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# ANNUAL REPORT

2022/2023

DEPARTMENT OF HEALTH  
NORTHERN CAPE PROVINCE

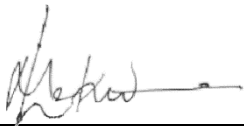


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**DEPARTMENT OF HEALTH  
NORTHERN CAPE PROVINCE**

**ANNUAL REPORT 2022/23**

It is my honour to present the Annual Report of the Northern Cape Department of Health for the period **01<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023.**



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**Mr. M Lekwene**  
**Member of Executive Council**

Date: *31<sup>st</sup> May 2023*

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# **PART A: GENERAL INFORMATION**

# PART A: GENERAL INFORMATION

## 1. Department's General Information



health

Department of Health  
**NORTHERN CAPE**

### *Northern Cape Provincial Department of Health*

**Physical Address:** Robert Mangaliso Sobukwe Hospital Complex  
Office of the Head of Department  
Executive Offices  
144 Du Toitspan Road  
Belgravia  
Kimberley  
8301

**Postal Address:** Private Bag x5049  
Kimberley  
8300

**Tel:** 053 830 2100 / 2102 / 2148

**Email:** [PAHODHealth@ncpg.gov.za](mailto:PAHODHealth@ncpg.gov.za)  
[HODAdmin@ncpg.gov.za](mailto:HODAdmin@ncpg.gov.za)

**Website:** <http://www.northern-cape.gov.za/health/index.php>

**Facebook:** Northern Cape Department of Health



## **2. List of Abbreviations / Acronyms**

<b>AAHA</b>	Alliance Against HIV and AIDS
<b>AC</b>	Audit Committee
<b>ACLS</b>	Advanced Cardiovascular Life Support
<b>ACSM</b>	Advocacy, Communication and Social Mobilisation
<b>AEA</b>	Ambulance Emergency Assistant
<b>AFP</b>	Acute Flaccid Paralysis
<b>AFS</b>	Annual Financial Statement
<b>AGSA</b>	Auditor-General of South Africa
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ALOS</b>	Average Length of Stay
<b>ANC</b>	Ante Natal Care
<b>APP</b>	Annual Performance Plan
<b>ART</b>	Anti-Retroviral Treatment
<b>ARV</b>	Anti-Retroviral
<b>AYFS</b>	Adolescent and Youth Friendly Services
<b>BANC</b>	Basic Antenatal Care
<b>BAS</b>	Basic Accounting System
<b>BCG</b>	Bacille Calmette-Guerine
<b>BLS</b>	Basic Life Support
<b>BMSF</b>	Bristol-Myers Squibb Foundation
<b>BUR</b>	Bed Utilisation Rate
<b>CAMHS</b>	Child & Adolescent Mental Health Services
<b>CCDU</b>	Central Chronic Dispensing Unit
<b>CCMA</b>	Commission for Conciliation, Mediation and Arbitration
<b>CCMDD</b>	Central Chronic Management Dispensing and Distribution: <i>A strategy that focuses on improving patient experience of care through decanting Primary Healthcare and Hospitals</i>
<b>CDC</b>	Communicable Disease Control
<b>CDU</b>	Chronic Dispensing Unit
<b>CDT</b>	Community Development Trust
<b>CEO</b>	Chief Executive Officer
<b>CFO</b>	Chief Financial Officer
<b>CFR</b>	Case Fatality Rate
<b>CHC</b>	Community Health Centre
<b>CHE</b>	Council on Higher Education
<b>CHS</b>	Community Health Services
<b>CHW</b>	Community Health Workers
<b>DMOC</b>	Districts as Differentiated Models of Care
<b>COGHSTA</b>	Cooperative Governance, Human Settlements and Traditional Affairs
<b>COS</b>	Community-based Outreach
<b>CPD</b>	Continuous Professional Development
<b>CSD</b>	Central Supplier Database
<b>CSIR</b>	Council for Scientific & Industrial Research
<b>CSP</b>	Community Service Pharmacist
<b>CSS</b>	Client Satisfaction Survey
<b>CTG</b>	Cardiotocography (Baby heartbeat monitor)
<b>CTOP</b>	Choice on Termination of Pregnancy
<b>CYPR</b>	Couple Year Protection Rate
<b>DBE</b>	Department of Basic Education
<b>DBSA</b>	Development Bank of South Africa
<b>DCST</b>	District Clinical Specialist Teams
<b>DG</b>	Director-General
<b>DHIS</b>	District Health Information System
<b>DHMIS</b>	District Health Management Information System
<b>DHMO</b>	District Health Management Office
<b>DHSH</b>	Dr. Harry Surtie Hospital
<b>DOH</b>	Department of Health
<b>DORA</b>	Division of Revenue Act
<b>DORT</b>	District Outbreak Response Team

<b>DPME</b>	Department of Monitoring and Evaluation
<b>DPSA</b>	Department of Public Service and Administration
<b>DPTC</b>	District Pharmaceutical Therapeutic Committee
<b>DRPW</b>	Department of Roads and Public Works
<b>DRTB</b>	Drug Resistant Tuberculosis
<b>DSD</b>	Department of Social Development
<b>DSTB</b>	Drug Sensitive Tuberculosis
<b>ECP</b>	Emergency Care Practitioner
<b>EDVS</b>	Electronic Data Vaccine System
<b>EHP</b>	Environmental Health Practitioner
<b>EGK</b>	Electronic Gate Keeping
<b>EMC</b>	Executive Management Committee
<b>EMCQF</b>	Emergency Medical Care Qualification Framework
<b>EML</b>	Essential Medicine List
<b>EMS</b>	Emergency Medical Services
<b>EMSC</b>	Emergency Medical Services College
<b>EPI</b>	Expanded Programme Immunisation
<b>EPMDS</b>	Employment Performance Management Development System
<b>ESMOE</b>	Essential Step in the Management of Obstetric Emergency
<b>ESST</b>	Education Support Services Trust
<b>ETR</b>	Electronic Tuberculosis Register
<b>FB</b>	Frances Baard
<b>FDC</b>	Fixed Dose Combination
<b>FET</b>	Further Education and Training
<b>FY</b>	Financial Year
<b>GBV</b>	Gender Based Violence
<b>GDH</b>	Galeshewe Day Hospital
<b>HAI</b>	Hospital Acquired Infections
<b>HAM</b>	Health Area Manager
<b>HAST</b>	HIV/AIDS, STI's and Tuberculosis
<b>HBC</b>	Home Based Care
<b>HCSS</b>	Healthcare Support Services
<b>HCT</b>	HIV Counselling and Testing
<b>HDP</b>	Hypertensive Disorder in Pregnancy
<b>HEQC</b>	Higher Education Quality Committee
<b>HFM</b>	Health Facilities Management
<b>HFRG</b>	Health Facility Revitalisation Grant
<b>HIS</b>	Health Information System
<b>HIV</b>	Human Immunodeficiency Virus
<b>HIVSS</b>	HIV Self Screening
<b>HOD</b>	Head of Department
<b>HPCSA</b>	Health Professions Council of South Africa
<b>HPRS</b>	Health Patient Registration System
<b>HPTDG</b>	Health Professional Training and Development Grant
<b>HPV</b>	Human Papilloma Virus
<b>HRA</b>	Human Resource Administration
<b>HRD</b>	Human Resource Development
<b>HRM</b>	Human Resource Management
<b>HRP</b>	Human Resource Plan / Hospital Revitalisation Programme
<b>HSNC</b>	Henrietta Stockdale Nursing College
<b>HST</b>	Health Sciences and Training
<b>HTA</b>	High Transmission Area
<b>HTS</b>	HIV Training Services
<b>HVAC</b>	Heating, Ventilation, Air-Conditioning and Cooling
<b>HWSETA</b>	Health and Welfare Sectoral Education and Training Authority
<b>IAR</b>	Intra-Action Review
<b>IAU</b>	Internal Audit Unit
<b>ICRM</b>	Ideal Clinic Realisation and Maintenance
<b>ICSM</b>	Integrated Clinical Services Management
<b>ICT</b>	Information, Communication and Technology
<b>ICU</b>	Intensive Care Unit

<b>CUP</b>	<i>The CUP is a preferred unit with which the fund contracts for the provision of PHC services within a defined area and is comprised of a District Hospital, Clinics or Community Health Centres, Ward-Based Service and accredited public and private health care service providers at primary care facilities.</i>
<b>IDSR</b>	Integrated Disease Surveillance and Response
<b>IDT</b>	Independent Development Trust
<b>IEC</b>	Information, Education and Communication
<b>IFRM</b>	Ideal Facility Realisation and Maintenance
<b>IMCI</b>	Integrated Management of Childhood Illnesses
<b>IMR</b>	Infant Mortality Rate / Ratio
<b>INH</b>	Isonicotinic Acid Hydrazide (also Isoniazide)
<b>IOD</b>	Injury on Duty
<b>IPC</b>	Infection Prevention & Control
<b>IPT</b>	Isoniazid Preventative Treatment
<b>IRM</b>	Infrastructure Reporting Model
<b>ISHP</b>	Integrated School Health Programme
<b>IYM</b>	In-Year Monitoring (Financial)
<b>JBCC</b>	Joint Building Contracts Committee
<b>JTG</b>	John Taolo Gaetsewe
<b>KMC</b>	Kangaroo Mother Care
<b>LGBTIQ+</b>	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (etc.)
<b>LOGIS</b>	Local Government Information System
<b>LTF</b>	Lost to Follow-up
<b>MAM</b>	Moderate Acute Malnutrition
<b>M&amp;E</b>	Monitoring and Evaluation
<b>MCMCP</b>	Mandela-Castro Medical Collaboration Programme
<b>MCWH&amp;N</b>	Mother, Child and Women's Health and Nutrition
<b>MDG</b>	Millennium Development Goal
<b>MDR</b>	Multi-Drug Resistant
<b>MEC</b>	Member of the Executive Council
<b>MMC</b>	Medical Male Circumcision
<b>MMR</b>	Maternal Mortality Ratio
<b>MO</b>	Medical Officer
<b>MOA</b>	Memorandum of Agreement
<b>MPAT</b>	Management Performance Assessment Tool
<b>MTCT</b>	Mother to Child Transmission
<b>MTEF</b>	Medium Term Expenditure Framework
<b>MTSF</b>	Medium Term Strategic Framework
<b>MUAC</b>	Mid-Upper Arm Circumference
<b>MUS</b>	Male Utheritis Syndrome
<b>NACH</b>	National Anti-Corruption Hotline (0800 701 701)
<b>NASG</b>	Non-pneumatic Anti Shock Garment
<b>NCD</b>	Non-Communicable Disease
<b>NCDOH</b>	Northern Cape Department of Health
<b>NCRF</b>	National Community Radio Forum
<b>NCS</b>	National Core Standards
<b>NDOH</b>	National Department of Health
<b>NDP</b>	National Development Plan
<b>NECET</b>	National Emergency Care Education and Training
<b>NGO</b>	Non-Governmental Organisation
<b>NGP</b>	New Growth Path
<b>NHI</b>	National Health Insurance
<b>NHLS</b>	National Health Laboratory Service
<b>NICD</b>	National Institute for Communicable Disease
<b>NICU</b>	Neonatal Intensive Care Unit
<b>NIDS</b>	National Indicator Data Set
<b>NIHE</b>	National Institute for Higher Education
<b>NIMART</b>	Nurse Initiated and Management of Anti-Retroviral Therapy
<b>NIOH</b>	National Institute for Occupational Health
<b>NPA</b>	National Prosecuting Authority
<b>NSDA</b>	Negotiated Service Delivery Agreement
<b>NTD</b>	Neglected Tropical Diseases

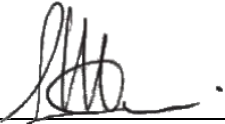
<b>NTSG</b>	National Tertiary Services Grant
<b>O&amp;P</b>	Orthotic and Prosthetic
<b>Observandi</b>	<i>The term used for individuals that are sent from the court to a forensic psychiatric hospital for psychiatric observation.</i>
<b>OHS</b>	Occupational Health and Safety
<b>OPD</b>	Out Patient Department
<b>OSD</b>	Occupational Special Dispensation
<b>OTL</b>	Outreach Team Leader
<b>P1</b>	Priority One
<b>PA</b>	Performance Agreement
<b>PBPA</b>	Post-Basic Pharmacy Assistant
<b>PCA</b>	Provincial Council on AIDS
<b>PCAC</b>	Provincial Clinical Advisory Committee
<b>PCR</b>	Polymerase Chain Reaction
<b>PDE</b>	Patient Day Equivalents
<b>PEP</b>	Post Exposure Prophylaxis
<b>PERSAL</b>	Personnel and Salary Administration System
<b>PFMA</b>	Public Finance Management Act
<b>PGDP</b>	Provincial Growth and Development Plan
<b>PGDS</b>	Provincial Growth and Development Strategy
<b>PHC</b>	Primary Health Care
<b>PHCWBOT</b>	Primary Health Care Ward Based Outreach Team
<b>PHREC</b>	Provincial Health Research and Ethics Committee
<b>PHS</b>	Provincial Hospital Services
<b>PHSDSBC</b>	Public Health and Social Development Sectoral Bargaining Council
<b>PILIR</b>	Policy on Incapacity Leave and Ill-Health Retirement
<b>PMDS</b>	Performance Management Development System
<b>PMTCT</b>	Prevention of Mother to Child Transmission
<b>PPE</b>	Personal Protective Equipment
<b>PPTC</b>	Polymetric Positive Temperature Coefficient
<b>PPTICRM</b>	Perfect Permanent Team for Ideal Clinic Realisation and Maintenance
<b>PrEP</b>	Pre-Exposure Prophylaxis
<b>PRU</b>	Peer Review Updates
<b>PSA</b>	Public Service and Administration
<b>PSETA</b>	Public Service Sector Education and Training Authority
<b>PSI</b>	Patient Safety Incident
<b>PSP</b>	Provincial Strategic Plan
<b>PSS</b>	Patient Satisfaction Survey
<b>PT</b>	Proficiency Testing
<b>PTB</b>	Pulmonary Tuberculosis
<b>RCCE</b>	Risk Communication and Community Engagement
<b>QA</b>	Quality Assurance
<b>R254</b>	One-year Nursing Programme
<b>R425</b>	Two-year Nursing Programme
<b>R683</b>	Three-year Nursing Programme
<b>REMCO</b>	Risk and Ethics Management Committee
<b>RFI</b>	Request for Information
<b>RMSH</b>	Robert Mangaliso Sobukwe Hospital
<b>ROIQ</b>	Recognition of Improved Qualification
<b>ROR</b>	Rationalisation of Registers
<b>RTC</b>	Regional Training Centre
<b>RV</b>	Rotavirus
<b>(SAC)1</b>	Severity Assessment Code 1: <i>Clinical incidents that have or could have caused serious harm of death that is attributable to health care provision (of lack thereof) rather than the patient's underlying condition or illness.</i>
<b>SAICA</b>	South African Institute for Chartered Accountants
<b>SANAC</b>	South African National AIDS Council
<b>SANC</b>	South African Nursing Council
<b>SANCB</b>	South African National Council for the Blind
<b>SAPC</b>	South African Pharmacy Council
<b>SAPS</b>	South African Police Service
<b>SAQA</b>	South African Qualifications Authority

<b>SBD</b>	Standard Bidding Document
<b>SCM</b>	Supply Chain Management
<b>SCOPA</b>	Standing Committee on Public Accounts
<b>SDIP</b>	Service Delivery Improvement Plan
<b>SDG</b>	Sustainable Developmental Goals
<b>SHERQ</b>	Safety, Health, Environment, Risk and Quality
<b>SIU</b>	Special Investigating Unit
<b>SL</b>	Salary Level
<b>SLA</b>	Service Level Agreement
<b>SMS</b>	Senior Management System
<b>SOP</b>	Standard Operating Procedures
<b>SRH</b>	Sexual Reproductive Health
<b>SRHR</b>	Sexual Reproductive Health and Rights
<b>SSA</b>	State Security Agency
<b>STG</b>	Standard Treatment Guidelines
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>TEE</b>	Tenofovir Emtricitabine Efavirenz
<b>TFI</b>	Transfer-in
<b>TFO</b>	Transfer-out
<b>THP</b>	Traditional Health Practitioners
<b>THS</b>	Tertiary Hospital Services
<b>TIER</b>	Three Integrated Electronic Registers
<b>TLD</b>	Tenofovir Lamivudine Dolutegravir
<b>TMC</b>	Traditional Male Circumcision
<b>TROA</b>	Total Client Remaining on ART
<b>TVET</b>	Technical Vocational Education and Training
<b>U5MR</b>	Under five-years Mortality Rate
<b>UAMP</b>	User Asset Management Plan
<b>UFS</b>	University of the Free State
<b>UNAIDS</b>	United Nations Programme on HIV & AIDS
<b>UPFS</b>	Uniformed Patient Fees Schedule
<b>VEP</b>	Victim Empowerment Programme
<b>VMMC</b>	Voluntary Medical Male Circumcision
<b>VPN</b>	Virtual Private Network
<b>WBOT</b>	Ward Based Outreach Teams
<b>WBPHCOT</b>	Ward Based Primary Health Care Outreach Team
<b>WBW</b>	World Breastfeeding Week
<b>WESH</b>	West-End Specialised Hospital
<b>WHO</b>	World Health Organisation
<b>WISN</b>	Workload Indicators of Staffing Needs
<b>WMS</b>	Warehouse Management System
<b>WSP</b>	Work Skills Programme
<b>XDR</b>	Extensively Drug Resistant
<b>ZFM</b>	Zwelentlanga Fatman Mgcawu

### **3. Official Sign-Off**

It is hereby certified that this Annual Report for the **2022/23** financial year:

- 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 the MEC for Health, Honourable Mr. M Lekwene.
- accurately reflects the performance of the Department of Health in the Northern Cape Province for the period under review.



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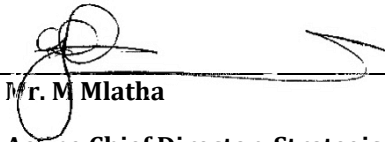
**Mr. M Mocumi**

**Director: Policy & Planning**

**31<sup>st</sup> May 2023**

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**Date**



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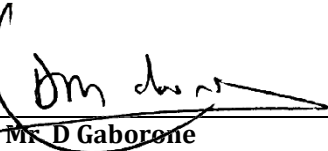
**Mr. M Mlatha**

**Acting Chief Director: Strategic Management**

**31<sup>st</sup> May 2023**

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**Date**



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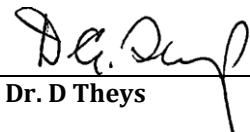
**Mr. D Gaborone**

**Chief Financial Officer**

**31<sup>st</sup> May 2023**

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**Date**



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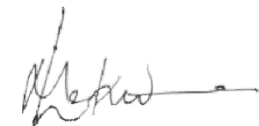
**Dr. D Theys**

**Accounting Officer (Acting)**

**31<sup>st</sup> May 2023**

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**Date**



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**Mr. M Lekwene**

**Member of Executive Council**

**31<sup>st</sup> May 2023**

---

**Date**

## **4. Foreword by the Member of Executive Council**



**Mr. M Lekwene**

*Executive Authority  
Northern Cape Department of Health*

It is my privilege to present the Annual Report for the 2022/2023 financial year. This report provides an opportunity to reflect on the Department's achievements and challenges during the reporting period. Over the past twelve months, which is also the period under review for this Annual Report, we have seen tremendous progress following the devastating effects of Covid-19.

It is fitting that we should take our hats off to the four hundred and twenty-six (426) heroines and heroes who lost their lives while working on the frontlines of this battle, as healthcare professionals in this Province. We also want to take this opportunity to recognize and thank all the Nurses, Doctors, Allied Healthcare Workers and Support Staff at all levels, who continue to be the backbone of this Department. We also owe a debt of gratitude and sincere thanks to the Chairpersons and Members of the Portfolio Committee and SCOPA in the Provincial Legislature.

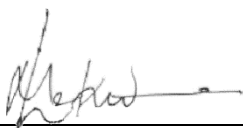
Covid-19 has become a public health challenge globally and South Africa, registering just over 4 million total cases. The Northern Cape recorded its first case in March 2020 and, since then, the Province has recorded over one hundred and sixteen thousand (116 000) cumulative Covid-19 cases where most were in the Frances Baard District. The number of people who have succumbed to the disease stood at three thousand two hundred and forty-nine (3 249) with most deaths associated with co-morbidities such as diabetes, hypertension, tuberculosis and HIV.

Since last year August, the number of people getting infected with Covid-19 has remained significantly low in the country. The Province currently has no hospital admissions due to the positive impact of the Covid-19 vaccination programme. The Province had just over four hundred and ninety-one thousand (491 000) people vaccinated and, of these, 44% were fully vaccinated. However, more should be done to increase the vaccination coverage especially among the elderly and younger age groups.

The advent of Covid-19 exposed the need to have an integrated approach when developing health related interventions which take into consideration both biomedical and socio-economic factors which affect the society. Sexual Reproductive Health is one of the cornerstones of our public health campaign to educate and empower our people from all walks of life about STIs, their prevention, treatment and the link between STIs and various other health challenges including HIV & AIDS. Our agenda is to increase access to comprehensive Sexual reproductive health services that respond to the broad health service package needs of Northern Cape citizen, young, old and disabled focal care.

Teenage pregnancy between the ages of 10-19 years remains a major challenge in the Province. To address this impasse, the Department is employing additional preventative strategies with the creation of youth friendly spaces in our health facilities. There is a greater need to accelerate the increase of youth zones in all the facilities as well as training on value clarification of Healthcare Workers to improve attitudes for better access for young people.

Our Province has also seen an increase in non-communicable diseases, such as diabetes and hypertension. In addressing this, the Department adheres to the pronouncements of the World Health Organisation regarding the need to prioritise chronic diseases. All our strategies in this respect are underpinned by the ongoing healthy lifestyle awareness campaigns, which is being actively rolled out in all communities across the Province.



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**Mr. M Lekwene**  
**Executive Authority**  
**Northern Cape Department of Health**

*31<sup>st</sup> May 2023*

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**Date**

## 5. Report of the Accounting Officer

### 5.1. Overview of the Operations of the Department



**Dr. D Theys**

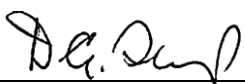
*Acting Accounting Officer  
Northern Cape Department of Health*

The financial year 2022-2023 signaled the beginning of the end of the debilitating interregnum, namely the advent of Covid-19 as an epidemic, which presented us with multiple magnified health system and social challenges. We saw the end of the enforced new normal emblematically signified by the demand for social distancing and the attended impact on the provision of health services. After many months of consciously curtailed services in a number of respects, the already worrying numbers of patient's loss to follow up in various health service disciplines had increased exponentially. Notably the areas of HIV/AIDS and TB saw high numbers of patients missing. The idea of post epidemic recovery and health systems strengthening, of such a vast magnitude, was a virgin area which the Department had to grapple with. Some campaigns were undertaken to reverse the losses that would have been occasioned by the reduction of health services especially at primary health care.

There are numerous difficulties that have been brought to bear on the health system, this include the workers strike that was experienced during the fourth quarter of the year. In the Northern Cape where the strike was effective it was always as a consequence of health facilities being targeted, based on the nature of health care services health is the underbelly of the governance architecture. These disruptions disadvantaged employees, patients and communities. A number of our facilities were closed as a result, community health programs had to be halted; all of these hampered our systematic recovery from the Covid-19 epidemic. The outcomes of the fourth quarter of the year resemble this unwanted intervention. This further highlights the need for health sector planning to be robust and tactically alert to respond to all sorts of shocks that may potentially derail access to continuous care. In the period under review we had to deal with the legacy of Covid-19 and the strike as factors that hampered service delivery.

In respect of governance a number of senior and middle management posts remain vacant. This inability to permanently fill vacant, especially funded posts, exacerbated extant leadership and management challenges. Both objective and subjective factors contributed to the delay in the finalization of the Departmental organogram. Subjectively, the instability at leadership and management level is a major factor in the delay of finalizing the organogram. The result of this has been an exponential growth in abnormal appointments, these poses a risk to the compensation of employee's budget. At a human level these factors have combined to adversely impact on staff morale, especially all the factors associated with the demands of the strike and the growing difficulties of our current socio-economic milieu. These founding factors in our society have also seen a significant growth in mental health illnesses and other social ills that themselves places a strain on health services. The extent of the difficulties placed by social determinants of health on the sector have really been poignantly felt in the environment that we are hopefully emerging out of; however, the sense is that this has not yet been fully appreciated outside the sector, including the associated impact on the meagre resources of the Department. This lack of appreciation is sometimes within the sector.

The lessons learned and observations made about the service delivery environment and the attendant dynamics should help management to catapult the health system to greater heights. The saying that "never let a good crisis go to waste," is most applicable in the current moment. The resetting of the health system, which entails building embedded robustness and future epidemic preparedness, all premised on advancing universal access to care (UHC) must be informed by the lessons iterated in this report.



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**Dr. D Theys**  
**Accounting Officer (Acting)**  
**Northern Cape Department of Health**

*31<sup>st</sup> May 2023*

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**Date**



## 5.2. Overview of the Financial Results of the Department

### 5.2.1. Departmental Receipts

Table 1 Departmental Receipts: 2020/21 – 2021/2022

RECEIPTS	2022/2023			2021/2022		
	ESTIMATE	ACTUAL AMOUNT COLLECTED	(OVER) / UNDER EXPENDITURE	ESTIMATE	ACTUAL AMOUNT COLLECTED	(OVER) / UNDER EXPENDITURE
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods & services other than capital assets	29 927	26 526	3 401	39 960	25 455	14 505
Fines, Penalties and forfeits	-	165	(165)	-	-	-
Interest, dividends & rent on land	-	8	(8)	-	12	(12)
Sale of capital assets	1 791	2 277	(486)	1 716	5 539	(3 823)
Financial transactions in assets & liabilities	-	4 474	(4474)	-	867	(867)
<b>TOTAL</b>	<b>31 718</b>	<b>33 450</b>	<b>(1 732)</b>	<b>41 676</b>	<b>31 873</b>	<b>9 803</b>

The Department collected R33 450 million or 105 per cent of its adjusted revenue target of R31 718 million. This is an improvement in collection when compared to the previous year's collection. The improvement is attributable to payments received for Covid-19 vaccinations performed in 2021/22 financial year from beneficiaries of medical aid schemes, of which the money was received in 2022/23 financial year.

Bad debt is written off in accordance with the Departmental policy and after the Department has taken all reasonable steps (and legal considerations) to collect the debt owed. The Department wrote-off debts amounting to R13.344 million during the year under review and that decision was prompted by the provisions as stipulated in the Treasury Regulations.

#### Future plans for collecting revenue

The Department is in a process of capacitating six (6) revenue collecting health facilities namely the Mental Hospital, Robert Mangaliso Sobukwe Hospital, Dr. Harry Surtie Hospital, Manne Dipico Hospital, Dr van Niekerk Hospital and Central Karoo Hospital with case managers, administrative officials, to strengthen this area in order to optimise revenue collection.

The Department is developing a patient debt collection strategy and further plans to build capacity through an on-going training program for personnel in the Revenue Collection Section.

#### Revenue tariff policy

The tariffs charged by the Department on patient fees are revised annually through Provincial Treasury processes as prescribed by Treasury Regulations, paragraph 7.3.1, and are based on the national tariffs as approved by the Minister of Health. These tariffs are uniform throughout the country and are compiled (and consented to) by a national task team, which includes all provinces. Tariffs charged are determined in accordance to scales of income. Tariffs with regard to other sources of income, such as parking are determined using guidelines issued by relevant national Departments from time to time.

#### Free services

There are certain circumstances within which patients will receive free of charge services regardless of their means of income. These will include primary health care services received at primary health care centres, infectious and formidable diseases, pregnant women and children under the age of six years who are not members and beneficiaries of medical aid schemes. Additional to the above would be services to patients qualifying for full government subsidies such as social security beneficiaries and formally unemployed people.

## 5.2.2. Programme Expenditure

The following table depicts expenditure per the eight budget programmes for the period under review:

Table 2 Departmental Expenditure: 2020/21 – 2021/2022

Programme	2022/2023			2021/2022		
	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000	Final Appropriation R'000	Actual Expenditure R'000	(Over)/Under Expenditure R'000
1. Administration	280 058	280 058	-	262 073	260 115	1 958
2. District Health Services	2 833 039	2 784 553	48 486	2 837 568	2 828 005	9 563
3. Emergency Medical Services	430 279	419 545	10 734	410 603	407 434	3 169
4. Provincial Hospital Services	453 601	453 601	-	470 415	470 233	182
5. Central Hospital Services	1 259 103	1 259 103	-	1 212 972	1 211 672	1 300
6. Health Sciences and Training	172 024	172 024	-	156 242	150 532	5 710
7. Health Care Support Services	133 467	133 467	-	185 395	175 488	9 907
8. Health Facilities Management	489 413	407 209	82 204	379 983	379 913	70
<b>TOTAL</b>	<b>6 050 984</b>	<b>5 909 560</b>	<b>141 424</b>	<b>5 915 251</b>	<b>5 883 392</b>	<b>31 859</b>

The table above summarises the budget versus actual expenditure as at the 31<sup>st</sup> March 2023. The Department spent 97.7% of its budget in the reporting year. The expenditure per programme and economic classification is further analysed in the Appropriation statement in the Annual Financial Statement.

## 5.2.3. Virement / Roll Overs

All virements and shifting's applied are depicted on the Annual Financial Statements. Virements were applied in terms of Section 43 of the PFMA to ensure that no unauthorised expenditure occurred per Main Division. All virements were within eight percent guide and shifting's were done within the programme and approved by the Accounting Officer.

## 5.2.4. Unauthorised, Fruitless and Wasteful Expenditure

### Unauthorised Expenditure

The Department incurred zero (R0) Unauthorised Expenditure. This is the second year in a row and this is the trend that the Department wants to maintain.

The Department will continue on the path of implementing cost containment strategy to curb excessive waste of resources but also to remain within the prescripts of spending within the allocated resources. The Department will continue to engage the existence of the Departmental Budget Council chaired by the acting Accounting Officer. The Programme Managers have been appointed in writing and to play an active role as custodians of government funds and its expenditure in terms of Section 45.

### Fruitless & Wasteful Expenditure

The Department incurred fruitless and wasteful expenditure of R15 774 million during the 2022/2023 financial year compared to R13 338 million in the previous year. This was mainly due to interest charged on overdue accounts by service providers.

Budgetary control processes have been strengthened to curb over commitment on the budget. The Programme Managers have been appointed in writing and to play an active role as custodians of government funds and its expenditure in terms of Section 45.

### **5.2.5. Strategic Focus (Short & Medium Term Period)**

Good financial management is a prerequisite for an efficient and effective public service. A public financial management unit that performs well can help the Department to improve governance, enhance the quality of service delivery, obtain greater value for money in public spending, and combat corruption.

The strategic focus of the Department is to move towards good and effective financial management by improving its institutional environment, organisational culture, leadership, management, and the skills and competence of all officials whose duties touch on financial management.

### **5.2.6. Public Private Partnerships (PPP)**

The Department does not have any registered Public Private Partnerships (PPP).

### **5.2.7. Discontinued Key Activities / Activities to be Discontinued**

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

### **5.2.8. New or Proposed Key Activities**

None.

### **5.2.9. Supply Chain Management**

There were no unsolicited bids or proposals concluded during the financial year. The Department will continue to ensure compliance with application of Supply Chain Management procedures to strengthen operations within its scope of responsibility and to provide optimal services to its clients(end-users).

### **5.2.10. Gifts and Donations Received in kind from non-related Parties**

During the year under review, the Department received no Gifts and Donations in kind.

### **5.2.11. Exemptions and Deviations Received from National Treasury**

There were no exemptions and deviations received from National and Provincial Treasury for the year under review.

### **5.2.12. Events after the Reporting Date**

The 2023/2024 financial year commenced with the appointment of the new Acting Head of Department, Dr Dion Theys from 01<sup>st</sup> April 2023.

### **5.2.13. Other**

None.

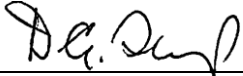
### **5.2.14. Acknowledgement / Appreciation**

I wish to express my sincere gratitude for the leadership provided by our honourable MEC, Mr. Maruping Lekwene. The Department also appreciate the immense support from all the oversight structures including the Portfolio Committee on Health, Standing Committee on Public Accounts, Audit Committee, Premier's Office and the Treasuries.

Let me further extent this appreciation to the Executive Management, Senior Management and all staff members of the Department for ensuring provision of quality health services through huge financial constraints.

### 5.2.15 Conclusion

The Annual Financial Statements, set out under **Annexure A** of this Annual Report, are approved by the Accounting Officer.



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**Dr. D Theys**  
**Accounting Officer (Acting)**  
**Northern Cape Department of Health**

*31<sup>st</sup> May 2023*

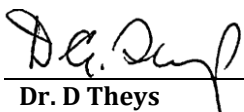
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**Date**

## **6. Statement of Responsibility and Confirmation of 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.
- This Annual Report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.
- The Annual Financial Statements (Part F) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines as issued by 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<sup>st</sup> March 2023**.



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**Dr. D Theys**  
**Accounting Officer (Acting)**  
**Northern Cape Department of Health**

*31<sup>st</sup> May 2023*

---

**Date**

## 7. Strategic Overview

### 7.1. Vision

*A modern health system delivering quality care to a growing province*

### 7.2. Mission

The Department aims to provide better health care, better access and better value to the people of the Northern Cape, through community-wide, modern and individually focused initiatives to maximize wellness and prevent illness.

#### *Better Health*



*Delivering better health for our people through community-wide and individually focussed initiatives. These aim to maximise health and wellness and prevent illness.*

#### *Better Care*



*Delivering better care through quick access to modern services. Care will be delivered in the most appropriate setting and in clean and infection-free facilities by well-trained, motivated & professional staff.*

#### *Better Value*



*Delivering better value through efficient allocation and use of resources.*

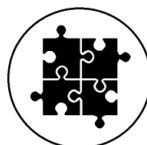
### 7.3. Values



*Integrity*



*Excellence*



*Teamwork*



*Professionalism*

## **8. Legislative and Other Mandates**

### **8.1. Constitutional Mandates**

Section 27 of the Constitution of the Republic of South Africa, Act 108 of 1996, provides for the 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, that emergency vehicles are provided, the promotion of primary health care, and so forth.

### **8.2. 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 the Provincial Health Council.
- Section 28 provides for provincial consultative bodies.

#### **Chapter 5**

- Section 29 provides for the establishment of the 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.
- Section 33 provides for the preparation of district health plans.

### **8.3. Policy Mandates**

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

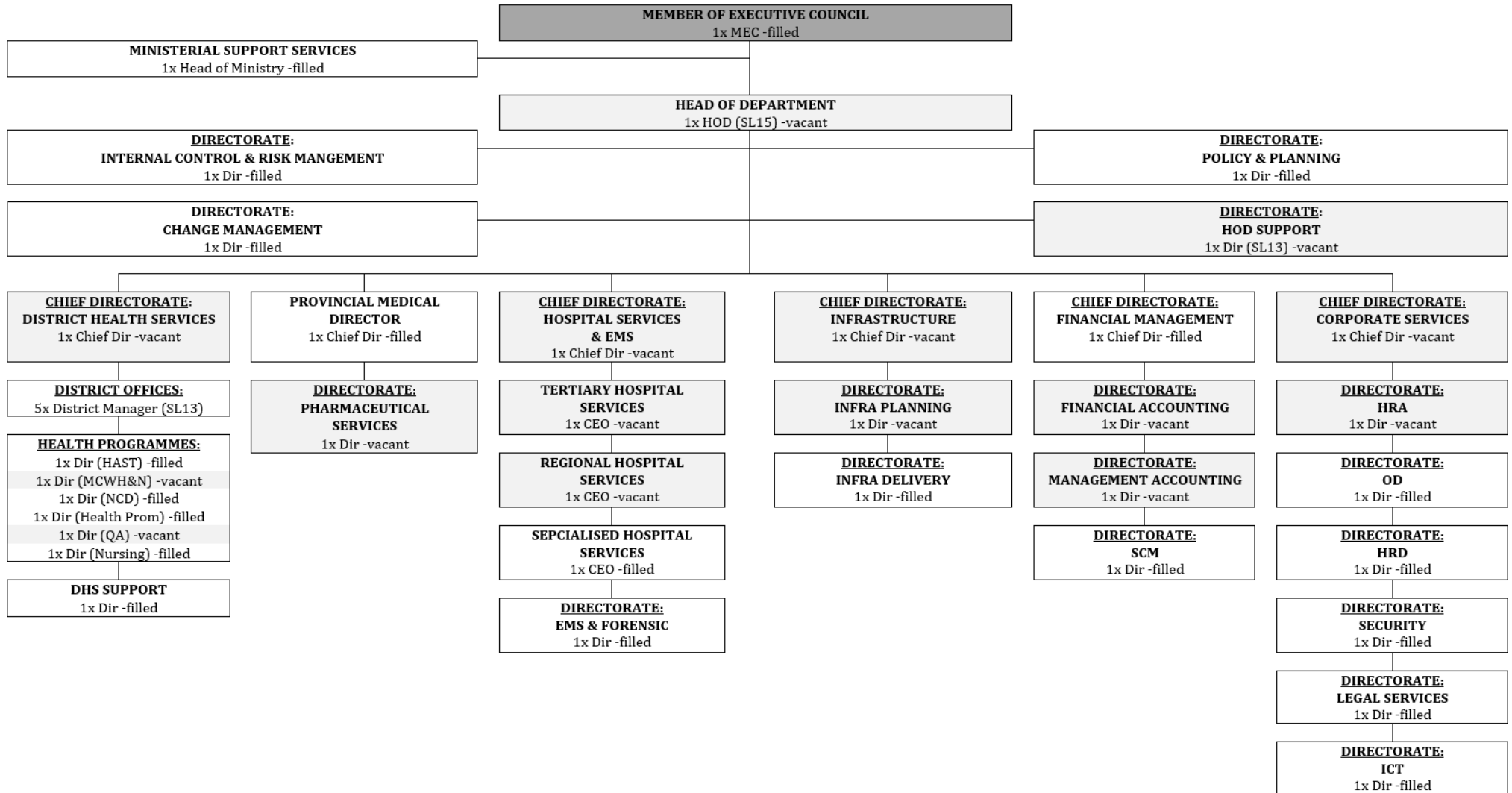
### **8.4. Other Mandates**

- 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 (NHI) Bill.
- National Youth Commission Amendment Act, 19 of 2001.
- National Development Plan, Chapter 10 of the 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 related 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.



## 9. Organisational Structure



## 10. Entities reporting to the MEC

There are no entities reporting to the MEC.

**[DIVIDER PAGE]**  
*(Printer to add graphic design)*

## **PART B: PERFORMANCE INFORMATION**

## **PART B: PERFORMANCE INFORMATION**

### **11. Auditor General's Report: Predetermined Objectives**

The Auditor-General of South Africa (AGSA) performs certain audit procedures on the performance information to provide reasonable assurance in the form of an audit conclusion. The audit conclusion on the performance against Predetermined Objectives is included in the report to management, with material findings being reported under the Predetermined Objectives heading in the Report on the Other Legal and Regulatory Requirements section of the Auditor's Report. Refer to 'Auditor-General's Report' under **Part F: Financial Information** of this Annual Report.

### **12. Overview of Departmental Performance**

#### **12.1. Service Delivery Environment**

The Northern Cape Department of Health and all public health institutions is one of the priorities of the Provincial Administration. Whilst there is an acknowledgement of the systemic challenges that hinder optimal effectiveness of our systems, proper and efficient management is crucial given the nature of our clientele in facilities. It is important to serve our people with set quality standards in order to foster the relationship and trust of the public towards the attainment of departmental goals.

The Department has commenced with activities aimed at launching the CUP towards NHI roll out at Phokwane. To this effect a concrete project plan has been development and significant milestones achieved. The Department is supported by National. It is also in this period where National Department of Health launched a rigorous review of the District Health Service Strategy Implementation Framework. The significance of this exercise is that it coincides with the provincial endeavour to reset the healthcare service delivery platform.

Tuberculosis still remains the number one leading cause of death. This information was provided by Statistics South Africa in the Mortality and causes of death in South Africa. A report which was published in 2017 and 2018 respectively. In 2018, Tuberculosis accounted for 6.5% of the total number of deaths compared to 7.5% in 2017, which reflects a decrease. In that context, the Northern Cape Department of Health with the support of the Deputy President launched the 25K campaign in the Francis Baard District during World TB day (24.03.2022). Each and every district in the province was mandated to screen 25K of the population including high risk groups i.e. Diabetes, HIV Positive, Pregnant women, Covid-19 positive clients and all the TB contacts under 5 years and above. The main objective of the campaign was to improve the TB/HIV outcomes and increase TB case findings in the province.

The Emergency Medical Services (EMS) is totally dependent on vehicles to provide a service to patients, hence it becomes critical that our operational status remains high and sufficient at all times. Unfortunately, due to the Northern Cape Vast Geographical area it makes the availability of EMS more challenging. Furthermore, the conditions of roads in the province contributes to the rapid aging of Department fleet and the delay in maintenance and repairs is having a negative impact on response times as the majority of the available fleet is often out of service. The constant increasing number of referrals brings its burden over the existing fleet.

The Department is currently also busy with the planning of the design of a new Medical Logistics Centre at the premises of the New Mental Health Hospital site. Condition of funding from the Health Facilities Management Grant does not make provision for such funding. Inputs were given to the Professional Team in terms of the preliminary design that were presented. Detailed designs have been approved for the new EMS and Nursing College (Main Campus). Clinical briefs were submitted to professional service providers for the construction of the maternity ward and theatre at Tshwaragano Hospital. Geotechnical assessments for the construction of the new Francis Baard Forensic Mortuary are currently underway. The planning process is underway for the revamp of RMS hospitals kitchen. There is a budget allocation for this project. The Department of Roads and Public Works have appointed a service provider to do an assessment at Dr Arthur Letele Medical Logistic Centre of which funds have been allocated and the assessment must be aligned with SAHPRA compliance.

## 12.2. Service Delivery Improvement Plan

The SDIP is still a draft document and has been submitted to the DPSA.

### 12.2.1. Main Services and Standards

Table 3 Main Services & Standards

Main Services	Beneficiaries	Current / Actual Standard of Service	Desired Standard of Service	Actual Achievements
-	-	-	-	-

### 12.2.2. Batho Pele Arrangements with Beneficiaries

Table 4 Batho Pele Arrangements with Beneficiaries

Current / Actual Arrangements	Desired Arrangements	Actual Achievements
-	-	-

### 12.2.3. Service Delivery Information Tool

Table 5 Service Delivery Information Tool

Current / Actual Information Tool	Desired Information Tool	Actual Achievements
-	-	-

### 12.2.4. Complaints Mechanism

Table 6 Complaints Mechanism

Current / Actual Complaints Mechanism	Desired Complaints Mechanism	Actual Achievements
-	-	-

## 12.3. Organisational Environment

The Provincial Treasury has granted access to the Department to appoint the community service, medical interns and permanent staff appointments, to avoid delays in payment. Disturbances to fast track the filling of vacant posts by organized labour was also one area of concern for the quarter under review, however, was addressed through the intervention of the Executing Authority and Accounting Officer. Organized labour agreed going forward to support the process of filling posts. The draft union observer agreement was finalized and will be circulated for input to managers.

The Departmental Proposed Organisational Structure is finalised and the following engagements sessions took place with Office the Premier, Provincial Treasury and DPSA Bilateral: Multi- Level engagements with Organised Labour on Compliance to 2016 OD Directive were held. After consultation with the above mentioned stakeholders the Proposed Organisational Structure was send to Office of the Premier and the DPSA for Pre-Consultation. Based on the Pre Consultation with the DPSA a high level analysis report was issued highlighting changes and recommendations for consideration by the Department. Subsequent to that, the Directorate: Quality Assurance Management was incorporated under the Chief Directorate: Healthcare Services Support.

The Proposed Organisational Structure has been aligned to the MTEF budget and the post establishment on the Proposed Organisational Structure reflects only funded Newly proposed posts. The unfunded posts have been identified and will be incorporated in to the approved Human Resource Plan. In line with Service Delivery Model, the Department has adopted a policy of decentralisation that will ensure there is capacity at all Districts and Service Delivery points posts

## 12.4. Key Policy Developments and Legislative Changes

There is no major policy shifts that has affected the performance of the Department during the financial year under review.

### 13. Progress Towards Achievement of Institutional Impacts and Outcomes

The plan comprehensively responds to the priorities identified by cabinet of 6th administration of democratic South Africa, which are embodied in the Medium-Term Strategic Framework (MTSF) for the period 2019-2024. It is aimed at eliminating avoidable and preventable deaths (*survive*); promoting wellness, and preventing and managing illness (*thrive*); and transforming health systems, the patient experience of care, and mitigating social factors determining ill health (*transform*), in line with the United Nation’s three broad objectives of the Sustainable Development Goals (SDGs) for health.

Over the next 5 years, the Provincial Department of Health’s response is structured into impact statements and outcomes that are well aligned to the Pillars of the Presidential Health Summit compact, as outlined in the table below:

Table 7 Strategic Outcome Orientated Goals

	MTSF 2019-2024	Outcomes	Presidential Health Summit Compact Pillars	Progress
Survive & Thrive	<b>Goal 1: Increase Life Expectancy improve Health and Prevent Disease.</b>	<ol style="list-style-type: none"> <li>1. <i>Improve health outcomes by responding to the quadruple burden of disease of South Africa.</i></li> <li>2. <i>Inter sectoral collaboration to address social determinants of health.</i></li> </ol>	N/A	<ul style="list-style-type: none"> <li>• Total number of clients screened for hypertension were two hundred and seventeen thousand and five hundred and thirteen (217 513) as against the target of 43 987.</li> <li>• Thuthuzela Care Centres marketed their services in Kuruman, Kimberley, De Aar and Springbok. Marketing activities include integrated, inter-sectoral outreach programmes, radio talk sessions as well as one-on-one sessions with relevant individuals.</li> </ul>
	<b>Goal 2: Achieve UHC by Implement NHI.</b>	<ol style="list-style-type: none"> <li>3. <i>Progressively achieve Universal Health Coverage through NHI.</i></li> </ol>	<ul style="list-style-type: none"> <li>• <b>Pillar 4:</b> <i>Engage the private sector in improving the access, coverage and quality of health services.</i></li> <li>• <b>Pillar 6:</b> <i>Improve the efficiency of public sector financial management systems and processes.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Twenty-four (24) facilities achieved the Ideal Clinic Status: where 10 facilities received platinum, 10 gold and 4 silver. One hundred and fifty-eight (158) facilities in the province conducted the status determinations for the Ideal Clinic Realisation and Maintenance (ICRM).</li> <li>• The Department is continuing with the general practitioner contracting in anticipation of National Health Insurance. NHI Medical Officer Forum was hosted in Pixley Ka Seme to market the NHI strategy.</li> </ul>
Transform	<b>Goal 3: Quality Improvement in the Provision of care.</b>	<ol style="list-style-type: none"> <li>4. <i>Improve quality and safety of care.</i></li> </ol>	<ul style="list-style-type: none"> <li>• <b>Pillar 5:</b> <i>Improve the quality, safety and quantity of health services provided with a focus on to primary health care.</i></li> </ul>	<ul style="list-style-type: none"> <li>• The waiting time is being monitored in the facilities throughout the province, the waiting time has improved from 4 hours to less than 2 hours, the average waiting time for the province is 1 hour and 30 minutes.</li> <li>• The Emergency Medical Services have established an inter-facility component for Robert Mangaliso Sobukwe Hospital/Frances Baard District that is proving to be successful.</li> <li>• Psychological support was provided to all officials who contracted Covid-19 or who were in contact with infected patients.</li> </ul>
		<ol style="list-style-type: none"> <li>5. <i>Provide leadership and enhance governance in the health sector for improved quality of care.</i></li> </ol>	<ul style="list-style-type: none"> <li>• <b>Pillar 7:</b> <i>Strengthen Governance and Leadership to improve oversight, accountability and health system performance at all levels.</i></li> </ul>	<ul style="list-style-type: none"> <li>• The Department has been conditionally accredited by the South African Nursing Council to offer Higher Certificate in Nursing; while the response on accreditation for Diploma in Nursing curriculum is still awaited. The health facilities in three districts have been fully approved by the SANC for clinical placement of students for the Higher Certificate in Nursing and the other two districts are still to be assessed.</li> </ul>

	MTSF 2019-2024	Outcomes	Presidential Health Summit Compact Pillars	Progress
		6. <i>Improve community engagement and reorient the system towards Primary Health Care through Community based health Programmes to promote health.</i>	<ul style="list-style-type: none"> <li>• <b>Pillar 8:</b> <i>Engage and empower the community to ensure adequate and appropriate community based care.</i></li> </ul>	<ul style="list-style-type: none"> <li>• The Department engaged in a number of events that were community-based. Activities such as health talks, health screening, radio talks and other opportunities to provide the community with all the relevant messages.</li> </ul>
		7. <i>Improve equity, training and enhance management of Human Resources for Health.</i>	<ul style="list-style-type: none"> <li>• <b>Pillar 1:</b> <i>Augment Human Resources for Health Operational Plan.</i></li> </ul>	<ul style="list-style-type: none"> <li>• A number of bursary holders who completed their studies were placed in various health facilities to improve the capacity of delivering services. Thirty-two (32) students has been released from Henrietta Stockdale Nursing College to commence with community service. All 17 RSA-Cuba medical students who sat for their final examinations have passed and graduated; while 32 local bursary holders across various field of study have been placed on permanent jobs at the health facilities.</li> <li>• A total of new 350 unemployed youth of Northern Cape were appointed onto learnership programmes.</li> </ul>
		8. <i>Improving availability to medical products, and equipment.</i>	<ul style="list-style-type: none"> <li>• <b>Pillar 2:</b> <i>Ensure improved access to essential medicines, vaccines and medical products through better management of supply chain equipment and machinery.</i></li> <li>• <b>Pillar 6:</b> <i>Improve the efficiency of public sector financial management systems and processes.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Mid-year stocktakes were conducted at the Provincial Medical Depot and all the districts to monitor the availability of pharmaceuticals and medical supplies; while the medicine availability remains above the target.</li> </ul>
		9. <i>Robust and effective health information systems to automate business processes and improve evidence based decision making.</i>	<ul style="list-style-type: none"> <li>• <b>Pillar 9:</b> <i>Develop an Information System that will guide the health system policies, strategies and investments</i></li> </ul>	<ul style="list-style-type: none"> <li>• Connectivity was upgraded to 20 megabytes per second satellite link at Calvinia Hospital and Niekerkshoop Clinic by the National Department of Telecommunications. The Department upgraded WAN link at Kakamas Hospital to 2 megabytes per second; while a total of 14 Primary Health Care facilities were connected through SA Connect Broadband project.</li> </ul>
	<b>Goal 4: Build Health Infrastructure for effective service delivery.</b>	10. <i>Execute the infrastructure plan to ensure adequate, appropriately distributed and well maintained health facilities.</i>	<ul style="list-style-type: none"> <li>• <b>Pillar 3:</b> <i>Execute the infrastructure plan to ensure adequate, appropriately distributed and well-maintained health facilities.</i></li> </ul>	<ul style="list-style-type: none"> <li>• In the third quarter, delays on the delivery of projects was caused by various factors such as regulations guidelines of national lockdown in terms of Disaster Management Act, thus most projects could not be completed within agreed timelines, the affected construction projects were construction of Boegoeberg Clinic, Port Nolloth CHC, Bankhara Bodulong Clinic, Springbok Hospital Pharmacy, Glenred Clinic and Heuningvlei Clinic.</li> </ul>

# 14. Institutional Programme Performance Information

The Department submits performance reports on a quarterly basis to the National Department of Health, Department of Monitoring and Evaluation (DPME), Provincial Legislature and the Office of the Premier through the online Performance Information Monitoring System (PIMS) and the Electronic Quarterly Performance Reporting System (EQPRS). The EQPRS utilizes national customized and non-customized performance indicators that have been identified from the different budget programmes. These indicators are published by National Treasury on a quarterly basis on its website. The Department further uses the Quarterly Performance Report (QPR) as an internal performance monitoring. At the end of the financial year an Annual Report is consolidated from the four QPR's to account on the budget utilisation and the state of the Department's financial management systems.

The Department also conducts Performance Information Monitoring (PIM) Sessions with all budget programmes on a quarterly basis to review performance and to monitor achievement in the implementation of the Strategic Plan and Annual Performance Plan. These sessions assist the Department in identifying early warning signs and trends on poor performing indicators. Programmes can then develop action plans on indicators that were not achieved.

