vehicles at any given time across the province. EMS personnel have once again declined to seven hundred and seventy-four (774) against the Treasury approved establishment of eight hundred and thirty (830) and our recruitment process is awaiting approval for appointments of vacant funded posts.

Inter-facility transfers continue to be on the rise due to low levels of facility skill capacity and low level of service packages available in the said facilities and transfers across the province which requires the same fleet allocated for emergency cases to respond to IFT cases irrespective of their priority.

Furthermore, the budget allocation of the program continues to fail in meeting the demand of services.

Achievements

- Twenty (20) Ambulances were handed over in 2017.
- Eleven new ambulances have been put into operation in December 2017.
- Two EMS staff were sent to KZN to be developed as driver instructors.
- Thirty-four (34) personnel from across the province has passed the intermediate life support course.
- Appointment of one (1) 18.2 qualified bursary recipient.
- Three staff members have started on the 2-year diploma program at Free State College of Emergency Care.
- The Directorate assisted with planning and execution of the National Armed Forces Day 2018 witch was successfully concluded.
- Two (2) ambulances were allocated to Namakwa district to reinforce the aging ambulance fleet.



Challenges and measures planned to overcome them

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Aeromedical Services. 	<ul style="list-style-type: none"> ▪ The department to procure a new contract that will serve both Emergency Aeromedical Services and Flying Doctor Services
<ul style="list-style-type: none"> ▪ Shortage of personnel both clinical and none clinical staff. 	<ul style="list-style-type: none"> ▪ Filling of vacant posts and creation of required posts in order to meet the demand
<ul style="list-style-type: none"> ▪ SCM procurement delays. 	<ul style="list-style-type: none"> ▪ SCM to prioritise EMS.
<ul style="list-style-type: none"> ▪ Budget Allocation. 	<ul style="list-style-type: none"> ▪ Review budget allocation.
<ul style="list-style-type: none"> ▪ Poor data capturing. 	<ul style="list-style-type: none"> ▪ Source funding for appointment of more data capturers with computers
<ul style="list-style-type: none"> ▪ Labour organization disputes that are calling for none escorting of patients by nursing staff. ▪ Staff on instruction of union refusing to attend to calls and working standby/overtime due to shortage of staff and overtime payments 	<ul style="list-style-type: none"> ▪ Developing of policy on referring and escorting of patients. ▪ Consultation with labour organizations.

Table 13: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Emergency Medical Services

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
Render an effective and efficient Emergency Medical Services	EMS P1 urban under 15 minutes' rate	37%	60%	32%	-28%	<ul style="list-style-type: none"> ▪ Shortage of Operational Vehicles due to regular breakdowns. ▪ Shortage of Staff. ▪ Control Centres not fully functional.
	EMS P1 rural under 40 minutes' rate	52.1%	50%	51%	+1%	-
	EMS inter-facility transfer rate	9.1%	10%	16%	-6%	<ul style="list-style-type: none"> ▪ Increase in inter-facility transfers ▪ The programs continuously over achieve this target due not having control over this indicator

LINKING PERFORMANCE WITH BUDGET

Programme 3: EMERGENCY MEDICAL SERVICES						
Sub programme	2017/18			2016/17		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
1. EMERGENCY TRANSPORT	327,707	302,950	24,757	307 706	284 977	22 729
2. PLANNED PATIENT TRANSPORT	-	-	-	12	12	-
	327,707	302,950	24,757	307 718	284 989	22 729

Emergency Medical Services – underspent by R24.757 million

The programme overspent by R4.790 million on compensation of employees due to existing budget pressures. The goods & services overspend by R0.317 million due to accruals paid on the aeromedical services; while the capital budget underspend by R31.242 million due to cash flow constraints and funds already committed wherein the delivery will only take place in the next financial year. The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

A roll over has been requested on the funds committed towards the procurement of 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 the only Regional hospital within the Northern Cape Province and is the referral Hospital for Western side of the province with three hundred and twenty-seven (327) beds and two hundred and twenty-eight (228) useable beds. It serves as a level 1 facility to all residents within the Dawid Kruiper municipality area including the Kalahari region, as well a referral facility (Level 2) for the residents within the Kheis -, Namakhoi -, Hantam -, and Kai Garib- municipalities.

The hospital's service package includes the provision of 24-hour health services within the following disciplines;

- Paediatrics; Obstetrics and Gynaecology; General surgery, Internal Medicine and Trauma and Emergency services.
- Also provides Orthopaedic surgery; 72-hour psychiatric observation; Anaesthetics; Diagnostic Radiology with CT imaging; combined Adult and Paediatrics critical care unit; Clinical Forensic services and Neonatal ICU and High care with Kangaroo mother care;
- Tertiary services such as Oncology services (outreach on a monthly basis from Kimberley). Ophthalmology services a trained ophthalmic sister and the Optometrist from the district screen patient on a weekly basis and referred to Kimberley for further treatment. Dermatology are also provided onsite by the dermatologist.

There is no after-hours PHC services being rendered within the municipal area thus inundating the Accident and Emergency unit with non-acute cases. The OPD cases represents 53% of the total patients who presented at the Accident and Emergency unit. The total of Casualty cases was six thousand nine hundred and seventy-two (6972) compared to the fourteen thousand seven hundred and ninety-one (14 791) patients. The total patients who passed through the unit were twenty-eight thousand and twenty-three (28 023). This increases the number of patients to be attended to as well as resulting into longer waiting times and an increase of complaints from clients. The latter is inevitable with the staff shortages amongst nurses and doctors dedicated to the unit.

The hospital is also the first level of care for all Maternity cases, normal and abnormal, within the municipality area excluding Kalahari region who perform Normal vertex deliveries. The fact that the Kakamas 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 struggled to maintain optimal level of health care delivery in especially the surgical department due to absence of experienced Medical Officers. The discipline functioned with predominantly four (4) Medical Officers until the appointment of the specialist in September 2017. The performance of general surgery was negatively affected resulting into an increase of referrals to Kimberley Hospital Complex. The addition of three Community Service Medical Officers and one Medical Officer to the Surgical department in January this year, resulted in a slight improvement in performance of elective surgeries, but this was impeded by the exit of one Senior Medical Officer. The department of Internal Medicine is facing real challenges with the delivery of 72 hour psychiatric services due to shortage of both Medical and Nursing personnel. The infrastructural challenges at the unit as well as the increase demand from especially the Department of Justice for beds in this unit, is adding to the workload in this department. Only five (5) Medical officers are dedicated to the department and they cover from the ICU, Casualty, Medical and Psychiatric unit as well as a five (5) day Specialist Outpatient clinics were are having.

The Accident and Emergency unit is also limping with an increased patient burden, often related to non-functional medical departments such as Orthopaedics, Surgery, absent after hour PHC services and an increased disease burden of HIV, Oncology, Tuberculosis and many more. The pressure was mitigated by the request for deployment of doctors on call for the various departments in some occasions. This is however not sustainable as these officials had the responsibilities of managing the patients in their departments.

The hospital started with providing Dermatology services with the appointment of Dr Botha on the establishment. This service was stagnant since the resignation of Dr Truter in 2016. Oncology services is able to function with the support from KHC Oncology team on an outreach basis. The unit however urgently needs the services of a medical officer on site to assist in acute patient management. Currently this is also added to the service responsibilities of the Internal Medicine team that's already struggling to keep up with the demand due to staff shortages.

Orthopaedic Services were revitalised with the relocation of Dr Gomez from De Aar to Upington. The department established a referral system for all referring facilities in the western part of the province. Patients are operated upon and then transferred back to Keimoes, Kakamas and Springbok hospitals. The waiting list for acute orthopaedic injuries except spinal injuries were drastically shortened. Only athroplasties could not be attended to due to lack of skill. A Paediatric Orthopaedic specialist Dr Kobus Smith provided outreach services to the hospital on two occasions where he specifically operated on children with club feet and other paediatric orthopaedic pathologies. A total of thirteen (13) operations were performed by him at the hospital. Outreach is still continuing twice a year.

The hospital participates in nurse training for students from Henrietta Stockdale College and Midwifery students from NWU – Mafikeng Campus in collaboration with HSNC. The deployment of student nurses is a valuable source of support and a life line to an ailing nurse's corps. At present, Medical officers within the Paediatrics department are afforded the opportunity to obtain a Diploma in Child Health if they so wish since the hospital has two South African qualified Paediatricians on staff.

The appointment of thirty (30) nursing staff members did boost the service for a short period, followed by a number of service exits. Despite the latter, the five (5) bedded Paediatric Drug Resistant TB unit was commissioned within the building of the DRTB unit. These patients were formerly accommodated in the general Paediatric unit which in itself is a health risk to other patients and staff. 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. The absence of these units and coordinators have a negative impact on Clinical Governance within the hospital and also affects the compliance to National Core Standards in a negative way.

Support Services

The absence of a facility manger is detrimental to proper maintenance of the facility. Maintenance processes are outsourced and repairs are also delay by tedious SCM processes in terms of quotation sourcing. The hospital is struggling on compliance with National Core Standards and optimal Clinical Governance in areas such as Cleaning, Facility management, Mortuary services, Waste Management, Employee Assistance Program and Infection Prevention and Control. Interim solutions had been introduced by assigning designated officials to the responsibilities or establishing committees to coordinate these functions. However, this proved not be optimal as the lack of appointed officials still negates coordination, monitoring and general supervision of these Priority Functions within the hospital.

The Allied support services were strengthened with the appointment of new Community service personnel. The unit is still faced with challenges of absence of appointed supervisors with the exclusion of Pharmacy and Physiotherapy.

The HR department has been successful in recruiting and appointing eleven (11) Medical officers, four (4) Professional Nurses, eleven (11) Enrolled nurses, fifteen (15) Nursing Assistants and a number of Community Health professionals consisting of one Professional nurses, medical officers and various Allied Health professional. However, there were also a number of staff exiting the service through resignations, retirements, transfer outs and death. The Nursing profession lost a total of nine (9) Professional nurses, nine (9) Doctors, three (3) Enrolled nurses and three (3) Nursing Assistants. This creates a picture of instability in staff totals hence the reality of continued staff shortages within these categories of staff.

The Finance department achieved a growth in revenue generation, but are still well under the expected standard. Revenue generation is currently not strictly monitored which is mainly related to staff challenges in supervision and coordination within the unit. 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. The unit still phases problems regarding miss placement of files which resulted into numerous complaints from health care users. This is due to problems with space within the filing section. Management is employing all efforts in moving towards digital filing within the next financial year. Staff challenges have a direct impact on performance during auditing as is the case with absence of a Budget Officer, SCM functions not able to be delegated and poor records management.

Appointments:

Category	Number
Pharmacy	5
Radiology	1
Physiotherapy	2
Occupational Therapy	2
Audiology	1
Speech therapy	2
Nursing	1
Medicine	4
Dr Appointments	



Category	Number
Paediatrician	1
Clinical Manager for Adult ICU	1
Medical Officer-Surgical	1
Medical officer- Paediatric	1

Achievements

- A five (5) bed facility for Paediatric DR TB patients has opened at the current DR TB section. Patients with DR TB have been moved from Paediatric ward.
- The backlog of patients that were due for Mammograms was sent to Kimberley hospitals Radiography department, who has agreed to accommodate twenty (20) patients per month at a cost that are less since this test was done at the Private Hospital.

Challenges and measures planned to overcome them

Challenges and Concerns	Proposed Corrective Action
<ul style="list-style-type: none"> ▪ Securing safety of psychiatric patients in a debilitated unit not complying to Mental Health and Safety standards. 	<ul style="list-style-type: none"> ▪ Infrastructural problems at the current ward to be addressed. Funding to be channelled towards refurbishing identified building at old premises for this purpose.
<ul style="list-style-type: none"> ▪ Increase incidence of post-operative wound infections exacerbated by the absence of natural ventilation and air conditioning as well as the absence of Infection Control coordination by designated employee. 	<ul style="list-style-type: none"> ▪ Creation, funding and advertising of posts for Infection Control Coordinator, Quality Manager. ▪ Environmental controls such as proper air-cooling and air exchange control to be performed by experienced personnel. ▪ Infrastructural adjustments to be made such as opening of windows
<ul style="list-style-type: none"> ▪ Absence of proper control of temperatures in the unit despite some maintenance and repairs being done to the air-conditioning system. 	<ul style="list-style-type: none"> ▪ Appointment of Building Management Systems controllers to manage the infrastructural system within the hospital. ▪ Appointment or assignment of facility manager/supervisor to supervise these issues.
<ul style="list-style-type: none"> ▪ Delayed response to addressing needs for repairs in the hospital. Maintenance is out contracted. Having to wait months on end for repair of "URGENT REQUESTS" ▪ Current arrangement does not cater for immediate repairs such as flooding due to pipe bursts; breakdown in HVAC systems. ▪ Prospective suppliers and service providers are claiming proportionate upfront payments before delivering the service. 	<ul style="list-style-type: none"> ▪ Payments of service providers to be diligently and promptly done to restore credibility of the hospital.

Challenges and Concerns	Proposed Corrective Action
<ul style="list-style-type: none"> ▪ Rape/Trauma counselling for victims of sexual abuse under threat due to lack of appointed councillors 	<ul style="list-style-type: none"> ▪ Hospital to motivate for creation and funding of posts for Auxiliary Social workers to perform this functions. They can also augment the Social Work department who is limping with only one staff members for a long time now.
<p>Staff shortages across the board</p> <ul style="list-style-type: none"> ▪ Lack of proper management structure makes operational management in a daunting task. ▪ Clinical staff shortages compromise quality of care delivery and prolong waiting times for patient appointments and interventions. ▪ Shortage of staff in the SCM negates compliance with Treasury and SCM regulations. ▪ Staff shortages in Laundry, Mortuary, cleaning services, Facility management negates compliance to NCS priorities. ▪ Lack of supervisors in Allied health ▪ Human Resource vacancies result into auditing queries. 	<ul style="list-style-type: none"> ▪ Thorough analysis of staffing needs to be performed by both hospital management and Provincial HR. Attention to be given to priorities and allow for budgeting and subsequent recruitment processes to follow.
<ul style="list-style-type: none"> ▪ Inconsistent cash flow availability results into non-payment of suppliers and service providers that impacts negatively on service delivery. 	<ul style="list-style-type: none"> ▪ Monthly availability of cash flow to allow timeous payment of suppliers.
<ul style="list-style-type: none"> ▪ All public service Human Resource officials in the ZF Mgawu are working on a single server of persal, thus posing huge delays for Persal operation in the Dr Harry Surtie Hospital. 	<ul style="list-style-type: none"> ▪ We proposed that a single serve should be made available for Persal in the department of health in the ZF Mgawu district (provincial treasury to intervening).
<ul style="list-style-type: none"> ▪ No functions for local Human Resource to capture the withdrawal of housing allowance savings. 	<ul style="list-style-type: none"> ▪ Province to give training to make this functions available to this institution to lower the workload for province.
<ul style="list-style-type: none"> ▪ The delay in the signing of appointment letters, thus delaying appointments. 	<ul style="list-style-type: none"> ▪ Provincial HR director to arrange a date with HOD for signing of appointment letters immediately after approval of submissions.
<ul style="list-style-type: none"> ▪ Infrastructural challenges at the filing room does not allow proper filing with resultant increase in incidences of misplacement of files. 	<ul style="list-style-type: none"> ▪ Motivations to be made for expansion of filing section. ▪ Introduction of digital filing system.
<ul style="list-style-type: none"> ▪ Difficulty in recruitment and retention of scarce skills related to many factors such as lack of English medium schools pass the ECD schooling phase; Exorbitantly Expensive accommodation; lack of South African Medical Specialists and absence of rural allowance. 	<ul style="list-style-type: none"> ▪ Department of Health Executive management to negotiate with Department of Education for introduction of English medium classes up till Grade 12. ▪ Department to either provide housing allowance or avail affordable housing for the health professionals for renting. ▪ Bargaining for Rural Allowance to designated

Challenges and Concerns	Proposed Corrective Action
	<p>groups of health professionals.</p> <ul style="list-style-type: none"><li data-bbox="826 338 1401 488">▪ Creation, funding, advertising and filling of Specialist posts in the 4 main disciplines of a Regional Hospital Service package that will allow junior medical doctors to specialise.

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

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
Improve compliance with national core standards	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Regional Hospital)	-	100% (1 Regional Hospital)	0%	-100%	- Emerging from the report is that the hospital fared poorly main in two domains viz. Public Health and Leadership and Governance. The CEO of the Hospital does not have delegation which negatively affects performance on related elements. Similarly, performance on the Public Health domain was negatively affected by non-functionality of the Hospital Board. It was recently established and trained.
Improve efficiencies and quality of care at regional hospital	Average length of stay (Regional Hospital)	5.7 days	4.8 days	5 days	+0.2%	<ul style="list-style-type: none"> Absence in clinical specialist skills in the facility.
	Inpatient Bed Utilisation Rate (Regional Hospital)	79.1%	72%	57%	-15%	<ul style="list-style-type: none"> Staff shortages with a variation of doctors to do surgical procedures and anaesthetics impacting on bed utilisation. The proportion of doctors with skills in anaesthetics and surgery is not optimal to impact positively on the bed utilisation. Out of the thirty-eight (38) doctors only thirteen (13) doctors have the requisite skills.

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
	Expenditure per PDE (Regional Hospital)	R2013.30	R3 740.00	R 1 272.00	-R2 468	<ul style="list-style-type: none"> Fewer patients were treated in the hospital.
	Complaints resolution rate (Regional Hospital)	47.4%	100%	100%	-	-
	Complaints resolution within 25 working days' rate (Regional Hospital)	78%	80%	77.8%	-2.2%	<ul style="list-style-type: none"> Complex complaints elevated to the next level.

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

Priorities:

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

SUB-OUTCOME 2: Improved Quality of Health Care

Situation analysis

STAFFING PRESSURE

During the financial year of 2017/2018 the West End Specialized hospital experience the following resignations i.e. One Operational Manager, Two Professional Nurses and One Dietician. Dr L Christopher a Medical Officer took transfer to Free State Psychiatric Complex in Bloemfontein and Dr Mathakgane took transfer to KZN province.

Infrastructure

The refurbished thirty-six (36) bed to accommodate acute involuntary Mental Health Care Users was opened on the 29th April 2017.

Harmony Home Rehabilitation Centre has been refurbished to accommodate sixteen Mental Health Care Users from ward B6 to create more beds for acute admissions from the 72 Hours facility in KHC.

Bed Pressure

The WESH continues to experience persistent bed pressure for both DRTB and Mental Health due to culmination of referrals from general hospital.

Admission of twenty-two (22) State Patients from the Kimberley Correctional Centre was done on the 2nd May 2017 in the refurbished thirty-six (36) beds ward in an attempt to address the bed pressure issue, and eleven Mental Health Care Users from ward B6 was also transferred to Harmony Home Rehabilitation Centre to create beds for acute involuntary admissions.

National Core Standards

National Core Standard Self-Assessment was done on the 29th May 2017 and the Overall score was 56% compared to the previous year's 49% easily round off to an average of 27, 44% Overall Improvement score.

2016/17 Vital Measures %	2017/18 17 Vital Measures %
Vitals 52%	Vitals 55%
Extremes 33%	Extremes 38%
Essentials 62%	Essentials 52%
Developments 43%	Development 54%



Northern Cape Mental Health Hospital

- Strategic planning Meetings by the Steering Committee are continuing aimed to operationalise the facility. Draft Occupation Plan Costing with Medical Technology and furniture's, ITC needs, Patient Bedding/Clothing and Human Resource needs done at the 3rd quarter for final validation/endorsement and sourcing of operationalization funding by EMC.

Achievements

- A thirty-six (36) bed hospital to accommodate acute involuntary Mental Health Care Users was opened on the 29TH April 2017.

Challenges and measures planned to overcome them

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Absence of a dedicated Human Resource and finance unit which compound the institution risk profile. 	<ul style="list-style-type: none"> ▪ Finance Planning of the said units for consideration by Executive Management. Temporary support services within the discipline received from KHC.
<ul style="list-style-type: none"> ▪ Non Functional Hospital Board to improve corporate governance. 	<ul style="list-style-type: none"> ▪ Continuous liaisons with the relevant provincial office responsible for governance committee to improve the scenario at WESH
<ul style="list-style-type: none"> ▪ The WESH both DRTB and Mental Health continue to experience daily bed pressure due to lack of peripheral admission beds. 	<ul style="list-style-type: none"> ▪ Plans to refurbish old DRTB ward to ensure additional 20 beds. New Mental Health Hospital operationalization planned to alleviate bed pressure in 2018.
<ul style="list-style-type: none"> ▪ The volume of high patient turnover is compounded by daunting staffing pressure of health professionals 	<ul style="list-style-type: none"> ▪ Organogram done for new Mental Health ▪ Hospital and DRTB additional 20 beds to improve staffing.
<ul style="list-style-type: none"> ▪ The WESH continue to experience a Risk degree of very poor Support Services personnel compliment in HR and SCM. The institution depends on KHC support in these areas. 	<ul style="list-style-type: none"> ▪ Organogram done for new Mental Health Hospital and DRTB additional 20 beds to improve staffing.
<ul style="list-style-type: none"> ▪ Mental Health Care User abscondment both within hospital and not returning from leave of absence (LOA). 	<ul style="list-style-type: none"> ▪ Security ADT Cameras installed in all wards. Requisition done to infrastructure Directorate to erect clear view fence.

Table 15: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Specialised TB Hospital

Strategic Objectives	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
Improve compliance with national core standards	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Specialised Hospital)	-	100% (1 Specialised Hospital)	0%	-100%	<ul style="list-style-type: none"> 100% performance target is measured from the 1 Specialised hospital that was being assessed. 0% performance, therefore, is as a result of this one hospital not achieving the target. There are a number of domains, priority areas and functional where the hospital did not do well and corroboration can be established in these elements. For instance, Infection control cuts across all domains and the overall score on this is 35%. Unfortunately, again most of the elements falling under it have Extreme measures, which carry a significant weight when scoring them. Similarly, the overall performance of the hospital on the Public Health and Leadership and Governance is affected by the lack of established governance structures, hence no activities were undertaken to satisfy the assessment. Furthermore, operational functions hospital related to HR and Finance have not yet delinked from the Kimberley Hospital affecting domains related to these areas.
Improve efficiencies and quality of care at specialised hospital	Complaints resolution rate (Specialised Hospital)	100%	100%	56%	-44%	<ul style="list-style-type: none"> The deviation of 44% is ascribed to respective cases where complainants failed to honour commitments of attending complaints redress sessions as scheduled; hence keeping the complaint in abeyance.
	Complaints resolution within 25 days' rate (Specialised Hospital)	100%	80%	92.9%	+12.9%	<ul style="list-style-type: none"> Complaints resolved within the specified time-frames.

LINKING PERFORMANCE WITH BUDGET

Programme 4: PROVINCIAL HOSPITAL SERVICES		2017/18			2016/17		
		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	266 169	264 354	1 815	296 749	316 732	(19 983)
2.	TUBERCULOSIS HOSPITALS	16 130	12 802	3 328	18 788	13 156	5 632
3.	PSYCHIATRIC/MENTAL HOSPITALS	55 821	61 421	(5 600)	52 020	60 539	(8 519)
		338 120	338 577	(457)	367 557	390 427	(22 870)

Provincial Hospital Services – overspent by R457 000

The programme overspent by R4.527 million on compensation of employees, due to existing budget pressures. The goods & services underspend by R3.339 million due cash flow constraints.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

PROGRAMME 5: TERTIARY HOSPITAL (KIMBERLEY HOSPITAL)

Priorities:

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

SUB-OUTCOME 2: Improved Quality of Health Care

SUB-OUTCOME 7: Improved Health Facility Planning and Infrastructure Delivery

Situation analysis:

Kimberley Hospital (KH) is the only Tertiary referral hospital in the Northern Cape Province. The hospital is rendering specialist and sub-specialist care to one regional hospital and district hospitals in the eastern half of the province. Most care provided is at level two (2) and three (3) and requires the expertise of teams led by specialists and sub – specialists. It is also a district hospital for Sol Plaatje Municipality, serves Primary Health Care (PHC) patients from the Kimberley area & cross boundary patients.

Kimberley Hospital is also a satellite training facility of the University of the Free State and is accredited by the Health Professional Council of South Africa to train interns and Registrars.

The total number of gazetted beds for Kimberley Hospital is six hundred and four (604) and ninety (90) for Rehab centre (694) and offers thirty-three (33) different speciality disciplines. The staff component of the Hospital is approximately one thousand six hundred and seven (1607).

The Bristol-Myers Squibb Foundation (BMSF) entered into a three-year project with the Department of Health to improve the treatment of lung cancers in Kuruman and Kimberley Hospitals. The lung cancer project is worth R25m in the form of a grant from BMSF.

Bristol-Myers Squibb Foundation (BMSF) has partnered with project ECHO (Extension for Community Healthcare Outcomes) to greatly expand quality cancer care for rural and underserved populations in the USA and South Africa. A delegation of twelve clinical and support staff from Kimberley and Kuruman Hospital funded by BMSF attended the ECHO (Extension for Community Healthcare Outcomes) training in New Mexico which will soon establish Oncology ECHO clinics aimed at improving cancer awareness in the entire province, ECHO project is about moving knowledge to where patients are in South Africa and around the world. This project will build capacity and create access to high quality speciality care in local hospitals.

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. Seven (7) maternal deaths were reported for the year, due to Cryptococcus Meningitis, query PTB, Septic shock, Disseminated Intra Vascular Circulation and Post-Partum Haemorrhage. The seven cases were referred from Kuruman (4), Prieska (1), Douglas (1) and Kimberley (1). Teenage pregnancy is constantly on a rise. The caesarean section rate is at 60% which is above the norm of 35% for Tertiary Hospitals.



A cataract marathon was hosted whereby one hundred and twenty-eight (128) cataract procedures were performed which will assist in an attempt to reduce waiting time for operative procedures.

The Office of Health Standards Compliance conducted an assessment / inspection on the National Core Standards on Tuesday, 27 February 2018. Awaiting feedback report on the assessment conducted.

The hospital board has been established and will hence forth be compliant in terms of the governance structure as a requirement by the National Core Standards embedded in the National Health Act. Monthly meetings are planned.

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

- Khophia Diamonds to help upgrade children's ward
- SMILE Foundation to upgrade Burns ward
- Cancer Centre with Radiotherapy – 32 Memorial Road has been proposed. Funding for linear accelerator agreed in principal over 2 years from National Tertiary Services Grant (NTSG). House needs upgrading, new clinical building required. Business Plan being drafted.

The following infrastructure issues are on tender with Public works:

- All flat roofs to be replaced
- Lift repairs, upgrades & replacements
- Mental Health ward upgrade (S1)
- Surgical ward upgrade (A3)
- Central Heating, Ventilating and Air Conditioning (HVAC) system. – underway with public works

The current Magnetic Resonance Imaging (MRI) machine is reaching its end of life, resulting in a deterioration of image quality. The order for the new MRI machine has been placed with Supply Chain Management (SCM) and is funded from 2017/18 National Tertiary Services Grant (NTSG). The standard of care and quality of working lives 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 ordered through SCM, amongst others:

- Electrocardiography (ECG) machines X 6
- 400litre steam auto clave
- Video Gastro scope
- Vaccine fridges X 32
- Ophthalmic Theatre microscope
- Interactive educational board – training
- Simulation and Basic Life Support (BLS) instructor training equipment
- ICT equipment – laptops, projector, printers, cameras for training

The filling of vacant posts remains a challenge as the recruitment does not equal the exists, most appointments frozen since mid-2015 (nurse, allied health, porter, cleaner, admin) which affects service delivery in a negative way putting tremendous strain on the functionality of the hospital towards achieving its desired goals.



The following resignations and retirements are noted i.e.

Category	Number
Chief Executive Officer (CEO)	1
Medical Specialist	1
Medical Officer	17
Medical officer Community Service	2
Medical Officer intern	39
Deputy Director	1
Allied Health Professionals	25
Allied Health Community Service	21
Professional nurse	23
Staff nurse	1
Nursing assistant	7
Chief Artisan	1
Senior Admin Officer	1
Admin officer	1
Admin clerk	2
Typist	1
Tradesman	2
Auxiliary Service Officer	1
Driver	1
Messenger	1
Porter	1
Laundry aid	1
House keeper	1
Hygiene Assistant - Cleaner	5

The following categories of staff were appointed during the year under review

Category	Number
Medical Specialist	2
Medical Officer	44
Medical Officer Community Service	58
Medical Officer intern	44
Dentist Community Service	2
Allied Health Professional	14
Allied Health Community Service	31
Allied Health intern	7
Speciality Professional nurse	7
Professional nurse	32
Professional nurse Community Service	5
Staff nurse	1
Nursing assistant	2
Production clerk	6
Switch board operator	3
Hygiene Assistant - Cleaner	4

Activities:

The Northern Cape Cancer Centre of Excellence and Research was launched on Monday, 19 February 2018. The aim of the project is to:

- Improve awareness creation and strengthening prevention of cancer in the Northern Cape Province with a special focus on the JTG area due to the high incidence of Mesothelioma in the area.
- Early detection, diagnosis and initiation of the appropriate treatment of cancer patients., thus prevention of progression of the disease.
- Improve treatment outcomes for patients diagnosed with cancer.
- The effect of this project is to minimise patients that are transferred or referred to the Free State province thus minimising expenditure.

Achievements

- An Arthroplasty marathon in conjunction with Smith and Nephew was hosted at Kimberley Hospital operating Theatre whereby eighteen Hip and Knee replacement procedures were performed on patients from all five districts of the Northern Cape Province. The benefits range from improved social economic status as well as improved quality of life.

Challenges and measures planned to overcome them

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none">▪ Ageing infrastructure and plant (sewerage pipes, leaking roofs, lifts, lights, security, fire detection and Heating, Ventilation, Air-Conditioning (HVAC).	<ul style="list-style-type: none">▪ Liaise with Infrastructure directorate to assist / intervene with regard to infrastructural challenges.
<ul style="list-style-type: none">▪ Lack of approved Organisational 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">▪ No Human resource, Delegations leading to lengthy submission root processes.	<ul style="list-style-type: none">▪ Request approval for limited human resources delegations to the hospital CEO to shorten the lengthy submission process.
<ul style="list-style-type: none">▪ Provincial Cabinet resolution on filling of vacancies resulting in critical shortage of personnel in most areas due to resignations and retirements.	<ul style="list-style-type: none">▪ Speed up filling of vacant funded posts and shortened recruitment process for appointment of all categories.
<ul style="list-style-type: none">▪ Delay in procurement processes, items procured are not according to specifications e.g. substandard items (NB: Capital Equipment agreed to in the business plan of both HPTG and NTSG)	<ul style="list-style-type: none">▪ SCM to order according to specifications given by health care workers (end users) within the time frames and to procure from reputable and recognised suppliers.
<ul style="list-style-type: none">▪ Delay in payment to suppliers including	<ul style="list-style-type: none">▪ Effective SCM processes in line with

CHALLENGES	PROPOSED CORRECTIVE ACTION
Conditional Grants payments	PFMA. Timeous payments to suppliers.
<ul style="list-style-type: none"> ▪ Centralization of Finance and SCM at Provincial office 	<ul style="list-style-type: none"> ▪ Decentralisation of Finance and SCM units back to how they were in 2015
<ul style="list-style-type: none"> ▪ Inadequate facilities for acute and forensic psychiatry including 72 hours' unit, patient kept at casualty section for more than 72 hours with disastrous consequences like injury to staff and damage to property. 	<ul style="list-style-type: none"> ▪ Liaise with infrastructure unit to speed up with the upgrading of additional facility (S1) to accommodate more patients.

Table 16: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Tertiary Hospital

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviation	Comments on Deviation
Improve compliance with national core standards	Hospital achieved 75% and more on National Core Standards Self-assessment rate (Tertiary hospital)	-	100% (1 Tertiary Hospital)	100%	-	<ul style="list-style-type: none"> National core standards self-assessment has been conducted during the month of July 2017.
	Average length of stay (Tertiary hospital)	6.7 days	6.2 days	6.7 days	+0.5 days	<ul style="list-style-type: none"> Reduction in the number of elective operations. Two (2) operating theatres are running half day due to inadequate nursing staff.
Improve efficiencies and quality of care at Tertiary hospital	Inpatient Bed utilisation rate (Tertiary hospital)	71.5%	72%	70.8%	-1.2%	<ul style="list-style-type: none"> Lower than required. Nursing levels result in reduced bed utilisation.
	Expenditure per patient day equivalent (PDE) (Tertiary hospital)	R4 061	R4 168	R4 195.9	+R27.90	-
	Complaints resolution rate (Tertiary hospital)	84.1%	100%	97.7%	-2.3%	<ul style="list-style-type: none"> Some of the unresolved complaints are being investigated at the Clinical Complaints Review Committee (CCRC) for further investigation and recommendation.
	Complaints resolution within 25 working days' rate (Tertiary hospital)	77.4%	80%	80.8%	+0.8%	<ul style="list-style-type: none"> Some of the unresolved complaints are being investigated at the Clinical Complaints Review Committee (CCRC) for further investigation and recommendation.

LINKING PERFORMANCE WITH BUDGET

Programme 5: CENTRAL HOSPITAL SERVICES		2017/18			2016/17		
		Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000
Sub programme							
1.	PROVINCIAL TERTIARY HOSPITAL SERVICES	970 244	953 904	16 340	970 641	945 268	25 373
		970 244	953 904	16 340	970 641	945 268	25 373

Central Hospital Services – underspent by R16.340 million

The programme overspent by R44.160 million on compensation of employees, due to existing budget pressures. The goods & services underspend by R15.423 million due to cash flow constraints. The department had committed R26.324 million towards medical equipment funded from National Tertiary Services Grant and a further R24.786 million towards medical equipment and other items funded from Health Professions Training & Development Grant, and the delivery will only take place in the next financial year. "The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

A roll over will be requested on the funds committed towards the procurement of medical equipment.

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

During this financial year 2017/18, the college was accredited to train thirty-six (36) EMS staff from the province. The thirty-six (36) learners were chosen from a cohort of staff who successfully achieved over a 60% in their written assessment. The learners had to also demonstrate their CPR competence for adult, child and neonate resuscitation. The college has met its annual target despite encountering many challenges e.g. No internet connectivity, no budget allocation, staff shortages, equipment and infrastructural failures.

The closure of the short course register has led to some anxiety amongst the workforce and fellow EMS practitioners. The HPCSA has communicated the minimum standards of NECET programmes via the national department of health to all training providers. The ILS register close at the end of 2019 and training providers are expected to migrate their training platforms to the new EMS qualifications.

The NECET programmes requires all training providers to align their programmes to the higher education platform. The alignment to the National Qualification framework for EMS requires CHE, Department of Higher Education and HPCSA accreditation. The accreditation process requires the training providers to meet and exceed the 18 steps of accreditation.

Despite several attempts to align the college to the NECET program accreditation, the college has attempted to align itself to the NECET program. The budgetary and staffing challenges have obstructed the colleges many attempts of alignment and migration.

Bursary Students in South Africa

In an effort to alleviate the shortage of health professionals in the Province of Northern Cape (NC), Northern Cape Department of Health (NCDoH) had been funding one hundred and three (103) deserving NC students. These students have been pursuing degrees in various health science programmes in South African universities. By the end of 2017 academic year, forty-six (46) of these bursars had successfully completed their degrees and subsequently placed in NC health care facilities to enhance health care service delivery. While the Department did not recruit the new students' intake for 2018 academic year, it did, however, continue to provide funding to the forty-one (41) residual recurring bursars left in the system from the 2017 academic year.

Mandela-Castro Medical Collaboration Programme

Northern Cape Department of Health continued to participate in the Mandela-Castro Medical Collaboration Programme (MCMCP) by providing scholarship to one hundred and twenty-three (123) students studying medicine in Cuba. In 2017 academic year, four students were expelled from their respective universities due to academic exclusions and thus, resulting in one hundred and nineteen (119) students who are in their different levels of study. Of these, twenty-one (21) students are in their final year of study and are expected to return to South Africa in July 2018. These will be among seven hundred and twenty (720) final year RSA-Cuban trained medical students which is 60% of the total output produced by the eight South African medical universities. The carrying capacity of these medical schools will be seriously constrained to accommodate all these students and thus, it was resolved by the Ministerial Task Team that provincial hospitals ranging from district to tertiary hospitals could be utilized for the training of these students provided they comply with the requirements of Health Professions Council of South Africa

Kimberley Hospital Complex was identified as the appropriate training site that meets compliance requirements of HPCSA as it is accredited to train forty (40) undergraduate medical students. Added to this, a proposal for funding requirements to the value of 29 575 400.00 covering infrastructure renovations, Teaching Facilities, Accommodation, Clinical Supervision, Transport Costs, ICT Costs, tuition and other to enhance and supplement the current resources to enable KHC to be an ideal training platform for the 21 students in 2018 and beyond was submitted to NDoH and are awaiting the decision on the matter.

The orientation and integration of these students, NCDoH has fostered collaborative relationship with the University of Free State to train all its students due to its close proximity to the province. Moreover, it is relatively cost effective and the University of Free State has also displayed a sense of willingness to accept our NCDoH students. The formalisation of this partnership will be confirmed once the Memorandum of Agreement between NCDoH and both the UFS and FSDoH have been signed.

Skills Development

Numerous Training Committee meetings comprised of the entire relevant stakeholders based at both the districts and provincial offices were hosted at the provincial office. There were also interactions with the National School of Government aimed at finding a way to strengthen training for employees in order to promote and improve health care service delivery. All these efforts led to the deliverance of 90% of planned training interventions across a wide array of the core and support interventions identified as a need for the Department.

The variance of 10% was, however, caused by failure to conduct management development programmes and some Allied Health training interventions due to austerity measures to curb further expenditure. The implementation of the WSP has benefited nine hundred and thirty-three (933) officials.

Besides the implementation of the Work Place Skills Plan (WSP), the unit had, as well, provided an opportunity for learners through the implementation of Work Integrated Learning (WIL) and Internship programme across the province. This has created job opportunities for sixty (60) learners and 10 interns for exposure to practical learning.

Numerous funding proposals have been drafted to potential skills development entities to assist to fund the Department's training and development initiatives.

The Department has thus far solicited over R 12 million in a form of the Discretionary Grant to fund the National Diploma in Nursing, Emergency Medical Services and other Skills Programmes.