Each quarter a Performance Analysis Report on strategies to overcome areas of underperformance is also developed and shared with all relevant managers. The outcome of these analyses requires programmes to develop risk improvement plans on how to mitigate risks of non- or under-achieved planned targets. Programmes are also accountable to provide means of evidence for performance that was over-achieved.

The following legend should be used for interpreting performance tables:

**Outcomes, Outputs and Output Indicators are aligned with the Annual Performance Plan**      **Strike-through areas indicates a new indicator and audited information for the previous financial periods are thus not available**      **Planned annual targets are aligned with the Annual Performance Plan**

*Table # Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Sub-Programme*

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL PERFORMANCE 20WW/XX	AUDITED ACTUAL PERFORMANCE 20XX/YY	PLANNED ANNUAL TARGET 20YY/ZZ	ACTUAL ACHIEVEMENT 20YY/ZZ	DEVIATION FROM PLANNED TARGET TO ACTUAL ACHIEVEMENT 20YY/ZZ
Outcome	Output	Indicator			Target	Actual	Deviation (if any)
		<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>• Reasons are listed</li> </ul>					
		<b>IMPROVEMENT PLANS:</b> <ul style="list-style-type: none"> <li>• Points are listed</li> </ul>					

Reasons are provided in cases where deviation occurs between the planned performance and the actual achievement

Plans for improving under-performance are provided

Actual achievements for the year under review are reported by each Sub-Programme

Deviation occurs either when there is either an over-achievement (+) or under-performance (-)

In lieu of the above, the performance for the period under review for each of the eight Budget Programmes hereby follows.

## **14.1. Programme 1 – Administration**

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### **PROGRAMME PURPOSE AND STRUCTURE**

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*To conduct the strategic management, technical support to core programmes and the overall administration of the Department of Health in the Northern Cape Province.*

#### **Office of the Member of Executive Council (MEC)**

The rendering of advisory, secretarial and office support services to the political office bearers.

#### **Office of the Head of Department (HOD)**

To conduct the strategic management and the overall administration of the Department of Health in the Northern Cape Province.

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### **SUB-PROGRAMMES**

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- Sub-Programme 1.1: Policy & Planning
- Sub-Programme 1.2: Information, Communication & Technology (ICT)
- Sub-Programme 1.3: Human Resource Management (HRM)
- Sub-Programme 1.4: Financial Management
- Sub-Programme 1.5: Employment Equity & Gender

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### **OUTCOMES**

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1. Strengthening leadership and governance in the Department and ensuring that there is collaborative planning at all levels.
2. Robust and effective health information systems to automate business process and improve evidence based decision-making.
3. Staff equitably distributed and have right skills and attitudes.
4. Improve financial management.
5. Women empowerment.



### 14.1.1. Sub-Programme 1.1: Policy and Planning (P&P)

#### **PURPOSE**

1. *Ensure alignment of Departmental Performance Plans.*

#### **SITUATION ANALYSIS**

The Annual Performance Plan (APP) 2022/23 was tabled at Legislature and the Office of the Premier (OTP) on the 7<sup>th</sup> June 2022 and in order to effectively monitor programme performance, copies of the APP 2022/23 were circulated to all eight Budget Programmes as well as the five Districts. In preparation for the 2023/24 planning period the list of standardized indicators was received from the National Department of Health (NDOH) for review and consultative sessions were conducted with District Health Services and the various programme coordinators for final inputs which were submitted to NDOH. The APP 2023/24 template was then circulated to the relevant programme managers for inputs and the inputs received were consolidated into the draft APP 2023/24 which was submitted to Office of the Premier (OTP) and NDOH in October 2022. Subsequent, to the submission of the draft APP 2023/24 to OTP and NDOH, feedback analyses were received from both DPME and NDOH. The inputs from the two feedback analyses received were utilized to develop and finalize the APP 2023/24, which was then submitted to both OTP and NDOH on the 28<sup>th</sup> February 2023.

The unit also developed a three-year performance analysis in order to evaluate the Department's progress towards achieving the 5-year Strategic Plan 2020-2025. Due to various policy shifts, changes in the service delivery environment and standardized indicators, the 5-year Strategic Plan 2020-2025 was reviewed to ensure alignment to the APP 2023/24 and included as Annexure A in the APP. The final approved APP 2023/24 was tabled at Legislature (30 copies), OTP (3 copies) and NDOH on the 31<sup>st</sup> of March 2023.

Additionally, the APP 2023/24 was submitted to the Auditor General for auditing prior to approval and the Department did not receive any findings. Strategic support was given towards the development of the District Health Plan 2023/24 of the John Taolo Gaetsewe District. Support was also provided for the development of reports and various Integrated Developmental Plan (IDP) Representative forums were attended (i.e. for Joe Morolong, Gasegonyana and Gamagara Local Municipalities).

#### **ACHIEVEMENTS**

- APP 2022/23 and APP 2023/24 tabled at Legislature, OTP and NDOH.
- Three years' performance analysis developed and submitted to OTP.
- Support given to Joe Morolong, Gamagara and Gasegonyana Local Municipality IDP Representative Forums.

#### **CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM**

*Table 8 Challenges & Measures Planned to overcome them: P&P*

<b>CHALLENGES</b>	<b>CORRECTIVE ACTION</b>
Non-adherence to the set timeframes by various budget programmes which affects the quality of the document as well as timeous submission to OTP and NDOH	Request the intervention of the HOD
Late submission of finance inputs (Vote 10)	Liaise with the budget directorate to ensure that vote 10 is submitted on time

Table 9 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: P&P

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23	
<b>Strengthening leadership and governance in the Department and ensuring that there is collaborative planning at all levels</b>	Reviewed 5-year Strategic Plan	Reviewed 5-year Strategic Plan	Reviewed 5-year Strategic Plan	Reviewed 5-year Strategic Plan	<b>Reviewed 5-year Strategic Plan</b>	Reviewed 5-year Strategic Plan	-	
			<b>REASONS FOR DEVIATION:</b>					
			<ul style="list-style-type: none"> <li>None.</li> </ul>					
			<b>IMPROVEMENT PLAN:</b>					
			<ul style="list-style-type: none"> <li>None.</li> </ul>					

## 14.1.2. Sub-Programme 1.2: Information, Communication & Technology (ICT)

### PURPOSE

1. Provide connectivity and upgrade physical network infrastructure in all facilities.

### SITUATION ANALYSIS

The ICT Unit has placed Technicians at all District Offices to assist with incidents/helpdesk calls, however, the Technician in ZFM responsible for Incident management within the District has resigned. Since the appointment of the Technicians in the Districts, positive outcomes have been forthcoming.

A total of two thousand, one hundred and fifty-seven (2 157) incidents/helpdesk calls were logged with the ICT Helpdesk. Most Incidents are related to hardware failure and software issues encountered on a daily basis. There has been an improvement in response times, however, transport remains the biggest challenge affecting overall Programmes performance in the Districts.

Reports of stolen routers are becoming more prominent at facilities and, in most cases, these are not reported to the ICT Directorate for investigation and for implementing measures of blocking the stolen devices. This subsequently has a negative impact on the availability of internet in the facilities. The biggest impact of the lost and/or stolen routers is the inability to capture data in real-time. This impacts the Daily Data Capturing rate on the various systems. Operational Managers at facilities are not taking the necessary responsibility of safeguarding these devices as it is the responsibility of these Managers to ensure the security of these gadgets.

The Directorate experienced serious challenges with regard to load shedding and the damage of equipment subsequent to the power being restored, mostly due to power surges. The Directorate has received approval for the procurement of Uninterruptable Power Supplies to be connected to critical devices to safeguard those from the surges. Replacement switches will also be procured for the damaged devices.

### Voice Over IP (VOIP) Telephone System

The telephone system in the Department at all Hospitals and District Offices are currently in the process of being upgraded to VOIP with the expected date for completion being set for the 31<sup>st</sup> September 2023. This new system will assist in reducing costs and serve as a control measure in possible unofficial usage, however, there is a need to develop a system to control it, i.e. a Policy on official telephone usage.

Table 10 Progress of the VOIP upgrading process

Process Breakdown	Progress
Site Assessments at all Facilities	Completed
Documentation for Installation of Links for the Telephone System	Completed
Installation of Links	Completed
Office of the MEC	Completed
Robert Mangaliso Sobukwe Hospital	In progress
New Mental Hospital Kuruman Hospital, Connie Vorster Hospital, West End Hospital, Mannie Dipico Hospital, Tshwaragano Hospital, HOD's Office, Upington District Office	Expected Completion of 31 <sup>st</sup> September 2023

### Computer Aided Dispatch System

The implementation of the Computer Aided Dispatch System includes the Call Centre Functionality, Ambulance Tracking and Monitoring. The Botshelo Application was launched and the system is currently functioning well.

Table 11 Computer Aided Dispatch System process

Process Breakdown	Progress
Botshelo App	Completed and available in App Stores (i-store and Google Store)
Call Centre functioning and system	Currently stable (Necessary updates done on the system in September 2022)
All Social Media and Streaming sites	Blocked on the system to ensure stability
Dual links Functionality	Functioning and tested
Application on tablets in Ambulances	Updated and Tested
Crew's training	Currently being retrained on system
Functionality for Reporting	Completed on Call Centre system
Monitoring screen	Installed in Call center's
Launch of new systems	Planning initiated by Office of the HOD

## e-Submission

The implementation of the e-Submission system for an automated submission process is still gaining momentum as additional programmes are gradually being included. The following has been completed to date:

- Users created on the system for Districts and Hospitals
- Training completed for all users in the Districts
- Technicians trained in the Districts for support
- Final signatures to be uploaded on the system from Districts

## Connectivity

Very small aperture terminal (VSAT) equipment is being delivered to the fourteen facilities identified within the JTG District. It is envisaged that the site connections will be completed by 31<sup>st</sup> May 2023. The following has been done to date:

- Fixed point to point connectivity completed in JTG District
- 14 VSAT Installations to be completed in JTG
- Facilities in Francis Baard and Pixley Ka Seme are currently being visited to resolve any issues encountered with the routers
- Pixley Ka Seme SA-Connect sites were identified with SITA and are being tested for functionality
- Provincial Office Networks Unit and District Technicians are currently attending to connectivity issues

## Disaster Recovery and Business Continuity

The proposal for the Development of Disaster Recovery and Business Continuity Plan has been approved and SITA has been appointed as the Service Provider. The estimated timeframe for completion is 31<sup>st</sup> September 2023. This will enable the Department/Directorate to be compliant with the Disaster Recovery Plan and Business Continuity Plan Policies.

## ACHIEVEMENTS

- The telephone system in the Department is in the process of being upgraded to VOIP.
- The Botshelo Application was launched and the system is functioning.
- The e-Submission system is operational and new programmes are gradually being added.
- Approval granted for the development of the development of Disaster Recovery and Business Continuity Plan.

## CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 12 Challenges & Measures Planned to overcome them: ICT

CHALLENGES	CORRECTIVE ACTION
Availability of Funds for Connectivity	Reprioritization of funds for a permanent connection solution at Primary Health Care Facilities
Filling of current vacant positions within the ICT Unit: <ul style="list-style-type: none"> <li>• 2 x Deputy Director Positions</li> <li>• 1 x Principal Network Controller</li> </ul>	Grant the necessary approval to fill vacant and funded positions within the ICT Unit
Minimized allocation of Budget to the ICT Directorate: <ul style="list-style-type: none"> <li>• Support Services/Incident Management in Districts</li> <li>• Procurement of Parts for the repair of Equipment (Provincial Office and Districts, including Hospitals)</li> <li>• Information Management Functions within Districts</li> </ul>	Allocation of Budget to the ICT Directorate to attend to incidents within Districts and Hospitals

Table 13 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: ICT

OUTCOME	OUTPUT	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	AUDITED ACTUAL 2022/23	DEVIATION 2022/23	
<b>Robust and effective health information systems to automate business process and improve evidence based decision-making</b>	PHC Facilities with network access	Percentage of PHC facilities with network access	69% (110/159)	77% (123/159)	<b>85%</b> <b>(135/159)</b>	85.5% (136/159)	0.5%	
			<b>REASONS FOR DEVIATION:</b>					
			<ul style="list-style-type: none"> <li>The Directorate managed to connect more facilities than required due to pressure on the Service Provider to fast track the connectivity of sites.</li> </ul>					
			<b>IMPROVEMENT PLAN:</b>					
			<ul style="list-style-type: none"> <li>None.</li> </ul>					

### 14.1.3. Sub-Programme 1.3: Human Resources Management (HRM)

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#### **PURPOSE**

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1. Review and align the Provincial Human Resources Plan with the service delivery platform.
2. Develop an efficient and effective system to improve Performance Management.

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#### **SITUATION ANALYSIS**

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##### **HUMAN RESOURCE ADMINISTRATION**

There has been a tremendous improvement on the process of opening the appointment functions to Provincial Treasury. Longer times were allocated for appointments to take place; the challenge mostly being with additional names coming after the final submission has been compiled. This caused delays in the request to open the appointment functions. Interruptions of shortlisting and interview processes by Organized Labour, despite the intervention of MEC and Acting HOD, remains a challenge. This has a negative bearing and results in replacements not taking place with the filling of posts as per the directive of the Public Service Regulations, 2016 (Regulation 65: Advertising - *A post must be advertised within six months and filled within twelve months after becoming vacant*). The Department has developed a draft Union Observer Agreement that was presented to HR Managers and practitioners, which will be circulated for inputs and will go through the relevant consultation processes.

The total vacancy rate remains high and is currently at 17%. The reason being that the number of permanent replacement posts are not filled and the turnover rate remains low. It is imperative that we replace permanent vacant posts to avoid the slow pace in decreasing the vacancy rate and also avoid acting appointments in higher posts for periods longer than twelve months.

The draft Human Resource Plan was submitted to the Office of the Premier for quality assurance and will be consulted with Organized Labour through multilaterals. The Office of the Premier has provided feedback to the Department on the proposed organizational structure and this includes the date for the pre-consultation with the DPSA.

The South African Nursing Council (SANC) deductions were successfully implemented as per the collective agreement to exceptions that were received by the PERSAL helpdesk. There is progress in only four Districts and all Mental Hospitals. With regard to the administrative and support personnel posts, the Frances Baard District is not performing and requires additional support from the Provincial Office.

There are still challenges in Labour Relations as the Department continues to experience high settlement agreement amounts due to poor file management, lack of internal consultation with processes owners, the capacity of labour relations practitioners representing the employer at arbitrations, etc. The increase in grievances still remains a great concern and requires urgent intervention through training of managers on discipline management. The CCMA has committed to assist with such trainings in order to address the surge in labour related cases.

Poor adherence to Occupational Health and Safety prescripts also remains a challenge and some districts are still without established committees.

##### **EMPLOYEE PERFORMANCE MONITORING AND DEVELOPMENT SYSTEM (EPMDS)**

###### **Performance Management**

The Employee Performance Management Framework for all Departments was underpinned on the reviewed NCPG EPMDS Policy (2022), which was approved and shared by the OTP and is effective as of 01<sup>st</sup> April 2022. With the dawn of the new policy framework, the Provincial EPMDS office focused on ensuring that quality and due diligence have been done on the conclusion of the performance management processes for the previous cycle, i.e. 2021/22. Notifications and numerous follow-up reminders were sent to the entire Department, calling on all managers and employees to comply with the deadlines for submission of performance documents for both the 2021/22 and 2022/23 cycles. The due date for the submission of the 2022/23 base performance documents (i.e. performance agreements, work plan & personal development plans) was the 30<sup>th</sup> May 2022 and capturing of the same on PERSAL was done by the 30<sup>th</sup> June 2022. All institutions were reminded and urged to ensure that they capture all submitted EPMDS base documents for the 2022/23 cycle on PERSAL. This would ensure that the automated reports extracted from PERSAL by oversight bodies (e.g. DPSA) are accurate and a true reflection of the Departmental status. There was a significant improvement in the overall compliance rate towards the end of the year. Employees and supervisors have had the opportunity to review their Key Performance Areas (KPA's) as well as their Performance Agreements for the new performance cycle.

The Department had appointed new Moderation Committee members that would serve a 3-year term' starting with the moderation of the 2021/22 performance cycle.

In the 3<sup>rd</sup> quarter the Provincial Office hosted the Departmental Moderation (DM) sessions for employees on Salary Level (SL) 3-12, to which all nine (9) Intermediary Review Committees (IRCs) were invited. District Directors and CEOs, as appointed Chairpersons of their institution IRCs, represented their respective institutional employee performance review outcomes. Subsequent approval was granted by the Acting HOD in December 2022 and the implementation of performance rewards was done accordingly. The Department conducted Performance Moderations for Senior Management, and the periods covered dated back to five years, i.e. 2018/19 to 2021/22. Implementation of performance rewards for Senior Management will only take place once approval has been granted by the Executing Authority.

### Probation Management

The criteria below for a probation period must be satisfied by employees on probation before they can be confirmed for permanent appointment; both the employee and their supervisor are responsible.

- Employees must complete a full performance cycle and/or continuous 12-month period in the same position.
- Employees' performance must be assessed and must at least be satisfactory (average score = 3).

Five Hundred and twenty-one (521) employees are currently showing as being on probation, whilst 65% are rightfully on probation. There is thus a 35% backlog that needs to be confirmed on permanent employment.

Table 14 Annual Probation status

No	Institution	Probation Total	Probation less than 12-mths	% Probation less than 12-mths	Probation over 12-mths	% Probation over 12-mths
1	Provincial Office	30	24	80%	6	20%
2	RMS Hospital	105	67	64%	38	36%
3	Frances Baard	97	74	76%	23	24%
4	John Taolo Gaetsewe	72	53	74%	19	26%
5	Pixley Ka Seme	62	41	66%	21	34%
6	ZF Mgcawu	64	33	52%	31	48%
7	Namakwa	40	32	80%	8	20%
8	NC Mental Health Hospital	11	7	64%	4	36%
9	Dr Harry Surtie Hospital	40	11	27%	29	73%
<b>TOTAL</b>		<b>521</b>	<b>342</b>	<b>65%</b>	<b>179</b>	<b>35%</b>

### Grade Progression

The grade progression process unfolded in May 2022 where Districts, eligible Institutions and qualifying employees were identified in order to prepare for the compilation of the submission for the 2022/23 performance cycle. All Districts and Institutions were provided with standardised templates, and the consolidation of submissions for the 2022/23 cycle was successfully completed by each institution. Once each submission approval was granted by the Acting HOD, implementation of the grade progressions commenced as of September 2022; the grade progression of all others was done on the date of their eligibility until March 2023. The EMS category of employees were implemented last (in the 3<sup>rd</sup> quarter). The grade progression backlog has been addressed and the Department is currently processing grade progression transactions as and when employees qualify.

### Management of Labour Relations Matters related to EPMDS

Payments of longstanding (legacy) pay progression matters, that had to be implemented via BAS, have been addressed and the Finance Unit has implemented all outstanding payments. Provincial EPMDS continues to mitigate any labour disputes related to EPMDS payments (either Grade or Pay Progression). Labour Unions were invited to participate in the performance review sessions at various Institutions/Districts.

### ACHIEVEMENTS

- Approved Policy on Medical Surveillance.
- Implementation of PHSDSBC Resolution 3 of 2019 (SANC).
- Reduction in Labour dispute cases related to EPMDS.

## CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 15 Challenges & Measures Planned to overcome them: HRM

CHALLENGES	CORRECTIVE ACTION
<b>HUMAN RESOURCE ADMINISTRATION</b>	
Delay in replacement posts.	HR to ensure that replacement takes place within the PSR 2016, Regulation 65 and DPSA directive to advertise within 6 months and fill within 12 months.
Surge in grievances, resulting in backlogs.	FastTrack training of managers in discipline management to reduce grievances.
Lack of human resources for EHW Units across the Province.	Appointment of EHW Managers and staff.
Non-adherence to the Occupational Health and Safety policy.	Training on the policy to improve implementation.
Failure to pay all employees in time.	Adherence by Districts/hospitals in submission of appointment lists and capturing time improved by practitioners to ensure that all employees get salary in time.
Recruitment & Selection Verification.	Districts/Hospitals to be sent for Managed Integrity Evaluation Training and vetting to be done on all new appointments to assist in verification.
<b>EPMDS</b>	
Resources are limited in all respective Districts and facilities.	Share resources considering no new appointments dedicated to EPMDS principles.
Poor accountability and reporting by Institutions/Districts, especially on compliance of EPMDS processes.	Encourage managers to report timeously and ensure that remedial actions are implemented accordingly.
Employee Job Descriptions (JDs) and Performance Agreements (PAs) are not aligned with the Departmental strategy and goals.	Supervisors/Managers to ensure that JDs and PAs are aligned with the organisational strategy and goals.
<ul style="list-style-type: none"> <li>Poor accountability by Managers/Supervisors for non-compliance with respect to performance management.</li> <li>Delayed and poor response rate from employees with respect to performance management compliance.</li> </ul>	Training for all levels of employees, including Supervisors/Managers, to understand the EPMDS Policy implications.
Delayed response rate by employees on submission of support documents for grade progression.	Improve on communication and information sharing with employees as well as set timelines for documents' submission.



Table 16 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: HRM

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23		
<b>Staff equitably distributed and have right skills and attitudes</b>	Human Resources Plan developed	Human Resources Plan developed	Not approved Human Resource Plan	No Human Resources Plan developed	<b>Human Resources Plan developed</b>	No Human Resources Plan developed	-		
			<b>REASONS FOR DEVIATION:</b>						
			<ul style="list-style-type: none"> <li>Finalisation of the Draft HR Plan was delayed due to slow responses from programmes and consultation with Organised Labour.</li> </ul>						
	<b>IMPROVEMENT PLAN:</b>								
<ul style="list-style-type: none"> <li>Finalize the consultation of the Draft HR Plan and submit for sign-off by the MEC.</li> </ul>									
Performance agreements signed for SMS	Percentage of Performance Agreements signed by SMS officials	52% (13/25)	75% (18/24)	<b>100%</b>	76%	-24%			
		<b>REASONS FOR DEVIATION:</b>							
		<ul style="list-style-type: none"> <li>Non-compliance by SMS members.</li> </ul>							
<b>IMPROVEMENT PLAN:</b>									
<ul style="list-style-type: none"> <li>Subject all Senior Managers to performance management training.</li> <li>Constant communication for timeous submission of Performance Agreements in the new cycle.</li> <li>Consequence management by the Accounting Officer for non-compliance.</li> </ul>									

14.1.4. Sub-Programme 1.4: Financial Management

**PURPOSE**

1. Attain an unqualified Audit Report through developing financial control systems.

**SITUATION ANALYSIS**

The Office of the Chief Financial Officer focused on the development of internal controls by update the Audit Action Plan including key policies like budget management policy and supply chain policy. These controls are informed by the Audit outcome issued by the Office of the Auditor-General. The department received a qualified audit opinion with the emphasis of the main challenges of Asset Management, Irregular Expenditure, Revenue Management, Accruals, Contingent Liabilities and Compensation of Employees were highlighted by Auditor-General.

The Audit Action Plan has been developed to specifically address these qualification items and the other findings posing a risk of qualification. The Office of the Chief Financial Officer is in a process to engage the Accounting Officer 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 out before financial year end.

There is an additional resource in budget office to assist in terms of improving internal controls in order reduce the risk of unauthorised expenditure to an acceptable level.

An under collection of revenue has been realised throughout the year due to structural issues especially at the different facilities.

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

Adjustment budget review process were conducted during the second quarter with programme providing key inputs.

**ACHIEVEMENTS**

- Updated Audit Action Plan for the development of internal controls
- Development of Audit Action Plan which focus on the seven (7) qualification paragraphs
- Key policies updated and in circulation
- Loss Control Committee is appointed to start with assessment, determination and condonement of unauthorised, irregular and fruitless and wasteful expenditure

**CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM**

Table 17 Challenges & Measures Planned to overcome them: Financial Management

CHALLENGES	CORRECTIVE ACTION
Lack of controls in controls to manage procurement related processes	<ul style="list-style-type: none"> <li>• Implement controls contained in the Audit Action Plan.</li> <li>• Appoint key personnel particularly at Senior Management Level</li> </ul>
Filing and safekeeping of patient’s information is a great concern due to unavailability of the space	<ul style="list-style-type: none"> <li>• To explore a process of procuring electronic data management system to ensure safe keeping of information</li> </ul>
Lack of archiving facilities for the Office of the Chief Financial Officer	<ul style="list-style-type: none"> <li>• The infrastructure unit has presented the layout of the archiving facility.</li> <li>• Engagement is currently underway with the infrastructure management to revamp the existing West End Hospital</li> </ul>
Asset Management unit currently understaffed	<ul style="list-style-type: none"> <li>• Provincial Treasury has committed to jointly review the current staff deployment of Senior Asset Officials to provide supervision.</li> </ul>
Asset register not complete and accurate	<ul style="list-style-type: none"> <li>• The unit has commenced with the capturing of the verified information on LOGIS</li> <li>• The unit is busy with the reconciliations of additions between BAS and LOGIS</li> <li>• The unit is busy with the reconciliations of disposals.</li> </ul>

Table 18 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Financial Management

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
<b>Improve financial management</b>	Audit outcome for regulatory audit expressed by AGSA for 2021/22 financial year	Audit opinion of Provincial DOH	Qualified Audit Report	Qualified Audit Report	<b>Unqualified Audit Report</b>	Qualified Audit Report	-
			<b>REASON FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Structures – Lack of structures that include workflows, organizational structure, management structures and governance structures.</li> <li>Skills – General need for training of clinical and administrative staff on finance issues.</li> <li>Resources – Inadequate human resources, physical resources and financial resources.</li> <li>Services – Non-compliance with defined service package and norms &amp; standards which affects the budget. For example: Medico legal cases.</li> <li>Financial – Limited/ lack of consequences for overcommitting, financial misconduct and fruitless &amp; wasteful expenditure.</li> <li>Consequence management – There is no defined consequence management in place resulting in identification, reporting, investigation and disciplinary process.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Structure – Develop and Strengthen structures to help the Department work towards achieving its goals.</li> <li>Skills – Invest in training of clinical and administrative staff on finance issues through workshops, seminars, etc.</li> <li>Resources – Recruitment of skilled personnel in the human resources and finance units.</li> <li>Services – Implementation of norms and standards aligned to the budget.</li> <li>Financial – Consequence management to be implemented.</li> </ul>				

#### 14.1.5. Sub-Programme 1.5: Employment Equity and Gender

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### **PURPOSE**

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1. *Ensure gender equality, women empowerment at all levels and the promotion of diversity.*

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### **SITUATION ANALYSIS**

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#### **EMPLOYMENT EQUITY AND SDIP**

The alignment of recruitment processes to the Departmental Equity targets continued to be one of the Directorate's priority areas. This is to ensure the acceleration of achieving the targets for designated groups and the attainment of 50% appointment of females in Senior Management levels. The implementation of the guidelines in achieving equity in the Department yielded progress in some areas as one female Senior Manager was appointed during the financial year.

The financial year also marked the end of the Departmental Service Delivery Improvement Plan which was due for review. In the 1<sup>st</sup> quarter, the Unit undertook a roadshow throughout the province to collate information as a yard stick to identify possible areas for improvement in order to commence with the review process. As part of the consultative process, the directorate hosted a 2-day Work Session which was earmarked to create a platform for the participation of all five Districts and all programmes in a quest to develop a comprehensive SDIP. Part of the session also provided the Local Municipality representatives an opportunity to share a presentation on the significance of inter-governmental relations and to provide progress on their Spatial Development Frameworks, which was a contribution for integration. The work session was held on the 27<sup>th</sup> and 28<sup>th</sup> June 2022.

The development of the Service Delivery Improvement Plan (SDIP) for the 2022-2024 cycle was deemed one of the prioritised areas as far as the execution of the functions in the Change Management Unit was concerned. From the 7<sup>th</sup> to the 9<sup>th</sup> September 2022 the Unit, along with other stakeholders, had a follow-up session where all stakeholders were afforded a platform to present their draft situational analysis and also to identify potential services for improvement in their respective environments. Other external stakeholders, e.g. Public Service Commission and Public Protector, were also present at the session. The presentations highlighted some challenges which were consolidated from the communities. During the last Working Session, it was resolved that all stakeholders would refine and update their information so as to allow the Change Management Unit to consolidate and prepare a draft SDIP before the end of November 2022 for the perusal and guidance of the Acting HOD.

The finalisation of the draft SDIP for the Department yielded a progressive effort in the 3<sup>rd</sup> quarter. The document was presented to the Department of Public Service and Administration (DPSA) during December 2022 at the Office of the Premier. The DPSA team deployed to the Province had advised and provided progressive guidance pertaining to the identification of services and priorities as part of the development phase. The draft SDIP document was finalised by the Unit before being provisionally submitted to the DPSA on the 15<sup>th</sup> December 2022.

#### **Employment Equity (EE) Plan**

An Employment Equity Report feedback session took place on the 14<sup>th</sup> of February 2023. A total of sixteen (16) officials from the Northern Cape Mental Health Hospital, HR Namakwa, HR ZFM, HR Corporate, HR Dr. Harry Surtie Hospital and Pharmaceutical Services (Dr. Arthur Letele) attended the meeting. An apology was submitted by the Pixley Ka Seme District. A follow-up meeting was supposed to take place in Port Nolloth from the 13<sup>th</sup> to the 15<sup>th</sup> of March 2023 but could not due to the national industrial strike actions that took place across the Province. It was resolved that the process should involve all stakeholders, including Organized Labour and provincial HRM leadership as key role players.

#### **CHANGE MANAGEMENT INTERVENTIONS**

##### **Mandela Day**

The Change Management Unit, Men's and Women's Forums and the Office of the MEC had collaboratively hosted a Mandela Day event with the theme: *"Do what you can, with what you have, where you are"* on the 29<sup>th</sup> of July 2022 in Galeshewe. One under-privileged family was identified, which consisted of a partially-sighted mother and her daughter who is diabetic. Activities for the day included a comprehensive Health and Wellness screening, painting of the kitchen and lounge, handing-over of a dietary parcel that was prescribed by a Nutritionist to the daughter, eye screening for the mother and a feasibility study for the prospects of starting a backyard garden.

## **Team Building Sessions**

One of the key imperatives of the Change Management unit is the coordination, facilitation and implementation of change management interventions in the Department as part of boosting the morale of employees and strengthening social cohesion. On the 4<sup>th</sup> and 5<sup>th</sup> August 2022, the Unit facilitated a team building session for the HAST unit. The session was packaged in such a manner that it dealt with the personal awareness and the introduction of models/philosophies to improve and optimise systems.

On the 30<sup>th</sup> June 2022, the Unit conducted team building activities for the Corporate Services Unit within the context of Change Management. The content of the session was tailored to improve the behaviour of individuals for the achievement of organisational set goals. The intervention was comprehended by participants as a catalyst for social cohesion in the workplace to ensure improved productivity.

## **Emergency Medical Services College**

Four sessions were conducted during the 2022/2023 financial year for EMS Operational and Shift managers across the Province. Training interventions focussed on various aspects which included self-awareness activities, Kaizen Methodology and Leadership programmes, Business Mapping processes, Financial Management fundamentals, LEAN Management Business processes and the ADKAR Theory for Change Management (Awareness, Desire, Knowledge, Ability and Reinforcement).

## **Gender Mainstreaming Workshop and Disability Forum**

As management of gender issues are premised under the Change Management Unit; it was pertinent that a programme be held during August as being women's month. The objective of the session was to bring a common understanding and deliberate on issues affecting all genders in the Department. The session was also viewed as an empowerment intervention and a platform to gauge the status of women in the Department. Fifty-five women from facilities around the Frances Baard district attended the workshop that took place on the 26<sup>th</sup> August 2022. The objective was to develop a tool to collect disaggregated data on women and persons with disabilities.

The Unit also embarked on the Disability Forum Annual General Meeting (AGM) where issues which are regarded as bottlenecks and which posed inequality to persons with disabilities were discussed. During the AGM, the new leadership to advocate and deal with issues of disability in the Department was also elected.

## **Men and Women Forums**

On the 13<sup>th</sup> and 20<sup>th</sup> July 2022 respectively, the Unit held meetings with both the Men's- and Women's forums to discuss their roles and responsibilities. These meetings were also a platform to discuss the Mandela Day and Women's Day events as well as to propose dates for the congress. These forums continued to provide support to the Unit by functioning as advocates on gender issues.

## **Pharmaceutical Services**

One of the key imperatives of this unit is the coordination, facilitation and implementation of Change Management interventions in the Department. On the 15<sup>th</sup> December 2022 the unit was invited to be part of the team building session which was hosted by Provincial Pharmaceuticals services. The Unit shared presentations on the following:

- The status of the Depot
- The Culture of the Department

**WORKFORCE PROFILE**

The following table indicates the number of employees (including employees with disabilities) in each occupational level:

Table 19 Number of employees (incl. employees with disabilities) per occupational level

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	M	F	
Top Management	1	1	0	0	0	0	0	0	0	0	2
Senior management	12	4	0	1	4	2	0	2	0	0	25
Professionally qualified and experienced specialists and mid-management	247	114	46	107	431	429	31	215	36	17	1673
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	223	134	3	22	589	554	11	151	0	1	1688
Semi-skilled and discretionary decision making	688	389	0	7	1507	743	1	17	0	0	3352
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL PERMANENT</b>	<b>1171</b>	<b>642</b>	<b>49</b>	<b>137</b>	<b>2531</b>	<b>1728</b>	<b>43</b>	<b>385</b>	<b>36</b>	<b>18</b>	<b>6740</b>
Temporary employees	155	70	0	18	1531	788	0	21	0	0	2583
<b>GRAND TOTAL</b>	<b>1326</b>	<b>712</b>	<b>49</b>	<b>155</b>	<b>4062</b>	<b>2516</b>	<b>43</b>	<b>406</b>	<b>36</b>	<b>18</b>	<b>9323</b>

The table below indicates the total number of employees with disabilities only in each occupational level:

Table 20 Number of employees with disabilities per occupational level

Occupational Levels	Male				Female				Foreign Nationals		Total
	A	C	I	W	A	C	I	W	M	F	
Top Management	0	0	0	0	0	0	0	0	0	0	0
Senior management	1	0	0	0	0	0	0	0	0	0	1
Professionally qualified and experienced specialists and mid-management	0	1	0	1	1	1	0	0	0	0	4
Skilled technical and academically qualified workers, junior management, supervisors, foremen, and superintendents	1	2	0	0	1	0	0	0	0	0	4
Semi-skilled and discretionary decision making	3	1	0	0	2	1	0	0	0	0	7
Unskilled and defined decision making	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL PERMANENT</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>
Temporary employees	0	0	0	0	0	0	0	0	0	0	0
<b>GRAND TOTAL</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>

**ACHIEVEMENTS**

- None

**CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM**

Table 21 Challenges & Measures Planned to overcome them: Employment Equity & Gender

CHALLENGES	CORRECTIVE ACTION
Staff shortage due to retirement and transfer (Deputy and Assistant Director posts)	Filling of posts
Failure of Recruitment Unit to follow the Employment Equity Plan when filling posts	HRA Directorate to align its recruitment processes to Equity targets when filling posts

Table 22 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Employment Equity & Gender

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
<b>Women empowerment</b>	Women appointed in senior management	Number of women appointed in senior management positions	0	1	4	1	-3
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Failure to align recruitment processes to the Employment Equity Plan.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b>				
			<ul style="list-style-type: none"> <li>Human Resources to work collaboratively with Change Management and implement the Employment Equity Plan with guidelines in achieving equity in the Department.</li> </ul>				

## LINKING PERFORMANCE WITH BUDGET

Table 23 Linking Performance with Budget: Programme 1 - Administration

PROGRAMME 1: ADMINISTRATION	2022/23			2021/22		
	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
Office of the MEC	14 678	14 678	-	18 053	18 053	-
Management	265 380	265 312	68	244 020	242 062	1 958
<b>Total</b>	<b>280 058</b>	<b>279 990</b>	<b>68</b>	<b>262 073</b>	<b>260 115</b>	<b>1 958</b>

Administration spent R279.990 million or 99 percent of its allocated budget of R280.058 million.



## 14.2. Programme 2 – District Health Services (DHS)

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### PROGRAMME PURPOSE AND STRUCTURE

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*Comprehensive, integrated and sustainable health care services (preventative, promotive, curative and rehabilitative) based on the Re-engineered Primary Health Care (PHC) approach through the District Health Systems (DHS).*

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### SUB-PROGRAMMES

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- Sub-Programme 2.1: District Health Services (DHS)
- Sub-Programme 2.2: District Hospitals
- Sub-Programme 2.3: HIV/Aids, STI
- Sub-Programme 2.4: Tuberculosis (TB) Control
- Sub-Programme 2.5: Mother, Child & Women's Health and Nutrition (MCWH&N)
- Sub-Programme 2.6: Disease Prevention & Control (CDC)
- Sub-Programme 2.7: Health Promotion

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### OUTCOMES

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1. Patient experience of care in public health facilities improved.
2. Health facilities ready for NHI accreditation.
3. Management of patient safety incidents improved to reduce new medico-legal cases.
4. Maternal, neonatal, infant and child mortality reduced.
5. Patient experience of care in public health facilities improved (District Hospitals).
6. Management of patient safety incidents improved to reduce new medico-legal cases (District Hospitals).
7. Maternal, neonatal, infant and child mortality reduced (District Hospitals).
8. AIDS related deaths reduced by implementing the 90-90-90 strategy.
9. 90-90-90 targets for HIV/AIDS achieved by 2020 and 95-95-95 targets by 2024/25.
10. TB Mortality reduced by 75%.
11. Stunting among children reduced.
12. Malaria eliminated by 2023.
13. Hypertension and diabetes prevalence managed.
14. Health and wellbeing of individuals improved.

## 14.2.1. Sub-Programme 2.1: District Health Services (DHS)

### PURPOSE

1. *Ensure accessibility to health care services.*
2. *Ensure well-functioning health facilities.*
3. *Improve oversight, accountability and health system performance by strengthening Governance and Leadership at all levels.*
4. *Improve patient complaints resolution rate within the province.*
5. *Improve patient safety incidents rate within the province.*
6. *Improve and maintain the percentage of ideal facilities.*

### SITUATION ANALYSIS

#### STRATEGIC CONTEXT

The period under review was negatively affected by a Province-wide NEHAWU strike in March 2023, which had adverse implications for service delivery, for the performance outlook of the Program (DHS) and for the Department as a whole. This, therefore, accounted for the decline in the performance indicators. The endeavour to roll-out and implement the universal Health Coverage through the CUP continued to linger as plans to undertake key activities continued. To this effect, multiple national meetings were conducted in an attempt to align and integrate related milestones. It must be noted that this project unfolded at a time when the National Department of Health was reviewing the District Health Services Framework, elements of which had implications for the reconfiguration of the health system and its functionality.

During the current reporting period the focus was on reviewing and objective appraisal of the Quality Assurance disposition, looking at the impact it had on the performance of the program. This culminated in the reconfiguration of the unit and redefinition of its operations after identification of significant gaps in order to enhance the performance of the program. Programme 2 constitutes largely of Quality Assurance indicators indicating the importance of this action. Similarly, the success of the roll-out, implementation and success of the CUP hinges on the performance and success on Quality Assurance outlook of the target facilities.

The Program achieved two out of seven (2/7) indicators which translates to 29%. Significant to note is that, although the province has slightly improved on the management and reporting of Patient Safety Incidents (PSI) based on the in-depth analysis done, the unit noted with concern that the Programme is still marked with gross underreporting, despite capacitation interventions that have taken place. Of grave concern, upon analysis of the reported PSI's cases, it was apparent that EMS and Clinical unethical conduct remain major threats to clinical governance, e.g. nine (9) EMS misconduct incidents, two (2) unethical doctors conduct and two (2) abscondments. The biggest culprit in terms of performance is by far the Frances Baard district, which may be attributed to a number of challenges including the leadership upheaval.

From a health systems context, the leadership vacuum remains a critical factor that attributed to the poor performance of the Program. The highest level of the vacuum experienced in the leadership and governance is at the sub-district level where a complex district, like Frances Baard, operated without a Health Area Manager (HAM), after the resignation of the last HAM who was appointed in February 2022. The importance of leadership at operational level can never be overemphasised, especially in the context of not even having the appropriate number or coverage of Operational Managers.

Lastly, the service delivery environment continues to be affected negatively by the high demand for augmenting of healthcare services, such as in the Orania area, and also the recurrent load shedding that poses a serious threat to healthcare service delivery. The impact of these aspects have been articulated in various governance reports.

#### PRORITY AREAS

##### Ideal Facility Realisation and Maintenance (IFRM)

The sequence of the determinations of the performance on the IFRM takes place in the following manner:

- Facility Self-assessments are done in the 1<sup>st</sup> quarter.
- PPTICRM Peer Review updates for the Ideal Clinic Realisation and Maintenance are done in the 2<sup>nd</sup> and 3<sup>rd</sup> quarters.
- Peer Review Updates are done in the 4<sup>th</sup> quarter.

Facilities that achieved Ideal clinic status for the province remains twenty-seven (27), i.e. 4x Gold, 3x Silver and 20x Platinum. The breakdown per district is: 1 in Frances Baard, 2 in JT Gaetsewe, 1 in Namakwa, 20 in Pixley ka Seme and 3 in ZF Mgcawu.

What is of concern in this performance is that only one facility amongst these that attained the Ideal status is part of the Quality Learning Centres (QLC), considering that the Quality Learning Centres were devised/conceptualized to provide the impetus towards the roll-out and success in the implementation of the NHI. The highest impediment towards the success of this program (IFRM) and reason for regression, is the lack of buy-in at strategic and leadership level.

### Waiting Time

The province meets the required standards/norms when it comes to waiting time assessments. The waiting time has consistently been under 2 hours, which is the required standard, whilst the average waiting time for the province is 1hr 37min. Although we can hail this performance the compliance rate in terms of monitoring still remains a relative concern, given its Patient Experience of Care implication. Out of the one hundred and sixty-one (161) facilities in the province, only one hundred and thirty-one (131) had monitored the waiting times at the end of the year. Waiting time has proven to be the biggest contributor to the Patient Experience of Care in our health care facilities, which has not been conducted as often as it should have been done. The average waiting time per district is as follows:

Table 24 Breakdown of Waiting Times per District

District	Waiting Time
Frances Baard	01h34m
JT Gaetsewe	01h31m
Namakwa	01h18m
Pixley Ka Seme	01h37m
ZF Mgcawu	01h48m
<b>AVERAGE</b>	<b>01h37m</b>

### Patient Experience of Care (PEC)

The average performance for Primary Healthcare is 79.1% and for inpatients is 72%. Not all facilities in the districts conduct this assessment at the frequency which it must be conducted. The significance of this is that the province misses the opportunity to identify and act on areas that need improvement. The Department is observing a huge disjuncture between the positive performance outlook of the indicator, the number of complaints and adverse incidents.

### Central Chronic Management Dispensing and Distribution (CCMDD)

The challenges experienced by the CCMDD Strategy are indicated in the relative poor performance in the key aspects of the programme, albeit major improvements being noted in some areas such as inactive patients and slow uptake in some facilities. The strategy also aims to decant stable chronic patients from health care facilities to improve on PEC. The total registered patients for the province is Ninety-four thousand, four hundred and twenty-seven (94 427) as at March 2023 in one hundred and seventy (170) registered facilities, against the total target of eighty-two thousand, seven hundred and seventy-four (82 774). Of the total registered patients, only thirty-one thousand, one hundred and eighty-nine (31 189) are active, giving a shortfall of fifty-one thousand, five hundred and eighty-five (51 585). It is against this background that the programme is implementing the Strategy improvement/recovery intervention.

Table 25 Breakdown of Patients registered on CCMDD per District

District	Registered Patients
Frances Baard	30 595
JT Gaetsewe	23 846
Namakwa	4 795
Pixley Ka Seme	23 523
ZF Mgcawu	11 668
<b>TOTAL</b>	<b>94 427</b>

## Ward-Based Primary Healthcare Outreach Teams (WBPHCOT's)

The verification process of the Community Health Workers (CHWs) has been completed. A number of challenges were noted, such as the following:

- Non-existent officials.
- Overpayment of officials.
- Consequence management not implemented.

The actual number of CHWs identified upon verification was two thousand three hundred and fifteen (2315) before desegregation per programme on PERSAL. After this process and subtraction of Lay Councillors and Peer Educators, who belong to the HAST programme, a total of one thousand seven hundred and fifteen 1750 CHWs remain. The NDOH is currently reviewing the performance of the WBPHCOT strategy and this process will identify areas that need strengthening. The performance of the Province includes appointment of less than 15 out of the 50 (15/50) that should have been appointed as per the Grant provision. Appointments were hampered by recruitment process that is compounded by the Treasury appointment process. Given the shortage of staff, some of these cadres have been utilized in clinical patient management. Whilst one could accept that this is as a result of the precarious environment in which the District Managers find themselves (in terms of staff shortage and budget constraints), it poses serious performance threats to the strategic objective of the programme.

## National Health Insurance (NHI)

This programme has been significantly covered above. Important to note within this program in the context of the Grant provision is the slow pace in the contracting of Health Professionals. This is one single area that requires serious attention including efficient and equitable allocation and utilization of the resources.

## ACHIEVEMENTS

- The Tshwaragano Hospital Paediatric ward is currently at 50% completion.
- The following donations were received:
  - Kathu Solar Park – Two-year lease of 2x Allied Health vehicles with fuel cards.
  - Shona QIP, Solidarity and Assmang Black Rock - Wheel chair spares and repair tools.
  - Solidarity - ECG leads and AEC pads.
  - Assmang Black Rock - Height measures.
- Training was done on the Integrated Patient file and the Policy on Record Management for Pixley Ka Seme, Frances Baard and JTG.
- Roll-out to implementation of i-CUPS towards NHI commenced, a project plan was developed and the launching at Phokwane is planned for 1<sup>st</sup> April 2023, pending NDOH support.
- The theatre at Prof ZK Matthews Hospital has been operationalised.
- Successful opening of the Heuningvlei Clinic.
- Olifantshoek CHC has acquired the building that was previously used by SASSA and is currently commencing renovations.
- Community Health Workers verification process completed.
- Increased CCMDD implementation in the province.
- JTG appointment nineteen employees, of which one was a permanent Paediatrician servicing both Tshwaragano and Kuruman Hospitals.
- Thirty-two (32) facilities obtained Ideal clinic status.

## CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 26 Challenges & Measures Planned to overcome them: DHS

CHALLENGES	CORRECTIVE ACTION
<p><b>Leadership and Governance:</b></p> <ul style="list-style-type: none"> <li>• Health Area Managers, Operational Managers and Middle Management as per the District Health Management Office.</li> <li>• Memorandum of Understanding and Service Level Agreement management.</li> <li>• Lack of facility Governance Structures.</li> <li>• Ineffective or poor functioning Clinical Governance Structures.</li> </ul>	<ul style="list-style-type: none"> <li>• Appointment of critical posts, including District Health Management Office.</li> <li>• Provisions to be made in the Human Resources Plan and Budget.</li> <li>• Determination of Business processes for the Memorandum of Understanding and Service Level Agreement management.</li> </ul>

CHALLENGES	CORRECTIVE ACTION
<ul style="list-style-type: none"> <li>• Non-implementation of the District Health Management Office.</li> <li>• Fragmented programme implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• Facilitation of the establishment of the critical Governance structures.</li> <li>• Institutionalize and endeavour to integrate clearly defined business processes. including Performance Management Systems and Governance Structures.</li> </ul>
<p><b>Human Resources (HR):</b></p> <ul style="list-style-type: none"> <li>• Poor HR Planning.</li> <li>• Inefficient utilization of HR.</li> <li>• Lack of sustainable support personnel.</li> <li>• Poor organizational culture.</li> <li>• Low staff morale.</li> <li>• High number of Labour Relations cases.</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the collectively developed and budgeted HR plan.</li> <li>• Endeavour to finalise the HR Plan.</li> <li>• Undertake change management interventions to improve organizational culture.</li> <li>• Conclude the Labour Relations Strategy and undertake intensive capacitation and induction on it.</li> <li>• Professionalization of the administrative system.</li> </ul>
<p><b>Information Management</b></p> <ul style="list-style-type: none"> <li>• Poor Data Management at all levels attributable to the organizational culture and hampering effective decision making.</li> <li>• Selective utilization of Hospital Patient Record System. hampers audit performance and informed decision making.</li> <li>• Abuse of data impacting on information management / process.</li> </ul>	<ul style="list-style-type: none"> <li>• To be addressed in structured change management interventions.</li> </ul>
<p><b>Service Delivery</b></p> <ul style="list-style-type: none"> <li>• Inadequate or non-responsive service package.</li> <li>• Ineffective / inappropriately configured service delivery platform.</li> <li>• Increased number of service delivery complaints.</li> <li>• Poor Programme Integration.</li> </ul>	<ul style="list-style-type: none"> <li>• Review the service delivery platform and develop a responsive platform.</li> <li>• Institutionalize service delivery enhancing policy interventions, such as CCMDD and ICSM and Ideal Facility Realisation and Maintenance.</li> <li>• Adherence to the defined Service Delivery Model and Operations Framework.</li> </ul>
<p><b>Finance</b></p> <ul style="list-style-type: none"> <li>• Poor Asset Management negatively impacts equipment availability.</li> <li>• Poor budget allocation to key programmes.</li> <li>• Poor transport system (lack of white fleet).</li> <li>• Poor Invoice Management, e.g. National Health Laboratory Services and Vital Air.</li> </ul>	<ul style="list-style-type: none"> <li>• Develop, implement and institutionalize a structured asset management system.</li> <li>• Review and clearly define the budget of programmes.</li> <li>• Implement a structured transport management system through a well-researched service delivery environment.</li> <li>• Ensure equitable allocation of white fleet.</li> <li>• Institutionalize a structured system for the management of key accounts.</li> </ul>
<p><b>Infrastructure</b></p> <ul style="list-style-type: none"> <li>• Non-management of infrastructure complaints.</li> <li>• Poor infrastructure maintenance.</li> <li>• Generally poor aesthetic outlook of health facilities (grounds).</li> </ul>	<ul style="list-style-type: none"> <li>• Collective development, communication and implementation of an Infrastructure Delivery Plan.</li> <li>• Permanent appointment, orientation and performance management of groundsmen.</li> <li>• Procurement of necessary equipment.</li> </ul>
<p><b>Pharmaceuticals</b></p> <ul style="list-style-type: none"> <li>• Poor stock management of pharmaceuticals at facility level.</li> <li>• Non-availability of surgical sundries.</li> </ul>	<ul style="list-style-type: none"> <li>• Strict Monitoring and Evaluation of stock management.</li> <li>• Performance and consequence management.</li> <li>• Capacitation of functionaries.</li> </ul>

Table 27 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: DHS

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
<b>Patient experience of care in public health facilities improved</b>	Patient Experience of Care survey satisfied responses	Patient experience of care satisfaction rate	84.5%	80.8%	<b>80%</b>	79%	-1%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Poor implementation of the PEC management system.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b>				
			<ul style="list-style-type: none"> <li>Get a buy-in on the importance of utilising the PEC system.</li> <li>Capacity training on PEC surveys.</li> </ul>				
<b>Health facilities ready for NHI accreditation</b>	Fixed PHC health facilities have obtained Ideal Clinic status (silver, gold, platinum)	Ideal Clinic Status obtained rate	14% (23/159)	22% (35/162)	<b>40%</b>	17% (27/161)	-23%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Non Negotiables Vitals (NNV) availability.</li> <li>Vitals and essentials elements not achieved.</li> <li>Non-calibration and maintenance of essential equipment.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b>				
			<ul style="list-style-type: none"> <li>Procurement of essential items for the emergency trolley.</li> <li>Daily checking of the emergency trolley.</li> <li>Calibration and maintenance of essential equipment by the health technologist.</li> </ul>				
<b>Management of patient safety incidents improved to reduce new medico-legal cases</b>	Severity assessment code (SAC)1 incident reported within 24 hours rate	Severity assessment code (SAC)1 incident reported within 24 hours rate	98%	25%	<b>100%</b>	68%	-32%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Incorrect classification of patient safety incidents.</li> <li>(SAC)1 cases not reported timeously.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b>				
			<ul style="list-style-type: none"> <li>Timely reporting and correct recording of (SAC)1 cases.</li> <li>Facilities to adhere to the PSI guidelines.</li> <li>Capacity training on the management of PSIs.</li> </ul>				
	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate		90%	<b>100%</b>	95%	-5%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>All not closed within the stipulated timeframe.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b>				
			<ul style="list-style-type: none"> <li>Timely reporting and correct recording of PSI incidents.</li> <li>Facilities to adhere to the PSI guidelines.</li> </ul>				

## 14.2.2. Sub-Programme 2.2: District Hospitals

Table 28 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: District Hospitals

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL 2022/23	DEVIATION 2022/23
<b>Patient experience of care in public health facilities improved</b>	Patient Experience of Care survey satisfied responses	Patient experience of care satisfaction rate	0%	66.2%	<b>80%</b>	72%	-8%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Poor implementation of the PEC management system.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b>				
			<ul style="list-style-type: none"> <li>Buy-in on the importance of correct utilisation of the system.</li> <li>Capacity training on PEC surveys.</li> </ul>				
<b>Management of patient safety incidents improved to reduce new medico-legal cases</b>	Severity assessment code (SAC) 1 incident reported within 24 hours rate	Severity assessment code (SAC) 1 incident reported within 24 hours rate	35%	70%	<b>100%</b>	59%	-41%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Incorrect classification of patient safety incidents.</li> <li>(SAC)1 cases not reported timeously.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b>				
			<ul style="list-style-type: none"> <li>Capacity training on the classification of incidents.</li> <li>Timeous reporting and correct recording of (SAC)1 cases.</li> <li>Facilities to adhere to the PSI guidelines.</li> </ul>				
	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate		100%	<b>100%</b>	84%	-16%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Cases are not closed within the stipulated timeframe.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b>				
			<ul style="list-style-type: none"> <li>Capacity training.</li> <li>Timeous reporting and correct recording of PSI incidents.</li> <li>Facilities to adhere to the PSI guidelines.</li> </ul>				

### 14.2.3. Sub-Programme 2.3: HIV & AIDS, STI and TB Control (HAST)

#### PURPOSE

1. Accelerate prevention in order to reduce new HIV and TB infections, and other sexually transmitted infections (STIs) through combination preventative methods.
2. Reduce illness and deaths by providing treatment, care and adherence support for all infected people in line with the 90-90-90 Strategy:
  - 90% of all people living with HIV will know their HIV status;
  - 90% of all people with an HIV diagnosis will receive sustained antiretroviral therapy; and
  - 90% of all people receiving antiretroviral therapy will achieve viral suppression;
  - 90% of all people who need TB treatment are diagnosed and receive appropriate therapy as required;
  - 90% of people in key and vulnerable populations are diagnosed and receive appropriate therapy; and
  - Treatment success is achieved for least 90% of all people diagnosed with TB.
3. Reach all vulnerable and key populations with comprehensive, customized and targeted interventions.
4. Address social and structural drivers of HIV and TB infection and STIs (multi-sectoral approach).

#### SITUATION ANALYSIS

As at the end of March 2023, the HIV & AIDS, and TB (HAST) has spent R623 891 million out of the budget of R621 337 million in the Conditional Grant, which translates to 100.4% spent. The picture reflects an over spending of R2 644 million. The main reason for overspending is as a result of misallocations.

The table below is a summary illustrating expenditure per Programme within the HAST directorate:

Table 29 Conditional Grant Expenditure (HAST)

Activity	Budget	Expenditure	% Spent
Antiretroviral Treatment (ART)	328994	187720	57%
Advocacy, Communication & Social Mobil (ACSM)	11686	6295	54%
Condoms	17889	1925	11%
HIV Testing Services (HTS)	36277	7897	22%
HIV Services (PMTCT, HTA, PEP/Prep)	26170	18526	71%
Medical Male Circumcision (MMC)	37520	11769	31%
Programme Management	111193	226270	203%
Regional Training Centre (RTC)	17433	6238	36%
TB Control Programme	34175	28605	84%
Misallocations	-	128737	-
<b>TOTAL</b>	<b>621337</b>	<b>623982</b>	<b>100%</b>

The over expenditure on main cost drivers can mostly be ascribed to the following:

- The audit fees to the amount of R6 931 million paid from the Comprehensive HIV/AIDS Grant.
- The invoices for services provided by the National Health Laboratory Services (NHLS) amounting to R61 million from the grant which were not budgeted for.
- The over expenditure is also caused by District Health Services Grant payments such as the following objectives (i) AIDS: Community Outreach Services to the amount of R9 988 million and out of that amount R9 098 million was used to pay CHW's stipends, AIDS: Home Based Care Programme to the amount of R11 606 million which is mostly COE, Interest on Land charged across the Comprehensive HIV/AIDS Grant, Electricity of R5 259 million and Mental Health R4 268 million.
- Payment of ARV drugs wrongly paid under the objective of "Trade Medicine Account" instead of AIDS: Anti-Retroviral Programme objective, and the amount of R88 740 million paid under Trade Medicine Account is not only expenditure for ARVs, it includes other medicines.
- Payment for outstanding RT35 invoices was processed for September and October 2022, however, the requisitions for November 2022 were not yet compiled as invoices have not been received from Services Provider.
- Despite over expenditure, there are still invoices that were not paid by the end of March 2023, with the total amount of R29 million.



The HIV & AIDS, STI and TB (HAST) Directorate has a total of ten (10) programme indicators which were monitored during the 2022/23 financial year. The HIV & AIDS, and STI (HAS) programmes has eight (8) indicators, while the other the TB programme monitored the other two (2) indicators. Throughout the year the TB programme had struggled to achieve its targets. For the HAS programme, only one indicator has consistently been doing well, namely “HIV positive 15-24 years (excluding antenatal care clients) rate”. This means that the Province managed to maintain a low HIV positivity rate among the youths (i.e. 15-24 years).

## **HIV/AIDS & SEXUALLY TRANSMITTED INFECTIONS**

### **HIV Testing Services (HTS)**

The HIV prevention programme managed to test two hundred and eighty-two thousand, six hundred and forty-eight (282 648) people for HIV against the quarterly target of two hundred and eighty-five thousand, seven hundred and fifty-five (285 755), which is a 99% achievement rate. This achievement was largely due to the following:

- Support from the Non-Governmental Organizations (NGOs).
- Build-up campaigns towards Sexual Reproductive Health week.
- TB World Day commemoration.

Additionally, despite some reports of stock outs late in the third quarter and early in the fourth quarter, due to inadequate stock from the service provider, there was better management of available HIV rapid test kits with rotation to ensure that no clients were turned away from facilities. In an attempt to mitigate the shortfall, the NDOH was engaged to assist and they tried to source test kits from the Gauteng Province, which could not materialise due to different ordering systems between Gauteng and Northern Cape. During the last quarter of the financial year orders on condoms were processed and the relevant service provider was able to deliver the HIV test kits.

### **HIV Self Screening (HIVSS)**

The Province procured one thousand five hundred (1 500) HIV Self-Screening (HIVSS) test kits which were delivered in all Districts in order to improve HIV Training Services at community level. The National Department of Health (NDOH) donated HIV self-screening test kits through Life-Line and AIDS Foundation South Africa (AFSA) supporting NGOs.

The NDOH and World Health Organization (WHO) conducted an assessment on the uptake of HIV Self Screening Services in the Frances Baard District. Four (4) facilities were selected to participate in the assessment, i.e. Galeshewe Day Hospital and Floors Clinic in the Sol Plaatje Local Municipality and Windsorton and Mataleng Clinics in the Dikgatlong Local Municipality. A Quality Improvement Plan has been drafted and is currently being implemented by the District and Province for gaps identified.

### **Index Testing**

There is a nationwide Index Testing Survey targeting three hundred and fifty (350) facilities in thirty (30) districts. Twenty-two (22) facilities were randomly selected in the Pixley Ka Seme District for this survey and results are dependent upon researcher concluding. There is outstanding data from Outreach Services, High Transmission Areas (HTAs), Non-Governmental Organisations (NGO's) and Department of Correctional Services(DCS). The Monitoring and Evaluation (M&E) unit facilitated the process of incorporating HIV Testing Services data from non-medical sites (NGOs and High Transmission sites) by creating Organisational Units onto the DHIS. There has been continuous capturing of data retrospectively from April 2022 to ensure that all data is accounted for. HCT Mobile NGO supported the Department through an outreach activity that was conducted in Sol Plaatje University and TVET Colleges. The ZFM District participated in Gender-Based Violence outreach at the Triple D Farm, Thusong Service event and Cape Span sports day. The four hundred (400) participants were provided with health education on the prevention of sexually transmitted infections, regular testing for HIV, condom use, PrEP, TB and Condoms.

### **Condoms Distribution**

Condoms are effective at preventing Sexually Transmission Infections (including HIV) and unintended pregnancies, provided they are used consistently and that they are stored and transported correctly. The province and districts did not achieve the set targets in the 2022/2023 financial year. There is low male condom stock on hand while female condom is out of stock in four of the five Districts, which is due to the new RT tender that has affected service providers as they are waiting for shipment. This has attributed to non-achievement of the set target.

The National Department of Health conducted an assessment of the Provincial Distribution Sites (PDSs) across the province from the 16<sup>th</sup> to 20<sup>th</sup> May 2022. The purpose of the visit was to assess the conditions in which condoms are stored, stock on hand through bin cards, financial accountability through checking proof of delivery in the form of invoices, challenges and remedial actions.

The findings were that most PDSs are non-existing or not in a good condition as condoms are in some instances not stored properly. The National Department of Health committed to support the Province with donation of stock while orders are placed.

Transport is also a challenge in all the Districts which has a negative impact on the condom distribution. Three single cab bakkies have been procured to assist with distribution. Lubricants and pallets will be procured for proper storage of condoms. Three SUVs have been procured and dispatched to the identified Districts to mitigate the shortage of transport for condom distribution. One NGO has been funded to further strengthen the distribution of condoms in the ZF Mgcawu and Pixley Ka Seme Districts.

### Sexually Transmitted Infections (STIs)

The province has recorded high new Male Urethritis Syndrome (MUS) episodes against the annual target of five thousand one hundred and eleven (5 111). This increase might be attributed to intensive case finding during build-up awareness campaigns towards Sexual Reproductive Health week and World TB Day, which included STI screening. Condom demonstrations and distribution also took place during these activities to prevent new infections. The low condom distribution is also an additional factor to increased STIs.

The National Department of Health has introduced the new rapid Syphilis test kits: Single test kit for syphilis screening only and dual for both syphilis and HIV screening. Training on the usage of these Syphilis test kits was conducted by accredited service providers for all five Districts and sixty-two (62) participants attended.

Table 30 STI New Episodes

Districts	Cases
Frances Baard	2032
JT Gaetsewe	2108
Namakwa	548
Pixley Ka Seme	1123
ZF Mgcawu	1758
<b>Province Total</b>	<b>7569</b>

Source: District Health Information System (DHIS), April 2023

### High Transmission Areas (HTA) for Key Populations

During the period under review a total number of twenty-one thousand, four hundred and fifty-one (21 451) clients were seen at HTA sites across the Province. This figure is disaggregated as: Truck drivers – two thousand and seventy-nine (2 079), Sex Workers – seven hundred and thirty-seven (737), Men Having Sex with Men (MSM) – six hundred and seventy-nine (679), Transgender – one hundred and thirty (130). The output for screening saw two thousand one hundred and eighty-five (2 185) clients being tested for HIV with forty-eight (48) testing positive. Eighty-one (81) new Male Utheritis Syndrome (MUS) episodes were treated.

Table 31 Breakdown of distributions

Male Condoms	Female Condoms	Lubricants	Pamphlets
138 529	32 000	80 640	15 273

The Aids Foundation of South Africa (AFSA) conducted an Adjudication for Sex Worker Programme in the Frances Baard district. A total of nine (9) NGOs applied and only one (Lifeline NC) was successful. An introductory meeting for the appointed NGO was conducted to the District and Province on the 28<sup>th</sup> July 2022. Implementation of the programme started in July 2022.

AFSA has been facilitating the process of the One Stop Shop for the Frances Baard District. Three sites were identified, namely: Galeshewe Day Hospital, Life Line NC and Tlhokomelo. The assessment has taken place and the decision will be taken for the suitable site as per the outcome of the assessment tool.

The National Department of Health is in the process of identifying facilities for service excellency on HTA implementation.

The province supported the Sex worker event which was conducted by Life Line. This support was also extended to De Gayle NGO during their CODESA for Lesbians, Gay, Bisexual, Transgender, Queer, Intersex, Plus (LGBTQI+). Services were provided in all events.

## Pre-Exposure Prophylaxis for HIV (PrEP)

The uptake of PrEP increased substantially in the 2022/23 financial year, with four hundred and fifty-three (453) newly initiated clients, as compared to the ninety-three (93) in the previous financial year. However, Namakwa’s uptake remained low between these periods. Consequently, the total remaining in PrEP also increased to four hundred and nineteen (419) from fifty-two (52) in the previous financial year. Despite this number being lower than the target (5 111 remaining on PrEP) this is a noticeable improvement which should be noted as it forms a basis for further strengthening of the programme.

The Province appointed supporting NGOs to provide PrEP in the Namakwa and Frances Baard Districts, with training planned to be conducted in the first quarter of the new financial year (2023/24) to support underperforming facilities. There were twenty-five (25) Peer educators appointed for the *Lesbian, Gay, Bisexual, Trans and Gender diverse, Intersex and Queer* (LGBTIQ) to educate communities about PrEP, with an aim of increasing the uptake amongst key and vulnerable populations. The AIDS Foundation of South Africa (AFSA) has appointed Life-Line NC for the Sex worker programme which will assist with capacity building and in turn improve PrEP uptake. The programme conducted supervisory facility visits which highlighted poor implementation and data capturing as key challenges at facility level. There has been some improvement noted on reporting as a result of these visits.

The National Department of Health (NDOH) conducted training on PrEP in the 3<sup>rd</sup> quarter, where one hundred (100) participants were trained from all the Districts including mining sector, except for the Namakwa District which will be supported in the new financial year. Furthermore, the NDOH, in collaboration with the Province, conducted support visits to five facilities in Frances Baard during STI facility assessment visits. All these facilities provide PrEP services.

Table 32 PrEP Uptake

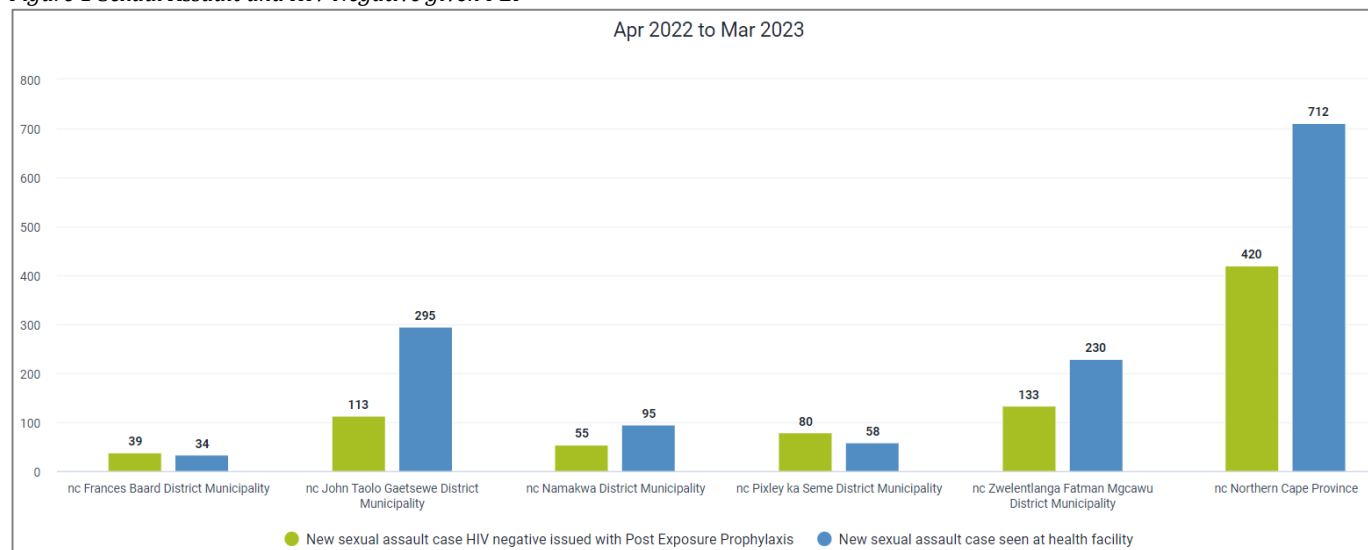
Districts and Province	PrEP uptake	Remaining on PrEP
Frances Baard	269	292
JT Gaetsewe	73	53
Namakwa	10	6
Pixley Ka Seme	73	44
ZF Mgcawu	28	24
<b>Province</b>	<b>453</b>	<b>419</b>

Source: District Health Information System (DHIS), April 2023

## Post Exposure Prophylaxis (PEP)

During the period under review, the Province recorded a total of seven hundred and twelve (712) sexual assault cases seen in public health facilities. Among these, four hundred and twenty (420), who were HIV negative, were provided with ART post-exposure prophylaxis to prevent possible transmission of HIV. It should be noted that PEP is provided only to HIV negative victims who should report to the facility within 72 hours of a sexual assault incident.

Figure 1 Sexual Assault and HIV Negative given PEP



Source: District Health Information System (DHIS), April 2023

The National Prosecuting Agency (NPA) has earmarked Postmasburg Hospital for the establishment of an additional Thuthuzela Care Centre, with the Department of Health being responsible for provision of appropriate healthcare services and support to victims of Gender-Based Violence (GBV) once the centre is operational. Life-Line has seconded two (2) additional counsellors to the Upington Thuthuzela Centre. The Provincial Forensic Medical Services procured five couches for the Kuruman Thuthuzela Centre. The Victim Empowerment Forum conducted an integrated Human Trafficking campaign in the Pixley Ka Seme District from the 29<sup>th</sup> July to 2<sup>nd</sup> August 2022 where awareness on PEP was created and comfort packs (toiletries and sanitary towels) were distributed.

To ensure adequate supply of resources, PEP kits (clothing for Rape Victims) were distributed to Kimberley, Springbok and Kuruman Thuthuzela centres and to Kimberley Family Violence Child Protection and Sexual Offences (FCS).

### **Advocacy Communication and Social Mobilisation (ACSM)**

The following activities were carried out in the ACSM programme:

- IEC material has been procured for Project 25K and each district received five hundred (500) pamphlets.
- Procurement of Branding and Marketing Material submission approved and the requisition sent to Supply Chain Management for procurement.
- The Province has submitted a candidate for appointment to the Traditional Health Practitioner (THP) Council members to the NDOH.
- Provincial Inter-Faith Summit was attended by over two hundred (200) delegates from across the Province.
- Provincial Officials participated in the National Strategic Plan Consultation (facilitated by the South African National Council on AIDS) with various stakeholders and this will be followed by a second consultation meeting to finalize the First Draft of the new Strategic Plan, envisaged to be launched during the World TB Day Commemoration in March 2023.
- Provincial delegates attended the South African National AIDS Council (SANAC) U=U (Undetectable = Untransmittable) Treatment Literacy workshop in Johannesburg. The workshop is premised on the overwhelming body of clinical evidence that has established the U=U concept as scientifically sound. The Department, in-conjunction with the provincial AIDS Council, has to convene and develop an Implantation Plan for the roll-out of the U=U treatment literacy campaign.
- The Provincial African Traditional Medicine (ATM) Coordinators virtual meeting took place and the Cancer Association on Children Cancer (CHOC) will provide training to Provincial THP's. The Traditional Medicine Directorate will develop a plan and circulate to provinces to approve dates of training which will take place after a planned THP National Summit called by National Minister (Health).
- During the Presidential Imbizo build-up, the Communication Department from the Office of the Premier broadcasted live on Radio Riverside to inform people about the government services which were to be offered, which included health services. Project 25K door to door took place in the following areas: Progress Clinic catchment area with Red Cross and Love-Life participating.
- The activities around the Presidential Imbizo included the HTS in Kakamas and Boegoeberg as well as condoms promotion, TB case finding, cancer awareness event took place in collaboration with the Robert Mangaliso Sobukwe Hospital Oncology Unit.
- The World AIDS Day (WAD) was held on the 1<sup>st</sup> December 2022 at Port Nolloth, Namakwa district. The global theme is 'Equalize', and the national event was held in the Free State Province. All Districts held their own WAD events. Preceding the WAD, the province held 16 Days of Activism events in Concordia (Namakwa District) as part of the build-up activities, this was led by Office of the Premier (OTP) and Civil Society.
- A successful event on the opening of New Heuningvlei Clinic was held in Joe Morolong – JT Gaetsewe District. The event was broadcasted live on Namakwa FM in Port Nolloth. Live Streaming through social media of both events (WAD and Opening of Heuningvlei Clinic) reached many people.
- HCT Mobile NGO supported the Department through an outreach activity that was conducted in the Sol Plaatje University and TVET colleges. The ZFM District participated in GBV outreach at Triple D farm, Thusong Service event and Cape Span sports day. Four hundred (400) participants were provided with health education on the prevention of sexually transmitted infections, regular testing for HIV, condom usage, PrEP, TB, Condoms, Sexual Reproductive Health and Rights services. Professional Nurses employed by the farm were trained on HIV Self-Testing and various services were provided.

### **Medical Male Circumcision (MMC)**

The Programme performed seven thousand, one hundred and twenty-nine (7 129) MMC's against the annual target of twenty thousand, five hundred and ninety (20 590). The overall under performance was due to the lack of programme implementation and demand creation in PKS, ZFM and Namakwa during the non-high volume months in Quarter 1. This was also largely attributed to a lack of capacity from the service provider due to delays in payments and incorrect reports or invoices.

- J Galt Express as the RT35 tender awardee has not managed to recruit a private GP based in Namakwa district to implement the programme. To date only Galeshewe Day Hospital is implementing the programme independently and plans are to strengthen more facilities with the aim of institutionalising MMC and increasing access to services by conducting trainings for clinicians on the surgical aid.
- The Namakwa District was supported in Quarter 3 due to unavailability of private GPs. District management was engaged with regard to the programme implementation of which J Galt Express conducted an outreach at Abraham Esau Hospital.
- The MMC programme is in the transitioning phase to Men's Health, all five Districts were given copies of the National Strategy for reference.
- A total of four thousand (4 000) MMC surgical kits were ordered, received and stored at the Frances Baard District for further distribution to implementing facilities.
- The NDOH capacitated district officials on the MMC Continuous Quality Improvement (CQI) Framework. It was noted that during the recent External Quality Assurance (EQA) some of the District MMC managers do not have exposure in quality assurance of the MMC programme. EQA training will strengthen the capacity of DOH officials to conduct and sustain on-going CQI assessments by identifying specific gaps and recommend appropriate sustainable solutions which can be implemented at District level.
- The objective of the meeting was to get inputs from Provinces to adjust specifications before the tender advert processes for 2023 can be initiated.
- National Treasury embarked on RT35 (implementation) bid evaluations to appoint new service providers and two service providers have been recommended, pending confirmation by the WHO. Once approved, the new RT35 contracts will start in May 2023 upon which the appointee will be introduced to the Province in the new financial year.
- Training of clinicians on the usage of CircumQ Aid was conducted to improve quality and access to MMC, this included a mix of Clinicians, comprising of Professional Nurses and one Enrolled Nurse. From this training, eighty-four (84) clients were circumcised using the CircumQ aid.

### **Treatment, Care and Support Programme**

For the period under review the programme has only managed to achieve on 1 out of its 2 (1/2) indicators for adults on treatment- which is viral load suppression in quarter 1 (90.1%) and quarter 3 (90.3%), whilst a decline in performance is noted in quarter 2 and quarter 3. For adults remaining in care the programme has not managed to achieve above 55% across the four quarters.

For children under 15-years on treatment, the programme did not manage to achieve any of the indicators. The indicator measuring remaining on treatment performed as follows: quarter 1 performance was at 65%, a decline was noted in quarter 2 (51%) followed by an improvement in quarter 3 (68%) and 58% in quarter 4. The viral load suppression for children under 15-years indicator performed as follows: Quarter 1 performance was 66.7% with a drastic decline noted in quarter 2 (0%), 50% in quarter 3 and 45% in quarter 4.

The main reasons cited for the under-performance includes the following:

- Viral load done out of cohort due to patients missing viral load appointments or not returning to facilities for viral loads when due.
- Caregivers not bringing children to facilities for monitoring of weight and adjustment of dosing leading to under dosing of children and unsuppressed viral load.
- Disclosure counselling and support for caregivers – which is a process contributing towards adherence and retention on treatment of specifically for children and adolescents on treatment.
- Dosing challenges and palatability of certain medication specifically for children.
- None capturing of viral load results and data backlogs resulting in under performance.
- Slow progress of reviving adherence clubs including decanting eligibility criteria.
- Poor treatment literacy by patients on treatment sub-optimal provision of treatment literacy by health care providers.

For its part, the Anti-retroviral Programme implemented a number of interventions throughout the course of the year to improve performance, these include the following:

- In recognizing the need for a centralized, more robust structure to manage and drive interventions in the HIV/AIDS programme and scaling up on implementation for improved outcomes, the National Department of Health/Aurum Institute Quality Improvement Team conducted a 2-day training on Operation Phuthuma Nerve Centre Handbook which was attended by Frances Baard, John Taolo Gaetsewe and ZF Mgcawu Districts.
- Key towards improving viral load suppression for children is the strategy of optimising treatment for children under 15 on anti-retroviral treatment, i.e. introduction of Abacavir/lamivudine fixed dose combination and lopinavir/ritonavir oral pellets to simplify prescribing by the health care worker and dosing by the caregiver which were added on the provincial formulary for children.

- The update of the consolidated ART guidelines, which the province participated on to include paediatric dolutegravir (pDTG) after approval by the South African Health Products Regulatory Authority (SAHPRA), with estimates of pDTG subsequently submitted to pharmaceuticals by the programme for procurement.
- Regular audits conducted on unsuppressed children to identify root cause and implement remedial action, i.e. recalling for adherence counselling, weighing and dosage adjustment.
- Participated during National Department of Health consolidated guideline consultative process – this process will contribute towards updating of the ART guidelines to align with new development in-relation to TLD whereby viral load suppression will no longer be eligibility criteria to transition patients on Tenofovir, Lamivudine Emtricitabine (TEE) to TLD even patients on 2<sup>nd</sup> line regimen.
- Advocated for the recruitment and appointment of CCMT coordinator for the ZF Mgcawu District.
- To address systematic challenge related to clinical management of children on ART which has a negative impact on viral load suppression, the programme procured weight and height measurement equipment for all the districts. The programme also in an endeavour to simplify dosing for children introduced the lopinavir/ritonavir pellets including the fixed dose combination of Abacavir and lamivudine.
- Attended and contributed towards the South African National Aids Council (SANAC) U=U (Undetectable=Untransmittable) HIV treatment literacy framework development and capacitated peer educators on U=U HIV treatment literacy.
- All five Districts capacitated on the welcome back campaign.

### **Tenofovir Lamivudine Dolutegravir (TLD) Transitioning**

Since the implementation of TLD in 2019, the province has had a slow transitioning from Efavirenz to Dolutegravir based regimen and in an endeavour to scale-up on TLD transitioning post the TLD rapid assessment which was conducted by the national Department of Health in Sol Plaatje Sub-district (Frances Baard), the programme developed facility TLD targets and supported the facilities where the rapid assessment was conducted to develop TLD quality improvement plans. This intervention contributed to improved performance on TLD uptake as the target for the 2022/23 financial year was for the to have a cumulative total of forty-seven thousand, seven hundred and ninety (47 790) patients on TLD by the end of the financial year; the actual achievement is forty-eight thousand, one hundred and thirty-two (48 132) patients on TLD.

The John Taolo Gaetsewe is the leading District with a cumulative total of fifteen thousand, three hundred and thirty-eight (15 338) patients on TLD followed by Frances Baard with thirteen thousand, two hundred and seventy-one (13 271), Pixley Ka Seme with eight thousand, seven hundred and thirty-eight (8 738), ZF Mgcawu with seven thousand, eight hundred and fifty-one (7 851) and Namakwa with two thousand, nine hundred and thirty-four (2 934). It must be noted that the Namakwa District was the first to achieve 80% of patients to be TLD, which is above the national proposed target of 70/30 split. The only District which did not manage to achieve the target for cumulative number of patients on TLD is Frances Baard. This can be attributed to ART data backlogs and two high volume facilities not yet being signed off on tier.net phase 6.

### **Care and Support**

Two refresher trainings on Adherence Guidelines were conducted with the support of the National Department of Health. After these refresher trainings, Districts cascaded the training with the main objective of the implementation of differentiated models of care, specifically revival of adherence clubs which are key to retaining patients on treatment.

### **Differentiated Model of Care (DMOC)**

Using the Central Chronic Medicine Dispensing & Distribution (CCMDD) Mechanism as an alternative to facilitate access to medication, a target was set for the number of active patients on anti-retroviral programme to be enrolled on CCMDD. The table below represents the performance on decanting of active patients on anti-retroviral treatment to differentiated models of care. It must be noted that the data projected below is from pharmacy direct on the number of active patients enrolled on CCMDD external pick up point and facility pick up point, adherence club data is extracted from tier.net.

The total number of active patients on ART decanted to DMOC is far below the target, with ten thousand, three hundred and eighty-seven (10 387) actual versus an annual target of thirty-eight thousand, two hundred and seventy-nine (38 279), translating into an achievement rate of 27.1%. Compared to Quarter 3, the total number decanted decreased by six hundred and twenty-one (621).

Table 33 Differentiated Models of Care

Indicator	Annual Target	Q1	Q2	Q3	Q4
Number of patients at Facility Pick-up-Points (Fac-PuP)	7656	6618	6456	6731	6670
Number of patients at External Pick-up Points (Ex-PuP)	26795	3534	3398	3477	3519
Adherence Club (AD)	3827	0	0	800	198
<b>Total number of Active Patients on ART decanted to DMOC</b>	<b>38278</b>	<b>10152</b>	<b>9854</b>	<b>11008</b>	<b>10387</b>

Source actual: CCMDD Pharmacy Direct Report

From the above data the deduction can be made that there are still more patients on facility pick-up-points as compared to external pick up point, this can be attributed to the most of the Districts being more rural with a lack of external pick-up-up points to service patients:

The reasons for the differentiated model of care under-performance can be attributed to the following:

- Slow progress on revival of adherence clubs.
- Challenges with recruitment of adherence club members due to stigma and discrimination.
- Lack of external pick up points in rural areas.
- Dormant patient list not actioned to re-enrol patients on CCMDD.
- None capturing of patients enrolled on adherence clubs.

To address the above challenges, the following interventions were implemented by the programme:

- Joint support visit conducted with grass roots edge at Dr. Torres, Ritchie, Jerry Botha to assess progress on reviving adherence clubs.
- On-site support and mentoring provided to Data Capturers on capturing of differentiated model of care on tier.net.
- National Indicator Data Set (NIDS) training on differentiated models of care was conducted in the five Districts as Differentiated Models of Care (DMOC) indicators will be reported as part of the new NIDS for the financial year 2023/24.
- Advocated for mixed adherence clubs to mitigate stigma and discrimination for People Living with HIV.

### Regional Training Centre (RTC)

The Regional Training Centre over achieved the target of training doctors. This was made possible through in-service training onsite and making use of the online platforms Knowledge Hub and EM Guidance. Regarding the Nurses and the non-professionals trained, the targets was not achieved mainly due to the postponement and not conducting training based on curriculum changes.

Table 34 Regional Training Centre Performance

Indicator	Target	Actual	% Achieved
No of doctors trained on HIV/AIDS, TB, STI and other chronic diseases	46	94	204%
No of nurses trained on HIV/AIDS, TB, STI and other chronic diseases	880	754	86%
No of non-professionals trained on HIV/AIDS, TB, STI and other chronic diseases	1040	656	63%

## **TB CONTROL**

The TB Control Programme has not achieved any of the two (2) indicators, namely treatment success (85%) and lost to follow up (6.5%).

### **Drug Sensitive TB (DSTB)**

The Province experienced a significant increase in TB screening year on year moving from 75.6% (1 489 5384/1 969 223) for 2021 to 87.6% (1 864 707/2 126 662) for 2022, albeit below the target of 90%. This is attributable to a sharp increase in screening in the Frances Baard District (from 60.5% to 84.4%) and the JT Gaetsewe District (from 79.6% to 92.2%). Namakwa is the only District with sustained good performance, achieving 100%. Case finding saw a significant increase of one thousand, two hundred and sixty-three (1 263) cases, moving from Four thousand, nine hundred and eighty-eight (4 988) in 2021 to Six thousand, two hundred and fifty-one (6 251) patients in 2022. The Frances Baard District (n=1 574), ZF Mgcawu (n=1699) and Pixley Ka Seme (n=1 361) reported the highest case finding, whilst Namakwa (n=577) remains the District with the lowest number of cases.

The Programme performance indicative of a slight decrease for treatment success rate at 66%, compared to 68% in 2020, impacted by Districts declined, namely: Frances Baard (67.5% to 63.6%), JT Gaetsewe (61.5% to 58.6%) and ZF Mgcawu (70.5% to 67.8%). Poor performance is attributed to high lost to follow up rates mainly in Frances Baard (23%), JT Gaetsewe (35.3%), ZF Mgcawu (24%) and Pixley Ka Seme (23%). The introduction of the Global Fund Recipient, Aurum Institute, earmarked to support Frances Baard District (2022-2025), is envisaged to improve programme performance.

Four out of five Districts did not achieve the target of 80% in Quarter 3 of 2022. Namakwa is the only District to attain the 80% target (121/151). However, the other four Districts are 60% and above. Frances Baard - 314/452 (69%), Pixley Ka Seme - 222/331 (67%), JTG - 107/161 (66%) and ZFM - 241/375 (64%).

### **Drug Resistant TB (DRTB)**

Drug resistant TB case finding is increasing year on year coming in at two hundred and ninety-five (295) in 2021 and three hundred and fifty (350) in 2022, with ZFM (n=107) and Frances Baard (n=100) as main contributors to the increase as well as the implementation of the TB Recovery Plan. Implementation of the Shorter Treatment Regimen is also indicative of a slight increase from 78% (n=229/295) in 2021 to 80% (n= 281/350) for 2022 cases, respectively making up the majority of case finding for the cohort. The number of cases started on new and repurposed drugs, such as Bedaquiline and Delamanid, indicates a stable uptake moving from 290/295 (98%) in 2021 and 345/350 (98%) in 2022. The Province managed to achieve the Delamanid set target of sixty (60) initiations, and achieved (n=65/60) 108%.

The decentralisation of Drug Resistant TB services progressed well with monthly Outreach services supported by the West End Specialised Hospital Team, covering the Frances Baard, JT Gaetsewe and Pixley Ka Seme Districts, whilst Dr. Harry Surtie Hospital Decentralised site supports the ZF Mgcawu District and the District Medical Officer supporting the Namakwa District facilities. Three hundred and fifty-seven (357) patients were seen during outreach, LTFU (n=10) and missed appointments (n=135). This number was the highest in De Aar due to transport challenges, but all missed cases were reviewed in follow up outreaches. Vigilance was noted during the outreach with eighteen (18) patients referred for admission at West End Hospital due to low haemoglobin (8.5g/dl) threshold indicative of Anaemia, Advanced HIV disease and very poor clinical status. The Provincial decentralisation of Multi Drug Resistant (MDR) TB is steady at fifty-five (55) MDR treatment initiation sites, with the majority found in Namakwa (eighteen sites), albeit mostly Medical Officer driven. Trained and competent Nurse Initiators in all Districts initiate newly diagnosed patients though the target of treatment initiation less than 5 days of diagnosis, as per policy guideline, is still not being met.

Treatment outcomes are indicative of a marginal increase from 60% (n=215/356) in 2019 to 61% in 2020 (n=171/282). A reduction of fifty-five (55) cases marked in unfavourable outcomes of lost to follow up from 22% (78/356) in 2019 to 17% (n=47/282) in 2020. The death rate increased significantly year on year from 14% (49/356) in 2019 to 20% (57/282) in 2020, with ZF Mgcawu and Frances Baard reporting the highest caseloads respectively. This performance ensured that the provincial success rate of 60% was attained.

### **Supportive Supervision**

Integrated support visits were conducted in collaboration with the National TB Monitoring and Evaluation Unit at three hospitals in Frances Baard, namely: Robert Mangaliso Sobukwe Hospital (RMSH), Connie Voster District Hospital and Prof ZK Mathews Hospital. The main findings included the absence of a TB Operational Manager at Prof ZK and RMSH, non-implementation of the registers at Outpatient and casualty, recording and reporting of TB data, all of which are negatively affecting programme management. Recruitment processes are at an advanced stage for TB Operational Managers. Soft copies of the registers are provided to all hospitals. Implementation and monitoring of Quality Improvement Plans (QIPs) are underway.



Conducted Integrated Support visits in three Districts, namely: Frances Baard, Namakwa and ZF Mgcawu from 26<sup>th</sup> to 30<sup>th</sup> September 2022. District Quality Improvement Plans on the main findings were submitted to Provincial Office and same are being monitored on a quarterly basis.

Quality Improvement support visits were conducted in the Pixley Ka Seme District from 22<sup>nd</sup> to 24<sup>th</sup> November 2022 with the National and Provincial officials. Three facilities were visited, namely: De Aar Town Clinic, De Aar Hospital and De Aar Clinic. The highlights of the support visit were the following:

- Line list not actioned.
- No monthly meetings conducted.
- ID registers not captured on Tier.net.
- Poor recording and reporting.
- Internet challenges.

Four Frances Baard District facilities were visited, namely: Betty Gaetsewe, Dr Torres PHC, Galeshewe Day Hospital and Connie Vorster Hospital on the 5<sup>th</sup> and 6<sup>th</sup> December 2022 to review programme performance on low TB Screening (<90%) Treatment Outcomes (80%) and lists not actioned. Outstanding outcomes are as follows: Betty Gaetsewe - 71, Dr Torres - 9 and GDH - 53. A Quality improvement plan was developed for the three facilities.

### **Other Activities for the TB Programme**

- The Programme Coordinated the Training of eighteen (18) Trainers, facilitated by NDOH, on the updated DSTB Guideline with a focus on three months of TB Preventative Therapy Isoniazid and Rifapentine (3HP) and the new TB Case Identification Register from 7<sup>th</sup> to 9<sup>th</sup> November 2022. All Districts were represented at the training and the expectation is to roll out training by 15<sup>th</sup> December 2022.
- Ekapa Mine in Frances Baard added to growing list of entities forming part of Mine Partnerships Memorandum of Understanding (MOU) approved by Legal Services. Four existing mines namely Khumani, BlackRock, South 32 and Tshipi Ntle MOUs renewed (2022-2027).
- Participated in the National TB Programme Strategic Plan session held 24<sup>th</sup> to 25<sup>th</sup> January 2023.
- Participated in the SANAC NSP HIV, AIDS, STIs and TB 2023-2028 session with purpose to align Provincial Implementation Plans (PIP) by start of the new financial year (2023/24). Furthermore, the session highlighted the plight of the TB Programme and funding needs whereby the Global TB Community increased funding to address missing TB cases through Global Fund and its recipients Aurum Institute for the Northern Cape.
- Participated in the RMSH Accident and Emergency Unit/Provincial TB ULAM Implementation meeting held on 8<sup>th</sup> March 2023.
- Re-energised the TB community through in-person interaction of academic, governmental, non-governmental and civil society stakeholders.
- Understand the setbacks in TB Control and research due to the Covid-19 epidemic and examine opportunities to get back on track.
- Understand the latest advances in TB prevention, diagnosis and treatment including discovery, development and implementation.
- Explore optimal community engagement and communications in TB control and research social aspects around TB.
- The Province managed to send a delegation of eighteen (18) participants to the 7<sup>th</sup> SA TB Conference that was held at the Durban ICC Convention Centre from the 13<sup>th</sup> to 16<sup>th</sup> September 2022 under the theme "*Working together to get TB control back on track*".
- The uptake of PrEP increased in the 2022/23 financial year, with four hundred and fifty-three (453) newly initiated clients, as compared to the ninety-three (93) in the previous financial year.

### **Non-Governmental Organisations (NGOs)/EPWP**

The Department appointed seven (7) NGOs to administer a stipend for Health Facility Assistants (HFAs), Victim Empowerment Programme (VEPs), LGBTIQ and Linkage Officers, which are placed at different health facilities. The NGO Coordination Programme has a total budget R192 280 854 allocated for the financial year under review. Funding is sourced from the HIV Comprehensive AIDS Grant, EPWP Incentive Grant, Voted Fund and Community Outreach Services (COS) sub-grant.

There was a total of nine hundred and fifty (950) appointments, which is broken down as follows: Eight hundred and eighty (880) HFAs receiving a stipend of R3 500,00 from the HIV/AIDS grant, twenty-five (25) VEPs, twenty-five (25) LGBTIQ and twenty (20) Linkage Officers are receiving a stipend of R3 796.49 per month from the HIV/AIDS grant. To date three thousand and ninety-five (3095) participants have been captured on the EPWP reporting system.

Table 35 Breakdown of Number for participants captured on EPWP System

Category	No.
Community Health Worker (CHW)	1707
Health Facility Assistants (HFAs)	880
LGBTQIA Peer Educators	25
VEP's	25
Linkage Officers	20
Covid-19 Brigade	438
<b>TOTAL</b>	<b>3095</b>

For the specialized programmes, the Department had appointed twelve (12) Non-Governmental Organizations (NGO's) to render HIV, TB, HTS, Palliative Care, Condom Distribution, Youth and Awareness campaigns services at health facilities and communities in the five districts. All these NGOs are funded from the Comprehensive HIV/AIDS Grant.

The France Baard District has a total of seven NGOs, namely: *Lifeline, Bophelong, D'Gayle, Mobile HCT, Grassroots Edge, Red Cross Society* and *Pathways to Change*. ZF Mgcawu has one NGO, namely: *NGO Kgatelopele Organisation*. Pixley Ka Seme has two NGOs, namely: *Nightingale Hospice* and *Moeder Theresa Hospice*. The Namakwa District also has two NGOs, namely: *Bergsig Ondersteuning* and *The Little Big Cup Organisation*.

## ACHIEVEMENTS

- The 15-24years positivity rate has been achieved and is standing at 2% against the target of 4%.
- Implementation of the ART Scale-Up Plan was developed to address the 2<sup>nd</sup> 90 and 3<sup>rd</sup> 90 of the HIV programme, including TLD uptake, where virally suppressed stood at 89%, however, more needs to be done to improve recording and reporting on viral loads done.
- Capturing of ART data backlogs commenced at RMSH Paediatrics and Wellness clinics (Tier.Net) and other facilities, who had previously regressed. This resulted in improved total remaining in care. It is envisaged that accurate reporting will be achieved in order to improve outcome indicators.
- The Province managed to recruit and successfully appoint the CCMT Coordinator for ZF Mgcawu District, where the post has been vacant for a number of years. This appointment should improve the coordination of care and support activities in the District.
- The target for TLD was achieved for the number of cumulative patients to be on TLD as at end March 2023. A target of forty-seven thousand, seven hundred and ninety (47 790) cumulative total patients were on TLD by the end of the financial year, while the actual achievement was forty-eight thousand, one hundred and thirty-two (48 132) patients on TLD. This translates into 101% achievement rate.
- A successful Provincial Clinical Advisory Committee (PCAC) meeting was held from 8<sup>th</sup> to 9<sup>th</sup> December 2022. Total of nine (9) cases were reviewed, comprising four (4) new cases, three (3) follow-up cases and two (2) deaths. Three (3) cases were removed from PCAC upon conclusion and the rest was deferred to next meeting.
- The Province wrapped up the 25K TB Screening campaign (July-December 2022) by achieving seventy-seven thousand, nine hundred and forty-nine (77 949) thus exceeding the target for screening, that is twenty-five thousand (25 000) by fifty-two thousand, nine hundred and forty-nine (52 949). The number tested was three thousand, six hundred and twenty-nine (3 629) with a positivity yield for TB being sixty-one (61) cases; all duly started on treatment.
- There was a significant improvement on HIV Testing Services (HTS), 99% achievement rate on the number of people tested for HIV in 2022/23, as compared to 76% in the previous year (2021/22).
- The Province wrapped up the 25K TB Screening campaign (July 2022-January2023) by achieving eighty thousand nine hundred and forty-four (80 944); thus exceeding target for screening by fifty-five thousand nine hundred and forty-four (55 944). The total tested was three thousand six hundred and fifty-eight (3 658) with a positivity yield for TB being sixty-two (62) cases and all were duly started on treatment.

## CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 36 Challenges & Measures Planned to Overcome them: HAST

CHALLENGES	CORRECTIVE ACTION
<b>HIV/AIDS &amp; STI</b>	
<b>HR Vacancies</b> <ul style="list-style-type: none"> <li>• Provincial prevention assistant manager.</li> <li>• HIV prevention coordinator for Namakwa District.</li> <li>• CCMT coordinator for Frances Baard District.</li> </ul>	<ul style="list-style-type: none"> <li>• Shortlisting has taken place.</li> <li>• Post to be advertised.</li> <li>• District to prioritise recruitment and appointment of CCMT programme coordinator.</li> </ul>

CHALLENGES	CORRECTIVE ACTION
Thuthuzela Centres in Namakwa, Frances Baard & Kuruman reported infrastructural challenges.	<ul style="list-style-type: none"> <li>The NPA indicated that they are willing to replace the Kuruman structure with the permission of the CEO.</li> <li>Dr. Harry Surtie Hospital will receive a structure as soon as permission is obtained from the CEO.</li> <li>Minor maintenance matters will be dealt with by Projects Office in the new financial year.</li> </ul>
<b>Treatment Adherence</b> <ul style="list-style-type: none"> <li>Slow process of reviving adherence clubs.</li> </ul>	Set district targets for establishment of adherence clubs and involve People Living with HIV to mobiles amongst their peers
<b>CCMDD – Reduction in Quarterly Decanted Numbers</b> <ul style="list-style-type: none"> <li>Some clients registered with Clicks for collection of medication reported being returned due to challenges with scripts between the pharmacy &amp; Pharmacy Direct.</li> </ul>	The matter is being handled by the Departmental Pharmacy where National Department of Health has been engaged since the Service Level Agreement exist with them and Clicks.
Facilities not signed off on tier phase 6 (Galeshewe Day Hospital & Pampierstad CHC).	District to assess the two facilities for signing off so that tier.net ART data can be dispatched.
<b>REGIONAL TRAINING CENTRE (RTC)</b>	
None filling of vacant funded posts.	Posts to be advertised based on approved business plan.
No RTC Manager since the second quarter.	Post to be advertised and filled.
<b>TB</b>	
<b>Leadership / Governance</b> Late submission of TB narrative reports JT Gaetsewe and Namakwa.	Virtual TB Performance review meeting planned for 23 <sup>rd</sup> January 2023 to discuss poor performing indicators.
<b>Service Delivery</b> Poor outcomes negatively influencing performance specifically high LTFU rate.	<ul style="list-style-type: none"> <li>Identified ten (10) poor performing facilities (2 in Frances Baard, 4 in JTG and 4 in ZF Mgcau) earmarked for quality improvement and engagement visits.</li> <li>Work in collaboration with Provincial M&amp;E Unit and disseminate TB Outcome due lists to the Frances Baard, JTG and PKS Districts for updating and thereby improve performance.</li> </ul>
<b>Improved Health Workforce</b> Lack of Human Resource for Programme Management.	HR Processes underway for recruitment and appointment of DSTB and Inpatient Care Assistant Managers in new financial year.

Table 37 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: HAS

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
AIDS related deaths reduced by implementing the 90-90-90 strategy	HIV positive 15 – 24 years (Excl ANC)	HIV positive 15 – 24 years (Excl ANC) rate	3.1	2.4	≤4%	1.9%	2.1%
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Support from NGOs.</li> <li>Build-up campaigns towards Sexual Reproductive Health and TB World Day.</li> </ul>				
	<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Quarterly awareness campaigns on STI and condom use will continue in collaboration with higher institutions of learning throughout the year, targeting youth in and out of school.</li> </ul>						
	ART adult remain in care - total	ART adult remain in care rate (12 months)  [NIDS 2020 only calculate rate at 6 and 12 months not as cumulative]		48.5	90%	50%	-40%
<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Slow process of reviving structural interventions, i.e. adherence clubs for retention in care.</li> <li>ART data backlogs.</li> <li>Non-implementation of case management.</li> </ul>							
<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Revival of adherence clubs and/or support groups for the provision of psychosocial support.</li> <li>Capacitate nurses on consolidated ART guidelines which includes changes on shortened timeframe for decanting patients based on viral load suppression at 3 months.</li> <li>Capacitate health care workers on U=U HIV treatment literacy to be implemented across the 95-95-95 cascade.</li> <li>Referral of newly initiated patients to Social Workers within the 1<sup>st</sup> three months of starting treatment.</li> <li>Tracking and tracing of patients missed appointments.</li> <li>Strengthening of the welcome back campaign.</li> </ul>							
ART child remain in care - total	ART child remain in care rate (12 months)  [NIDS 2020 only calculate rate at 6 and 12 months not as cumulative].		55.9	90%	58%	-32%	
		<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Tracking and tracing of patients who missed appointments.</li> <li>ART data backlogs.</li> <li>Non-implementation of case management.</li> </ul>					
		<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Revival of adherence clubs for provision of psychosocial support and implementation/strengthen treatment literacy.</li> <li>Capacitate nurses on consolidated ART guidelines which includes changes on shortened timeframe for decanting patients based on viral load suppression at 3 months.</li> <li>Referral of newly initiated patients to social workers within the 1<sup>st</sup> three months of starting treatment.</li> <li>Tracking and tracing of patients who missed appointments.</li> </ul>					
ART adult viral load under 400	ART Adult viral load suppressed rate (12 months).	90%	90	90%	89%	-1%	
		<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Viral loads done out of cohort.</li> <li>Patients due for viral load monitoring not tracked and traced.</li> <li>ART data backlogs.</li> </ul>					

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Capacitate nurses on approved consolidated ART guidelines which includes TLD transitioning for unsuppressed patients.</li> <li>Capacitate nurses on HIV Advanced Clinical Care.</li> <li>Tracking and tracing of patients due for viral load.</li> <li>Capacitate Health Care Workers on U=U HIV treatment literacy.</li> <li>Capacitate Health Care Workers on viral load results for action.</li> </ul>				
	ART child viral load under 400	ART child viral load suppressed rate (12 months).	84%	81	<b>90%</b>	45%	-45%
	<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Sub-optimal management of children on treatment, i.e. children not weighed and dosages adjusted as they are not brought to facilities as required by the guidelines.</li> <li>Viral load done out of cohort.</li> <li>ART data backlogs.</li> </ul>						
<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Capacitate nurses on support for disclosure counselling.</li> <li>Capacitate Health Care Workers on approved updated guidelines which include paediatric Dolutegravir.</li> <li>Conduct file audits on unsuppressed children.</li> <li>Monitoring of viral load results for action.</li> <li>Capacitate health workers on paediatric and adolescent matrix of intervention.</li> </ul>							
<b>90-90-90 targets for HIV/AIDS achieved by 2020 and 95:95:95 targets by 2024/25</b>	HIV Test done	HIV Test done - total	202 905	233 728	<b>285 755</b>	282 648	-3 107
	<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Data is incomplete.</li> <li>There were stock out of test kits in Quarter 4 due to shortages from the supplier.</li> </ul>						
	<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Rationalisation of stock throughout the province.</li> <li>The National Department of Health has supported the Province by providing HIV self-screening test kits.</li> <li>The supplier delivered test kits and orders have been placed to curb further stock outs.</li> </ul>						
	Male condom distributed	Male condom distributed	10 825 929	9 482 000	<b>13 595 823</b>	5 194 000	-8 401 823
	<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>The implementation of a new tender and service providers affected the ordering processes as service providers did not have stock.</li> </ul>						
	<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Rationalisation of stock throughout the Province.</li> <li>NDOH has supported province through donation stock.</li> <li>Orders were placed in bulk to avoid further shortages.</li> </ul>						
	Medical Male Circumcision	Medical Male Circumcision - Total	967	10 017	<b>20 590</b>	7 547	-13 043
	<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Lack of programme implementation and delays in reporting from RT35 service provider.</li> <li>Outstanding data from JTG and Frances Baard accounts for three hundred and thirty-seven (337) MMCs.</li> </ul>						

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
			<p><b>IMPROVEMENT PLAN:</b></p> <ul style="list-style-type: none"> <li>• Treasury is in the process of appointing new service provider for the province.</li> <li>• Training has been conducted in March 2023 to expand MMC services to public health facilities.</li> <li>• Follow ups have been made to the Districts with outstanding capturing.</li> </ul>				

#### 14.2.4. Sub-Programme 2.4: Tuberculosis (TB)

Table 38 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Tuberculosis (TB)

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL 2022/23	DEVIATION 2022/23
<b>TB Mortality reduced by 75%</b>	All DS-TB Client loss to follow up	All DS-TB Client LTF rate	7.4%	24%	6.5%	24.6%	-18.1%
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>High lost to follow-up, particularly in the Frances Baard (24,8%) and Pixley Ka Seme (24,4%), due to poor adherence to treatment and movement of patients without proper referral. This high figure is also influenced by patients without treatment outcomes recorded.</li> </ul>				
	<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Disseminate line lists to Frances Baard and Pixley Ka Seme Districts with focus on high volume facilities, monitored on monthly basis.</li> </ul>						
	All DS-TB Client successfully completed treatment	All DS-TB Client Treatment Success rate	73%	64%	80%	66%	-14%
<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>The treatment success rate indicative of improvement from 64% in 2020 to 66% in 2021 attributable to slight improvement in case retention in Namakwa District.</li> </ul>							
<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Disseminate line lists to Frances Baard, JTG and PKS Districts with the focus on high volume facilities, monitored on monthly basis.</li> </ul>							

## 14.2.5. Sub-Programme 2.5: Mother, Child, Women’s Health and Nutrition (MCWH&N)

### PURPOSE

1. Achievement of the SDG’s by the development of 3 over-arching goals: Survive, Thrive and Transformation.
2. Reduce Maternal, Neonatal and Child morbidity and mortality.
3. Promote the health and wellbeing of young people age 10-24 years, focussing on equitable distribution of health resources and expansion of service delivery, e.g. Adolescent, Youth Friendly Services.
4. Strengthen access to comprehensive sexual and reproductive health services.