In addition to the initiatives that the unit had embarked on includes, the proposal to train 100 elementary categories for Adult Learning Programme (AET) and the awarding of twenty (20) bursaries for the elementary staff. These projects are envisaged to be rolled out in 2018/19 financial year.

ACHIEVEMENTS

- Forty-six (46) of the sixty-one (61) final year health science students completed their degrees. (placement in the various health care facilities across the province.)
- Three (3) RSA Cuba trained doctor increased the production of RSA-Cuban trained doctors to 38.
- Conditionally approved funding from HWSETA for sixty (60) nursing Diploma Intake and the twenty (20) for Emergency medical practitioner Diploma

Challenges and measures planned to overcome them

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Budgetary- The college has a budget of R4.7m. The CoE is nearly half of the allocated budget. The balance of the budget is not adequate as the functionality of the college. 	<ul style="list-style-type: none"> ▪ Additional budget allocation to sustain the college ▪ (Budget Deficit of approximately R25.5M)
<ul style="list-style-type: none"> ▪ Staffing- The HPCSA and CHE stipulates the student/ lecturer ratio and administrative staffing requirements. The staffing required for the AEA course is not met. Staff are seconded from the operational EMS component. 	<ul style="list-style-type: none"> ▪ Employment of lecturing staff and support staff <ul style="list-style-type: none"> ✓ Clinical staff (2 coordinators and at least 4 lecturers) ✓ Registrar appointment ✓ Administrative clerk ✓ Cleaner
<ul style="list-style-type: none"> ▪ Equipment- the HPCSA stipulates student/ equipment ratio. The equipment is high fidelity and caters to the unique environment found in the Pre-hospital environment. Equipment used for invasive treatment requires replacement annually. The equipment is not replacement or repaired leading to non-compliance of the college. 	<ul style="list-style-type: none"> ▪ Procurement of equipment for the re accreditation and NECET programme accreditation. It is recommended that the training efforts within the department be consolidated. The financial saving will address the procurement needs for specialized clinical training equipment.
<ul style="list-style-type: none"> ▪ Infrastructural- The college is housed within a temporary pre-fabricated structure. There is plumbing, lighting, IT, septic, roofing and drainage problems. There are no progressive maintenance plans. 	<ul style="list-style-type: none"> ▪ Development of accommodation and labs and gym.
<ul style="list-style-type: none"> ▪ Closure of the Short courses in December 2019. 	<ul style="list-style-type: none"> ▪ Develop a partnership with the SPU, UJ/CPUT and FS DoH
<ul style="list-style-type: none"> ▪ IT connectivity and Communication- the college does not have telephones, internet connectivity and fax facilities 	<ul style="list-style-type: none"> ▪ Procurement of equipment, to create the IT connectivity and telephone access for the college.

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Delays on University Payments for the bursary holders 	<ul style="list-style-type: none"> ▪ Compliance with PFMA prescripts
<ul style="list-style-type: none"> ▪ Outstanding 2017/18 MCMCP Payment of R 30 894 055.00 and a further commitment of R 29 575 400.00 for 21 returning students. 	<ul style="list-style-type: none"> ▪ Senior management to engage NDoH on the Departmental Funding Proposal submitted to NDoH. HPTDG to be identified as a possible contingency plan.
<ul style="list-style-type: none"> ▪ Vacant post redundancy 	<ul style="list-style-type: none"> ▪ Adhere to the college's request for filling of posts and execute the request in order to prevent post to be made redundant.
<ul style="list-style-type: none"> ▪ Securing of students who qualify in the courses offered by the college in order to fulfil the vacancy rate of the province's depleted registered nurses 	<ul style="list-style-type: none"> ▪ Long term planning and projection on the current and future shortage of nursing staff. ▪ Support for the college in obtaining additional funding from HR in order to have continuous training for the artesian of the projected depletion of nursing in the province. ▪ Recognising the college as expert in selecting the relevant candidates for the course.
<ul style="list-style-type: none"> ▪ Delay in maintenance of the college infrastructure and procurement of fundamental needs. 	<ul style="list-style-type: none"> ▪ Essential projections for the needs of the college must be prioritised in order to secure the needs and requirements and a tertiary education institution. ▪ Adherence to the expected norms and standards of a nursing training institution must be adhered to and understood by the persons securing procurement. ▪ Regular visits by management of the department in order to determine needs to grow the capacity of the college with regard to quality in nursing education and training ▪ Execution and procurement of the needs of the college within acceptable timeframes in providing requirements on time and of acceptable standards.

Table 17: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Health Sciences and Training

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
Increase production of human resources of health	Basic nurse students graduating	154	133	160	+27	<ul style="list-style-type: none"> Additional twenty-seven (27) students graduated.
	Number of bursaries awarded for health science students	-	139	103	-36	<ul style="list-style-type: none"> There was no recruitment for the 2017 academic year due to cost containment. The bursaries of some of the students were not renewed due to poor academic performance.
Train learners to qualify as professional nurses	Proportion of bursary holders permanently appointed	100%	100% (120/120)	64	-56	<ul style="list-style-type: none"> Some students could not complete their degrees within the stipulated prescribed duration of the course.
Ensure optimum clinical competency levels of EMS staff	Number of employees enrolled for training on Intermediate Life Support	34	36	36	-	-
Strengthening the Human Resource capacity	Number of bursaries awarded to administrative staff	24	20	21	+1	<ul style="list-style-type: none"> One (1) additional student was a recurring bursar carried over from the previous academic year.
Increase production of human resources of health	Number of bursaries awarded for first year medicine students	0	0	0	-	-
	Number of bursaries awarded for first year nursing students	89	100	28	-72	<ul style="list-style-type: none"> Lack of funding in order to proceed with other nursing intakes.

LINKING PERFORMANCE WITH BUDGET

Programme 6: HEALTH SCIENCES AND TRAINING						
Sub programme	2017/18			2016/17		
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000
1. NURSE TRAINING COLLEGE	51 982	50 717	1 265	63 585	58 569	5 016
2. EMS TRAINING COLLEGE	4 479	11	4 468	3 416	1 050	2 366
3. BURSARIES	26 217	43 531	(17 314)	24 430	56 620	(32 190)
4. PRIMARY HEALTH CARE TRAINING	1 580	375	1 205	29	29	-
5. TRAINING OTHER	35 410	4 027	31 383	32 526	7 718	24 808
	119 668	98 661	21 007	123 986	123 986	-

Health Science and Training – underspent by R 21.007 million

The overall programme underspent by R21.007 million. However, the transfers & subsidies overspend by R24.754 million due to the payment of accruals in respect of Cuban Doctors' programme. This overspending is reduced by the funding earmarked for training of auxiliary nurses and the skills development fund which has not yet been utilised.

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)

Su-outcome 2: Improved Quality of Health Care

Situation analysis

Forensic Pathology Services

Forensic Pathology Services and country wide outcry by Forensic Pathology Officers also had negative impact on service delivery in the province. This was primarily sparked by the undesirable working conditions in terms of scope of work, OSD, danger allowance, uniform and personal protective clothing. This led to an urgent sitting of the PHSDSBC. An agreement was therefore signed in that Council on 29th June 2017 namely PHSDSBC Resolution 4 of 2017. Based on the Resolution, the above payments were therefore effected in the department.

Regulations for Rendering of Forensic Pathology Services are in circulation for comments and inputs, pertaining to scope of work, introduction of OSD Grade 3, registration on HPCSA for Forensic Officers and payment of danger allowance and special danger allowance.

There is an increase in the number of cases from one thousand six hundred and forty-eight (1648) in 2016/17 to one thousand six hundred and sixty-five (1665) in 2017/18. The performance depicts a decline and instability in 2017/18 in comparison to 2016/17 on both indicators. 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. The unit is however still engaged in the active recruitment through headhunting of doctor(s) and specialist to stabilise forensic services in the province.

The Clinical Forensic Services forms an integral part of provincial hospital services in the Northern Cape. It provides a comprehensive service for rape victims, victims of sexual assault, patients who are/were victims of gender based violence and a wide range of patients who were subjects to common assault. Other services include paternity testing, collection of samples for DNA tests and age determination. As a result of lack of forensic examiners (nurses and doctors) at district hospitals, a significant number of patients are brought to the units from remote areas that fall outside the jurisdiction and the draining area. The Clinical Forensic Unit however is able to provide a comprehensive, holistic, multi-disciplinary service at four Thuthuzela Care Centres in the province. The service is currently grossly under resourced and is therefore mostly dependent on hospital services for the provision of personnel.



Indicator 1: Comparison between 2016/17 FY and 2017/18 FY Percentage of autopsies completed in 4 days

Quarter	% of Autopsies over 4 Days (90%)	Deviation	Number of Cases in Quarter
Q1	92%	+2%	(385/409)
Q2	95%	+5%	(407/446)
Q3	94%	+4%	(491/558)
Q4	95%	+5%	(407/436)

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

Comparison between Q4 of 2016/17 FY and Q4 of 2017/18 FY: Percentage of autopsy reports submitted in 10 days to stakeholders.

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	85%	+3%	(377/453)

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

Achievements

- A successful Integrated 16 Days of activism on No Violence Against Women and Children conducted in five districts by the Victim Empowerment unit, with Social Development as the leading department
- An integrated outreach programme held in Namakwa in December 2017
- Clinical Forensic comfort packs and replacement clothing distributed to all facilities in the districts.
- 200 Promotional items (T-shirts) procured and distributed in the Namakwa region
- Thuthuzela Care Centres Services were marketed in Kuruman, Kimberley, De Aar and Springbok, focusing on all forms of gender based violence through radio talks and one on one sessions with relevant individuals.
- Thirteen and eight Forensic Pathology Officers who do not have matric in Kimberley and Upington mortuaries enrolled for Adult Education and Training (AET) course for duration of a year.
- Interim security measures of new lockable doors and window burglar proofs erected at Kimberley Forensic mortuary following incidents of theft and loss of equipment.
- 6 Toyota vehicles procured for mortuaries. Conversion into mortuary vans will be finalised in the 2018/19 financial year.

- Resolution 4 of 2017 was implemented in the department with following payments effected to qualifying Forensic Pathology personnel performing post-mortems:
 - ✓ R4800 once off allowance.
 - ✓ Monthly danger allowance of R397
 - ✓ Monthly dissection allowance of R594

2017/18 ANNUAL STATISTICS

Types of post-mortem	Kimberley	Upington	De Aar	Kuruman	Springbok	Calvinia	Total
Murder	120	83	75	44	15	10	347
Accident	91	63	28	23	13	4	222
MVA	158	69	56	104	29	9	425
Suicide	75	30	36	36	21	1	199
Undetermined	4	19	4	7	0	2	36
Natural	79	175	63	19	23	27	386
Anaesthetic	4	0	0	0	0	1	5
Fetus	4	1	0	6	0	0	11
Decomposed	0	0	2	0	0	1	3
Bones	5	0	0	1	3	0	9
Other	4	0	0	0	1	0	5
TOTAL	544	440	264	240	105	55	1648

2017/18 ANNUAL STATISTICS

Types of post-mortem	Kimberley	Upington	De Aar	Kuruman	Springbok	Calvinia	Total
Murder	124	53	77	80	6	16	356
Accident	72	46	12	23	13	1	167
MVA	160	85	70	131	21	4	471
Suicide	61	30	33	42	9	12	187
Undetermined	1	11	6	15	0	0	33
Natural	84	191	69	22	19	26	411
Anaesthetic	4	0	0	1	0	0	5
Fetus	3	0	1	5	0	0	9
Decomposed	3	0	1	0	0	0	4
Bones	3	1	1	2	2	1	10

Other	6	2	3	0	1	0	12
TOTAL	521	419	273	321	71	60	1665

Challenges and measures planned to overcome them

CHALLENGES	PROPOSED CORRECTIVE ACTION
<ul style="list-style-type: none"> ▪ Lack of proper Employee Awareness programme services for forensic employees including doctors 	<ul style="list-style-type: none"> ▪ A submission to fill post of Psychologist for the unit was compiled. ▪ Psycho-social and support services have been activated with the District Psychologist for ZF Mgcawu and Namakwa regions. ▪ Arrange Psychologist consultation in Kimberley as Interim measure dependent on availability.
<ul style="list-style-type: none"> ▪ Shortage of forensic pathology doctors and specialists 	<ul style="list-style-type: none"> ▪ Headhunting for additional forensic specialist and doctors is an on-going process.
<ul style="list-style-type: none"> ▪ Inadequate budget to fill critical vacant posts of 4 Forensic Pathology Officers in Pixley KaSeme region, Mortuary Manager post in Kimberley and Upington mortuaries, Deputy Director for the unit, ▪ Assistant Director and Cleaners. Shortage of critical staff created services disruptions and lack of discipline with associated risks of one-man standby crew in Pixley region and ultimately the decline in the overall performance of the unit. 	<ul style="list-style-type: none"> ▪ Lobby for additional funding or internal shifting of funds to fill the posts ▪ Support from executive management to fill critical posts of Deputy Director, mortuary managers, assistant director and cleaners
<ul style="list-style-type: none"> ▪ Lack of appropriate mortuary facilities at Kuruman and Kimberley mortuaries 	<ul style="list-style-type: none"> ▪ Continually engage Principals and Infrastructure Unit, towards addressing the mortuaries issues.
<ul style="list-style-type: none"> ▪ Continuous break down of mortuary fridges leading to decomposition of bodies. 	<ul style="list-style-type: none"> ▪ SCM to contract a service provider for maintenance and repairs of mortuary fridges for the province.
<ul style="list-style-type: none"> ▪ Several FPOs on Grade 2 have reached the ceiling and cannot advance as the grades end at grade 2, therefore eliminating growth opportunities in terms of pay progression and promotions to higher levels. 	<ul style="list-style-type: none"> ▪ Cash bonus is recommended for the affected employees.
<ul style="list-style-type: none"> ▪ Four (4) FPOs in Pixley were wrongly translated on OSD and put on personal notches in 2010, which did not allow them to get annual performance grading as compared to their counterparts ▪ The employees were short-changed by the system as they submitted their performance assessments but could not be graded with notches due to wrong implementation. Establishment already did an audit and corrected their part; the outstanding part is the financial implications of PMDS and the implementation thereof ▪ The entire Pixley is covered by only 4 fpo's all 	<ul style="list-style-type: none"> ▪ The matter was communicated with HR but still pending. ▪ Leave audit should also be done to compensate the affected employees for their continued sacrifices. ▪ Vacant posts to be filled as a matter of urgency, to alleviate the strain, as the manager is also currently performing all duties of an FPO due to the manpower shortages. ▪ Cash bonus is recommended. ▪ Cash bonus was also recommended and thereby paid for the affected employees who have

CHALLENGES	PROPOSED CORRECTIVE ACTION
<p>working as one-man crew, which has put strain on them. Most have not been able to take leave for the past 3 years or more, with numerous requests to be paid out for their leave cycles. This never materialised to date.</p> <ul style="list-style-type: none"> ▪ Several FPOs on Grade 2 have reached the ceiling and cannot advance as the grades end at grade 2, therefore eliminating growth opportunities in terms of pay progression and promotions to higher levels 	<p>reached the ceiling.</p> <ul style="list-style-type: none"> ▪ The matter of OSD grading is currently receiving attention at national. Regulations are out for inputs and comments
<ul style="list-style-type: none"> ▪ Shortage of practising clinical forensic nurses at Kuruman Thuthuzela, De Aar Thuthuzela, Dr Harry Surtie Hospital and throughout health facilities in the province. 	<ul style="list-style-type: none"> ▪ Appoint full-time forensic nurses in Upington and Kuruman. ▪ Engage Districts Health Services and facilities to budget, appoint and train forensic nurses and doctors. ▪ Refer patients to nearest health facilities (Access to health services).
<ul style="list-style-type: none"> ▪ No dedicated staff for Clinical Forensic Data collection in districts hence no reporting in terms of number of cases seen. 	<ul style="list-style-type: none"> ▪ Engage District Health Services, Dr Harry and Kimberley Hospitals in resolving the challenges to data collection. ▪ Engage Information Management for assistance in collecting the data through DHIS

Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Forensic Medical Services

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviation	Comments on Deviations
Render health care support service through specialised forensic medical and medico-legal services	Percentage of autopsies completed within 4 working days	94%	90%	91%	+1%	<ul style="list-style-type: none"> ▪ Though this indicates a positive deviation of 1%, there is a decline in the performance of this indicator in 2017/18 compared to 2016/17. This indicates stability. ▪ The decline is due to shortage of doctors due to suspended services by Upington part-time doctor (also assisting cases from Springbok and Calvinia) due to delays in payment of claims. ▪ Bodies had to be referred to Kimberley for post-mortem and Specialist travelled to Upington for other post-mortems
	Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS, NPA)	83%	80%	77%	-3%	<ul style="list-style-type: none"> ▪ Reduced number of staff and doctors due to vacation leave in December and January. ▪ Suspended services by Upington part-time doctor (also assisting cases from Springbok and Calvinia) due to delays in payment of claims. ▪ Bodies had to be referred to Kimberley for post-mortem and Specialist travelled to Upington for other post-mortems.

Sub-Programme: PHARMACEUTICALS

Priorities:

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

Sub-outcome 2: Improved Quality of Health Care

Situation analysis

During the year under review, the delivery of pharmaceutical services continued to be under enormous pressure due to the challenges encountered with medicine availability at the provincial medical depot and in the districts. The overall achievement of 87, 61% availability of medicines in the province resulted from various challenges such as the sub-optimal functionality of the Warehouse Management System (WMS), supplier accounts being on hold, financial constraints, poor stock management at health facilities, inadequate transport at both the provincial medical depot and in the districts, as well as inadequate pharmaceutical staff within the province. Despite this, the pharmaceutical care of patients remained the key focus with stocks being redistributed within and across districts to provide supplies to patients. Where it was possible, therapeutic alternatives were accessed and provided by health care workers to sustain service delivery at facility level.

The Central Chronic Management Dispensing and Distribution (CCMDD) programme continued to improve as more patients were enrolled onto the programme in all districts. The screening of the CCMDD prescription for validity and authenticity by the pharmacists has proven to minimise the rejection of scripts and any delay with the delivery of medicines to patients. Pixley Ka Seme district continues to excel with a total of fifteen thousand five hundred and fifty-six (15556) patients on the CCMDD programme and three thousand four hundred and thirty-five (3435) patients collecting their medicine parcels at external Pickup Points (ePUPs). Pharmacists in this district conducted monthly site visits to the ePUPs to provide guidance and support. In the Namakwa district, the CCMDD programme was rolled out to a CHC as a new initiative to expand access to patients on this programme. The deactivation and deregistration of patients on the CCMDD programme, as well as the delays with the authorisation and licensing of prescribers however continues to remain a challenge.

RX solution has been implemented at hospitals and some CHCs, to improve stock management and medicine availability at these levels. Five (5) hospitals and two (2) CHCs have started reporting on the NDOH dashboard (information being extracted from the RX solution system). Challenges that are still experienced with the implementation of RX solution include limitations such as poor network connectivity in the districts and the inability of RX solution to interface with the hospital billing system and the provincial medical depot (WMS) system. On-going enhancements to RX solution (such as the provision of reports, improving the functionality of the dispensing module) as well as additional support from IT have been identified to strengthen the implementation of RX solution in the districts.

The absorption of Community Service Pharmacists (CSPs) and bursary holders in the province, as well as the appointment of Pharmacists and Pharmacist Assistants for this annual year enhanced the delivery of pharmaceutical services. However, district facilities and the Provincial Medical Depot (PMD) still remain vastly understaffed in order to deliver pharmaceutical services optimally in the province. Pharmacy posts were advertised during this period to address this deficiency, but have not as yet been filled.

The Warehouse Management System is still not functioning optimally but various enhancements on it proved to be beneficial at provincial medical depot and district levels. Pharmacists are able to place orders more quickly on the system as the speed thereof was enhanced. The current non- ability to see the stock on hand as “real time” and the non- ability to substitute alternative pack sizes is still a challenge but it is being addressed to minimise backorders and improve the availability of medicines at district level. The continuous engagement and

interventions between the PMD and all stakeholders has provided some relief in addressing the challenges of the WMS.

The SVS reporting has improved across all the districts, although there are still facilities that are not compliant in reporting on SVS due to factors such as staff attitude, shortage of staff and lack of training. The importance of the SVS reporting was re-emphasised as it enables facilities to redistribute stocks on a weekly basis and in doing so, medicine access and availability is improved at PHC level. A total of one hundred and sixty (160) facilities have thus far been recorded on the NDOH’s SVS database for the province.

The Pharmacy Assistants at the provincial medical depot and in the districts successfully completed their Pharmacist Assistants training during this period. The Ottobok sponsorship initiative enabled four (4) learners to commence their training as Pharmacist Assistants during this period as well.

The Antimicrobial Stewardship (AMS) programme continued to develop, with AMS committees active in all districts. Various activities and interventions such as workshops, trainings and support were provided by external stakeholders to the province to highlight and address the importance of the rational use of antibiotics. The shortage of permanent Infection Prevention Control (IPC) officials still however remains a challenge to this programme.

Various challenges with infrastructure resulted in non-compliance to Good Pharmacy Practise (GPP) standards. The PMD (Dr ALMLC) was revamped during this period. The building of the new Port Nolloth CHC is nearing completion and the building of the pharmacy at Dr van Niekerk has started. The Central Karoo Hospital was successfully de-registered due to the relocation to the new hospital facility in De Aar.

The supply of Surgical and sundries to facilities continues to remain a challenge throughout the province.

Achievements

- The continuous redistribution of pharmacy stocks within and between the districts to minimise stock outs
- “Mini-depots” were established in the JTG and Pixley Ka Seme districts to assist with stock management.
- All the Pharmacist interns were successful in their SAPC pre-registration examinations during this period.
- Pharmacy staff continued to support the activities and campaigns of Health programmes such as the HPV
- Pharmaceutical services continued to provide vaccines and other medicines to external stakeholders (private nurses; private mines; private farms) that have MOUs with the department in the districts.

Challenges and measures planned to overcome them

CHALLENGES	PROPOSED CORRECTIVE ACTION
▪ Absence of an electronic dispensing system at district hospitals and CHCs.	▪ Enhance and implement RX solution.
▪ Some pharmacists use their personal dongles and data to process facility orders on WMS.	▪ Engage with Provincial IT to address challenges of connectivity.
▪ Late deliveries of CCMDD parcels.	▪ Continual monitoring of the Service Provider
▪ Poor attendance of DTC meetings.	▪ Strengthen the DTC in the districts.
▪ Non-compliance to SOPS, protocols and guidelines.	▪ Provide training and report facilities that are non-compliant.

Table 19: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Pharmaceuticals

Strategic Objective	Performance Indicator	Actual 2016/17	Target 2017/18	Actual 2017/18	Deviation	Comment on Deviation
Improve availability and access of medicine	Percentage availability of medication (EML and STG) in the health facilities and institutions	-	100%	87.6%	-12.4%	<ul style="list-style-type: none"> ▪ Non-payment of some suppliers. ▪ Inadequate stock management at health facilities.
	Percentage availability of medication (non-EML) in the health facilities and institutions	-	<10%	0	-10%	<ul style="list-style-type: none"> ▪ There were challenges with Warehouse Management Intenda System and BAS in drawing expenditure reports during the financial year.
Improve quality of service including clinical governance and patient safety	Number of functional Pharmaceutical and Therapeutic Committee	6	9	8	-1	<ul style="list-style-type: none"> ▪ No District Therapeutic Committee (DTC) in the Frances Baard district as member's till have to be appointed.

LINKING PERFORMANCE WITH BUDGET

Programme 7: HEALTH CARE SUPPORT SERVICES		2017/18			2016/17		
		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	7 573	11 639	(4 066)	7 241	10 981	(3 740)
2.	ENGINEERING	12 074	10 427	1 647	18 172	31 001	(12 829)
3.	FORENSIC SERVICES	41 150	39 660	1 490	29 157	23 272	5 885
4.	ORTHOTIC AND PROSTETIC SERVICES	7 620	6 110	1 510	9 387	6 815	2 572
5.	MEDICINE TRADING ACCOUNT	31 725	23 946	7 779	38 572	36 587	1 985
		100 142	91 782	8 360	102 529	108 656	(6 127)

Health Care Support Services – underspent by R8.360 million

The programme overspent by R2.865 million on compensation of employees, due to existing budget pressures. The goods & services show significant underspending, which is caused incorrect financial anomalies caused by use of the new inventory system which was piloted in the current financial year. The inventory was recognised in terms of Generally accepted accounting practices; while the department must report in terms of modified cash basis.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

Priorities:

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

Sub-outcome 7: Improved Health Planning and Infrastructure Delivery

Situation analysis:

The 2017/18 financial year budget was R 562 million. A total R 560 million was spend by the end of March 2018. The Health Facility Management Unit has made improvements in the implementation of projects within the sub-programmes, namely, upgrading, maintenance and construction of new health care facilities. Ten health care facilities prioritized for upgrades are at procurement stage from a total of eighteen. Construction processes at these facilities will commence in April 2018. Three mortuaries that will serve as backups on forensic cases are included in the prioritized eighteen (18) facilities.

Performance of the contractors for the construction of Port Nolloth CHC, Kagung Clinic, Heuningvlei Clinic, and Mental Health Hospital has improved and completion dates of 2018 shall be achieved. Construction work at the Nursing College Student Accommodation has resumed with a completion period targeted at the third quarter of 2018/19 financial year. This facility will be handed over in February 2018. Site hand-overs for construction of two clinics, that is Boegoeberg and Bankhara Bodulong Clinics, took place in the last week of September 2017, earmarked for completion within a period of 12 months. Completion of Bankhara Bodulong Clinic would create an opportunity for parkhomes that are currently being used to be re-allocated to other deserving areas in John Taole Gaetsewe District. Construction of a new pharmacy at Springbok Hospital is underway as from February 2018. Construction work will commence February 2018. A new mortuary at Springbok Hospital that accommodates forensic pathology services is being constructed to relieve the department of leasing a private mortuary in town.

Six (6) health care facilities were prioritised for laundry upgrades. Delays were experienced in the upgrading of the laundries due to insufficient resource capacity of appointed contractors. The upgrading of the laundries will overlap in to the 2018/19 financial year. Eleven facilities in John Taole Gaetsewe District have boreholes drilled to provide with water. Underground water could not be found within the yard at Mosalashuping Clinic. All the boreholes have been supplied with 10 000L water tanks. Additional fourteen (14) health care facilities have also been supplied with 10 000-liter water tanks with pressure pumps.

The Health Facility Management Unit has established preventative maintenance contracts for fire-fighting equipment, heating, ventilation and air conditioners and standby generators. John Taole Gaetsewe, Francis Baard and Pixley ka Seme District have services providers appointed on this preventative maintenance. Contract for a service provider for Z.F Mqcau and Namakwa was terminated due to non-performance. A new service provider may be appointed in March 2018. Three-year preventative maintenance contracts for the new De Aar Hospital and Dr Harry Surtie Hospital commenced in September 2017.

Phase 1 of conditions based maintenance on one hundred and thirty-three (133) facilities has commenced and targeted for completion in May 2018. Some of the requirements for Ideal Clinic



such as provision of backup water are included in the implementation of conditions based assessment. Each facility will be provided with a 10 000L water tank.

There are two donor funded projects in progress in this financial year, i.e. Olifantshoek CHC and Postmasburg Hospital. The casualty, maternity, fencing and security guardhouse at Olifantshoek CHC are being upgraded through donor funding from Gamagara Development Trust. The upgrades will be handed over to the department in April 2018. Upgrading of theatre done by Kumba mining at Postmansburg Hospital is in progress.

Achievements

- Completion of Carnavon Hospital
- De Aar Hospital handed over to user department (District health Services)
- Completion of conditions assessments
- 70% completion of Ka Gung clinic
- Maintenance projects of De Aar Hospital and Dr Harry Surtie hospital have commenced.
- One hundred and thirty (130) clinics are undergoing conditions based maintenance.
- Sakhile clinic in Pampierstad has reached completion
- 99 % completion of the New Mental Health hospital
- 99 % completion of Olifantshoek Community Health Centre
- Appointment of contractor for Springbok Hospital Pharmacy and Mortuary

CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Challenges	Proposed corrective action
<ul style="list-style-type: none"> ▪ Slow delivery of projects by the appointed contractors. Contractors not delivering according to Construction Industry Development Board (CIDB) graded status. ▪ Insufficient information in the Infrastructure Programme Implementation Plan. (IPIPs) from the implementing agents. 	<ul style="list-style-type: none"> ▪ Continuous engagement of implementing agents to deliver projects on time and or apply the conditions of contract where failure is experienced. Apply the conditions of contracts to all contractors that underperform on site. ▪ Continuously ensure detailed IPIPs (Infrastructure Programme Implementation Plan) from the implementing agents.

Table 20: Strategic Objectives, Indicators, Planned Targets and Actual Achievements for Health Facilities Management

Strategic Objective	Performance Indicator	Actual 2016/17	Annual Target 2017/18	Actual 2017/18	Deviations	Comments on Deviations
Improve the quality of health infrastructure in South Africa by ensuring that all health facilities are compliant with the facility norms and standards	Number of facilities that comply with gazetted infrastructure Norms and Standards	11	2	2	-	-
Construction of new clinics, community health centres and hospitals	Number of additional clinics, community health centres and office facilities constructed	3 (Ka-Gung and Heuningvlei, Port Nolloth CHC)	11	11	0	<ul style="list-style-type: none"> ▪ Outstanding work at KaGung clinic in progress Construction work at 62%. Projected completion date of June 2018 ▪ Construction of Boegoeberg clinic is at 1%. Slow progress was due to the delay in the designs. Bankhara Bodulong clinic construction at 1%. ▪ Construction activities at Heuningvlei clinic has slowed down. 65% work done.

Implementation of Health Facilities Revitalization Programme	Number of additional hospitals and mortuaries constructed or revitalised		3 Mental Health Hospital De Aar Hospital Kuruman Forensic Mortuary	1 De Aar Hospital handed to the user	-2	<ul style="list-style-type: none"> ▪ Mental Health Hospital construction is at 99% complete. ▪ Awaiting appointment of professional service provider by Supply Chain Management for Kuruman Forensic mortuary.
Major and minor refurbishment of health facilities	Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District		12 Noupoort CHC Britstown CHC Hester Malan CHC Prieska CHC Victoria West Hospital Carnovon Hospital Mataleng Clinic Seeding clinic Glenred Clinic Logobate clinic Mecwetsaneng clinic	7 Noupoort CHC (phase 1, fencing complete) Britstown CHC (phase 1, fencing complete) Hester Malan CHC (phase 1, fencing complete) Prieska CHC (phase 1, fencing complete) Victoria West Hospital (phase 1, fencing complete) Carnovon Hospital (phase 1, fencing complete) Mataleng Clinic (phase 1, fencing complete) Seeding clinic (phase 1, fencing complete) Glenred Clinic (phase 1, fencing complete) Logobate clinic (phase 1, fencing complete) Mecwetsaneng clinic (phase 1, fencing complete)	-5	<ul style="list-style-type: none"> ▪ Five (5) clinics still at procurement stage (Carnovon Hospital, Mataleng, Seeding, Glenred, Logobate clinics).

LINKING PERFORMANCE WITH BUDGET

Programme 8: HEALTH FACILITIES MANAGEMENT		2017/18			2016/17		
		Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000
Sub programme							
1.	DISTRICT HOSPITAL SERVICES	485 777	279 448	206 329	338 981	205 616	133 365
2.	PROVINCIAL HOSPITAL SERVICES	77 188	281 823	(204 635)	171 781	169 722	2 059
		562 965	561 271	1 694	510 762	375 338	135 424

Health Facilities Management – underspent by R1.694 million

The programme has underspend by R1.694 million due to procurement delays on the implementation of Expanded Public Work Programme. A roll over has been requested.

Strategies to overcome under performance

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

Changes to planned targets

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

Linking performance with budgets

Voted funds and Direct charges	2017/18				2016/17				
	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance	Final Appropriation	Actual Expenditure	Variance
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Programme									
1. Administration	209,905	230,613	(20,708)	196 999	226 526	(29 527)			
2. District Health Services	2,001,541	1,989,447	12,094	1 913 993	1 913 947	46			
3. Emergency Medical Services	327,707	302,950	24,757	307 718	284 989	22 729			
4. Provincial Hospital Services	338,120	338,577	(457)	367 557	390 427	(22 870)			
5. Central Hospital Services	970,244	953,904	16,340	970 641	945 268	25 373			
6. Health Sciences And Training	119,668	98,661	21,007	123 986	123 986	-			
7. Health Care Support Services	100,142	91,782	8,360	102 529	108 656	(6 127)			
8. Health Facilities Management	562,965	561,271	1,694	510 762	375 338	135 424			
TOTAL	4 630 292	4 567 352	62 940	4 494 185	4 369 137	125 048			

2.4.5 Transfer Payments

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
Legatus NGO	Home-based care	5 082	5 082	Services provided
Northern Cape Aids Forum & Christian Care & Support	Home-based care	8 423	8 423	Services provided
Nightingale Hospice	Home-based care	5 044	5 044	Services provided
Moeder Theresa Hospice	Home-based care	4 654	4 654	Services provided
Helen Bishop Orthopaedic After-Care Home	Home-based care	3 018	3 018	Services provided
Aganang Aids Services Organisation	Home-based care	8 428	8 428	Services provided
Boikobo Health Care	Home-based care	11 431	11 431	Services provided
Boitumelo NPO	Home-based care	5 431	5 431	Services provided
Bophelong Care Centre	Home-based care	952	952	Services provided
Cecilia Makiwana Hospice	Home-based care	918	918	Services provided
Dingleton Community Health Workers	Home-based care	2 554	2 554	Services provided
Diocese Aids Ministry NPO	Home-based care	3 571	3 571	Services provided
Drydo Home Based Care	Home-based care	6 275	6 275	Services provided
Education Support Services Trust	Home-based care	3 135	3 135	Services provided
Grassroot Soccer South Africa	Home-based care	2 141	2 141	Services provided

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
Hope Christian Home Based Care	Home-based care	2 475	2 475	Services provided
Hopetown Home Based Care Hospice	Home-based care	1 406	1 406	Services provided
Hospice Health	Home-based care	1 370	1 370	Services provided
Kgatelopele NGO	Home-based care	4 953	4 953	Services provided
Maggie Samboer Hospice	Home-based care	6 586	6 586	Services provided
Maruping Health Care	Home-based care	7 166	7 166	Services provided
Masiphile NGO	Home-based care	4 697	4 697	Services provided
Mobile HIV Counselling & Testing	Home-based care	720	720	Services provided
Napwa Northern Cape (NGO)	Home-based care	87	87	Services provided
Phutadichaba Home Based Care	Home-based care	3 126	3 126	Services provided
Renorsterberg Gemeenskaap Projek	Home-based care	1 759	1 759	Services provided
The Little Big Soup Kitchen NGO	Home-based care	1 347	1 347	Services provided
Thusanang Home Based Care	Home-based care	5 674	5 674	Services provided
Resego Home Based Care	Home-based care	870	870	Services provided
Lifeline	Home-based care	1 005	1 005	Services provided
Amandelboom Community Development Centre	Home-based care	4 077	4 077	Services provided

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 R'000	Reasons for the funds unspent by the entity
Legatus NGO	Non-profit institution	Home-based care	Yes	5 082	5 082	Not applicable
Northern Cape Aids Forum & Christian Care & Support	Non-profit institution	Home-based care	Yes	8 423	8 423	Not applicable
Nightingale Hospice	Non-profit institution	Home-based care	Yes	5 044	5 044	Not applicable
Moeder Theresa Hospice	Non-profit institution	Home-based care	Yes	4 654	4 654	Not applicable
Helen Bishop Orthopaedic After-Care Home	Non-profit institution	Home-based care	Yes	3 018	3 018	Not applicable
Aganang Aids Services Organisation	Non-profit institution	Home-based care	Yes	8 428	8 428	Not applicable
Boikobo Health Care	Non-profit institution	Home-based care	Yes	11 431	11 431	Not applicable
Boitumelo NPO	Non-profit institution	Home-based care	Yes	5 431	5 431	Not applicable
Bophelong Care Centre	Non-profit institution	Home-based care	Yes	952	952	Not applicable
Cecilia Makiwana Hospice	Non-profit institution	Home-based care	Yes	918	918	Not applicable
Dingleton Community Health Workers	Non-profit institution	Home-based care	Yes	2 554	2 554	Not applicable
Diocese Aids Ministry NPO	Non-profit institution	Home-based care	Yes	3 571	3 571	Not applicable
Drydo Home Based Care	Non-profit institution	Home-based care	Yes	6 275	6 275	Not applicable
Education Support Services Trust	Non-profit institution	Home-based care	Yes	3 135	3 135	Not applicable
Grassroot Soccer South Africa	Non-profit institution	Home-based care	Yes	2 141	2 141	Not applicable
Hope Christian Home Based Care	Non-profit institution	Home-based care	Yes	2 475	2 475	Not applicable

Name of transferee	Type of organization	Purpose for which the funds were used	Did the department comply with s 38 (1) (j) of the PFMA	Amount transferred (R'000)	Amount spent by the entity R'000	Reasons for the funds unspent by the entity
Hopetown Home Based Care Hospice	Non-profit institution	Home-based care	Yes	1 406	1 406	Not applicable
Hospice Health	Non-profit institution	Home-based care	Yes	1 370	1 370	Not applicable
Kgatelopele NGO	Non-profit institution	Home-based care	Yes	4 953	4 953	Not applicable
Maggie Samboer Hospice	Non-profit institution	Home-based care	Yes	6 586	6 586	Not applicable
Maruping Health Care	Non-profit institution	Home-based care	Yes	7 166	7 166	Not applicable
Masiphile NGO	Non-profit institution	Home-based care	Yes	4 697	4 697	Not applicable
Mobile HIV Councelling & Testing	Non-profit institution	Home-based care	Yes	720	720	Not applicable
Napwa Northern Cape (NGO)	Non-profit institution	Home-based care	Yes	87	87	Not applicable
Phutadichaba Home Based Care	Non-profit institution	Home-based care	Yes	3 126	3 126	Not applicable
Renorsterberg Gemeenskaap Projek	Non-profit institution	Home-based care	Yes	1 759	1 759	Not applicable
The Little Big Soup Kitchen NGO	Non-profit institution	Home-based care	Yes	1 347	1 347	Not applicable
Thusanang Home Based Care	Non-profit institution	Home-based care	Yes	5 674	5 674	Not applicable
Resego Home Based Care	Non-profit institution	Home-based care	Yes	870	870	Not applicable
Lifeline	Non-profit institution	Home-based care	Yes	1 005	1 005	Not applicable
Amandelboom Community Development Centre	Non-profit institution	Home-based care	Yes	4 077	4 077	Not applicable

The table below reflects the transfer payments which were budgeted for in the period 1 April 2017 to 31 March 2018, but no transfer payments were made.