### SITUATION ANALYSIS

#### MATERNAL. CHILD, YOUTH, WOMEN’S HEALTH & NUTRITION

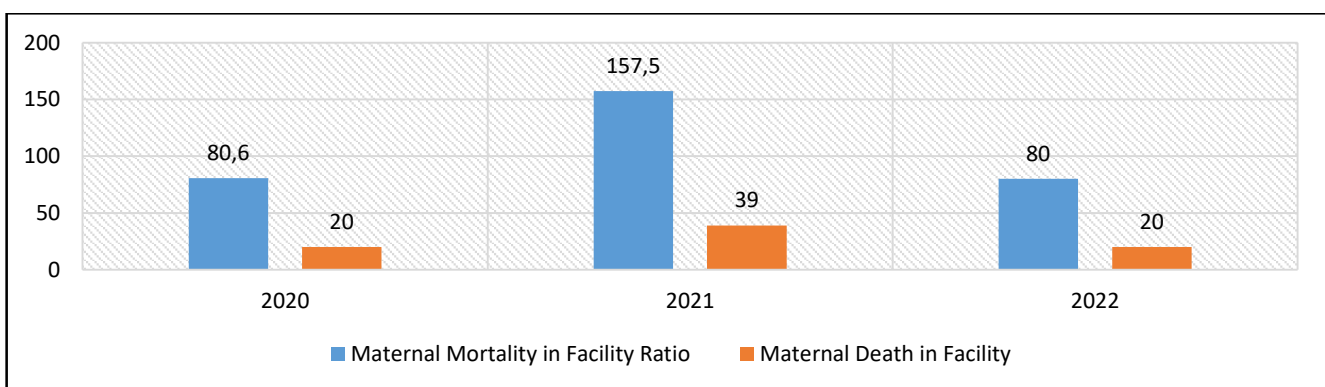
The performance yielded for the financial year is seven out of fifteen (7/15) indicators, which results in 46.6% achievement. The directorate will continue striving to provide optimal health for all mothers, neonates, children under 5 years, youth and women of reproductive age through a sustainable, coordinated and integrated comprehensive service package at all levels of care. The First Thousand Days is an apex of the MCYWH&N directorate as it is a cross cutting priority to address the well-being of our mothers, neonates and children under 5 years of age.

The trend for the in-facility Maternal Mortality Ratio (iMMR) shows a drastic decline during the financial year under review [(20) 80/100 000 live births] as compared to the previous financial year 2021/22 [(39) 157.7/100 000 live births]; against the target of 110/100 000 live births. During the previous period under review, Covid-19 had accounted for most deaths. Obstetric Haemorrhage, Hypertensive disorders of pregnancy and Non-pregnancy related infections accounts for the most maternal morbidity and mortality.

Plans for the reduction of maternal morbidity and mortality are continually adjusted in response to the causes of avoidable maternal deaths. Therefore, the priority interventions implemented are:

- Re-configuration of the referral system
- Road shows of maternal death assessors meetings to all Districts
- Skills development of clinicians
- Support facilities and District Perinatal Morbidity and Mortality review meetings
- Access and appropriate contraceptive services integrated into all levels of health care
- Adherence to the minimum standards on the safe caesarean delivery. The safety of caesarean delivery is being enhanced whereby district doctors undergo a 6 months in-reach training on anaesthesia at tertiary hospital provided by anaesthetic department.

Figure 2 Maternal Mortality Ratio In-facility for 2020 to 2022



Most of the Neonatal Deaths occur during the first week of life (0-6 days). Neonatal mortality within the first 28 days (0-28 days) of life in the Province is at 14.2/1 000 live births against the target of 14/1 000 live births as compared to the previous financial year (2021/22), which was 12.5/1 000 live births. Preterm birth, childbirth-related complications (birth asphyxia), infections and congenital birth defects are the main causes of most Neonatal deaths.

It is, however, possible to improve the survival and health of new-borns and end preventable stillbirths by ensuring the following:

- Reaching high coverage of quality antenatal care through the implementation of Basic Antenatal Care plus.
- Skilled care at birth and postnatal care within 3 to 6 days for mother and baby.
- Care of small and sick new-borns.
- Kangaroo Mother Care (KMC).



- Promoting exclusive breastfeeding.
- Adherence to infection prevention and control.
- Public health awareness and education on the dangers of using tobacco products, over the counter drugs and alcohol during pregnancy.

The greater need, however, is the establishment of neonatal units in District Hospitals to address the overcrowding of both Regional and Tertiary Hospitals, which accounts for most deaths. Staff shortages and turnover and lack of essential basic equipment also remain overarching challenges.

The death in-facility rate for under 5-years is currently at 1.9% against the target of 4.5%. The leading causes of death in children under 5-years are preterm birth complications, birth asphyxia/trauma, pneumonia, congenital anomalies, diarrhoea and Severe Acute Malnutrition (SAM) as an underlying complication.

The following are interventions that will remain a priority to improve the survival and thriving of children under the age of 5-years:

- The human milk bank and breastfeeding together with complementary feeding
- Immunizations and ensuring adequate nutrition and safe water and food
- All children under 5-years presenting at the facility must be screened using the Mid-Upper Arm Circumference (MUAC) system to identify early Moderate Acute Malnutrition (MAM) cases
- Capacity building of staff and continuous advocacy and support visits
- Strengthening of collaborations with Home Affairs and SASSA to ensure registration of births and improved access to social grants
- Provision of nutritional supplements to MAM and growth faltering children will remain a priority to improve the dietary adequacy of complementary foods, ultimately improving infant and young child feeding practices

HIV positivity among infants at 10-weeks of age is at 0.93% against the target of  $\leq 1.5\%$ . The scale-up of HIV disclosure counselling for parents and guardians is important in order to identify the missed opportunities for counselling so that gaps can be corrected. In addition, Extended Programme Immunisation (EPI) must be utilised as an integrated services platform to increase the identification of undiagnosed children due for testing around 10 weeks. Interventions include system strengthening on non-adherence to ART treatment, defaulting, viral load monitoring and mixed feeding practices.

### **EXPANDED PROGRAMME ON IMMUNISATION (EPI)**

The drop-out rates of Measles remain high, with seven (7) positive Measles cases in the province. The Districts that account for cases are as follows: FB (4), ZFM (2) and PKS (1). Of noting during February 2023 outbreak was declared in the province, where 3 cases were reported in Francis Baard in Sol Plaatje.

The EPI campaign was started from the 6<sup>th</sup> February to 31<sup>st</sup> March 2023, the target was children 6 months to 15 years and Vitamin A and deworming catch up for children 6 to 59 months. The HPV vaccination campaign was implemented concurrently with measles to girl learners in Grade 5. The data is provisional, due to data verification is in progress. The aim of the campaign is to increase population immunity by affording additional vaccination opportunities to all children among the specific age groups. The table below represents the Provisional Measles Campaign data:

*Table 39 Data on the Provisional Measles Campaign*

DISTRICT	TARGET	VACCINATED	COVERAGE%	TARGET	VACCINATED	COVERAGE%	TARGET	VACCINATED	COVERAGE%
FB	4083	1874	47,3	32328	12386	38,4	87609	38303	43,8
JTG	3062	1352	44,6	24244	10303	42,3	62780	22367	35,3
Nam	916	833	93	7314	5510	75	20046	13142	66,2
PKS	2141	1087	52,4	16843	10822	64,1	44111	30166	68,3
ZFM	2525	1552	63,3	20608	9846	47,7	52148	32795	62,4
<b>PROVINCE</b>	<b>12727</b>	<b>6698</b>	<b>54</b>	<b>101337</b>	<b>48867</b>	<b>48,1</b>	<b>266694</b>	<b>136773</b>	<b>51,2</b>

## INTERGRATED SCHOOL HEALTH PROGRAMME (ISHP)

The Province is still experiencing challenges with the implementation of the ISHP due to the shortage of resources. The table below represents the total number of learners screened in the Districts, except Namakwa, by supporting partners (INNOVO and Tshela NGO's):

Table 40 ISHP Performance (Northern Cape Province)

School grade 1 learner screened	School grade 4 learner screened	School grade 8 learner screened	School grade R learner screened	School grade 10 learner screened
3749	568	694	237	509

The HPV Campaigns were conducted during Aug/Sep 2022 and Feb/March 2023. The School coverage that was reached during 2<sup>nd</sup> round stands at 95%. Only 76% school coverage was reached during the 1<sup>st</sup> round (Feb/March). This was as a result of concurrently running the two campaigns, however, the target of 80% learner coverage was reached nonetheless. Some of the main challenges included parents not consenting for girls' learners to receive two vaccines at once, shortage of staff, work load, shortage of transport, etc.

Table 41 HPV 1<sup>st</sup> and 2<sup>nd</sup> Round School Coverage

Health District	Total number of Primary and Special Schools	School coverage 2 <sup>ND</sup> Round (Aug/Sept)	School coverage 1 <sup>st</sup> Round (Feb/Mar)
FB	86	95%	98%
ZFM	77	97%	87%
Namakwa	53	98%	95%
JTG	120	100%	89.6%
Pixley Ka Seme	64	70%	35%
<b>Province</b>	<b>400</b>	<b>95%</b>	<b>76%</b>

Table 42 HPV 2<sup>nd</sup> Round Learner Coverage (Aug/Sept 2022)

District	Total number of Grade 5 Girl learners	Total number of learners immunized for HPV 2	Learner coverage
FB	3400	2783	82%
ZFM	2242	1275	57%
Namakwa	854	624	73%
JTG	3099	2770	89%
Pixley Ka Seme	1704	824	48%
<b>Province</b>	<b>11299</b>	<b>8276</b>	<b>73.2%</b>

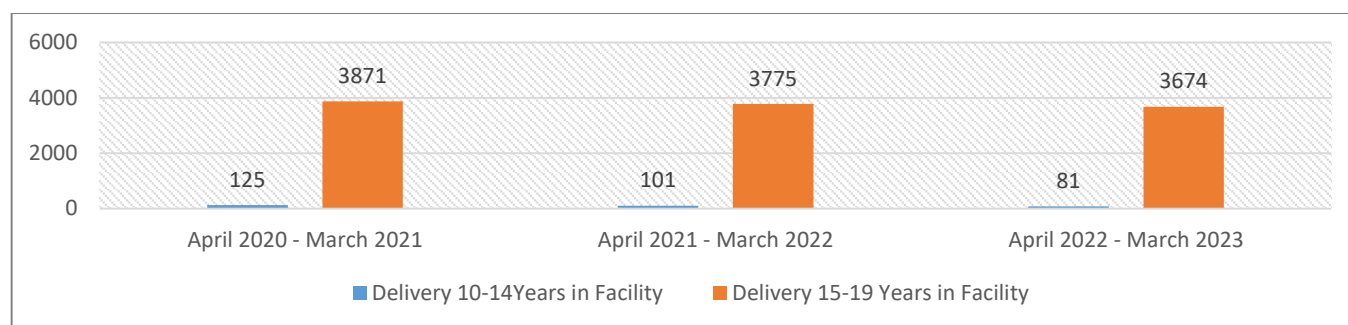
Table 43 HPV 1<sup>st</sup> Round Learner Coverage (Feb/Mar 2023)

District	Total number of Grade 5 Girl learners	Total number of learners immunized for HPV 1	Learner coverage
Namakwa	711	709	98%
Pixley Ka Seme	1560	1572	100%
Frances Baard	2578	2744	100%
ZFM	1745	1529	86%
JTG	2833	1200	42%
	9427	7754	
<b>Province</b>	<b>9427</b>	<b>7754</b>	<b>82.2%</b>

## DELIVERY IN-FACILITY OF 10-19 YEARS

Delivery in-facility of 10-19 years remains a major challenge. Additional to preventative strategies, creation of youth friendly space is conducted. However, there is a greater need to accelerate the activation of youth zones in all the facilities as well as training on value clarification of Healthcare Workers to improve attitudes for better access for young people. A Stakeholders Meeting on Adolescent and Youth Friendly Services (AYFS) was conducted to draw up a District Specific Plan to reduce teenage deliveries and prevent teenage pregnancies in the ZFM District. A Follow-up meeting has been scheduled for Quarter 1 of the next financial year 2023/2024. The Provincial Office participated in the NDOH Consultative Meeting on teenage pregnancy led by the Department of Women, Youth and Persons with Disabilities (DWYPD) and Social Empowerment of Women (SEW).

Figure 3 Delivery in facility 10-19 years 2020/21-2022/23



Sexual Reproductive Health Services is the main preventative measure in place that needs strengthening to control deliveries among young people. The Couple Year Protection Rate has increased to 41.9% against the target of 45% during the period under review, as compared to the 44.5% for the previous financial year 2021/22. In a plight to improve the access, training on Mirena was conducted in all five Districts and seventy-one (71) Healthcare Workers (Doctors and Nurses) were trained. Additional to that, twenty-eight (28) Healthcare Workers were trained on Termination of Pregnancies and fifteen (15) are currently competent to provide the service.

## ACHIEVEMENTS

- The JTG District appointed a full time Paediatrician and Sessional Paediatrician.
- Recognition by NDOH regarding the improvement in the activation of youth zones.

## CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 44 Challenges & Measures Planned to overcome them: MCWH&N

CHALLENGES	CORRECTIVE ACTION
<b>Service delivery Measles Campaign related:</b> <ul style="list-style-type: none"> <li>• Anticipated increasing number of positive measles cases.</li> <li>• Competing priorities measles and HPV conducted concurrently.</li> <li>• Policy/guideline changes during the campaign (Measbio not to be given with any vaccine).</li> <li>• Stationery not available (posters, tally sheets, consent forms).</li> <li>• Late delivery of NDOH donated measles vaccine stock.</li> <li>• 29g needles to give measles not available.</li> <li>• Late training impacting on the start of the campaign.</li> <li>• Timing and budget.</li> </ul>	Province to develop implementation for campaigns (Measles and Polio) every 3-4 years.
Shortage of Dieticians at the Districts.	Provincial office to source funds to create Nutrition posts for each sub-district.
No dedicated ISHP Team to conduct school health in the district.	Re-direct staff and resources (From equipped facilities) to ISHP to Re-implement school health in the district.
<ul style="list-style-type: none"> <li>• Data management (Lack of Birth registers, new Maternity Case Records 2021).</li> <li>• Incomplete Perinatal Problem Identification Programme (PPIP) &amp; Child Problem Identification Programme (CPIP) data.</li> </ul>	Fast track procurement of data collecting tools.
Lack of white fleet.	Finance to fast track availability of transport.

Table 45 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: MCWH&N

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
<b>Maternal, neonatal, infant and child mortality reduced</b>	Couple year protection	Couple year protection rate	50.8%	44.5%	<b>45%</b>	38.3%	-6.7%
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>• Low uptake of long acting remains a challenge.</li> <li>• Non-accessibility of farming community to health facilities.</li> <li>• Limited access to safe abortion services.</li> <li>• Lack of equipment for insertion of Long Acting Reversible Contraceptives.</li> </ul>				
	<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>• Procurement of IEC material to all facilities, awaiting delivery by end April 2023.</li> <li>• Partnership with NDOH Partners to train both Private and Public Health Care Workers.</li> <li>• Mentors trained to support Clinicians on insertions of long acting methods.</li> <li>• Programme is embarking extending services to Private practitioners to improve coverage.</li> <li>• Continuous support visits, advocacy and training.</li> </ul>						
	Delivery 10-19 years in facility	Delivery 10 to 19 years in facility rate	19.3%	17.7%	<b>≤15%</b>	17%	-2%
<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>• Procurement of IEC material to all facilities.</li> <li>• Limited access to facilities by youth.</li> <li>• Teenage pregnancies remain a challenge which might be contributed by social ills, socio-economic factors, etc.</li> <li>• Poor implementation of ISHP, AYFS and Health promotion at Schools.</li> </ul>							
<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>• Procurement of IEC material to all facilities.</li> <li>• Limited access to facilities by youth.</li> <li>• Poor implementation of ISHP, AYFS and Health promotion at Schools.</li> </ul>							
Antenatal 1 <sup>st</sup> visit before 20 weeks	Antenatal 1 <sup>st</sup> visit before 20 weeks rate	58.6%	56.8%	<b>62%</b>	58.5%	-3.5%	
		<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>• Inadequate screening of women for pregnancy of reproductive potential at facility level of care.</li> <li>• Limited access to facilities by farming communities and far to reach areas.</li> <li>• Stock outs of pregnancy test kits.</li> </ul>					
<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>• Continuous support visits, training and awareness on the importance and benefits of early booking.</li> <li>• Targeted pregnancy testing in all health care facilities entry points where pregnant women are consulted.</li> <li>• Engagement and capacitation of community and traditional health practitioners about maternal issues.</li> </ul>							
Neonatal deaths in facility	Neonatal death in facility rate	13.8 / 1 000 Live Births	12.5 / 1 000	<b>14 / 1 000</b>	14.2 / 1 000	-0.2 / 1 000	
		<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>• Lack of transport for support visits and outreach services.</li> <li>• Lack of functional neonatal care units and paediatric high care units in District Hospitals.</li> <li>• Lack of basic essential equipment and well equipped EMS transport for neonates.</li> </ul>					

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
			<ul style="list-style-type: none"> <li>Shortage of staff to operationalise CHC's.</li> <li>Poor linkages between delivery sites, PHC's and communities.</li> <li>Frances Baard and ZFM are the leading districts with deaths due to overcrowding of neonatal units.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Continuous support visits, training and awareness raising.</li> <li>Ensure 24 hours' access to effective triage and resuscitation for neonates in the hospital.</li> <li>Ensure immunisations are available 24 hours a day in all facilities.</li> <li>Advocate for Kangaroo Mother Care.</li> <li>Non-rotation of experienced key clinical staff for both neonatal and paediatric care.</li> <li>Engagement with and capacitation of traditional health practitioners.</li> <li>All neonatal and paediatric wards to adhere to infection control measures.</li> <li>All hospital that conduct deliveries must have access to safe Caesarean Section Delivery.</li> <li>Ensure Perinatal and Child Review Meetings are conducted regularly with minutes documenting plans for rectifying modifiable factors.</li> <li>Ensure accessible and appropriate contraceptive services for all women which are Integrated into all levels of health care and which must be available onsite.</li> <li>Implement in-reach and outreach programmes to support referring facilities.</li> </ul>				
	Maternal death in facility	Maternal Mortality in facility ratio	88.7 / 100 000 Live Births		<b>110 / 100 000</b>	80 / 100 000	30 / 100 000
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Guidelines not properly implemented.</li> <li>Inadequate post-delivery monitoring of women.</li> <li>Non-operational CHC's due to shortage of staff.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Sustain maternal death auditing as a corrective measure.</li> <li>Conduct perinatal review meetings.</li> <li>Continuous training on ESMOE and protocols.</li> <li>Support visits and public health awareness and education.</li> </ul>				
	Death in facility under 5 years	Death under 5-years against live birth rate	1.9		<b>4.5</b>	2.2	2.3
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Lack of essential and high care units at District Hospitals.</li> <li>Delay in attending the patient in the ward.</li> <li>Shortage of staff.</li> <li>Poor auditing of death under 5-years.</li> <li>Delay in seeking medical care by communities.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Strengthen external stakeholder collaboration to improve access to social services</li> <li>Continuous public health awareness and education to the community</li> <li>Continuous training, advocacy and support visits</li> <li>Perinatal Mortality meetings at facility and district level</li> </ul>				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
	Live birth under 2500g in facility	Live birth under 2500g in facility rate	16.7%	18%	<b>19%</b>	19%	0%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Lack of referral for nutritional supplements.</li> <li>Substance and alcohol abuse.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b>				
<ul style="list-style-type: none"> <li>All pregnant women to have MUAC measurement done during their 1<sup>st</sup> ANC visit.</li> <li>Awareness campaign to avoid alcohol, smoking and recreational drugs during pregnancy.</li> <li>Improve access for Contraceptive Fertility Planning services.</li> <li>Sustain the nutritional needs by providing pregnant women with iron preparation and micronutrients.</li> <li>Improve the management of hypertensive disorders during pregnancy.</li> <li>Pregnant women with Mid upper arm circumference of less than 23cm to be referred for nutritional supplementation as per guidelines.</li> </ul>							
	Mother postnatal visit within 6 days after delivery	Mother postnatal visit within 6 days rate	66.8%	61.8%	<b>65%</b>	64.4%	-0.6%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Poor linkages between delivery sites and PHC's.</li> <li>Cultural beliefs.</li> <li>Inadequate capturing of data elements at hospital level.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b>				
<ul style="list-style-type: none"> <li>Strengthen linkages between the delivery and PHC's sites.</li> <li>Emphasise data collection on this indicator at hospital level.</li> </ul>							
	Infant PCR test positive around 10 weeks	Infant PCR test positive around 10 weeks rate	0.96%	1.4%	<b>≤1.2%</b>	0.94%	0.26%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Non-adherence to treatment, defaulting of HIV positive pregnant women (Lost to follow up).</li> <li>Non-integration of Child health/EPI service.</li> <li>Late and non-booking of cases.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b>				
<ul style="list-style-type: none"> <li>Continuous support visits, training and awareness.</li> <li>Establishment of treatment adherence clubs.</li> <li>Strengthen integration of Child Health/EPI services.</li> </ul>							
	Immunised fully under 1 year	Immunisation under 1 year coverage	79.9%	72.2%	<b>88%</b>	75.9%	-12.1%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Non-implementation of "Every day is Immunization Day".</li> <li>Data capturing.</li> <li>Non-accessibility of farming community to health facilities.</li> <li>Isolated clustering of babies for BCG resulting in lost-to-follow-ups.</li> <li>Shortage of consumables.</li> <li>Lack of transport to deliver vaccines.</li> </ul>				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Expansion of immunisation services to the private sector.</li> <li>Provision of data collection tools on catch up drive to all private providers.</li> <li>Ensure data capturing from private sectors.</li> <li>Continuous support visits, training and awareness.</li> <li>Implementation of standardised immunization register in all facilities admitting under 5-years.</li> <li>Provision of reliable dedicated transport for transportation of consumables.</li> <li>Supply Chain processes to be addressed and fast-tracked.</li> </ul>				
	Measles 2 <sup>nd</sup> dose	Measles 2 <sup>nd</sup> dose coverage	83.5%	71.6%	<b>90%</b>	73.6%	-16.4%
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Non-implementation of “Every day is Immunization Day”.</li> <li>Data capturing.</li> <li>Non-accessibility of farming community to health facilities.</li> <li>Clustering of babies for BCG resulting in lost-to-follow-ups.</li> <li>Shortage of consumables.</li> <li>Lack of transport to deliver vaccines and to conduct support visits.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Expansion of immunisation services to private sector by enrolling delivery sites with agreement to report data monthly.</li> <li>Provision of data collection tools on catch up drive to all private providers.</li> <li>Ensure data capturing from private sectors.</li> <li>Continuous support visits, training and awareness.</li> <li>Implementation of standardised immunization register in all facilities admitting under 5-years.</li> <li>Provision of reliable dedicated transport for transportation of consumables.</li> <li>Supply Chain processes to be addressed and fast-tracked.</li> </ul>				
	Diarrhoea death under 5 years	Child under 5 years diarrhoea case fatality rate	2.3%		<b>≤2.9</b>	1.5	1.4
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Lack of essential equipment and high care units at District Hospitals.</li> <li>Delay in attending the patient in the ward.</li> <li>Poor auditing of death under 5-years.</li> <li>Delay in seeking medical care by communities.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Strengthen external stakeholder collaboration to improve access to social services.</li> <li>Continuous public health awareness and education to the community.</li> <li>Training and support visits.</li> <li>Perinatal Mortality meetings at facilities and district levels.</li> </ul>				
	Pneumonia death under 5 years	Child under 5 years pneumonia case fatality rate	2.1%		<b>≤2.7%</b>	2.4%	0.3%
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Lack of essential equipment and high care units at District Hospitals.</li> </ul>				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
			<ul style="list-style-type: none"> <li>Delay in attending to the patient in the ward.</li> <li>Shortage of staff.</li> <li>Poor auditing of death under 5-years.</li> <li>Delay in seeking medical care by communities.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Strengthen external stakeholder collaboration to improve access to social services.</li> <li>Improve referral systems for social grants.</li> <li>Continuous public health awareness and education to the community.</li> <li>Training and support visits.</li> <li>Perinatal Morbidity and Mortality meetings at facilities and district level.</li> </ul>				
<b>Maternal, neonatal, infant and child mortality reduced</b>	Severe Acute Malnutrition under 5 years	Child under 5 years Severe acute malnutrition case fatality rate	5%		≤6%	8.5%	-2.5%
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Delay in seeking medical care</li> <li>Defaulting on chronic treatment, medical complications related factors such as aspiration, organ failure, etc.</li> <li>Delay or no referral to higher level of care</li> <li>Poor clinic attendance which lead to late nutrition intervention</li> <li>Poor nutritional assessment and classification of all children seeking help</li> </ul>				
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Tracking and tracing of children on chronic treatment</li> <li>Refresher/Training of all clinical personnel on nutritional classification for early detection was conducted in ZFM during Quarter 4</li> <li>Nutritional assessment to be done for all children who are admitted</li> </ul>				
<b>Stunting among children reduced</b>	Vitamin A dose 12-59 months	Vitamin A dose 12-59 months coverage	47.7%	42.4%	51%	54%	3%
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Planned outreach services to Early Childhood Development and communities were not conducted due to lack of transport</li> <li>Low clinic attendance if no need for immunization services</li> <li>Limited transport and personnel to conduct outreach services</li> </ul>				
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Continuous support visits, training and awareness raising.</li> <li>Outreach services dependent on transport availability.</li> </ul>				



## 14.2.6 Sub-Programme 2.6: Disease Prevention and Control

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### PURPOSE

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

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### SITUATION ANALYSIS

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#### CHRONIC DISEASES

##### Diabetes 18 – 44 years

Two hundred and sixty-eight thousand, four hundred and three (268 403) clients were screened for this category. This is a significant increase as compared to the previous year, which was two hundred and twenty thousand seven hundred and eleven (220 711). This amounts to a difference of forty-seven thousand, six hundred and ninety- two (47 692). Out of the number of clients screened for this cohort four thousand, six hundred and fifty -eight (4 658) were newly diagnosed and put on treatment. There is a slight decline as compared to the previous year, which stood at four thousand eight hundred and thirty-seven (4 837), a difference of one hundred and seventy-nine (179) in noted.

##### Diabetes 45 years and Older

Two hundred and nine thousand, two hundred and twenty-seven (209 227) clients were screened for diabetes in this category. There is also an increase as compared to the previous year, as one hundred and sixty thousand one hundred and ninety-five (160 195) were screened; with a difference of forty-nine thousand, and thirty-seven (49 032).

Out of the number of clients screened for diabetes two thousand, six hundred and ninety-two (2 692) were newly diagnosed and put on treatment. There is slight increase as compared to the previous year, which stood at two thousand one hundred and two (2 102) and the difference is five hundred and ninety (590).

The detection rate for Diabetes new clients 18 years and older is 0.8; the same as the previous year, as against the annual target of 6.0.

##### Hypertension 18yrs – 44 years

Three hundred and ninety-two thousand, eight hundred and thirteen (392 813) clients were screened for hypertension in this category. This is a significant increase as compared to the previous year's three hundred and five thousand six hundred and five (305 605). This amounts to a difference of eighty-seven thousand, two hundred and eight (87 208).

Out of the number of clients screened for hypertension, three thousand, nine hundred and three (3 903) were newly diagnosed and put on treatment. There is thus also an increase as compared to the previous year, which was three thousand five hundred and eighteen (3 518). The difference being three hundred and eighty-five (385).

##### Hypertension 45 years and Older

Two hundred and thirty-three thousand, seven hundred and three (233 703) clients were screened for hypertension in this category. An increase, as compared to previous year's one hundred and eighty thousand four hundred and eighty-eight (180 488) is noted, with a difference of fifty-three thousand, two hundred and fifteen (53 215).

Out of the number of clients who were screened, four thousand seven hundred and eighteen (4 718) clients were newly diagnosed and put on treatment. There is a huge decline noted as compared to the previous year's eighth thousand seven hundred and thirty-seven (8 734); with a difference of four thousand and sixteen (4 016).

The detection rate for Hypertension New Clients 18 years and older is 1.0 as compared to 1.4 in previous as against the annual target of 8.6. Though more clients were screened few clients were detected.

Table 46 Chronic Diseases Provincial Performance Summary

Data Element	Screened	Newly Diagnosed	Target	Detection Rate	Deviation
Hypertension 18y >	626516	8621	8.6	1.0	7.6
Diabetes 18y >	478330	7350	6.0	0.8	5.2

Source: WebDHIS

Table 47 Chronic Diseases Provincial and Districts Performance Summary

Chronic Diseases	FB	JTG	NAM	PKS	ZFM	Province
Clients 18-44 screened for Diabetes	76009	67829	36473	67775	202317	268403
Clients 18-44 screened for Hypertension	109740	108984	48649	85089	40351	392813
Clients 45 years and older screened for Diabetes	58618	50695	30901	57942	11771	209927
Clients 45 years and older screened for Hypertension	63074	60684	37505	49935	22505	233703
Diabetes new clients 18 years and older detection	0.3	2.7	0.5	0.2	0.5	0.8
Hypertension new clients 18 years and older detection	0.9	1.5	1.0	0.8	0.9	1.0

Source: WebDHIS

The data shows an improvement in the quality of life at PHC. The significant increase in the number of clients screened as against the number of clients newly initiated on treatment.

## REHABILITATION AND DISABILITY SERVICES

Procurement processes are affecting the provision of wheelchairs as the service provider is based in Cape Town. Non-availability of a Therapist to assess patients for assistive devices and budget constraints also remain serious challenges.

Table 48 Summary of Assistive Devices

Assistive Device	Required	Issued	Difference
Hearing Aids (0-18y)	74	51	23
Hearing Aids (19y+)	273	251	22
<b>TOTAL</b>	<b>347</b>	<b>302</b>	<b>45</b>
Wheelchairs (0-18y)	121	30	91
Wheelchairs (19y+)	703	274	429
<b>TOTAL</b>	<b>824</b>	<b>304</b>	<b>520</b>

Source: WebDHIS

## ACHIEVEMENTS

- None

## CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 49 Challenges & Measures Planned to overcome them: Disease Prevention & Control

CHALLENGES	CORRECTIVE ACTION
Lack of therapist for rehabilitation and Disability services.	Districts to appoint therapists using the Block Advert.
Budget constraints for procurement of assistive devices.	Allocation of funds, currently the Department only rely on donations, with the organisation that entered into an MOU to supply the assistive devices.

Table 50 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Disease Prevention & Control

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
<b>Hypertension and diabetes prevalence managed</b>	Hypertension new client 18yrs and older detection	Hypertension new client 18yrs and older detection rate			<b>8.6</b>	1.0	7.6
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>The data is showing an improvement in the quality of life at PHC.</li> <li>The significant increase in the number of clients screened as against the number of clients newly initiated on treatment.</li> </ul>				
	<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Districts to adhere to reporting time lines.</li> </ul>						
	Diabetes new client 18yrs and older detection	Diabetes new client 18yrs and older detection rate			<b>6.0</b>	0.8	5.2
<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>The data is showing an improvement in the quality of life at PHC.</li> <li>The significant increase in the number of clients screened as against the number of clients newly initiated on treatment.</li> </ul>							
<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Districts to adhere to reporting time lines.</li> </ul>							

## 14.2.7 Sub-Programme 2.7: Health Promotion

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### PURPOSE

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1. *Promote healthy lifestyles.*
2. *Sustain health and wellness.*
3. *Coordinate Advocacy, Communication and Social Mobilization (ACSM) activities.*
4. *IEC distribution.*
5. *Participation in communication networks.*

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### SITUATION ANALYSIS

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The World Health Organisation defines Health Promotion as a strategy which enables people to increase control over their health. It covers a wide range of social and environmental interventions designed to protect individual's health and quality of life by addressing and preventing the root causes of ill health. Health Promotion programmes aim to empower individuals and communities enabling them to choose healthy behaviours and make changes which reduce the risk of developing acute and chronic diseases and other morbidities.

The Health Promotion Directorate managed to achieve both indicators (100%) through collaborative efforts with other health programmes, NGOs and stakeholders. These health promotion activities contributed to the over achievement of the 25k TB Screening target, i.e. eighty thousand nine hundred and forty-four (80 944) people being screened for TB against the target of twenty-five thousand (25 000), a 91% HIV testing rate, a reduction in HIV positivity amongst 15-25 years, an increase in Pre Exposure Prophylaxis, increased measles and HPV immunisation, reduction in mortality for under 5-years due to diarrhoea as a result of intensive hand washing campaigns. The promotion of health and disease prevention was implemented by means of outdoor events, electronic and print media as well as door to door campaigns.

The following activities were embarked on throughout the financial year:

- TB 25K Campaign District Campaigns where eighty thousand nine hundred and forty-four (80 944) people were screened for TB, one thousand five hundred and ninety-nine (1 599) TB Cases were identified and three-thousand six hundred and sixty-four (3 664) people were tested for HIV.
- Ministerial Move for Health Campaigns in Warrenton (FBD); Tsineng (JTG); Roodepan (FBD) where one thousand five hundred (1 500) people were reached.
- Build-up activities and commemoration of World AIDS Day in Port Nolloth (Namakwa).
- Opening of Heuningvlei Clinic (JTG) - Social Mobilization, Health information dissemination, Health talks, IEC material distribution, where five hundred (500), where people were reached.
- Safety and Security Month Launch in Delpportshoop (Health talks; Health Screening)
- Outreach programme in collaboration with UNICEF, Red Cross and Right-to-Care, which included health talks and distribution of Leaflets on Measles across the Province, where two thousand seven hundred and twenty-one (2721) people were reached.
- DOH and SIOC-CDT Launch of the Newly Revamped Postmasburg Hospital Theatre, an estimated number of two hundred (200) people attended this event.
- Fifteen outreach programmes conducted to farms.
- TB Traditional Health Practitioners Indaba where fifty 50 Practitioners participated.
- An ACSM Commission at the Provincial TB Summit, where two hundred (200) people attended.
- Eighty-eight (88) Radio talk shows were conducted through all seven local radio stations and 2 514 248 people were reached (Data source: NCRF)

### Integrated Supportive Supervision

Provincial Programs Integrated District Support visits (Namakwa / ZFM / FBD (how many facilities).

### Capacity Building/Training

- Capacity building training sessions were conducted in collaboration with RTC on different health programmes and diseases for Peer Educators from the Namakwa, ZFM, Frances Baard and Pixley Ka Seme Districts.
- Capacity building training session for United Manganese of Kalahari Mine workers who volunteer as Peer Educators were conducted in collaboration with JTG District Health Program Managers, where thirty-seven (37) peer educators were trained.

Table 51 Peer Educators Training (Health Promotion)

District / Establishment	Number Trained
ZFM and Namaqua	26
Frances Baard	39
Pixley Ka Seme	33
United Manganese of Kalahari Mine	37
<b>TOTAL</b>	<b>135</b>

### Post-Covid Engagements

The established RCCE (Risk Communication and Community Engagement) Pillar for Covid-19 is functional and bi-weekly Meetings are conducted on Mondays. The meetings consist of delegates from Provincial Health Promotion, Communications, Ministry, District Health Promoters/RCCE representatives, District Vaccine Communicators (University of Pretoria), Right-to-Care and Re-Action. The establishment of this Pillar assists in obtaining updates on Covid-19 through reports on activities done from the following Streams: Media and Public Relations, Internal Communication, Social Media, Content Development (IEC material), Stakeholder Engagement and Community Engagement. This initiative, as part of the PIMT Covid-19 Provincial Structure, reports on a weekly basis.

### Health Promoting Schools

Twelve Schools were initiated into the Health Promoting Schools (HPS) program through a Presentation on Health Promoting Schools and ten schools underwent a Baseline Assessment on HPS status and health-related issues (SMT; Educators; SGB Reps in attendance). The sessions also included Health Talks with the Learners together with distribution of IEC material, as well as distribution of Sanitary Towels. One thousand two hundred and sixty (1 260) people were reached.

In addition to the above, Health Education Sessions on various health topics, together with Mobilization for Immunization Campaigns were conducted at various Schools throughout the Province. At total number of two hundred and fifty-one (251) activities were conducted and twenty-two thousand seven hundred and thirty (22 730) people were reached.

### ACHIEVEMENTS

- None

### CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 52 Challenges & Measures Planned to overcome them: Health Promotion

CHALLENGES	CORRECTIVE ACTION
Inadequate budget allocation for the Directorate.	Discussions are ongoing for a dedicated budget.
Shortage of District Health Promoters.	Submission for vacant Health Promoter posts in Pixley (1), JTG (1) and Namaqua (2) Districts and one extra post (FB), has been approved and awaiting advertising process from HR.
Health Promotion not fully implemented at community and facility level as the WBPHCOT's have not been fully established in all Districts.	<ul style="list-style-type: none"> <li>• Monitor the process of WBPHCOT'S to be established in all Districts to assist with health promotion activities.</li> <li>• Encourage District Health Promoters to obtain reports on existing WBPHCOT's and Peer Educators on health promotion related activities and include in their district reports.</li> <li>• Discussion continuing to improve outputs of CHCWs. CHW challenges is being addressed at the Bargaining Chamber Level.</li> </ul>
Shortage of IEC material and translation of the content to local languages.	<ul style="list-style-type: none"> <li>• Integrated Health programmes messages have been developed and the HAST Unit Conditional Grant will assist with funding for translating the messages (Afrikaans/Setswana/Isixhosa) and printing of a booklet/pamphlet. The process will be revived in the next financial year.</li> <li>• Integrated Health messages to be shared continuously on Departmental Facebook page and other social media platforms.</li> </ul>

CHALLENGES	CORRECTIVE ACTION
	<ul style="list-style-type: none"> <li>• Continuous engagement with NDOH and partners/NGO's for IEC material.</li> </ul>
Shortage of Transport.	Discussions ongoing to increase fleet for districts and province as well as implementing the Subsidized vehicle policy.

Table 53 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Health Promotion

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
Health and wellbeing of individuals improved	ACSM activities conducted	Number of ACSM activities conducted		2 474	960	1 999	1 039
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>• Increase in District Covid-19 Vaccine Outreaches.</li> <li>• TB 25K Campaign activities.</li> <li>• Measles &amp; HPV Campaigns.</li> <li>• Improved recording and recording of Health Promotion activities.</li> <li>• Capacity building training sessions for mine Peer educators resulted in increase in Health promotion activities.</li> <li>• Increased number of Radio talk shows conducted.</li> </ul> <b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>• Sustain and improve further on Health promotion outputs.</li> <li>• Improve planning and implementation of HP activities.</li> <li>• Advocate for recruitment of Sub district HP Officers to improve outputs.</li> <li>• Advocate for ring fenced funding for HP Directorate to ensure better resource allocation.</li> <li>• Commission Knowledge, Aptitudes and Practices studies to measure impact of Health Promotion Activities.</li> </ul>				
	People reached through ACSM activities	Number of people reached through ACSM activities		6 185 880	2 250 000	2 810 125	560 125
		<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>• Increase in District Covid-19 Vaccine Outreach Campaigns.</li> <li>• TB 25K Campaign activities.</li> <li>• Measles &amp; HPV Campaigns.</li> <li>• Improved recording and reporting on health promotion activities.</li> <li>• Increased number of Radio talk shows conducted.</li> </ul> <b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>• Sustain and improve further on Health promotion outputs.</li> <li>• Improve planning and implementation of HP activities.</li> <li>• Advocate for recruitment of Sub district HP Officers to improve outputs.</li> <li>• Advocate for ring fenced funding for HP Directorate to ensure better resource allocation.</li> <li>• Commission Knowledge, Aptitudes and Practices studies to measure impact of Health Promotion Activities.</li> </ul>					

## LINKING PERFORMANCE WITH BUDGET

Table 54 Linking Performance with Budget: Programme 2 – District Health Services (DHS)

PROGRAMME 2: DISTRICT HEALTH SERVICES	2022/23			2021/22		
	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
District Management	348 563	348 563	-	357 180	357 180	-
Community Health Clinics	525 833	525 833	-	573 101	573 101	-
Community Health Centres	397 205	397 205	-	435 510	435 510	-
Other Community Services	37 653	37 653	-	53 572	53 572	-
HIV/Aids	772 865	772 865	-	678 797	669 234	9 563
Nutrition	4 504	4 504	-	3 483	3 483	-
District Hospitals	746 416	697 930	48 486	735 925	735 925	-
<b>Total</b>	<b>2 833 039</b>	<b>2 784 553</b>	<b>48 486</b>	<b>2 837 568</b>	<b>2 828 005</b>	<b>9 563</b>

District Health Services spent R2.784.553 billion or 98.3 percent of its allocated budget of R2.833.039 billion.

The under spending of R48.486 million relates to the National Health Insurance conditional grant, where funds were committed but not spent before the end of the financial year. Roll-over of these funds was requested.



### **14.3. Programme 3 – Emergency Medical Services (EMS)**

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#### **PROGRAMME PURPOSE & STRUCTURE**

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To render Emergency Medical Services through the implementation of ambulance services, special operations, communications, planned patient transport, as well as providing disaster management services in the Province.

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#### **SUB-PROGRAMMES**

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Sub-Programme 3.1: Emergency Medical Services (EMS)

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#### **OUTCOMES**

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1. Co-ordinating health services across the care continuum, re-orientating the health system towards primary health

### 14.3.1. Sub-Programme 3.1: Emergency Medical Services (EMS)

#### PURPOSE

1. *Improve on response times.*
2. *Gradually increase employment of staff to realise the two persons' crew.*
3. *Increase the number of operational ambulance to ensure full coverage of EMS service.*

#### SITUATION ANALYSIS

Since the country emerged from the Covid-19 pandemic the program has seen an increase in the number of calls and patients that demand emergency medical services and specialist clinical services. Our ambulance operational status has on average been between seventy-five (75) to eighty (80) ambulances for the first three quarters, this number dropped to sixty (60) ambulances on a daily basis towards the end of the third quarter due to high number of vehicles booked for repairs and licensing. The demand of services remained the same though and that placed a serious burden on the limited fleet in operations.

The number of calls attended to over the period under review ranged between twenty-five thousand (25 000) and thirty thousand (30 000) calls per quarter. This figure translates to four hundred (400) calls per ambulance per quarter. Most of the calls done were as a result of referrals from the Districts to RMSH. The analysis done reveals that most of the referrals can be shared between two Districts namely Pixley Ka Seme and JTG, the latter being the most contributing district. The introduction of the Computer Aided Dispatch (CAD) System in the call centres during the first quarter of 2022/2023 has shown a high number of incoming calls and improved programme recording of calls received.

Despite the challenges reported the programme was able to meet its targets, however, there are still serious inefficiencies, especially with lower priority calls. These inefficiencies are exacerbated by a lack of capacity at facility level. The poor response time frequently reported by citizens is due to the vastness of the Province and the fact that the population resides in scattered villages which makes it difficult for the ambulances to reach them on time. The absence of mobile clinic services contributes to the high demand of transport and access to health facilities in the Northern Cape. It must be borne in mind that over 70% of the citizens in the Province rely on public health transport to access health services.

The shortage of emergency care practitioners has also crippled our effectiveness, especially in Namakwa and Pixley regions. The programme is still heavily understaffed; a number of employees have left the service and some have passed on. Since the beginning of the assessment period the operational staff have been in the order of six hundred and ninety-seven (697) against a target of one thousand and forty (1 040).

The service demands have seen an increase in the call rate since the relaxation of the Covid-19 lockdown levels. The difficulty to achieve or decline to the quality of performance of the programme has been as a result of the shortage of personnel, ambulances and also patient transport vehicles. The challenges to meet the required level of operational ambulances and personnel is due to the limited budget allocated to the programme, despite numerous reports citing insufficient funding. Another major challenge that has affected the situation was and still is the licensing and poor turnaround times from repairs of EMS vehicles.

In spite of all these challenges the program continues to achieve the set targets but this however does not amount to acceptable levels of performance. This has been as a results of low targets.

Table 55 Ambulance Availability (EMS)

District	Operational Ambulances	Non-Operational Ambulances	Total Per District
FBD	18	16	34
JTG	13	8	21
ZFM	12	9	18
PKS	16	12	30
Namakwa	13	15	35
<b>TOTAL</b>	<b>72</b>	<b>60</b>	<b>138</b>

Table 56 Ambulance and Staffing Needs (EMS)

District	Ambulances Required	Staffing Needs
FBD	38	304
JTG	32	256
ZFM	30	240
PKS	44	352
Namakwa	40	320
<b>TOTAL</b>	<b>184</b>	<b>1472</b>

**ACHIEVEMENTS**

- Installation of the Computer Aided Dispatch System.

**CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM**

Table 57 Challenges & Measures Planned to overcome them: EMS

CHALLENGES	CORRECTIVE ACTION
Shortage of operational staff due to limited staff establishment and delays on replacement of vacant funded posts continues to contribute to one-person crew situation in the program as well as personnel shortage in the Admin section. The requests for transfers to other provinces are also creating a serious problem.	<ul style="list-style-type: none"> <li>• Vacant funded posts need to be replaced within 6 weeks.</li> <li>• Approval to appoint more staff including vacant funded posts.</li> <li>• Increase COE to appoint more EMS personnel.</li> </ul>
No posts for Data Captures.	Source funding for appointment of more data capturers with computers.
<ul style="list-style-type: none"> <li>• Shortage of Ambulances and patient transporters due to breakdowns.</li> <li>• Limited Budget to procure ambulances.</li> <li>• Limited budget to replace main medical equipment and personnel equipment.</li> </ul>	<ul style="list-style-type: none"> <li>• Replace and procure additional Ambulances. Improve turnaround time of authorization for repairs by Wes bank Fleet Management.</li> </ul>
Licencing and registration of current and new fleet.	SLA with Government Garage and Roads and safety to ensure vehicles are registered correctly and timeously.
Under capacitated facilities translating to high number of referrals.	Fully capacitate all health facilities as gazetted.
Unresponsive Supply chain processes and loss of valuable documents.	Identify a dedicated employee for EMS in the SCM unit.

Table 58 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: EMS

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
<b>Co-coordinating health services across the care continuum, re-orienting the Health system towards primary health</b>	EMS P1 urban response under 30 minutes	EMS P1 urban response under 30 minutes rate	79%	80%	50%	76%	26%
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Targets achievable due to low value settings.</li> </ul>				
	<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Apply pressure on service providers to Improve on inspection schedules and licensing.</li> </ul>						
	EMS P1 rural response under 60 minutes	EMS P1 rural response under 60 minutes rate	80%	80%	50%	70%	20%
<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Targets achievable due to low value settings.</li> </ul>							
<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Apply pressure on service providers to Improve on inspection schedules and licensing.</li> </ul>							

## LINKING PERFORMANCE WITH BUDGET

Table 59 Linking Performance with Budget: Programme 3 – EMS

PROGRAMME 3: EMERGENCY MEDICAL SERVICES	2022/23			2021/22		
	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
Emergency Transport	430 279	416 648	13 631	403 976	401 684	2 292
Planned Patient Transport			-	6 627	5 750	877
<b>Total</b>	<b>430 279</b>	<b>416 648</b>	<b>13 631</b>	<b>410 603</b>	<b>407 434</b>	<b>3 169</b>

Emergency Medical Services spent R416.648 million or 96.8 percent of its allocated budget of R430.279 million.

The under spending relates to procurement of ambulances, where funds were committed but not spent before the end of the financial year. Roll-over of these funds were requested.

## **14.4. Programme 4 – Provincial Hospital Services**

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### **PROGRAMME PURPOSE AND STRUCTURE**

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Rendering of hospital services at a general and specialist level, and provide a platform for the training of health workers and research.

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### **SUB-PROGRAMMES**

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- Sub-Programme 4.1: Regional Hospital - Dr. Harry Surtie Hospital (DHS)
- Sub-Programme 4.2: Specialised Hospital - West End Specialised Hospital (WESH)

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### **OUTCOMES**

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1. Patient experience of care in public health facilities improved.
2. Management of patient safety incidents improved to reduce new medico-legal cases.
3. Maternal, neonatal, infant and child mortality reduced.

#### 14.4.1. Sub-Programme 4.1: Regional Hospital - Dr. Harry Surtie Hospital (DHS)

##### PURPOSE

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

##### SITUATION ANALYSIS

Dr Harry Surtie Hospital, as the only Regional hospital in the province, remains dedicated to the management of all patients referred from the western half of the Northern Cape Province. The initial business case included a capacity of three hundred and twenty-seven (327) beds of which two hundred and twenty-seven (227) beds are commissioned and have been used since 2014. The service package includes 24-hour inpatient services in the following disciplines:

- Internal Medicine
- Paediatrics
- Obstetrics and Gynaecology
- General Surgery
- Accident and Emergency services
- Orthopaedic surgery
- Anaesthetics
- Diagnostic radiology
- Adult and Paediatric Critical Care
- A 72-hour Mental Health Observation Unit

The reduction in the initial bed capacity resulted in the non-commissioning of units, such as the Susceptible TB unit (9 beds); the Post-natal unit (20 beds); the Gynaecology unit (20 beds); DRTB (15 beds) and the Step down and Day Surgery unit (30 beds). The first three services were absorbed into other existing units thus reducing the availability of beds in those sections (Gynaecology into General Surgery; Post-natal into Antenatal and Susceptible TB into the General Medicine ward). The hospital did not cater for a Kangaroo Mother Care unit, which was a dire need, hence the conversion of the designated Paediatric High Care/ICU unit to a KMC unit. A four bedded 72-hour Mental Healthcare observation unit was commissioned as part of the bed allocation within the Internal Medicine ward. The current unit is not compliant with the legislative prescripts as stated in the Mental Health Care Act, 17 of 2002, despite the fact that infrastructural changes were made to the existing building. Plans to relocate the service to another premises, as per the business case, did not realise.

The lack of supporting Regional or Central Hospitals in the Province, coupled with the vast distances between service points, necessitated the introduction of certain Tertiary Services at the facility. These include:

- Admixing and administration of oncolytic and a dedicated Oncology clinic.
- Advanced Gynaecological surgery.
- Obstetric High risk clinic and High Care inpatient service (2 beds).
- Paediatric invasive and non-invasive ventilation.
- Neonatal services – KMC, Neonatal High care & ICU.
- Ophthalmological services – Eye screening and Cataract surgery (outreach/ tours).

##### Clinical Services

The prevalence of communicable diseases, such as HIV, TB and Acute Respiratory Infections, is related to the epidemiological transition in the Province along with the non-communicable diseases of Cardio Vascular and Cerebro-Vascular systems, Gastro-intestinal Tract diseases, Diabetes, Hypertension and Cancer. The underlying causes for the hospital's mortality rate are communicable and non-communicable diseases, such as respiratory diseases which includes TB, HIV, cancer, cardiovascular diseases, hypertension and diabetes.

Inpatient BUR improved to 70% over the festive season mainly because of the opening of the short stay unit in Casualty with the help of staff performing remunerative overtime. This arrangement was implemented strictly over the Christmas and New Year weekends.

The General Surgery unit consists of a twenty (20) bed capacity to be used for referrals from the entire Western part of the Province. Needless to state that this reality gives birth to bed shortages, delayed performance of elective surgeries and negative comments from the public. This is further exacerbated by the reality of staff shortages within the Medical and Nursing fraternity affecting theatre times, number of surgeries that can be performed, absence of surgeons on call rosters and so forth.

The same situation also applies to the Orthopaedic surgery which also has only twenty (20) dedicated beds and characteristic longer hospitalisation periods for their patients. Needless to state, the current situation of the entire Surgical component, with the exclusion of Obstetrics, is in crisis. The current shortage of Medical Specialists and experienced Medical Officers impacts largely on the Outpatient services. All specialised clinics in the Hospital must have a specialist or an experienced Medical officer in the field to do justice to the patients they consult at these clinics. Currently, these specialists are caught up in Theatre, A&E unit, ward rounds where they must endorse treatment plans and accept responsibility for the actions taken by their subordinates.

Dr Harry Surtie Hospital receives support visits from specialists that are enrolled and remunerated through the Discovery Grant due to the hospital's alignment with the University of Stellenbosch. These support visits are short and mainly for academic purposes and to address skill deficits in doctors. It has a positive impact on the empowerment of our Medical Doctors. The accreditation process of the hospital by the HPSCA for the placement of registrar's in Family Medicine from the University of Stellenbosch, is still underway.

The hospital had an External PEC done on the 6<sup>th</sup> and 7<sup>th</sup> of September 2022, by an independent group from the ZFM District offices. The hospital had an average satisfaction rate of 67%. A hospital service delivery improvement plan has been formulated and communicated to all Service Units and Management and the result was displayed in all patient waiting units.

### **Infrastructure**

Supply Chain Management (SCM) expressed their concern with the sourcing of suitable suppliers for all approved orders due to shortage of manpower in the unit as well as the inability to attract credible suppliers to quote or tender for service delivery. The absence of skilled Artisans makes it difficult for the hospital to deal with even minor repairs or emergencies, such as water pipe bursts. The only option has been to source external suppliers at an added cost.

The HVAC/MEKAN Electrical teams still on site for completion of outstanding work. The hospital generators were serviced in February 2023 and ongoing repairs are done to the generators as they are not all functional at one time. Load shedding increases the fuel consumption, adding to financial pressures in the hospital. There were episodes where the generator took longer to start, which is related to the delayed delivery of fuel (unexpected change in staging of power outages by Eskom resulting in a shortfall of fuel availability) and minor mechanical problems with the generators. General repairs are at a backlog due to staff shortages at supply chain and the inability to source suitable suppliers to do the repairs.

### **Food Services Unit (FSU)**

The FSU is experiencing critical issues in terms of its operations, i.e. the absence of a Certificate of Acceptability, which is a legislative requirement according to regulation R638. Attributing factors include the lack of appointed and qualified Manager, broken and unserviceable equipment, lack of proper maintenance and shortages of Food Services Assistants. Problems are also experienced with the acceptability standards of the suppliers of food stuffs. The current situation is mainly attributed to the irregular payments of credible food suppliers, resulting in them withdrawing their services. The facility has formed a Task Team to develop a turnaround strategy in order to address the dire challenges in the Food Service Unit

### **Laundry Services**

The Hospital has two functional laundry units supplying the clinical units. Recruitment process for the appointment of two Supervisors was completed and the appointments were done in March 2023. However, laundry services does not have a Manager who will be responsible for monitoring of unit operations, managing of the cost centre budget and maintaining stock control measures. The current number of staff only permits the unit to function on weekdays; resulting in constant shortages at unit levels and non-compliance to Infection Control prescripts and Environmental Health Norms and Standards. The unit also experiences problems with equipment breakdowns that impacts negatively on the unit's output of linen and the availability thereof to the clinical units.

### **Security**

The request for the installation of boom gates and fenced gates at the front and back entrances of the hospital was approved; this will improve on the security measures in the facility. The appointment of suitable services providers is underway. The entrance and exit gates of the Hospital was installed successfully, with the main gate closing at 8PM every evening as an additional safety and security measure.



## ACHIEVEMENTS

- A Refraction Clinic was launched by One-Sight for Africa on the 20<sup>th</sup> July 2022; equipment and spectacles were sponsored.
- Cataract surgeries are done every three months on the Discovery Grant budget.
- The 27<sup>th</sup> Northern Cape Surveillance Trip to the Grootte Schuur Hospital in Cape Town took place from the 28<sup>th</sup> August to the 2<sup>nd</sup> September 2022.
- A CT-Scan outreach was done in November 2022.
- Six LIM (Leadership in Medicine) Students were allocated for DSHS.
- A visit was conducted to assess and assist with the Hospital's suitability and compliance for registration with the HPCSA.
- A Speech/Audiology Therapist was appointed as an unpaid Collaborative Care Co-ordinator for the undergraduate students placed at DSHS.
- The Clubfoot outreach was done on the 30<sup>th</sup> March 2023 by an Orthopaedic Specialist from Bloemfontein; an estimated thirty-seven (37) children were seen and two cases were done at DSHS.

## CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 60 Challenges & Measures Planned to overcome them: Regional Hospital – DSHS

CHALLENGES	CORRECTIVE ACTION
Delay in maintenance repairs cause for major concern and endless frustration.	<ul style="list-style-type: none"> <li>• Intervention from Infrastructure and Maintenance Directorate on Provincial Level.</li> <li>• Priorities urgent maintenance issues.</li> <li>• Facility manager must ensure speedy execution of approved work orders, source suppliers to start with repairs.</li> </ul>
Severe staff shortages in critical areas / Personnel staff shortage leads to an increase of overtime, staff exhaustion, absentees, etc.	<ul style="list-style-type: none"> <li>• Priorities appointment of speciality, experienced, skilled and general support staff.</li> <li>• Matters of delayed submissions / appointments due to poor communication on Provincial and Treasury level to be dealt with asap.</li> <li>• Approval of proposed hospital organogram and motivate for creation, funding, advertising and filling of priority posts.</li> </ul>
Lack of supervision in PRIORITY AREAS such as clinical support services such as Quality Assurance Coordinator, Infection Control Coordinator, Clinical Training Coordinator and non-clinical support staff in Laundry Manager, Kitchen Manager, AD Revenue, AD Finance, AD or AO Registry.	Approval of proposed hospital organogram and motivate for creation, funding, advertising and filling of priority posts.

Table 61 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Regional Hospital - DSHH

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23	
<b>Patient experience of care in public health facilities improved</b>	Patient experience of care survey satisfied responses	Patient experience of care satisfaction rate		92.4%	80%	67%	-13%	
			<b>REASONS FOR DEVIATION:</b>					
			<ul style="list-style-type: none"> <li>Patients not understanding Triage system and the waiting times attached to a certain triage code.</li> <li>Absence of Triage nurse leading to problems with delayed and sometimes incorrect triaging.</li> <li>Staff shortages (medical and nursing) impacts negatively on the timeous consulting of patients (excluding RED cases).</li> <li>Constant communication with patients that are waiting is not done.</li> </ul>					
			<b>IMPROVEMENT PLAN:</b>					
			<ul style="list-style-type: none"> <li>Reorganization of the flow of patient in Casualty to be done.</li> <li>Appointment of nurses and doctors to improve on quality of triaging and speed up the time of consultation of all patients awaiting assessments.</li> <li>Improving on patient communication by means of pamphlets, restoring patient TV's for recurrent advertising of educational information.</li> </ul>					
<b>Management of patient safety incidents improved to reduce new medico-legal cases</b>	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	0%	100%	100%	100%	0%	
			<b>REASONS FOR DEVIATION:</b>					
				<ul style="list-style-type: none"> <li>Only one case was reported in September 2022, but was resolved within the prescribed time.</li> </ul>				
				<b>IMPROVEMENT PLAN:</b>				
			<ul style="list-style-type: none"> <li>None.</li> </ul>					
	Patient Safety Incident(PSI) case closed	Patient Safety Incident(PSI) case closure rate		100%	100%	93%	-7%	
			<b>REASONS FOR DEVIATION:</b>					
			<ul style="list-style-type: none"> <li>Fewer PSI cases were noted.</li> </ul>					
			<b>IMPROVEMENT PLAN:</b>					
			<ul style="list-style-type: none"> <li>None.</li> </ul>					
<b>Maternal, neonatal, infant and child mortality reduced</b>	Maternal death in facility	Maternal Mortality in facility		1 / 100 000	≤3	5	-2	
			<b>REASONS FOR DEVIATION:</b>					
			<ul style="list-style-type: none"> <li>Delays in inter-facility transport during emergencies.</li> <li>Risks of patients with chronic medical conditions.</li> <li>Medical pre-existing conditions, uncontrolled, never seen by Medical Officer.</li> <li>Lack of Medical Specialist.</li> <li>Lack of ICU Doctor (intensivist).</li> <li>Lack of High Care Unit Nursing Staff.</li> <li>Lack of Sonographer for high risk sonars and echocardiograph's.</li> <li>Ratio of patient/sister in labour and Maternity ward.</li> </ul>					
			<b>IMPROVEMENT PLAN:</b>					
			<ul style="list-style-type: none"> <li>Ensure health education is given at ANC visits and community.</li> <li>Strengthen basic IPC practices.</li> </ul>					

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
			<ul style="list-style-type: none"> <li>Adherence to treatment and early health seeking behaviour.</li> <li>Ensure availability of emergency response vehicles and improve response time.</li> <li>Appointment of Medical specialist/ICU specialist, ICU Nurses, Sonographer.</li> </ul>				
	Death in facility under 5 years total	Death in facility under 5 years		0.2	≤64	53	11
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Preterm and intrapartum related complication Late presentation at Facility.</li> <li>Non-adherence to IMCI protocols at PHC Facility level.</li> <li>The under 5 mortality rate includes patients who demised mainly in our Neonatal Intensive Care (NICU) and Pediatric Intensive care (PICU) Units, we have an average of 3 to 4 deaths monthly in our NICU.</li> <li>Our cut off criteria for ventilation in our NICU is 800 grams or 28-weeks gestation this further compounds our death rate in our NICU.</li> <li>Limited access to healthcare facilities, inadequate resources or staffing levels.</li> <li>High prevalence of underlying health conditions in the population served.</li> <li>Delayed medical interventions.</li> <li>Socioeconomic disparities impacting the overall health of children, and limited community awareness and education regarding child healthcare.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Health Education at Facility level during ANC visits.</li> <li>Proper management of preterm labour and complicated deliveries.</li> <li>Timeous health seeking behaviours and availability of EMS vehicles for improved response times.</li> <li>Thorough analysis of these factors and implementing targeted interventions will certainly help improve the situation and reduce the under 5 mortality rate.</li> <li>Appointment of Medical specialist/ICU specialist, ICU Nurses, Sonographer.</li> </ul>				
	Diarrhoea death under 5 years	Child under 5 years diarrhoea case fatality rate		0.3	≤1	0.39	0.61
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Improved management of diarrhoea cases.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>None.</li> </ul>				
	Pneumonia death under 5 years	Child under 5 years pneumonia case fatality rate		0	≤1	1.10	-0.10
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Late referrals from Primary Healthcare facilities.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>Early referral implementation of basic infection and prevention.</li> </ul>				
	Severe acute malnutrition (SAM) death under 5 years	Child under 5 years severe acute malnutrition case fatality rate		0.5	≤3	9	-6
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>Poor nutritional status due to poverty and food security and late presentation at Hospital level.</li> </ul>				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
			<ul style="list-style-type: none"> <li>• Inadequate breastfeeding practices, lack of awareness about proper nutrition and feeding practices, limited healthcare infrastructure for early detection and management of malnutrition.</li> <li>• Underlying health conditions or infections (HIV and TB being the most prevalent) that compromise nutritional status.</li> </ul> <p><b>IMPROVEMENT PLAN:</b></p> <ul style="list-style-type: none"> <li>• Strengthen involvement of Dieticians.</li> <li>• Proper management of SAM children and proper nutrition in line with protocols.</li> <li>• In-service training of clinician.</li> <li>• It is important to address these factors through a comprehensive approach that includes community education, improving access to nutritious food, enhancing healthcare services, and strengthening nutrition interventions to reduce the prevalence of severe acute malnutrition.</li> <li>• Monthly SAM audits and work very closely with our Allied team to decrease the morbidity and mortality associated with SAM.</li> </ul>				

## 14.4.2. Sub-Programme 4.2: Specialised Hospital – West End Specialised Hospital (WESH)

### PURPOSE

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

### SITUATION ANALYSIS

Whilst the Drug Resistant Tuberculosis (DRTB) clinical department always operated at full 40-bed capacity; the Mental Health clinical department is yet to develop to its full capacity of two hundred and eighty-seven beds (287). Since official operationalisation 30<sup>th</sup> September 2019, the Northern Cape Mental Health Hospital (NCMHH) has not yet achieved its strategic agenda of improving access to specialised mental health care services within the province.

Referrals of acute mental health care cases from General Hospitals has not exponentially improved as a means to ameliorate the bed pressures at these health facilities, primarily ascribed to resource constraints at the NCMHH to operationalise dormant beds and to enhance bed capacity of critical mental health care classifications, i.e. Involuntary, Voluntary, Children & Adolescents, Forensic State Patients and Forensic Observandi's.

National norms require twenty-eight acute beds per hundred thousand (28/100 000) population to meet mental health needs. The Northern Cape Province requires at least one thousand three hundred (1 300) acute Psychiatry beds. Given the current acute shortage of Psychiatrists (4x at the NCMHH), most of these acute mental health beds are 'naturally' at the New modern facility in Kimberley.

There are profound medico-legal challenges if State Patients continue to be illegally detained in Correctional services facilities/prison as is the current situation; not only a human rights violation but will have dire negative financial consequences.

The 30-days and short forensic observations as required by the Criminal Procedures Act 51 of 1977 and the Child Justice Act of 2008 are important services essential for court processes to run smoothly. It is an essential service that should be well resourced because the Department of Justice funds the service and the National Department of Health has availed a Forensic Grant to ensure this vital service is delivered.

The table below illustrates the clinical services at the NCMHH in comparison to the operations at the former West End site which in essence justifies the aforesaid assertion.

Table 62 Mental Health Bed Analysis as at March 2023 (Specialised Hospital)

Area Of Services	Former Beds At West End Hospital Site	NCMHH Commissioned Beds	Current NCMHH Beds In Use
State Patients	39	80	44 male (55%)
Forensic Observation	3	10	3 male (30%)
Acute Psychiatric Involuntary	28 male 10 female	92	28 male 10 female (41%)
Acute Psychiatric Voluntary	11 males 10 female	20	10 male 5 female 5 CAMHS (100%)
Chronic / Long Stay	19 male 10 female	38	28 male (100%) 9 + 1 female
Child & Adolescents	0	17	0 (0%)
Co-Morbid	0	6	0 (0%)
Wellness	0	8	0 (0%)
Private	0	16	0 (0%)
<b>TOTAL</b>	<b>130</b>	<b>287</b>	<b>143 (49, 8%)</b>

## Specialised Outreach Services

Table 63 DRTB Outreaches (Specialised Hospital)

Outreach	Number
Sites visited for the year	8
Patients seen for year	646
Missed appointments	338
LTFU for the year	32
Died during the outreach for the year	13
<b>TOTAL</b>	<b>1037</b>

## Out-Patient Department (OPD)

Table 64 DRTB OPD statistics (Specialised Hospital)

OPD	Number
Patients seen	520
Patients referred new	71
Patients not referred new	10
Follow ups	457
<b>TOTAL</b>	<b>1058</b>

Specialised outreach services for DRTB continued during the period under review albeit frequent cancellations from time to time due to alleged failed payments to Travel Agents. In response to the Specialised Hospital service package of rendering minimal outreach services the DRTB Outreach & OPD services for the year under review 2022/23 as depicted above, significantly contributed to an improvement of having very frail DRTB patients with poor prognosis referred to the Specialised Hospital. This had a direct bearing on the clinical outcomes which has shown good annual progress on the mortality rate in-hospital within a provincial environment context where TB mortality rate is the leading disease burden competing with HIV/AIDS.

The table below illustrates the facility based mortality annual stats at March 2023:

Table 65 Annual Mortality Statistics (Specialised Hospital)

Month	Number
April 2022	1
May 2022	0
June 2022	3
July 2022	3
August 2022	2
September 2022	1
October 2022	4
November 2022	2
December 2022	1
January 2023	1
February 2023	3
March 2023	3
<b>TOTAL</b>	<b>24</b>

Whilst this positive picture is demonstrated for the DRTB clinical department, the mental health outreach service platform has moved in the opposite direction for the period under review. The lack of dedicated fleet for the Specialised Hospital to conduct clinical outreach services is compounded by the absence of all Medical Officers not having subsidized vehicles. This phenomenon starkly impedes the Specialised Hospital's strategic purpose of improving access to specialised services within an environment where General Hospital does not have or alternatively; reasonably may not have mental health care units attached to render further care, treatment and rehabilitation for the foreseeable future of minimum five years.

## Forensic Observations

The NCMHH services all five Districts and observations are centrally done, unless a specialist visits a District Hospital/Clinic and an appointment is made there by the National Prosecuting Authority.

Table 66 Forensic Observations (Specialised Hospital)

Month	30-Days Forensic Observations	Single Forensic Observations
April 2022	23	10
May 2022	21	5
June 2022	27	5
<b>SUB-TOTAL</b>	<b>71</b>	<b>20</b>
July 2022	29	11
Aug 2022	26	1
Sept 2022	22	10
<b>SUB-TOTAL</b>	<b>77</b>	<b>22</b>
Oct 2022	30	8
Nov 2022	26	8
Dec 2022	3	3
<b>SUB-TOTAL</b>	<b>59</b>	<b>19</b>
Jan	10	0
Feb	20	4
March	19	3
<b>SUB-TOTAL</b>	<b>49</b>	<b>7</b>
<b>TOTAL</b>	<b>256</b>	<b>68</b>

The NCMHH has a daily virtual consultation liaison service for all five Districts with mental health clinicians. This platform provides Specialist Psychiatry services to all the clinicians. The NCMHH roster caters for all the Districts virtually every day of the year, 24-hours per day. The Continuing Medical Education and Journal training activities are also virtual and open to colleagues in all the Districts.

**PATIENT SAFETY INCIDENTS (PSI)**

Table 67 Patient Safety Incident statistics (Specialised Hospital)

Month	Number Of Psi Cases	Number Of Psi Cases Closed	% Psi Cases Closed	Number Of Psi Cases Closed Within 60 Working Days	% Of Psi Cases Closed Within 60 Working Days	Number Of Psi (Sac)1	Number Of (Sac)1 Incidents Reported Within 24 Hours	% Of (Sac)1 Incidents Reported Within 24 Hours
April	9	8	89%	8	100%	0	0	0%
May	9	9	100%	9	100%	0	0	0%
June	11	12	109%	12	100%	0	0	0%
<b>Quarter 1</b>	<b>29</b>	<b>29</b>	<b>100%</b>	<b>29</b>	<b>100%</b>	<b>0</b>	<b>0</b>	<b>0%</b>
July	7	7	100%	7	100%	0	0	0%
August	12	12	100%	12	100%	0	0	0%
September	9	6	67%	6	100%	0	0	0%
<b>Quarter 2</b>	<b>28</b>	<b>25</b>	<b>89%</b>	<b>25</b>	<b>100%</b>	<b>0</b>	<b>0</b>	<b>0%</b>
October	8	9	113%	9	100%	0	0	0%
November	15	1	113%	17	100%	0	0	0%
December	6	5	83%	5	100%	0	0	0%
<b>Quarter 3</b>	<b>29</b>	<b>31</b>	<b>107%</b>	<b>31</b>	<b>100%</b>	<b>0</b>	<b>0</b>	<b>0%</b>
January	10	11	110%	11	100%	0	0	0%
February	5	4	80%	4	100%	0	0	0%
March	12	13	108%	13	100%	0	0	0%
<b>Quarter 4</b>	<b>27</b>	<b>28</b>	<b>104%</b>	<b>28</b>	<b>100%</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>TOTAL</b>	<b>113</b>	<b>113</b>	<b>100%</b>	<b>113</b>	<b>100%</b>	<b>0</b>	<b>0</b>	<b>0%</b>
Average	9,42	9,42	100%	9,42	100%	0	0	0%

All PSI cases were concluded within 60 days. All these cases related to aggressive behavior and inappropriate sexual behavior of Mental Health Care Users. These behaviors are quite common amongst mental health care users and are managed accordingly at coalface level.

Whilst the Specialized Hospital does not yet have a designated Quality Management Office, the function of this office have been executed by default by several Operational Managers over the last 3 calendar years, which inadvertently came with inherent challenges.

A focal Operational Manager will however be temporarily assigned during the new financial year to strengthen the Quality Management office, at the expense of ward based Operational Management; until such time additional resources are injected to create lasting stability.

No (SAC)1 cases were reported for the period under review. It can however not necessarily be ruled out that during the transitional arrangements of managing the Quality Office that under reporting could have occurred. Not all staff members are trained on the reporting and recording of (SAC)1 incidents, which could also explain the under reporting of this indicator.

### Patient Experience of Care (PEC)

PEC's were administered and captured in Quarter 3 instead of in Quarter 2 as required. Capturing of data was a challenge due to technical difficulties on the system for the period under review. Most data items which led to non-performance are related to:

- Protracted SCM procurement processes where patient consumables are required.
- Absence of a functional Finance Business Unit.
- Lack of Infrastructure Maintenance and Repairs and
- Infection Prevention and Control (IPC) related challenges.

### FACILITY BASED CLINICAL EFFICIENCY INDICATORS M&E

Though the facility monitoring and evaluation of the clinical efficiency indicators, namely: Average Length of Stay (ALOS), Bed Utilisation Rate (BUR) and Patient Day Equivalents (PDE) performance of the Specialised Hospital is highlighted using only the 4<sup>th</sup> quarter illustrated below, it is indicative of:

- Poor Primary Health Care Level Mental Health and DRTB service integration.
- Poor policy compliance of decentralised community based Mental Health and DRTB services, i.e. Mental Health & DRTB Units attached to General Hospitals/Halfway Houses/Residential Care Facilities.
- Poor In-hospital ratio of patient to clinical personnel.

Table 68 Voluntary Male, Female and CAMHS (Specialised Hospital)

Month	BUR (%)	ALOS (Days)	PDE
April 2022	55%	16	-
May 2022	63%	25,5	-
June 2022	37%	24	-
July 2022	40%	20	-
August 2022	39%	24	-
September 2022	29%	13.5	-
October 2022	38%	18	-
November 2022	38%	18	-
December 2022	29%	17	-
January 2023	29%	17	-
February 2023	37%	24	-
March 2023	27%	11	-

Table 69 Involuntary Male and Female (Specialised Hospital)

Month	BUR (%)	ALOS (Days)	PDE
April 2022	66%	50	-
May 2022	38%	23	-
June 2022	57%	44	-
July 2022	55%	36	-
August 2022	57%	93	-
September 2022	59%	89	-
October 2022	64%	62	-
November 2022	55%	44	-
December 2022	47%	34	-
January 2023	73%	56	-
February 2023	60%	60	-
March 2023	62%	49	-



Table 70 DR-TB Ward (Specialised Hospital)

Month	BUR	ALOS	PDE
April 2022	56.6%	48.5	R2 061,00
May 2022	49.3%	40.8	R2 230,00
June 2022	65.6%	39.4	R2 110,00
July 2022	62.5%	45	R1 983,00
August 2022	62%	32	R1 806,00
September 2022	55.3%	51	R2 233,00
October 2022	71%	37.1	R1 731,00
November 2022	-	24	-
December 2022	34.9%	20	-
January 2023	8.7%	12.1	-
February 2023	53.6%	30	-
March 2023	56.5%	29.2	-

## Human Resources

Whilst austerity measures and cost containment has a direct negative bearing on service delivery; the protracted approval processes as it relates to filling Direct Replacement and related posts during the period under review compounded the situation.

Table 71 Human Resources Activities (Specialised Hospital)

Activity	Number Of Posts	Post	Comments
Advertising & Filling Direct Replacement Post	1	HR Recruitment Clerk (SL7)	Submission generated during February 2023 not yet returned at reporting, delay on e-submission.
	1	HR Recruitment Clerk (SL5)	
	6	Cleaners (SL3)	
	1	Laundry Aid (SL3)	
	2	Contract Security Officers (SL3)	
Advertising & Filling New Post (Special Funding – R3,7m)	4	SCM Clerks	External recruitment submission extensively delayed since the Oct 2022 completion of Internal recruitment processes.
	1	Accounting Clerk	
Direct Replacement Appointment	1	Clinical Psychologist Grade 1	Extensive delay on e-submission since October 2022.
Retention Submission On Covid-19 Funded Nurses	6	Professional Nurses	Extensive delay on e-submission.
	15	Enrolled Nurses	
	22	Enrolled Nursing Assistants	
Creation & Funding (NTSG Grant Funding)	1	Clinical Psychologist Grade 2	Extensive delay on e-submission since October 2022.

Extensive consultations happened with the University of Free State (UFS) and Free State Department of Health during the period under review in pursuance of resuscitating the Psychiatrist Registrar Training Programme.

Since the unsuccessful recruitment of Internal Finance personnel during the third Quarter, it is rather unfortunate that the facility external advertisement in this regard remained in abeyance until the end of the financial year ascribed to poor e-submission turnaround time commitment. Processing the repurposing of all Health Facility Assistants and Covid-19 Brigades occurred, notwithstanding efforts made to recommend non extension of those liable of either poor performance and/or extensive absenteeism. This exercise cushions the need of permanent Hygiene Assistants within an environment of austerity measures and cost containment that hampers recruitment of non-clinical personnel. Normal recruitment processes for retention of eligible Covid-19 funded nurses was undertaken during the period under review to ensure continuation of quality clinical performance.

Following benchmarking against the nurses shift system; consultations with Trade Unions on review of the Security shift system continued as a means to ensure maximum number of security officials on duty at any given moment compared to the prevailing shift system.

Notwithstanding, numerous efforts made in consultation with the Provincial Infrastructure Unit to change the prevailing landscape; lack of facility maintenance and repairs remain one of the biggest threats to the safety and security of all persons using the facility. During the period under review numerous incidents were documented on Patient Safety Incidents attributed to failed facility maintenance and repairs which in itself pose unwarranted medico-legal implications, i.e. Patients lock for hours behind doors unable to open, exacerbating clinical rehabilitation. Malfunctioning cameras where incidents of assaults and/or inappropriate sexual behaviours occurred.

Unfortunately, due to the lack of preventative and routine maintenance the mental health hospital suffered a prolonged period of load shedding inflicted by a blast of the Electrical Power Substation, with extremely protracted repairs interventions that yielded a variety of inconveniences to quality service delivery.

Protracted procurement of essential patient consumables and health technology directly hampered quality, effective and efficient service delivery. The turnaround times of Diesel and Oxygen procurements were not only most conspicuous but also life threatening in itself in many instances.

This underpins the root cause of the facility need to have its own functional Finance Business Unit with financial delegations accordingly to bring about a paradigm shift.

## ACHIEVEMENTS

The Mental Health Hospital has demonstrated consistent excellent performance since inception of its revenue collection function as demonstrated below. Notwithstanding the facilities limitations of having a ten (10) bed designated Forensic Observations Bed Unit with only three (3) beds in use; this excellent performance is largely ascribed to:

- Successful consultations held with Sister Departments, DCS to utilise three (3) Observandi beds at Kimberley Correctional Centre and six (6) Observandi Beds at Social Development Place of Safety.
- Effective and efficient rendering of Forensic Observation Services, both One Day Single Psychiatrist Observation and 30-days Panel Observations despite challenges of limited Psychiatrist skills over time.

The facility management crafted a succinct Revenue Enhancement Strategy during the period under review 2022/23 which partially unfolded during the period under review:

- Billing officials on covered parking within the hospital premises which unfolded during the period under review as depicted above whilst report for Jan-March still outstanding.
- The Under shade parking bays revenue collection is aimed to be expanded to erect similar under shade parking bays at the main entrance of the facility during the financial year 2023/24.
- Operationalising the hospital 16-bed Private Voluntary/Assisted Mental Health Care ward through means of soliciting required personnel during the MTEF period.
- Effectively enhancing the Employee Health and Wellness Unit operations as a source of revenue collection.
- Introduction of a speed point done during the period under review and inception of billing eligible mental health care users at both the Voluntary Ward and Out Patients Department (OPD) as depicted above.
- Operationalising the dormant Hospital Cafeteria and Kiosk over the MTEF period.

## STRENGTHENING STAKEHOLDER RELATIONS

During the period under review, as part of its strategic goal of building stakeholder relations, the facility successfully partnered with Careline Clinic (Private Psychiatric Hospital) and Other Stakeholders in commemorating Mental Health as a Basic Human Right on the day preceding Human Rights Day.

## CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 72 Challenges & Measures Planned to overcome them: Specialised Hospital – WESH

CHALLENGES	CORRECTIVE ACTION
Under par Staff vs Patient Ratio.	Prompt filling of available Direct Replacement post and decisive responsiveness to Hospital HR Plan priority needs.
Major Lack of Infrastructural Maintenance and Repairs in both Clinical departments.	Appointment of a x3 Years Term Maintenance /Repairs Contract Service provider and/or expedite efficiency within SCM Turn around Times on Service Request.
Clinical Transportation challenges.	Additional White fleet request submitted for consideration by Provincial Transport Directorate.
Gross understaffing of Security compromise patient and staff safety including safety and security on state assets.	Reviewing of existing security shift system completed (benchmarked against nurses shift system) as a means to ensure greater presence of officials on duty.
Lack of training of security officials in management of mental health care users.	<ul style="list-style-type: none"> <li>• Submission generated to source appropriately accredited training provider on “Handling a Violent and Aggressive Mental Health Care User”.</li> <li>• In-service training planned to be cascaded by clinicians.</li> </ul>

CHALLENGES	CORRECTIVE ACTION
Poor turnaround times of Oxygen & Diesel procurement, patient consumables and Health Technology needs.	Urgent establishment of Hospital Functional Finance Business Unit during 2023/24 financial year to prioritize facility pressures in the best interest of quality service delivery.
Increased Admission of minors in Adult Wards posing medico-legal risk.	Operationalise 17 bed Child & Adolescent Unit.
Continued loss of Medical Officers and Psychiatrists to neighbouring provinces.	<ul style="list-style-type: none"> <li>• Retention of medical officers on community service.</li> <li>• Revive registrar program with UFS.</li> </ul>
Prolonged State Patients stay in Correctional facility/prison making psycho-social rehabilitation extremely difficult.	Resource injection to further enhance the 80 bed State patient ward.
Treatment resistant cases (Schizophrenia, Depression, Anxiety).	Implement new technologies and treatment modalities, i.e.: <ul style="list-style-type: none"> <li>• Electroconvulsive Therapy (ECT).</li> <li>• Transcranial Magnetic Stimulation (TMS).</li> <li>• Ketamine infusion therapy.</li> </ul>

Table 73 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: WESH

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
<b>Patient experience of care in public health facilities improved</b>	Patient experience of care survey satisfied responses	Patient experience of care satisfaction rate		20%	<b>80%</b>	63.8%	-16.2%
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>• PEC was only conducted at the beginning of Quarter 3 when the electronic system opened for the facility.</li> <li>• SCM, Finance related challenges (Lack of Liquid soap, Lack of paper towels etc.).</li> <li>• Infrastructure and Maintenance related challenges (Lack of functional hand washing basins, Malfunctioning of warm water, Locked doors and malfunctioning cameras).</li> <li>• IPC related challenges (General cleanliness of services areas due to inefficient performance management of HFA's).</li> </ul>				
			<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>• Establishment of a designated Quality Management Office (Quality Manager/IPC Nurse/Data Capturer) to properly manage all quality related issues.</li> <li>• Enhancing inefficiencies within the SCM supporting unit</li> <li>• Establishment of Hospital Functional Finance Business Unit.</li> <li>• Improve decision space for financial delegations.</li> <li>• Appointment of service provider through term contract to address all infrastructural defects and maintenance challenges.</li> </ul>				
<b>Management of patient safety incidents improved to reduce new medico-legal cases</b>	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	40%	75%	<b>100%</b>	0%	0%
			<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>• No (SAC)1 incidents were reported.</li> </ul>				
	<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>• Continued vigilance on identification and grading of incidents.</li> </ul>						
	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate		75%	<b>100%</b>	100%	0%
<b>REASONS FOR DEVIATION:</b> <ul style="list-style-type: none"> <li>• Cases closed within record time of 25 days.</li> </ul>							
<b>IMPROVEMENT PLAN:</b> <ul style="list-style-type: none"> <li>• Continue with current good practices.</li> </ul>							

## LINKING PERFORMANCE WITH BUDGET

Table 74 Linking Performance with Budget: Programme 4 – Provincial Hospital Services

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES	2022/23			2021/22		
	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
General (Regional) Hospitals	312 087	312 087	-	328 044	328 044	-
Tuberculosis Hospitals	20 299	20 299	-	19 117	18 935	182
Psychiatric/Mental Hospitals	121 215	121 215	-	123 254	123 254	-
<b>Total</b>	<b>453 601</b>	<b>453 601</b>	<b>-</b>	<b>470 415</b>	<b>470 233</b>	<b>182</b>

Provincial Hospital Services spent R453.601 million or 100 percent of its allocated budget of R453.601 million.

## **14.5. Programme 5 – Tertiary Hospital Services**

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### **PROGRAMME PURPOSE AND STRUCTURE**

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To deliver tertiary services which are accessible, appropriate, effective and provide a platform for training health professionals.

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### **SUB-PROGRAMMES**

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- Sub-Programme 5.1: Robert Mangaliso Sobukwe Hospital (RMSH)

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### **OUTCOMES**

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1. Patient experience of care in public health facilities improved.
2. Management of patient safety incidents improved to reduce new medico-legal cases.
3. Maternal, neonatal, infant and child mortality reduced.

### 14.5.1. Sub-Programme 5.1: Robert Mangaliso Sobukwe Hospital (RMSH)

#### PURPOSE

1. Improve efficiencies and quality of care at Provincial Tertiary Hospital services.
2. Ensure compliance with the national core standards for effective health service delivery.
3. Implement effective referral systems by ensuring a close relationship between all levels of the health systems.

#### SITUATION ANALYSIS

The Hospital continues to provide secondary and tertiary services to the people of the Northern Cape and strives for health excellence in service delivery for all communities across the province despite numerous challenges encountered. Continuous maintenance of infrastructure and clinical equipment is often neglected due to cash flow constraints faced by the hospital; this might lead into adverse events in the near future. It is against this background that provincial intervention is needed to develop a plan to avert any disruption of services.

The bed utilisation rate for the hospital is at 67.4% and the average length of stay for inpatients has increased from 7.1 to 9.1 days. The prolonged length of stay is mostly experienced in Orthopaedics and ICU.

The following are some of the contributing factors impacting on the increased length of stay:

- Limited theatre time impacting on the delay in surgical procedures
- Long-term disease profile in ICU, e.g. Myasthenia gravis
- Patients presenting late for treatment, e.g. Oncology

#### Maternal Deaths

Table 75 Maternal deaths (RMSH)

Town	Number
Kuruman	3
Upington	1
Kimberley	3
Postmasburg	1
Windsorton	1
<b>TOTAL</b>	<b>9</b>

#### Neonatal Deaths

Table 76 Neonatal deaths (RMSH)

Death in Facility 0-6 days	Death in Facility 7-28 days	Total	Neonatal Death in facility Rate
115	30	145	37.9%

#### Delivery 10-19 years

Table 77 Delivery in Facility (RMSH)

Delivery 10-14 years in facility	Delivery 15-19 years in facility	Total	Delivery 10-19 years rate
22	528	550	13.8%

The institution has nine (9) operating theatres, eight (8) of which are fully equipped but only four (4) are operational due to staff shortages. At times the planned cases need to give way to emergency cases, resulting in backlogs, delays, postponements and cancellations. The waiting list for theatre cases is currently 9-12 months with the bulk in Orthopedics. Immediate plans, over the next three months, aim to improve our theatre services to respond to the backlog of elective surgeries with the appointment of additional Nurses and surgical marathons to increase theatre output and decrease the waiting time and backlog. In an effort to respond to the surgical backlog, the institution had a surgical marathon in collaboration with Gift of the Givers from 28<sup>th</sup> to 30<sup>th</sup> October 2022. The team consisted of anaesthetists and scrub nurses to perform forty (40) catch-up surgeries. The Service Level Agreement with Medicomed was approved and the surgical marathon will take place from 17<sup>th</sup> to 21<sup>st</sup> April 2023.

Radiology services, amongst others, are also experiencing severe staff shortages. There are two Radiologists at RMSH who also covers reporting in the Province. This is an impossible task and, as a result, the CT scanner at Dr Harry Surtie had to be shut down because of unacceptable delays in reporting. The waiting lists for modalities (mammograms, sonar,

MRI and CT) in the unit have had to be cut in order to allow the Radiologist to train new candidates as they have no prior experience.

The lack of a District Hospital in the Sol Plaatje area, as well as Primary Health Care facilities closing at 16h00, adds undue pressure in our Accident and Emergency section as 50% of the patients that present for health care needs are mostly Primary Health Care patients. Thus there is a greater need to fast track the much anticipated 24-hour Accident and Emergency facility at the Galeshewe Day Hospital (GDH) to relieve the pressure on RMSH.

Continuous maintenance of infrastructure and clinical equipment is often neglected due to cash flow constraints faced by the hospital. It is against this background that provincial intervention is needed to develop a plan to avert any disruption of services. The Health Technology Committee will be re-established within the next financial year (2023/24). A comprehensive plan will then be developed to ensure gradual replacement of health technology equipment that has reached end of life. Maintenance contracts will also be reviewed.

The Radiation Oncology centre will be established as part of our strategy to in-source the service. This will increase the accessibility to radiotherapy services in the Province and provide convenience and shorten the waiting time for treatment. The Department has since procured a linear Accelerator. In the last 4 years, the facility introduced Radiation Oncology services through a partnership with an external Radiotherapy Oncology service (Icon) based at the Lenmed Hospital. A total number of three hundred and eleven (311) patients were successfully treated at Icon.

The Hospital established a partnership with the Smile Foundation to operate on children with Cleft lip and or palate birth defects and one hundred and twenty (120) children have benefited from this partnership since 2017.

According to the Health Calendar the month of March is Brain Injury Awareness Month and we were blessed with new Neurosurgical equipment, namely a brand new microscope that can also be used by ENT and Maxillofacial surgery as well as for spinal surgery. We also received a new Stealth navigation system that will improve Neurosurgical outcomes, especially on brain surgery. An Ophthalmology theatre table was also donated to RMSH. The Private consulting rooms will also be re-opening on the 3<sup>rd</sup> April 2023, which will assist in revenue generation for the facility.

The institution has experienced a number of service terminations as a result of resignations, ill health, retirement and even demise. The following is a statistical view for April – March 2023:

Table 78 Service Terminations (RMSH)

Category	Resignation	Retirement	Ill Health	Deceased	Total
Medical Specialist	3	0	0	0	3
Medical Officer	24	0	0	1	25
Operational Manager	1	0	0	0	1
Professional Nurse	16	11	1	1	29
Enrolled Nurse	5	2	1	2	10
Radiographer	5	0	0	0	5
Social Worker	1	0	0	0	1
Speech / Audio	2	0	0	0	2
Occupational therapy	3	0	0	0	3
Pharmacist	1	0	0	0	1
Environmental Health Practitioner	2	0	0	0	2
Assistant Director - Finance	0	1	0	0	1
Chief Personnel Officer	0	1	0	0	1
Artisan foreman	0	1	0	0	1
Admin Clerk	2	0	1	1	4
Cleaner	5	2	0	1	8
Porter	1	0	0	1	2
Security	1	0	0	0	1
Auxiliary Service Officer	0	3	0	0	3
Seamstress	0	1	0	0	1
<b>TOTAL</b>	<b>72</b>	<b>22</b>	<b>3</b>	<b>7</b>	<b>104</b>

The turnaround time in filling vacancies and the lack of human resource delegations results in the slow responsiveness in the provision of health care services. The institution needs to continuously address measures to attract and retain critical scarce skills. As such the following appointments were made for various disciplines:



Table 79 Appointments (RMSH)

Category	Number
Medical Specialists	2
Medical Officer	41
Professional Nurse	5
Staff Nurse	7
Radiographer	4
Pharmacist	4
Post Basic Pharmacy Assistant	2
Physiotherapy	1
Audiology / Speech	1
Occupational Therapist	2
Orthotic & Prosthetic	1
Cleaner	2
<b>TOTAL</b>	<b>72</b>

## ACHIEVEMENTS

- Acquisition of key clinical and support equipment includes, amongst others:
  - Endoscope.
  - Lifts have been delivered and installation has started on the four lifts that are being replaced. Public Works and Provincial Infrastructure are managing the replacement of the lifts.
  - Laparoscopic camera systems - Laparoscopic high end (3D), Neurosurgery Microscope: LEICA ARVEO.
  - Cardiology Ultrasound - GE Vivid E90.
  - Theatre Light Ceiling – Mount.
  - Orthopaedic drill small for all smaller procedures.
  - Five Trauma Stretchers.
  - Neurosurgery Drill.
  - Calf Compression machines.
  - Video endoscopic system and flexible adult gastro scope.
  - Digital Mobile X-ray Machine.
  - Ultrasound Cardiology Siemens Acuso CS2000 Machine.
  - Fabian ventilator.
  - Neuro Navigation System.
  - DR 100e 32LW Analogue Rotating Column.
  - Cannon Convex Probe for Neonatal head sensor.
  - Twenty-three Medical 100F (Glass Door Medical Fridge with Low F Glass).
  - The institution received twenty-three (23) television sets which were distributed to clinical areas. The purpose of the TV sets is to promote and educate our patients by showing educational programs and give health information to patients.
  - Gift of the Givers donated comfort packs (sanitary towels) to the department of Paediatrics, Obstetrics and Gynaecology.
  - The Salvation Army Church donated comfort packs (toiletries) to Paediatrics units.
  - The Bikers Church donated blankets for patients at the Accident and Emergency unit during July 2022.
  - The ASEZ WOA Church of God delivered snack packages to staff members at the facility.
- The following assistive devices and clinical equipment (Value R3, 660,271) was donated by the Sishen Iron Ore Community Development Trust (SIOC):
  - Heidelberg OCT.
  - Oculus Pentacam.
  - Nidek handheld AR/K.
  - Corneal Cross-Linking and surgical instruments for ophthalmology services.
- Integration from old to new Picture Archiving and Communication System (PACS) completed.
- RMSH is an official pilot site for the Artificial Intelligence (AI) Project and plans are underway to improve the system to assist especially with reporting of chest X-ray pathology.
- The old Agfa Digitizers (A compact, single slot, table-top digitizer that handles both digital mammography and general radiography applications) were replaced as part of the Service Level Agreement.
- Cataract outreach to DSH – thirty-two (32) patients.
- CT scan outreach to DSH – eighty-three (83) patients and one hundred and fifty (150) procedures.
- Successful Breast Cancer Awareness and Premature Awareness campaign promoting the Breast milk bank.

- The Heritage Day Celebration on the 23<sup>rd</sup> September 2022 was one of the highlights of the month as it encouraged team building, unity within the units and staff.

## CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 80 Challenges & Measures Planned to overcome them: Tertiary Hospital – RMSH

CHALLENGES	CORRECTIVE ACTION
Insufficient theatre time due to shortage of theatre nurses and Anaesthetic doctors, preventing the opening of all theatres – resulting in backlogs, delays, postponements or cancellations and possible litigation - At times the planned cases need to give way to emergency cases.	<ul style="list-style-type: none"> <li>• Appointment of Theatre Nurses and Anaesthetic doctors.</li> <li>• Appoint Agency Nurses (temporary).</li> <li>• Surgical marathons to reduce the backlog.</li> <li>• Procurement of Equipment.</li> <li>• Recruitment of CSSD staff.</li> <li>• Optimise Laundry Services.</li> </ul>
Limited telephone lines are creating many challenges of following up patients. Confidential calls cannot be made to family and other Provincial Departments.	Repairs to existing lines as well as expansion of the current switchboard system.
No dedicated budget for Assistive devices, maintenance and repairs.	Matter discussed with Senior officials to allocate budget for assistive devices.
<p><b>Chronic shortage of staff</b></p> <ul style="list-style-type: none"> <li>• Hampers efficient and effective health care services.</li> <li>• Continued exodus of clinical professionals.</li> <li>• Certain services might collapse if the exodus of staff continues.</li> <li>• Low staff morale.</li> </ul> <p><b>Litigations</b></p> <ul style="list-style-type: none"> <li>• Increase in adverse events</li> <li>• Increased complaints</li> <li>• Compromised Infection Prevention and Control (IPC)</li> </ul>	<ul style="list-style-type: none"> <li>• Fill critical frontline service vacant and funded posts urgently in line with the functional organogram, to prevent the increase in medico-legal cases. Managers to Prioritize approvals.</li> <li>• HOD to consider reviewing of HR Delegations to the CEO.</li> <li>• Filling of vacancies in line with the WHO and WISN norms and standards to support adequate health care service in line with the hospital service package.</li> <li>• An external agency appointed to assist with monthly surgical marathons as an attempt to reduce the backlogs.</li> <li>• The first surgical marathon is planned for 17<sup>th</sup> -21<sup>st</sup> April 2023.</li> </ul>
Overcrowding at Accident & Emergency Unit.	<ul style="list-style-type: none"> <li>• Capacitate and strengthen District Health Services to provide the correct package of services, emphasis on operationalizing theatres to reduce waiting times.</li> <li>• Health Promotions to provide health education by advising members of the community to make use of Primary Health Care facilities in their immediate communities as part of the referral pathway process including the inter-provincial referrals to allow the hospital to focus on tertiary services.</li> <li>• Establishment of a 24-hour Accident &amp; Emergency services Unit at Galeshewe Day Hospital.</li> </ul>

Table 81 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Tertiary Hospital – RMSH

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
<b>Patient experience of care in public health facilities improved</b>	Patient experience of care survey satisfied responses	Patient experience of care satisfaction rate		69%	<b>80%</b>	73%	-7%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Cleanliness and infection prevention control obtained 69.7%, which is lower than the norm of 74%, mainly due to staff shortages and overworked staff resulting in low staff morale.</li> <li>Patient waiting times obtained 62.2% which is below the norm of 74%.</li> </ul>				
			<b>IMPROVEMENT PLAN:</b>				
			<ul style="list-style-type: none"> <li>Urgent filling of most critical vacant funded posts in line with the functional organogram.</li> <li>Health facility Assistants (HFA's) appointed on contract in the interim to assist with cleaning.</li> </ul>				
<b>Management of patient safety incidents improved to reduce new medico-legal cases</b>	Severity assessment code (SAC) 1 incident reported within 24 hours	Severity assessment code (SAC) 1 incident reported within 24 hours rate	100%	100%	<b>100%</b>	94%	-6%
			<b>REASONS FOR DEVIATION:</b>				
	<ul style="list-style-type: none"> <li>Seventeen (17) out of eighteen (18) (SAC)1 incidents were reported within 24-hours.</li> </ul>						
				<b>IMPROVEMENT PLAN:</b>			
			<ul style="list-style-type: none"> <li>Monitor and maintain the reporting of all (SAC)1 incidents within 24 hours.</li> </ul>				
	Patient Safety Incident (PSI) case closed	Patient Safety Incident (PSI) case closure rate		100%	<b>100%</b>	100%	0%
			<b>REASONS FOR DEVIATION:</b>				
	<ul style="list-style-type: none"> <li>All PSI cases were reported and resolved/closed.</li> </ul>						
				<b>IMPROVEMENT PLAN:</b>			
			<ul style="list-style-type: none"> <li>Maintain the status quo.</li> </ul>				
<b>Maternal, neonatal, infant and child mortality reduced</b>	Maternal death in facility	Maternal Mortality in facility		409 / 100 000	<b>≤9</b>	9	0
			<b>REASONS FOR DEVIATION:</b>				
	<ul style="list-style-type: none"> <li>Nine maternal deaths were reported.</li> </ul>						
				<b>IMPROVEMENT PLAN:</b>			
			<ul style="list-style-type: none"> <li>Liaise with Health Promotion to continue with community outreach to promote antenatal clinic visits.</li> <li>Monitor and maintain the status quo.</li> </ul>				
	Death in facility under 5 years total	Death in facility under 5 years		4.3	<b>≤180</b>	78	102
			<b>REASONS FOR DEVIATION:</b>				
	<ul style="list-style-type: none"> <li>Patients exposed to other underlying conditions.</li> <li>Some patients present late at the health facility and disregard danger signs or defaults treatment.</li> </ul>						
				<b>IMPROVEMENT PLAN:</b>			
			<ul style="list-style-type: none"> <li>Improve community education through Health Promotion Unit.</li> <li>Adhere to the Road to Health booklet.</li> <li>Collaboration with social development to improve psychosocial support to parents' guidance or children.</li> </ul>				

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
	Diarrhoea death under 5 years	Child under 5 years diarrhoea case fatality rate		3.1	5.8	1.8	-4
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Some patients present late at the health facility and disregard danger signs.</li> </ul>				
	<b>IMPROVEMENT PLAN:</b>						
	<ul style="list-style-type: none"> <li>Liaise with Health Promotion to continue awareness and education in the community about danger signs.</li> </ul>						
	Pneumonia death under 5 years	Child under 5 years pneumonia case fatality rate		3.4	3.8	4.2	-0.4
<b>REASONS FOR DEVIATION:</b>							
<ul style="list-style-type: none"> <li>Some patients present late at the health facility and disregard danger signs.</li> </ul>							
<b>IMPROVEMENT PLAN:</b>							
<ul style="list-style-type: none"> <li>Liaise with Health Promotion to continue awareness and education in the community about danger signs.</li> </ul>							
Sever Acute Malnutrition (SAM) death under 5 years	Child under 5 years severe acute malnutrition case fatality rate		31.3	7.1	19.8	-12.7	
		<b>REASONS FOR DEVIATION:</b>					
		<ul style="list-style-type: none"> <li>Some patients present late at the health facility and disregard danger signs.</li> </ul>					
<b>IMPROVEMENT PLAN:</b>							
<ul style="list-style-type: none"> <li>Strengthening of the supplementation programme on discharge and liaise with the down referred facility to ensure continuum of supply of supplements.</li> <li>Strengthen partnership with the Department of Social Development.</li> </ul>							

## LINKING PERFORMANCE WITH BUDGET

Table 82 Linking Performance with Budget: Programme 5 – Central Hospital Services

PROGRAMME 5: CENRTAL HOSPITAL SERVICES	2022/23			2021/22		
	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
Provincial Tertiary Hospital Services	1 259 103	1 259 103	-	1 212 972	1 211 672	1 300
<b>Total</b>	<b>1 259 103</b>	<b>1 259 103</b>	<b>-</b>	<b>1 212 972</b>	<b>1 211 672</b>	<b>1 300</b>

Central Hospital Services spent R1.259.103 billion or 100% of its allocated budget of R1.259.103 billion.

## **14.6. Programme 6 – Health Sciences and Training**

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### **PROGRAMME PURPOSE AND STRUCTURE**

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Develop a dedicated ethical educated workforce to acquire knowledge and principles in the provision of nursing, emergency medical care and other health professions, empowering them to translate their knowledge, skills and attitude to complement a comprehensive health care service in the Province.

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### **SUB-PROGRAMMES**

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- Sub-Programme 6.1: Health Sciences & Training (HST)

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### **OUTCOMES**

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1. Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service.

## 14.6.1. Sub-Programme 6.1: Health Sciences & Training (HST)

### PURPOSE

1. Continuous staff development through CPD points and WSP.
2. Academic and support staff development.
3. To invest in human capital in order to enhance healthcare service delivery through allocation of bursaries.
4. To identify and address scarce and critical skills in the public Health Sector through research and development.

### SITUATION ANALYSIS

#### HUMAN RESOURCE DEVELOPMENT (HRD)

The key functional areas of the Human Resource and Development (HRD) Unit during the 2022/23 financial year had been focused on capacity building and developmental programmes. These programmes included a myriad of skills development programmes and Executive Leadership Management (ELM) Programmes guided by the Work Place Skills Plan while developmental programmes were mainly comprised of bursaries, Learnership and internships. In the process of rolling out these trainings the unit had also identify a need to reprioritise some of its programmes to address the prevailing gaps with respect to the shortage of critical skills in disciplines such as Post Basic in Nursing Science, with a particular focus on Theatre Technique and Health Care Support Technical Skills. A proposal was therefore compiled and sent to HWSETA to fund Thirty (30) Intensive Care Unit, fifteen (15) Operating Theatre Techniques, Eight (8) Prosthetics and Orthotics, Eight (8) Surgical Footwear Technicians, Eight (8) Leather Workers and Eight (8) Orthotics Assistants. Despite several reminders, including the meeting held between NCDOH and HWSETA on the invitation of the Acting Head of Department all these efforts could regrettably not bear any tangible positive outcome.