Name of transferee	Type of organisation	Purpose for which the funds were used	Amount budgeted for (R'000)	Amount transferred (R'000)	Reasons why funds were not transferred
Sol Plaaitsje municipality	Local Municipality	Primary Health Care	637	92	It was agreed that the services will be taken over by the department, although there were unresolved issues.

2.4.6 Conditional Grants - Comprehensive HIV/AIDS Grant

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

Health Professions Training & Development Grant

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

National Tertiary Services Grant

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

Health Facility Revitalisation Grant

Department who transferred the grant	National department of health
Purpose of grant	<ul style="list-style-type: none"> ▪ To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance ▪ To enhance capacity to deliver health infrastructure
Expected outputs of the grant	<ul style="list-style-type: none"> ▪ Number of new facilities completed ▪ Number of facilities maintained ▪ Number of facilities upgraded, and renovated ▪ Number of facilities commissioned
Actual outputs achieved	-

Amount per amended DORA (R'000)	560,260
Amount received (R'000)	560,260
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	560,260
Reasons for the funds unspent by the entity	The department has spent all the allocated funds in line with the approved business plan.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

Extended Public Works Programme Incentive Grant for Provinces

Department who transferred the grant	National department of public works
Purpose of grant	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)	2,000
Amount received (R'000)	2,000
Reasons if amount as per DORA was not received	100% received
Amount spent by the Department (R'000)	R nil
Reasons for the funds unspent by the entity	The grant has not been spent to date, due to delays on the awarding of tenders for the construction of internal road at Jan Kempdorp CHC and Noupoort CHC. A budget roll over has been requested.
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

Social Extended Public Works Programme Incentive Grant for Provinces

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

National Health Insurance

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

department	
Reasons for deviations on performance	-
Measures taken to improve performance	-
Monitoring mechanism by the receiving department	Monthly and quarterly review.

2.4.7 Donor Funds

Donor Funds Received

Name of donor	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	-

2.4.8 Capital Investment

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

Infrastructure projects	2017/18			2016/17		
	Final appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final appropriation	Actual Expenditure	(Over)/ Under Expenditure
	R'000	R'000	R'000	R'000	R'000	
New infrastructure assets: Capital	390 707	315 664	75 043	376 124	282 866	93 258
Existing infrastructure assets	169 553	275 353	-105 800	217 896	87 284	130 612
Maintenance and repair	57 322	71 657	-14 335	69 235	52 884	16 351
Upgrading and additions	54 839	44 372	10 467	107 000	29 078	77 922
Rehabilitation and refurbishment	57 392	3 200	54 192	41 661	5 322	36 339
Infrastructure transfers	-	-	-	-	-	-
Capital infrastructure	502 938	363 236	139 702	524 785	317 266	207 519
Current infrastructure	57 322	71 657	-14 335	69 235	52 884	16 351
Total	560 260	434 893	125 367	594 020	370 150	223 870

2.5. PART C: GOVERNANCE

2.5.1. Introduction

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

The Key Performance Area covers the following standards in MPAT:

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

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

2.5.2. Risk Management

For the year under review, the Department had its Risk Management Policy and Strategy in place to control the risk environment. For a greater part of the financial year the Risk Management Unit experienced serious staff shortages and that posed a challenge in terms of implementing the necessary compliance methodologies.

The Department exercised its responsibility and conducted risk assessments, albeit with limitations, as outlined in the preceding paragraph to outline a renewed risk profile. The focus of risk assessments during the 2017/2018 financial year fell largely on hospitals / healthcare facilities to make provision for the management of risks within the core ambit of the Department's functions. The aforementioned was mainly conducted to identify new and emerging risks and where necessary recommend mitigating strategies to minimize the Department's risk exposure.



The Risk Management Committee was fully functional for the year under review and it held its regular quarterly meetings. The chairperson of the Risk Management Committee is an independent qualified professional appointed within the required norms.

During the 2017/18 financial year, the Audit Committee met quarterly with the Department and during these engagements the Department reported its risk management activities to the Audit Committee and its work progress with regard to all aspects of risk management and where needed the Audit Committee provided feedback in the form of recommendations.

Due to the size of the Department and the capacity constraints, as indicated above, the challenges remain and the ever increasing risk exposure of the Department, the overall risks need some measure of intervention especially with regards to proper monitoring, evaluation of all identified risks and management thereof. The Department has undertaken that because of the lack of a systemic structural risk management approach, its responsibility towards the ensuing financial years must be heightened because of its struggling risk management culture - the Department in its response, going forward, will be swayed towards a rigid professional response by management with regard to its risk management compliance obligation.

2.5.3. Fraud and Corruption

The Departmental Fraud Prevention Implementation plan was drafted, and is awaiting approval. The implementation plan outlines how fraud and corruption it will be implemented in the Department.

There are mechanisms in place to report fraud and corruption which are; via any means eg email, anonymous, hotline to the Integrity and Fraud Unit.

The Departmental Whistle-Blowing Policy was approved and rolled-out during November 2017, whereby awareness campaigns were conducted in the districts.

All Hotline cases were finalised as received by Public Service Commission.

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

2.5.4. 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.

2.5.5. Code of Conduct

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

Information sessions, training and presentations are conducted to familiarize officials with the DPSA Code of Conduct. Trainings has also been extended to District Managers during the District Managers Meetings.

2.5.6. Health Safety and Environment Issues

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

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

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

2.5.7. Portfolio Committees

The dates of the Portfolio Committee meetings are as follows:

Dates of meeting	Purpose of Meeting
30 May 2017	Presentation on the Annual Performance Report and Budget 2017/18
31 October 2017	Presentation on 1 st Quarter Performance Report 2017/18
15 November 2017	Presentation on the Annual Performance Report 2016/17

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

Presentation on the APP/Budget 2017/18

COMMITTEE OBSERVATIONS

1. Reduction in certain programmes which will ultimately lead to budget pressures.
2. Slow progress on the implementation of the Recovery Plan.
3. A problem in the drive to recruit Clinical personnel.
4. Termination of certain medical services at Kimberley Hospital Complex.
5. Lack of policy procedures regarding the management of medical waste.
6. Reluctance to submit reports to the Committee.

RECOMMENDATIONS

The Department must:

1. Develop a realistic business strategy to address budget pressures.
2. Expedite the implementation of its Recovery Plan to improve service delivery.
3. Expedite the process of recruiting and appointing of clinical personnel.
4. Ensure that critical medical services at the Kimberley Hospital Complex are not compromised.
5. Put policies and procedures in place to appoint accredited service providers to manage medical waste in the Province.
6. At all times adhere to stipulated time frames when submitting reports to the Committee.

REPORTS TO THE COMMITTEE

1. Report on the Tertiary Hospital funding for the Kimberley Hospital Complex (KHC);
2. Report on the high attrition rate of clinical personnel in the Province;
3. Report on the new Revenue Enhancement Strategy;
4. A comprehensive report on labour disputes within the Department;
5. Report on the dispensing of wheelchairs in the Province;
6. Report on the status of Emergency Medical Services in the Province.
7. An update report on the New Mental Hospital.

Presentation on 1st Quarter Performance Report 2017/18

COMMITTEE OBSERVATIONS

1. Budget pressures and historic accruals of the Department
2. Poor planning leading to non-achievement of targets in certain programmes
3. Reluctance to appoint medical practitioners at health facilities

RECOMMENDATIONS

The Department must:

1. Put systems in place to alleviate current budget pressures and to address historical accruals
2. Ensure that set targets are aligned to the Annual Performance Plan and budget to rectify non-achievement of targets.
3. Expedite the process of recruiting and appointing of clinical personnel.

REPORTS TO THE COMMITTEE

1. Report on the accruals and the amount thereof, indicating how the accruals affect service delivery in the Department
2. Report on the investigation of the unit that dealt with the corruption charges in the Department
3. Progress report on the construction of the New Mental Health Hospital
4. Report on the electronic filing system
5. Progress report on the challenges as highlighted by the medical students in Cuba
6. Report on the awarding of the Security Contract
7. Report on the clinical criteria that is used to place West End patients on leave

Presentation on the Annual Performance Report 2016/17

COMMITTEE OBSERVATIONS

1. The department received a Qualified Audit Opinion
2. The department only achieved 60 of the 118 of the targets which compromised service delivery for the year under review
3. Poor management of resolutions of complaints
4. Poor implementation of guidelines in terms of the treatment of TB and HIV/AIDS patients
5. Non-installation of electronic stock management system in health facilities
6. Poor management of patient files in health facilities

RECOMMENDATIONS

1. Implement the recommendations of the Auditor General in order to improve its Audit Outcomes
2. Improve strategic management capacity to ensure that it achieve the target set
3. Ensure that the complaints committee becomes functional to solve complaints in the required time-frame
4. Effectively implement the guidelines and policies in terms of the treatment of TB and HIV/AIDS patients
5. Immediately install the electronic stock management system to manage stock adequately in all health facilities
6. Implement the electronic patient file management system to have easy access to patient files



2.5.8. Standing Committee on Public Accounts (SCOPA) Resolutions

The Annual Report was presented before the SCOPA committee on 15 November 2017

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
1	Irregular, wasteful, fruitless and unauthorized expenditure	The SCOPA recommends that the Accounting Officer must investigate steps against officials that incurred irregular, wasteful, fruitless and unauthorized expenditure in terms of PFMA Regulations and Treasury expenditure guidelines.	A Task Team was established to investigate against irregular, waste and fruitless and unauthorized expenditure in the department, as a result of the investigations a number of disciplinary cases were opened by the Labour Relations Directorate. All evidence collected by the task team was also handed over to the Head of the Department, to the Hawks for possible criminal.	Yes
2	Investigation on legal liability	The committee recommends that the Accounting Officer must investigate the legal contingent liability and report back to the committee.	In November 2017 disciplinary verdicts and sanctions had been implemented by the Head of Department relating to disciplinary processes, under: Fruitless and wasteful expenditure, Unauthorised and irregular expenditure	Yes

2.5.9. 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>	<p>2012 and beyond</p>	<ul style="list-style-type: none"> ▪ The additions of assets in the current year have being reconciled. ▪ The Department has completed asset verification in two districts. ▪ Additional human resources have been recruited by Provincial Treasury to assist the department to update the asset register. ▪ The department embarked on the disposal of obsolete and redundant assets.
<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>	<p>2012 and beyond</p>	<ul style="list-style-type: none"> • The Provincial Treasury has appointed the consultant to assist the department to compile the completeness of irregular expenditure of current and previous financial years. • The Loss Management Committee was established to ensure that effective and appropriate disciplinary steps are taken against officials who made or permitted unauthorised expenditure, irregular expenditure, as required by section 38(1)(h)(iii) of the Public Finance Management Act and Treasury Regulation 9.1.3. • The Compliance and Reporting unit has completed training of all supply chain units in the department on the implementation of register of irregular expenditure, supply chain checklists and control registers in the department.

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>Accruals and Payables</p> <p>The department did not disclose all outstanding amounts meeting the definition of accruals and payables, in accordance with the chapter on <i>General Departmental Assets and Liabilities</i> 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 <i>General Departmental Assets and Liabilities</i> 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"> ▪ The department has significantly improved utilisation of LOGIS system. ▪ Management has also developed a reporting mechanism where district offices provide a report on a monthly basis on the state of the Departmental accruals. ▪ Centralization and reconciliation of key accounts has been introduced for sound financial management and monitoring of accounts.
<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</p>	2012 and beyond	<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 have been installed for 13 hospitals to minimise cash handling risk at the facilities. • The Provincial Treasury has appointed the consultants to collect staff debts. • The department has reviewed

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
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>policies and standard operating procedures in respect of patient revenue and debt management</p> <ul style="list-style-type: none"> Additional human resources were recruited by Provincial Treasury to minimise gaps in the admission and billing process of patients at the hospitals.

2.5.10 Internal Control Unit

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

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

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

2.5.11 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 twelve (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
- Compliance review
- Conditional grant compliance audit

- Emergency medical services review
- Follow up on implementation of audit rectification plans
- Human resource management
- Inventory management
- Risk and fraud management evaluation
- Information Technology Governance review
- Management Performance Assessment Tool certification
- Supply Chain Management

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

2.5.12 Report of the Audit Committee on the Department of Health

1. Legislative Prescripts

The audit committee herewith presents its report for the financial year ended 31 March 2018, as required by section 77 of the Public Finance Management Act, 1999 (Act No. 1 of 1999, as amended by Act No. 29 of 1999) (PFMA) read with Treasury Regulation 3.1.13.

2. Audit Committee Members and Attendance

The audit committee was established in accordance with sections 38(1)(a)(ii) and 77 of the PFMA. The audit committee charter requires that the audit committee comprises a minimum of three members and a maximum of five members, the majority of whom should be from outside the public service. The audit committee comprises five members. In terms of section 77(b) of the PFMA, the audit committee must meet at least twice a year. During the financial year ended 31 March 2018, the audit committee met on five (5) occasions.

The term of audit committee members is three years with an opportunity to be renewed for another three (3) year term. The table below reflects the Audit committee membership and attendance as at 30 November 2017 when the term of some audit committee members came to an end:

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	1
Frans van Der Westhuizen	LLB, B Iuris, Dip Iuris	External	n/a	2 Dec 2014	n/a	1
Charles Motau	B Com (Accounting and Economics), Higher Diploma in Computer auditing, Master of Business Leadership and Master of Information Technology, Certified Member of the Business Continuity Institute (CBCI)	External	n/a	12 Dec 2014	n/a	4
Bafedile Lenkoe	Magister in public administration (MPA)	Internal	Chief Director	12 Dec 2014	n/a	1

The newly appointed audit committee members and their attendance are:

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

The members of the audit committee held meetings with the accounting officer, senior management of the department, internal audit function and the external auditors, collectively and individually, on matters related to governance, internal control and risk management in the department, throughout the reporting period.

During the financial year the audit committee sent quarterly reports to the Member of the Executive Council on the activities and observations of the Audit Committee.

Audit Committee's Responsibility

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

3. Effectiveness of Internal Control

The audit committee acknowledges management's efforts to strengthen internal controls in the department. There is a need for increased technical support, monitoring and evaluation from head office to unlock the full potential of these efforts. The weakness of system of internal control is attributed from the lack of proper governance, weaknesses in management structures, poor workplace culture and challenges in leadership. There is a need for significant improvement for the system of internal control in the areas of Control Environment, Risk Management and Compliance.

The audit committee remains concerned that in certain instances the matters reported by the external auditors and the internal audit function in prior years have not been fully and satisfactorily addressed. Management has provided assurance that effective corrective action will be implemented in respect of all internal control weaknesses, and the audit committee will monitor these going forward.

Vacancies undermine the effective functioning of the system of internal control and it is imperative that management reviews its recruitment procedures and processes to ensure that vacancies are filled expeditiously with properly qualified, skilled and experienced personnel. The Audit Committee noted the positive impact of the appointment of the Head of Department during the year.

The department should adopt aggressive anti-corruption measures to curb the frequency and magnitude of fraud and corruption. The audit committee is not completely satisfied with the prevention of fraud. The audit committee has requested that a detailed fraud prevention plan and progress reports on the action plans for addressing the fraud risks be tabled at each quarterly meeting of the audit committee.

The Audit Committee is pleased that measures are put in place to mitigate and address the medical legal cases. However, the Audit Committee is concerned with the financial strain this cases will cause both the Department and the Province.

Due to the strategic importance of and investment in the modernisation of Information and Communication Technology (ICT) in the department, the audit committee has monitored the risk register and progress reports on the respective action plans during the year under review. The audit committee remains concerned that not all ICT risks are being addressed or mitigated.

4. The quality of monthly and quarterly reports submitted in terms of the PFMA and DORA

The audit committee is satisfied with the content and quality of management and quarterly reports prepared and issued during the year under review in compliance with the statutory framework.

The audit committee has engaged with management to remedy shortcomings, especially relating to reports on performance against predetermined objectives.

The audit committee has recommended that the department prepare interim financial statements that comply with the financial reporting framework Modified Cash Standard, which could assist in performing reconciliations timeously as well as in eliminating year-end adjustments.

5. Internal Audit Function

The accounting officer is obliged, in terms of the PFMA, to ensure that the department has a system of internal audit under the control and direction of the audit committee. The audit committee is satisfied that the internal audit function has properly discharged its functions and responsibilities during the year under review.

The audit committee supports the direction that the internal audit function is adopting in providing the necessary skills and agility required for the function to respond quickly and effectively to the demands for internal audit across the department's different locations.

The committee is satisfied that the internal audit function is operating effectively and that it has addressed the risks pertinent to the department. The audit committee is satisfied that the internal audit function maintains an effective internal quality assurance programme that covers all aspects of the internal audit activity. The internal assessment indicates that the term "Conforms with the International Standards for the Professional Practice of Internal Auditing" may be used by the function.

The Audit Committee notes with satisfaction the independence and objectivity of Internal Audit function.

6. Risk Management Function

The department has an established risk management process, however the process is not yet matured and still has a number of weaknesses. Audit Committee made several recommendations which were not yet 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 audit committee remained concerned with the risk function being understaffed, which will result in non-delivery by the function if the situation is not addressed.

7. Evaluation of Finance Function

The position of Director Finance was filled with an internal candidate being transferred from another unit. The Office of the CFO continues to have vacancies in key positions resulting in a huge strain on the finance function to deliver quality information on a timely basis. On the whole, the audit committee is not satisfied with the department's finance function during the year under review.

The internal audit reports continue to indicate repeat findings related to lacking and weak control environment, standard operating procedures and policies and procedures not being documented, approved or implemented. In addition, non-compliance to laws and regulations in the Supply Chain Management environment also contributes to the non-achievement of business objectives.

8. Performance Management

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

9. Evaluation of the Annual Financial Statements

Due to the Audit Committee not receiving the financial statements on time for review, the Audit Committee cannot conclude if the financial statements has been prepared in terms of the Modified Cash Standards or related requirements. The Audit Committee did however note with concern the continued deterioration in the cash flow position of the department that further impacted on the continued increase in accruals, commitments, fruitless and wasteful expenditure as a result as interest payments. The department also continued to incur irregular expenditure for the year. In addition to the matters identified by the auditor-general in the audit report, the audit committee was not comfortable that the annual financial statements have been prepared in terms of the modified cash standards and the PFMA.

10. External Auditor's Report

The audit committee concurs with and accepts the conclusion and audit opinion of the external auditors on the annual financial statements. The committee is of the view that the audited financial statements be accepted and read together with the report of the external auditors. The audit committee confirms that it has been actively involved throughout the audit process and has been thoroughly appraised of the issues giving rise to the audit opinion. The audit committee concurs with the material findings on the reported performance information and compliance with legislation. The external audit function, performed by the AGSA auditors, is independent of the entity. The audit committee has met with the external auditors to ensure that there are no unresolved issues, and acknowledges the diligence and cooperation of the external audit team.

On behalf of the audit committee:



Mr C Motau
Audit Committee Chair Department of Health
31 July 2018

2.6 PART D: HUMAN RESOURCE MANAGEMENT

2.6.1. INTRODUCTION

STATUS OF HUMAN RESOURCES IN THE DEPARTMENT

Human Resource Management function is key in ensuring that the department is adequately staffed with efficient and effective relevant expert skills. However, the existence of the Exco Resolution on the filling of posts has continued to affect the Department negatively, in that slight to none changes regarding staff shortages which in turn affects staff moral and burn-out and over-expenditure on overtime claims

One of its key roles amongst others is to ensure that there are systems in place to measure, co-ordinate 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 - 2020/21 to address current and future workforce needs towards achieving and maintain organizational goals.

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 compliment
3. Approval of minimum administrative delegation as per DPSA guidelines
4. Management of Labour Relations matters within the prescribed timeframes and capturing of cases on the PERSAL system
5. Maintain annual Human Resource Development implementation plan
6. Ensuring compliance to the application of Recruitment and Retention Practices
7. Improvement in the management of Employee Health & Wellness
8. Improvement in the management of Occupational Health and Safety

Priorities and Impact

- **Review and align the Provincial Human Resources Plan**

Human Resource component sought the buy in of senior management for the establishment of an HR plan committee. The committee will be 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**

The department struggled to comply with the performance management for senior managers in the year under review due to internal processes not being finalized including the non-payment of pay progression of one district office (Frances Baard). The severe shortage of staff in the PMDS component across the province has contributed towards issues of non-compliance and disputes for the Department.

Thus we 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**

A draft Retention Strategy was developed and should be finalized in the new financial year.

Some of the bursary holders who were funded by the Department have successfully completed their degrees in various Health Science Programs. The department retained most of its Community Service Workers, within all categories across the province into permanent positions.

Employee Wellness Programs

The department has an obligation to ensure the holistic employee health and wellness, however there is no dedicated budget for this programme. Infrastructural challenges and budgetary constraints still remain the key root towards the unit achieving its operational targets and program goals. The negative impact of non-compliance to SHERQ can expose the department to closure of facilities by the Department of Labour.

The current rate of non-compliance with regard to SHERQ is based on the following factors:

1. Lack of maintenance of infrastructure;
2. Poor buy in of Management to SHERQ matters;
3. And No budget allocated.
4. None commitment by officials to be part of the Health and safety committees
5. Staffing of the SHERQ unit.

Challenges and Proposed remedial plans:

Challenges	Proposed Corrective Action
<ul style="list-style-type: none"> • Mal-distribution of Human Resources. 	<ul style="list-style-type: none"> • Skills Audit to deal with skills gap.
<ul style="list-style-type: none"> • Financially constrained environment. 	<ul style="list-style-type: none"> • Budget Baseline assessment.
<ul style="list-style-type: none"> • Poor management of PILIR cases. 	<ul style="list-style-type: none"> • Intensify Training to HR officials in the districts and managers to be held accountable for non-action.
<ul style="list-style-type: none"> • Non adherence to the Recruitment and Selection Process. 	<ul style="list-style-type: none"> • Support to hospitals and districts. Training to HR Officials in the hospitals and districts. Effective monitoring and evaluation.
<ul style="list-style-type: none"> • Lack of Buy in of senior managers in HR committees. 	<ul style="list-style-type: none"> • Managers to nominate relevant officials as representatives in HR committees
<ul style="list-style-type: none"> • Increased expenditure of commuted overtime. 	<ul style="list-style-type: none"> • Hospital CEO's to ensure that all doctors participating in commuted overtime have approved contracts and ensure proper management using guidelines in the approved departmental policy.

2.6.2. HUMAN RESOURCE OVERSIGHT STATISTICS

3.1 Personnel Related Expenditure

The following table summarises the final audited personnel related expenditure by programme and by salary bands in particular, it provides an indication of the following:

- Amount spent on personnel
- Amount spent on salaries, overtime, homeowner's allowances and medical aid.

Table 3.1.1 Personnel expenditure by programme for the period 1 April 2017 and 31 March 2018

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services (R'000)	Personnel cost as a percent of total expenditure	Average personnel cost per employee (R'000)
ADMINISTRATION	230 612	127 715	0	0	55.4	423
DISTRICT HEALTH SERVICES	1 989 019	1 214 178	0	0	61.0	341
EMERGENCY MEDICAL SERVICES	302 654	191 359	0	0	63.2	249
PROVINCIAL HOSPITAL SERVICES	338 932	254 875	0	0	75.2	340
CENTRAL HOSPITAL SERVICES	953 819	679 706	0	0	71.3	463
HEALTH SCIENCES AND TRAINING	98 734	18 682	0	0	18.9	203
HEALTH CARE SUPPORT SERVICES	91 782	76 073	0	0	82.9	356
HEALTH FACILITIES MANAGEMENT	561 800	9 544	0	0	1.7	578
Total	4 567 352	2 572 132	0	0	56.3	359

Table 3.1.2 Personnel costs by salary band for the period 1 April 2017 and 31 March 2018

Salary Bands	Compensation of Employees Cost including Transfers (R'000)	Percentage of Total Personnel Cost for Department	Average Compensation Cost per Employee (R)	Number of Employees
01 Lower skilled (Levels 1-2)	11 858	0.50	5 929 000	1
02 Skilled (Levels 3-5)	710 119	27.30	201 681	3496
03 Highly skilled production (Levels 6-8)	553 859	21.30	348 339	1 768
04 Highly skilled supervision (Levels 9-12)	801 753	30.90	663 154	1 600
05 Senior management (Levels 13-16)	206 525	7.90	1 496 558	30
09 Other	52	0.00	26 000	298
11 Contract (Levels 3-5)	6 374	0.20	277 130	46
12 Contract (Levels 6-8)	54 492	2.10	318 667	185
13 Contract (Levels 9-12)	178 411	6.90	752 789	253
14 Contract (Levels 13-16)	53 230	2.00	1 717 097	-
19 Periodical Remuneration	1 240	0.00	49 600	11
20 Abnormal Appointment	4 843	0.20	14 856	408
TOTAL	2 582 757	99.40	355 018	7 173

Table 3.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2017 and 31 March 2018

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	106 945	81.40	767	0.60	2 859	2.20	5 480	4.20
CENTRAL HOSPITAL SERVICES	513 569	75.10	87 807	12.80	13 125	1.90	21 580	3.20
DISTRICT HEALTH SERVICES	996 564	81.30	35 648	2.90	35 430	2.90	48 834	4.00
EMERGENCY MEDICAL SERVICES	142 311	73.50	12 594	6.50	9 437	4.90	13 269	6.90
HEALTH CARE SUPPORT SERVICES	58 042	76.30	4 889	6.40	2 517	3.30	4 572	6.00
HEALTH FACILITIES MANAGEMENT	8 583	80.20	0	0.00	103	1.00	221	2.10
HEALTH SCIENCES	15 233	80.80	892	4.70	396	2.10	718	3.80
PROVINCIAL HOSPITAL SERVICES	199 278	77.50	18 683	7.30	7 735	3.00	10 397	4.00
TOTAL	2 040 525	78.50	161 281	6.20	71 603	2.80	105 072	4.00

Table 3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by band for the period 1 April 2017 and 31 March 2018

Programme	Salaries (R'000)	Salaries as % of Personnel Cost	Overtime (R'000)	Overtime as % of Personnel Cost	HOA (R'000)	HOA as % of Personnel Cost	Medical Ass. (R'000)	Medical Ass. as % of Personnel Cost
01 Lower skilled (Levels 1-2)	8 524	71.80	87	0.70	1 001	8.40	1 132	9.50
02 Skilled (Levels 3-5)	533 334	74.80	14 965	2.10	43 121	6.00	55 477	7.80
03 Highly skilled production (Levels 6-8)	446 865	80.30	7 124	1.30	17 296	3.10	29 448	5.30
04 Highly skilled supervision (Levels 9-12)	652 869	80.80	49 045	6.10	9 902	1.20	18 139	2.20
05 Senior management (Levels 13-16)	149 347	71.60	42 930	20.60	284	0.10	820	0.40
09 Other	52	100.00	0	0.00	0	0.00	0	0.00
11 Contract (Levels 3-5)	6 260	98.00	56	0.90	0	0.00	0	0.00
12 Contract (Levels 6-8)	54 354	99.20	125	0.20	0	0.00	0	0.00
13 Contract (Levels 9-12)	144 229	80.40	33 542	18.70	0	0.00	39	0.00
14 Contract (Levels 13-16)	39 527	73.70	13 407	25.00	0	0.00	16	0.00
19 Periodical Remuneration	321	25.80	0	0.00	0	0.00	0	0.00
20 Abnormal Appointment	4 842	96.70	0	0.00	0	0.00	0	0.00
TOTAL	2 040 525	78.50	161 281	6.20	71 603	2.80	105 072	4.00

3.2 Employment and Vacancies

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

The following tables summarise 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.

Table 3.2.1 Employment and vacancies by programme as on 31 March 2018

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of posts filled additional to the establishment
Administration, Permanent				
ADMINISTRATION, Permanent	291	280	3.80	0
CENTRAL HOSPITAL SERVICES, Permanent	1 481	1 413	4.60	0
CENTRAL HOSPITAL SERVICES, Temporary	7	7	0.00	0
DISTRICT HEALTH SERVICES, Permanent	3 557	3 401	4.40	0
DISTRICT HEALTH SERVICES, Temporary	29	29	0.00	0
EMERGENCY MEDICAL SERVICES, Permanent	766	762	0.50	0
EMERGENCY MEDICAL SERVICES, Temporary	2	2	0.00	0
HEALTH CARE SUPPORT SERVICES, Permanent	212	208	1.90	0
HEALTH CARE SUPPORT SERVICES, Temporary	1	1	0.00	0
HEALTH FACILITIES MANAGEMENT, Permanent	20	16	20.00	0
HEALTH SCIENCES, Permanent	37	37	0.00	0
PROVINCIAL HOSPITAL SERVICES, Permanent	792	767	3.20	0
PROVINCIAL HOSPITAL SERVICES, Temporary	1	1	0.00	0
TOTAL	7 196	6 924	3.80	0

Table 3.2.2 Employment and vacancies by band as on 31 March 2018

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	1	1	0.00	0
01 Lower Skilled (Levels 1-2), Permanent	1	1	0.00	0
01 Lower Skilled (Levels 1-2), Temporary	1	1	0.00	0
02 Skilled (Levels 3-5), Permanent	3 575	3 518	1.60	0
02 Skilled (Levels 3-5), Temporary	3	3	0.00	0
03 Highly Skilled Production (Levels 6-8), Permanent	1 667	1 577	5.40	0
03 Highly Skilled Production (Levels 6-8), Temporary	13	13	0.00	0
04 Highly Skilled Supervision (Levels 9-12), Permanent	1 292	1 191	7.80	0
04 Highly Skilled Supervision (Levels 9-12), Temporary	18	18	0.00	0
05 Senior Management (Levels 13-16), Permanent	159	135	15.10	0
05 Senior Management (Levels 13-16), Temporary	3	3	0.00	0
09 Other, Temporary	2	2	0.00	0
11 Contract (Levels 3-5), Permanent	23	23	0.00	0
12 Contract (Levels 6-8), Permanent	171	171	0.00	0
13 Contract (Levels 9-12), Permanent	237	237	0.00	0
14 Contract (Levels 13-16), Permanent	31	31	0.00	0
TOTAL	7 196	6 924	3.80	0

Table 3.2.3 Employment and vacancies by critical occupations as on 31 March 2018

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	307	292	4.90	0.00
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC., Permanent	3	3	0.00	0.00
AMBULANCE AND RELATED WORKERS, Permanent	667	663	0.60	0.00
ARCHITECTS TOWN AND TRAFFIC PLANNERS, Permanent	1	1	0.00	0.00
ARCHIVISTS CURATORS AND RELATED PROFESSIONALS, Permanent	1	1	0.00	0.00
ARTISAN PROJECT AND RELATED SUPERINTENDENTS, Permanent	11	11	0.00	0.00
AUXILIARY AND RELATED WORKERS, Permanent	108	107	0.90	0.00
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI, Permanent	4	4	0.00	0.00
BUILDING AND OTHER PROPERTY CARETAKERS, Permanent	2	2	0.00	0.00
BUS AND HEAVY VEHICLE DRIVERS, Permanent	20	20	0.00	0.00
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC., Permanent	737	723	1.90	0.00
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC., Temporary	1	1	0.00	0.00
CLIENT INFORM CLERKS(SWITCHB RECEIPT INFORM CLERKS), Permanent	23	23	0.00	0.00
COMMUNITY DEVELOPMENT WORKERS, Permanent	4	4	0.00	0.00
COMPUTER PROGRAMMERS., Permanent	1	1	0.00	0.00
DENTAL PRACTITIONERS, Permanent	46	41	10.90	0.00
DENTAL TECHNICIANS, Permanent	1	1	0.00	0.00
DENTAL THERAPY, Permanent	8	8	0.00	0.00
DIETICIANS AND NUTRITIONISTS, Permanent	67	64	4.50	0.00
DIETICIANS AND NUTRITIONISTS, Temporary	1	1	0.00	0.00
EMERGENCY SERVICES RELATED, Permanent	60	60	0.00	0.00
ENGINEERING SCIENCES RELATED, Permanent	3	2	33.30	0.00
ENGINEERS AND RELATED PROFESSIONALS, Permanent	5	4	20.00	0.00
ENVIRONMENTAL HEALTH, Permanent	28	26	7.10	0.00
FINANCIAL AND RELATED PROFESSIONALS, Permanent	7	7	0.00	0.00

Critical Occupations	Number of Posts on approved establishment	Number of Posts Filled	Vacancy Rate	Number of Posts
				Filled Additional to the Establishment
FINANCIAL CLERKS AND CREDIT CONTROLLERS, Permanent	33	33	0.00	0.00
FOOD SERVICES AIDERS AND WAITERS, Permanent	62	62	0.00	0.00
FOOD SERVICES WORKERS, Permanent	5	5	0.00	0.00
GENERAL LEGAL ADMINISTRATION & REL. PROFESSIONALS, Permanent	2	2	0.00	0.00
HEALTH SCIENCES RELATED, Permanent	9	8	11.10	0.00
HOUSEHOLD AND LAUNDRY WORKERS, Permanent	126	124	1.60	0.00
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS, Permanent	5	5	0.00	0.00
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF, Permanent	1	1	0.00	0.00
HUMAN RESOURCES CLERKS, Permanent	5	5	0.00	0.00
HUMAN RESOURCES RELATED, Permanent	2	2	0.00	0.00
INFORMATION TECHNOLOGY RELATED, Permanent	4	4	0.00	0.00
LEATHER WORKERS, Permanent	1	1	0.00	0.00
LEGAL RELATED, Permanent	1	1	0.00	0.00
LIBRARY MAIL AND RELATED CLERKS, Permanent	2	2	0.00	0.00
LIGHT VEHICLE DRIVERS, Permanent	32	31	3.10	0.00
MATERIAL-RECORDING AND TRANSPORT CLERKS, Permanent	5	5	0.00	0.00
MEDICAL PRACTITIONERS, Permanent	488	434	11.10	0.00
MEDICAL PRACTITIONERS, Temporary	27	27	0.00	0.00
MEDICAL RESEARCH AND RELATED PROFESSIONALS, Permanent	2	2	0.00	0.00
MEDICAL SPECIALISTS, Permanent	23	16	30.40	0.00
MEDICAL SPECIALISTS, Temporary	6	6	0.00	0.00
MEDICAL TECHNICIANS/TECHNOLOGISTS, Permanent	6	6	0.00	0.00
MESSENGERS PORTERS AND DELIVERERS, Permanent	97	95	2.10	0.00
MOTOR VEHICLE DRIVERS, Permanent	1	1	0.00	0.00
NURSING ASSISTANTS, Permanent	890	868	2.50	0.00
OCCUPATIONAL THERAPY, Permanent	70	53	24.30	0.00
OCCUPATIONAL THERAPY, Temporary	1	1	0.00	0.00

Critical Occupations	Number of Posts on approved establishment	Number of Posts Filled	Vacancy Rate	Number of Posts Filled Additional to the Establishment
OPTOMETRISTS AND OPTICIANS, Permanent	2	2	0.00	0.00
ORAL HYGIENE, Permanent	2	2	0.00	0.00
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS, Permanent	698	689	1.30	0.00
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS, Permanent	83	82	1.20	0.00
OTHER INFORMATION TECHNOLOGY PERSONNEL., Permanent	6	6	0.00	0.00
OTHER OCCUPATIONS, Permanent	16	16	0.00	0.00
PHARMACEUTICAL ASSISTANTS, Permanent	39	38	2.60	0.00
PHARMACISTS, Permanent	190	179	5.80	0.00
PHARMACISTS, Temporary	1	1	0.00	0.00
PHYSICISTS, Permanent	2	2	0.00	0.00
PHYSIOTHERAPY, Permanent	74	68	8.10	0.00
PRINTING AND RELATED MACHINE OPERATORS, Permanent	2	2	0.00	0.00
PROFESSIONAL NURSE, Permanent	1 588	1 519	4.30	0.00
PROFESSIONAL NURSE, Temporary	3	3	0.00	0.00
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS, Permanent	21	20	4.80	0.00
RADIOGRAPHY, Permanent	101	91	9.90	0.00
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS, Permanent	4	4	0.00	0.00
SECURITY GUARDS, Permanent	1	1	0.00	0.00
SECURITY OFFICERS, Permanent	3	3	0.00	0.00
SENIOR MANAGERS, Permanent	22	18	18.20	0.00
SHOEMAKERS, Permanent	1	1	0.00	0.00
SOCIAL WORK AND RELATED PROFESSIONALS, Permanent	27	27	0.00	0.00
SPEECH THERAPY AND AUDIOLOGY, Permanent	31	29	6.50	0.00
STAFF NURSES AND PUPIL NURSES, Permanent	239	233	2.50	0.00
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS, Permanent	1	1	0.00	0.00
TRADE LABOURERS, Permanent	16	16	0.00	0.00
TRADE RELATED, Permanent	1	1	0.00	0.00
TOTAL	7 196	6 924	3.80	0.00

3.3 Filling of SMS Posts

Table 3.3.1 SMS post information as on 31 march 2018

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
13	24	24	80%	4	57%
14	4	4	14%	3	43%
15	1	1	3%	0	0%
16	1	1	3%	0	0%

Table 3.3.2 SMS post information as on 30 September 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	24	24	80%	4	57%
14	4	4	14%	3	43%
15	1	1	3%	0	0%
16	1	1	3%	0	0%

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

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
13	5	5		4	

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 2017 and 31 March 2018

Reasons for vacancies not advertised within six months
<ul style="list-style-type: none"> ✓ Lack of capacity within the Human Resource Component; ✓ Slow implementation of Departmental Human Resource Plan and Human Resource Delegation not aligned to the requirements of Department of Public Service and Administration.