At the time of the compilation of this report, HRD had conducted three hundred and forty-one (341) skills based trainings, offered thirty-five (35) scholarships to recurring Mandela Castro Medical Collaboration Programme (MCMCP) students and a bursary to one South African trained medical student. By the end of the 2022 academic year twenty-one (21) students had successfully completed their medical studies and thus increased the current pool of MCMCP doctors to one hundred and forty-two (142). Of these doctors, seventy-two (72) are currently on internship, whereas seventy (70) are comprised of Grade One Medical Officers and Community Service Doctors. Five of the seventy (5/70) Medical Officers have reneged on their contractual obligations and this translates to a 92.8% performance output of the professional yield of MCMCP doctors in various health care facilities in the Northern Cape. While the Department celebrates this outcome, HRD had, however, viewed the contravention of the bursary contract in a serious light and had therefore referred those who had breached their contractual obligation to legal services for further action.

To supplement the Work Skills Programme (WSP) training needs, the unit had applied for various training interventions advertised in the HWSETA Expression of Interest (EOI) in the 2022/23 financial year. The positive outcome of this application had resulted in the approval of twenty (20) bursaries for employees, twenty (20) Adult Education and Training (AET), nineteen (19) Certificates in Emergency Medical Care, four (4) Diplomas in Emergency Medical Care (EMC) and twelve (12) Lecturer Development Programmes (LDP). Both the Certificates and Diplomas in EMC have been implemented, whereas plans for the execution of the others, such as bursaries, LDP and AET, are at an advanced stage.

In addition, the Unit has been coordinating the management of numerous training interventions funded by HWSETA, which include:

- Thirty-seven (37) TVET Learnership Programmes for interns in possession of National Qualification Framework (NQF) Level 5 Certificate.
- Eighty-six (86) learners who undertook the Post Basic Pharmacy Assistant (PBPAs) Course. The programme had since concluded and culminated in a successful certification Ceremony hosted by the NCDOH in collaboration with the S. Buys Training Academy on the 30<sup>th</sup> November 2022.
- Ten (10) internal staff bursaries of whom only five (5) had complied and undertook studies as planned.
- Twenty-six (26) Lecturer Development Programmes that was successfully conducted.

Key to compliance with the Public Service Coordinating Bargaining Council (PSCBC) Resolution 1 of 2012 was the implementation of the Recognition of Improved Qualifications (ROIQ's). The beneficiaries for ROIQ's amounted to the following: John Taolo Gaetsewe (JTG) - 12, Namakwa - 2, Frances Baard and Provincial Office (FB) - 23, Zwelentlanga Fatman Mgcawu (ZFM) - 4 and Pixley-Ka-Seme (PKS) - 11. A total of fifty-two (52).

The Implementation Plan and Monitoring Tool of the HRD strategic focus area were compiled and submitted to both the Office of the Premier (OTP) and the Department of Public Service and Administration (DPSA). In fostering collaboration with internal and external stakeholders, the unit attended the quarterly Provincial HRD Forums, Senate meetings of Henrietta Stockdale Nursing College and Pharmaceutical Directorate meetings at Robert Mangaliso Sobukwe Hospital

(RMSH) and the Pharmaceutical Unit respectively. The above activities happened against the backdrop of labour relations challenges in the unit due to unfortunate acts of financial misconduct that led to two HRD employees being placed on precautionary suspension.

### Executive Leadership and Management Programme

To enhance capacity building and development across different levels of management (Senior, Middle and Operational Management) HRD had organised the Executive Leadership and Management Programme (ELM) for managers in the province. This was a high level programme presented by the African Institute for Health Leadership in collaboration with the University of Alabama at Birmingham. The core focus of the training was on high reliability clinical governance and National Health Insurance. The training was aimed at building the skills and knowledge of the one hundred and fourteen (114) Managers in order to address large-scale challenges around budgeting and to bring a bold and positive change in technology, human resources, healthcare turnaround efforts, innovation, health quality reforms, and accountability initiatives.

### Skills Development Programmes

To enhance employees at the workplace in order to improve service delivery HRD facilitated numerous transversal skills development trainings. A summarised breakdown of these trainings in terms of race and gender are shown in the table below.

Table 83 Transversal Skills Development Trainings

Districts	Male				Female				Totals
	A	C	W	I	A	C	W	I	
Diversity Management	1	3	0	0	2	15	0	0	21
Compulsory Induction Programme	1	7	0	0	2	10	0	0	20
Basic Computer Training	8	5	0	0	13	22	0	0	48
Conflict Management	2	0	0	0	16	4	0	0	22
Project Management	16	1	1	0	27	7	0	0	52
Computer Training (Supervisors)	3	1	0	0	20	0	0	0	24
Finance for Non-Financial Managers	2	0	0	0	17	3	0	0	22
Business Ethics in the Professional Environment	0	2	0	0	1	15	0	0	18
<b>TOTAL</b>	<b>33</b>	<b>19</b>	<b>1</b>	<b>0</b>	<b>98</b>	<b>76</b>	<b>0</b>	<b>0</b>	<b>227</b>

### Mandela-Castro Medical Collaboration Programme (MCMCP)

The Unit continued to make significant strides in the production of medical doctors through the Mandela-Castro Medical Collaboration Scholarship. Besides the nineteen (19) final year students that had written and passed their medical studies in the 2022 Academic Year, an additional seven (7) sat for the Cuban Board Examinations in March 2023. If successful, this would translate to the overall output of one hundred and forty-seven (147) doctors produced through the MCMCP. The remaining recurring MCMCP students in various South African universities are nine (9) in total, who are all in their final year of study. These consist of seven (7) repeating students, who had failed in the 2022 academic year, and two (2) who had returned from Cuba in August 2022. There is only one student remaining in Cuba, who is in her fifth year of study. The table below shows the distribution of these students in terms of race and gender.

Table 84 Distribution of Mandela-Castro Medical students in Terms of Race and Gender

Districts	Male				Female				Totals
	A	C	W	I	A	C	W	I	
<b>Students in final year of study in SA universities completing in 2023 academic year</b>									
Frances Baard	4	0	0	0	1	0	0	0	5
ZF Mgcawu	1	0	0	0	0	0	0	0	1
JTG	1	0	0	0	0	0	0	0	1
Namakwa	0	0	0	0	0	0	0	0	0
Pixley	0	0	0	0	0	0	0	0	0
Sub-Total	6	0	0	0	1	0	0	0	7
<b>Students who returned to SA in July 2022 and expected to complete in 2023 academic year</b>									
Frances Baard	1	0	0	0	1	0	0	0	2
Sub-Total	1	0	0	0	1	0	0	0	2
<b>Students in Cuba: one in fifth year of study</b>									
ZF Mgcawu	0	0	0	0	0	1	0	0	1
Pixley	0	0	0	0	0	0	0	0	0
Sub-Total	0	0	0	0	0	1	0	0	1
<b>TOTAL</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>10</b>



## Technical and Vocational Education and Training Internship

The number of Technical and Vocational Education and Training (TVET) interns managed by HRD had increased from thirty-seven (37) to forty-seven (47). The additional ten (10) was derived from the recent approval of a submission on the implementation of thirty (30) interns funded by HWSETA. The other twenty (20) interns had declined the offer due to receiving training opportunities elsewhere. As was previously reported these interns were supposed to commence with their training on the 1<sup>st</sup> August 2022 but due to the delay of the submission they could not start on time. To correct this, HRD had advertised the outstanding twenty (20) TVET interns on the 10<sup>th</sup> March 2023 and the recruitment and selection of these trainees was concluded on the 31<sup>st</sup> March 2023.

The thirty-seven (37) TVET interns are undertaking experiential learning in various administrative support programmes across all the five Municipal District Offices, Provincial Office, Robert Mangaliso Sobukwe Hospital, Dr Harry Surtie Hospital, the two Colleges (EMS and Nursing) and the Northern Cape Mental Health Hospital. This training intervention had commenced in the beginning of February 2022 and is expected to conclude at the end of July 2023. The training is progressing well and every intern has been receiving a monthly stipend of R 3 500, 00. This programme has, however, experienced significant administrative glitches where nine of the thirty-seven (9/37) interns were not paid their monthly stipend. This issue has been referred to Human Resource Administration for correction.

Table 85 Breakdown of TVET Interns in Terms of Facility by Gender and Race

Districts	Male				Female				Totals
	A	C	W	I	A	C	W	I	
<b>37 TVET Interns Recruited in February 2022</b>									
Provincial Office	2	0	0	0	2	0	0	0	4
Robert Mangaliso Sobukwe Hospital	2	0	0	0	8	0	0	0	10
New Mental Hospital	0	0	0	0	1	2	0	0	3
Frances Baard	3	0	0	0	8	0	0	0	11
ZF Mgcawu	1	0	0	0	0	2	0	0	3
John Taolo Gaetsewe	0	0	0	0	1	0	0	0	1
Namakwa	0	0	0	0	0	1	0	0	1
Pixley	1	0	0	0	2	1	0	0	4
<b>TOTAL</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>37</b>

As indicated above, the additional ten (10) interns had commenced with their experiential learning. The Unit is in the process of recruiting more interns to fill the outstanding twenty (20) training spaces for TVET interns in possession of NQF 5 Certificate.

## Appointment of Bursary Holders

In 2022 the Department had three hundred and one (301) health professionals placed on the Community Service (CS) programme. The cohort was a mix of bursary holders as well as non-bursary holders. At the end of the 2022 CS cycle, forty-six (46) bursary holders were expected to be absorbed and appointed in NCDOH permanent posts. The group consisted of only four clinical fields, i.e. medicine, nursing, pharmacy and physiotherapy. Of the forty-six (46), only thirty-nine (39) were appointed in quarter 4 and the other six (6) will start in the new financial year (2023/24) as they are yet to complete their Community Service programme between April to August 2023. There is one (1) attrition of a Medical Doctor, but is being traced back. The status of absorptions/permanent appointment of bursary holders is as follows:

Table 86 Breakdown of Bursary Holder Appointments

No.	Category	Planned Appointments	Assumed Duty (Jan 2023)	Later Appointment (April - Aug 2023)	Attrition
1	Medical Officers	22	16	5	1
2	Pharmacists	2	1	1	-
3	Physiotherapist	1	1	-	-
4	Prof Nurse	21	21	-	-
	<b>TOTALS</b>	<b>46</b>	<b>39</b>	<b>6</b>	<b>1</b>

## Fostering Collaborative Relations with Internal and External Stake Holders

The fostering of collaborations with internal and external stakeholders is essential to enhance training and capacity building and development. Besides liaising with professional bodies, Institutions of Higher Education, the National Department of Health and the Office of the Health Attaché in Cuba, HRD has been interacting with the EMS College, Nursing College, Regional Training Centre, the Office of the Premier and HWSETA.

The unit has been promoting inter-departmental relations through attendance of quarterly Provincial HRD Forums coordinated by the Office of the Premier. These quarterly review sessions on HRD programmes were attended by various Departments in the Northern Cape and the National School of Government (NSG). The unit has made positive immense contribution to the Provincial HRD Forums. The Department of Public Service and Administration had reported in November 2022 that the NCDOH plays a significant role in the Northern Cape where HRD training programmes constitutes 74.4% of the overall developmental programmes in the province.

## **HENRIETTA STOCKDALE NURSING COLLEGE (HSNC)**

### **Training**

The target for 2022/23 was thirty-six (36), that is made up of eight (8) students doing their Diploma in Nursing (General, Psychiatry and Community) and Midwifery (R.425), commonly known as Four-Year Comprehensive Course, and twenty-eight (28) students doing their Diploma in General Nursing, commonly known as Bridging Course (R.683). All eight students passed and commenced with their Community Service. Twenty-five (25) Bridging Course students passed, fifteen (15) on their first attempt and ten (10) on their second attempt. The remaining three (3) will sit for re-examination in May 2023. The deviation was therefore three (3), who still have two more opportunities for re-writing. Although they would create another deviation in the 2023/24 financial year, it would be an achievement for them to pass as the programme is phasing out. The November examination will be the last for this programme. Should they be unable to pass both the two examination opportunities, then they will have to remain as Enrolled Nurses.

### **Monitoring and Evaluation Visit**

The South African Nursing Council (SANC) conducted a Monitoring and Evaluation visit for both the Nursing Education Institution and some of the clinical placement facilities from the 5<sup>th</sup> to 8<sup>th</sup> April 2022. The facilities that were visited are: Henrietta Stockdale Nursing College, Robert Mangaliso Sobukwe hospital – FB, Dr Harry Surtie hospital – ZFM, Tshwaragano hospital – JTG, Kagiso Health Centre – JTG, GW Maroro PHC clinic – JTG, Beaconsfield clinic – FB and Acacia Park Trans-50 Retirement Home – FB.

The general finding was that facilities have evidence of ownership. It was thus indicating that the following areas are in need of improvement:

*Table 87 Facilities requiring improvement*

<b>Nursing Institutions</b>	<b>All Institutions</b>
<ul style="list-style-type: none"> <li>• Module guide to be uniform and include practical component and be interactive.</li> <li>• Security of assessments to be verified.</li> <li>• Peer review mechanisms to be put in place.</li> <li>• Guidelines for appeals process needs to be in place.</li> <li>• Full content to be indicated on attendance register.</li> <li>• Students not to be recalled from practice for remedial action.</li> <li>• Top up marks for entry into examination to be reconsidered.</li> <li>• Daily lecture evaluation is important.</li> <li>• students to be given feedback on evaluations.</li> <li>• A clear narrative on provision of prescribed books.</li> <li>• Orientation programme to be indicated on the master educational plan.</li> <li>• Orientation to the module must be indicated on the block programme.</li> <li>• Clinical specimen of signatures to be provided for medical and nursing staff involved in teaching students.</li> </ul>	<ul style="list-style-type: none"> <li>• Some hospital boards and clinic committees not functional, most OHS are being revived</li> <li>• No contingency plans for water and electricity outages for some facilities, some are available but not functional</li> <li>• Acts and Regulations not properly indexed and not filed separately.</li> <li>• Emergency trolleys not checked regularly, and equipment in some facilities not clean.</li> <li>• Disaster plans not available and disaster drills not conducted, floor plans not available, assembly points not available in most facilities</li> <li>• There is no proof of read and signed acknowledgement of policies and guidelines</li> <li>• There is no proof of signed and acceptance of delegation of duties</li> <li>• Ideal clinic standards not achieved for both clinics visited, one clinic still the best in the health area although standards are not achieved</li> <li>• Drug control principles not adhered to</li> <li>• Infection prevention and control and prevention principles not adhered to</li> <li>• No maintenance plans for facilities</li> <li>• Student not included in off-duty books in some facilities accredited for students' clinical placements and students' learning objectives not displayed</li> <li>• SANC accreditation letter for clinical placement of the new clinical placement facilities not available in some facilities. No formal agreements between facilities themselves for disaster situations</li> <li>• Register for coming on and off duty not signed in some facilities</li> </ul>

The Tshwaragano Hospital was also visited by NDOH for both Nursing Education and Nursing Practice from the 24<sup>th</sup> to 25<sup>th</sup> January 2023 where the following presentations were made: Provincial 5-year Training Plans for Nursing and Midwifery Specialists.

### **Recruitment and Selection Committee**

The Recruitment and Selection Committee has been established in preparation for the new nursing qualifications according to the National Department of Health guidelines. The Terms of Reference is being established. A draft for the selection guidelines is also available. Both documents are awaiting finalization which will set the standards for the recruitment and selection of students.

### **Risk Register**

The Risk Register has been reviewed and updated on the 10<sup>th</sup> May 2022. The risk of not being accredited, the inability to commence with the new nursing qualifications and the inability to produce enough professionals for the Province remains high.

### **Establishment of Clinical Education and Training Units for Health establishments**

The Province was commended for the availability of teaching and learning resources (manikins).

### **Academic Activities**

The fifty-three (53) A-2018 students, who have completed the fourth year second semester block, wrote the final semester theoretical examinations in February/March 2023 and all managed to pass. The practical examinations for Midwifery and Community Nursing Science and the completion of clinical hours are still outstanding. Students are expected to complete their practical examinations and commence with their Community Service in June 2023. The group consists of the following number of students per District:

*Table 88 HSNC Student numbers per District*

<b>District</b>	<b>Number</b>
Frances Baard	3
ZFM	11
JTG	16
Pixley	10
Namakwa	13
<b>TOTAL</b>	<b>53</b>

The twenty-eight (28) B-2018 students have commenced with the fourth year first semester. This group is part of the A-2018 group mentioned above, however, they did not progress at the same pace. They are also expected to complete training before June 2024.

The fifty (50) A-2019 students commenced with the third year, second semester in January 2023. This group is expected to complete the third year and commence the fourth year in July 2023 to complete their studies in June 2024 and commence with Community Service for Nurses in July 2024. There are however, four students who did not pass some of the second year modules and had to repeat. They will be commencing their third year in July 2024 and will only be completing their training in June 2025, which is the last year before this legacy qualification will be phasing out.

### **Accreditation of New Nursing Qualifications**

Conditional accreditation has been received from Council on Higher Education for both Higher Certificate in Auxiliary Nursing and Diploma in Nursing. Progress reports are being sent on how the pre commencement conditions will be met. The final response from CHE is still awaited and a site visit still has to be conducted. The Advanced Diploma in Midwifery curriculum is now ready for submission to the SANC.

### **Tshwaragano Campus**

The process of accreditation for the Tshwaragano Campus is still continuing. Although the intent has already been communicated to the South African Nursing Council (SANC), the process is very slow and has been going on for more than a decade. The SANC has indicated that a site verification visit will be conducted only after an indication of campus personnel has been given. Although posts have been advertised, attracting applicants is very difficult. This matter is

discussed on the Challenges and Corrective Action Table. Additional clinical placements at facilities are also being planned for the Pixley Ka Seme and Namakwa Districts.

### **Articulation from Legacy to New Nursing Qualifications Programmes**

Permission has been given to Nursing Education Institutions to have 50% of internal candidates (Auxiliaries/Enrolled Nurses) instead of the initial 10%, although this is only applicable for the first three years after commencement of the programmes; thereafter it will return to 10% per intake. A report has been received from the SANC that the CHE has agreed for the Bridging programme to be at NQF Level 6 and the Auxiliary at NQF Level 5 for proper alignment and career pathing. A decision has been made that Nursing Education Institutions offering the Post Graduate Diploma in Nursing can also consider applicants who have followed the three legacy routes (Bridging Course, Diploma in Midwifery and the four-year Comprehensive Course) for admission to the Post Graduate Diploma in Nursing.

### **Developmental Processes**

Several virtual meetings were held with the National Department of Health regarding the development of a generic structure for Public Nursing Colleges, the salary structures for the new categories of Nurses and Nurse/Midwife Specialist Educators. All provinces provided inputs towards the generic structure.

### **Provincial Skills Development Forum**

A Post School Education and Training (PSET) Congress was attended in Upington from the 17<sup>th</sup> to 19<sup>th</sup> October 2022. The College Principal rendered a presentation on developing nurses for the 4<sup>th</sup> Industrial Revolution. A former student of the college also presented on workplace experiences after training has been completed.

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## **ACHIEVEMENTS**

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- Graduation and appointment of eighty-six (86) Post Basic Pharmacist Assistants.
- Twenty-one (21) MCMCP students had passed their medical degrees, increasing the total number of South African Cuban trained Doctors to one hundred and forty-two (142).
- Seventeen (17) Departmental officials were beneficiaries of ROIQs.
- The Department contributes 74.4% towards the Developmental Programmes implemented in the Province.
- Three Hundred and Forty-one (341) employees attended and/or participated in various skills programmes.
- The final examination for the Bridging Course was written in November 2022.
- Successful placement for students in Psychiatry for Intellectual Disability was done at the Free State Psychiatric Complex in Bloemfontein.
- Appointment of a College Council by the MEC for Health.
- A successful Graduation Ceremony was held in September 2022.
- Collaboration meetings were established between the Provincial Department for Education and the Nursing College in August 2022 and is still maintained.
- Development of the Student Management Information System is at an advanced stage and is planned to go live on the 30<sup>th</sup> June 2023.
- Development of the Learning Management System (e-Learning) is also in progress. The Submission has been approved and the proposal signed. The College has commenced with the Project Charter and Service Level Agreement with and the Neil Butcher and Associates Company (who are developing the Moodle platform for the Nursing College online studies).
- Two Wi-Fi routers were received, which has assisted greatly with connectivity issues.
- A Simulation Workshop was conducted on the 18<sup>th</sup> October 2022 by the UFS.
- Conditions of Service Training was conducted for all staff members on the 15<sup>th</sup> November 2022.
- Benchmarking was done with the Free State School of Nursing on the Student Management Information System on the 22<sup>nd</sup> March 2023.
- Career days were held in Postmasburg, Strydenburg, Kuruman, Lohatla and Kimberley.

## CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 89 Challenges & Measures Planned to overcome them: HST

CHALLENGES	CORRECTIVE ACTION
<b>HRD</b>	
Capacity constraints in the unit.	Filling of vacant posts.
Delayed approval of submissions.	Set turnaround time for the release of submissions.
Poor progress on the implementation of WSP (late approval and long SCM processes).	Improve on turn-around times.
<b>HENRIETTA STOCKDALE NURSING COLLEGE</b>	
College budget.	The College budget to be reviewed to include developmental plans and new projects. Cost centre to be created for Tshwaragano campus.
Non-accreditation of Tshwaragano as an additional campus.	Appointment of staff for the new campus as required by the SANC. Secondment of staff and flexi time appointments to be considered.
Submission of proper OHS certificate to CHE.	Fire compliance certificate received. Structural and electricity inspection conducted. Awaiting report from public works after which a certificate can then be drawn.
Operationalisation of the sectional completion of the new student residence.	Plans to be put in place for Human Resource capacitation, maintenance, budget allocation, transport, municipal services and outsourced services.
Delay in approval of submissions.	Improvement of e-submission implementation and reduction of turnaround time.
Poor attraction and retention of staff.	Review OSD policies and provide incentives.

Table 90 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: HST

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
<b>Strengthen collaborative and multidisciplinary training approach towards capacitation of health workforce to deliver quality service</b>	Basic nurse students completing / graduating	Basic nurse students completing	52	35	<b>36</b>	33	-3
			<b>REASONS FOR DEVIATION:</b>				
	<ul style="list-style-type: none"> <li>Three students did not pass the final examination of the South African Nursing Council.</li> </ul>						
	<b>IMPROVEMENT PLAN:</b>						
<ul style="list-style-type: none"> <li>Students to have remedial action and support to prepare for examinations.</li> </ul>							
	Bursary holders appointed permanently appointed	Proportion of bursary holders permanently appointed	88% (49/56)	82%	<b>80%</b>	85%	5%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>Improved Community Service Programme completion rate and thus availability of qualified bursary holders for permanent appointment.</li> </ul>				
<b>IMPROVEMENT PLAN:</b>							
<ul style="list-style-type: none"> <li>None.</li> </ul>							

## LINKING PERFORMANCE WITH BUDGET

Table 91 Linking Performance with Budget: Programme 6 – Health Sciences and Training (HST)

PROGRAMME 6: HEALTH SCIENCES AND TRAINING	2022/23			2021/22		
	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
Nurse Training Colleges	99 449	99 449	-	118 945	118 945	-
EMS Training Colleges	6 384	6 384	-	292	292	-
Bursaries	1 111	1 111	-	31 356	29 984	1 372
Primary Health Care Training	-	-	-	1 967	-	1 967
Training Other	65 080	65 080	-	3 682	1 311	2 371
<b>Total</b>	<b>172 024</b>	<b>172 024</b>	<b>-</b>	<b>156 242</b>	<b>150 532</b>	<b>5 710</b>

Health Sciences and Training spent R172.024 million or 100 percent of its allocated budget of R172.024 million.

## **14.7. Programme 7 – Health Care Support Services (HCSS)**

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### **PROGRAMME PURPOSE AND STRUCTURE**

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To render health care support services and specialised forensic medical and medico-legal services to meet the objectives of the Department.

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### **SUB-PROGRAMMES**

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- Sub-Programme 7.1: Forensic Medical Services (FMS)
- Sub-Programme 7.2: Pharmaceuticals
- Sub-Programme 7.3: Orthotic & Prosthetic

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### **OUTCOMES**

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1. Render health care support service through specialised forensic medical and medico-legal services.
2. Improve availability and access of medicine.
3. Re-integration of orthotic and prosthetic patients into society.



## 14.7.1. Sub-Programme 7.1: Forensic Medical Services (FMS)

### PURPOSE

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

### SITUATION ANALYSIS

#### CLINICAL FORENSIC SERVICES

Clinical and Support Services are directed at the provision of a holistic, integrated and inter-sectoral service to victims/survivors as stipulated in Pillar 4 of the National Strategic Plan. The Department offers care and support services including HIV counselling and testing, medico-legal services as well as psychological support to survivors. Medication offered to victims includes HIV, STI and pregnancy prevention. The sufficient and effective management of GBV and HIV prevention however requires robust marketing as well as digital marketing initiatives. Political, as well as managerial buy-in is however of utmost importance for the programme to be successfully executed. It is only through the availability of the necessary resources that programme objectives can be achieved.

The Upington Clinical Forensic facility is now classified and functioning as a Thuthuzela Care Centre for an integrated approach between DOH, DSD, NPA and SAPS. This approach is initiated by the NPA to reduce secondary trauma on survivors of sexual assaults. For further rollout, Postmasburg Hospital has been identified for the establishment of a Thuthuzela Care Centre. The old Kuruman Thuthuzela Care Centre structure is also in the process of being replaced with a new park home by the NPA.

The two long awaited Colposcopes with computer monitors were delivered at Kimberley and Upington Thuthuzela Care Centres. These are used in the examination of sexual assault victims for production of high quality images for evidence and court testimony.

#### Clinical Forensic Statistics

Table 92 Statistics for Clinical Forensics

Cases	Q1	Q2	Q3	Q4	Total
Number of sexual violence cases reported	223	139	211	166	739
Number of clients tested for HIV	168	90	159	146	563
Number of clients for PEP	144	70	53	121	388
Number of comfort packs supplied	24	20	32	23	99
Number of domestic violence cases examined	97	18	125	122	362
Number of clients referred to other services	320	157	184	279	940
Number of GBV and Femicide campaigns by the VEP	0	1	2	0	3
<b>TOTAL</b>	<b>976</b>	<b>495</b>	<b>766</b>	<b>857</b>	<b>3094</b>

#### FORENSIC PATHOLOGY SERVICES

Seven (7) Forensic Pathology Officers were appointed in May 2022 and were allocated across the province as follows:

Table 93 Allocation of Forensic Pathology Officers Appointed

Facility	Number
De Aar Mortuary	1
Kuruman Mortuary	2
Kimberley Mortuary	2
Kimberley Regional Office	1
Calvinia Mortuary	1
<b>TOTAL</b>	<b>7</b>

Further interviews were held to fill five (5) additional vacant Forensic Pathology Officer positions, i.e. x2 Upington, x1 De Aar, x1 Hartswater, x1 Springbok. Appointments are expected to be made in the new financial year.

The Pixley Ka Seme region was functioning without a Medical Officer for the performance of autopsies. All cases from the Region were referred to Kimberley, resulting in extensive travelling and associated travelling costs.

In order to address these challenges, a Forensic Medical Officer was contracted on sessions to perform post-mortems for the Region as from the 1<sup>st</sup> August 2022. This has brought stability and improved turnaround times on the performance of indicators.

Kuruman Forensic Mortuary Construction was completed and is awaiting Commissioning and Practical Completion. Services are currently discharged from a contracted Private Funeral Undertaker pending final handover and occupancy by the Department.

Consultations have commenced for the construction of the new Frances Baard Forensic Mortuary. The Project Concept and Geological Reports for the earmarked site at West End Hospital has been produced. Final designs are also approved and actual construction is expected to commence in 2023/24. The current Kimberley Mortuary, which caters for the entire Frances Baard District, is classified as an M3 (less than 750 bodies p/a). However, an M4 (up to 1000 bodies p/a) has been planned for the new mortuary to accommodate growth and for purposes of training and development of staff.

Body fridges at Kimberley and Postmasburg Forensic Mortuaries have experienced several breakdowns throughout the year. Four new mortuary fridges were therefore procured for the two mortuaries. Furniture was also procured for the mortuaries at Upington, Douglas, Hartswater, Postmasburg and Kuruman Thuthuzela Care Centre.

Forensic Pathology Services are experiencing challenges on shortage of vehicles across the Province. The Service is currently operating with fourteen (14) vehicles, as opposed to the required twenty-eight (28) vehicles for optimum functionality. The allocated capital budget of R1 200 000, 00 per annum is insufficient to procure vehicles amongst other capital mortuary machinery due for replacement. Costs for Forensic Fleet Services were incurred from the EMS budget, resulting in a saving of R4 500 000, 00. This saving has been earmarked for the procurement of seven (7) mortuary vehicles. Two (2) EMS Land Cruisers were converted into mortuary vans to add to the ailing Forensic Fleet, with a third still undergoing conversion. Furthermore, a vehicle wash bay was constructed at Douglas Forensic mortuary in compliance with Health and Safety measures.

For uniform and standardised protocols, bulk chain of evidence registers and staff uniform were procured for the Service and distributed to all Forensic mortuaries across the Province.

Table 94 Forensic Pathology statistics

Types Of Cases	Kimberley	Upington	De Aar	Calvinia	Springbok	Kuruman	Total
Murder	154	62	51	13	20	83	<b>383</b>
Accident	85	41	24	4	29	41	<b>224</b>
MVA	151	84	51	13	27	135	<b>461</b>
Suicide	93	37	30	9	18	72	<b>259</b>
Undetermined	9	3	1	5	3	36	<b>57</b>
Natural	106	176	111	24	44	9	<b>470</b>
Fetus	1	0	1	0	1	0	<b>3</b>
Decomposed	0	0	0	0	0	0	<b>0</b>
Anesthetic	2	0	0	0	0	1	<b>3</b>
Bones	4	0	1	1	0	1	<b>7</b>
Other	4	7	4	2	0	2	<b>19</b>
<b>TOTAL</b>	<b>609</b>	<b>410</b>	<b>274</b>	<b>71</b>	<b>142</b>	<b>380</b>	<b>1886</b>

## Overall Performance

The Unit reports on two indicators, of which the performance is summarised in the tables below:

Table 95 Summary of Performance: Indicator 1 (90% Percent of autopsies completed in 4 days)

Quarter	% Of Autopsies Over 4 Days (Target: 90%)	Deviation	Number Of Cases In Quarter
Q1	89%	-1%	395/446
Q2	91%	0	446/490
Q3	90%	0	450/499
Q4	87%	-3%	391/451
<b>ANNUAL TOTAL</b>	<b>89%</b>	<b>-1%</b>	<b>1682 / 1886</b>

Table 96 Summary of Performance: Indicator 2 (80% Percent of autopsy reports submitted in 10 days to stakeholders)

Quarter	% Of Autopsy Reports Within 10 Days (Target: 80%)	Deviation	Number Of Cases In Quarter
Q1	80%	0	358/446
Q2	85%	0	415/490
Q3	83%	0	414/499
Q4	84%	4%	379/451
<b>ANNUAL TOTAL</b>	<b>83%</b>	<b>3%</b>	<b>1566 / 1886</b>

## ACHIEVEMENTS

- Appointment of seven (7) Forensic Pathology Officers.
- Appointment of a Medical Officer to conduct post-mortems for the Pixley Ka Seme District.
- Procurement and distribution of mortuary fridges and furniture, chain of evidence registers and staff uniforms.
- PEP Kits distributed to Social Development, SAPS and NPA as stakeholders for delivery at Health Clinical Forensic facilities.
- Vehicle wash bay constructed at the Douglas Forensic Mortuary.
- The unit received and distributed comfort packs, tracksuits and sanitary towels to Clinical Forensic facilities across the Province for provision of services to rape victims/survivors.
- Two EMS Land Cruisers successfully converted into mortuary vans.
- Successful conversion and establishment of a Thuthuzela Care Centre at Dr Harry Surtie Hospital in Upington for the provision of integrated services to victims of sexual assault and domestic violence.
- Completion of Kuruman Forensic Mortuary Construction.

## CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 97 Challenges & Measures Planned to overcome them: FMS

CHALLENGES	CORRECTIVE ACTION
No dedicated health professionals are assigned to the Kuruman and De Aar Thuthuzela Centres.	Hospital managers should assign forensically professional nurses to Thuthuzela Centres.
The service contracts of site-coordinators at Thuthuzela Care Centres terminated at the end of May 2022.	NPA scheduled interviews to fill the posts for management of the centres.
Shortage of Forensic vehicles to transport bodies due to inadequate budget to replace old fleet. Service is currently in crisis mode.	The unused 2022/23 Goods & Services budget for Fleet Services has been moved to Capital budget and committed for procurement of seven vehicles.
Delays in completing Kuruman Forensic Mortuary Refurbishments resulting in services discharged from Funeral Undertakers.	Practical Completion and Handover to be expedited for occupancy.
Slow procurement turnaround times resulting in limited/unavailability of tools of trade and under-expenditure.	SCM procurement processes to be fast tracked.
Shortage of staff at the Provincial office. All management and admin support posts are vacant at the Provincial Office resulting the acting Deputy Director being inundated with work, missed deadlines and daily crisis management.	Principals to approve the filling of the vacant posts.

Table 98 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: FMS

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23	
<b>Render health care support service through specialized forensic medical and medico-legal services</b>	Autopsies and autopsy reports completed and issued to relevant stakeholders	Percentage of autopsies completed within 4 working days	91%	87%	<b>90%</b>	89%	-1%	
		<b>REASONS FOR DEVIATION:</b>						
		<ul style="list-style-type: none"> <li>Unavailability of the JTG Medical Officer (MO) due to delays in the extension of the Cuban MO Contracts and also the extended sick leave due to medical condition.</li> <li>PKS functioned without a MO for 6-months; all cases were referred to Kimberley, resulting in delays and extended turn-around times.</li> </ul>						
		<b>IMPROVEMENT PLAN:</b>						
		Percentage of autopsy reports submitted in 10 days to stakeholders (SAPS)	80%	77%	<b>80%</b>	83%	3%	
		<b>REASONS FOR DEVIATION:</b>						
		<ul style="list-style-type: none"> <li>None</li> </ul>						
		<b>IMPROVEMENT PLAN:</b>						
		<ul style="list-style-type: none"> <li>A MO was appointed on sessional for the PKS District from October 2022.</li> <li>Continued head-hunting for permanent appointment of MOs for areas operating without.</li> </ul>						

## 14.7.2. Sub-Programme 7.2: Pharmaceuticals

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### PURPOSE

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1. *Improve availability and accessibility of medicine.*
2. *Improve quality of service including clinical governance and patient safety.*

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### SITUATION ANALYSIS

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Pharmaceutical Services are being rendered at different levels throughout the Province. Pharmacists are mainly working at hospital and CHC level, with a few Post Basic Pharmacist Assistants at lower levels, who work under indirect supervision of a Pharmacist. There are, however, a few Pharmacists rendering services directly from PHC level, specifically in areas where the headcount is very high.

As from September 2022, eighty-six (86) permanently employed Post Basic Pharmacist Assistants has turned this picture upside down in a positive way. The Northern Cape Department of Health was the only Province to achieve the success of training unemployed people with no qualification to become Post Basic Pharmacist Assistants and then absorb all of the successful learners into permanent positions. This has not only given an opportunity for many young people but also enabled the Department to have Post Basic Pharmacist Assistants employed directly at facility level to support nursing staff in the rendering of health care services to the communities of the Northern Cape.

Only four of the five (4/5) Districts have District Pharmacists overseeing all the responsibilities, with the Frances Baard District having been without a District Pharmacist for more than 10 years. Interviews have been conducted during the current financial year, however, the appointment was not finalised due to a dispute regarding the level of the appointment offered to the candidate being higher than that of the other District Pharmacists in the Province. Standardisation should be key as all Pharmaceutical posts need to undergo Work skills assessments by HRM to ensure that the levels are in line with the functions as it currently gives a very skew structure.

Pharmaceutical Services falls within Programme 7, but there is very little budget allocated specifically for the Provincial Medical Depot and Pharmaceutical Services Unit operational costs. The biggest cost driver, which is medication expenditure, is funded under Programme 2 (District Health Services). The Depot therefore is trading on behalf of the Districts and is dependent on the Office of the CFO for cash flow allocations on a monthly basis.

For the 2022/23 financial year the average medicine availability in the Province was 84.6%, which is lower than the target of 90%. The poor average performance is due to a number of issues that has now been snowballing over the last few financial years. The first and foremost issue is the lack of ownership and responsibility for medicine management in its totality by the District Management Structures. Facility Managers are failing to submit weekly reports on the Stock Visibility System (SVS) and RX-Solutions (where applicable) and this is unfortunately the information used to determine the percentage of medicine availability in the Province. Poor connectivity and load shedding further impacts on the ability to submit timeously; it however does not mean that they should not submit at all as this then reflects as a 0% availability which impacts even more negatively on the overall calculations.

Furthermore, the inadequate availability of cash flow allocated to the Depot to pay suppliers results in only about 20% of suppliers being paid in full on a monthly basis. This matter has also been snowballing over the past two financial years, with accruals carried over to such an extent that the accruals for medicine is standing at R81 899 053,44 for the financial year ended; and this amount is just growing annually.

The usage and access of the CCMDD programme by chronic patients remains low due to various reasons. A Recovery Plan has been initiated as a strategy to improve the programme. DHS, together with Pharmaceutical Services, will manage this in the new year to ensure the envisaged positive change.

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### ACHIEVEMENTS

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- A total of ninety-nine (99) Post Basic Pharmacist Assistants (PBPA) were appointed in the Province. Thirteen of which had completed their training in the previous financial year (2021/22) and eighty-six (86) that started in Sept 2022.
- Three donations coordinated through NDOH increased the Cold Chain capacity enabling the Province to have dedicated Vaccine Fridges and Remote Temperature Monitoring Devices to guard the most expensive items; namely, vaccines.
- Functioning Pharmacy Therapeutic Committees in the Districts were strengthened to improve governance and practices.
- Annual stock takes were completed successfully at all facilities.

- Pharmacy month, with the theme “*Woman and Youth Health*” was celebrated by Pharmacists and pharmacy support personnel across the Province through radio slots; presentations and information sessions held at various facilities.

**CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM**

*Table 99 Challenges & Measures Planned to overcome them: Pharmaceuticals*

<b>CHALLENGES</b>	<b>CORRECTIVE ACTION</b>
Limited functionality of the Warehouse Management System; no intra-operative interfacing with SVS and Rx Solution stock management systems, as well as the non-availability of user reports for management purposes.	Enhance the current Warehouse Management System or procure a new and improved system.
Out of stock of certain items due to Active Pharmaceutical Ingredient shortages; and non-deliveries of stocks to the depot due to non-payment of accounts	Use of alternative therapeutic products and the redistribution of stocks within the districts to circumvent shortages.
Infrastructural challenges such as inadequate space in pharmacies and medicine rooms; poor maintenance of building and equipment and contract obligations, compromises Good Pharmacy Practice (GPP) standards.	Report challenges to the Infrastructure Unit.
Non-functioning of printers; computers and other communication (Phones) impedes operational functioning and efficiencies at facilities.	Employ more ICT staff to attend to ICT challenges.
Shortage of pharmacy personnel and support personnel (drivers) at institutions.	Fill vacant posts and train more Post-basic Pharmacist Assistants.

Table 100 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: Pharmaceuticals

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
<b>Improve availability and access of medicine</b>	Availability of medicine in all health establishments	Percentage availability of medicine in all health establishments	87.8%	86.4%	<b>90%</b>	84.6%	-5.4%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>• Limited cash flow of voted funds.</li> <li>• Supplier stock outs due to Active Pharmaceutical Ingredient shortages.</li> <li>• Technical challenges with Stock Management System (SVS), i.e. load shedding and poor connectivity.</li> <li>• Non- or incomplete reporting by facilities.</li> <li>• Poor stock management at facilities.</li> <li>• Inadequate transport to distribute stock and for pharmacists to conduct audits in the Districts.</li> <li>• Late renewal of fuel cards and licence disks delay distribution of medicine to district facilities.</li> </ul>				
<b>IMPROVEMENT PLAN:</b>							
<ul style="list-style-type: none"> <li>• Improve the monthly cash flow allocation in order for suppliers to be paid.</li> <li>• Strengthen stock management at facilities.</li> <li>• Regular facility audits and supervision of stock management practices.</li> <li>• Strengthen reporting on SVS at facility level.</li> <li>• Train Post-Basic Pharmacy Assistants on the RX Solution stock management system.</li> <li>• Improve transport for delivery to facilities.</li> </ul>							

### 14.7.3. Sub-Programme 7.3: Orthotic & Prosthetic (O&P)

#### PURPOSE

1. To ensure all patients that are in need of orthoses & prosthesis are provided with such service.
2. To assess, prescribe, design, fit, monitor, provide therapy and educate regarding the use and care of appropriate orthoses / prosthesis.

#### SITUATION ANALYSIS

The overall performance for the period under review is significantly effective due to the fact that manpower was enhanced by means employment of qualified and permanent appointments. The hospital now has a range of clinical support services across the Province which caters for the disabled and their orthotic/prosthetic needs.

However, during the financial year under review, RMSH is the only Tertiary Hospital in the Province which provides such a scarce-skill service. Hence, we have re-introduced the outreach programme to remodel our business strategies in the name of service delivery (taking service to the people). We take pride in what we are doing and in the final quarter we have embarked on training to most of therapists in the province, because we have discovered that there is a significant decline in the number of people accessing our facilities since the onset of Covid-19.

#### ACHIEVEMENTS

- The Orthotic & Prosthetic Unit, in collaboration with Ottobock, offered training for all Therapists in the Province.
- Three (3) Orthotists/Prosthetists were appointed.
- These has been a significant reduction in the waiting list.
- A new infrared heating oven was received and installed by Ottobock.
- Training was obtained from accounts and fees for the proper filing of documents as a means of revenue generation.
- An outreach programme has been devised to further enhance service delivery in the Province and to reach all the Districts.

#### CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 101 Challenges & Measures Planned to overcome them: O&P

CHALLENGES	CORRECTIVE ACTION
Only one O&P centre for the Province.	<ul style="list-style-type: none"> <li>• Orthotic and Prosthetic services should be decentralized in other nodal areas in the Districts.</li> <li>• Establishment of an O&amp;P Centre in Dr Harry Surtie and the De Aar Hospitals respectively.</li> </ul>
Outdated machinery, equipment and tools which are not health and safety compliant.	Refurbishment and procurement of new machinery, equipment and Installation of effective dust extraction system.
Cross-border patients.	Due to budget constraints cross border patients have to be referred back to their Provinces; alternatively, an increased operational budget is necessary.
Lack of sufficient working space in the Districts.	Dedicated operational areas to be identified and created.
<ul style="list-style-type: none"> <li>• Lack of an adequate stock management system.</li> <li>• Lack of feedback from client units.</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of an efficient stock management system- LOGIS.</li> <li>• Regular meetings between units to be conducted.</li> </ul>
Struggling to get transport/vehicle from both RMSH and Provincial which lead to cancellation of outreach visits.	Availability of a vehicle when needed.
Supply Chain Management.	The RMSH SCM Unit to approve requests.



Table 102 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: O&P

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
<b>Re-integration of orthotic and prosthetic patients into society</b>	Patients assessed and issued with assistive devices	Percentage of patients assessed and issued with assistive devices		40%	<b>60%</b>	26%	-21%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>• Shortage of staff.</li> <li>• Inadequate tools of trade.</li> </ul>				
<b>IMPROVEMENT PLAN:</b>							
<ul style="list-style-type: none"> <li>• Filling of posts.</li> <li>• Purchasing of equipment and tools.</li> <li>• Decentralising of O&amp;P services at District level.</li> </ul>							

## LINKING PERFORMANCE WITH BUDGET

Table 103 Linking Performance with Budget: Programme 7 – Health Care Support Services (HCSS)

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES	2022/23			2021/22		
	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
Laundry Services	23 391	23 391	-	19 141	19 141	-
Engineering Services	9 265	9 265	-	11 987	9 623	2 364
Forensic Services	36 464	36 464	-	42 569	35 598	6 971
Orthotic and Prosthetic Services	3 843	3 843	-	3 820	3 248	572
Medicine Trading Account	60 504	60 504	-	107 878	107 878	-
<b>Total</b>	<b>133 467</b>	<b>133 467</b>	<b>-</b>	<b>185 395</b>	<b>175 488</b>	<b>9 907</b>

Health Care Support Services spent R133.467 million or 100 percent of its allocated budget of R133.467 million

## **14.8. Programme 8 – Health Facilities Management (HFM)**

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### **PROGRAMME PURPOSE**

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Effective and efficient delivery of infrastructure and provision of technical support services to the Department.

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### **SUB-PROGRAMMES**

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- Sub-Programme 8.1: Health Facilities Management (HFM)

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### **OUTCOMES**

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1. Infrastructure maintained and backlog reduced.

## 14.8.1. Sub-Programme 8.1: Health Facilities Management (HFM)

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### PURPOSE

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1. *Effective and efficient delivery of infrastructure and provision of technical support services to the Department.*

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### SITUATION ANALYSIS

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#### PLANNING

The unit is busy with the designs for the new Francis Baard Forensic Mortuary. The Clinical brief is completed with the user Department and the preliminary design documents have been circulated for approval. Phase 2 of the new Nursing College are ready and will be going out on tender. Planning for the new Medical Logistics Centre is complete, although the source of funding is still to be confirmed. The upgrading of the Tshwaragano walkways, maternity ward and maternity theatre is still in the planning stage. The date for practical completion of the Kuruman Hospital Forensic will be set once the practical completion list is completed. The Clinical Brief for the new Schmitsdrift Clinic is approved by the user Department and the DRPW must now appoint a team of Professional Service Providers. The planning for Mental Health Wards at Tshwaragano, Postmasburg, De Aar, Dr Harry Surtie, Springbok and Abraham Esau Hospitals are ongoing; Tshwaragano and Postmasburg Hospitals are still in the design phase and the Clinical briefs are awaiting approval.

The planned maintenance and servicing of the standby generators, heating, ventilation, air conditioning (HVAC) and other cooling systems is ongoing and a request for the servicing of firefighting equipment has been submitted.

The procurement of health technology for infrastructure facilities being built is ongoing, however, delivery for the Specialised Hospital and Boegoeberg clinic has been done.

#### DELIVERY

**Bankhara Bodulong Clinic:** The project started in September 2017 and was estimated for completion within 12 months. It is currently 60 months behind schedule following the previous approved extension of time, which mostly was as a result of delayed processing of payment by the Department. The contractor did not return to site in January 2020, citing perpetual delays in the processing of payments, and only resumed work on site in May 2021. Again, the contractor did not go back to site since January 2022 to complete the outstanding works until July 2022. Minimal work has been achieved between July 2022 and December 2022, hence the project has not yet reached practical completion. There is no extension of time approved nor a recovery construction programme from the Department of Roads and Public Works. The project continues to experience slow delivery.

**Boegoeberg Clinic:** The project started in September 2017 and was estimated for completion within 12 months. It is currently 60 months behind schedule following the previous approved extension of time, which mostly was as a result of delayed processing of payment by the Department. The contractor has not returned to site from the beginning of the 2021 financial year to date. The first contract was terminated by the Department of Roads and Public Works and a new contractor was appointed to complete the outstanding works by end of July 2022 but delays were however also experienced on the supply and commissioning of a transformer from Eskom which is projected to be complete by March 2023.

**Glenred Clinic:** A contractor was appointed in March 2018 prior to the approval of the final designs by the Department. Construction activities on site and the signed-off designs differ, hence the Independent Development Trust (IDT) had to submit new designs to be approved by the Department. The contractor never returned to site from the beginning of the 2020 financial year to date. The IDT had submitted the final design in October 2021 to correct the misalignment between construction drawings and approved drawings and same has been approved by the Department. This process has led to the project currently being 48 months behind schedule. The IDT shall submit cost estimates for the construction of a new clinic following approval of a design by the Department.

**Heuningvlei Clinic:** The project started in 2015 and is 60 months behind schedule. The first contract was terminated due to slow delivery by the contractor with contributions from delayed payments by the Department. The project had reached practical completion in November 2022.

**Nursing College Student Accommodation:** The project has 90% time lapsed, however, less than 50% construction work has been achieved. The practical completion date was set to 25<sup>th</sup> November 2021 but could not be reached. A new contractor has been appointed to complete the outstanding works by the end of July 2023. The sectional completion of Cluster C was delayed due to the late approval of the ICT variation to scope by the Department.

## ACHIEVEMENTS

- Approval of Table B5 and APP for the 2023/24 FY.
- Approved Annual Implementation Plan for the 2023/24 FY.

## CHALLENGES AND MEASURES PLANNED TO OVERCOME THEM

Table 104 Challenges & Measures Planned to overcome them: HFM

CHALLENGES	CORRECTIVE ACTION
<b>PLANNING</b>	
Limited funding to implement planned maintenance.	Compliance to National Treasury deadline in order to qualify for the Incentive Grant.
Slow Supply Chain processes for the appointment of Service Providers for maintenance and health technology procurement.	Regular meetings with District Work Inspectors & SCM at Provincial and District levels.
<b>DELIVERY</b>	
Slow delivery by Bankhara Bodulong Clinic contractor.	<ul style="list-style-type: none"> <li>• Produce a final determination for Cost and Schedule Performance Indexes.</li> <li>• Put the contractor on default of contract.</li> </ul>
Awarded contract without final designs for Glenred Clinic.	<ul style="list-style-type: none"> <li>• Approve the final design.</li> <li>• Produce a new Bill of Quantities.</li> <li>• Produce a determination for Cost and Schedule Performance Indexes.</li> </ul>

Table 105 Outcomes, Outputs, Output Indicators, Targets and Actual Achievements: HFM

OUTCOME	OUTPUTS	OUTPUT INDICATOR	AUDITED ACTUAL 2020/21	AUDITED ACTUAL 2021/22	ANNUAL TARGET 2022/23	ACTUAL ACHIEVEMENT 2022/23	DEVIATION 2022/23
<b>Infrastructure maintained and backlog reduced</b>	Percentage of health facilities with completed refurbishment	Percentage of health facilities with completed capital infrastructure projects			<b>100% (4/4)</b>	75% (3/4)	-25%
			<b>REASONS FOR DEVIATION:</b>				
			<ul style="list-style-type: none"> <li>• Slow delivery at the Bankhara Bodulong clinic.</li> </ul>				
<b>IMPROVEMENT PLAN:</b>							
<ul style="list-style-type: none"> <li>• Produce a final determination for Cost and Schedule Performance Indexes.</li> <li>• Put the contractor on default of contract.</li> </ul>							

## LINKING PERFORMANCE WITH BUDGET

Table 106 Linking Performance with Budget: Programme 8 – Health Facilities Management (HFM)

PROGRAMME 8: HEALTH FACILITY MANGEMENT	2022/23			2021/22		
	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
District Hospital Services	372 661	290 457	82 204	70 678	70 678	-
Provincial Hospital Services	116 752	116 752	-	309 305	309 235	70
<b>Total</b>	<b>489 413</b>	<b>407 209</b>	<b>82 204</b>	<b>379 983</b>	<b>379 913</b>	<b>70</b>

Health Facilities Management spent R407.209 million or 83.2 percent of its allocated budget of R489.413 million.

The under spending relates to the Health Facility Revitalisation conditional grant, where funds were committed but not spent before the end of the financial year. Roll-over of these funds were requested.

## 15. Transfer Payments

### 15.1. Transfer Payments to Public Entities

Table 107 Transfer Payments made to Public Entities for the period 1 April 2022 to 31 March 2023

Name of Public Entity	Key Outputs of the Public Entity	Amount Transferred to the Public Entity R'000	Amount spent by the Public Entity R'000	Achievements of the Public Entity
South African Post Office	N/A	434	434	N/A
<b>TOTAL</b>		<b>434</b>	<b>434</b>	

### 15.2. Transfer Payments to All Organisations other than Public Entities

Table 108 Transfer Payments made to All Organisations other than Public Entities for the period 1 April 2022 to 31 March 2023

Name of Transferee	Type of Organisation	Purpose for which the Funds were used	Did the Dept. comply with s38(1)(j) of the PFMA	Amount Transferred R'000	Amount Spent by the Entity	Reason for the Funds Unspent by the Entity
Pixley Ka Seme	Municipality	Municipal Services	Yes	1	950	Not Applicable
Richtersveld	Municipality	Municipal Services	Yes	3	3	Not Applicable
Nama Khoi	Municipality	Municipal Services	Yes	9	9	Not Applicable
Hantam	Municipality	Municipal Services	Yes	26	26	Not Applicable
Karoo Hoogland	Municipality	Municipal Services	Yes	11	11	Not Applicable
Ga-segonyana	Municipality	Municipal Services	Yes	13	13	Not Applicable
Gamagara	Municipality	Municipal Services	Yes	106	106	Not Applicable
Sol Plaatje	Municipality	Vehicle Licencing	Yes	472	472	Not Applicable
Households	Employees	Leave Gratuity	Yes	11 076	11 076	Not Applicable
Households	Employees	Injury on Duty	Yes	69	69	Not Applicable
Households	University	Bursary non-employees	Yes	40	40	Not Applicable
Households	Private Firms	Claims against the State	Yes	60 767	60 767	Not Applicable
Households	Employees	Donation	Yes	266	266	Not Applicable
<b>TOTAL</b>						

### 15.3. Transfer Payments budgeted for, but no payments made

Table 109 Transfer Payments budgeted for in the period 1 April 2022 to 31 March 2023, but no transfer payments 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
N/A	N/A	N/A	-	-	N/A
<b>TOTAL</b>					



## 16. Conditional Grants

### 16.1. Conditional Grants and Earmarked Funds Paid

The Department did not make any Conditional Grant payments to any external entities for the period under review.

### 16.2. Conditional Grants and Earmarked Funds Received

#### 16.2.1. District Health Programme Grant (Health)

Table 110 Conditional Grants & Earmarked Funds Received: HIV, Malaria & Community Outreach Grant

<b>Department Transferring the Grant</b>	National Department of Health
<b>Purpose of the grant</b>	To enable the health sector to develop and implement an effective response and AIDS and TB.
<b>Expected Outputs of the grant</b>	<ul style="list-style-type: none"> <li>• Number of new patients started on ART</li> <li>• Total number of patients on ART remaining in care</li> <li>• Number of female condoms distributed</li> <li>• Number of exposed infants, HIV positive at 10 weeks Polymerase Chain Reaction (PCR) test</li> <li>• Number of clients tested HIV (including antenatal)</li> <li>• Number of MMC performed</li> <li>• Number of patients on ART initiated on Isoniazid Preventative Therapy (IPT)</li> <li>• Number of clients newly initiated on Bed aquiline</li> <li>• Number of adherence clubs</li> <li>• TB new smear positive client success rate</li> </ul>
<b>Actual Outputs Achieved</b>	Yes
<b>Amount per amended DORA (R'000)</b>	767 729
<b>Amount Transferred (R'000)</b>	767 729
<b>Reasons if amount as per DORA not received</b>	100 % received
<b>Amount Spent by the Department (R'000)</b>	766 033
<b>Reasons for funds unspent by the entity</b>	The Department has spent 99 per cent of the allocated funds in line with the approved business plan.
<b>Monitoring Mechanism by the receiving Department</b>	Monthly and quarterly review

#### 16.2.2. Health Facility Revitalisation Grant

Table 111 Conditional Grants & Earmarked Funds Received: Health Facility Revitalisation Grant

<b>Department Transferring the Grant</b>	National Department of Health
<b>Purpose of the grant</b>	<ul style="list-style-type: none"> <li>• To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including, health technology, organisational development systems and quality assurance</li> <li>• To enhance capacity to deliver health infrastructure</li> </ul>
<b>Expected Outputs of the grant</b>	<ul style="list-style-type: none"> <li>• Number of new facilities completed</li> <li>• Number of facilities maintained</li> <li>• Number of facilities upgraded and renovated</li> <li>• Number of facilities commissioned</li> </ul>
<b>Actual Outputs Achieved</b>	Yes
<b>Amount per amended DORA (R'000)</b>	444 942
<b>Amount Transferred (R'000)</b>	444 942
<b>Reasons if amount as per DORA not received</b>	100 % received
<b>Amount Spent by the Department (R'000)</b>	362 731
<b>Reasons for funds unspent by the entity</b>	The Department has spent 82 per cent of the allocated funds in line with the approved business plan. The reason for under-spending is due to the late finalisation of the infrastructure projects.
<b>Monitoring Mechanism by the receiving Department</b>	Monthly and quarterly review

### 16.2.3. National Health Insurance Grant

Table 112 Conditional Grants & Earmarked Funds Received: National Health Insurance Grant

<b>Department Transferring the Grant</b>	National Department of Health
<b>Purpose of the grant</b>	To expand health care service benefits through the strategic purchasing of health services from health care providers
<b>Expected Outputs of the grant</b>	<ul style="list-style-type: none"> <li>• Number of health professionals contracted (Total and by discipline)</li> <li>• Number of health professionals contracted through capacitation arrangement</li> <li>• Improved identification and management of high risk pregnancies</li> <li>• Improved care of women during labour with management of complications</li> <li>• Number of patients screened and treated for mental health problems</li> <li>• Percentage reduction in the backlog of forensic mental observation</li> <li>• Number of learners who have been referred by school health services for further assessment and management to audiologist, optometrist, speech therapist and others</li> <li>• Number of learners equipped with required assistive devices through school health services</li> <li>• Percentage reduction in radiation oncology backlog</li> <li>• Number of HPV DNA tests that were rendered</li> <li>• Number of patients confirmed to have cervical cancer that were screened by HPV DNA</li> </ul>
<b>Actual Outputs Achieved</b>	Yes
<b>Amount per amended DORA (R'000)</b>	80 511
<b>Amount Transferred (R'000)</b>	80 511
<b>Reasons if amount as per DORA not received</b>	100 % received
<b>Amount Spent by the Department (R'000)</b>	33 027
<b>Reasons for funds unspent by the entity</b>	The Department has spent 41 per cent of the allocated funds in line with the approved business plan. The reason for under-spending is due to the late finalisation of the procurement of oncology machinery and equipment.
<b>Monitoring Mechanism by the receiving Department</b>	Monthly and quarterly review

### 16.2.4. National Tertiary Services Grant

Table 113 Conditional Grants & Earmarked Funds Received: National Tertiary Services Grant

<b>Department Transferring the Grant</b>	National Department of Health
<b>Purpose of the grant</b>	<ul style="list-style-type: none"> <li>• Ensure provision of tertiary health services for all South African citizens (including documented foreign national)</li> <li>• To compensate tertiary facilities for the additional costs associated with provision of these services</li> </ul>
<b>Expected Outputs of the grant</b>	<ul style="list-style-type: none"> <li>• Number of inpatients separation</li> <li>• Number of day patient's separation</li> <li>• Number of outpatient first attendance</li> <li>• Number of outpatient follow up attendances</li> <li>• Number of inpatient days</li> <li>• Average length of stay by facility</li> <li>• Bed utilisation rate by facility (all levels of care)</li> </ul>
<b>Actual Outputs Achieved</b>	Yes
<b>Amount per amended DORA (R'000)</b>	420 514
<b>Amount Transferred (R'000)</b>	420 514
<b>Reasons if amount as per DORA not received</b>	100 % received
<b>Amount Spent by the Department (R'000)</b>	420 514
<b>Reasons for funds unspent by the entity</b>	The Department has spent all the allocated funds in line with the approved business plan.
<b>Monitoring Mechanism by the receiving Department</b>	Monthly and quarterly review

## 16.2.5. Statutory Human Resources, Training and Development Grant (Health)

Table 114 Conditional Grants & Earmarked Funds Received: Statutory Human Resources, Training and Development Grant (Health)

<b>Department Transferring the Grant</b>	National Department of Health
<b>Purpose of the grant</b>	<ul style="list-style-type: none"> <li>To appoint statutory positions in the health sector for systematic realisation of human resources for health strategy and phased-in of National Health Insurance</li> <li>Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform</li> </ul>
<b>Expected Outputs of the grant</b>	<ul style="list-style-type: none"> <li>Number and percentage of statutory posts funded from this grant (per category and discipline) and other funding sources</li> <li>Number and percentage of registrars posts funded from this grant (per discipline) and other funding sources</li> <li>Number and percentage of specialists posts funded from this grant (per discipline) and other funding sources</li> <li>Number and percentage of other health professionals (clinical and allied) appointed (total by district, category and by discipline)</li> <li>Number of posts needed per funded categories <ul style="list-style-type: none"> <li>To report on the number of clinical supervisors associated with clinical training and supervision of students, funded on the public health service delivery platform: number of specialists, number of registrars, number of medical officers, number of clinical associates, number of post graduates, number of clinical supervisors/trainers per category in nursing, emergency medical services (EMS) and allied health and pharmacy, number of grant administration staff.</li> </ul> </li> </ul>
<b>Actual Outputs Achieved</b>	-
<b>Amount per amended DORA (R'000)</b>	155 608
<b>Amount Transferred (R'000)</b>	155 608
<b>Reasons if amount as per DORA not received</b>	100 % received
<b>Amount Spent by the Department (R'000)</b>	155 631
<b>Reasons for funds unspent by the entity</b>	The Department has spent all the allocated funds in line with the approved business plan.
<b>Monitoring Mechanism by the receiving Department</b>	Monthly and quarterly review

## 16.2.6. Social Extended Public Works Programme (EPWP) Incentive Grant for Provinces

Table 115 Conditional Grants & Earmarked Funds Received: Social Extended Public Works Programme (EPWP) Incentive Grant for Provinces

<b>Department Transferring the Grant</b>	National Department of Health
<b>Purpose of the grant</b>	The programme involves creating work opportunities for unemployed persons, allowing them to participate economically and contribute to the development of their communities and the country as whole.
<b>Expected Outputs of the grant</b>	<ul style="list-style-type: none"> <li>Creating employment: Provide work opportunities</li> <li>Enhancing Social protection: Provide income support</li> <li>Reaching its target group: Poor and unemployed people</li> </ul>
<b>Actual Outputs Achieved</b>	185 people paid from the EPWP incentive grant
<b>Amount per amended DORA (R'000)</b>	5 718
<b>Amount Transferred (R'000)</b>	5 718
<b>Reasons if amount as per DORA not received</b>	100 % received
<b>Amount Spent by the Department (R'000)</b>	5 718
<b>Reasons for funds unspent by the entity</b>	The Department has spent all the allocated funds in line with the approved business plan.
<b>Monitoring Mechanism by the receiving Department</b>	Monthly and quarterly review

## **17. Donor Funds**

### **17.1. Donor Funds Received**

*Table 116 Donor Funds Received*

<b>Name of Donor</b>	<b>National Skills Fund Growth and Development Strategy</b>
<b>Full Amount of the Funding</b>	R5 290 million
<b>Period of Commitment</b>	Two years
<b>Purpose of the Funding</b>	Donation (Cash)
<b>Expected outputs</b>	A number of employed persons trained
<b>Actual Outputs Achieved</b>	Official were trained
<b>Amount Received (R'000)</b>	R6 643 (R1 353)
<b>Amount Spent (R'000)</b>	R2 623
<b>Reason for Unspent Funds</b>	R4 020
<b>Monitoring Mechanism by the Donor</b>	Bi-annual reports

# 18. Capital Investment

## 18.1. Capital Investment, Maintenance and Asset Management Plan

Table 117 Capital Investment, Maintenance & Asset Management Plan

INFRASTRUCTURE PROJECTS	2022/23			2021/22		
	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
<b>New and replacement assets</b>	<b>170 522</b>	<b>229 943</b>	<b>-59 421</b>	<b>239 476</b>	<b>160 008</b>	<b>79 468</b>
<b>Existing infrastructure assets</b>	<b>274 420</b>	<b>56 971</b>	<b>217 449</b>	<b>140 161</b>	<b>26 806</b>	<b>113 355</b>
- Upgrades and additions	107 000	9 160	97 840	88 161	1 133	87 028
- Rehabilitation, renovations and refurbishments	8 000	3 419	4 581	7 000	8 792	-1 792
- Maintenance and repairs	159 420	44 392	115 028	45 000	16 881	28 119
<b>Infrastructure transfer</b>	<b>-</b>	<b>16</b>	<b>-16</b>	<b>-</b>	<b>89</b>	<b>-89</b>
- Current		16	-16		89	-89
- Capital			-			-
<b>Infrastructure leases</b>		<b>25 597</b>			<b>43 341</b>	<b>-43 341</b>
<i>Current Infrastructure</i>	<i>159 420</i>	<i>70 005</i>		<i>45 000</i>	<i>60 311</i>	<i>-15 311</i>
<i>Capital Infrastructure</i>	<i>285 522</i>	<i>242 522</i>		<i>334 637</i>	<i>169 933</i>	<i>164 704</i>
<b>TOTAL</b>	<b>444 942</b>	<b>312 527</b>	<b>158 012</b>	<b>379 637</b>	<b>230 244</b>	<b>149 393</b>

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# **PART C: GOVERNANCE**

## **PART C: GOVERNANCE**

### **19. 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 Department actively respond to their recommendations and findings.

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 governance in the Department.

### **20. Risk Management**

The Department recognises that risk management is a valuable management tool which improves and assists management in minimizing any negative impacts and optimizing opportunities emanating from its operating environment. The Risk Management Framework (Policy, Strategy, and Implementation Plan) was discussed and recommended by the Audit and Risk Committee for approval by the Accounting Officer during the 2022/23 financial year. Risk Registers were developed by Management and aligned to the Annual Performance Plan 2022/23. The Risk Management Implementation was monitored by the Audit and Risk Committee.

The Risk Assessment was conducted and aligned to the Annual Performance Plan of the Department. Action Plans to address the Audit Findings of the Auditor General were monitored monthly by the Internal Control, Risk & Integrity Management Directorate and reported to the Audit and Risk Committee.

### **21. Fraud and Corruption**

The Department, as part of the Health Sector Anti-Corruption Forum, acknowledges the importance of collaboration, consultation, mutual support and cooperation regarding aspects such as the disclosure of information and, mutual co-operation and assistance in relation to the corruption, maladministration and fraud in the health sector in general. Cases are investigated by both internal and external forensic services to unearth irregularities, corruption, and maladministration.

The Department has an approved Fraud Prevention Plan which includes the 'Whistle Blowing' Policy Statement. The Department subscribes to the National Anti-Corruption (NAC) Hot-Line housed at the Office of Public Service Commission (OPSC). The Department will investigate all cases received via the NAC Hot-Line and provide feedback to the OPSC, at prescribed or regular intervals, on the progress of these investigations as required. Other cases are reported to the Department anonymously by employees and members of the public and these are investigated accordingly. The Department also reports some of the cases with the South African Police Services (SAPS) and other law enforcement agencies. Once the investigations are concluded, some cases are referred for disciplinary processes whilst those that are of a criminal nature are handed over to the SAPS.

### **22. 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:

As requested in terms of National Treasury Practice notes, all transactions between R 0 until R 1 000 000.00 the service providers bidding through quotation are expected to submit declaration, herein referred to as "SBD 4 form" to confirm whether owners of the companies are government employees.

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.

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.

As a further measure to address conflict of interest, transaction that were conducted in light of threshold values below R 1 000 000.00, the following measure has been instituted:

Transaction assessment and profiling to assess full compliance in terms of the undermentioned National Treasury Practice notes.

### **Compliance Requirements Relative to This Transaction Threshold Value**

The following compliance requirements must be adhered to:

1. National Treasury Instruction Note 2 of 2021/22 – Applicable sections in terms of this authority:  
1a) Section: 3.1 & 3.1.1 to 3.2.5 (about quotations).
2. National Treasury Instruction Note 3 of 2021/22 – Applicable section in terms of this authority:  
1b) Section: 7 (Treatment and Disclosures and Declarations (Application of the SBD 4 form for all procurements irrespective of value).

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.

## **23. Code of Conduct**

The Code of Conduct sets the standard of behaviour required in the workplace and is accordingly in place to ensure that employee’s conduct themselves in a professional manner during working hours. It acts as a guideline as to what is expected from employees from an ethical point of view, both in their individual conduct and in their relationship with others. This simply means that any deviation from the set rules may attract consequence management in the form of disciplinary action.

It is incumbent that all new entrants into the Public Service are inducted on the code of conduct, so as to ensure that they understand the expectation from the employer. In essence, the code of conduct provides a guideline on how professionalism can be enhanced and that ultimate professionalism is achieved within the Public Service.

## **24. Health Safety and Environmental Issues**

Northern Cape Mental Health and DRTB Hospital is the only institution that has an active Occupational Health and Safety Committee. There are no dedicated SHERQ practitioners in the districts and other hospitals which focus on Health, Safety and Environmental issues. The unit is utilising the ideal facility assessment tools to conduct inspections and risk assessments. The unit has also engaged and agreed on an integration approach with various provincial units to improve service delivery and systems. The SHERQ unit is part of the different governance committee structures within the Department such as Risk and Ethics and Quality Assurance. There is still poor adherence to the Occupational Health and Safety prescripts and remains a challenge as most of the districts and hospitals are still without established committees.

## **25. Portfolio Committees**

The table below provides the observations of the Portfolio Committee and the Department’s recommendations:

*Table 118 Portfolio Committee Observations and Department’s Recommendations*

<b>Portfolio Committee Observations.</b>	<b>Department’s Recommendations</b>
<b>The Department must:</b> Ensure that the recommendations of the External Audit committee are duly considered and implemented for an improved Audit outcome.	The recommendations of the External Audit are regularly considered and corrected. The Auditor General normally conducts an entry meeting to look into our APP and check whether there were corrections made as per the recommendations of the previous reports and APP.
Ensure that performance monitoring takes place throughout the annual performance implementation cycle and not at the	The Department is conducting quarterly review sessions to look into the performance and develops decision matrix to



Portfolio Committee Observations. The Department must:	Department's Recommendations
various evaluations junctures. Furthermore, the Department must ensure that the performance of employees is appropriately linked to the institutional performance by way of an integrated system.	track performance and ensure that decisions taken in the Department are implemented. Furthermore, the Department conducts the District Review Sessions to ensure that both programmes and the facilities are integrating the services that they render to the communities.
Ensure that accurate and reliable performance information is generated throughout the Annual Performance Plan implementation cycle.	The Department has developed an Audit Action Plan to track the implementation of the recommendations of the Auditor General on information management. Furthermore, there is a project of records management system that has been embarked on to improve record keeping in the Department. This also intends to navigate towards the digital recording system.
Provide progress on the permanent appointment of the Head of Department, Chief Financial Officer, and Chief Directors in critical positions in the Department.	The post of the HOD is processed at the Office the Premier and we await the progress from the OTP. With regards to the posts of the Chief Directors Corporate Services and District Health Services, the posts have been advertised and closed. The long lists have been compiled and the shortlisting and interview panels should be finalized by the HOD.
Ensure that the internal control environment is fit for purpose by implementing an effective system for monitoring of Audit Action Plan.	<p><b>INTERNAL CONTROL</b></p> <ul style="list-style-type: none"> <li>• The unit developed an approved Project plan for Internal Control, Risk and Integrity Management.</li> <li>• Developed Proposed Micro-structure for Internal Control, Risk and Integrity Management.</li> <li>• Integrated the functions of Compliance &amp; Reporting sub-directorate to the Internal Control, Risk &amp; Integrity Management Directorate.</li> <li>• Reviewed the approach and scope of work for Internal Control to become responsive to the entire spectrum of combined assurance model.</li> <li>• Performed internal control assurance reviews on leasing of clinic premises, successfully completed Vosburg Clinic, Marydale Clinic and Fraserburg Clinic.</li> <li>• Further site inspections were performed at various clinics in the districts. Developed Proposed Delegations for Supply Chain Management.</li> <li>• Received reports from the Internal Control for processing and feedback.</li> </ul>
Put proper control systems in place to ensure that the Asset Register is accurate and complete for the safeguarding and maintenance of assets.	<p>The Department has embarked on a process to develop the Asset Register. The process entails the following deliverables:</p> <ul style="list-style-type: none"> <li>• Development of policies and operating procedures.</li> <li>• Verification and capturing of assets on logis.</li> <li>• Disposing of obsolete and redundant assets.</li> <li>• Introduced key controls in the asset procurement procedures which involved the asset management divisions where the accounting details of the assets are provided pre and post of the asset transactions.</li> <li>• Establishment of the value chain committee which provides regular training interventions.</li> <li>• Further monitoring and reviewing of procurement and accounting practices on assets.</li> </ul>
Design, implement and monitor the necessary processes for the management of Medico legal claims in the Department.	The Medico Legal contingent liability for the Department as at the end of Quarter 1 amounted to R1 627 215 626,46 comprising of 103 active cases. During Q1 2022/23 8 new summonses was received to the value of R77 190 000.00. Pro – active strategy is followed to engage in early settlements were merits cannot be defended and to reduce the amounts claimed on quantum.
Put a systemic filing system in place, to ensure easy retrieval and safe keeping of files.	<ul style="list-style-type: none"> <li>• Implement the Patient Filing System.</li> <li>• Delivery of the updated files and registers have taken place – more files and registers will improve our audit outcomes and clinical outcomes.</li> <li>• Switch to Digital system – NHI-based Health Patient Record System (HPRS) incl. PAAB System (hospitals).</li> <li>• Archive System to manage patient files.</li> <li>• Digitisation of Files is targeted.</li> </ul>

Portfolio Committee Observations. The Department must:	Department's Recommendations
	<ul style="list-style-type: none"> <li>• Training of 780 Brigades (All Districts) is almost complete – by end of September 2022 Frances Baard will be trained.</li> </ul>
Ensure that Risk assessment are conducted regularly, that emerging risks are considered and, and that appropriate strategic risks management strategies are in place.	<b>RISK MANAGEMENT</b> <ul style="list-style-type: none"> <li>• Contracted the services of Independent Chairperson of Risk Management Committee, namely Mr Kgotso Nkoe effectively from the 1<sup>st</sup> November 2022.</li> <li>• Reviewed and approved Strategic Risk Register, Risk Management Charter, Strategy and Methodology</li> <li>• Submitted draft Risk Appetite and Tolerance policy and Risk Management policies for recommendation and approval.</li> <li>• Assessed and monitored key risk areas of SHERQ, Employee Health and Wellness, although further work must still be completed during the year.</li> <li>• The Ethics and Fraud risk register, assessed and monitored the annual risk for the RMSH</li> <li>• Attended the Provincial Risk Management Forum on the 23<sup>rd</sup> August 2022 for alignment with the provincial strategy.</li> </ul>
Ensure that work done by the internal audit is integrated into the operations of the Department to improve internal controls.	The Internal Audit has conducted their oversight during November/December in 2022 and made recommendations that the Department is implementing as we are finalizing the APP for 2023/2024 financial year. All recommendations are considered and included into the Departmental operations.

## 26. SCOPA Resolutions

### 26.1. Report On the Disposal of Patient Records

**FACILITY:** Montana Clinic, Pixley Ka Seme District – De Aar

**DATE:** 25 November – 09 December 2022

A disposal programme was implemented at the facility. There were more than two thousand one hundred and thirteen (2 113) active and non-active patient files housed on open shelves and 4-drawer shelves at reception.

#### What was done?

- Each file was perused with the aim of finding the last entry made by the clinician.
- All files situated in the filing room were perused and a separation was done. The process took two weeks to complete as there were only three extra people working on the project (Provincial Officials). There was an official from the clinic that was assisting us in removing files from the shelves. This process was slow as she also had to take care of the patients.
- The files were separated, captured and boxed.

#### Challenges experienced

- Limited working space in the clinic.
- Limited number of people working on the project as officials were busy with patients on a daily basis.
- Capturing the files earmarked for disposal took a long time.
- It took a long time to locate the boxes to put condemned files in, especially as the pharmacy did not have any.
- Clinical officials do not capture the date properly, thereby making the process of identifying the last date of entry extremely difficult.
- Identifying patients that are deceased as this information is not on some files.

#### Lessons learned during the project

- At least five people are needed to work on the project to reduce the time it takes. In this way less time will be spent in each facility and more facilities can be done.
- The listing and capturing does take a long time and therefore, perhaps in the facility, it will be prudent to concentrate on the listing (with the help of officials in the facility). Capturing will be done in the Provincial Office.
- The process of scanning active records should be done simultaneously so as to prepare the process of digitizing of records.
- Facilities should ensure that they have gathered boxes to rule out any problems in packing of the files.

## 26.2. Supply Chain Management Report

Table 119 SCOPA Resolutions: SCM Report

Interventions	Progress	Due Date
A centralised procurement and logistical management system.	<ul style="list-style-type: none"> <li>Provincial Logistics is being commissioned through Public Works – site ID and plan approved.</li> <li>District Logistics Centres to be implemented – District Analysis.</li> </ul>	<ul style="list-style-type: none"> <li>Approvals - end of Sept 2022</li> <li>Districts to operationalise two sites – 30 Oct 2022</li> </ul>
Provincial Procurement Plan	Pan is developed and approved	Achieved
Standardise Procurement Systems	<ul style="list-style-type: none"> <li>Establish structures in the Provincial Offices, District and Hospitals.</li> <li>Appointment of key personnel.</li> <li>Implement Logis for all transactions.</li> <li>Update Policies according to Treasury guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>Analysis is completed for Province.</li> <li>Adverts to be approved for Finance and SCM Officials.</li> <li>Logis is implemented.</li> <li>Process is ongoing – will be completed by end of 3<sup>rd</sup> quarter.</li> </ul>
Implement RX Solutions and Intenda for Management of stock.	Training of 100 Post-Basic Pharmacy Assistants.	Start in Facilities – 1 <sup>st</sup> Aug 2022. Implement RX Solutions – 1 <sup>st</sup> Aug.
Corruption and Risk Management.	<ul style="list-style-type: none"> <li>Vetting of Staff.</li> <li>Lifestyle audits.</li> </ul>	<ul style="list-style-type: none"> <li>Vetting of Senior Staff have started – complete by end of 3<sup>rd</sup> quarter.</li> <li>Lifestyle Audits – Ethics working with DPSA and State Security Agency.</li> </ul>

## 26.3 EMS Report

### Achievements/Progress in EMS Operations

- The Department has appointed at least four (4) Managers, sixteen (16) Operational Emergency Care Officers and eight (8) Patient Transport Drivers in this financial year.
- The fifty-four (54) vehicles that were planned to be procured have been procured orders have been placed and awaiting conversion and registration.
- The Department received a donation of a bus from Wind Farm in Loeriesfontein, which will be used to transport all eligible patients from this area to the Tertiary Hospital.
- Two ambulances of the four (2/4) from Kumba in JTG were released as a donation to the Department to reinforce the ambulance services in the area. The other two ambulances will still be released to Kgatelopele Municipality to address the needs of ambulance services in this region.
- Plans are in place to reinforce the Kgatelopele Municipality with yet another ambulance from the Idwala mine.

### Key Plans and Upcoming Projects

- Main Medical equipment for ambulances to the value of R7,5m has been procured to be delivered before end of December 2022.
- Procurement of eight hundred (800) pieces of diagnostic equipment for EMS personnel is in progress.

### Communications

The planned automation of the two call centres in Kimberley and in Upington have been finally launched and in operation.

### Training

The second ECA (Emergency Care Assistant) training progressed this year and have finished their academic year. The course had five employees of the Department while the rest were students from the community which made a total of fifteen (15) students. The final outcome for the year will be communicated soon to the college once University of Johannesburg has finalised the marking and ready with the results.

### EMS Infrastructure

There is a serious need to look and pay attention to the EMS infrastructure as the current bases are not fully compliant to the EMS regulations. During the review of table B5 this matter will be addressed in a phased approach. Discussions are ongoing with Public Works to address EMS infrastructure challenges. A new facility for EMS in Springbok has been

identified and will soon be occupied before midterm of new financial year. A new facility in VanZylsrus (JTG) for EMS has been erected and will soon be operationalised.

## 26.4 Infrastructure Report

Table 120 SCOPA Resolutions: Infrastructure Projects

Interventions	Progress	Due Date
Complete existing projects.	<ul style="list-style-type: none"> <li>Heuningvlei Clinic</li> <li>Siyathemba Clinic – Kathu</li> <li>Ntsikilelo Clinic – Upington</li> <li>Groenwater Clinic - Postmasburg</li> <li>Boegoeberg Clinic – Groblershoop</li> <li>Bankara Clinic – Kuruman</li> <li>Kuruman Mortuary</li> <li>Smitsdrift Clinic</li> <li>Provincial Logistics Centre</li> <li>Sol Plaatje Mortuary</li> </ul>	<ul style="list-style-type: none"> <li>End of Sept 2022 (IDT Delays).</li> <li>Ready for Launch.</li> <li>Ready for Launch.</li> <li>End of Sept 2022 (Eskom Delays).</li> <li>End of Sept 2022 (Eskom Delays).</li> <li>End of December 2022.</li> <li>End of October 2022 – Installation of equipment underway.</li> <li>Site handed over.</li> <li>Awaiting appointment of contractor.</li> <li>Site identified and Plans being finalised.</li> </ul>
Maintenance Projects	<ul style="list-style-type: none"> <li>RMSH.</li> <li>Dr Harry Surtie Hospital.</li> <li>Frances Baard, Namakwa, Pixley, ZFM, JTG.</li> <li>Mental Health Hospital.</li> <li>De Aar Hospital.</li> </ul>	30 <sup>th</sup> Mar 2023.
Frontloading	<ul style="list-style-type: none"> <li>Nursing College – Phase 2.</li> <li>RMSH Facelift, including water and electricity project.</li> </ul>	<ul style="list-style-type: none"> <li>Engagement with Treasury and COGHSTA to benchmark.</li> <li>Awaiting guidance - progress by 30<sup>th</sup> Sept 2022 for both Projects.</li> </ul>

## 26.5 Comprehensive Report on Nurses versus Doctors Ratio per Facility in the Province

Table 121 SCOPA Resolutions: Nurses vs Doctors Ratio per Facility in the Province (Jan – Dec 2022)

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOT
<b>FBD</b>	PHC utilisation rate	1.5	1.8	1.7	1.5	1.6	1.6	1.6	1.8	1.9	1.8	1.8	1.2	1.7
	PHC utilisation rate 10-19years	0.47	0.72	0.65	0.54	0.67	0.61	0.63	0.77	0.74	0.73	0.64	0.46	0.64
	PHC utilisation u5y rate	2.6	2.7	2.7	2.4	2.8	2.6	2.4	2.9	3.0	2.7	2.8	2.1	2.6
	PHC Professional Nurse clinical workload	17.5	18.1	17.8	17.6	18.4	14.8	16.3	18.7	18.5	19.6	18.5	13.1	17.4
	PHC Public Doctor clinical workload	20.2	22.2	18.6	17.4	14.9	19.2	18.7	15.1	16.1	18.7	12.6	8.6	16.5
	PHS Sessional Doctor clinical workload	2.6	7.3	5.8	10.3	6.1	8.8	11.5	8.9	0.88	13.5	8.5	8.3	4.9
<b>ZFM</b>	PHC utilisation rate	1.5	1.8	1.7	1.5	1.7	1.6	1.6	2.2	2.0	1.8	2.0	1.3	1.7
	PHC utilisation rate 10-19years	0.51	0.83	0.57	0.52	0.55	0.46	0.5	1.9	0.74	0.69	0.58	0.42	0.69
	PHC utilisation u5y rate	2.4	2.8	2.7	2.4	2.8	2.7	2.6	3.2	3.0	2.9	3.0	1.9	2.7
	PHC Professional Nurse clinical workload	18.2	21.7	22.3	23.1	22.2	22.2	20.8	23.7	23.5	27.5	26.4	21.4	22.7
	PHC Public Doctor clinical workload	13.4	12.8	13.4	12.4	14.9	14.0	14.6	19.0	18.1	5.6	19.0	15.8	12.7
	PHS Sessional Doctor clinical workload	5.6	8.5	20.5	11.8	10.9	9.1	9.6	9.5	11.2	10.9	10.3	12.9	10.3
<b>PKS</b>	PHC utilisation rate	2.3	2.6	2.5	2.2	2.4	2.2	2.2	2.6	2.6	2.5	2.7	1.8	2.4
	PHC utilisation rate 10-19years	0.84	1.1	0.91	0.92	1.0	0.77	0.85	1.1	1.1	1.1	1.1	0.72	0.96
	PHC utilisation u5y rate	3.1	3.6	3.5	3.3	3.5	3.1	3.0	3.6	3.7	3.5	3.5	2.6	3.3
	PHC Professional Nurse clinical workload	16.9	17.1	17.5	16.9	18.3	16.4	18.6	18.0	17.6	18.6	18.1	17.3	17.6
	PHC Public Doctor clinical workload	19.5	22.1	22.6	20.1	18.8	25.1	19.4	22.8	17.5	22.6	21.7	19.3	20.9
	PHS Sessional Doctor clinical workload	25.9	27.4	31.5	33.4	15.9	14.3	16.2	21.6	22.6	22.3	20.3	23.8	22.4
<b>NAM</b>	PHC utilisation rate	2.3	2.8	2.8	2.5	2.8	2.5	2.6	2.9	3.1	2.8	3.0	2.2	2.7
	PHC utilisation rate 10-19years	0.78	1.1	1.0	1.0	1.2	0.78	0.86	1.4	1.2	1.0	1.1	0.69	1.0
	PHC utilisation u5y rate	3.0	3.7	3.6	3.1	3.9	3.6	3.6	3.8	4.4	3.6	4.1	2.7	3.6
	PHC Professional Nurse clinical workload	16.2	12.3	17.7	15.2	18.9	16.7	18.0	7.4	7.7	19.1	18.3	14.7	13.5

	PHC Public Doctor clinical workload	5.3	4.9	2.6	5.0	4.8	12.4	10.5	25.2	4.0	3.9	2.8	1.8	<b>4.5</b>
	PHS Sessional Doctor clinical workload	19.4	18.7	11.8	14.2	17.8	22.1	20.6	11.6	12.2	11.1	16.2	20.2	<b>15.3</b>
JTG	PHC utilisation rate	1.6	1.8	1.9	1.6	1.8	1.7	1.6	1.8	1.9	1.8	1.8	1.4	<b>1.7</b>
	PHC utilisation rate 10-19years	0.45	0.72	0.6	0.55	0.61	0.55	0.64	0.71	0.65	0.63	0.67	0.49	<b>0.60</b>
	PHC utilisation u5y rate	2.3	2.8	2.9	2.3	2.9	2.7	2.4	2.9	2.9	2.7	3.0	2.3	<b>2.7</b>
	PHC Professional Nurse clinical workload	17.5	15.9	19.0	18.7	19.4	19.1	18.1	19.6	18.2	19.5	17.6	18.5	<b>18.4</b>
	PHC Public Doctor clinical workload	9.9	10.1	14.1	9.5	9.3	10.4	10.4	7.8	11.6	10.8	11.3	9.1	<b>10.2</b>
	PHS Sessional Doctor clinical workload	18.4	10.9	27.0	18.7	14.0	8.4	30.9	11.1	19.8	20.3	17.5	12.6	<b>16.6</b>
PROV	PHC utilisation rate	1.7	2.0	2.0	1.7	1.9	1.8	1.8	2.1	2.1	2.0	2.1	1.5	1.9
	PHC utilisation rate 10-19years	0.56	0.83	0.69	0.64	0.73	0.61	0.66	1.1	0.81	0.79	0.75	0.52	0.72
	PHC utilisation u5y rate	2.6	3.0	2.9	2.6	3.0	2.8	2.6	3.1	3.2	2.9	3.1	2.2	2.8
	PHC Professional Nurse clinical workload	17.3	17.1	18.8	18.2	19.3	17.4	18.1	16.5	16.2	20.6	19.6	16.4	17.9

## 27. Prior Modifications to Audit Reports

Table 122 Prior Modification to the 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
<b>Compensation of Employees</b>		
I was unable to obtain sufficient appropriate audit evidence for basic salary included under compensation of employees as the department did not implement proper record keeping to ensure that complete, relevant and accurate information is accessible and available to support basic salaries in the financial statements, I was unable to confirm the amount by alternative means. Consequently, I was unable to determine whether any adjustment to basic salary stated at R1 967 234 000 in note 4.1 to the financial statements was necessary.	2012 and beyond	<ul style="list-style-type: none"> <li>The Compliance Personnel to conduct audit on new appointments quarterly bases at respective district.</li> <li>To ensure that SP files has all relevant required information.</li> <li>Registry clerks of respective districts to ensure efficient system is in place to trace, retrieve and safe keeping file timeously.</li> <li>All new appointments (fixed and abnormal appointment) should be audited against the correct pay points and traced to the correct facility.</li> </ul>
<b>Contingent Liabilities</b>		
I was unable to obtain sufficient appropriate audit evidence for contingent liabilities- claims against the department due to the status of the accounting records. The department did not have adequate systems of internal control for the recording of all transactions and events. I was unable to confirm the amount by alternative means. Consequently, I was unable to determine whether any adjustment to contingent liabilities-claims against the department stated at R1 803 995 000 in note 18 to the financial statements was necessary. In addition, the department did not have adequate systems in place to account for contingent liabilities-claims against the department in terms of MCS chapter 14, <i>Provision and contingencies</i> as cases that did not meet the definition of contingent liabilities were included under contingent liabilities-claims against the department and differences were noted between the financial statements and the external confirmations. Consequently, the contingent liabilities - Claims against the department as disclosed in note 18.1 to the financial statements were overstated by R114 486 446.	2012 and beyond	<ul style="list-style-type: none"> <li>Case register was maintained and submitted to Finance by Legal Services Directorate.</li> <li>Confirmations were sent to external legal representative of the department to confirm the amounts on the case register.</li> <li>Classification was corrected due to accruals incorrectly included on contingent liabilities.</li> <li>Standard Operating Procedures (SOP) was developed to comply with Chapter 14 of Modified Cash Standard (MCS) which speaks toe cases that did not meet the definition of Contingent Liabilities.</li> </ul>
<b>Movable Tangible Capital Assets</b>		
I was unable to obtain sufficient appropriate audit evidence that the department had properly accounted for movable tangible capital assets and minor assets in	2012 and beyond	<ul style="list-style-type: none"> <li>The Department has been developing the Asset Register and the process is currently at an advance stage.</li> </ul>

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>the current year and the previous year, as the asset register submitted for audit was incomplete. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to movable tangible capital assets stated at R1 362 635 000 (2020-21: R1 314 600 000) in note 28 and machinery and equipment included in minor assets stated at R201 246 000 (2020-21: R196 835 000) in note 28.2 to the financial statements.</p>		<ul style="list-style-type: none"> <li>• The Department has captured all assets on Logis and has established procedures to update the register upon procurement.</li> <li>• The Department has adopted a procedure to value assets which did not have values and the update effected.</li> <li>• The Department will; be investing in electronic gadgets to verify the departmental assets.</li> <li>• This electronic platform will enable accuracy and completeness of the asset register.</li> </ul>
<p><b>Accruals and Payables not Recognised</b></p>		
<p>The department did not disclose all outstanding amounts meeting the definition of accruals and payables not recognised relating to capital work in progress under capital assets in note 20 in accordance with chapter 9, <i>General departmental assets and liabilities</i> in the MCS. The department did not perform adequate and regular reconciliations for accruals and payables not recognised. I was unable to determine the full extent of the understatement of accruals and payables not recognised for the current year as it was impracticable to do so. Consequently, this will also have an impact on capital work in progress disclosed under immovable tangible capital assets in note 30.2 to the financial statements.</p> <p>I was unable to obtain sufficient appropriate audit evidence for accruals and payables not recognised as the department did not have adequate systems to maintain records for these transactions. I was unable to confirm these amounts disclosed by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to accruals and payables not recognised stated at R81 881 000 (2020-21: R304 416 000) and R315 353 000 (2020-21: R285 770 000) respectively in note 20 to the financial statements.</p> <p>During 2021, the department did not disclose all outstanding amounts meeting the definition of accruals and payables not recognised, in accordance with chapter 9, <i>General departmental assets and liabilities</i> in the MCS. The department did not perform adequate and regular reconciliations for accruals and payables not recognised. I was unable to determine the full extent of the understatement of accruals and payables not recognised for the prior year as it was impracticable to do so.</p>	<p>2012 and beyond</p>	<ul style="list-style-type: none"> <li>• The department has significantly improved utilisation of LOGIS system.</li> <li>• Management has also developed a reporting mechanism where the district offices provide a report on a monthly basis on the state of Departmental accruals.</li> <li>• Centralisation and reconciliation of certain key accounts has been introduced for sound financial management and monitoring accounts.</li> </ul>
<p><b>Immovable Tangible Capital Assets and Capital work in progress</b></p>		
<p>During 2021, I was unable to obtain sufficient appropriate audit evidence for accruals and payables not recognised relating to capital work in progress as the department did not have adequate systems to maintain records for these transactions. I was unable to confirm these amounts disclosed by alternative means. Consequently, I was unable to determine whether any adjustment was necessary to accruals and payables not recognised relating to capital work in progress, stated at R60 869 000 in note 30.2 to the financial statements.</p>	<p>2012 and beyond</p>	<ul style="list-style-type: none"> <li>• This matter has been resolved.</li> <li>• The Department has adjusted the prior year disclosures.</li> </ul>

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
<b>Accrued departmental revenue and Impairment of Accrued departmental Revenue</b>		
<p>During 2021, I was unable to obtain sufficient appropriate audit evidence to substantiate the accrued departmental revenue and impairment of accrued departmental revenue as disclosed in note 23 to the financial statements. The department did not have adequate internal controls to maintain records of accrued departmental revenue and impairment of accrued departmental revenue. I could not confirm accrued departmental revenue and impairment of accrued departmental revenue by alternative means. Consequently, I was unable to determine whether any adjustments were necessary to accrued departmental revenue stated at R59 026 000 and impairment of accrued departmental revenue stated at R51 401 000 in note 23 to the financial statements.</p>	2012 and beyond	<ul style="list-style-type: none"> <li>• Centralizing of all Audit requests to Provincial Office (Revenue Management) was undertaken in order to ensure that all supporting documentations are submitted to Auditor General.</li> <li>• All audit requests received were then communicated with relevant facilities as per the sample selected.</li> <li>• Continuous engagements between the Department and Auditor General were conducted with an intention to verify the information requested versus submitted and responses to Audit Findings were thereof communicated within a prescribed period.</li> <li>• Such engagements resulted in the alternative audit procedures being conducted and frequent communications with hospital officials on what information to provide. A decision to provide clinical notes supporting each patient visit date from the patient file as opposed to providing the complete patient file to the auditors.</li> <li>• Monthly reconciliations of payment and debt transactions are performed and checked to ensure accurate reporting of patient debt.</li> </ul>
<b>Irregular Expenditure</b>		
<p>The department did not disclose all irregular expenditure in the notes to the financial statements, as required by section 40(3)(b)(i) of the PFMA. The department incurred expenditure in contravention of supply chain management (SCM) requirements that was not included in the irregular expenditure disclosed in note 24 to the financial statements. I was unable to determine the full extent of the understatement for the current as well as previous years as it was impractical to do so.</p>	2012 and beyond	<ul style="list-style-type: none"> <li>• Finance Unit is identifying irregular expenditure transactions by using checklist and reporting on a monthly basis.</li> </ul>

## 28. Internal Control Unit

### Purpose

Conduct Oversight Support Visits to monitor, implement and lead the internal controls, risk management, and compliance capability for the Department across all health facilities to ensure that it is congruent with the Department's requirements. And ultimately, creation of the overall Internal control, Risk and Compliance strategy and approach to ensure that the Department, strengthen delivery of health care services across all health facilities within the province through identifying, assessing, responding and monitoring risks associated with its operations.

### Overview

The persistent negative audit outcomes over the past years have necessitated the Department to develop and implement interventions targeted at improving financial management and non-financial performance so as to enable the Department to improve on internal controls and audit outcomes. The audit report identified a number of internal control deficiencies, risks and various matters on the audit of compliance with legislations and most of the audit findings relates to weaknesses in the internal control environment. The status of drivers of internal controls focused on leadership, governance, financial and performance revealed a number of areas which requires intervention on corrective measures which will ensure that systems re-engineering, control changes or additions, data validity tests, variance reports and training & staff awareness to fulfil the planned service delivery priorities.

## Objectives

- Develop and implement the enterprise risk management strategy.
- Identify, develop and ensure compliance and implementation of the risk mitigation strategy.
- Manage and maintain financial control systems.
- Oversee the establishment and facilitation of governance structures.
- Develop, manage, coordinate and implement fraud prevention policies and systems.
- The provision of integrity management services.

## Approach

Visits were conducted through mixed methods to facilities in various districts to address some of the AGs findings and the method covered the following:

- To turn the unfavourable audit outcomes, in terms of both the financial and non-financial performance through managing, advice, guiding, monitoring and conducting oversight covering all aspects of audit related issues of the Department.
- Consultations was to interact with the District Director and landlord on issues affecting the lease contract, payments and signing of new lease agreements.
- Creation an overall Internal control, Risk and Compliance strategy to strengthen delivery of health care services across all health facilities within the province through ensuring, that the Department can identify, assess, respond and monitor risks associated with its operations.
- Among major issues of focus, partnering with all other role players in terms of allowing management to reflect on emerging risk on site, especially on newly opened facilities, achievements made on ideal clinic objectives and progress thereof, Organizational structure implementation and recruitment thereof, inspecting of the physical state of the facilities, (Health Technology) checking maintenance program through the implementation of water tanks in relation to NHI In-Kid Grant Project, support from district and head office in terms of infrastructure, cleanliness, availability of cleaning material, generators, gardening services, mortuary, availability of medical equipment and medical stock levels, availability of filling cabinets and Government Structures.
- Check the level of compliance through ensuring strategies being implemented as regulated in some of those response areas and progress made in dealing with Covid-19, all sites accept walk-ins irrespective of whether those eligible for vaccination are registered on the Electronic Vaccination Database in response to the Government call to create a relative understanding of strengthening testing, tracing and social distance.

## Deficiencies

- Throughout the work done, compliance team found that the rapid implementation of the initiatives already compromised control environments and which by the way created significant risk that most auditees were not able to address.
- Processes, criteria, needs and controls were not well considered and in haste of implementation, mistakes were made and opportunities created for abuse.
- Department did not implement the action plans to address the prior year supply chain management findings, this might result in prior year material non-compliance re-occurring.
- The Department relies on treasury to inform them about new changes on the act instead of visiting the treasury website on regular basis.
- The risk management committee did not operate functionally throughout the whole year due to instability and non-availability of management
- While completing inventory management check list and understanding of the processes around safeguarding of inventory at the depot, the auditor noted that the warehouse cage was not fully fenced to ensure the safeguarding of inventory.
- While completing inventory management check list, the auditors noted that the Inventory management policy was not reviewed for the current year under review as per the procedures on the development, writing & implementation of policy documents.
- The employees of the Department did not complete e-disclosure which allows for them to disclose interests of close family members doing business with the Department
- No controls designed to ensure that all the employees complete the e-disclosure note effective as they are not properly implemented.
- Approval for remunerative work was not approved by the executive authority due to some employees not declaring their interests.
- Poor control environment resulting in subsistence and travelling allowance claims not being paid according to policy and SARS requirements.



- No support to programmes and sub-programmes in developing audit outcome mitigation strategies such as policy development, review process flows, standard operational procedure (SOPs), development of new checklists, new contractual register, donations register, incident register, risk register payment register, controls and monitoring of internal systems.
- Irregular expenditure resulting from awarding of tenders to implementing agent, irregular expenditure resulting from expired contracts that are extended on month to month, irregular resulting from contravention of the Public Service Act, fruitless and wasteful expenditure, accruals & commitments were discussed and agreed on implementation as outlined in the management action plans to ensure strict compliance across the board.
- There are no controls in place to ensure that all the deviations are recorded in the deviation register after approval and evaluated to determine whether the reasons provided are justifiable and the Department should always make use of the supply chain management batch control sheet and checklist to tick and confirm that all required documents in the batch are complete and attached.
- Registers on Fruitless and Wasteful Expenditure, Irregular Expenditure, Accruals and Commitments are not being kept, maintained and submitted to provincial office on monthly basis.
- The Department paid interest to suppliers due to delays in payment of the supplier's invoice within 30 days after receipt of invoice and this is constituting to fruitless and wasteful expenditure being incurred by the Department as the expenditure was made in vain and would have been avoided had reasonable care been exercised.
- Lack of shortage of staff, especially middle management it's a serious problem for the entire province.
- The Department has a trend of late- or non-submission of prescribed information as required. As of April 2022 to date ten of the twelve (10/12) compliance certificates were submitted late while June 2019 and February 2020 compliance certificates is still outstanding and for 2020/2021 financial year, only April 2020 compliance certificate was submitted.
- It was also noted that the Department is in a process of reviewing all Standard Operating Procedures on Patient Administration and training will be provided to all hospitals personnel soon.

## **Combine Assurance Reports**

### **a) Vosburg Clinic**

The Internal Control, Risk & Integrity Management Directorate performed internal control testing into the leasing of Vosburg Clinic's premises after the landlord raised their concern about long outstanding rental payments to the Department. The directorate met with the District Director of Pixley District to understand the concerns raised, and later met with the representatives of Vosburg Clinic Trust Committee (who is the landlord) at Vosburg clinic. The main purpose of these consultations was to interact with the District Director and landlord on issues affecting the lease contract, payments and signing of the new lease agreements. This matter was considered to be significant since it could negatively impact on the ability of the Department to deliver health services to the community of Vosburg. The draft lease agreements for 2021 and 2022 were submitted to the Department by the landlord, in which case they were internally sent to Legal Services for vetting and the Directorate was also requested to provide internal review assurance on the overdue accounts.

The scope of work covers the lease period, from the initial contract that started on the 1<sup>st</sup> July 2011 to 31<sup>st</sup> May 2022. A number of documents were inspected to prepare for the consultations and site inspection, which included: lease agreements, invoices, email communications, payment disbursement report and reconciliations.

A site inspection was also performed at Vosburg Clinic, which showed that the building requires urgent maintenance, specifically on plumbing and electrical works. The Clinic is at the moment being operated without a valid Electrical Certificate of Compliance. This has already been pointed out in the report of the Health Inspector, as cited by the landlord. According to the landlord, the Department did alterations on the electrical installation without their knowledge or approval and without issuing a Certificate of Compliance after the work was done; which compromises any insurance claims by landlord should any fire break out in the premises.

### **b) Marydale Clinic**

Internal Controls, Risk and integrity management directorate conducted an oversight support visit at Marydale Clinic in Pixley Ka Seme District Municipality as part of a follow-up meeting to understand and resolve concerns affecting the leasing of Marydale clinic premises, outstanding payments and possibility of signing of the new lease agreement, to monitor service delivery in terms of checking physical state of the facility. The follow-up visit came to light when the trust committee members issued conflicting messages on selling or donating the building over whether Department of health will be interest in buying it or alternatively will shut the building down until all outstanding payments have been made. As part of the strategy to strengthen delivery of health care services in the province, Internal Controls, Risk and Integrity Management team was then task by the executive management to facilitate and coordinate the correctness of this process through guidance and reviewing all previous lease contracts entered between Landlords or Trust Committees and the Departments of Health and Public Works.

The aim was to ensure there is well-integrated and better coordination in messaging of information provided between DOH and the Committee so as to strengthen communication machinery for the benefit of the community of Marydale and interaction with the Committee members going forward.

The following issues were pointed out as challenges that needs urgent attention:

- For the last past two years, the Department of health has failed to do rental payments as agreed.
- The municipality service hasn't been paid to date and the Committee owns the municipality R200,000.00 (Two hundred thousand rand).
- On the 05<sup>th</sup> May 2020, an amount of R14, 143.30 was deposited and again, on the 13<sup>th</sup> August 2020, another R14, 134.30 was deposited and that was the only monies paid out of R442, 025.56 owned by the DOH.
- One key interventions were to ensure that a meeting should be scheduled between the Trust Committee Members and the Department to urgently deliberate and resolve this matter.
- Risk Management was elated to note that there is almost fourteen clinics with problematic lease contracts that still need to be reviewed and as the result therefore, that alone erupted issues of service delivery at this facility.
- Non-payment of the municipality accounts has detrimental effects on services delivery hence the Directory urged district health management to intervene in assisting with registering the committee on Central Supplier Database and all Invoices from the 1<sup>st</sup> November 2019 to the 31<sup>st</sup> August 2022, to be submitted at the head office for implementation of payments before 5<sup>th</sup> August 2022 auditors recalculated the amount of leave gratuity paid out in order to confirm the accuracy of the amount paid out. However, differences were identified for the contract.

### **c) Port Nolloth Hospital**

As part of internal controls risk and integrity management, the directory convened its district Risk Communication and Community Engagement (RCCE) workshop, with specific focus on health promotion and communications. Among those attending were line Supervisors, Emergency Medical Services, Health Facility Assistants, EPWPs, CHWs, Cleaners, Data Captures, etc.

The aim of this oversight support visit was to ensure integrated and coordinated information sharing to strengthen our communication machinery for the benefit of the communities and also to let management reflect on emerging risks since the opening of the new facility, specifically the following:

- Support on infrastructure, mortuary, laundry and gardening services.
- Organisational structure implementation and recruitment.
- Support from District and Head offices.
- Achievement and progress of ideal clinic objectives.

### **d) Kamiesberg Sub-District**

Internal Controls, Risk and integrity management conducted an oversight visit to Kamieskroon and Garies Clinics in the Kamiesberg Municipality which formed part of the assurance project plan to monitor service delivery in terms of checking the physical state of the facility.