Reasons for vacancies not filled within six months

- ✓ 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 2018

Reasons for vacancies not advertised within six (6) months

- ✓ None

Reasons for vacancies not filled within six (6) months

- ✓ None

3.4 Job Evaluation

Table 3.4.1 Job Evaluation by Salary band for the period 1 April 2017 and 31 March 2018

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)	2	0	0.00	0.00	0.00	0	0
02 Skilled (Levels 3-5)	3 578	0	0.00	231.00	96.54	1	0
03 Highly Skilled Production (Levels 6-8)	1 680	0	0.00	3.00	33.33	1	0
04 Highly Skilled Supervision (Levels 9-12)	1 310	0	0.00	1.00	100.00	2	0
05 Senior Management Service Band A	112	0	0.00	0.00	0.00	0.00	0.00
06 Senior Management Service Band B	23	0	0.00	0.00	0.00	0.00	0.00
07 Senior Management Service Band C	23	0	0.00	0.00	0.00	0.00	0.00
08 Senior	4	0	0.00	0.00	0.00	0.00	0.00

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
Management Service Band D							
09 Other	2	0	0.00	0.00	0.00	0.00	0.00
11 Contract (Levels 3-5)	23	0	0.00	0.00	0.00	0.00	0.00
12 Contract (Levels 6-8)	171	0	0.00	0.00	0.00	1.00	0.00
13 Contract (Levels 9-12)	237	0	0.00	0.00	0.00	0.00	0.00
14 Contract Band A	15	0	0.00	0.00	0.00	0.00	0.00
15 Contract Band B	12	0	0.00	0.00	0.00	0.00	0.00
16 Contract Band C	3	0	0.00	0.00	0.00	0.00	0.00
17 Contract Band D	1	0	0.00	0.00	0.00	0.00	0.00
TOTAL	7 196	0	0.00	235.00	95.74	5.00	0.00

Table 3.4.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2017 and 31 March 2018

Beneficiaries	African	Asian	Coloured	White	Total
Female	0.00	0.00	0.00	0.00	0.00
Male	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	0.00	0.00	0.00	0.00
Employees with a Disability	0.00	0.00	0.00	0.00	0.00

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

Occupation	Number of Employees	Job Evaluation Level	Remuneration Level	Reason for Deviation	No of Employees in Department
-	-	-	-	-	-
Percentage of Total Employment	-	-	-	-	None
Employees with a disability					None

Table 3.4.3 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2017 to 31 March 2018

Total number of Employees whose salaries exceeded the grades determined by job evaluation	None
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3.5 Employment Changes

Table 3.5.1 Annual turnover rates by salary band for the period 1 April 2017 and 31 March 2018

Salary Band	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
01 Lower Skilled (Levels 1-2) Permanent	848	0	0	0.00
01 Lower Skilled (Levels 1-2) Temporary	1	0	0	0.00
02 Skilled (Levels 3-5) Permanent	2 875	158	110	3.80
02 Skilled (Levels 3-5) Temporary	5	0	2	40.00
03 Highly Skilled Production (Levels 6-8) Permanent	1 477	165	138	9.30
03 Highly Skilled Production (Levels 6-8) Temporary	13	1	1	7.70
04 Highly Skilled Supervision (Levels 9-12) Permanent	999	131	90	9.00
04 Highly Skilled Supervision (Levels 9-12) Temporary	16	3	1	6.30
05 Senior Management Service Band A Permanent	94	13	11	11.70
05 Senior Management Service Band A Temporary	1	0	0	0.00
06 Senior Management Service Band B Permanent	15	2	2	13.30
06 Senior Management Service Band B Temporary	2	0	0	0.00
07 Senior Management Service Band C Permanent	16	0	0	0.00
08 Senior Management Service Band D Permanent	1	0	0	0.00
09 Other Temporary	1	0	1	100.00
11 Contract (Levels 3-5) Permanent	48	71	96	200.00
12 Contract (Levels 6-8) Permanent	191	176	196	102.60
13 Contract (Levels 9-12) Permanent	244	211	225	92.20
14 Contract Band A Permanent	20	9	13	65.00
15 Contract Band B Permanent	10	3	2	20.00
16 Contract Band C Permanent	1	4	2	200.00
17 Contract Band D Permanent	2	0	0	0.00
TOTAL	6 880	947	890	12.90

Table 3.5.2 Annual turnover rates by critical occupation for the period 1 April 2017 and 31 March 2018

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
ADMINISTRATIVE RELATED Permanent	287	12	12	4.20
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC. Permanent	4	0	0	0.00
AMBULANCE AND RELATED WORKERS Permanent	678	3	15	2.20
ARCHIVISTS CURATORS AND RELATED PROFESSIONALS Permanent	1	0	0	0.00
ARTISAN PROJECT AND RELATED SUPERINTENDENTS Permanent	11	0	1	9.10
AUXILIARY AND RELATED WORKERS Permanent	111	0	4	3.60
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI Permanent	4	1	1	25.00
BUILDING AND OTHER PROPERTY CARETAKERS Permanent	2	0	0	0.00
BUS AND HEAVY VEHICLE DRIVERS Permanent	21	0	1	4.80
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC. Permanent	753	13	35	4.60
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC. Temporary	1	0	0	0.00
CLIENT INFORM CLERKS(SWITCHB RECEIPT INFORM CLERKS) Permanent	19	3	1	5.30
COMMUNITY DEVELOPMENT WORKERS Permanent	4	0	0	0.00
COMPUTER PROGRAMMERS. Permanent	1	0	0	0.00
DENTAL PRACTITIONERS Permanent	42	18	20	47.60
DENTAL SPECIALISTS Permanent	1	0	1	100.00
DENTAL TECHNICIANS Permanent	1	0	0	0.00
DENTAL THERAPY Permanent	8	0	0	0.00
DIETICIANS AND NUTRITIONISTS Permanent	66	18	19	28.80
DIETICIANS AND NUTRITIONISTS Temporary	1	0	0	0.00
EMERGENCY SERVICES RELATED Permanent	55	6	2	3.60
ENGINEERING SCIENCES RELATED Permanent	1	3	3	300.00
ENGINEERS AND RELATED PROFESSIONALS Permanent	4	0	0	0.00
ENVIRONMENTAL HEALTH Permanent	28	13	16	57.10
FINANCE AND ECONOMICS RELATED Permanent	1	0	0	0.00
FINANCIAL AND RELATED PROFESSIONALS Permanent	5	2	2	40.00
FINANCIAL CLERKS AND CREDIT CONTROLLERS Permanent	34	0	2	5.90
FOOD SERVICES AIDS AND WAITERS Permanent	64	3	5	7.80
FOOD SERVICES WORKERS Permanent	5	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	7	1	1	14.30
HOUSEHOLD AND LAUNDRY WORKERS Permanent	131	0	6	4.60
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	5	0	0	0.00

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
Permanent				
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF Permanent	1	0	0	0.00
HUMAN RESOURCES CLERKS Permanent	5	0	0	0.00
HUMAN RESOURCES RELATED Permanent	1	0	0	0.00
INFORMATION TECHNOLOGY RELATED Permanent	4	0	0	0.00
LEATHER WORKERS Permanent	1	0	0	0.00
LEGAL RELATED Permanent	1	0	0	0.00
LIBRARY MAIL AND RELATED CLERKS Permanent	2	0	0	0.00
LIGHT VEHICLE DRIVERS Permanent	35	0	3	8.60
MATERIAL-RECORDING AND TRANSPORT CLERKS Permanent	5	0	0	0.00
MEDICAL PRACTITIONERS Permanent	423	205	175	41.40
MEDICAL PRACTITIONERS Temporary	27	3	3	11.10
MEDICAL RESEARCH AND RELATED PROFESSIONALS Permanent	1	2	1	100.00
MEDICAL SPECIALISTS Permanent	15	4	4	26.70
MEDICAL SPECIALISTS Temporary	5	0	1	20.00
MEDICAL TECHNICIANS/TECHNOLOGISTS Permanent	6	0	0	0.00
MESSENGERS PORTERS AND DELIVERERS Permanent	101	0	6	5.90
MOTOR VEHICLE DRIVERS Permanent	1	0	0	0.00
NURSING ASSISTANTS Permanent	864	116	98	11.30
OCCUPATIONAL THERAPY Permanent	58	26	31	53.40
OCCUPATIONAL THERAPY Temporary	1	0	0	0.00
OPTOMETRISTS AND OPTICIANS Permanent	2	0	0	0.00
ORAL HYGIENE Permanent	2	0	0	0.00
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS Permanent	694	21	22	3.20
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS Permanent	88	0	6	6.80
OTHER INFORMATION TECHNOLOGY PERSONNEL. Permanent	6	0	0	0.00
OTHER OCCUPATIONS Permanent	16	0	0	0.00
PHARMACEUTICAL ASSISTANTS Permanent	36	3	1	2.80
PHARMACISTS Permanent	164	75	63	38.40
PHYSICISTS Permanent	2	2	1	50.00
PHYSIOTHERAPY Permanent	66	36	35	53.00
PRINTING AND RELATED MACHINE OPERATORS Permanent	2	0	0	0.00
PROFESSIONAL NURSE Permanent	1 451	234	190	13.10
PROFESSIONAL NURSE Temporary	3	0	0	0.00
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Permanent	21	7	7	33.30
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Temporary	1	0	1	100.00
RADIOGRAPHY Permanent	92	22	22	23.90

Occupation	Employment at Beginning of Period	Appointments	Terminations	Turnover Rate
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS Permanent	5	0	1	20.00
SECURITY GUARDS Permanent	1	0	0	0.00
SECURITY OFFICERS Permanent	3	0	0	0.00
SENIOR MANAGERS Permanent	14	3	1	7.10
SHOEMAKERS Permanent	1	0	0	0.00
SOCIAL WORK AND RELATED PROFESSIONALS Permanent	23	3	1	4.30
SPEECH THERAPY AND AUDIOLOGY Permanent	30	16	17	56.70
STAFF NURSES AND PUPIL NURSES Permanent	221	68	47	21.30
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS Permanent	1	0	0	0.00
TRADE LABOURERS Permanent	19	0	2	10.50
TRADE RELATED Permanent	1	1	1	100.00
TOTAL	6 880	947	890	12.90

Table 3.5.3 Reasons why staff left the department for the period 1 April 2017 and 31 March 2018

Termination Type	Number	Percentage of Total Resignations	Percentage of Total Employment	Total	Total Employment
01 Death, Permanent	25.00	2.80	0.40	890.00	6 924.00
02 Resignation, Permanent	233.00	26.20	3.40	890.00	6 924.00
02 Resignation, Temporary	3.00	0.30	0.00	890.00	6 924.00
03 Expiry of contract, Permanent	534.00	60.00	7.70	890.00	6 924.00
03 Expiry of contract, Temporary	2.00	0.20	0.00	890.00	6 924.00
04 Transfers, Permanent	1.00	0.10	0.00	890.00	6 924.00
06 Discharged due to ill health, Permanent	6.00	0.70	0.10	890.00	6 924.00
07 Dismissal-misconduct, Permanent	5.00	0.60	0.10	890.00	6 924.00
09 Retirement, Permanent	81.00	9.10	1.20	890.00	6 924.00
TOTAL	890.00	100.00	12.90	890.00	6 924.00

Table 3.5.4 Promotions by critical occupation for the period 1 April 2017 and 31 March 2018

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	287.00	4.00	1.40	59.00	20.60
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC.	4.00	0.00	0.00	1.00	25.00
AMBULANCE AND RELATED WORKERS	678.00	0.00	0.00	248.00	36.60
ARCHIVISTS CURATORS AND RELATED PROFESSIONALS	1.00	0.00	0.00	1.00	100.00
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	11.00	0.00	0.00	9.00	81.80
AUXILIARY AND RELATED WORKERS	111.00	0.00	0.00	55.00	49.50
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI	4.00	0.00	0.00	3.00	75.00
BUILDING AND OTHER PROPERTY CARETAKERS	2.00	0.00	0.00	2.00	100.00
BUS AND HEAVY VEHICLE DRIVERS	21.00	0.00	0.00	7.00	33.30
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC.	754.00	1.00	0.10	514.00	68.20
CLIENT INFORM CLERKS(SWITCHB RECEIPT INFORM CLERKS)	19.00	2.00	10.50	15.00	78.90
COMMUNITY DEVELOPMENT WORKERS	4.00	0.00	0.00	0.00	0.00
COMPUTER PROGRAMMERS.	1.00	0.00	0.00	1.00	100.00
DENTAL PRACTITIONERS	42.00	0.00	0.00	10.00	23.80
DENTAL SPECIALISTS	1.00	0.00	0.00	0.00	0.00
DENTAL TECHNICIANS	1.00	0.00	0.00	1.00	100.00
DENTAL THERAPY	8.00	0.00	0.00	2.00	25.00
DIETICIANS AND NUTRITIONISTS	67.00	0.00	0.00	23.00	34.30
EMERGENCY SERVICES RELATED	55.00	0.00	0.00	25.00	45.50
ENGINEERING SCIENCES RELATED	1.00	0.00	0.00	1.00	100.00
ENGINEERS AND RELATED PROFESSIONALS	4.00	0.00	0.00	1.00	25.00
ENVIRONMENTAL HEALTH	28.00	0.00	0.00	4.00	14.30
FINANCE AND ECONOMICS RELATED	1.00	0.00	0.00	0.00	0.00
FINANCIAL AND RELATED PROFESSIONALS	5.00	0.00	0.00	2.00	40.00
FINANCIAL CLERKS AND CREDIT CONTROLLERS	34.00	0.00	0.00	17.00	50.00

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
FOOD SERVICES AIDS AND WAITERS	64.00	0.00	0.00	47.00	73.40
FOOD SERVICES WORKERS	5.00	0.00	0.00	4.00	80.00
GENERAL LEGAL ADMINISTRATION & REL. PROFESSIONALS	1.00	0.00	0.00	2.00	200.00
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER	1.00	0.00	0.00	0.00	0.00
HEALTH SCIENCES RELATED	7.00	0.00	0.00	3.00	42.90
HOUSEHOLD AND LAUNDRY WORKERS	131.00	0.00	0.00	100.00	76.30
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	5.00	0.00	0.00	4.00	80.00
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF	1.00	0.00	0.00	1.00	100.00
HUMAN RESOURCES CLERKS	5.00	0.00	0.00	4.00	80.00
HUMAN RESOURCES RELATED	1.00	0.00	0.00	1.00	100.00
INFORMATION TECHNOLOGY RELATED	4.00	0.00	0.00	3.00	75.00
LEATHER WORKERS	1.00	0.00	0.00	0.00	0.00
LEGAL RELATED	1.00	0.00	0.00	1.00	100.00
LIBRARY MAIL AND RELATED CLERKS	2.00	0.00	0.00	2.00	100.00
LIGHT VEHICLE DRIVERS	35.00	0.00	0.00	16.00	45.70
MATERIAL-RECORDING AND TRANSPORT CLERKS	5.00	0.00	0.00	1.00	20.00
MEDICAL PRACTITIONERS	450.00	4.00	0.90	79.00	17.60
MEDICAL RESEARCH AND RELATED PROFESSIONALS	1.00	0.00	0.00	1.00	100.00
MEDICAL SPECIALISTS	20.00	3.00	15.00	8.00	40.00
MEDICAL TECHNICIANS/TECHNOLOGISTS	6.00	0.00	0.00	4.00	66.70
MESSENGERS PORTERS AND DELIVERERS	101.00	0.00	0.00	85.00	84.20
MOTOR VEHICLE DRIVERS	1.00	0.00	0.00	0.00	0.00
NURSING ASSISTANTS	864.00	0.00	0.00	344.00	39.80
OCCUPATIONAL THERAPY	59.00	0.00	0.00	17.00	28.80
OPTOMETRISTS AND OPTICIANS	2.00	0.00	0.00	0.00	0.00
ORAL HYGIENE	2.00	0.00	0.00	1.00	50.00

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
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	694.00	5.00	0.70	413.00	59.50
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	88.00	1.00	1.10	58.00	65.90
OTHER INFORMATION TECHNOLOGY PERSONNEL.	6.00	0.00	0.00	6.00	100.00
OTHER OCCUPATIONS	16.00	1.00	6.30	11.00	68.80
PHARMACEUTICAL ASSISTANTS	36.00	0.00	0.00	14.00	38.90
PHARMACISTS	164.00	2.00	1.20	51.00	31.10
PHYSICISTS	2.00	0.00	0.00	0.00	0.00
PHYSIOTHERAPY	66.00	0.00	0.00	23.00	34.80
PRINTING AND RELATED MACHINE OPERATORS	2.00	0.00	0.00	2.00	100.00
PROFESSIONAL NURSE	1 454.00	24.00	1.70	427.00	29.40
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	22.00	0.00	0.00	6.00	27.30
RADIOGRAPHY	92.00	0.00	0.00	44.00	47.80
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS	5.00	0.00	0.00	3.00	60.00
SECURITY GUARDS	1.00	0.00	0.00	0.00	0.00
SECURITY OFFICERS	3.00	0.00	0.00	3.00	100.00
SENIOR MANAGERS	14.00	0.00	0.00	1.00	7.10
SHOEMAKERS	1.00	0.00	0.00	0.00	0.00
SOCIAL WORK AND RELATED PROFESSIONALS	23.00	0.00	0.00	6.00	26.10
SPEECH THERAPY AND AUDIOLOGY	30.00	0.00	0.00	8.00	26.70
STAFF NURSES AND PUPIL NURSES	221.00	0.00	0.00	80.00	36.20
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS	1.00	0.00	0.00	1.00	100.00
TRADE LABOURERS	19.00	0.00	0.00	18.00	94.70
TRADE RELATED	1.00	0.00	0.00	0.00	0.00
TOTAL	6 880.00	47.00	0.70	2 904.00	42.20

Table 3.5.5 Promotions by salary band for the period 1 April 2017 and 31 March 2018

Salary Band	Employees 1 April 2017	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
01 Lower Skilled (Levels 1-2), Permanent	848.00	0.00	0.00	0.00	0.00
01 Lower Skilled (Levels 1-2), Temporary	1.00	0.00	0.00	0.00	0.00
02 Skilled (Levels 3-5), Permanent	2 875.00	5.00	0.20	1 792.00	62.30
02 Skilled (Levels 3-5), Temporary	5.00	0.00	0.00	0.00	0.00
03 Highly Skilled Production (Levels 6-8), Permanent	1 477.00	6.00	0.40	628.00	42.50
03 Highly Skilled Production (Levels 6-8), Temporary	13.00	0.00	0.00	1.00	7.70
04 Highly Skilled Supervision (Levels 9-12), Permanent	999.00	27.00	2.70	412.00	41.20
04 Highly Skilled Supervision (Levels 9-12), Temporary	16.00	0.00	0.00	1.00	6.30
05 Senior Management (Levels 13- 16), Permanent	126.00	9.00	7.10	58.00	46.00
05 Senior Management (Levels 13- 16), Temporary	3.00	0.00	0.00	1.00	33.30
09 Other, Temporary	1.00	0.00	0.00	0.00	0.00
11 Contract (Levels 3-5), Permanent	48.00	0.00	0.00	0.00	0.00
12 Contract (Levels 6-8), Permanent	191.00	0.00	0.00	0.00	0.00
13 Contract (Levels 9-12), Permanent	244.00	0.00	0.00	4.00	1.60
14 Contract (Levels 13-16), Permanent	33.00	0.00	0.00	7.00	21.20
TOTAL	6 880.00	47.00	0.70	2 904.00	42.20

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 2018

Occupational Categories	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
02 - PROFESSIONALS	138	77	46	261	141	92	135	38	265	208	875
03 - TECHNICIANS AND ASSOCIATE PROFESSIONALS	285	104	2	391	15	869	775	11	1 655	259	2 320
09 - LABOURERS AND RELATED WORKERS	259	124	0	383	2	397	253	0	650	3	1 038
08 - PLANT AND MACHINE OPERATORS AND ASSEMBLERS	29	23	0	52	0	2	0	0	2	0	54
UNKNOWN	0	1	0	1	0	1	1	0	2	0	3
05 - SERVICE SHOP AND MARKET SALES WORKERS	285	268	4	557	17	687	543	0	1 230	34	1 838
04 - CLERKS	159	87	0	246	3	335	153	1	489	22	760
01 - SENIOR OFFICIALS AND MANAGERS	9	3	0	12	2	4	0	0	4	1	19
07 - CRAFT AND RELATED TRADE WORKERS	3	8	0	11	6	0	0	0	0	0	17
TOTAL	1 167	695	52	1 914	186	2 387	1 860	50	4 297	527	6 924

Table 3.6.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2018

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											
01 Top Management, Permanent	5.00	1.00	2.00	8.00	9.00	1.00	0.00	0.00	1.00	1.00	19.00
02 Senior Management, Permanent	34.00	14.00	8.00	56.00	19.00	8.00	13.00	3.00	24.00	17.00	116.00
02 Senior Management, Temporary	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	2.00	3.00
03 Professionally qualified and experienced specialists and mid-management, Permanent	144.00	73.00	22.00	239.00	55.00	353.00	339.00	18.00	710.00	187.00	1 191.00
03 Professionally qualified and experienced specialists and mid-management, Temporary	2.00	2.00	0.00	4.00	12.00	0.00	0.00	0.00	0.00	2.00	18.00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	180.00	110.00	2.00	292.00	15.00	551.00	553.00	4.00	1 108.00	162.00	1 577.00

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
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0.00	0.00	0.00	0.00	5.00	0.00	0.00	0.00	0.00	8.00	13.00
05 Semi-skilled and discretionary decision making, Permanent	731.00	466.00	1.00	1 198.00	15.00	1 406.00	871.00	1.00	2 278.00	27.00	3 518.00
05 Semi-skilled and discretionary decision making, Temporary	0.00	2.00	0.00	2.00	0.00	0.00	1.00	0.00	1.00	0.00	3.00
06 Unskilled and defined decision making, Permanent	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	1.00	0.00	1.00
06 Unskilled and defined decision making, Temporary	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00
07 Not Available, Temporary	1.00	1.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
08 Contract (Top Management), Permanent	1.00	1.00	0.00	2.00	1.00	0.00	0.00	0.00	0.00	1.00	4.00
09 Contract (Senior Management), Permanent	5.00	2.00	3.00	10.00	7.00	1.00	0.00	0.00	1.00	9.00	27.00
10 Contract (Professionally)	41.00	11.00	14.00	66.00	41.00	20.00	27.00	22.00	69.00	61.00	237.00

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
Qualified, Permanent											
11 Contract (Skilled Technical), Permanent	19.00	6.00	0.00	25.00	5.00	34.00	55.00	2.00	91.00	50.00	171.00
12 Contract (Semi-Skilled), Permanent	4.00	6.00	0.00	10.00	0.00	12.00	1.00	0.00	13.00	0.00	23.00
TOTAL	1 167.00	695.00	52.00	1 914.00	186.00	2 387.00	1 860.00	50.00	4 297.00	527.00	6 924.00

Table 3.6.3 Recruitment for the period 1 April 2017 and 31 March 2018

Occupational Bands	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White	Total
02 Senior Management, Permanent	11.00	2.00	0.00	13.00	1.00	0.00	0.00	0.00	0.00	1.00	15.00
03 Professionally qualified and experienced specialists and mid-management, Permanent	14.00	11.00	7.00	32.00	14.00	33.00	25.00	3.00	61.00	24.00	131.00
03 Professionally qualified and experienced specialists and mid-management, Temporary	0.00	1.00	0.00	1.00	1.00	0.00	0.00	0.00	0.00	1.00	3.00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	21.00	9.00	0.00	30.00	0.00	58.00	63.00	0.00	121.00	14.00	165.00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00
05 Semi-skilled and discretionary decision making, Permanent	22.00	1.00	0.00	23.00	0.00	77.00	55.00	0.00	132.00	3.00	158.00
08 Contract (Top Management), Permanent	2.00	1.00	0.00	3.00	1.00	0.00	0.00	0.00	0.00	0.00	4.00

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
09 Contract (Senior Management), Permanent	6.00	3.00	1.00	10.00	1.00	0.00	0.00	0.00	0.00	1.00	12.00
10 Contract (Professionally qualified), Permanent	35.00	10.00	15.00	60.00	39.00	18.00	23.00	22.00	63.00	49.00	211.00
11 Contract (Skilled technical), Permanent	20.00	6.00	0.00	26.00	5.00	33.00	58.00	2.00	93.00	52.00	176.00
12 Contract (Semi-skilled), Permanent	11.00	9.00	0.00	20.00	0.00	25.00	26.00	0.00	51.00	0.00	71.00
TOTAL	142.00	53.00	23.00	218.00	63.00	244.00	250.00	27.00	521.00	145.00	947.00

Table 3.6.4 Promotions for the period 1 April 2017 to 31 March 2018

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	4.00	0.00	4.00	8.00	7.00	1.00	0.00	0.00	1.00	1.00	17.00
Senior Management, Permanent	9.00	4.00	4.00	17.00	12.00	1.00	3.00	3.00	7.00	14.00	50.00
Senior Management, Temporary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Professionally qualified and experienced specialists and mid-management, Permanent	55.00	30.00	7.00	92.00	21.00	111.00	152.00	8.00	271.00	55.00	439.00
Professionally qualified and experienced specialists and mid-management, Temporary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	73.00	54.00	2.00	129.00	7.00	172.00	239.00	4.00	415.00	83.00	634.00
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Semi-skilled and discretionary decision making, Permanent	376.00	275.00	0.00	651.00	5.00	665.00	464.00	0.00	129.00	12.00	797.00
Contract (Senior Management), Permanent	2.00	0.00	2.00	4.00	2.00	0.00	0.00	0.00	0.00	1.00	7.00
Contract (Professionally qualified), Permanent	4.00	0.00	0.00	4.00	0.00	0.00	0.00	0.00	0.00	0.00	4.00
TOTAL	523.00	363.00	19.00	905.00	54.00	950.00	858.00	15.00	823.00	169.00	951.00

Table 3.6.5 Terminations for the period 1 April 2017 and 31 March 2018

Occupational Bands	Male					Female					Total	
	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White		
01 Top Management, Permanent												
02 Senior Management, Permanent	6.00	1.00	2.00	9.00	3.00	0.00	1.00	0.00	1.00	0.00	0.00	13.00
03 Professionally qualified and experienced specialists and mid-management, Permanent	8.00	8.00	0.00	16.00	7.00	16.00	24.00	6.00	46.00	21.00		90.00
03 Professionally qualified and experienced specialists and mid-management, Temporary	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00		1.00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	13.00	9.00	0.00	22.00	1.00	44.00	37.00	2.00	83.00	32.00		138.00
04 Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00		1.00
05 Semi-skilled and discretionary decision making, Permanent	18.00	21.00	0.00	39.00	0.00	40.00	25.00	0.00	65.00	6.00		110.00
05 Semi-skilled and discretionary decision making, Temporary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00		2.00

Occupational Bands	Male						Female					Total
	Male, African	Male, Coloured	Male, Indian	Male, Total Blacks	Male, White	Female, African	Female, Coloured	Female, Indian	Female, Total Blacks	Female, White		
07 Not Available, Temporary	1.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
08 Contract (Top Management), Permanent	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
09 Contract (Senior Management), Permanent	10.00	3.00	1.00	14.00	0.00	1.00	0.00	0.00	1.00	0.00	0.00	15.00
10 Contract (Professionally qualified), Permanent	30.00	13.00	12.00	55.00	36.00	27.00	29.00	12.00	68.00	66.00	66.00	225.00
11 Contract (Skilled technical), Permanent	23.00	12.00	1.00	36.00	5.00	46.00	51.00	3.00	100.00	55.00	55.00	196.00
12 Contract (Semi-skilled), Permanent	16.00	3.00	0.00	19.00	0.00	32.00	44.00	0.00	76.00	1.00	1.00	96.00
TOTAL	125.00	70.00	16.00	211.00	56.00	206.00	211.00	23.00	440.00	183.00	183.00	890.00

Table 3.6.6 Disciplinary action for the period 1 April 2018

Disciplinary action	Male African	Coloured	Indian	White	Female African	Coloured	Indian	White	Total
Abuse of sick leave	0	0	0	0	0	0	0	0	0
Dishonesty	0	0	0	0	1	0	0	0	1
Late coming	0	0	0	0	0	0	0	0	0
Assault	1	0	0	0	0	0	0	0	1
Unprofessional Conduct	6	0	0	0	1	0	0	0	7
Insolence	1	0	0	0	0	0	0	0	1
Intentional or negligent damage to the employee or client of the employer, co-worker	0		0	0	0	0	0	0	0
Intoxication	4	0	0	0	0	0	0	0	4
Gross absenteeism		3	0	0	2	2	0	0	7
Insubordination	1	1	1	1	3	2	0	0	9
Abuse of government vehicle	1	0	0	0	1	0	0	0	2
Negligence	1	0	0	0	1	0	0	0	2
Dereliction of duties	5	1	0	1	4	0	0	0	11
Theft / FRAUD	5	3	0	0	2	1	0	0	11
RWOPS	0	0	0	0	0	0	0	0	0
Misrepresentation	0	1	0	0	1	0	0	0	2
Financial Misconduct	3	2	0	0	2	1	0	0	8
Abuse of State property	3	1	0	0	2	0	0	0	6
Bringing the Name of the Department into Disrepute	0	0	0	0	0	0	0	0	0
EX-LEGE - DISCHARGE	7	2	0	0	2	2	0	0	13
NON COMPLIANCE	6	0	0	1	2	1	0	1	12
Sexual Harassment/Racism/Discrimination	0	0	0	0	0	0	0	0	0

Table 3.6.7 Skills development for the period 1 April 2017 and 31 March 2018

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	0	0	44	0	44
Legislators, senior officials and managers	Male	0	0	53	0	53
Professionals	Female	0	24	96	0	120
Professionals	Male	0	1	64	0	65
Technicians and associate professionals	Female	0	0	40	0	40
Technicians and associate professional	Male	0	0	24	0	24
Clerks	Female	0	0	278	0	278
Clerks	Male	0	0	195	0	195
Service and sales workers	Female	0	0	12	0	12
Service and sales workers	Male	0	0	07	0	07
Skilled agriculture and fishery workers	Female	0	0	04	0	04
Skilled agriculture and fishery workers	Male	0	0	06	0	06
Craft and related trades workers	Female	0	0	44	0	44
Craft and related trades workers	Male	0	0	53	0	53
Plant and machine operators and assemblers	Female	0	24	96	0	120
Plant and machine operators and assemblers	Male	0	1	64	0	65
Elementary occupations	Female	0	0	40	0	40
Elementary occupations	Male	0	0	24	0	24
Gender sub totals	Female	0	0	278	0	278
Gender sub totals	Male	0	0	195	0	195
Total		0	50	1617	0	1667

3.7 Signing of Performance Agreements by SMS Member

Table 3.7.1 Signing of Performance agreement by SMS members as on 31 March 2018

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	28	24	24	100%
14	6	4	4	100%
15	1	1	0	0%
16	1	1	0	0%

Table 3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2018

Reason
<ul style="list-style-type: none"> ✓ Non Compliance ✓ Change of Executive Management in the last year

Table 373 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2018

Reason
<ul style="list-style-type: none"> ✓ Twelve (12) cases for non-compliance are reported for disciplinary action with the office of Labour Relations

3.8 Performance Rewards

Table 3.8.1 Performance Rewards by race, gender, and disability for the period 1 April 2017 and 31 March 2018

Demographics	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
African, Female	81.00	2 384.00	3.40	281.12	3 471.00
African, Male	16.00	1 162.00	1.40	60.01	3 751.00
Asian, Female	0.00	50.00	0.00	0.00	0.00
Asian, Male	1.00	52.00	1.90	16.83	16 827.00
Coloured, Female	66.00	1 858.00	3.60	258.37	3 915.00
Coloured, Male	10.00	690.00	1.40	24.07	2 407.00
Total Blacks, Female	147.00	4 292.00	3.40	539.49	3 670.00
Total Blacks, Male	27.00	1 904.00	1.40	100.91	3 737.00
White, Female	7.00	526.00	1.30	37.16	5 308.00

Demographics	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
White, Male	5.00	184.00	2.70	58.98	11 797.00
Employees with a disability	1.00	18.00	5.60	3.73	3 732.00
TOTAL	187.00	6 924.00	2.70	740.27	3 959.00

Table 3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2017 and 31 March 2018

Salary Band	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)
Lower skilled (Levels 1-2)					
01 Lower Skilled (Levels 1-2)	0.00	2.00	0.00	0.00	0
02 Skilled (Levels 3-5)	69.00	3 521.00	2.00	133.69	1 938
03 Highly Skilled Production (Levels 6-8)	63.00	1 590.00	4.00	214.15	3 399
04 Highly Skilled Supervision (Levels 9-12)	51.00	1 209.00	4.20	324.01	6 353
09 Other	0.00	2.00	0.00	0.00	0
11 Contract (Levels 3-5)	0.00	23.00	0.00	0.00	0
12 Contract (Levels 6-8)	0.00	171.00	0.00	0.00	0
13 Contract (Levels 9-12)	0.00	237.00	0.00	0.00	0
TOTAL	183.00	6 755.00	2.70	671.85	3 671

Table 3.8.3 Performance Rewards by critical occupation for the period 1 April 2017 and 31 March 2018

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost Per Beneficiary (R)
Administrative related					
FINANCIAL CLERKS AND CREDIT CONTROLLERS	0.00	33.00	0.00	0.00	0.00
HUMAN RESOURCES CLERKS	0.00	5.00	0.00	0.00	0.00
SECURITY OFFICERS	0.00	3.00	0.00	0.00	0.00
HOUSEHOLD AND LAUNDRY WORKERS	2.00	124.00	1.60	3.55	1 777.00
ORAL HYGIENE	0.00	2.00	0.00	0.00	0.00
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC.	0.00	3.00	0.00	0.00	0.00
MESSENGERS PORTERS AND DELIVERERS	2.00	95.00	2.10	4.29	2 147.00
HUMAN RESOURCES & ORGANISAT	0.00	1.00	0.00	0.00	0.00

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost Per Beneficiary (R)
DEVELOPM & RELATE PROF					
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI	0.00	4.00	0.00	0.00	0.00
FOOD SERVICES WORKERS	0.00	5.00	0.00	0.00	0.00
OPTOMETRISTS AND OPTICIANS	0.00	2.00	0.00	0.00	0.00
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS	3.00	689.00	0.40	9.27	3 091.00
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS	0.00	5.00	0.00	0.00	0.00
AUXILIARY AND RELATED WORKERS	15.00	107.00	14.00	34.37	2 291.00
OTHER OCCUPATIONS	2.00	16.00	12.50	5.51	2 754.00
LEGAL RELATED	0.00	1.00	0.00	0.00	0.00
FINANCIAL AND RELATED PROFESSIONALS	0.00	7.00	0.00	0.00	0.00
BUILDING AND OTHER PROPERTY CARETAKERS	0.00	2.00	0.00	0.00	0.00
OCCUPATIONAL THERAPY	0.00	54.00	0.00	0.00	0.00
MEDICAL TECHNICIANS/TECHNOLOGISTS	0.00	6.00	0.00	0.00	0.00
EMERGENCY SERVICES RELATED	0.00	60.00	0.00	0.00	0.00
RADIOGRAPHY	0.00	91.00	0.00	0.00	0.00
ARCHITECTS TOWN AND TRAFFIC PLANNERS	0.00	1.00	0.00	0.00	0.00
ADMINISTRATIVE RELATED	0.00	292.00	0.00	0.00	0.00
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS	0.00	4.00	0.00	0.00	0.00
PHYSICISTS	0.00	2.00	0.00	0.00	0.00
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC.	2.00	724.00	0.30	3.55	1 777.00
LIBRARY MAIL AND RELATED CLERKS	0.00	2.00	0.00	0.00	0.00
HUMAN RESOURCES RELATED	0.00	2.00	0.00	0.00	0.00
DENTAL PRACTITIONERS	1.00	41.00	2.40	11.09	11 091.00
AMBULANCE AND RELATED WORKERS	0.00	663.00	0.00	0.00	0.00
PHARMACEUTICAL ASSISTANTS	3.00	38.00	7.90	9.54	3 180.00
PRINTING AND RELATED MACHINE OPERATORS	0.00	2.00	0.00	0.00	0.00
COMPUTER PROGRAMMERS.	0.00	1.00	0.00	0.00	0.00
TRADE LABOURERS	0.00	16.00	0.00	0.00	0.00
PHYSIOTHERAPY	0.00	68.00	0.00	0.00	0.00
ENVIRONMENTAL HEALTH	0.00	26.00	0.00	0.00	0.00
MEDICAL PRACTITIONERS	3.00	461.00	0.70	48.62	16 207.00

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost Per Beneficiary (R)
SOCIAL WORK AND RELATED PROFESSIONALS	4.00	27.00	14.80	19.09	4 771.00
GENERAL LEGAL ADMINISTRATION & REL. PROFESSIONALS	0.00	2.00	0.00	0.00	0.00
ARCHIVISTS CURATORS AND RELATED PROFESSIONALS	0.00	1.00	0.00	0.00	0.00
MATERIAL-RECORDING AND TRANSPORT CLERKS	0.00	5.00	0.00	0.00	0.00
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS	1.00	20.00	5.00	19.79	19 794.00
DIETICIANS AND NUTRITIONISTS	0.00	65.00	0.00	0.00	0.00
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS	1.00	82.00	1.20	3.22	3 215.00
ARTISAN PROJECT AND RELATED SUPERINTENDENTS	2.00	11.00	18.20	8.09	4 045.00
PROFESSIONAL NURSE	62.00	1 522.00	4.10	344.01	5 548.00
BUS AND HEAVY VEHICLE DRIVERS	0.00	20.00	0.00	0.00	0.00
MEDICAL RESEARCH AND RELATED PROFESSIONALS	0.00	2.00	0.00	0.00	0.00
SENIOR MANAGERS	0.00	18.00	0.00	0.00	0.00
CLIENT INFORM CLERKS(SWITCHB RECEIPT INFORM CLERKS)	0.00	23.00	0.00	0.00	0.00
SPEECH THERAPY AND AUDIOLOGY	0.00	29.00	0.00	0.00	0.00
PHARMACISTS	3.00	180.00	1.70	22.29	7 430.00
ENGINEERS AND RELATED PROFESSIONALS	1.00	4.00	25.00	4.13	4 133.00
TRADE RELATED	0.00	1.00	0.00	0.00	0.00
OTHER INFORMATION TECHNOLOGY PERSONNEL.	0.00	6.00	0.00	0.00	0.00
DENTAL THERAPY	0.00	8.00	0.00	0.00	0.00
LIGHT VEHICLE DRIVERS	2.00	31.00	6.50	3.55	1 777.00
ENGINEERING SCIENCES RELATED	0.00	2.00	0.00	0.00	0.00
MEDICAL SPECIALISTS	0.00	22.00	0.00	0.00	0.00
MOTOR VEHICLE DRIVERS	0.00	1.00	0.00	0.00	0.00
DENTAL TECHNICIANS	0.00	1.00	0.00	0.00	0.00
LEATHER WORKERS	1.00	1.00	100.00	3.73	3 732.00
SECURITY GUARDS	0.00	1.00	0.00	0.00	0.00
HEALTH SCIENCES RELATED	2.00	8.00	25.00	12.42	6 210.00
FOOD SERVICES AIDS AND WAITERS	0.00	62.00	0.00	0.00	0.00
NURSING ASSISTANTS	60.00	868.00	6.90	128.05	2 134.00
COMMUNITY DEVELOPMENT WORKERS	0.00	4.00	0.00	0.00	0.00
SUPPLEMENTARY DIAGNOSTIC	0.00	1.00	0.00	0.00	0.00

Critical Occupations	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost Per Beneficiary (R)
RADIOGRAPHERS					
INFORMATION TECHNOLOGY RELATED	0.00	4.00	0.00	0.00	0.00
SHOEMAKERS	1.00	1.00	100.00	3.70	3 703.00
STAFF NURSES AND PUPIL NURSES	14.00	233.00	6.00	38.40	2 743.00
TOTAL	187.00	6 924.00	2.70	740.27	3 959.00

Table3.8.4 Performance related rewards (cash bonus), by salary for Senior Management Service for the period 1 April 2017 and 31 March 2018

SMS Band	Number of Beneficiaries	Total Employment	Percentage of Total Employment	Cost (R'000)	Average Cost per Beneficiary (R)	% of SMS Wage Bill	Personnel Cost SMS (R'000)
Band A	1	114	0.90	14.72	14 716.40	0	165 239.82
Band B	2	32	6.30	33.91	16 952.80	0.10	49 346.27
Band C	1	19	5.30	19.79	19 794.10	0.10	36 083.06
Band D	0	4	0	0	0	0	11 576.45
TOTAL	4	169	2.40	68.42	17 104	0	262 245.60

3.9 Foreign Workers

Table 3.9.1 Foreign workers by salary band for the period 1 April 2017 and 31 March 2018

Salary Band	Employment at Beginning of Period	Percentage of Total	Employment at End of Period	Percentage of Total	Change in Employment	Percentage of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Highly skilled production (Levels 6-8)	11.00	7.60	12.00	8.60	1.00	- 25.00	144.00	140.00	- 4.00
Highly skilled supervision (Levels 9-12)	63.00	43.80	58.00	41.40	- 5.00	125.00	144.00	140.00	- 4.00
Senior management (Levels 13-16)	69.00	47.90	69.00	49.30	0.00	0.00	144.00	140.00	- 4.00
Skilled (Levels 3-5)	1.00	0.70	1.00	0.70	0.00	0.00	144.00	140.00	- 4.00
TOTAL	144.00	100.00	140.00	100.00	- 4.00	100.00	144.00	140.00	- 4.00

Table 3.9.2 Foreign workers by major occupation for the period 1 April 2017 and 31 March 2018

Major Occupation	Employment at Beginning of Period	Percentage of Total	Employment at End of Period	Percentage of Total	Change in Employment	Percentage of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Elementary occupations									
Elementary occupations	1.00	0.70	1.00	0.70	0.00	0.00	144.00	140.00	- 4.00
Professionals and managers	142.00	98.60	138.00	98.60	- 4.00	100.00	144.00	140.00	- 4.00
Technicians and associated professionals	1.00	0.70	1.00	0.70	0.00	0.00	144.00	140.00	- 4.00
TOTAL	144.00	100.00	140.00	100.00	- 4.00	100.00	144.00	140.00	- 4.00

3.10 Leave Utilization

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

Table 3.10.1 Sick leave for the period 1 January 2017 to 31 December 2018

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)	49.00	89.80	10.00	0.20	5.00	216.00
Contract (Levels 3-5)	86.00	77.90	29.00	0.60	3.00	63.00
Contract (Levels 6-8)	639.00	72.10	127.00	2.50	5.00	679.00
Contract (Levels 9-12)	544.00	66.00	128.00	2.50	4.00	1 029.00
Highly skilled production (Levels 6-8)	9 633.00	83.80	1 244.00	24.30	8.00	12 197.00
Highly skilled supervision (Levels 9-12)	6 065.00	84.50	816.00	15.90	7.00	13 692.00
Lower skilled (Levels 1-2)	429.00	90.20	117.00	2.30	4.00	236.00
Senior management (Levels 13-16)	401.00	88.80	63.00	1.20	6.00	1 679.00
Skilled (Levels 3-5)	20 579.00	86.20	2 583.00	50.50	8.00	14 240.00
TOTAL	38 425.00	84.80	5 117.00	100.00	8.00	44 031.00

Table 3.10.2. Disability leave (temporary and permanent) for the period 1 January 2017 to December 2018

Salary Band	Total Days	% Days with Medical Certification	Number of Employees using Disability Leave	% of Total Employees using Disability Leave	Average Days per Employee	Estimated Cost (R'000)	Total number of days with medical certification	Total number of Employees using Disability Leave
Contract (Levels 3-5)	6.00	100.00	1.00	0.50	6.00	4.00	6.00	196.00
Contract (Levels 9-12)	2.00	100.00	1.00	0.50	2.00	4.00	2.00	196.00
Highly skilled production (Levels 6-8)	3 537.00	100.00	65.00	33.20	54.00	4 340.00	3 537.00	196.00
Highly skilled supervision (Levels 9-12)	1 198.00	100.00	34.00	17.30	35.00	2 674.00	1 198.00	196.00
Lower skilled (Levels 1-2)	7.00	100.00	2.00	1.00	4.00	4.00	7.00	196.00
Skilled (Levels 3-5)	3 171.00	100.00	93.00	47.40	34.00	2 249.00	3 171.00	196.00
TOTAL	7 921.00	100.00	196.00	100.00	40.00	9 275.00	7 921.00	196.00

Table 3.10.3 Annual leave for the period 1 January 2017 to 31 December 2018

Salary Band	Total Days Taken	Average days per Employee	Number of Employees who took leave
Contract (Levels 13-16)	427.00	14.00	30.00
Contract (Levels 3-5)	209.00	6.00	35.00
Contract (Levels 6-8)	2 820.00	16.00	180.00
Contract (Levels 9-12)	4 391.92	16.00	275.00
Highly skilled production (Levels 6-8)	34 484.42	21.00	1 629.00
Highly skilled supervision (Levels 9-12)	26 462.26	22.00	1 206.00
Lower skilled (Levels 1-2)	1 935.00	6.00	311.00
Senior management (Levels 13-16)	2 886.00	21.00	140.00
Skilled (Levels 3-5)	74 292.18	21.00	3 528.00
TOTAL	147 907.78	20.00	7 334.00

Table 3.10.4 Capped leave for the period 1 January 2017 and 31 December 2017

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)	0.00	0.00	38.00	0.00
Contract (Levels 3-5)	0.00	0.00	0.00	0.00
Contract (Levels 6-8)	0.00	0.00	0.00	0.00
Contract (Levels 9-12)	0.00	0.00	0.00	0.00
Highly skilled production (Levels 6-8)	76.00	4.00	33.00	21.00
Highly skilled supervision (Levels 9-12)	184.93	7.00	34.00	28.00
Lower skilled (Levels 1-2)	0.00	0.00	0.00	0.00
Other	0.00	0.00	0.00	0.00
Senior management (Levels 13-16)	6.00	6.00	29.00	1.00
Skilled (Levels 3-5)	35.00	2.00	20.00	16.00
TOTAL	301.93	5.00	28.00	66.00

Table 3.10.5 Leave Pay-outs for the period 1 April 2017 and 31 March 2018

REASON	Total Amount (R'000)	Number of Employees	Average payment per employee
Capped leave pay-outs on termination of service for current financial year	7 945.00	246.00	32 297.00
Current leave pay-outs on termination of service for current financial year	302.00	19.00	15 895.00
TOTAL	8 247.00	265.00	31 121.00

3.11 HIV/AIDS & Health Promotion Programmes

Table 3.11.1 Steps taken to reduce the risk of occupational exposure

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

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

Question	Yes	No	Details, if yes
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.	✓		Ms. F.P. Ntsiko
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.	✓		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. Provincial Office Ms. M.L. De Freitas – Principal Psychologist Mr. CB Jardine- SHERQ Manager Mr. B.A. Hoffman – Administrative Support

Question	Yes	No	Details, if yes
			Kimberley Hospital Complex Dr. Marrero- Medical Officer Sr. V. Itumeleng – Occupational Health Sister Sr. D. Pietersen – Occupational Health Sister Mr. T. Lekwene – Administrative Support ZF Mgcawu District Ms. D. Lukuugi – Clinical Psychologist
3. Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this Programme.	✓		Key elements Counselling and Presentations- Provincial Office (assistance given to districts and hospitals) and ZF Mgcawu Incident Investigation for injuries on duty and Risk Assessment- Provincial Office (assistance given to districts and hospitals) Chronic disease management and Injury on Duty Management – Wellness Centre: Kimberley Hospital Complex Awareness/ Health Screening events Incident Investigation for injuries on duty- Provincial Office (assistance given to districts and hospitals)
4. Has the Department established (a committee(s) as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent		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.	✓		The HIV/AIDS, STI and TB in the Workplace policy covers all employees. It will be up for review between 2018 and 2019. For protection, reasonable accommodation is guaranteed under the policy as well confidentiality and protection of employees' personal data.
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.	✓		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.

Question	Yes	No	Details, if yes
7. Does the Department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	✓		As part of all Health Screening events held HCT is included and employees are encouraged to test. World Aids Day Testing - 70 (seventy) - All negative Wellness Centre Testing (2017-2018) 94 (ninety-four) - 91 (negative), 3 (positive)
8. Has the Department developed measures/indicators to monitor & evaluate the impact of its Health Promotion Programme? If so, list these measures/indicators.		X	

3.12 Labour Relations

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

Table 3.12. 1 Collective agreements for the period 1 April 2017 and March 2018

Total number of collective agreements	
1. PSCBC -Resolution 1 of 2017: Agreement on Amendments of Pension Benefits	21 June 2017
2. PSCBC -Resolution 2 of 2017: Organizational Rights Agreement	27 June 2017
3. PSCBC- Resolution 3 of 2017: Negotiations Protocol Agreement	27 June 2017
4. PSCBC -Resolution 4 of 2017: GEMS	05 December 2017
5. PSCBC -Resolution 5 of 2017: GEHS	05 December 2017
6. PHSDSBC –Resolution 2 of 2017: Framework on Payment of Rural Allowance and Amendment of the Occupation Specific Dispensation (OSD) for Social Service Professions and Occupations	01 June 2017
7. PHSDSBC-Resolution 3 of 2017: Amendment of the PHSDSBC Constitution, Admission of Trade Unions to the Council	21 June 2017
8. PHSDSBC-Resolution 4 of 2017: Agreement on Payment of Special Allowance and Danger Allowance: Forensic Pathology Services.	29 June 2017

- Collective Agreements are signed nationally and implemented provincially

Table 3.12.2 – Misconduct and disciplinary hearings finalized for the period 1 April 2017 and 31 March 2018

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	4	6%
Verbal warning	0	0%
Written warning	0	%
Final written warning	31	52%
Suspended without pay	5	8%
Fine	0	0%
Demotion	1	3%
Dismissal (Deemed dismissal – absent 30 calendar days))	7	11%
Dismissal (misconduct)	1	3%
Transfer Out	1	3%
Case withdrawn	4	6%
Resignations	0	0%
Non Compliance (no registered with Professionals Council)	5	8%
Total	59	100%

Table 3.12.3 – Types of misconduct addressed at disciplinary hearings for the period 1 April 2017 and 31 March 2018

Type of misconduct	Number	% of total
Abuse of sick leave	0	0%
Intimidation	0	0%
Racism	0	0%
Dishonesty	1	4%
Late coming	0	0%
Assault	0	0%
Gross insubordination	4	16%
Insolence	0	0%
Intentional or negligent damage to the employ or client of the employer, co-worker	0	0%
Intoxication	0	0%
Gross absenteeism	4	16%
Insubordination	4	16%
Abuse of government vehicle	0	0%
Gross negligence	2	8%
Dereliction of duties	4	16%
fraud	0	0%
RWOPS	0	0%
Misrepresentation	0	0%

Type of misconduct	Number	% of total
Negligence	0	0%
Abuse of State Property	0	0%
Bringing the Name of the Department into Disrepute	0	0%
Absenteeism	5	20%
Fight	0	0%
Theft	1	4%
Total	25	100%

Table 3.12.4 Grievances lodged for the period 1 April 2017 and 31 March 2018

Grievances	Number	% of Total
Number of grievances resolved	98	85%
Number of grievances not resolved	39	15%
Total number of grievances lodged	115	100%

TABLE 3.12.5 – Disputes lodged with Councils for the period 1 April 2017 and 31 March 2018

Disputes	Number	% of Total
Number of Conciliations	12	10%
Number of Conciliations Finalised	11	9%
Number of Arbitrations	52	45%
Number of Arbitrations Finalised	39	36%
Total Number of Disputes Lodged	114	100%

TABLE 3.12.6 – Strike actions for the period 1 April 2017 and 31 March 2018

Total number of person working days lost	2
Total cost (R'000) of working days lost	R16 746.39
Amount (R'000) recovered as a result of no work no pay	R16 746.39

TABLE 3.12.7 – Precautionary suspensions for the period 1 April 2017 and 31 March 2018

Number of people suspended	4
Number of people who's suspension exceeded 30 days	4
Average number of days suspended	75
Cost of suspensions (R'000)	R128 480.52

3.13 Skills Development

Table 3.13.1 Training needs identified for the period 1 April 2017 and 31 March 2018

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	0.00	0.00	0.00	0.00	0.00
Legislators, senior officials and managers	Male	0.00	0.00	0.00	0.00	0.00
Professionals	Female	0.00	0.00	0.00	0.00	0.00
Professionals	Male	0.00	0.00	0.00	0.00	0.00
Technicians and associate professionals	Female	0.00	0.00	0.00	0.00	0.00
Technicians and associate professional	Male	0.00	0.00	0.00	0.00	0.00
Clerks	Female	0.00	0.00	0.00	0.00	0.00
Clerks	Male	0.00	0.00	0.00	0.00	0.00
Service and sales workers	Female	0.00	0.00	0.00	0.00	0.00
Service and sales workers	Male	0.00	0.00	0.00	0.00	0.00
Skilled agriculture and fishery workers	Female	0.00	0.00	0.00	0.00	0.00
Skilled agriculture and fishery workers	Male	0.00	0.00	0.00	0.00	0.00
Craft and related trades workers	Female	0.00	0.00	0.00	0.00	0.00
Craft and related trades workers	Male	0.00	0.00	0.00	0.00	0.00
Plant and machine operators and assemblers	Female	0.00	0.00	0.00	0.00	0.00
Plant and machine operators and assemblers	Male	0.00	0.00	0.00	0.00	0.00
Elementary occupations	Female	0.00	0.00	0.00	0.00	0.00
Elementary occupations	Male	0.00	0.00	0.00	0.00	0.00
Gender sub totals	Female	0.00	0.00	0.00	0.00	0.00
Gender sub totals	Male	0.00	0.00	0.00	0.00	0.00

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
TOTAL		0.00	0.00	0.00	0.00	0.00

Table 3.13.2 Training provided for the period 1 April 2017 to 31 March 2018

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	0.00	0.00	0.00	0.00	0.00
Legislators, senior officials and managers	Male	0.00	0.00	0.00	0.00	0.00
Professionals	Female	0.00	0.00	0.00	0.00	0.00
Professionals	Male	0.00	0.00	0.00	0.00	0.00
Technicians and associate professionals	Female	0.00	0.00	0.00	0.00	0.00
Technicians and associate professional	Male	0.00	0.00	0.00	0.00	0.00
Clerks	Female	0.00	0.00	0.00	0.00	0.00
Clerks	Male	0.00	0.00	0.00	0.00	0.00
Service and sales workers	Female	0.00	0.00	0.00	0.00	0.00
Service and sales workers	Male	0.00	0.00	0.00	0.00	0.00
Skilled agriculture and fishery workers	Female	0.00	0.00	0.00	0.00	0.00
Skilled agriculture and fishery workers	Male	0.00	0.00	0.00	0.00	0.00
Craft and related trades workers	Female	0.00	0.00	0.00	0.00	0.00
Craft and related trades workers	Male	0.00	0.00	0.00	0.00	0.00

Occupational Categories	Gender	Employment	Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Plant and machine operators and assemblers	Female	0.00	0.00	0.00	0.00	0.00
Plant and machine operators and assemblers	Male	0.00	0.00	0.00	0.00	0.00
Elementary occupations	Female	0.00	0.00	0.00	0.00	0.00
Elementary occupations	Male	0.00	0.00	0.00	0.00	0.00
Gender sub totals	Female	0.00	0.00	0.00	0.00	0.00
Gender sub totals	Male	0.00	0.00	0.00	0.00	0.00
TOTAL		0.00	0.00	0.00	0.00	0.00

3.14 Injury on duty

Table 3.14.1 Injury on duty for the period 1 April 2017 and 31 March 2018

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

3.15 Utilisation of consultants

Table 3.15.1 – Report on consultant appointments using appropriated funds for the period 1 April 2017 and 31 March 2018

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

Table 3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2017 and 31 March 2018

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

Table 3.15.3 Report on consultant appointments using Donor funds for the Period 1 April 2017 and 31 March 2018

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

Table 3.15.4 analysis of consultant appointment using donor funds in terms of Historically disadvantaged individuals (HDIs) for the period 1 April 2017 and 31 March 2018

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

3.16 Severance Packages

Table 3.16.1 Granting of employees initiated severance packages for the period 1 April 2017 and 31 March 2018

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)	-	-	-	-
Highly skilled supervision (Levels 9-12)	-	-	-	-
Lower skilled (Levels 1-2)	-	-	-	-
Senior management (Levels 13-16)	-	-	-	-
Skilled (Levels 3-5)	-	-	-	-
TOTAL	-	-	-	-

2.7 Part E: Financial Information

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

Report on the audit of the financial statements

Qualified opinion

1. I have audited the financial statements of the Northern Cape Department of Health set out on pages 237 to 348, which comprise the appropriation statement, the statement of financial position as at 31 March 2018, the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as the notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the possible effects of the matters described in the basis for qualified opinion section of this report, the financial statements present fairly, in all material respects, the financial position of the Northern Cape Department of Health as at 31 March 2018, 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, 2017 (Act No. 3 of 2017) (DoRA).

Basis for qualified opinion

Movable tangible capital assets

3. I was unable to obtain sufficient appropriate audit evidence for the movable tangible capital assets relating to major and minor assets as the process of compiling an asset register was not completed at year end. I could not confirm the amounts by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to the major movable tangible capital assets stated as R1 047 316 000 (2017: R973 621 000) and minor movable tangible capital assets stated as R182 669 000 (2017: R179 182 000) in note 28 to the financial statements.

Accruals and payables not recognised

4. The department did not disclose all outstanding amounts meeting the definition of accruals and payables, in accordance with chapter 9, General Departmental Assets and Liabilities in the MCS. As the department did not perform regular reconciliations for goods and services received but payment not made 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.



5. The department did not disclose the correct ageing of accruals and payables in accordance with chapter 9, General Departmental Assets and Liabilities in the MCS. In addition, the department did not disclose the correct classification for accruals and payables not recognised between programmes, transfers and subsidies, goods and services for the current year and the prior year as well as capital assets for the prior year, I was unable to determine the full extent of these misstatements as it was impracticable to do so.
6. I was unable to obtain sufficient appropriate audit evidence for the payables not recognised due to inadequate controls to financial records. I was unable to confirm the amount of payables not recognised by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to payables not recognised, stated as R395 890 000 in note 20 to the financial statements.

Accrued departmental revenue

7. The department did not record the accrued departmental revenue billed at the facilities in accordance with chapter 9, General Departmental Assets and Liabilities in the MCS, as internal controls had not been established for the recognition of the patient billing before the initial entry in the financial records. Interest was not charged on outstanding amounts as per treasury regulation 1 1.5.1. 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 departmental revenue by alternative means. Consequently, I was unable to determine whether any adjustment to accrued departmental revenue, stated as R120 242 000 (2017: R139 445 000) in note 23 to the financial statements, was necessary.

Irregular expenditure

8. 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. Additionally, I was unable to obtain sufficient appropriate audit evidence relating to irregular expenditure due to inadequate descriptions for the reasons for transactions that were recorded as irregular expenditure. I was unable to confirm the amount of irregular expenditure relating to the current year and prior years by alternative means. Consequently, I was unable to determine whether any adjustment to irregular expenditure, stated as R6 159 450 000 (2017: R5 747 071 000) in note 24 to the financial statements, was necessary.

Context for the opinion

9. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-

general's responsibilities for the audit of the financial statements section of this auditor's report.

10. 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.
11. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

Material uncertainty related to financial sustainability

12. I draw attention to note 20 in the financial statements, this indicates the amount of accruals and payables not recognised. If the accruals and payables that exceeded the payment term of 30 days were paid as required in 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 note 35, indicate that a material uncertainty exists that may cast significant doubt on the department's ability to continue as a going concern. However, the department will receive future funding as per the Medium Term Strategic Framework (MTSF) for at least the next three years. My opinion is not modified in respect of this matter.

Emphasis of matters

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

Restatement of corresponding figures

14. As disclosed in note 32 to the financial statements, the corresponding figures for 31 March 2017 were restated as a result of an error in the financial statements of the department at, and for the year ended 31 March 2018.

Uncertainty relating to the future outcome of litigation

15. With reference to note 18 to the financial statements, the department is a defendant in several lawsuits. The ultimate outcome of the matters cannot be determined at the time of the report, due to uncertainty of litigation.

Material underspending of the budget

16. As disclosed in the appropriation statement, the department has materially underspent the budget by R62 940 000 due to delays on the awarding of tenders by implementing agents and procurement of emergency vehicles and medical equipment.

Other matter

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



Unaudited supplementary schedules

18. The supplementary information set out on pages 336 to 348 does not form part of the financial statements and is presented as additional information, have not audited these schedules and, accordingly, I do not express an opinion on them.

Responsibilities of the accounting officer for the financial statements

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

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

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

Report on the audit of the Annual Performance Report

Introduction and scope

23. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report material findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I performed procedures to identify findings but not to gather evidence to express assurance.
24. 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.

25. 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 2018:

Programme	Pages in the Annual Performed Report
Programme 2 – District Health Services	61 – 93
Programme 4 – Regional and Specialized Hospital Services	98 – 109

26. 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.

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

Programme 2 – District Health Services

Various indicators

28. Sufficient appropriate audit evidence could not be provided in some instances, while in other cases, the supporting evidence provided did not agree to the reported achievements in the annual performance report. Based on the supporting evidence provided, the achievement was different from those reported in the annual performance report, but I was unable to further confirm the reported achievements by alternative means. Consequently, I was unable to determine whether any further adjustments were required to the reported achievements of the indicators listed below.

Indicator description	Reported achievement	Audited value
Inpatient Bed Utilisation rate (District Hospitals)	55%	64.82%
Mother postnatal visit within 6 days rate	61.9%	73.12%

Various indicators

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

Indicator description	Planned target	Reported achievement
Ideal clinic status determinations conducted by Perfect Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC	100% (163/163)	99% (161/163)
OHH registration visit coverage	50%	28.8%
PHC Utilisation rate-Total	2.3 visits	2.2 visits
Hospital achieved 75% and more on National Core Standards self-assessment rate District Hospitals	72% (8/11)	18% (2/11)
ART client remain on ART end of month –total	69 256	57 429
Male condom distributed	15 154 881	12 084 178
Medical male circumcision – Total	18 300	5 248
TB client treatment success rate	90%	74%
TB Client Death Rate	5.5%	7.8%
TB/HIV co-infected client on ART rate	100%	96.3%
Antenatal 1st visit before 20 weeks rate	65%	64%
Antenatal client start on ART rate	98%	88.9%
Infant 1st PCR test positive around 10 weeks' rate	1.5%	1.4%
Immunisation under 1 ear coverage	87%	84.2%
Diarrhoea case fatality under 5 years' rate	2%	1.7%
Pneumonia case fatality under 5 years rate	1.9%	1.9%
Severe acute malnutrition case fatality under 5 ears rate	6%	6.1%
School Grade 1 -learners screened	4 247	2 821
School Grade 8 - learners screened	3 242	1 272
Couple year protection rate annualised	46%	59.8%

Indicator description	Planned target	Reported achievement
Cervical Cancer Screening coverage 30 years and older	45%	40%
Human Papilloma Virus Vaccine 1st dose	24 390	9 280
Human Papilloma Virus Vaccine 2nd dose	24 390	6 761
Maternal Mortality in facility ratio	120/100 000 live births	65.9/100 000 live births
Neonatal death in facility rate	15/1000 live births	11.6/1 000 live births

Various indicators

30. The method of calculation for achieving the planned indicators listed below were not clearly defined. Furthermore, the method of calculation for these indicators were also inconsistent with the short definition of the planned indicators.

Indicator description	Planned target	Reported achievement
TB client treatment success rate	90%	74%
TB Client Death Rate	5.5%	7.8%
Diarrhoea case fatality under 5 years' rate	2%	1.7%
Medical male circumcision — Total	18 300	5 248

Various indicators

31. The systems and processes that enable reliable reporting of achievement against the indicators listed below were not adequately designed as the processes and systems that produce the indicator could not be verified.

Indicator description	Planned	Target	Reported achievement
OHH registration visit coverage	50%		28.8%
Male condom distributed	15 154 881		12 084 178
Couple year protection rate annualised	16%		59.8%

Various indicators

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

Indicator description	Planned target	Reported achievement
Ideal clinic status determinations conducted by Perfect Permanent Team for Ideal Clinic Realisation and Maintenance (PPTICRM) rate (fixed clinic/CHC/CDC)	100% (163/163)	99% (161/163)
OHH registration visit coverage	50%	28.8%
PHC Utilisation rate - Total	2.3 visits	2.2 visits
Inpatient bed utilisation rate (District Hospitals)	63%	55%
TB/HIV co-infected client on ART rate	100%	96.3%
HIV test done — total	220 259	289 982
Male condom distributed	15 154 881	12 084 178
Medical male circumcision — Total	18 300	5 248
TB client treatment success rate	90%	74%
TB client death rate	5.5%	7.8%
TB MDR treatment success rate	45%	44.1 %
Antenatal 1st visit before 20 weeks rate	65%	64%
Mother postnatal visit within 6 days' rate	60%	61.9%
Immunisation under 1-year coverage	87%	84.2%
School Grade 1 - learners screened	4 247	2 821
School Grade 8 - learners screened	3 242	1 272
Couple year protection rate (annualised)	46%	59.8%
Cervical cancer screening coverage 30 years and older	45%	40%

Programme 4 — Regional and Specialised Hospital Services

Inpatient Bed Utilisation Rate (Regional Hospital)

33. I was unable to obtain sufficient appropriate audit evidence for the reported achievement of target 72%. This was due to limitations placed on the scope of my work. I was unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any adjustments were required to the achievement of 57% as reported in the annual performance report.

Other matters

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

Achievement of planned targets

35. Refer to the annual performance report on pages 27 to 152 for information on the achievement of planned targets for the year and explanations provided for the under and over achievement of a significant number of targets. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information in paragraphs 23 to 36 of this report.

Adjustment of material misstatements

36. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were on the reported performance information of Programme 2 - District Health Services and Programme 4 - Regional and Specialised Hospital services. As management subsequently corrected only some of the misstatements, I raised material findings on the usefulness and reliability of the reported performance information. Those that were not corrected are reported above.

Report on the audit of compliance with legislation

Introduction and scope

37. 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.

38. The material findings on compliance with specific matters in key legislations are as follows:

Annual financial statements, performance reports and annual reports

39. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework and supported by full and proper records, as required by section 40(1) (a) and (b) of the PFMA. Material misstatements of current liabilities, expenditure and disclosure items identified by the auditors in the submitted financial statements were corrected and the supporting records were provided subsequently, but the uncorrected material misstatements and supporting records that could not be provided resulted in the financial statements receiving a qualified opinion.

Expenditure management

40. Effective and appropriate steps were not taken to prevent unauthorised expenditure amounting to R 100 296 000, as disclosed in note 9 to the annual financial statements, as required by section 38(1) (c)(ii) of the PFMA and treasury regulation 9.1.1. Most of the unauthorised expenditure was mainly due to over expenditure on the budget due to

substantial contractual obligations and payment of prior year accruals paid during the year under review.

41. Effective and appropriate steps were not taken to prevent irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. As reported in the basis for qualified opinion the value as disclosed in note 24 of the financial statements does not reflect the full extent of the irregular expenditure incurred.
42. Effective steps were not taken to prevent fruitless and wasteful expenditure amounting to R5 270 000, 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 fruitless and wasteful expenditure disclosed was mainly due to interest and penalties for late payments.
43. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3

Revenue management

44. 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.
45. Effective and appropriate steps were not taken to collect all money due, as required by section 38(1) of the PFMA.
46. Interest was not charged on debts, as required by treasury regulation 1 1.5.1.

Strategic planning and performance management

47. Specific information systems were not implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery as required by public service regulation 25(1)(e)(i) and (iii).
48. Quarterly reports were not submitted to the executive authority, as required by treasury regulation 5.3.1.

Procurement and contract management

49. 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.
50. Some of the quotations were accepted from prospective suppliers who did not submit a declaration on whether they are employed by the state or connected to any person employed by the state, which is prescribed in order to comply with treasury regulation 16A8.3. Similar non-compliance was also reported in the prior year.
51. Some of the 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 regulations 16A9.1 (d). Similar non-compliance was also reported in the prior year.

52. Sufficient appropriate audit evidence could not be obtained that goods and services of a transaction value above R500 000 were procured by means of inviting competitive bids or deviations were approved by the accounting officer but it was practical to invite competitive bids, as required by treasury regulations 16A6.1 and 16A6.4. Non-compliance was also reported in the prior year. This mainly relates to a security contract that was awarded as management could not provide all the relevant bid documentation.
53. Sufficient appropriate audit evidence could not be obtained that bid adjudication was done by a bid adjudication committee which was composed in accordance with the policies of the department, as required by treasury regulations 16A6.2 (a), (b) and (c).
54. Some of the contracts were awarded to bidders who did not submit a declaration on whether they are employed by the state or connected to any person employed by the state, which is prescribed in order to comply with treasury regulation 16A8.3. Similar non-compliance was also reported in the prior year.
55. Contracts 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 regulations 16A9.1 (d). Similar limitation was also reported in the prior year.
56. Sufficient appropriate audit evidence could not be obtained that contracts and quotations were awarded to bidders based on points given for criteria that were stipulated in the original invitation for bidding and quotations, as required by treasury regulations 16A6.3(a).
57. Sufficient appropriate audit evidence could not be obtained that awards to suppliers who committed a corrupt or fraudulent act in competing for the contract were rejected, as required by treasury regulation 16A9.1(e) and 16A9.2(a)(ii). This limitation was mainly identified in the procurement processes for the security contract.
58. The preference point system was not applied in procurement of goods and services above R30 000 as required by section 2(a) of the PPPFA and treasury regulations 16A6.3(b). Similar non-compliance was also reported in the prior year.
59. Bid documentation for procurement of commodities designated for local content and production, did not meet the stipulated the minimum threshold for local production and content as required by the 2017 preferential procurement regulation 8 (2).
60. Sufficient appropriate audit evidence could not be obtained that all extensions or modifications to contracts were approved by a properly delegated official as required by section 44 of the PFMA and treasury regulations 8.1 and 8.2. Similar limitation was also reported in the prior year.
61. Persons in service of the department whose close family members, partners or associates had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by treasury regulation 16A8.4. Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.

Consequence management

62. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred unauthorised, irregular and fruitless and wasteful expenditure as required by section 38(1) of the PFMA. This was due to the auditee failing to institute investigations into unauthorised, irregular and fruitless and wasteful expenditure to determine if disciplinary steps need to be taken against liable officials.

Other information

63. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial statements, the auditor's report and those selected programmes presented in the annual performance report that have been specifically reported in this auditor's report.

64. 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.

65. 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.

66. I did not receive the other information prior to the date of this auditor's report. After receive and read this information, and if I conclude that there is a material misstatement, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

Internal control deficiencies

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

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

69. Leadership compiled an action plan based on the audit report findings, however they did not adequately monitor the existing action plan to ensure that corrective actions are taken when required and within the required timeframes. This resulted in material findings reoccurring in the current financial year.
70. Leadership did not ensure that the organisational structure of the department was finalised and implemented to promote effective human resource management to ensure that adequate and sufficiently skilled resources are in place.
71. Leadership did not ensure that the department comply with applicable legislation. Material findings on compliance with legislation were raised in the year under review. The department's internal processes and systems did not prevent material non-compliance, irregular, unauthorised and fruitless and wasteful expenditure from occurring.
72. Leadership did not timeously follow up and correct previously identified internal control deficiencies relating to information technology as this unit was not yet fully staffed.
73. The collation of different information from various units for incorporation to the financial statements and annual performance report was not done timeously to allow for sufficient and adequate reviews, which resulted in material amendments to the financial statements and annual performance report.
74. The asset management unit is under staffed resulting in basic disciplines such as physical verifications at all facilities and timeous updating of the asset register was not done to ensure compliance with the applicable accounting reporting framework.
75. Regular reconciliations were not always prepared for payables and accruals not recognised. This resulted in reliance on manual reconciliations at year-end. Due to the volume of manual reconciliation required, a number of errors were identified in the reconciliations by the external auditors.
76. The department did not have a proper record keeping system to maintain information that is complete, relevant, accessible and available to support accrued revenue.
77. The underlying systems and controls were inadequate to provide reliable evidence to support the reporting on predetermined objectives for programmes selected for auditing. Facility managers at certain facilities were not adequately reconciling monthly input forms to the registers at the facilities before signing them off. At certain facilities, changes effected on the District Health Information Software (DHIS) due to data clean-ups, were not adequately updated on the monthly input forms, which resulted in various misstatements identified. Furthermore, information was not adequately stored to ensure that it was easily retrievable.
78. The department did conduct a risk assessment as required by the PFMA however the risk assessment performed by the department was not adequately suitable to detect or prevent the number of control deficiencies identified as communicated in this report.
79. Audit committee did not have sufficient time to review the annual financial statement as the department did not meet the target date set for submission to audit committee before submitting to the external auditors, thus negatively affecting its effectiveness as an assurance provider to the leadership of the department.

Other Reports

80. I draw attention to the following engagements conducted by various parties that had, or could have, an impact on the matters reported in the department's financial statements, reported performance information, compliance with applicable legislation and other related matters. These reports did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.

81. The Directorate for Priority Crime Investigation (Hawks) are investigating allegations of irregularities in the supply chain management processes applied by the department. These proceedings were in progress at the date of this report.

Auditor General

Kimberley

31 July 2018



AUDITOR-GENERAL
SOUTH AFRICA

Auditing to build public confidence



Annexure — Auditor-General's responsibility for the audit

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

Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:
 - identify and assess the risks of material misstatement of the financial statements whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
 - obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control
 - evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer
 - conclude on the appropriateness of the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the department's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify the opinion on the financial statements. My conclusions are based on the information available to me at the date of this auditor's report. However, future events or conditions may cause a department to cease continuing as a going concern
 - evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation

Communication with those charged with governance

3. I communicate with the accounting officer regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.
4. I also confirm to the accounting officer that I have complied with relevant ethical requirements regarding independence, and communicate all relationships and other matters that may reasonably be thought to have a bearing on my independence and, where applicable, related safeguards.

NORTHERN CAPE DEPARTMENT OF HEALTH
VOTE 10

APPROPRIATION STATEMENT
for the year ended 31 March 2018

2.7.2 ANNUAL FINANCIAL STATEMENTS NORTHERN CAPE DEPARTMENT OF HEALTH

Appropriation per programme										
	2017/18					2016/17				
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	R'000
Programme	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
1. Administration	194,357	-	15,548	209,905	230,613	(20,708)	109.9%	198,037	219,343	
2. District Health Services	1,997,360	-	4,181	2,001,541	1,989,447	12,094	99.4%	1,913,500	1,915,040	
3. Emergency Medical Services	324,714	-	2,993	327,707	302,726	24,981	92.4%	313,859	291,112	
4. Provincial Hospital Services	344,574	-	(6,454)	338,120	338,577	(457)	100.2%	366,627	390,460	
5. Central Hospital Services	967,721	-	2,523	970,244	953,904	16,340	98.3%	967,372	945,261	
6. Health Sciences	130,073	-	(10,405)	119,668	98,661	21,007	82.4%	123,985	123,985	
7. Health Care Support Services	108,850	-	(8,708)	100,142	91,782	8,360	91.7%	100,043	108,599	
8. Health Facilities Management	562,643	-	322	562,965	561,271	1,694	99.7%	510,762	375,338	
Subtotal	4,630,292	-	-	4,630,292	4,567,352	62,940	98.6%	4,494,185	4,369,138	
Statutory Appropriation	-	-	-	-	-	-	-	-	-	
TOTAL	4,630,292	-	-	4,630,292	4,567,352	62,940	98.6%	4,494,185	4,369,138	

	2017/18		2016/17	
	Final Appropriation	Actual Expenditure	Final Appropriation	Actual Expenditure
TOTAL (brought forward)				
Reconciliation with statement of financial performance				
ADD				
Departmental receipts			-	
NRF Receipts	1,151		-	
Aid assistance				
Actual amounts per statement of financial performance (total revenue)	4,631,443		4,494,185	
ADD				
Aid assistance		118		
Prior year unauthorised expenditure approved without funding				
Actual amounts per statement of financial performance (total expenditure)		4,567,470		4,369,138

Appropriation per economic classification

	2017/18					2016/17			
	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	3,822,890	-	111,314	3,934,204	4,029,540	(95,336)	102.4%	3,784,383	3,806,289
Compensation of employees	2,500,141	-	-	2,500,141	2,572,131	(71,990)	102.9%	2,286,024	2,322,039
Salaries and wages	2,234,641	-	-	2,234,641	2,271,985	(37,344)	101.7%	2,005,197	2,047,423
Social contributions	265,500	-	-	265,500	300,146	(34,646)	113.0%	280,827	274,616
Goods and services	1,322,749	-	111,314	1,434,063	1,452,145	(18,082)	101.3%	1,498,359	1,479,782
Administrative fees	4,655	-	-	4,655	602	4,053	12.9%	7,211	1,224
Advertising	5,455	-	-	5,455	1,197	4,258	21.9%	8,289	1,511
Minor assets	17,899	-	-	17,899	3,392	14,507	19%	19,101	4,968
Audit costs: External	13,853	-	-	13,853	14,302	(449)	103.2%	13,193	15,491
Bursaries: Employees	2,135	-	-	2,135	839	1,296	39.3%	774	1,379
Catering: Departmental activities	4,806	-	-	4,806	6,499	(1,693)	135.2%	7,870	5,773
Communication	13,700	-	-	13,700	21,141	(7,441)	154.3%	13,153	26,255
Computer services	14,704	-	15,095	29,799	35,377	(5,578)	118.7%	19,908	33,370
Consultants: Business and advisory services	3,093	-	-	3,093	2,055	1,038	66.4%	2,061	2,472
Infrastructure and planning services	11	-	-	11	-	11	-	4	-
Laboratory services	137,388	-	-	137,388	115,421	21,967	84.0%	148,706	125,361
Legal services	4,665	-	-	4,665	9,767	(5,102)	209.4%	4,444	5,340
Contractors	113,188	-	(18,207)	94,981	166,199	(71,218)	175.0%	127,159	125,756
Agency and support / outsourced services	96,137	-	111,314	207,451	207,950	(499)	100.2%	108,336	115,772
Entertainment	233	-	-	233	-	233	-	222	-
Fleet services	80,870	(1,112)	-	79,758	59,650	20,108	74.8%	89,331	89,287
Inventory: Clothing material and supplies	3,431	-	-	3,431	1,095	2,336	31.9%	2,479	1,041
Inventory: Farming supplies	30	-	-	30	26	4	86.7%	28	3
Inventory: Food and food supplies	25,516	-	-	25,516	26,221	(705)	102.8%	28,224	29,190
Inventory: Fuel, oil and gas	20,617	-	-	20,617	12,423	8,194	60.3%	30,285	27,307
Inventory: Learner and teacher support material	108	-	-	108	-	108	-	103	-
Inventory: Materials and supplies	4,459	-	-	4,459	1,171	3,288	26.3%	6,104	2,359
Inventory: Medical supplies	139,629	1,112	(3,068)	137,673	118,277	19,396	85.9%	149,205	158,512
Inventory: Medicine	283,580	-	6,454	290,034	319,237	(29,203)	110.1%	310,450	311,074
Inventory: Other supplies	-	-	-	-	6,341	(6,341)	-	-	-
Consumable supplies	33,104	-	-	33,104	20,092	13,012	60.7%	32,035	46,105
Consumable: Stationery, printing and office supplies	18,629	-	-	18,629	12,798	5,831	68.7%	19,571	10,919
Operating leases	69,196	-	-	69,196	37,371	31,825	54.0%	92,857	110,068
Property payments	132,014	-	(7,519)	124,495	177,711	(53,216)	142.7%	169,789	175,369
Transport provided: Departmental activity	1,865	-	7,245	9,110	29,750	(20,640)	326.6%	1,755	7,531
Travel and subsistence	43,256	-	-	43,256	36,698	6,558	84.8%	49,803	33,326
Training and development	27,970	-	-	27,970	2,353	25,617	8.4%	24,316	8,574
Operating payments	3,628	-	-	3,628	2,704	924	74.5%	3,436	2,950
Venues and facilities	2,925	-	-	2,925	1,249	1,676	42.7%	8,157	756
Rental and hiring	-	-	-	-	2,237	(2,237)	-	-	739
Interest and rent on land	-	-	-	-	5,264	(5,264)	-	-	4,468

Programme 1: Administration	2017/18					2016/17			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Office of the MEC	12,362	(73)	-	12,289	16,940	(4,651)	137.8%	10,175	10,742
2. Management	181,995	73	15,548	197,616	213,673	(16,057)	108.1%	187,862	208,601
Total for sub programmes	194,357	-	15,548	209,905	230,613	(20,708)	109.9%	198,037	219,343
Economic classification									
Current payments	192,183	-	15,095	207,278	218,695	(11,417)	105.5%	195,890	207,365
Compensation of employees	126,312	-	-	126,312	127,715	(1,403)	101.1%	114,354	114,355
Salaries and wages	116,192	-	-	116,192	110,762	5,430	95.3%	100,426	99,046
Social contributions	10,120	-	-	10,120	16,953	(6,833)	167.5%	13,928	15,309
Goods and services	65,871	-	15,095	80,966	90,712	(9,746)	112.0%	81,536	92,457
Administrative fees	778	-	-	778	325	453	41.8%	740	680
Advertising	996	-	-	996	496	500	49.8%	948	1,069
Minor assets	304	-	-	304	176	128	57.9%	288	73
Audit costs: External	13,853	-	-	13,853	14,302	(449)	103.2%	13,193	15,491
Bursaries: Employees	-	-	-	-	38	(38)	-	-	12
Catering: Departmental activities	97	-	-	97	239	(142)	246.4%	92	867
Communication	10,399	-	-	10,399	15,377	(4,978)	147.9%	9,774	24,005
Computer services	4,983	-	15,095	20,078	25,786	(5,708)	128.4%	4,583	9,307
Consultants: Business and advisory services	612	-	-	612	1,786	(1,174)	291.8%	583	1,687
Infrastructure and planning services	7	-	-	7	-	7	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Legal services	4,652	-	-	4,652	9,767	(5,115)	210.0%	4,431	5,338
Contractors	1,715	-	-	1,715	180	1,535	10.5%	1,634	465
Agency and support / outsourced services	233	-	-	233	-	233	-	222	39
Entertainment	10,229	-	-	10,229	5,128	5,101	50.1%	9,631	7,880
Fleet services	-	-	-	-	1	(1)	-	-	-
Inventory: Clothing material and supplies	-	-	-	-	-	-	-	-	-
Inventory: Farming supplies	-	-	-	-	946	(946)	-	-	-
Inventory: Food and food supplies	-	-	-	-	2	(2)	-	-	1
Inventory: Fuel, oil and gas	-	-	-	-	-	-	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	87	(87)	-	-	3
Inventory: Medical supplies	-	-	-	-	566	(566)	-	-	373
Inventory: Medicine	-	-	-	-	(915)	915	-	-	(2,836)
Inventory: Other supplies	-	-	-	-	-	-	-	-	-
Consumable supplies	1,097	-	-	1,097	913	184	83.2%	1,045	780
Consumable: Stationery, printing and office supplies	2,044	-	-	2,044	2,242	(198)	109.7%	1,946	1,429
Operating leases	3,696	-	-	3,696	2,273	1,423	61.5%	19,736	10,535
Property payments	3,161	-	-	3,161	2,699	462	85.4%	3,010	3,857
Transport provided: Departmental activity	-	-	-	-	-	-	-	-	17

Travel and subsistence	6,203	-	6,203	7,657	(1,454)	123.4%	8,907	10,185
Training and development	147	-	147	6	141	4.1%	140	698
Operating payments	359	-	359	298	61	83.0%	342	167
Venues and facilities	306	-	306	337	(31)	110.1%	291	224
Rental and hiring	-	-	-	-	-	-	-	111
Interest and rent on land	-	-	-	268	(268)	-	-	553
Interest	-	-	-	268	(268)	-	-	553
Rent on land	-	-	-	-	-	-	-	-
Transfers and subsidies	229	-	656	9,656	(9,000)	1472.0%	295	295
Provinces and municipalities	-	1	1	1	-	100.0%	1	1
Provinces	-	-	-	-	-	-	-	1
Provincial Revenue Funds	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	1
Municipal bank accounts	-	1	1	1	-	100.0%	-	-
Municipal agencies and funds	-	1	1	1	-	100.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-
Departmental agencies	-	-	-	-	-	-	-	-
Non-profit institutions	122	(122)	-	-	-	-	-	-
Households	107	121	655	9,655	(9,000)	1474.0%	294	294
Social benefits	107	54	588	588	-	100.0%	136	136
Other transfers to households	-	67	67	9,067	(9,000)	13532.8%	158	158
Payments for capital assets	1,945	-	1,971	2,262	(291)	114.8%	1,852	11,683
Buildings and other fixed structures	-	-	-	345	(345)	-	-	-
Buildings	-	-	-	345	(345)	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-
Machinery and equipment	1,945	-	1,971	1,917	54	97.3%	1,852	11,683
Transport equipment	981	-	981	956	25	97.5%	-	-
Other machinery and equipment	964	-	990	961	29	97.1%	1,852	11,683
Intangible assets	-	-	-	-	-	-	-	-
Payments for financial assets	194,357	-	209,905	230,613	(20,708)	109.9%	198,037	219,343

1.1 OFFICE OF THE MEC		2017/18						2016/17	
		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	R'000
Current payments	11,259	-	-	11,259	15,910	(4,651)	141.3%	10,017	10,450
Compensation of employees	6,201	-	-	6,201	7,304	(1,103)	117.8%	5,201	5,900
Goods and services	5,058	-	-	5,058	8,524	(3,466)	168.5%	4,816	4,538
Interest and rent on land	-	-	-	-	82	(82)	-	-	12
Transfers and subsidies	122	(73)	-	49	49	-	100.0%	158	158
Provinces and municipalities	-	1	-	1	1	-	100.0%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	122	(122)	-	-	-	-	-	-	-
Households	-	48	-	48	48	-	100.0%	158	158
Payments for capital assets	981	-	-	981	981	-	100.0%	-	134
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	981	-	-	981	981	-	100.0%	-	134
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	12,362	(73)	-	12,289	16,940	(4,651)	137.8%	10,175	10,742

1.2 MANAGEMENT	2017/18						2016/17		
	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	180,924	-	15,095	196,019	202,785	(6,766)	103.5%	185,873	196,915
Compensation of employees	120,111	-	-	120,111	120,411	(300)	100.2%	109,153	108,455
Goods and services	60,813	-	15,095	75,908	82,188	(6,280)	108.3%	76,720	87,919
Interest and rent on land	-	-	-	-	186	(186)	-	-	541
Transfers and subsidies	107	73	427	607	9,607	(9,000)	1582.7%	137	137
Provinces and municipalities	-	-	-	-	-	-	-	1	1
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	107	73	427	607	9,607	(9,000)	1582.7%	136	136
Payments for capital assets	964	-	26	990	1,281	(291)	129.4%	1,852	11,549
Buildings and other fixed structures	-	-	-	-	345	(345)	-	-	-
Machinery and equipment	964	-	26	990	936	54	94.5%	1,852	11,549
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	181,995	73	15,548	197,616	213,673	(16,057)	108.1%	187,862	208,601

Programme 2: DISTRICT HEALTH SERVICES

	2017/18					2016/17			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. District Management	144,722	20	-	144,742	171,628	(26,886)	118.6%	140,651	210,186
2. Community Health Clinics	423,684	(104)	-	423,580	444,186	(20,606)	104.9%	419,317	415,747
3. Community Health Centres	279,775	84	(427)	279,432	288,843	(9,411)	103.4%	274,509	257,988
4. Other Community Services	73,122	-	-	73,122	68,414	4,708	93.6%	66,495	63,431
5. HIV/AIDS	539,229	-	(10,962)	528,267	453,285	74,982	85.8%	459,058	419,098
6. Nutrition	4,700	-	-	4,700	2,390	2,461	47.6%	4,353	3,502
7. District Hospitals	532,128	-	15,570	547,698	560,800	(13,102)	102.4%	549,117	545,088
Total for sub programmes	1,997,360	-	4,181	2,001,541	1,989,395	12,146	99.4%	1,913,500	1,915,040
Economic classification									
Current payments	1,849,592	-	115,922	1,965,514	1,975,251	(9,737)	100.5%	1,785,018	1,787,888
Compensation of employees	1,166,729	-	15,570	1,182,299	1,214,177	(31,878)	102.7%	1,039,165	1,084,731
Salaries and wages	1,026,907	-	15,570	1,042,477	1,067,925	(25,448)	102.4%	898,881	952,297
Social contributions	139,822	-	-	139,822	146,252	(6,430)	104.6%	140,284	132,434
Goods and services	682,863	-	100,352	783,215	758,313	24,902	96.8%	745,853	701,718
Administrative fees	704	-	-	704	54	650	7.7%	1,111	161
Advertising	3,147	-	-	3,147	691	2,456	22.0%	5,998	38
Minor assets	7,463	-	-	7,463	1,648	5,815	23.0%	12,721	2,731
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	138	-	-	138	30	108	21.7%	132	42
Catering: Departmental activities	3,948	-	-	3,948	1,413	2,535	35.8%	7,063	2,427
Communication	984	-	-	984	4,977	(3,993)	505.8%	1,173	1,877
Computer services	5,280	-	-	5,280	5,864	(584)	111.1%	11,243	14,155
Consultants: Business and advisory services	1,349	-	-	1,349	109	1,240	8.1%	526	116
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	95,281	-	-	95,281	73,649	21,632	77.3%	89,915	103,284

Provincial Revenue Funds	27	-	-	27	44	(17)	163.0%	-	-
Provincial agencies and funds	8,915	(188)	-	8,727	-	8,727	-	567	1,358
Municipalities	178	188	-	366	57	309	15.6%	837	57
Municipal bank accounts	178	188	-	366	57	309	15.6%	668	-
Municipal agencies and funds	-	-	-	-	-	-	-	169	57
Departmental agencies and accounts	-	-	-	-	-	-	-	2	2
Social security funds	-	-	-	-	-	-	-	1	1
Departmental agencies	-	-	-	-	-	-	-	1	1
Non-profit institutions	114,328	-	(111,314)	3,014	-	3,014	-	106,474	106,474
Households	5,703	-	(427)	5,276	5,276	-	100.0%	5,534	5,534
Social benefits	5,703	-	(427)	5,276	4,766	510	90.3%	5,534	4,710
Other transfers to households	-	-	-	-	510	(510)	-	-	824
Payments for capital assets	18,617	-	-	18,617	8,818	9,799	47.4%	15,068	13,727
Buildings and other fixed structures	-	-	-	-	1,473	(1,473)	-	-	1,180
Buildings	-	-	-	-	1,473	(1,473)	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	1,180
Machinery and equipment	18,617	-	-	18,617	7,345	11,272	39.5%	15,068	12,547
Transport equipment	-	-	-	-	-	-	-	-	-
Other machinery and equipment	18,617	-	-	18,617	7,345	11,272	39.4%	15,068	12,547
Heritage assets	-	-	-	-	-	-	-	-	-
Specialised military assets	-	-	-	-	-	-	-	-	-
Biological assets	-	-	-	-	-	-	-	-	-
Land and subsoil assets	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	1,997,360	-	4,181	2,001,541	1,989,395	12,146	99.4%	1,913,500	1,915,040

1 DISTRICT MANAGEMENT

	2017/18						2016/17		
	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	144,137	-	-	144,137	171,229	(27,092)	118.8%	135,066	205,184
Compensation of employees	116,372	-	-	116,372	125,726	(9,354)	108.0%	108,646	114,497
Goods and services	27,765	-	-	27,765	45,489	(17,724)	163.8%	26,420	90,655
Interest and rent on land	-	-	-	-	14	(14)	-	-	32
Transfers and subsidies	27	20	-	47	332	(285)	708.5%	129	594
Provinces and municipalities	27	20	-	47	19	28	40.4%	26	40
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	313	(313)	-	103	554
Payments for capital assets	558	-	-	558	67	491	12.0%	5,456	4,408
Buildings and other fixed structures	-	-	-	-	59	(59)	-	-	-
Machinery and equipment	558	-	-	558	8	550	1.4%	5,456	4,408
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	144,722	20	-	144,742	171,628	(26,886)	118.6%	140,651	210,186

2.2 COMMUNITY HEALTH CLINICS

	2017/18					2016/17			
	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	413,003	-	-	413,003	441,593	(28,590)	106.9%	417,477	414,459
Compensation of employees	289,335	-	-	289,335	282,037	7,298	97.5%	275,082	258,214
Goods and services	123,668	-	-	123,668	159,336	(35,668)	128.8%	142,395	156,061
Interest and rent on land	-	-	-	-	220	(220)	-	-	184
Transfers and subsidies	9,951	(104)	-	9,847	1,134	8,713	11.5%	1,527	1,136
Provinces and municipalities	9,011	(104)	-	8,907	2	8,905	0.0%	632	8
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	940	-	-	940	1,132	(192)	120.4%	895	1,128
Payments for capital assets	730	-	-	730	1,459	(729)	199.9%	313	152
Buildings and other fixed structures	-	-	-	-	632	(632)	-	-	75
Machinery and equipment	730	-	-	730	827	(97)	113.3%	313	77
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	423,684	(104)	-	423,580	444,186	(20,606)	104.9%	419,317	415,747

2.3 COMMUNITY HEALTH CENTRES

	2017/18					2016/17			
	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	274,824	-	-	274,824	287,194	(12,370)	104.5%	271,658	255,695
Compensation of employees	187,846	-	-	187,846	198,944	(11,098)	105.9%	176,361	175,346
Goods and services	86,978	-	-	86,978	87,348	(370)	100.4%	95,297	80,132
Interest and rent on land	-	-	-	-	902	(902)	-	-	217
Transfers and subsidies	2,032	84	(427)	1,689	950	739	56.2%	1,936	1,372
Provinces and municipalities	82	84	-	166	80	86	48.2%	78	91
Departmental agencies and accounts	-	-	-	-	-	-	-	1	1
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,950	-	(427)	1,523	870	653	57.1%	1,857	1,280
Payments for capital assets	2,919	-	-	2,919	699	2,220	23.9%	915	921
Buildings and other fixed structures	-	-	-	-	586	(586)	-	-	829
Machinery and equipment	2,919	-	-	2,919	113	2,806	3.9%	915	92
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	279,775	84	(427)	279,432	288,843	(9,411)	103.4%	274,509	257,988

2.4 OTHER COMMUNITY SERVICES

	2017/18						2016/17		
	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	68,870	-	-	68,870	68,354	516	99.3%	61,195	58,078
Compensation of employees	48,529	-	-	48,529	64,554	(16,025)	133.0%	41,807	48,489
Goods and services	20,341	-	-	20,341	3,800	16,541	18.7%	19,388	9,589
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	3,014	-	-	3,014	60	2,954	2.0%	4,791	4,845
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	3,014	-	-	3,014	-	3,014	-	4,791	4,791
Households	-	-	-	-	60	(60)	-	-	54
Payments for capital assets	1,238	-	-	1,238	-	1,238	-	509	508
Buildings and other fixed structures	-	-	-	-	-	-	-	-	260
Machinery and equipment	1,238	-	-	1,238	-	1,238	-	509	248
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	73,122	-	-	73,122	68,414	4,708	93.6%	66,495	63,431

2.5 HIV/AIDS	2017/18						2016/17		
	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	423,662	-	100,352	524,014	447,811	76,252	85.4%	354,855	314,880
Compensation of employees	136,486	-	-	136,486	120,341	16,145	88.2%	75,313	89,017
Goods and services	287,176	-	100,352	387,528	326 886	60,642	84.4%	279,542	225,250
Interest and rent on land	-	-	-	-	535	(535)	-	-	613
Transfers and subsidies	111,899	-	(111,314)	585	280	305	47.9%	102,908	102,968
Provinces and municipalities	-	-	-	-	-	-	-	668	1,250
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	111,314	-	(111,314)	-	-	-	-	101,683	101,683
Households	585	-	-	585	280	305	47.9%	557	35
Payments for capital assets	3,668	-	-	3,668	5,243	(1,575)	142.9%	1,295	1,250
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	3,668	-	-	3,668	5,243	(1,575)	142.9%	1,295	1,250
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	539,229	-	(10,962)	528,267	453,285	74,982	85.8%	459,058	419,098

2.6 NUTRITION		2017/18						2016/17	
		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	4,619	-	-	4,619	2,290	2,329	49.6%	4,353	3,485
Compensation of employees	2,033	-	-	2,033	1,749	284	86.0%	1,913	1,793
Goods and services	2,586	-	-	2,586	490	2,096	18.9%	2,440	1,692
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	81	-	-	81	-	81	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	81	-	-	81	-	81	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	4,700	-	-	4,700	2,239	2,461	47.6%	4,353	3,502

2.7 DISTRICT HOSPITALS

	2017/18					2016/17			
	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	520,477	-	15,570	536,047	556,841	(20,794)	103.9%	540,414	536,107
compensation of employees	386,128	-	15,570	401,698	420,826	(19,128)	104.8%	360,043	397,375
Goods and services	134,349	-	-	134,349	134,976	(627)	100.5%	180,371	138,339
Interest and rent on land	-	-	-	-	1,039	(1,039)	-	-	393
Transfers and subsidies	2,228	-	-	2,228	2,621	(393)	117.6%	2,123	2,493
Provinces and municipalities	-	-	-	-	-	-	-	-	26
Departmental agencies and accounts	-	-	-	-	-	-	-	1	1
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	2,228	-	-	2,228	2,621	(393)	117.6%	2,122	2,466
Payments for capital assets	9,423	-	-	9,423	1,338	8,085	14.2%	6,580	6,488
Buildings and other fixed structures	-	-	-	-	196	(196)	-	-	16
Machinery and equipment	9,423	-	-	9,423	1,142	8,281	12.1%	6,580	6,472
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	532,128	-	15,570	547,698	560,800	(13,102)	102.4%	549,117	545,088

Programme 3: EMERGENCY MEDICAL SERVICES

	2017/18					2016/17			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Emergency Transport	321,934	2,780	2,993	327,707	302,726	24,981	92.4%	313,847	291,100
2. Planned Patient Transport	2,780	(2,780)	-	-	-	-	-	12	12
Total for sub programmes	324,714	-	2,993	327,707	302,726	24,981	92.4%	313,859	291,112
Economic classification									
Current payments	268,408	-	7,245	275,653	282,066	(6,413)	102.3%	266,377	267,649
Compensation of employees	186,570	-	-	186,570	191,360	(4,790)	102.6%	182,080	182,080
Salaries and wages	161,971	-	-	161,971	162,889	(918)	100.6%	156,607	155,867
Social contributions	24,599	-	-	24,599	28,471	(3,872)	115.7%	25,473	26,213
Goods and services	81,838	-	7,245	89,083	89,176	(93)	100.4%	84,297	84,297
Administrative fees	-	-	-	-	12	(12)	-	-	3
Advertising	117	-	-	117	-	117	-	111	-
Minor assets	4,082	-	-	4,082	237	3,845	5.8%	400	179
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-	5
Catering: Departmental activities	82	-	-	82	16	66	19.5%	78	48
Communication	835	-	-	835	4	831	0.5%	796	22
Computer services	267	-	-	267	-	267	-	254	-
Consultants: Business and advisory services	-	-	-	-	-	-	-	-	17
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	2,223	-	-	2,223	94	2,129	4.2%	2,117	92

Agency and support / outsourced services	21	-	-	116	(95)	552.4%	20	124
Entertainment	-	-	-	-	-	-	-	-
Fleet services	54,683	(1,112)	44,131	9,440	69,772	82.4%	69,772	69,581
Inventory: Clothing material and supplies	1,617	-	-	1,617	515	-	515	-
Inventory: Farming supplies	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	-	-	-	-	-
Inventory: Fuel, oil and gas	1,693	-	33	1,660	613	1.9%	613	409
Inventory: Learner and teacher support material	108	-	-	108	103	-	103	-
Inventory: Materials and supplies	363	-	5	358	345	1.4%	345	12
Inventory: Medical supplies	1,204	1,112	3,232	(916)	1,147	139.6%	1,147	592
Inventory: Medicine	819	-	59	760	780	7.2%	780	19
Inventory: Other supplies	-	-	16	(16)	-	-	-	-
Consumable supplies	-	-	70	650	674	9.7%	674	14
Consumable: Stationery, printing and office supplies	810	-	255	555	387	31.5%	387	668
Operating leases	9,218	-	8763	455	3,637	95.1%	3,637	2,703
Property payments	1,020	-	755	265	971	74.0%	971	592
Transport provided: Departmental activity	7,245	-	29,743	(22,498)	-	410.5%	-	7,171
Travel and subsistence	1,805	-	1,242	563	1,433	68.8%	1,433	1,505
Training and development	-	-	-	-	-	-	-	-
Operating payments	151	-	393	(242)	144	260.3%	144	23
Venues and facilities	-	-	-	-	-	-	-	-
Rental and hiring	-	-	-	-	-	-	-	518
Interest and rent on land	-	-	1,530	(1,530)	-	-	-	1,272
Interest	-	-	1,530	(1,530)	-	-	-	1,272
Rent on land	-	-	-	-	-	-	-	-
Transfers and subsidies	405	-	253	152	268	62.5%	268	267
Provinces and municipalities	405	-	110	295	81	27.2%	81	80

Provinces	-	-	-	-	110	(110)	-	-	80
Provincial Revenue Funds	-	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	110	(110)	-	-	80
Municipalities	405	-	405	-	-	405	81	-	-
Municipal bank accounts	405	-	405	-	-	405	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Social security funds	-	-	-	-	-	-	-	-	-
Departmental agencies	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	143	-	(143)	187	-	187
Social benefits	-	-	-	143	-	(143)	187	-	187
Other transfers to households	-	-	-	-	-	-	-	-	-
Payments for capital assets	55,901	-	51,649	20,407	31,242	47,214	39.5%	23,196	23,196
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Buildings	-	-	-	-	-	-	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	55,901	-	51,649	20,407	31,242	47,214	39.5%	23,196	23,196
Transport equipment	55,901	-	51,649	14,275	37,374	47,214	27.6%	23,082	23,082
Other machinery and equipment	-	-	-	6,132	(6,132)	-	-	-	114
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	324,714	2,993	327,707	302,726	24,981	313,859	92.4%	291,112	291,112

3.1 EMERGENCY TRANSPORT	2017/18							2016/17		
	Economic classification	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	265,628	2,780	7,245	7,245	275,653	282,066	(6,413)	102.3%	266,365	267,637
Compensation of employees	184,902	1,668	-	-	186,570	191,360	(4,790)	102.6%	182,080	182,080
Goods and services	80,726	1,112	7,245	7,245	89,083	89,176	(93)	100.1%	84,285	84,285
Interest and rent on land	-	-	-	-	-	1,530	(1,530)	-	-	1,272
Transfers and subsidies	405	-	-	-	405	253	152	62.5%	268	267
Provinces and municipalities	405	-	-	-	405	110	295	27.2%	81	80
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	143	(143)	-	187	187
Payments for capital assets	55,901	-	(4,252)	(4,252)	51,649	20,407	31,242	39.5%	47,214	23,196
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	55,901	-	(4,252)	(4,252)	51,649	20,407	31,242	39.5%	47,214	23,196
Intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total	321,934	2,780	2,993	2,993	327,707	302,726	24,981	92.4%	313,847	291,100

3.2 PLANNED PATIENT TRANSPORT

	2017/18					2016/17			
	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	2,780	(2,780)	-	-	-	-	-	12	12
Compensation of employees	1,668	(1,668)	-	-	-	-	-	-	-
Goods and services	1,112	(1,112)	-	-	-	-	-	12	12
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	-	-	-	-	-	-	-	-	-
Total	2,780	(2,780)	-	-	-	-	-	12	12

Programme 4: PROVINCIAL HOSPITALS SERVICES

	2017/18					2016/17			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. General (Regional) Hospitals	273,362	326	(7,519)	266,169	264,354	1,815	99.3%	296,012	316,737
2. Tuberculosis Hospitals	16,342	(233)	21	16,130	12,802	3,328	79.4%	18,788	13,156
3. Psychiatric/Mental Hospitals	54,870	(93)	1,044	55,821	61,421	(5,600)	110.0%	51,827	60,567
Total for sub programmes	344,574	-	(6,454)	338,120	338,577	(457)	100.1%	366,627	390,460
Economic classification									
Current payments	343,254	-	(7,519)	335,735	336,578	(843)	100.3%	366,004	389,226
Compensation of employees	250,349	-	-	250,349	254,876	(4,527)	101.8%	222,878	222,090
Salaries and wages	230,475	-	-	230,475	225,619	4,856	97.9%	195,121	196,353
Social contributions	19,874	-	-	19,874	29,257	(9,383)	147.2%	27,757	25,737
Goods and services	92,905	-	(7,519)	85,386	81,675	3,711	95.7%	143,126	166,885
Administrative fees	97	-	-	97	57	40	58.8%	1,520	53
Advertising	204	-	-	204	3	201	1.5%	195	-
Minor assets	764	-	-	764	403	361	52.7%	728	296
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	8	-	-	8	-	8	-	8	3
Catering: Departmental activities	82	-	-	82	567	(485)	691.5%	78	124
Communication	614	-	-	614	40	574	6.5%	584	20
Computer services	1,929	-	-	1,929	330	1,599	17.1%	1,837	1,947
Consultants: Business and advisory services	3	-	-	3	12	(9)	400.0%	3	11
Infrastructure and planning services	4	-	-	4	-	4	-	4	-
Laboratory services	4,676	-	-	4,676	661	4,015	14.1%	9,871	5,757
Legal services	13	-	-	13	-	13	-	13	-
Contractors	2,327	-	-	2,327	9,291	(6,964)	399.3%	25,460	41,842
Agency and support / outsourced services	11,790	-	-	11,790	14,652	(2,862)	124.3%	14,699	35,756

Municipalities	-	326	-	326	-	326	-	-	-	-
Municipal bank accounts	-	326	-	326	-	-	-	-	-	-
Municipal agencies and funds	-	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	4	4
Social security funds	-	-	-	-	-	-	-	-	-	-
Departmental agencies	-	-	-	-	-	-	-	-	4	4
Non-profit institutions	-	-	-	-	-	-	-	-	-	-
Households	1,136	(326)	750	810	750	60	92.6%	444	444	444
Social benefits	1,136	(326)	750	810	750	60	92.6%	444	444	444
Other transfers to households	-	-	-	-	-	-	-	-	-	-
Payments for capital assets	184	-	1,249	1,249	1,249	-	100.0%	175	175	786
Buildings and other fixed structures	-	-	21	21	21	-	100.0%	-	-	-
Buildings	-	-	21	21	21	-	100.0%	-	-	-
Other fixed structures	-	-	-	-	-	-	-	-	-	-
Machinery and equipment	184	-	1,228	1,228	1,228	-	100.0%	175	175	786
Transport equipment	-	-	-	-	-	-	-	-	-	-
Other machinery and equipment	184	-	1,228	1,228	1,228	-	100.0%	175	175	786
Intangible assets	-	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-	-
Total	344,574	-	338,120	338,120	338,577	(457)	100.1%	366,627	366,627	390,460

4.1 GENERAL (REGIONAL) HOSPITALS

	2017/18					2016/17			
	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	272,818	-	(7,519)	265,299	263,121	1,550	99.4%	295,669	315,976
Compensation of employees	195,287	-	-	195,287	198,749	(3,286)	101.7%	173,298	173,298
Goods and services	77,531	-	(7,519)	70,012	65,155	4,857	93.1%	122,371	142,551
Interest and rent on land	-	-	-	-	21	(21)	-	-	127
Transfers and subsidies	544	326	-	870	605	265	69.5%	343	343
Provinces and municipalities	-	326	-	326	-	326	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	4	4
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	544	-	-	544	605	(61)	111.2%	339	339
Payments for capital assets	-	-	-	-	-	-	-	-	418
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	418
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	273,362	326	(7,519)	266,169	264,354	1,815	99.3%	296,012	316,737

4.2 TUBERCULOSIS HOSPITALS

	2017/18						2016/17		
	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	15,919	-	-	15,919	12,712	3,207	79.9%	18,756	13,124
Compensation of employees	9,333	-	-	9,333	11,685	(2,352)	125.2%	11,802	11,014
Goods and services	6,586	-	-	6,586	1,027	5,559	15.6%	6,954	2,110
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	239	(49)	-	190	69	121	36.3%	32	32
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	239	(49)	-	190	69	121	36.3%	32	32
Payments for capital assets	184	(184)	21	21	21	-	100.0%	-	-
Buildings and other fixed structures	-	-	21	21	21	-	100.0%	-	-
Machinery and equipment	184	(184)	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	16,342	(233)	21	16,130	12,802	3,328	79.4%	18,788	13,156

4.3 PSYCHIATRIC/ MENTAL HOSPITALS

Economic classification	2017/18					2016/17			
	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
Current payments	54,517	-	-	54,517	60,117	(5,600)	110.3%	51,579	60,126
Compensation of employees	45,729	-	-	45,729	44,618	1,111	97.6%	37,778	37,778
Goods and services	8,788	-	-	8,788	15,493	(6,705)	176.3%	13,801	22,224
Interest and rent on land	-	-	-	-	6	(6)	-	-	124
Transfers and subsidies	353	(277)	-	76	76	-	100.0%	73	73
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	353	(277)	-	76	76	-	100.0%	73	73
Payments for capital assets	-	184	1,044	1,228	1,228	-	100.0%	175	368
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	184	1,044	1,228	1,228	-	100.0%	175	368
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	54,870	(93)	1,044	55,821	61,421	(5,600)	110.0%	51,827	60,567

Programme 5: CENTRAL HOSPITAL SERVICES

	2017/18					2016/17				
	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	967,721	-	2,523	970,244	954,327	15,917	98.4%	967,372	945,261	
Total for sub programmes	967,721	-	2,523	970,244	954,327	15,917	98.4%	967,372	945,261	
Economic classification										
Current payments	891,081	-	1,289	892,370	921,837	(29,467)	103.3%	921,630	922,664	
Compensation of employees	640,711	-	(5,165)	635,546	679,706	(44,160)	106.9%	609,254	613,808	
Salaries and wages	583,700	-	(5,165)	578,535	613,748	(35,213)	106.1%	549,626	552,061	
Social contributions	57,011	-	-	57,011	65,958	(8,947)	115.7%	59,628	61,747	
Goods and services	250,370	-	6,454	256,824	241,824	15,000	94.2%	312,376	308,484	
Administrative fees	240	-	-	240	58	182	24.2%	295	103	
Advertising	337	-	-	337	3	334	0.9%	321	404	
Minor assets	1,218	-	-	1,218	636	582	52.2%	1,111	450	
Audit costs: External	-	-	-	-	-	-	-	-	-	
Bursaries: Employees	47	-	-	47	129	(82)	274.5%	45	227	
Catering: Departmental activities	173	-	-	173	1,858	(1,685)	1074.0%	165	27	
Communication	182	-	-	182	169	13	92.9%	173	315	
Computer services	1,655	-	-	1,655	2,613	(958)	157.9%	1,429	7,710	
Consultants: Business and advisory services	333	-	-	333	133	200	39.9%	317	428	
Infrastructure and planning services	-	-	-	-	-	-	-	-	-	
Laboratory services	37,431	-	-	37,431	41,111	(3,680)	109.8%	48,920	16,320	
Legal services	-	-	-	-	-	-	-	-	-	
Contractors	26,556	-	-	26,556	19,290	7,266	72.6%	28,852	12,786	
Agency and support / outsourced services	37,057	-	-	37,057	33,175	3,882	89.5%	43,067	36,421	
Entertainment	-	-	-	-	-	-	-	-	-	
Fleet services	107	-	-	107	216	(109)	201.9%	102	64	

Inventory: Clothing material and supplies	566	-	-	566	60	89.4%	539	436
Inventory: Farming supplies	-	-	25	(25)	-	-	-	-
Inventory: Food and food supplies	3,213	-	1,567	1,646	1,646	48.8%	3,060	1,906
Inventory: Fuel, oil and gas	8,824	-	9,293	(469)	(469)	105.3%	15,932	18,955
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	1,563	-	335	1,228	1,228	21.4%	1,679	1,347
Inventory: Medical supplies	60,848	-	60,403	445	445	99.3%	64,482	79,396
Inventory: Medicine	27,932	6,454	39,909	(5,523)	(5,523)	116.1%	46,440	57,517
Inventory: Other supplies	-	-	2,006	(2,006)	-	-	-	-
Consumable supplies	6,674	-	2,889	3,785	3,785	43.3%	6,311	7,910
Consumable: Stationery, printing and office supplies	2,702	-	3,830	(1,128)	(1,128)	141.7%	2,549	2,187
Operating leases	6,771	-	4,310	2,461	2,461	63.7%	15,271	36,473
Property payments	23,765	-	18,059	5,706	5,706	76.0%	29,244	25,971
Transport provided: Departmental activity	-	-	7	(7)	-	-	-	65
Travel and subsistence	1,241	-	404	837	837	32.6%	1,182	354
Training and development	271	-	20	251	251	7.4%	258	128
Operating payments	664	-	416	248	248	62.7%	632	584
Venues and facilities	-	-	-	-	-	-	-	-
Rental and hiring	-	-	(1,547)	1,547	1,547	-	-	-
Interest and rent on land	-	-	307	(307)	(307)	-	-	372
Interest	-	-	307	(307)	(307)	-	-	372
Rent on land	-	-	-	-	-	-	-	-
Transfers and subsidies	2,199	-	1,813	386	386	82.4%	1,817	1,850
Provinces and municipalities	-	-	-	-	-	-	-	-
Provinces	-	-	-	-	-	-	-	-
Provincial Revenue Funds	-	-	-	-	-	-	-	-
Provincial agencies and funds	-	-	-	-	-	-	-	-
Municipalities	-	-	-	-	-	-	-	-
Municipal bank accounts	-	-	-	-	-	-	-	-

5.1 PROVINCIAL TERTIARY HOSPITAL SERVICES

Economic classification	2017/18					2016/17			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	891,081	-	1,289	892,370	921,837	(29,467)	103.3%	921,630	922,664
Compensation of employees	640,711	-	(5,165)	635,546	679,706	(44,160)	106.9%	609,254	613,808
Goods and services	250,370	-	6,454	256,824	241,824	15,000	94.2%	312,376	308,484
Interest and rent on land	-	-	-	-	307	(307)	-	-	372
Transfers and subsidies	2,199	-	-	2,199	1,813	386	82.4%	1,817	1,830
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	751	(737)	-	14	14	14	-	264	264
Households	1,448	737	-	2,185	1,813	372	83.0%	1,553	1,566
Payments for capital assets	74,441	-	1,234	75,675	30,677	44,998	40.5%	43,925	20,767
Buildings and other fixed structures	74,441	-	-	74,441	299	74,142	0.4%	-	-
Machinery and equipment	-	-	948	948	29,603	(28,655)	3122.7%	43,925	20,767
Intangible assets	-	-	286	286	775	(489)	271.0%	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	967,721	-	2,523	970,244	953,327	15,917	98.4%	967,372	945,261

Programme 6: HEALTH SCIENCES AND TRAINING

	2017/18					2016/17			
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme									
1. Nurse Training College	62,387	-	(10,405)	51,982	50,717	1,265	97.6%	63,584	58,569
2. EMS Training College	4,479	-	-	4,479	11	4,468	0.2%	3,416	1,049
3. Bursaries	26,217	-	-	26,217	43,531	(17,314)	166.0%	24,430	56,620
4. Primary Health Care Training	1,580	-	-	1,580	375	1,205	23.7%	29	29
5. Training Other	35,410	-	-	35,410	4,027	31,383	11.4%	32,526	7,718
Total for sub programmes	130,073	-	(10,405)	119,668	98,661	21,007	82.4%	123,985	123,985
Economic classification									
Current payments	114,322	-	(10,405)	103,917	59,747	44,170	57.5%	108,357	72,945
Compensation of employees	45,154	-	(10,405)	34,749	18,681	16,068	53.8%	42,191	26,140
Salaries and wages	42,440	-	(10,405)	32,035	16,482	15,553	51.4%	38,581	23,573
Social contributions	2,714	-	-	2,714	2,199	515	81.0%	3,610	2,567
Goods and services	69,168	-	-	69,168	41,023	28,145	59.3%	66,166	46,805
Administrative fees	2,749	-	-	2,749	70	2,679	2.5%	3,439	191
Advertising	100	-	-	100	4	96	4.0%	95	-
Minor assets	758	-	-	758	(13)	771	(1.7%)	712	37
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	1,900	-	-	1,900	642	1,258	33.8%	549	1,090
Catering: Departmental activities	341	-	-	341	2,393	(2,052)	701.8%	320	2,251
Communication	218	-	-	218	-	218	-	208	-
Computer services	373	-	-	373	278	95	74.5%	356	251
Consultants: Business and advisory services	526	-	-	526	-	526	-	501	213
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-

Contractors	314	-	314	125	189	39.8%	299	-
Agency and support / outsourced services	574	-	574	-	574	-	547	21
Entertainment	-	-	-	-	-	-	-	-
Fleet services	-	-	-	349	(349)	-	-	257
Inventory: Clothing material and supplies	-	-	-	3	(3)	-	-	31
Inventory: Farming supplies	-	-	-	-	-	-	-	-
Inventory: Food and food supplies	-	-	-	36	(36)	-	-	-
Inventory: Fuel, oil and gas	380	-	380	-	380	-	-	-
Inventory: Learner and teacher support material	-	-	-	-	-	-	-	-
Inventory: Materials and supplies	-	-	-	-	-	-	-	-
Inventory: Medical supplies	-	-	-	48	(48)	-	-	-
Inventory: Medicine	-	-	-	-	-	-	-	-
Inventory: Other supplies	-	-	-	-	-	-	-	-
Consumable supplies	371	-	371	95	276	25.6%	351	410
Consumable: Stationery, printing and office supplies	2,559	-	2,559	862	1,697	33.7%	2,436	448
Operating leases	15,810	-	15,810	15,397	413	97.4%	15,580	26,080
Property payments	2,731	-	2,731	2,147	584	78.6%	4,343	1,113
Transport provided: Departmental activity	-	-	-	-	-	-	-	-
Travel and subsistence	14,956	-	14,956	12,594	2,362	84.2%	15,886	7,251
Training and development	23,974	-	23,974	2,169	21,805	9.0%	20,040	7,052
Operating payments	44	-	44	74	(30)	168.2%	40	35
Venues and facilities	490	-	490	33	457	6.7%	464	74
Rental and hiring	-	-	-	3,717	(3,717)	-	-	-
Interest and rent on land	-	-	-	43	(43)	-	-	-
Interest	-	-	-	43	(43)	-	-	-
Rent on land	-	-	-	-	-	-	-	-
Transfers and subsidies	14,113	-	14,113	38,867	(24,754)	275.4%	15,358	51,022
Provinces and municipalities	-	-	-	-	-	-	8	8

6.1 NURSE TRAINING COLLEGE											
	2017/18						2016/17				
	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	61,251	-	(10,405)	50,846	50,637	209	99.6%	63,281	58,518		
Compensation of employees	34,931	-	(10,405)	24,526	18,359	6,167	74.9%	32,464	25,183		
Goods and services	26,320	-	-	26,320	32,274	(5,954)	122.6%	30,817	33,335		
Interest and rent on land	-	-	-	-	4	(4)	-	-	-		
Transfers and subsidies	89	-	-	89	33	56	37.1%	33	33		
Provinces and municipalities	-	-	-	-	-	-	-	-	-		
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-		
Non-profit institutions	-	-	-	-	-	-	-	-	-		
Households	89	-	-	89	33	56	37.1%	33	33		
Payments for capital assets	1,047	-	-	1,047	47	1,000	4.5%	270	18		
Buildings and other fixed structures	-	-	-	-	36	(36)	-	-	-		
Machinery and equipment	1,047	-	-	1,047	11	1,036	1.1%	270	18		
Intangible assets	-	-	-	-	-	-	-	-	-		
Payments for financial assets	-	-	-	-	-	-	-	-	-		
Total	62,387	-	(10,405)	51,982	50,717	1,265	97.6%	63,584	58,569		

6.2 EMS TRAINING COLLEGE

	2017/18					2016/17			
	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	3,888	-	-	3,888	11	3,877	0.3%	3,416	1,049
Compensation of employees	2,563	-	-	2,563	-	2,563	-	2,431	346
Goods and services	1,325	-	-	1,325	11	1,314	0.8%	985	703
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	591	-	-	591	-	591	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	591	-	-	591	-	591	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	4,479	-	-	4,479	11	4,468	0.2%	3,416	1,049

6.3 BURSARIES	2017/18						2016/17		
	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	12,193	-	-	12,193	4,697	7,496	38.5%	9,113	5,639
Compensation of employees	2,232	-	-	2,232	118	2,114	5.3%	2,121	485
Goods and services	9,961	-	-	9,961	4,566	5,395	45.8%	6,992	5,154
Interest and rent on land	-	-	-	-	13	(13)	-	-	-
Transfers and subsidies	14,024	-	-	14,024	38,834	(24,810)	276.9%	15,317	50,981
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	14,024	-	-	14,024	38,834	(24,810)	276.9%	15,317	50,981
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	26,217	-	-	26,217	43,531	(17,314)	166.0%	24,430	56,620

6.4 PRIMARY HEALTH CARE TRAINING

	2017/18						2016/17		
	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	1,580	-	-	1,580	375	1,205	23.7%	21	21
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	1,580	-	-	1,580	349	1,231	22.1%	21	21
Interest and rent on land	-	-	-	-	26	(26)	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	8	8
Provinces and municipalities	-	-	-	-	-	-	-	8	8
Departmental agencies and accounts	1,580	-	-	1,580	375	1,205	23.7%	21	21
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	1,580	-	-	1,580	375	1,205	23.7%	29	29

6.5 TRAINING OTHER	2017/18						2016/17		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	35,410	-	-	35,410	4,027	31,383	11.4%	32,526	7,718
Compensation of employees	5,428	-	-	5,428	204	5,224	3.8%	5,175	126
Goods and services	29,982	-	-	29,982	3,823	26,159	12.8%	27,351	7,592
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	-	-	-	-	-	-	-	-	-
Total	35,410	-	-	35,410	4,027	31,383	11.4%	32,526	7,718

Programme 7: HEALTH CARE SUPPORT SERVICES

	2017/18				Variance	Expenditure as % of final appropriation	2016/17	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation			Actual Expenditure	Final Appropriation
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Sub programme								
1. Laundry Services	7,573	-	-	7,573	(4,066)	153.7%	7,241	10,981
2. Engineering	19,319	-	(7,245)	12,074	1,647	86.4%	18,172	31,001
3. Forensic Services	37,547	1,998	1,605	41,150	1,490	96.4%	29,055	23,215
4. Orthotic And Prosthetic Services	10,725	(37)	(3,068)	7,620	1,510	80.2%	9,038	6,815
5. Medicine Trading Account	33,686	(1,961)	-	31,725	7,779	75.5%	36,537	36,587
Total for sub programmes	108,850	-	(8,708)	100,142	8,360	91.7%	100,043	108,599
Economic classification								
Current payments	105,392	-	(10,313)	95,079	8,624	90.9%	98,997	107,553
Compensation of employees	73,207	-	-	73,207	(2,865)	103.9%	66,388	69,145
Salaries and wages	62,059	-	-	62,059	(3,814)	106.1%	57,126	59,370
Social contributions	11,148	-	-	11,148	949	91.5%	9,262	9,775
Goods and services	32,185	-	(10,313)	21,872	11,554	47.2%	32,609	38,357
Administrative fees	-	-	-	-	(8)	-	-	12
Advertising	-	-	-	-	-	-	-	-
Minor assets	730	-	-	730	433	40.7%	695	23
Audit costs: External	-	-	-	-	-	-	-	-
Bursaries: Employees	-	-	-	-	-	-	-	-
Catering: Departmental activities	-	-	-	-	(13)	-	-	29
Communication	346	-	-	346	168	51.4%	329	16
Computer services	117	-	-	117	34	70.9%	111	-
Consultants: Business and advisory services	-	-	-	-	(15)	-	-	-
Infrastructure and planning services	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-
Contractors	8,235	-	(7,245)	990	(706)	171.3%	7,700	22,026
Agency and support / outsourced services	1,170	-	-	1,170	530	54.7%	1,164	702

7.1 LAUNDRY SERVICES

	2017/18					2016/17			
	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	7,573	-	-	7,573	11,630	(4,057)	153.6%	7,127	10,867
Compensation of employees	7,031	-	-	7,031	6,108	923	86.9%	6,611	6,331
Goods and services	542	-	-	542	5,522	(4,980)	1018.8%	516	4,536
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	9	(9)	-	114	114
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	9	(9)	-	114	114
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	7,573	-	-	7,573	11,639	(4,066)	153.7%	7,241	10,981

7.2 ENGINEERING

	2017/18					2016/17			
	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	19,319	-	(7,245)	12,074	10,255	1,819	84.9%	18,113	30,942
Compensation of employees	11,971	-	-	11,971	10,166	1,805	84.9%	11,258	10,195
Goods and services	7,348	-	(7,245)	103	89	14	86.4%	6,855	20,747
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	172	(172)	-	59	59
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	172	(172)	-	59	59
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	19,319	-	(7,245)	12,074	10,427	1,647	86.4%	18,172	31,001

7.3 FORENSIC SERVICES	2017/18					2016/17			
	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	36,606	-	-	36,606	34,705	1,901	94.8%	28,689	22,849
Compensation of employees	26,965	-	-	26,965	31,277	(4,312)	116.0%	18,454	18,454
Goods and services	9,641	-	-	9,641	3,387	6,254	35.1%	10,235	4,347
Interest and rent on land	-	-	-	-	41	(41)	-	-	48
Transfers and subsidies	-	-	-	-	72	(72)	-	17	17
Provinces and municipalities	-	-	-	-	10	(10)	-	17	17
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	62	(62)	-	-	-
Payments for capital assets	941	1,998	1,605	4,544	4,883	(339)	107.5%	349	349
Buildings and other fixed structures	-	1,998	-	1,998	8	1,990	0.4%	-	-
Machinery and equipment	941	-	1,605	2,546	4,875	(2,329)	191.5%	349	349
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	37,547	1,998	1,605	41,150	39,660	1,490	96.4%	29,055	23,215

7.4 ORTHOTIC AND PROSTETIC SERVICES

	2017/18						2016/17		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	10,359	-	(3,068)	7,291	6,110	1,181	83.8%	9,001	6,778
Compensation of employees	3,871	-	-	3,871	3,778	93	97.6%	2,823	3,485
Goods and services	6,488	-	(3,068)	3,420	2,332	1,088	68.2%	6,178	3,293
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	37	37
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	37	37
Payments for capital assets	366	(37)	-	329	-	329	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	366	(37)	-	329	-	329	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	10,725	(37)	(3,068)	7,620	6,110	1,510	80.2%	9,038	6,815

7.5 MEDICINE TRADING ACCOUNT

	2017/18					2016/17			
	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	31,535	-	-	31,535	23,755	7,780	75.3%	36,067	36,117
Compensation of employees	23,369	-	-	23,369	24,743	(1,374)	105.9%	27,242	30,680
Goods and services	8,166	-	-	8,166	(1,012)	9,178	(12.4%)	8,825	5,434
Interest and rent on land	-	-	-	-	24	(24)	-	-	3
Transfers and subsidies	-	-	-	-	8	8	-	11	11
Provinces and municipalities	-	-	-	-	-	-	-	11	11
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	8	(8)	-	-	-
Payments for capital assets	2,151	(1,961)	-	190	183	7	96.3%	459	459
Buildings and other fixed structures	-	2	-	2	-	2	-	445	445
Machinery and equipment	2,151	(1,963)	-	188	183	5	97.3%	14	14
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	33,686	(1,961)	-	31,725	23,946	7,779	75.5%	36,537	36,587

Programme 8: HEALTH FACILITIES MANAGEMENT

	2017/18					2016/17			
	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	485,777	-	-	485,777	279,448	206,329	57.5%	338,981	205,616
2. Provincial Hospital Services	76,866	-	322	77,188	281,823	(204,635)	365.1%	171,781	169,722
Total for sub programmes	562,643	-	322	562,965	561,271	1,694	99.7%	510,762	375,338
Economic classification									
Current payments	58,658	-	-	58,658	148,962	(90,304)	254.0%	42,110	50,999
Compensation of employees	11,109	-	-	11,109	9,544	1,565	85.9%	9,714	9,690
Salaries and wages	10,897	-	-	10,897	8,687	2,210	79.7%	8,829	8,856
Social contributions	212	-	-	212	857	(645)	404.2%	885	834
Goods and services	47,549	-	-	47,549	139,104	(91,555)	292.5%	32,396	40,779
Administrative fees	87	-	-	87	18	69	20.7%	106	21
Advertising	554	-	-	554	-	554	-	621	-
Minor assets	2,580	-	-	2,580	377	2,203	14.6%	2,446	1,179
Audit costs: External	-	-	-	-	-	-	-	-	-
Bursaries: Employees	42	-	-	42	-	42	-	40	-
Catering: Departmental activities	83	-	-	83	-	83	-	74	-
Communication	122	-	-	122	396	(274)	324.6%	116	-
Computer services	100	-	-	100	424	(324)	424.0%	95	-
Consultants: Business and advisory services	270	-	-	270	-	270	-	131	-
Infrastructure and planning services	-	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	-	-	-	-	-
Legal services	-	-	-	-	-	-	-	-	-
Contractors	38,195	-	-	38,195	125,413	(87,218)	328.3%	22,829	32,592
Agency and support / outsourced services	124	-	-	124	17	107	13.7%	118	83
Entertainment	-	-	-	-	-	-	-	-	-
Fleet services	7	-	-	7	-	7	-	7	2

8.1 DISTRICT HOSPITAL SERVICES

	2017/18						2016/17		
	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	40,792	-	-	40,792	71,625	(30,833)	175.6%	25,582	36,388
Current payments									
Compensation of employees	1,609	-	-	1,609	-	1,609	-	837	-
Goods and services	39,183	-	-	39,183	71,570	(32,387)	182.7%	24,745	36,319
Interest and rent on land	-	-	-	-	55	(55)	-	-	69
Transfers and subsidies									
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	444,985	-	-	444,985	207,823	237,162	46.7%	313,399	169,228
Buildings and other fixed structures	379,990	-	-	379,990	205,443	174,547	54.1%	251,499	168,385
Machinery and equipment	64,995	-	-	64,995	2,380	62,615	3.7%	61,900	843
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets									
	-	-	-	-	-	-	-	-	-
Total	485,777	-	-	485,777	279,448	206,329	57.5%	338,981	205,616

8.2 PROVINCIAL HOSPITAL SERVICES

	2017/18						2016/17		
	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	17,866	-	-	17,866	77,337	(59,471)	432.9%	16,528	14,611
Compensation of employees	9,500	-	-	9,500	9,544	(44)	100.5%	8,877	9,690
Goods and services	8,366	-	-	8,366	67,534	(59,168)	807.2%	7,651	4,460
Interest and rent on land	-	-	-	-	259	(259)	-	-	461
Transfers and subsidies	-	-	-	-	-	-	-	34	34
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	34	34
Payments for capital assets	59,000	-	322	59,322	204,486	(145,164)	344.7%	155,219	155,077
Buildings and other fixed structures	59,000	-	-	59,000	201,334	(142,334)	341.2%	141,417	148,198
Machinery and equipment	-	-	322	322	3,152	(2,830)	978.9%	13,802	6,879
Intangible assets	-	-	-	-	-	-	-	-	-
Payments for financial assets	-	-	-	-	-	-	-	-	-
Total	76,866	-	322	77,188	281,823	(204,635)	365.1%	171,781	169,722

1. Detail of transfers and subsidies as per Appropriation Act (after Virement):

Detail of these transactions can be viewed in the note on Transfers and subsidies, disclosure notes and Annexure 1 (A-H) to the Annual Financial Statements.

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

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

3. Detail on payments for financial assets

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

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

4.1 Per programme	Final Appropriation	Actual Expenditure	Variance R'000	Variance as a % of Final Appropriation
Administration	209,905	230,613	(20,708)	-10%
District Health Services	2,001,541	1,989,395	12,146	1%
Emergency Medical Services	327,707	302,726	24,981	8%
Provincial Hospital Services	338,120	338,577	(457)	0%
Central Hospital Services	970,244	954,327	15,917	2%
Health Sciences and Training	119,668	98,661	21,007	18%
Health Care Support Services	100,142	91,782	8,360	8%
Health Facilities Management	562,965	561,271	1,694	0%

Administration – overspent by R20.708 million

The programme overspends by R1.403 million on compensation of employees, due to existing budget pressures; while the goods & services overspend by R9.746 million due accruals on legal fees, computer services and audit fees which were paid. The department incurred a further R9 million towards the settlement of claim against the department.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

District Health Services – underspent by R12.146 million

The programme overspent by R31.878 million on compensation of employees due to existing budget pressures. Certain funds are already committed towards the procurement of medical equipment, female condoms and nutritional supplements on the HIV Grant.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year. A roll over has been requested on the funds committed towards the procurement of medical equipment.

Emergency Medical Services – underspent by R24.981 million

The programme overspent by R4.790 million on compensation of employees due to existing budget pressures. The goods & services overspend by R0.317 million due to accruals paid on the aeromedical services; while the capital budget underspend by R31.242 million due to cash flow constraints and funds already committed wherein the delivery will only take place in the next financial year.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

A roll over has been requested on the funds committed towards the procurement of emergency vehicles.

Provincial Hospital Services – overspent by R457 000

The programme overspent by R4.527 million on compensation of employees, due to existing budget pressures. The goods & services underspend by R3.339 million due cash flow constraints.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

Central Hospital Services – underspent by R15.917 million

The programme overspent by R44.160 million on compensation of employees, due to existing budget pressures. The goods & services underspend by R15.423 million due to cash flow constraints. The department had committed R26.324 million towards medical equipment funded from National Tertiary Services Grant and a further R24.786 million towards medical equipment and other items funded from Health Professions Training & Development Grant, and the delivery will only take place in the next financial year. "The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

A roll over will be requested on the funds committed towards the procurement of medical equipment.

Health Science and Training – underspent by R 21.007 million

The overall programme underspent by R21.007 million. However, the transfers & subsidies overspend by R24.754 million due to the payment of accruals in respect of Cuban Doctors' programme. This overspending is reduced by the funding earmarked for training of auxillary nurses and the skills development fund which has not yet been utilised.

Health Care Support Services – underspent by R8.360 million

The programme overspent by R2.865 million on compensation of employees, due to existing budget pressures. The goods & services show significant underspending, which is caused incorrect financial anomalies caused by use of the new inventory system which was piloted in the current financial year. The inventory was recognised in terms of Generally accepted accounting practices; while the department must report in terms of modified cash basis.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

Health Facilities Management – underspent by R1.694 million

The programme has underspend by R1.694 million due to procurement delays on the implementation of Expanded Public Work Programme. A roll over has been requested.

4.2 Per economic classification	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	R'000
Current payments				
Compensation of employees	2,500,141	2,572,131	(71,990)	-3%
Goods and services	1,434,063	1,452,145	(18,082)	-1%
Interest and rent on land	-	5,264	(5,264)	-100%
Transfers and subsidies				
Provinces and municipalities	9,852	222	9,630	98%
Departmental agencies and accounts	-	-	-	0%
Public corporations and private enterprises	-	-	-	0%
Non-profit institutions	3,028	-	3,028	100%
Households	23,039	56,755	(33,716)	-146%
Payments for capital assets				
Buildings and other fixed structures	441,011	408,959	32,052	21%
Machinery and equipment	218,872	71,101	147,771	51%
Software and Other Intangible assets	286	775	(489)	-171%

Payments for financial assets

Explanation of variances

Compensation of employee – overspent by R71.990 million

The department overspend by R71.990 million on compensation of employees, due to existing budget pressures. This is mainly caused by OSD grade progression, rank translations and general salary increases which were historically above budget allocation.

The department will continue to implement the moratorium on filling of posts. The provincial Treasury has allocated additional funding as baseline adjustment in the next financial year.

Goods and services – overspent by R18.082 million

The department will overspend by R18.082 million on goods & service, due to impact of accruals on various items such as computer services, legal fees, medicine, maintenance & repairs, security services and aeromedical services.

The cost containment measures will continue to be implemented.

Interest and rent on Land – overspent by R5.264 million

An amount of R5.264 million has been spent on this item. This represents interest paid on overdue accounts, it is mainly caused by inability to pay outstanding debts on time due to cash flow constraints.

Transfers to municipalities – underspent by R 9.629 million

The department underspend on transfers to municipalities due to delays on the finalisation of provincialisation at Sol Plaatjie Municipality. There was a need to consult extensively with the trade unions

for the placement of staff from the municipalities to the department, specifically due to disparity on pension fund contributions and benefits.

Payments to non-profit institutions – underspending by R3.028 million

The department underspend on this item, due to payment of stipends instead of NGO payments that were effected during the financial year. There was saving on the compensation of employees funded from Social EPWP grant.

Transfers to households – overspent by R33.716 million

The expenditure results mainly from the accruals in respect of Cuban Doctors' bursary programme already paid and unexpected personnel exits from the public sector.

The cost containment measures will continue to be implemented.

Buildings & other fixed structures – underspent by R32.052 million

The department underspent by R32.052 million which is due to delays on the awarding of tenders by implementing agents. This expenditure was resultantly reprioritised from capital projects to condition based maintenance of facilities, hence the overspending of contractors item under goods & services economic classification.

Machinery & equipment – underspent by R147.771 million

There was underspending on procurement of emergency vehicles and medical equipment; however, funds have already been committed.

A roll over has been requested on equitable share, Comprehensive HIV/AIDS grant, National Tertiary Services Grant and Health Professions Training & Development grant.

4.3 Per conditional grant

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
	R'000	R'000	R'000	R'000
Comprehensive HIV and AIDS Grant	478,242	468,761	9,481	2%
Health Facility Revitalisation Grant	560,260	568,116	(7,856)	-1%
Health Professions Training and Development Grant	90,610	65,824	24,786	27%
National Health Insurance	1,616	1,645	(29)	-2%
National Tertiary Services Grant	362,053	335,852	26,201	7%
Extended Public Works Programme Incentive Grant	2,000	-	2,000	100%
Extended Public Works Programme Social Services Grant	30,229	30,229	-	0%

Explanation of variances

Comprehensive HIV and Aids Grant – R9.471 million

Certain funds are already committed towards the procurement of medical equipment, female condoms and nutritional supplements.

A roll over has been requested on funds committed towards the procurement of medical equipment, female condoms and nutritional supplements.

Health Facility Revitalisation Grant – R nil million

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

Health Professions Training & Development Grant – underspent by R24.786 million

The underspending results from delays on the procurement of medical equipment, however approximately R24.786 million is already committed in the current year.

A roll over has been requested on medical equipment and other expenditure items.

National Health Insurance Grant - R nil million

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

National Tertiary Services Grant - underspent by R26.201 million

The department had committed R26.201 million towards medical equipment used to provide tertiary services.

A budget roll over has been requested towards the procurement of medical equipment.

Expanded Public Works Programme - underspent by R2.000 million

The grant has not been spent to date, due to delays on the awarding of tenders for the construction of internal road at Jan Kempdorp CHC and Noupoot CHC.

A budget roll over has been requested.

Social Sector EPWP incentive grant (R nil)

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



	Note	2017/18 R'000	2016/17 R'000
REVENUE			
Annual appropriation	<u>1</u>	4 630 292	4 494 185
Aid assistance	<u>3</u>	1 151	-
TOTAL REVENUE		4 631 443	4 494 185
EXPENDITURE			
Current expenditure			
Compensation of employees	<u>4</u>	2 572 131	2 322 039
Goods and services	<u>5</u>	1 452 159	1 478 832
Interest and rent on land	<u>6</u>	5 270	5 795
Total current expenditure		4 029 560	3 806 666
Transfers and subsidies			
Transfers and subsidies	<u>7</u>	56 975	167 560
Aid assistance	<u>3</u>	118	-
Total transfers and subsidies		57 093	167 560
Expenditure for capital assets			
Tangible assets	<u>8</u>	480 048	394 912
Intangible assets	<u>8</u>	775	-
Total expenditure for capital assets		480 817	394 912
TOTAL EXPENDITURE		4 567 470	4 369 138
SURPLUS/(DEFICIT) FOR THE YEAR		63 973	125 047
Reconciliation of Net Surplus/(Deficit) for the year			
Voted funds		62 940	125 047
Annual appropriation		8 357	(19 434)
Conditional grants		54 582	144 481
Aid assistance	<u>3</u>	1 033	-
SURPLUS/(DEFICIT) FOR THE YEAR		63 973	125 047

	<i>Note</i>	2018/17 R'000	2016/17 R'000
ASSETS			
Current	assets	490 396	386 358
Unauthorised expenditure	<u>9</u>	481 518	381 222
Prepayments and advances	<u>10</u>	31	229
Receivables	<u>11</u>	8 847	4 907
Non-current	assets	15 804	17 587
Receivables	<u>11</u>	15 804	17 587
TOTAL ASSETS		506 200	403 945
LIABILITIES			
Current	liabilities	506 200	403 945
Voted funds to be surrendered to the Revenue Fund	<u>12</u>	163 235	269 173
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	<u>13</u>	2 004	4 548
Bank overdraft	<u>14</u>	337 674	126 443
Payables	<u>15</u>	2 254	3 200
Aid assistance unutilised	<u>3</u>	1 033	581
		-	-
TOTAL LIABILITIES		506 200	403 945
NET ASSETS		-	-

	<i>Note</i>	2017/18 R'000	2016/17 R'000
Represented by:			
Capitalisation reserve		-	-
Recoverable revenue		-	-
Retained funds		-	-
Revaluation reserves		-	-
TOTAL		-	-

	<i>Note</i>	2017/18 R'000	2016/17 R'000
Capitalisation Reserves			
Opening balance		-	-
Transfers:		-	-
Movement in Equity		-	-
Movement in Operational Funds		-	-
Other movements		-	-
Closing balance		<u>-</u>	<u>-</u>
Recoverable revenue			
Opening balance		-	374
Transfers:		-	(374)
Irrecoverable amounts written off		-	-
Debts revised		-	-
Debts recovered (included in departmental receipts)		-	(374)
Debts raised		-	-
Closing balance		<u>-</u>	<u>-</u>
Retained funds			
Opening balance		-	-
Transfer from voted funds to be surrendered (Parliament/Legislatures ONLY)		-	-
Utilised during the year		-	-
Other transfers		-	-
Closing balance		<u>-</u>	<u>-</u>
Revaluation Reserve			
Opening balance		-	-
Revaluation adjustment (Housing departments)		-	-
Transfers		-	-
Other		-	-
Closing balance		<u>-</u>	<u>-</u>
TOTAL		<u>-</u>	<u>-</u>

	<i>Note</i>	2017/18 R'000	2016/17 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		4 662 318	4 534 622
Annual appropriated funds received	<u>1.1</u>	4 630 292	4 494 185
Departmental revenue received	<u>2</u>	30 874	40 362
Interest received	<u>2.2</u>	1	75
DRF Receipts			
Gratuity assistance received	<u>3</u>	1 151	-
Net (increase)/decrease in working capital		(103 201)	(52 426)
Surrendered to Revenue Fund		(302 653)	(104 155)
Surrendered to RDP Fund/Donor		(581)	-
Current payments		(3 923 994)	(3 749 295)
Interest paid	<u>6</u>	(5 270)	(5 795)
Payments for financial assets			
Transfers and subsidies paid		(57 093)	(167 560)
Net cash flow available from operating activities	<u>16</u>	269 526	455 391
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	<u>10</u>	(480 817)	(394 912)
Proceeds from sale of capital assets	<u>2.3</u>	60	1 108
Net cash flows from investing activities		(480 757)	(393 804)
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		(211 231)	61 213
Cash and cash equivalents at beginning of period		(126 443)	(187 656)
Cash and cash equivalents at end of period	<u>17</u>	(337 674)	(126 443)

Summary of significant accounting policies

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

1	Basis of preparation The financial statements have been prepared in accordance with the Modified Cash Standard.
2	Going concern The financial statements have been prepared on a going concern basis.
3	Presentation currency Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.
4	Rounding Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5	Foreign currency translation Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.
6	Comparative information
6.1	Prior period comparative information Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.
6.2	Current year comparison with budget A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.
7	Revenue
7.1	Appropriated funds Appropriated funds comprises 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.
7.2	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.
7.3	Accrued departmental revenue Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when: <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. 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
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 at cost at the reporting date.
8.4	Leases
8.4.1	Operating leases Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. The operating lease commitments are recorded in the notes to the financial statements.
8.4.2	Finance leases Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.

	<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	Aid Assistance
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>
11	<p>Prepayments and advances</p> <p>Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash.</p> <p>Prepayments and advances are initially and subsequently measured at cost.</p> <p><Prepayments were not expensed during the financial year under review.</p>
12	<p>Loans and receivables</p> <p>Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy.</p>
13	<p>Investments</p> <p>Investments are recognised in the statement of financial position at cost.</p>
14	Financial assets
14.1	<p>Financial assets (not covered elsewhere)</p> <p>A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial asset.</p> <p>At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.</p>

14.2	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.
15	Payables Payables recognised in the statement of financial position are recognised at cost.
16	Capital Assets
16.1	Immovable capital assets Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use. Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.
16.2	Movable capital assets 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. 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. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.
16.3	Intangible assets Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project. 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. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.

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

	<p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred.</p> <p>Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery.</p> <p>Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
20	<p>Irregular expenditure</p> <p>Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note.</p> <p>Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable.</p> <p>Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
21	<p>Changes in accounting policies, accounting estimates and errors</p> <p>Changes in accounting policies that are effected by management have been applied retrospectively in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS requirements.</p> <p>Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p>
22	<p>Events after the reporting date</p> <p>Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.</p>
23	<p>Principal-Agent arrangements</p> <p>The department is party to a principal-agent arrangement for infrastructure projects. In terms of the arrangement the department is the principal and is responsible for payment and monitoring of projects. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.</p>
24	<p>Departures from the MCS requirements</p> <p>Management has concluded that the financial statements present fairly the department's primary and secondary information; that the department complied with the Standard.</p>
25	<p>Capitalisation reserve</p> <p>The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the</p>

	underlying asset is disposed and the related funds are received.
26	<p>Recoverable revenue</p> <p>Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.</p>
27	<p>Related party transactions</p> <p>A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.</p> <p>Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.</p>
28	<p>Inventories</p> <p>At the date of acquisition, inventories are recognised at cost in the statement of financial performance.</p> <p>Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.</p> <p>Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value.</p> <p>The cost of inventories is assigned by using the weighted average cost 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 Employee benefits note.</p>

1. Annual Appropriation

1.1 Annual Appropriation

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

		2017/18			2016/17	
	Final Appropriation	Actual Funds Received	Funds not requested/not received	Final Appropriation	Appropriation	Received
	R'000	R'000	R'000	R'000	R'000	R'000
Administration	194 357	194 357		196 999		196 999
District Health Services	1 997 360	1 997 360	-	1 913 993		1 913 993
Emergency Medical Services	324 714	324 714	-	307 718		307 718
Provincial Hospital Services	344 574	344 574	-	367 557		367 557
Central Services	967 721	967 721	-	970 641		970 641
Health Sciences & Training	130 073	130 073	-	123 986		123 986
Health Care Support Services	108 850	108 850	-	102 529		102 529
Health Facilities Management	562 643	562 643	-	510 762		510 762
Total	4 630 292	4 630 292	-	4 494 185		4 494 185

1.2 Conditional grants

	Note	2017/18 R'000	2016/17 R'000
Total grants received	47	1 525 010	1 360 908
Provincial grant included in Total grants received		-	-

2. Departmental revenue

	Note	2017/18 R'000	2016/17 R'000
Tax revenue		-	-
Sales of goods and services other than capital assets	2.1	29 703	38 476
Interest, dividends and rent on land	2.2	1	75
Sales of capital assets	2.3	60	1 108
Transactions in financial assets and liabilities	2.4	1 171	1 886
Total revenue collected		30 935	41 545
Less: Own revenue included in appropriation	13	30 935	41 545
Departmental revenue collected		-	-



2.1 Sales of goods and services other than capital assets

	Note <u>2</u>	2017/18 R'000	2016/17 R'000
Sales of goods and services produced by the department		29 703	38 476
Sales by market establishment		1 519	3 688
Administrative fees		2 167	1 941
Other sales		26 017	32 847
Sales of scrap, waste and other used current goods		-	-
Total		29 703	38 476

2.2 Interest, dividends and rent on land

	Note <u>2</u>	2017/18 R'000	2016/17 R'000
Interest		1	75
Dividends		-	-
Rent on land		-	-
Total		1	75

2.3 Sale of capital assets

	Note <u>2</u>	2017/18 R'000	2016/17 R'000
Tangible assets			
Machinery and equipment	28	60	1 108
Intangible assets			
Total		60	1 108

2.4 Transactions in financial assets and liabilities

	Note <u>2</u>	2017/18 R'000	2016/17 R'000
Receivables		13	-
Stale cheques written back		-	38
Other Receipts including Recoverable Revenue		1 158	1 848
Total		1 171	1 886

3. Aid assistance

	Note	2017/18 R'000	2016/17 R'000
Opening Balance		581	581
Prior period error		-	-
As restated		581	581
Transferred from statement of financial performance		1 033	-
Transfers to or from retained funds		-	-
Paid during the year		(581)	-
Closing Balance		1 033	581



3.1 Analysis of balance by source

	2017/18 R'000	2016/17 R'000
Aid assistance from other sources	1 033	581
Closing balance	1 033	581

3.2 Analysis of balance

	2017/18 R'000	2016/17 R'000
Aid assistance unutilised	1 033	581
Closing balance	1 033	581

3.3 Aid assistance expenditure per economic classification

	2017/18 R'000	2016/17 R'000
Transfers and subsidies	118	-
Total aid assistance expenditure	118	-

4. Compensation of employees

4.1 Salaries and Wages

	2017/18 R'000	2016/17 R'000
Basic salary	1 665 873	1 518 987
Performance award	999	123
Service Based	3 051	1 991
Compensative/circumstantial	285 993	229 915
Periodic payments	-	-
Other non-pensionable allowances	316 065	296 407
Total	2 271 981	2 047 423

4.2 Social contributions

	2017/18 R'000	2016/17 R'000
Employer contributions		
Pension	194 386	177 373
Medical	105 248	96 850
UIF	1	-
Bargaining council	515	393
Total	300 150	274 616

Total	compensation	of	employees	2 572 131	2 322 039
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Average	number	of	employees	7 183	6 836
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5. Goods and services

	<i>Note</i>	2017/18	2016/17
		R'000	R'000
Administrative fees		602	1 223
Advertising		1 196	1 513
Minor assets	5.1	3 413	4 963
Bursaries (employees)		845	1 380
Catering		6 511	5 773
Communication		21 140	26 203
Computer services	5.2	35 380	33 371
Consultants: Business and advisory services		2 055	2 475
Laboratory services		115 421	124 584
Scientific and technological services		-	-
Legal services		9 767	5 340
Contractors		166 218	126 135
Agency and support / outsourced services		207 949	117 801
Audit cost – external	5.3	14 302	15 409
Fleet services		59 651	86 887
Inventory	5.4	484 778	529 486
Consumables	5.5	32 883	57 024
Housing		-	-
Operating leases		37 382	110 071
Property payments	5.6	177 702	175 321
Rental and hiring		2 239	739
Transport provided as part of the departmental activities		29 750	7 531
Travel and subsistence	5.7	36 670	33 325
Venues and facilities		1 266	756
Training and development		2 336	8 574
Other operating expenditure	5.8	2 703	2 948
Total		1 452 159	1 478 832

5.1 Minor assets

	<i>Note</i>	2017/18	2016/17
		R'000	R'000
Tangible assets	5		
Machinery and equipment		3 413	4 963
Intangible assets		-	-
Total		3 413	4 963



5.2 Computer services

	Note	2017/18	2016/17
	<u>5</u>	R'000	R'000
SITA computer services		3 353	20 199
External computer service providers		32 027	13 172
Total		35 380	33 371

5.3 Audit cost – External

	Note	2017/18	2016/17
	<u>5</u>	R'000	R'000
Regularity audits		14 302	15 409
Total		14 302	15 409

5.4 Inventory

	Note	2017/18	2016/17
	<u>5</u>	R'000	R'000
Clothing material and accessories		1 095	1 041
Farming supplies		27	3
Food and food supplies		26 222	29 190
Fuel, oil and gas		12 424	27 305
Materials and supplies		7 545	2 359
Medical supplies		118 229	158 516
Medicine		319 236	311 072
Total		484 778	529 486

5.5 Consumables

	Note	2017/18	2016/17
	<u>5</u>	R'000	R'000
Consumable supplies		20 064	46 105
Uniform and clothing		6 567	10 659
Household supplies		13 253	28 637
Building material and supplies		-	5 425
Communication accessories		-	19
IT consumables		244	843
Other consumables		-	522
Stationery, printing and office supplies		12 819	10 919
Total		32 883	57 024

5.6 Property payments

	Note	2017/18	2016/17
	<u>5</u>	R'000	R'000
Municipal services		54 072	65 793
Property maintenance and repairs		13 155	31
Other		110 475	109 497
Total		177 702	175 321

5.7 Travel and subsistence

	Note	2017/18	2016/17
	<u>5</u>	R'000	R'000
Local		33 197	27 153
Foreign		3 473	6 172
Total		36 670	33 325



5.8 Other operating expenditure

	Note	2017/18 R'000	2016/17 R'000
Professional bodies, membership and subscription fees	<u>5</u>	141	165
Resettlement costs		295	1 593
Other		2 267	1 190
Total		2 703	2 948

6. Interest and rent on land

	Note	2017/18 R'000	2016/17 R'000
Interest paid		5 270	5 795
Total		5 270	5 795

7. Transfers and subsidies

		2017/18 R'000	2016/17 R'000
Provinces and municipalities	Note 34	222	1 538
Non-profit institutions	Annex 1A	-	106 738
Households	Annex 1B	56 753	59 284
Total		56 975	167 560

8. Expenditure for capital assets

	Note	2017/18 R'000	2016/17 R'000
Tangible assets		480 042	394 912
Buildings and other fixed structures	30	408 960	317 832
Machinery and equipment	28	71 082	77 080
Intangible assets		775	-
Software	29	775	-
Total		480 817	394 912

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 – 2017/18

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	480 042		480 042
Buildings and other fixed structures	408 960		408 960
Machinery and equipment	71 082		71 082



Intangible assets	775		775
Software	775		775
Total	480 817		480 817

8.2 Analysis of funds utilised to acquire capital assets – 2016/17

	Voted funds R'000	Aid assistance R'000	Total R'000
Tangible assets	394 912		394 912
Buildings and other fixed structures	317 832	-	317 832
Machinery and equipment	77 080	-	77 080
Intangible assets	-	-	-
Total	394 912		394 912

8.3 Finance lease expenditure included in Expenditure for capital assets

	<i>Note</i>	2017/18 R'000
Tangible assets		
Machinery and equipment		7 248
Total		7 248

9. Unauthorised expenditure

9.1 Reconciliation of unauthorised expenditure

	<i>Note</i>	2017/18 R'000	2016/17 R'000
Opening balance		381 222	329 646
Prior period error			-
As restated		381 222	329 646
Unauthorised expenditure – discovered in current year (as restated)		100 296	51 576
Closing balance		481 518	381 222

9.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification

	2017/18 R'000	2016/17 R'000
Capital	444 555	344 259
Current	813	813
Transfers and subsidies	36 150	36 150
Total	481 518	381 222



9.3 Analysis of unauthorised expenditure awaiting authorisation per type

	2017/18 R'000	2016/17 R'000
Unauthorised expenditure relating to overspending of the vote or a main division within a vote	481 518	381 222
Total	481 518	381 222

9.4 Details of unauthorised expenditure – current year

Incident	Disciplinary steps taken/criminal proceedings	2017/18 R'000
Over spending of a vote	Under investigation	100 296
Total		100 296

9.5 Unauthorised expenditure split into current and non-current asset

Details	2017/18			2016/17		
	Current R'000	Non-current R'000	Total R'000	Current R'000	Non-current R'000	Total R'000
	100 296	381 222	481 518			
Total	100 296	381 222	481 518			

10. Prepayments and advances

	Note	2017/18 R'000	2016/17 R'000
Travel and subsistence		31	229
Total		31	229

Travel Allowance paid to officials who travelled overseas.



11. Receivables

	Note	2017/18			2016/17		
		Current	Non-current	Total	Current	on-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Claims recoverable	11.1	2 837		2 837	534	-	534
Recoverable expenditure	11.2	4 767		4 767	3 003	3 977	6 980
Staff debt	11.3	1 243	15 804	17 047	1 369	13 610	14 979
Other debtors	11.4				1	-	1
Total		8 847	15 804	24 651	4 907	17 587	22 494

11.1 Claims recoverable

	Note	2017/18	2016/17
	11 and Annex 3	R'000	R'000
Provincial departments		2 837	534
Total		2 837	534

11.2 Recoverable expenditure (disallowance accounts)

	Note	2017/18	2016/17
	15	R'000	R'000
(Group major categories, but list material items)			
Damaged vehicles			
Sal: UIF		1	-
Salary: Income tax		517	531
Salary: ACB recalls		-	46
Sal: Tax debts		246	546
Salary: Deduction Disallowance		67	42
Salary: Reversal Control		1 430	2 622
Salary: Recoverable		1 956	3 193
Salary: GEHS Refund		550	-
Total		4 767	6 980

11.3 Staff debt

	Note	2017/18	2016/17
	11	R'000	R'000
(Group major categories, but list material items)			
Debt receivable		17 047	14 979
Total		17 047	14 979



11.4 Other debtors

	Note	2017/18 R'000	2016/17 R'000
(Group major categories, but list material items)			
Debt receivable		-	-
UIF		-	1
Total		-	1

11.5 Impairment of receivables

	Note	2017/18 R'000	2016/17 R'000
Estimate of impairment of receivables		8 090	7 886
Total		8 090	7 886

12. Voted funds to be surrendered to the Revenue Fund

	Note	2017/18 R'000	2016/17 R'000
Opening balance		269 173	152 659
Prior period error		-	-
As restated		269 173	152 659
Transfer from statement of financial performance (as restated)		62 940	125 047
Add: Unauthorised expenditure for current year	9	100 296	51 576
Paid during the year		(269 174)	(60 109)
Closing balance		163 235	269 173

13. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund

	Note	2017/18 R'000	2016/17 R'000
Opening balance		4 548	7 049
Prior period error		-	-
As restated		4 548	7 049
Transfer from Statement of Financial Performance (as restated)			
Own revenue included in appropriation		30 935	41 545
Paid during the year		(33 479)	(44 046)
Closing balance		2 004	4 548

14. Bank Overdraft

	Note	2017/18 R'000	2016/17 R'000
Consolidated Paymaster General Account		337 674	126 443
Total		337 674	126 443



15. Payables – current

	Note	2017/18 R'000	2016/17 R'000
Clearing accounts	15.1	1 828	1 817
Other payables	15.2	426	1 383
Total		2 254	3 200

15.1 Clearing accounts

	Note	2017/18 R'000	2016/17 R'000
Salary Disallowance Account	15	1 258	
Salary pension		13	27
Salary Recoverable			1 231
Salary: Finance other institution		14	14
Salary: Reversal Control			302
Salary: Garnishee order		120	101
Salary Tax Debt			90
T&S Advance			21
Sal Income Tax			31
Salary ABC recalls		423	
Total		1 828	1 817

15.2 Other payables

Description	Note	2017/18 R'000	2016/17 R'000
Disallowance miscellaneous			1 008
Payable: Adv:Pub Ent Adv Acc			-
Debt income			-
Debt Receivable interest		137	82
Debt receivable income		289	293
Total		426	1 383

16. Net cash flow available from operating activities

	Note	2017/18 R'000	2016/17 R'000
Net surplus/(deficit) as per Statement of Financial Performance		63 973	125 047
Add back non cash/cash movements not deemed operating activities		205 553	330 344
(Increase)/decrease in receivables – current		(2 157)	(3 976)
(Increase)/decrease in prepayments and advances		198	250
Increase/(decrease) in payables – current		(946)	2 876
Proceeds from sale of capital assets		(60)	(1 108)
Expenditure on capital assets		480 817	394 912
Surrenders to Revenue Fund		(302 653)	(104 155)
Surrenders to RDP Fund/Donor		(581)	-
Own revenue included in appropriation		30 935	41 545
Net cash flow generated by operating activities		269 526	455 391



17. Reconciliation of cash and cash equivalents for cash flow purposes

	Note	2017/18 R'000	2016/17 R'000
Consolidated Paymaster General account		(337 674)	(126 443)
Total		(337 674)	(126 443)

18. Contingent liabilities and contingent assets

18.1 Contingent liabilities

	Note	2017/18 R'000	2016/17 R'000
Liable to			
Nature			
Housing loan guarantees	Employees		
Claims against the department	Annex 3A	1 388	1 388
Intergovernmental payables (unconfirmed balances)	Annex 3B	1 844 555	1 452 383
	Annex 5	7 636	4 214
Total		1 853 579	1 457 985

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

	Note	2017/18 R'000	2016/17 R'000
Nature of contingent asset			
Labour matters		1 487	86
Motor vehicle accidents		190	190
OSD over payments		1 958	1 958
Other		929	929
Total		4 564	3 163

Comparative figures has been restated to better reflect the fair presentation of the Annual Financial Statements. The adjustment is as a result of an error included in the previous financial year. The adjustment has resulted into an increase in the contingent assets disclosed.

19. Commitments

	Note	2017/18 R'000	2016/17 R'000
Current expenditure			
Approved and contracted		561 875	492 534
Approved but not yet contracted		-	-
		561 875	492 534
Capital expenditure			
Approved and contracted		355 594	534 981
Approved but not yet contracted		-	-
		355 594	534 981
Total Commitments		917 469	1 027 515

The prior year comparatives figures have been restated to better reflect the fair presentation of the Annual Financial Statements. The restatement was due to an error, which has resulted into an increase in the current commitments and a decrease in the capital commitment.

Included in the commitments are contracts that has been entered between the Department and various service providers where the amount due is determined on the value of the work delivered during a specific period. These contracts have been disclosed at R0.00

Commitments longer than one year are for patient billing system R67 326 million, security services R334 074 million and equipment maintenance R0 338 million.



20. Accruals and payables not recognised

20.1 Accruals

	2017/18 R'000			2016/17 R'000
Listed by economic classification				
	30 Days	30+ Days	Total	Total
Goods and services	17 183	22 509	36 692	43 596
Interest and rent on land				-
Transfers and subsidies				-
Capital assets	4 081	8 280	12 361	-
Other	34	43	77	-
Total	21 298	30 832	52 130	43 596

	Note	2017/18 R'000	2017/18 R'000
Listed by programme level			
Administration		10 848	4 822
District Health Services		7 500	28 524
Emergency Medical Services		11 287	3 726
Provincial Hospital Services		4 704	1 068
Central Hospital Services		11 115	1 184
Health Sciences and Training		1 462	2 048
Health Care Support Services		355	-
Health Facilities Management		4 859	2 224
Total		52 130	43 596

20.2 Payables not recognised

	2017/18 R'000			2016/17 R'000
Listed by economic classification				
	30 Days	30+ Days	Total	Total
Goods and services	73 714	304 334	378 048	250 880
Interest and rent on land	-	-	-	-
Transfers and subsidies	826	16	842	-
Capital assets	1 968	14 923	16 891	45 441
Other	4	105	109	-
Total	76 512	319 378	395 890	296 321

	Note	2017/18 R'000	2016/17 R'000
Listed by programme level			
Administration		149 478	58 295
District Health Services		37 345	127 169
Emergency Medical Services		29 550	10 062
Provincial Hospital Services		11 591	3 201
Central Hospital Services		44 591	19 432
Health Science and Training		3 394	29 429
Health Care Support Services		118 374	45 535
Health Facilities Management		1 567	3 198
Total		395 890	296 321



	<i>Note</i>	2017/18	2016/17
Included in the above totals are the following:		R'000	R'000
Confirmed balances with other departments	<i>Annex 4</i>	36 930	35 823
Total		36 930	35 823

21. Employee benefits

	<i>Note</i>	2017/18	2016/17
		R'000	R'000
Leave entitlement		88 416	83 338
Service bonus (Thirteenth cheque)		63 506	57 299
Performance awards		42 529	36 464
Capped leave commitments		35 364	35 798
Other		2 025	2 757
Total		231 840	215 656

Prior year comparative figures has been adjusted to better reflect the fair presentation of the Annual Statement. The adjustment was as a result of an error in the previous financial year. The adjustment has resulted into a decrease in the Leave entitlement.

At this stage the department is not able to reliably measure the long term portion of the long service awards

The leave amount include negative leave amounting to R3 156 million. This represents leave taken before it fully accrues to an employee. This will balance off during the calendar year.

22. Lease commitments

22.1 Operating leases

	Specialised military equipme nt	Land	Buildings and other fixed structur es	Machinery and equipm ent	Total
2017/18					
Not later than 1 year			31 456		31 456
Total lease commitments			31 456		31 456

	Specialised military equipme nt	Land	Buildings and other fixed structur es	Machinery and equipm ent	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
Total lease commitments			19 696	1 166	20 862

Material leasing arrangements include agreements for residential accommodation of student nurses



22.2 Finance leases **

2017/18	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
Not later than 1 year				12 160	12 160
Later than 1 year and not later than 5 years				17 693	17 693
Total lease commitments				29 853	29 853

2016/17	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
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

Material leasing arrangement includes the Government Fleet Entity

23. Accrued departmental revenue

	Note	2017/18 R'000	2016/17 R'000
Sales of goods and services other than capital assets		120 242	139 445
Total		120 242	139 445

23.1 Analysis of accrued departmental revenue

	Note	2017/18 R'000	2016/17 R'000
Opening balance		139 445	105 774
Less: amounts received		18 908	27 877
Add: amounts recorded		58 163	61 548
Less: amounts written-off/reversed as irrecoverable		58 458	-
Closing balance		120 242	139 445

23.2 Accrued department revenue written off

	Note	2017/18 R'000	2016/17 R'000
Nature of losses			
Patient debt written off		58 458	-
Total		58 458	-



23.3 Impairment of accrued departmental revenue

	<i>Note</i>	2017/18 R'000	2016/17 R'000
Estimate of impairment of accrued departmental revenue		97 032	139 626
Total		97 032	139 626

- (i) The department assess impairment of accrued revenue individually within a group class at the end of each reporting date where there is objective evidence that the asset is impaired.
- (ii) The key indicator that the asset needs to be assessed for impairment is the delay in payments by debtors. When the debt has been outstanding for more than a certain period in each different category of debt. (As outlined in Patient Debt Management Policy)
- (iii) Where there is a possibility that debtors will not settle the outstanding balance and where there is certainty that the debt owed will not be recoverable but the approval was not obtained at year end, the accounts are assessed for impairment.
- (iv) The impairment loss is calculated as the difference between the carrying value of the debt at the reporting date less the recoverable value of expected future cash flows.

24. Irregular expenditure

24.1 Reconciliation of irregular expenditure

	<i>Note</i>	2017/18 R'000	2016/17 R'000
Opening balance		5 747 071	5 172 888
Prior period error		-	-
As restated		5 747 071	5 172 888
Add: Irregular expenditure – relating to current year		412 379	574 183
Closing balance		6 159 450	5 747 071

Analysis of awaiting condonation per age classification

Current year	412 379	574 183
Prior years	5 747 071	5 172 888
Total	6 159 450	5 747 071

24.2 Details of irregular expenditure – added current year (relating to current and prior years)

Incident	Disciplinary steps taken/criminal proceedings	2017/18 R'000
Infrastructure contracts awarded by implementing agency		200 864
Goods and services sourced without following Supply Chain Management process		211 515
Total		412 379



25. Fruitless and wasteful expenditure

25.1 Reconciliation of fruitless and wasteful expenditure

	<i>Note</i>	2017/18 R'000	2016/17 R'000
Opening balance		56 777	46 240
Prior period error		—	—
As restated		56 777	46 240
Fruitless and wasteful expenditure – relating to current year		5 270	10 537
Closing balance		62 047	56 777

25.2 Analysis of awaiting resolution per economic classification

	2017/18	2016/17
Current	46 115	40 845
Capital	15 932	15 932
Transfers and subsidies		
Total	62 047	56 777

25.3 Analysis of Current year's (relating to current and prior years) fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	2017/18 R'000
Interest on overdue accounts	Under investigation	5 270
Total		5 270

26. Related party transactions

The department of Health did not have any related party transactions.

27. Key management personnel

	No. of Individuals	2017/18 R'000	2016/17 R'000
Political office bearers (provide detail below)			
Officials:			
Level 15 to 16	2(1)	2 038	1 902
Level 14 (incl. CFO if at a lower level)	2(2)	2 167	1 646
Family members of key management personnel	11(10)	7 420	7 393
	2(2)	978	1 166
Total		12 603	12107



28. Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance	Value adjustmen ts	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	973 621		73 773	(78)	1 047 316
Transport assets	139 239		20 106	-	159 345
Computer equipment	56 265		3 591	-	59 856
Furniture and office equipment	38 407		1 639	(43)	40 003
Other machinery and equipment	739 710		48 437	(35)	788 112
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	973 621		73 773	(78)	1 047 316

28.1 Additions

ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Cash*	Non-cash**	(Capital Work in Progress current costs and finance lease paymen ts)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	71 082	2 691	-	-	73 773
Transport assets	20 106	-	-	-	20 106
Computer equipment	3 591	-	-	-	3 591
Furniture and office equipment	1 639	-	-	-	1 639
Other machinery and equipment	45 746	2 691	-	-	48 437
TOTAL ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS	71 082	2 691	-	-	73 773

28.2 Disposals

DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Sold for cash R'000	Non-cash disposal R'000	Total disposal s R'000	Cash Receive d Actual R'000
MACHINERY AND EQUIPMENT	78		78	78
Transport assets				
Computer equipment				
Furniture and office equipment	43		43	43
Other machinery and equipment	35		35	35
TOTAL DISPOSAL OF MOVABLE TANGIBLE CAPITAL ASSETS	78		78	78

28.3 Movement for 2016/17

MOVEMENT IN TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance R'000	Prior period error 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		739 710
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	910 919		62 702		973 621

28.4 Minor assets

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2018

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipme nt	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	1 598	-	177 584	-	179 182
Additions	-	-	-	3 415	-	3 415
Disposals						
TOTAL MINOR ASSETS	-	1 598	-	180 999	-	182 597

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipme nt	Biological assets	Total
Number of R1 minor assets		6 100		41 916		48 016
Number of minor assets at cost		1 845		24 926		26 771
TOTAL NUMBER OF MINOR ASSETS		7 945		66 842		74 787

MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED AS AT 31 MARCH 2017

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipme nt	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance		1 598		172 829		174 427
Prior period error						
Additions				4 755		4 755
Disposals						
TOTAL MINOR ASSETS		1 598		177 584		179 182

	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipme nt	Biological assets	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



29. Intangible Capital Assets

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance	Value adjustmen ts	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	2 253	-	775	-	3 028
TOTAL INTANGIBLE CAPITAL ASSETS	2 253	-	775	-	3 028

Intangible Capital Assets under investigation

	Number	Value R'000
Included in the above total of the intangible capital assets per the asset register are assets that are under investigation:		
Software	-	-

29.1 Additions

ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Cash	Non-Cash	(Develop- ment work in progress - current costs)	Received current year, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
SOFTWARE	775	-	-	-	775
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS	775	-	-	-	775

29.2 Disposals

DISPOSALS OF INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Sold for cash	Non-cash disposal	Total disposal s	Cash Receive d Actual
	R'000	R'000	R'000	R'000
SOFTWARE	-	-	-	-
TOTAL DISPOSALS OF INTANGIBLE CAPITAL ASSETS	-	-	-	-



29.3 Movement for 2016/17

MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
SOFTWARE	2 253				2 253
TOTAL INTANGIBLE CAPITAL ASSETS	2 253				2 253

30. Immovable Tangible Capital Assets

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Value adjustmen ts	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	252 178		730 140		982 318
Dwellings	-				-
Non-residential buildings	236 055	-	730 140	-	966 195
Other fixed structures	16 123	-	-	-	16 123
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	252 178	-	730 140	-	982 318

Age analysis on ongoing projects	Number of projects		2016/17
	Planned, Constructi on not started	Planned, Constructi on started	Total R'000
0 to 1 Year			
1 to 3 Years		9	98 456
3 to 5 Years		3	299 878
Longer than 5 Years		3	1 254 087
Total		1	1 686 883

Included in the work in progress is the New Mental Hospital which has been under construction for over a period of 5 years due to construction delays.

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 2018

	Cash R'000	Non-cash R'000	(Capital Work in Progress current costs and finance lease paymen ts) R'000	Received current, not paid (Paid current year, receive d prior year) R'000	Total R'000
BUILDING AND OTHER FIXED STRUCTURES	408 960	690 959	(369 779)		730 140
Non-residential buildings	408 960	690 959	(369 779)	-	730 140
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	408 960	690 959	(369 779)		730 140

30.2 Disposals

DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Sold for cash R'000	Non-cash disposal R'000	Total disposal s R'000	Cash Received Actual R'000
BUILDINGS AND OTHER FIXED STRUCTURES				
Non-residential buildings	-	-	-	-
TOTAL DISPOSALS OF IMMOVABLE TANGIBLE CAPITAL ASSETS	-	-	-	-



30.3. Movement for 2016/17

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing Balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	219 506		32 672		252 178
Dwellings					
Non-residential buildings	206 264		29 791		236 055
Other fixed structures	13 242		2 881		16 123
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	219 506		32 672		252 178

30.4. Capital Work-in-progress

CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2018

	Opening balance 1 April 2017 R'000	Current Year WIP R'000	Ready for use (Assets to the AR) / Contract s terminat ed R'000	Closing balance 31 March 2018 R'000
Heritage assets				
Buildings and other fixed structures	2 007 403	369 779	(690 299)	1 686 883
Machinery and equipment				
Intangible assets				
TOTAL	2 007 403	369 779	(690 299)	1 686 883

Accruals and payables not recognised relating to Capital WIP

	Note	2017/18 R'000	2016/17 R'000
Infrastructure accruals		33 737	
Infrastructure payables		50 952	
Total		84 689	-

CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2017

	Opening balance 1 April 2017 R'000	Prior period error R'000	Current Year WIP R'000	Ready for use (Assets to the AR)) / Contracts terminat ed R'000	Closing balance 31 March 2018 R'000
Buildings and other fixed structures	1 736 428	18 103	285 543	(32 671)	2 007 403
TOTAL	1 736 428	18 103	285 543	(32 671)	2 007 403



30.5. The opening balance relating to capital work in progress has been restated. The restatement is due to a prior year error. The adjustment has resulted into a decrease in the work in progress reported in the previous financial year.

30.6. S42 Immovable assets

Assets subjected to transfer in terms of S42 of the PFMA – 2017/18

	Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES		
Non-residential buildings	14	148 757
TOTAL	14	148 757

30.7. S42 Immovable assets

Assets subjected to transfer in terms of S42 of the PFMA – 2017/18

	Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES		
Non-residential buildings	14	148 757
TOTAL	14	148 757

Assets subjected to transfer in terms of S42 of the PFMA – 2016/17

	Number of assets	Value of assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES		
Non-residential buildings	14	148 757
TOTAL	14	148 757

Include discussion here where deemed relevant



31 Principal-agent arrangements

31.1. Department acting as the principal

	Fee paid	
	2017/18	2016/17
	R'000	R'000
Independent Development Trust	6 861	2 521
Total	6 861	2 521

The Independent Development Trust is implementing agents for infrastructure projects and they receive a fee at an agreed rate. The relationship between the department and the agent continues beyond 31st March 2018.

32 Prior period errors

32.1 Correction of prior period errors

	Note	Amount bef error correction 2016/17 R'000	Prior period error 2016/17 R'000	Restated Amount 2016/17 R'000
Other				
Contingent liabilities: Claims against the Department		1 454 530	(2 197)	1 452 338
Immovable Assets		1 736 428	18 103	1 754 531
Commitments: Current		412 702	79 832	492 534
Commitment: Capital		614 813	(79 832)	534 981
Contingent Assets		3 046	117	3 073
Net effect		4 244 519	16 028	4 237 547

33. STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF DEPARTMENT	GRANT ALLOCATION						SPENT			2016/17	
	Division of Revenue Act/ Provincial Grants R'000	Roll Overs R'000	DORA Adjustments R'000	Other Adjustments R'000	Total Available R'000	Amount received by department R'000	Amount spent by department R'000	Under/ (Overspending) R'000	% of available funds spent by department	Division of Revenue Act R'000	Amount spent by department R'000
National Tertiary Services Grant	340 032	22 021	-	-	362 053	362 053	335 852	26 201	93%	322 272	300 274
Comprehensive HIV & AIDS Grant	478 242	-	-	-	478 242	478 242	468 761	9 481	98%	413 231	413 231
National Health Insurance Grant	-	1 616	-	-	1 616	1 616	1 646	(30)	102%	10 489	8 872
Health Facility Revitalisation Grant	443 753	116 507	-	-	560 260	560 260	568 116	(7 856)	101%	514 585	398 052
Health Professions Training & Development	86 300	4 310	-	-	90 610	90 610	65 824	24 786	73%	81 815	77 505
Social Sector EPWP Incentive Grant for Provinces	30 229	-	-	-	30 229	30 229	30 229	-	100%	15 230	15 230
EPWP Incentive Grant for Provinces	2 000	-	-	-	2 000	2 000	-	2 000	0%	3 286	3 286
	1 380 556	144 454	-	-	1 525 010	1 525 010	1 470 428	54 582		1 360 908	1 216 450

All funds transferred in terms of the Division of Revenue Act were deposited into the primary bank account of the province..



34. 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 R'000	Actual Transfer R'000	Funds Withheld R'000			
Ga-Segonyana Municipality	1 043			1 043	45	998			
Emthanjeni Municipality	3 443			3 443	20	3 423			
Karoo Hoogland Municipality	36			36	36	-			
Khara Hais Municipality	332			332	15	317			
Nama Khoi Municipality	112			112	112	108			
Sol Plaatje Municipality	4 546			4 546	92	4 454			
Other	15			13	13	-			
TOTAL	9 525	-	-	9 525	333	9 192		-	

35. GOING CONCERN ASSESSMENT

Current Assets

Prepayment and Advances
Receivables

R'000
24 682

31
24 651

Current Liabilities

Voted funds to be surrendered to the Revenue Fund
Departmental revenue to be surrendered to the Revenue Fund
Payables
Bank Overdraft
Accruals and Payable not recognised
Employee Benefits

1 269 788

163 307
2 000
2 254
337 674
532 709
231 840

Net Current Liabilities

-1 245 106

The picture above may suggest that the Department is not a going concern or has liquidity challenges. However, the Department did not exceed its cash flow at the end of the current financial year.

Furthermore provision is made for future funding of the Department through the commitment on the Medium Term Expenditure Framework. These budgets are committed for the medium term between 2018/19 and 2020/21 financial years.

The Department developed a project plan to address the growing trend of Accruals and payables. This project is intended to address both the management of accruals and payables to ensure accurate reporting and management of expenditure to curb the generation of these accruals and payables.

The Northern Cape Legislature is also engaged through submissions to the Provincial Treasury for the condonation of the unauthorised expenditure. The Department is motivating for this process to be approved with funding.

A Medico-Legal unit was established within the Department to specifically work on medico-legal cases facing the Department. The unit will also investigate the reasons for the occurrence of these cases and recommend corrective actions to the Department.

Management has considered the economic environment in which the Department operates and the likelihood on continued government funding. Management is not aware of any material uncertainties which may cause significant doubt upon the province's ability to continue funding the Department.

The Department is therefore confident of handling its commitments as they fall due and the continued support of the province and particular Provincial Treasury.

**ANNEXURE 1A
STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS**

	TRANSFER ALLOCATION				EXPENDITURE		2016/17 Final Appropriation R'000
	Adjusted Appropriation Act R'000	Roll overs R'000	Adjust-ments R'000	Total Available R'000	Actual Transfer R'000	% of Available transfer red %	
Transfers							
Legatus NGO	5 082	-	-	5 082	-	0%	9 312
Northern Cape Aids Forum & Christian Care & Support	8 000	-	-	8 000	-	0%	8 397
Nightingale Hospice	5 044	-	-	5 044	-	0%	5 089
Moeder Theresa Hospice	4 654	-	-	4 654	-	0%	4 917
Helen Bishop Orthopaedic After-Care Home	2 018	-	-	2 018	-	0%	3 668
Aganang Aids Services Organisation	8 000	-	-	8 000	-	0%	5 573
Boikobo Health Care	10 431	-	-	10 431	-	0%	8 951
Boitumelo NPO	5 431	-	-	5 431	-	0%	2 285
Bophelong Care Centre	952	-	-	952	-	0%	855
Cecilia Makiwana Hospice	918	-	-	918	-	0%	1 089
Dingleton Community Health Workers	2 554	-	-	2 554	-	0%	2 565
Diocese Aids Ministry NPO	3 571	-	-	3 571	-	0%	3 522
Drydo Home Based Care	6 275	-	-	6 275	-	0%	6 264
Education Support Services Trust	3 135	-	-	3 135	-	0%	
Ebenezer Youth Group	-	-	-	-	-	0%	3 120
Grassroot Soccer South Africa	2 141	-	-	2 141	-	0%	1 380

Hope Christian Home Based Care	2 475	-	-	2 475	-	0%	2 367
Hopetown Home Based Care Hospice	1 406	-	-	1 406	-	0%	1 479
Hospice Health	1 370	-	-	1 370	-	0%	1 437
Kgatelopele NGO	4 953	-	-	4 953	-	0%	2 050
Maggie Samboer Hospice	6 428	-	-	6 428	-	0%	2 721
Maruping Health Care	7 000	-	-	7 000	-	0%	7 079
Masiphile NGO	4 697	-	-	4 697	-	0%	3 509
Mobile HIV Counselling & Testing	721	-	-	721	-	0%	685
Napwa Northern Cape (NGO)	87	-	-	87	-	0%	346
Phutadichaba Home Based Care	3 126	-	-	3 126	-	0%	1 689
Renorsterberg Gemeenskap Projek	1 759	-	-	1 759	-	0%	1 745
The Little Big Soup Kitchen NGO	1 347	-	-	1 347	-	0%	1 371
Thusanang Home Based Care	5 674	-	-	5 674	-	0%	5 669
Resego Home Based Care	870	-	-	870	-	0%	3 748
South African National Council	-	-	-	-	-	-	1 123
Kantani	-	-	-	-	-	-	34
Lifeline	1 005	-	-	1 005	-	0%	1 000
Amandelboom Community Development Centre	4 077	-	-	4 077	-	0%	1 700
TOTAL	115 201	-	-	115 201	-	0%	106 738

**ANNEXURE 1B
STATEMENT OF TRANSFERS TO HOUSEHOLDS**

HOUSEHOLDS	TRANSFER ALLOCATION					EXPENDITURE		2016/17 Final Appropriati on R'000
	Adjusted Appropriation Act R'000	Roll Overs R'000	Adjust-ments R'000	Total Available R'000	Actual Transfer R'000	% of Available funds Transferre d %		
Transfers								
H/H EMPL S/BEN:INJURY ON DUTY	534	-	-	534	-	0%	203	
H/H EMPL S/BEN:LEAVE GRATUITY	7 249			7 249	8 296	114%	7 106	
H/H: CLAIMS AGAINST THE STATE (CASH)	535			535	9 493	1 774%	823	
H/H: BURSARIES (NON-EMPLOYEE)	14 067			14 067	38 858	276%	48 603	
H/H: DONATIONS 7 GIFTS (CASH)	122			122	106	87%	158	
TOTAL	22 507	-	-	22 507	56 753		56 893	

**ANNEXURE 1C
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED**

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2017/18	2016/17
		R'000	R'000
Received in cash			
Maphalane	Donation	-	114
NSF Growth and Development Strategy	Growth and development of health professionals	1 151	-
Subtotal		1 151	114
Received in kind			
National Department of Health	Office and computer equipment	1 981	6 471
National Department of Health	Medical equipment and instruments	708	242
Dr Valdez	Kitchen equipment	1	-
Subtotal		2 690	6 713
TOTAL		3 841	6 827

**ANNEXURE 3
CLAIMS RECOVERABLE**

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2017/18 *	
	31/03/2018	31/03/2017	31/03/2018	31/03/2017	31/03/2018	31/03/2017	Receipt date up to six (6) working days after year end	Amount
	R'000	R'000	R'000	R'000	R'000	R'000		R'000
Department								
Department of Justice & Constitutional Development	10	10			10	10		
National Department of Public Works			2	2	2	2		
National Department of Health			3 417	3 417	3 417	3 417		
Free State Department of Health			2 322	1 450	2 322	1 450		
Gauteng Department of Health			346	266	346	266		
Northern Cape Provincial Treasury			60	60	60	60		
Western Cape Department of Health			1 495	1 190	1 495	1 190		
Limpopo Department of Health			30	30	30	30		
North West Department of Health			98	58	98	58		
Kwa-Zulu Natal Department of Health			347		347	-		
Northern Cape Economic Development & Tourism			19	19	19	19		
Northern Cape Department of Environment & Nature Conservation	71	71			71	71		
Northern Cape Department of Social Development			96	96	96	96		

Eastern Cape Department of Health	178	178	178	178
Eastern Cape Department of Roads & Public Works	51	51	51	51
Northern cape Office of the Premier	90		90	
Northern Cape Department of Education	76	76	76	76
Northern Cape Department of Sports Arts & Culture	59	59	59	59
TOTAL	81	8 686	8 767	7 033



**ANNEXURE 4
INTER-GOVERNMENT PAYABLES**

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		TOTAL		Cash in transit at year end 2017/18 *		
		31/03/2017		31/03/2017		31/03/2018		31/03/2017	
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	Amount	
								Payment date up to six (6) working days before year end	R'000
DEPARTMENTS									
Current									
National Department of Health	30 894	29 240	240	55	31 134	29 295			
Department of Justice & Constitutional Development	-	-	3 435	391	3 435	391			
Northern Cape Department of Roads & Public Works	-	-	3 740	3 733	3 740	3 733			
Free State Department of Health	4 788	4 502	-	-	4 788	4 502			
North West Department of Health	-	-	8	8	8	8			
Northern Cape Office of the Premier	908	1 858	-	-	908	1 858			
Western Cape Department of Health	11	-	-	-	11	-			
Kwa-Zulu Natal Department of Education	-	-	14	14	14	14			
Northern Cape Department of Education	-	-	13	13	13	13			
Free State office of the Premier	19	9	-	-	19	9			
Northern Cape Department of Social Development	197	197	-	-	197	197			
Northern Cape Department of Sports Arts & Culture	37	17	-	-	37	17			

Limpopo Department of Health	-	-	150	-	150	-
Eastern Cape Department of Health	76	-	-	-	76	-
Northern Cape Department of Transport Safety & Liasion	-	-	16	-	16	-
National Department of Water & Sanitation	-	-	20	-	20	-
Subtotal	36 930	35 823	7 636	4 214	44 566	40 037
<hr/>						
TOTAL	36 930	35 823	7 636	4 214	44 566	40 037
<hr/>						

**ANNEXURE 5
INVENTORIES**

Inventories [Per major category]	Note	2017/18		2016/17	
		Quantity	R'000	Quantity	R'000
Opening balance			61 574		52 134
Add/(Less): Adjustments to prior year balance			-		-
Add: Additions/Purchases – Cash			339 132		345 977
Add: Additions - Non-cash			-		-
(Less): Disposals			(1 363)		(5 130)
(Less): Issues			(339 831)		(328 898)
Add/(Less): Adjustments			(1 020)		(2 509)
Closing balance			58 492		61 574

The Department implemented a new inventory management system during the 2017/18 financial year.

**ANNEXURE 6
MOVEMENT IN CAPITAL WORK IN PROGRESS**

MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Current Year Capital WIP R'000	Ready for use (Asset register) / Contract termina ted R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2 007 403	369 779	(690 299)	1 686 883
Dwellings				
Non-residential buildings	2 007 403	369 779	(690 299)	1 686 883
Other fixed structures	-	-	-	-
TOTAL	2 007 403	369 779	(690 299)	1 686 883

Age analysis on ongoing projects	Number of projects		2016/17
	Planned, Constructio n not started	Planned, Constructio n started	Total R'000
0 to 1 Year			
1 to 3 Years		9	132 918
3 to 5 Years		3	299 878
Longer than 5 Years		3	1 254 087
Total		1	1 686 883

The Mental Health Hospital has been under construction for a period of more than 5 years due to construction delays.



MOVEMENT IN CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2017

	Opening balance R'000	Prior period error R'000	Current Year Capital WIP R'000	Ready for use (Asset register) / Contract termina ted R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	1 736 428	18 103	285 543	(32 671)	2 007 403
Dwellings					
Non-residential buildings	1 736 428	18 103	285 543	(32 671)	2 007 403
Other fixed structures	-	-	-	-	-
TOTAL	1 736 428	18 103	285 543	(32 671)	2 007 403



ANNEXURES

Annexure A: Statement of responsibility and Confirmation of Accuracy

Statement of responsibility and confirmation of accuracy for the annual report

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

- ✓ All information and amounts disclosed throughout the annual report are consistent.
- ✓ The annual report is complete, accurate and is free from any omissions.
- ✓ The annual report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.
- ✓ The Annual Financial Statements (PART E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.
- ✓ The Accounting Officer is responsible for the preparation of the annual financial statements and for the judgement made in this information.
- ✓ The Accounting Officer is responsible for establishing, implementing a system of internal control that has been designed to provide reasonable assurance as to the integrity and reliability of the performance information, the human resources information and the annual financial statements.
- ✓ The external auditors are engaged to express an independent opinion on the annual financial statements.
- ✓ In my opinion, the annual report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the department for the financial year ended 31 March 2018.

Yours faithfully


.....
Mr. S Jonkers
Head of Department
Date: 31st May 2018



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5. Northern Cape Department of Health, Electronic Tuberculosis Register
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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 effect between numerous individuals together with budget programmes who were actively involved in the completion of this report. The following individuals are recognised:

1. Dr. E Worku, Director: Research and Development
2. Ms A Selao, Deputy Director: Policy Development
3. Ms. M Visser, Assistant Director: Monitoring and Evaluation
4. Mr. R Sichimwi, Senior Admin Officer: Monitoring and Evaluation
5. Mr. P Ngcoboti, Director: Management Accounting