The visit focused on the Health Technology maintenance program through implementation of water tanks through NHI in-Kid Grant Project, support from district and head office provided by infrastructure, cleanliness, gardening services, mortuary, availability of medical equipment and medical stock levels and Government Structures. The level of compliance through ensuring strategies being implemented as regulated in some of those response areas and progress made in dealing with Covid-19 was also checked. All sites accept walk-ins irrespective of whether those eligible for vaccination are registered on the Electronic Vaccination Database in response to the Government call to create a relative understanding of strengthening testing, tracing and social distancing.

This facility is currently being utilized as a service point to render health services to the residents of Rooifontein, Kamassies, Nourivier as satellites. The Department has resolved to explore alternative buildings that are conducive for health service delivery in these areas.

As part of strengthening these outreach services the Department has appointed a Registered Nurse who also worked as an Operational Manager supported by one Enrolled Nurse, two Lay Councillors, two CHW, two HFAs and two Data Capturers and two Cleaners. The clinic does not have an air conditioner, there are no patient cabinets for patient files and there is no signage. However, the Department further intends to procure additional mobile health clinics to cover other affected farming areas on a regular basis.

The facility reported two new Covid-19 cases and to date reported cases are spreading between Kamieskroon, Rooifontein, Nourivier and Garies. The sub district continues to have no newly recorded Covid-19 related deaths and there many people have recovered from the disease. The number of currently admitted patients in the hospital due to Covid-19 complications decreased daily. The distribution of currently admitted patients are as follows: Kamassies - nil, Rooifontein - nil, Nourivier – nil, Garies - nil and Kamieskroon – two.

### **Regularising of the appointment of staff where formal recruitment processes were not followed**

The reasons for leave gratuity pay out could not be confirmed and during the testing of transfers and subsidies, the auditors performed procedures to confirm the validity of the leave gratuity pay-outs. However, supporting documentation (e.g. death certificate or resignation letter) was not submitted.

It is necessary for the function of the PERSAL system administrator to be reviewed; and exemption from the “overtime beyond 30%” rule for certain categories must be requested from DPSA.

The unfinished organisational structure is creating a challenge with filling vacant posts within the Department. Strategic engagements have cited critical issues affecting human resources such as:

- Vacant positions not being filled within prescribed times.
- Acting letters are not issued to all acting officials, which results in non-payment of acting allowances.
- Posts are being abolished without proper consultation.
- There is no clarity on the application of the moratorium on the filling of posts and the retention strategy for health professionals.
- The poor turn-around time on the signing of submissions has a direct impact to service delivery.

### **Frontline Services and Health Response: Covid-19**

There is a concern regarding the high risk of non-compliance and abuse of power observed, not only in areas that were audited but also where audit information was not forthcoming.

Pre-existing deficiencies in supply chain processes were amplified by the introduction of the emergency procurement processes allowed for personal protective equipment (PPE) and based on what was audited to-date, there are clear signs of overpricing, unfair processes, potential fraud and supply chain legislation being sidestepped.

In addition to PPE procurement, oversight structures should use this opportunity to direct their actions and call accounting officers and authorities as well as executive authorities to account for the implementation of the initiatives related to the pandemic and the management of funds entrusted to them.

### **Major Challenges facing facilities**

- There is a shortage of core and support personnel which includes nursing services managers, clinic managers, unit managers, professional nurses, environmental health practitioners, etc.
- Incomplete patient information captured on the systems resulting incorrect billing of clients or patients hence the classification is incorrect.
- Deficiency in internal control to manage aged debtors.
- Monies collected are kept for weeks in office without being banked as prescribed by the PFMA.
- Lack of training and re orientation of staff on policies.
- Reconciliation prepared after depositing the money collected.
- There are common challenges of infrastructure maintenance which is compounded by the inadequacy of the maintenance budget.
- Most Clinic committees are not functional.
- Security systems need to be reviewed in the Districts.
- In most facilities internet and computers connections is a problem.
- Most Clinics requires renovations and restructuring due to insufficient space.
- Missing patient files are a big concern.
- No incident register is being maintained and some decommissioned vehicles still reflects as operational in the asset register.
- EMS does not have a Control centre, currently they are using the municipal control centre.
- Some EMS vehicles exceeded 500 000km therefore their performance is inefficient.
- Logbooks are not properly maintained and completed as prescribed by Departmental prescripts.
- Facilities are struggling with water supply and there is no water back-up (JOJO Tanks). Generators, water pumps or bore holes are damaged or not functional as well.
- Fire extinguishers service is long overdue.

- There is an ongoing shortage of patient transport.
- Tools of trade remains a challenge, e.g. photo copy machines, printers, etc.
- The Community Health Centre is functioning at the level of a PHC at Rietfontein and Groblershoop.
- Poor records management of patient files and lack of infrastructure results in difficulties to retrieve and duplication of patient files.
- Lack of maintenance of the Departmental website to effectively communicate information and officials are using their personal emails for official purposes.
- Poor Administration and Billing System (PAAB) of patient information resulting to incorrect reconciliation of Medical Aids accounts.
- Billing is undertaken too late and results in poor recovery of revenue.
- Deficiency in the internal control to reconcile between the billing system and BAS.
- The PAAB does not allow proper financial management.
- Most mortuaries at facility level are not in a good conditions or not functioning at all.
- In most of the facilities air conditioners and telephone lines are not functioning.

## Recommendations

- The Auditor-General has identified that the effective and appropriate disciplinary steps were not taken against officials who made or permitted unauthorised expenditure and/or irregular expenditure as required by section 38(1)(h)(iii) of the Public Finance Management Act and Treasury Regulation 9.1.3.
- Improving our Information Communication Technology for effective engagement with stakeholders in order to create conducive environments, assess risks and opportunities to promote information exchanges to bring about positive social change for the speedy transformation of our people.
- Instead of concentrating efforts on setting up elaborate and often parallel reporting structures, the appointment of a PERSAL controller could play a support role in leading improvement in the quality of data emanating from systems in the province. The Office of the CFO must ensure that sufficient guidance is provided to districts and support provided to improve the performance of all directorates and that district managers are adhering to performance management frameworks and policies.
- For this to be achieved clear roles, responsibilities and delegations must be effective and therefore must be reviewed, and oversight within the province will provide a good platform for integrated planning as well as improved communication and collaboration between districts and the provincial office in improving service delivery.
- The internal controls must drive the government wide change agenda and ensure that improved service delivery remains the focus of the Department within the province.
- Implementation of SCM checklist as a management tool to support separation of duties, listing of all possible irregular expenditure in a register and report it on monthly basis.
- Ensure all irregular expenditure is recorded in the register are Investigated and condoned so as to strengthen internal controls to avoid the re-occurrence.
- Where there are no contracts in place, the tender can be issued immediately using all the documents and processes provided to suit internal requirements, Review of policies and procedures and implementation thereof.
- Appointment system controller to monitor the LOGIS system, cash flow between the district and provincial office, ensure that suspense account is been cleared by the closure date, identify any differences to be investigated or resolved by the Department, primarily with better utilization of LOGIS.
- Development of an organisational structure for SCM in line with Treasuries and DPSA guidelines to address the current shortage of staff challenge in especially middle management.
- Re-alignment of Supply Chain Management, Budget Management and HR officials to meet the current needs of the Department and this may include movement of officials within the Department and province.
- Significance of ongoing support and training to districts so as to strengthen internal control environment and for better audit outcomes.
- Enhance efficiency, accountability and transparency
- The preventative measures must involve ensuring that there are necessary approvals, authorizations, verifications, segregation of duties.
- The detective measures must involve ensuring that there are reconciliations, reviews, data analysis (e.g. Budget vs actual), benchmarks and computer assisted audit techniques.
- The corrective measures must involve ensuring that the systems re-engineering, control changes or additions, data validity tests, variance reports and training & staff awareness.
- Integration of Covid-19 into programmes by ensuring that all facilities are assessed for their state of readiness to implement Covid-19 into their operational plans and daily activities.
- Procurement of retrievable filing cabinets to be done in all facilities (DHS).

- To report on the situational analysis of tasks executed in various facilities within Department; and also presenting concrete proposal to turn the situation around for the better audit Outcome.
- Management to ensure that patient's information is captured completely and accurately during patient admission.
- Daily reconciling of the billing system and the classification of patient should be done in line with the relevant support documentation.
- The hospital to have a dedicated officials responsible for filling, movement of file and maintaining the register for all incoming and outgoing files.
- Training should be provided to the staff to ensure proper understanding of the revenue processes.
- To address the current shortage of staff especially supervisory level.
- Management should ensure that weekly checking and reconciliation has been prepared before depositing money collected on time.
- The Accounting Officer of the Department to take effective and appropriate steps to collect all money due to the Department.
- The Accounting Officer must sensitize CEOs, Hospital Boards and other important stakeholders who plays a role on revenue maximization about the importance of revenue its impact on the Provincial cash inflows.
- Management must be held accountable of the running of the hospitals including collection of revenue.
- Fact finding analysis for revenue chain process must be performed in all hospitals.
- Personnel appointed for revenue be allowed to perform those duties and not to be moved to other units.
- Compulsory quarterly visits by management should be enforced at all hospitals.
- Department to consider revenue maximisation from private wards in hospitals.
- Department to strengthen revenue collection systems at Community Health Centres (CHCs) as these facilities are continuing to provide hospital services.
- Department to invest in all the Patient Administration and Billing system modules that will result in maximisation of revenue collected (e.g. modules on Patient Verification System and Electronic Data Interchange)
- Monitor the implementation of a sound Records Management Systems (internal).
- A bilateral to be scheduled with Provincial Treasury Team to develop a joint plan of action for best practices.

## **29. Internal Audit and Audit Committees**

### **29.1. Key Activities and Objectives of Internal Audit**

The Executive Council of the Northern Cape Provincial Government has established an Internal Audit Unit (IAU) to provide internal audit services to all 12 departments within the province. The shared PIAU is divided into four 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.

### **29.2. Summary of Audit Work Done**

- AGSA audit rectification plan – review of completeness and adequacy
- Asset Management
- Audit of Predetermined Objectives
- Conditional Grants: National tertiary Services Grant
- Emergency Medical Services
- Fleet & Transport Management
- Follow up: Internal Audit
- Follow-up AGSA rectification plan implementation status
- Fraud, risk and ethics management, Lifestyle audits
- Human Resource Management
- Information Technology
- Interim financial statements review
- Labour Relations
- Review Draft Annual Financial Statements and Annual Performance Report – 31 March 2022
- Supply Chain Management – Follow up
- Transfer Payment: HIV & AIDS

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

### 29.3. Key Activities and Objectives of the Audit Committee

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

The Audit Committee consists of the members listed below. It meets as frequent as mandated by the approved Audit Committee charter and as often as it deems necessary. The AC also provided the MEC with a written report subsequent to the AC meetings to ensure the executive is informed about matters of concern.

### 29.4. Attendance of Audit Committee Meetings by Audit Committee Members

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

Table 123 Audit Committee Meeting Attendance

Name	Qualification	Internal / External Member	Position in Department (If Internal)	Date Appointed	Date Resigned	No. Of Meetings Attended
R Mnisi	LLB, Post Graduate Certificate in Compliance management	External	n/a	01 December 2020	n/a	3
S Calitz	Registered Government Auditor (RGA), Certified Government Audit Professional (CGAP), Certified Fraud Examiner (CFE), Advanced Certificate Forensic Examination, National Diploma Government Auditing	External	n/a	01 December 2020	n/a	4
D Padayachy	Bsc Degree, Executive Development Programme, Post Graduate HDE, Information Technology Management, Leadership in the Connection Economy Certificate, Capability Maturity Model - People and Capability Maturity Model	External	n/a	01 December 2020	n/a	4

Name	Qualification	Internal / External Member	Position in Department (If Internal)	Date Appointed	Date Resigned	No. Of Meetings Attended
	Integration for Development and Information Technology Management for Government and Software and Project Management Certificate					
O Gaoraelwe	Bachelor of law, Conflict Management, Project Management, Certificate in enviromental law	Internal	Acting Chief Director	01 December 2020	n/a	2
G Molelekwa	Bachelor of Laws, Bachelor of Law: Financial Planning, Btech: Internal Auditing, Btech: Cost & Management Accounting, National Diploma: Cost & Management Accounting	Internal	Director	01 May 2022	n/a	4

The members of the Audit Committee held meetings with the Accounting Officer, Senior Management of the Department, Internal Audit function and the external auditors, collectively and individually, on matters related to governance, internal control and risk in the department, throughout the reporting period.

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

### **30. Audit Committee Report**

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

#### **30.1 Audit Committee 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.

#### **30.2 Effectiveness of Internal Control Systems**

The Audit Committee acknowledges management's efforts to strengthen internal controls in the Department. There is a need for technical support, monitoring and evaluation to unlock the full potential of these efforts. The weakness of system of internal control is attributed from the lack of proper governance, weakness 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 committed that effective correction action will be implemented in respect of all internal control weakness, and the Audit Committee will monitor these going forward.

Vacancies in the Department undermine the effective functioning of the system of internal controls and it is imperative that management reviews its recruitment procedures and processes to ensure vacancies are filled expeditiously with properly qualified, skilled and experienced personnel.

### **30.3 Quality of In-Year Management and Quarterly Reports**

The Audit Committee is not satisfied with the content and quality of management and quarterly reports prepared and issued during the year under review in compliance with the statutory requirements.

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.

### **30.4 Evaluation of Annual Financial Statements**

The Audit Committee has reviewed the Department annual financial statements and report on performance information and their timely submission to the external auditors by 31 May 2023.

### **30.5 Internal Audit**

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 and programme that covers all aspects of the internal audit activity. The internal assessment indicates that the term "Conforms with the International Standards for the Professional Practice of Internal Auditing" may be used by the function.

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

### **30.6 External Audit**

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 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.

### **30.7 Risk Management**

The Department has an established risk management process; however, the process is ineffective. Audit Committee has made several recommendations during the year under the review to assist the Department. The integration of the risk management process into the operational and governance process, the low maturity of risk process, ineffective Risk Management Committee are some of the challenges that remained unresolved.

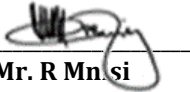


### **30.8 Issues / Matters Pertaining to the Department**

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 lack of and weak control environment, standard operating procedures and policies and procedures not being documented, approved and implemented. In addition, non-compliance with laws and regulations in the Supply Chain Management environment also contributes to the non-achievement of business objectives.

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 whether 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

On behalf of the audit committee:



**Mr. R Mnisi**

**Audit Committee Chairperson**

Department of Health

31<sup>st</sup> July 2023

### 31. B-BBEE Compliance Performance Information

Table 124 Compliance of B-BBEE Requirements

<b>Has the Department / Public Entity applied any relevant Code of Good Practice (B-BBEE Certificate Levels 1 - 8) with regards to the following:</b>		
<b>Criteria</b>	<b>Response (Y/N)</b>	<b>Discussion</b>
Determining qualification criteria for the issuing of licences, concessions or other authorisations in respect of economic activity in terms of any law?	N/A	Normally an Economic Development/affairs department has this function.
Developing and implementing a preferential procurement policy?	Yes	In bids advertised, the requirements of the PPPF are applied with respect to calculation of points as well as assessing compliance to the same.
Determining qualification criteria for the sale of state-owned enterprises?	N/A	The does not have any administrative and or operations with respect to the SALE of SOE's.
Developing criteria for entering into partnerships with the private sector?	N/A	In year under review, no transaction of this nature was ever engaged/entered into
Determining criteria for the awarding of incentives, grants and investment schemes in support of Broad Based Black Economic Empowerment?	N/A	Our SCM processes only engages in soliciting bids for ensuing service delivery requirements of the Department.

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**PART D:  
HUMAN RESOURCE MANAGEMENT  
INFORMATION**

## **PART D: HUMAN RESOURCE MANAGEMENT**

### **32. Introduction**

#### **32.1. Status on Human Resources in the Department**

To render efficient and effective personnel human resource administration services through the provision of strategic and technical support to line managers and staff within the Northern Cape Department of Health. The human resource plan has been developed for the medium term expenditure framework and has been submitted to the office of premier for quality assurance and will be consulted on with trade unions. The successful implementation of the e-submission has to be commended and newly developed templates have been standardized on the e-submission system.

#### **32.2. Priorities and Impact**

The Human Resource Plan has been developed for the medium term expenditure framework. The office of the premier has secured a date for the pre-consultation with the DPSA on the draft organizational structure.

#### **32.3. Workforce Planning and Key Strategies**

The current strategy for the Department is aligned to the goals and objectives of the 2030 Human Resources Strategy for Health.

#### **32.4. Employee Performance Management**

The Employee Performance Management Framework for all Departments was underpinned on the reviewed NCPG EPMDS Policy (2022) which was approved and shared by the OTP; effective as of 01<sup>st</sup> April 2022. The Department had appointed new moderation committee members that would serve a 3-year term and would commence with the performance moderation of the 2021/22 performance cycle. With the dawn of the new policy framework, the Provincial EPMDS office focused on ensuring that quality and due diligence have been done on the conclusion of the performance management processes for the previous cycle, i.e. 2021/22. In the 3<sup>rd</sup> quarter, the Provincial Office hosted the Departmental Moderation (DM) sessions for employees on Salary Level (SL) 3 – 12 for the 2021/22 performance cycle. These employee performance moderation processes were concluded were implemented from the 3<sup>rd</sup> quarter, with its conclusion achieved in the 4<sup>th</sup> quarter.

The Department conducted performance moderations for Senior Management for the periods that dated back five years, i.e. 2018/19 to 2021/22. Implementation of performance rewards for Senior Management will only take place once the approval has been granted by the Executing Authority.

The due date for submission of the 2022/23 EPMDS base performance documents, i.e. Performance Agreement, Work Plan & Personal Development Plan, for all employee categories was the 30<sup>th</sup> May 2022. The due date for capturing these documents on PERSAL was by the 30<sup>th</sup> June 2022. All institutions were urged to ascertain that all submitted EPMDS base documents for the 2022/23 cycle were captured on PERSAL. This would ensure that the automated reports that are extracted from PERSAL by oversight bodies (e.g. DPSA) were accurate and a true reflection of the Department's status. Employees and Supervisors were given the opportunity to review their key performance areas (KPAs) as well as their Performance Agreements for the new performance cycle of 2022/23, and subsequently submitted same signed off documents to their respective HR offices.

#### **32.5. Employee Wellness Programmes**

The Northern Cape Mental Health and DRTB Hospital is the only institution that has an active Occupational Health and Safety Committee. There are no dedicated SHERQ practitioners in the district/hospital which focuses on Health, Safety and Environmental issues. The unit is utilising the ideal facility assessment tools to conduct inspections and risk assessments. The unit has also engaged and agreed on an integration approach with various provincial units to improve service delivery and systems. The SHERQ unit is part of the different governance committee structures within the Department such as Risk and Ethics and Quality Assurance. There is still poor adherence to occupational health and safety prescripts and remains a challenge as most of the districts/hospitals are still without established committees.

## 32.6. Achievements, Challenges and Future Plans / Goals

The establishment of the wellness centres and appointment of human resource capacity is critical to run the centres in the Department. The employee health and wellness unit requested Senior and Executive Management to support all employee health and wellness events. The implementation of the e-submission has yielded great results on the recommendation and approval of an application to the Senior/Executive Management. The feedback on the organizational structure has been received from the Office of the Premier and a date for pre-consultation with the Department of Public Service and Administration has been received.

## 33. Human Resources Oversight Statistics

### 33.1. Personnel Related Expenditure

#### 33.1.1 Personnel Expenditure by Programme

Table 125 Personnel expenditure by programme for the period 1 April 2022 to 31 March 2023

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services Expenditure (R'000)	Personnel Expenditure as a % of Total Expenditure	Average Personnel Cost per Employee (R'000)	Employment Incl. Periodical - & Abnormal Appointments
Administration	334323	131672	0	0	39,40	445	296
District Health Services	2481035	1596661	0	0	64,40	266	6007
Emergency Medical Services	383457	229846	0	0	59,90	316	727
Provincial Hospital Services	433221	304964	0	0	70,40	381	800
Central Hospital Services	1006042	714853	0	0	71,10	572	1250
Health Sciences and Training	98006	66582	0	0	67,90	358	186
Health Care Support Services	345894	73102	0	0	21,10	389	188
Health Facilities Management	337544	11288	0	0	3,30	594	19
<b>TOTAL (BAS)</b>	<b>5419522</b>	<b>3 128 968</b>	<b>0</b>	<b>0</b>	<b>57,70</b>	<b>330</b>	<b>9473</b>

#### 33.1.2 Personnel Costs by Salary Band

Table 126 Personnel costs by Salary Band for the period 1 April 2022 to 31 March 2023

Salary Band	Personnel Expenditure (R'000)	% of Total Personnel Cost	Number of Employees	Average Personnel Cost per Employee (R'000)	Total Personnel Cost for Department including Goods and Services (R'000)
02 Skilled (SL 3-5)	826954	26	3195	258 828	3 178 183
03 Highly skilled production (SL 6-8)	617638	19	1477	418 171	3 178 183
04 Highly skilled supervision (SL 9-12)	1118355	35	1350	828 411	3 178 183
05 Senior management (SL ≥ 13)	30543	1	28	1 174 731	3 178 183
09 Other	0	0	0	0	0
11 Contract (SL 3-5)	40414	1	165	244 933	3 178 183
12 Contract (SL 6-8)	76017	2	195	389 831	3 178 183
13 Contract (SL 9-12)	287819	9	302	953 043	3 178 183
14 Contract (SL ≥ 13)	2301	0	2	1 150 500	3 178 183
18 Contract Other	0	0	0	0	0
19 Periodical Remuneration	47012	2	151	311 338	3 178 183
20 Abnormal Appointment	110981	4	2609	42 542	3 178 183
<b>TOTAL</b>	<b>3 158 034</b>	<b>99</b>	<b>9 474</b>	<b>333 382</b>	<b>3 178 183</b>

### 33.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by Programme

Table 127 Salaries, Overtime, Home Owners Allowance & Medical Aid by Programme for the period 1 April 2022 to 31 March 2023

Programme	Salaries (R'000)	Salaries as a % of Personnel Costs	Overtime (R'000)	Overtime as a % of Personnel Costs	HOA (R'000)	HOA as a % of Personnel Costs	Medical Aid (R'000)	Medical Aid as a % of Personnel Costs	Total Personnel Cost (R'000)
Administration	108003	81	1013	1	3200	2,40	6909	5,20	133715
District health services	1333874	82	56218	4	38408	2,40	62258	3,80	1620331
Emergency medical services	172743	73	14620	6	10821	4,60	17767	7,50	235538
Provincial hospital services	235186	74	22798	7	10205	3,20	18505	5,90	316096
Central hospital services	556189	73	105615	14	13755	,80	26060	3,40	758399
Health sciences and training	22072	82	66	0	693	2,60	1283	4,80	26848
Health care support services	55532	74	4250	6	2311	3,10	5281	7,00	75083
Health facilities management	10067	83	0	0	144	1,20	344	2,80	12172
<b>TOTAL</b>	<b>2 493 666</b>	<b>79</b>	<b>204580</b>	<b>6</b>	<b>79537</b>	<b>2,50</b>	<b>138407</b>	<b>4,40</b>	<b>3178182</b>

### 33.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by Salary Band

Table 128 Salaries, Overtime, Home Owners Allowance & Medical Aid by Salary Band for the period 1 April 2022 to 31 March 2023

Salary Band	Salaries (R'000)	Salaries as a % of Personnel Costs	Overtime (R'000)	Overtime as a % of Personnel Costs	HOA (R'000)	HOA as a % of Personnel Costs	Medical Aid (R'000)	Medical Aid as a % of Personnel Costs	Total Personnel Cost per Salary Band (R'000)
01 Lower skilled (SL 1-2)	0	0	0	0	0	0	0	0	0
02 Skilled (SL 3-5)	600561	72	24094	3	46538	6	74401	9	830163
03 Highly skilled production (SL 6-8)	486220	78	14701	2	19596	3	37762	6	621632
04 Highly skilled supervision (SL 9-12)	876588	78	105454	9	13126	1	26061	2	1127074
05 Senior management (SL ≥ 13)	27501	86	0	0	277	1	184	1	32047
09 Other	0	0	0	0	0	0	0	0	0
11 Contract (SL 3-5)	39533	97	824	2	0	0	0	0	40779
12 Contract (SL 6-8)	75432	99	518	1	0	0	0	0	76395
13 Contract (SL 9-12)	228243	79	58988	20	0	0	0	0	288588
14 Contract (SL ≥ 13)	2301	98	0	0	0	0	0	0	2339
18 Contract Other	0	0	0	0	0	0	0	0	0
19 Periodical Remuneration	46305	97	0	0	0	0	0	0	47989
20 Abnormal Appointment	110981	100	0	0	0	0	0	0	111178

Salary Band	Salaries (R'000)	Salaries as a % of Personnel Costs	Overtime (R'000)	Overtime as a % of Personnel Costs	HOA (R'000)	HOA as a % of Personnel Costs	Medical Aid (R'000)	Medical Aid as a % of Personnel Costs	Total Personnel Cost per Salary Band (R'000)
<b>TOTAL</b>	2493665	79	204579	6	79537	3	138408	4	3178184

## 33.2. Employment and Vacancies

### 33.2.1 Employment and Vacancies by Programme

Table 129 Employment & Vacancies by Programme as on 31 March 2023

Programme	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Administration, Permanent	313	246	21	12
Central Hospital Services, Permanent	1590	1288	19	187
Central Hospital Services, Temporary	2	2	0	0
District Health Services, Permanent	4127	3392	18	302
District Health Services, Temporary	2	2	0	0
Emergency Medical Services, Permanent	854	726	15	6
Health Care Support Services, Permanent	225	186	17	1
Health Facilities Management, Permanent	25	19	24	4
Health Sciences and Training, Permanent	71	55	23	3
Provincial Hospital Services, Permanent	914	796	13	43
Provincial Hospital Services, Temporary	1	1	0	0
<b>TOTAL</b>	<b>8124</b>	<b>6713</b>	<b>17</b>	<b>558</b>

### 33.2.2 Employment and Vacancies by Salary Band

Table 130 Employment & vacancies by Salary Band as on 31 March 2023

Salary Band	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Skilled (SL 3-5), Permanent	3879	3195	18	2
Highly Skilled Production (SL 6-8), Permanent	1798	1476	18	4
Highly Skilled Production (SL 6-8), Temporary	1	1	0	0
Highly Skilled Supervision (SL 9-12), Permanent	1732	1346	22	6
Highly Skilled Supervision (SL 9-12), Temporary	4	4	0	0
Senior Management (SL >= 13), Permanent	45	26	42	1
Other, Permanent	1	1	0	0
Contract (SL 3-5), Permanent	165	165	0	111
Contract (SL 6-8), Permanent	195	195	0	177
Contract (SL 9-12), Permanent	302	302	0	255
Contract (SL >= 13), Permanent	2	2	0	2
<b>TOTAL</b>	<b>8124</b>	<b>6713</b>	<b>17</b>	<b>558</b>

### 33.2.3 Employment and Vacancies by Critical Occupations

Table 131 Employment & vacancies by Critical Occupation as on 31 March 2023

Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Administrative Related, Permanent	189	149	21	14
All Artisans In The Building Metal Machinery Etc., Permanent	10	6	40	0
Ambulance And Related Workers, Permanent	823	704	15	7
Archivists Curators And Related Professionals, Permanent	1	1	0	0
Artisan Project And Related Superintendents, Permanent	5	0	100	0
Auxiliary And Related Workers, Permanent	53	32	40	0
Building And Other Property Caretakers, Permanent	1	0	100	0
Bus And Heavy Vehicle Drivers, Permanent	29	22	24	0
Cleaners In Offices Workshops Hospitals Etc., Permanent	759	566	25	3
Client Inform Clerks(Switchboard Receptionist Inform Clerks), Permanent	26	21	19	0
Community Development Workers, Permanent	3	3	0	0
Computer Programmers., Permanent	1	1	0	0
Dental Practitioners, Permanent	44	38	14	12
Dental Specialists, Permanent	1	0	100	0
Dental Technicians, Permanent	1	1	0	0
Dental Therapy, Permanent	26	23	12	0
Dieticians And Nutritionists, Permanent	70	62	11	13
Dieticians And Nutritionists, Temporary	1	1	0	0
Emergency Services Related, Permanent	4	2	50	0
Engineering Sciences Related, Permanent	2	1	50	1
Engineers And Related Professionals, Permanent	9	7	22	3
Environmental Health, Permanent	41	33	20	23
Financial And Related Professionals, Permanent	15	14	7	0
Financial Clerks And Credit Controllers, Permanent	110	90	18	0
Food Services Aids And Waiters, Permanent	71	49	31	0
Food Services Workers, Permanent	2	2	0	0
General Legal Administration & Rel. Professionals, Permanent	3	3	0	0
Health Sciences Related, Permanent	12	6	50	0
Household And Laundry Workers, Permanent	132	85	36	0
Housekeepers Laundry And Related Workers, Permanent	8	8	0	0
Human Resources & Organisational Development & Relate Prof, Permanent	1	0	100	0
Human Resources Clerks, Permanent	10	8	20	0
Human Resources Related, Permanent	2	2	0	0
Information Technology Related, Permanent	8	8	0	7
Leather Workers, Permanent	2	0	100	0
Legal Related, Permanent	7	5	29	0
Library Mail And Related Clerks, Permanent	3	2	33	0
Light Vehicle Drivers, Permanent	31	24	23	0
Material-Recording And Transport Clerks, Permanent	2	0	100	0
Medical Practitioners, Permanent	510	454	11	173
Medical Practitioners, Temporary	1	1	0	0
Medical Research And Related Professionals, Permanent	1	1	0	0
Medical Specialists, Permanent	62	36	42	0
Medical Specialists, Temporary	2	2	0	0
Medical Technicians/Technologists, Permanent	8	7	13	0
Messengers Porters And Deliverers, Permanent	89	70	21	0
Motor Vehicle Drivers, Permanent	7	6	14	0
Nursing Assistants, Permanent	952	844	11	45
Occupational Therapy, Permanent	68	50	27	23
Optometrists And Opticians, Permanent	2	2	0	0
Oral Hygiene, Permanent	2	2	0	0
Other Administration & Related Clerks And Organisers, Permanent	938	793	16	44
Other Administrative Policy And Related Officers, Permanent	24	20	17	0



Critical Occupation	Number of Posts on Approved Establishment	Number of Posts Filled	Vacancy Rate (Includes Frozen Posts)	Number of Employees Additional to the Establishment
Other Information Technology Personnel, Permanent	10	5	50	0
Other Occupations, Permanent	8	4	50	0
Pharmaceutical Assistants, Permanent	169	151	11	0
Pharmacists, Permanent	169	153	10	49
Pharmacologists Pathologists & Related Professional, Permanent	46	40	13	0
Physicists, Permanent	1	1	0	1
Physiotherapy, Permanent	69	58	16	28
Printing And Related Machine Operators, Permanent	2	2	0	0
Professional Nurse, Permanent	1849	1533	17	55
Psychologists And Vocational Counsellors, Permanent	27	16	41	3
Radiography, Permanent	105	81	23	14
Secretaries & Other Keyboard Operating Clerks, Permanent	3	3	0	0
Security Guards, Permanent	72	69	4	0
Senior Managers, Permanent	30	13	57	2
Shoemakers, Permanent	1	0	100	0
Social Work And Related Professionals, Permanent	40	39	3	1
Speech Therapy And Audiology, Permanent	33	26	21	14
Speech Therapy And Audiology, Temporary	1	1	0	0
Staff Nurses And Pupil Nurses, Permanent	286	238	17	23
Supplementary Diagnostic Radiographers, Permanent	1	1	0	0
Trade Labourers, Permanent	17	12	29	0
Trade/Industry Advisers & Other Related Profession, Permanent	1	0	100	0
<b>TOTAL</b>	<b>8124</b>	<b>6713</b>	<b>17</b>	<b>558</b>

### 33.3. Filling of SMS Posts

#### 33.3.1 SMS Post Information (31 March 2023)

Table 132 SMS post information as on 31 March 2023

SMS Level	Total number of funded posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
DG / HOD (SL 15)	-	-	-	-	-
Salary Level 16	1	1	-	0	-
Salary Level 15	1	0	-	1	-
Salary Level 14	10	2	-	8	-
Salary Level 13	35	25	-	10	-
<b>TOTAL</b>	<b>47</b>	<b>28</b>	<b>-</b>	<b>19</b>	<b>-</b>

#### 33.3.2 SMS Post Information (30 September 2023)

Table 133 SMS post information as on 30 September 2023

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
DG / HOD (SL 15)	-	-	-	-	-
Salary Level 16	1	1	-	0	-
Salary Level 15	1	0	-	1	-
Salary Level 14	10	2	-	8	-
Salary Level 13	35	25	-	10	-
<b>TOTAL</b>	<b>47</b>	<b>28</b>	<b>-</b>	<b>19</b>	<b>-</b>

### 33.3.3 Advertising and Filling of SMS Posts

During the period under review no posts were advertised and filled due to the Moratorium on the filling of posts.

Table 134 Advertising & filling of SMS posts for the period 1 April 2022 to 31 March 2023

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
DG / HOD	Done at the Office of the Premier	Done at the Office of the Premier	Done at the Office of the Premier
Salary Level 16	0	0	0
Salary Level 15	0	0	0
Salary Level 14	2	0	0
Salary Level 13	2	0	1
<b>TOTAL</b>	<b>4</b>	<b>0</b>	<b>1</b>

### 33.3.4 Non-compliance with the Filling of Funded Vacant SMS Posts

The office of the premier does the recruitment process for Head of Departments in the Province. The executive management posts (SL14) were re-advertised in the 2022/2023 financial year. The shortlisting has taken place for the 1 (one) Executive Management post. The MCWH&N (SL13) post has not been filled within the 6/12 months, the Department is awaiting the approval for the re-advertising.

Table 135 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 2022 to 31 March 2023

Reasons for vacancies not advertised within 6 months	Reasons for vacancies not filled within 12 months
-	-

### 33.3.5 Disciplinary steps taken for not complying with the prescribed timeframes for the Filling SMS Posts

Table 136 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2022 to 31 March 2023

Reasons for vacancies not advertised within 6 months	Reasons for vacancies not filled within 6 months
Not applicable	Not applicable

## 33.4. Job Evaluation

### 33.4.1 Job Evaluation by Salary Band

Table 137 Job evaluation by Salary Band for the period 1 April 2022 to 31 March 2023

Salary Band	No. of posts on approved establishment	Number of Jobs Evaluated	% of Posts evaluated by salary band	Posts Upgraded		Posts Downgraded	
				No.	% of Posts evaluated	No.	% of Posts evaluated
Lower Skilled (SL 1-2)	0	0	0	0	0	0	0
Skilled (SL 3-5)	3447	0	0	0	0	0	0
Highly Skilled Production (SL 6-8)	1875	0	0	0	0	0	0
Highly Skilled Supervision (SL 9-12)	1570	0	0	0	0	0	0

Salary Band	No. of posts on approved establishment	Number of Jobs Evaluated	% of Posts evaluated by salary band	Posts Upgraded		Posts Downgraded	
				No.	% of Posts evaluated	No.	% of Posts evaluated
Senior Management Service Band A	27	0	0	0	0	0	0
Senior Management Service Band B	6	0	0	0	0	0	0
Senior Management Service Band C	1	0	0	0	0	0	0
Senior Management Service Band D	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>6926</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 33.4.2 Upgrading of Positions due to Posts Being Upgraded

Table 138 Profile of employees whose positions were upgraded due to posts being upgraded for the period 1 April 2022 to 31 March 2023

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Employees with Disability	0	0	0	0	0

### 33.4.3 Employees with Salary Levels higher than those determined by Job Evaluations

Table 139 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2022 to 31 March 2023

Occupation	No. of Employees	Job Evaluation Level	Remuneration Level	Reason for Deviation
-	-	-	-	-
<b>Total number of employees whose salaries exceeded the level determined by job evaluation</b>				-
<b>Percentage of Total Employed</b>				-

### 33.4.4 Profile of Employees with Salary Levels higher than those determined by Job Evaluations

Table 140 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2022 to 31 March 2023

Gender-take out	African	Asian	Coloured	White	Total
Female	-	-	-	-	-
Male	-	-	-	-	-
<b>Total number of employees whose salaries exceeded the grades determined by job evaluation</b>					-
Employees with Disability	-	-	-	-	-
Gender	African	Asian	Coloured	White	Total
<b>Total number of employees whose salaries exceeded the level determined by job evaluation</b>					-

## 33.5. Employment Changes

### 33.5.1 Annual Turnover Rates by Salary Band

Table 141 Annual turnover rates by Salary Band for the period 1 April 2022 to 31 March 2023

Salary Band	Number of Employees at Beginning of Period – 1 April 2022	Appointments and Transfer into the Department	Terminations and Transfers out of the Department	Turnover Rate
01 Lower Skilled (SL 1-2) Permanent	0	0	0	0
02 Skilled (SL 3-5) Permanent	3139	183	103	3
03 Highly Skilled Production (SL 6-8) Permanent	1503	140	124	8
03 Highly Skilled Production (SL 6-8) Temporary	0	1	0	0
04 Highly Skilled Supervision (SL 9-12) Permanent	1295	105	110	9
04 Highly Skilled Supervision (SL 9-12) Temporary	5	0	1	20
05 Senior Management Service Band A Permanent	23	0	0	0
06 Senior Management Service Band B Permanent	1	0	0	0
08 Senior Management Service Band D Permanent	1	0	0	0
09 Other Permanent	0	0	0	0
09 Other Temporary	0	0	0	0
11 Contract (SL 3-5) Permanent	189	8	32	17
12 Contract (SL 6-8) Permanent	239	122	165	69
13 Contract (SL 9-12) Permanent	318	201	226	71
14 Contract Band A Permanent	1	0	0	0
15 Contract Band B Permanent	1	0	0	0
16 Contract Band C Permanent	0	0	0	0
<b>TOTAL</b>	<b>6715</b>	<b>760</b>	<b>761</b>	<b>11</b>

### 33.5.2 Annual Turnover Rates by Critical Occupation

Table 142 Annual turnover rates by Critical Occupation for the period 1 April 2022 to 31 March 2023

Critical Occupation	Number of Employees at Beginning of Period – 1 April 2022	Appointments and Transfer into the Department	Terminations and Transfers out of the Department	Turnover Rate
Administrative Related Permanent	143	18	14	10
All Artisans in The Building Metal Machinery Etc. Permanent	7	0	1	14
Ambulance And Related Workers Permanent	716	1	12	2
Archivists Curators And Related Professionals Permanent	1	0	0	0
Auxiliary And Related Workers Permanent	34	0	3	9
Bus And Heavy Vehicle Drivers Permanent	22	0	0	0
Cleaners in Offices Workshops Hospitals Etc. Permanent	588	14	32	5
Client Inform Clerks(Switchboard Receptionist Inform Clerks) Permanent	21	0	0	0
Community Development Workers Permanent	1	2	0	0
Computer Programmers. Permanent	1	0	0	0
Dental Practitioners Permanent	41	13	16	39
Dental Specialists Permanent	1	0	1	0
Dental Technicians Permanent	1	0	0	0
Dental Therapy Permanent	24	0	1	4
Dieticians And Nutritionists Permanent	63	13	14	22
Dieticians And Nutritionists Temporary	1	0	0	0
Emergency Services Related Permanent	2	0	0	0
Engineering Sciences Related Permanent	1	0	0	0
Engineers And Related Professionals Permanent	7	0	0	0
Environmental Health Permanent	35	13	14	40
Financial And Related Professionals Permanent	12	0	0	0
Financial Clerks And Credit Controllers Permanent	91	0	1	1
Food Services Aids And Waiters Permanent	52	0	4	8
Food Services Workers Permanent	2	0	0	0
General Legal Administration & Rel. Professionals Permanent	1	0	0	0
Health Sciences Related Permanent	5	1	1	20
Household And Laundry Workers Permanent	92	0	6	7
Housekeepers Laundry And Related Workers Permanent	8	0	0	0
Human Resources Clerks Permanent	9	0	1	11
Human Resources Related Permanent	2	0	0	0

Critical Occupation	Number of Employees at Beginning of Period – 1 April 2022	Appointments and Transfer into the Department	Terminations and Transfers out of the Department	Turnover Rate
Information Technology Related Permanent	9	0	1	11
Legal Related Permanent	3	3	1	33
Library Mail And Related Clerks Permanent	2	0	0	0
Light Vehicle Drivers Permanent	25	0	1	4
Material-Recording And Transport Clerks Permanent	1	0	1	0
Medical Practitioners Permanent	440	200	198	45
Medical Practitioners Temporary	1	0	0	0
Medical Research And Related Professionals Permanent	1	0	0	0
Medical Specialists Permanent	37	2	2	5
Medical Specialists Temporary	2	0	0	0
Medical Technicians/Technologists Permanent	4	3	0	0
Messengers Porters And Deliverers Permanent	71	0	2	3
Motor Vehicle Drivers Permanent	4	2	0	0
Nursing Assistants Permanent	858	44	52	6
Occupational Therapy Permanent	52	27	28	54
Optometrists And Opticians Permanent	2	0	0	0
Oral Hygiene Permanent	2	0	0	0
Other Administrative & Related Clerks and Organisers Permanent	817	4	25	3
Other Administrative Policy And Related Officers Permanent	20	0	0	0
Other Information Technology Personnel. Permanent	5	0	0	0
Other Occupations Permanent	4	0	0	0
Pharmaceutical Assistants Permanent	60	90	1	2
Pharmacists Permanent	144	53	42	29
Pharmacologists Pathologists & Related Professionals Permanent	34	7	2	6
Physicists Permanent	0	1	0	0
Physiotherapy Permanent	56	29	27	48
Printing And Related Machine Operators Permanent	2	0	0	0
Professional Nurse Permanent	1552	154	170	11
Professional Nurse Temporary	1	0	1	100
Psychologists And Vocational Counsellors Permanent	18	2	3	17
Radiography Permanent	87	16	23	26
Secretaries & Other Keyboard Operating Clerks Permanent	2	0	0	0
Security Guards Permanent	69	1	1	1
Senior Managers Permanent	12	0	0	0
Social Work And Related Professionals Permanent	39	8	8	21
Speech Therapy And Audiology Permanent	29	13	17	59
Speech Therapy And Audiology Temporary	0	1	0	0
Staff Nurses And Pupil Nurses Permanent	252	25	33	13
Supplementary Diagnostic Radiographers Permanent	1	0	0	0
Trade Labourers Permanent	13	0	1	8
<b>TOTAL</b>	<b>6715</b>	<b>760</b>	<b>761</b>	<b>11</b>

### 33.5.3 Reasons why Staff Left the Department

Table 143 Reasons why staff left the Department for the period 1 April 2022 to 31 March 2023

Termination Type	Number	% of Total Resignations
Death	28	4
Resignation	216	28
Expiry of contract	421	55
Dismissal – Operational Changes	0	0
Dismissal – Misconduct	1	1
Dismissal – Inefficiency	1	0
Discharged due to ill health	4	1
Retirement	85	11
Transfer to other Public Service Departments	0	0
Other	1	0
<b>TOTAL</b>	<b>761 / 6713</b>	<b>100</b>
<b>Total number of Employees who left as a % of Total Employment</b>	<b>11.3%</b>	

### 33.5.4 Promotions by Critical Occupation

Table 144 Promotions by Critical Occupation for the period 1 April 2022 to 31 March 2023

Occupation	Employees 1 April 2022	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Occupation	Progression s to another Notch within a Salary Level	Notch Progression as a % of Employees by Occupation
Administrative Related	143	2	1	103	72
All Artisans In The Building Metal Machinery etc.	7	0	0	6	86
Ambulance And Related Workers	716	3	0	496	69
Archivists Curators And Related Professionals	1	0	0	0	0
Auxiliary And Related Workers	34	0	0	15	44
Bus And Heavy Vehicle Drivers	22	0	0	16	73
Cleaners In Offices Workshops Hospitals etc.	588	0	0	534	91
Client Inform Clerks(Switchboard Receptionist Inform Clerks)	21	0	0	21	100
Community Development Workers	1	0	0	1	100
Computer Programmers.	1	0	0	0	0
Dental Practitioners	41	0	0	23	56
Dental Specialists	1	0	0	0	0
Dental Technicians	1	0	0	1	100
Dental Therapy	24	0	0	11	46
Dieticians And Nutritionists	64	0	0	34	53
Emergency Services Related	2	0	0	1	50
Engineering Sciences Related	1	0	0	0	0
Engineers And Related Professionals	7	0	0	2	29
Environmental Health	35	0	0	9	26
Financial And Related Professionals	12	0	0	3	25
Financial Clerks And Credit Controllers	91	0	0	79	87
Food Services Aids And Waiters	52	0	0	47	92
Food Services Workers	2	0	0	2	100
General Legal Administration & Rel. Professionals	1	0	0	1	100
Health Sciences Related	5	0	0	3	60
Household And Laundry Workers	92	0	0	76	83
Housekeepers Laundry And Related Workers	8	0	0	7	88
Human Resources Clerks	9	0	0	8	89
Human Resources Related	2	0	0	0	0
Information Technology Related	9	0	0	1	11
Legal Related	3	0	0	2	67
Library Mail And Related Clerks	2	0	0	2	100
Light Vehicle Drivers	25	0	0	17	68
Material-Recording And Transport Clerks	1	0	0	0	0
Medical Practitioners	441	2	1	100	23
Medical Research And Related Professionals	1	0	0	1	100
Medical Specialists	39	1	3	20	51
Medical Technicians/Technologists	4	0	0	4	100
Messengers Porters And Deliverers	71	0	0	68	96
Motor Vehicle Drivers	4	0	0	3	75
Nursing Assistants	858	0	0	246	29
Occupational Therapy	52	0	0	20	39
Optometrists And Opticians	2	0	0	1	50
Oral Hygiene	2	0	0	1	50
Other Administrative & Related Clerks And Organisers	817	1	0	707	87
Other Administrative Policy And Related Officers	20	0	0	16	80
Other Information Technology Personnel.	5	0	0	5	100
Other Occupations	4	0	0	2	50
Pharmaceutical Assistants	60	1	2	36	60
Pharmacists	144	1	1	60	42
Pharmacologists Pathologists & Related Professionals	34	0	0	12	35
Physiotherapy	56	0	0	21	38
Printing And Related Machine Operators	2	0	0	0	0
Professional Nurse	1553	32	2	451	29
Psychologists And Vocational Counsellors	18	0	0	11	61
Radiography	87	0	0	50	58
Secretaries & Other Keyboard Operating Clerks	2	0	0	2	100
Security Guards	69	0	0	66	96
Senior Managers	12	0	0	1	8
Social Work And Related Professionals	39	0	0	20	51
Speech Therapy And Audiology	29	0	0	10	35
Staff Nurses And Pupil Nurses	252	0	0	63	25
Supplementary Diagnostic Radiographers	1	0	0	1	100

Occupation	Employees 1 April 2022	Promotions to another Salary Level	Salary Level Promotions as a % of Employees by Occupation	Progression s to another Notch within a Salary Level	Notch Progression as a % of Employees by Occupation
Trade Labourers	13	0	0	10	77
<b>TOTAL</b>	<b>6715</b>	<b>43</b>	<b>1</b>	<b>3529</b>	<b>53</b>

### 33.5.5 Promotions by Salary Band

Table 145 Promotions by Salary Band for the period 1 April 2022 to 31 March 2023

Salary Band	Employees 1 April 2022	Promotion s to another Salary Level	Salary Bands Promotion s as a % of Employees by Salary Band	Progressio ns to another Notch within a Salary Level	Notch Progressio n as a % of Employees by Salary Band
Skilled (SL 3-5), Permanent	3139	2	0	2237	71
Highly Skilled Production (SL 6-8), Permanent	1503	2	0	674	45
Highly skilled production (SL 6-8), Temporary	0	0	0	1	0
Highly Skilled Supervision (SL 9-12), Permanent	1295	38	3	575	44
Highly Skilled Supervision (SL 9-12), Temporary	5	0	0	0	0
Senior Management (SL >= 13), Permanent	25	1	4	2	8
Contract (SL 3-5), Permanent	189	0	0	30	16
Contract (SL 6-8), Permanent	239	0	0	1	0
Contract (SL 9-12), Permanent	318	0	0	9	3
Contract (SL >= 13), Permanent	2	0	0	0	0
<b>TOTAL</b>	<b>6715</b>	<b>43</b>	<b>1</b>	<b>3529</b>	<b>53</b>

## 33.6. Employment Equity

### 33.6.1 Total Number of Employees per Occupational Category

Table 146 Total number of employees (incl. those with disabilities) in each of the following occupational categories as on 31 March 2023

Occupational Category	Male				Female				Total
	A	C	I	W	A	C	I	W	
Legislators, Senior Officials and Managers	7	2	0	0	3	1	0	1	14
Professionals	188	92	46	107	150	153	28	154	918
Technicians and Associate Professionals	282	88	1	9	854	727	10	180	2151
Clerks	180	96	0	2	415	208	2	14	917
Service Shop and Market Sales Workers	307	258	5	15	806	448	1	27	1867
Skilled Agriculture and Fishery Workers	-	-	-	-	-	-	-	-	-
Craft and related Trade Workers	1	2	0	3	0	0	0	0	6
Plant and Machine Operators and Assemblers	27	22	0	0	4	1	0	0	54
Elementary Occupations	-	-	-	-	-	-	-	-	-
Labourers and Related Workers	207	89	0	0	313	175	0	2	786
<b>TOTAL</b>	<b>1199</b>	<b>649</b>	<b>52</b>	<b>136</b>	<b>2545</b>	<b>1713</b>	<b>41</b>	<b>378</b>	<b>6713</b>
<b>Employees with disabilities</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>17</b>

### 33.6.2 Total Number of Employees per Occupational Band

Table 147 Total number of employees (incl. those with disabilities) in each of the following occupational bands as on 31 March 2023

Occupational Band	Male				Female				Total
	A	C	I	W	A	C	I	W	
Top Management, Permanent	1	0	0	0	0	0	0	0	1
Senior Management, Permanent	12	4	0	1	4	2	0	2	25
Professionally qualified and experienced specialists and mid-management, Permanent	205	82	32	74	389	377	19	168	1346
Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	1	0	0	0	3	4
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	207	115	2	17	533	498	5	99	1476
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	1	1
Semi-skilled and discretionary decision making, Permanent	661	387	0	7	1401	722	1	16	3195
Contract (Senior Management), Permanent	1	1	0	0	0	0	0	0	2
Contract (Professionally Qualified), Permanent	52	34	18	35	56	54	13	40	302
Contract (Skilled Technical), Permanent	25	17	0	1	57	43	3	49	195
Contract (Semi-Skilled), Permanent	35	9	0	0	104	17	0	0	165
<b>TOTAL</b>	<b>1199</b>	<b>649</b>	<b>52</b>	<b>136</b>	<b>2544</b>	<b>1713</b>	<b>41</b>	<b>378</b>	<b>6712</b>

### 33.6.3 Recruitment

Table 148 Recruitment for the period 1 April 2022 to 31 March 2023

Occupational Band	Male				Female				Total
	A	C	I	W	A	C	I	W	
Top Management	-	-	-	-	-	-	-	-	-
Senior Management	-	-	-	-	-	-	-	-	-
Professionally qualified and experienced specialists and mid-management, Permanent	23	5	5	10	19	28	4	11	105
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	25	4	0	0	66	38	2	5	140
Skilled technical and academically qualified workers, junior management, supervisors, foremen Temporary	0	0	0	0	0	0	0	1	1
Semi-skilled and discretionary decision making, Permanent	38	8	0	0	97	40	0	0	183
Contract (Professionally qualified), Permanent	28	26	12	26	33	43	8	25	201
Contract (Skilled technical), Permanent	13	7	0	1	23	29	3	46	122
Contract (Semi-skilled), Permanent	5	0	0	0	2	1	0	0	8
<b>TOTAL</b>	<b>132</b>	<b>50</b>	<b>17</b>	<b>37</b>	<b>240</b>	<b>179</b>	<b>17</b>	<b>88</b>	<b>760</b>
<b>Employees with disabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>



### 33.6.4 Promotions

Table 149 Promotions for the period 1 April 2022 to 31 March 2023

Occupational Band	Male				Female				Total
	A	C	I	W	A	C	I	W	
Top Management	-	-	-	-	-	-	-	-	-
Senior Management	-	-	-	-	-	-	-	-	-
Senior Management, Permanent	0	1	0	0	1	1	0	0	3
Professionally qualified and experienced specialists and mid-management, Permanent	93	43	14	35	162	164	14	88	613
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	106	65	2	9	211	229	3	51	676
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary	0	0	0	0	0	0	0	1	1
Semi-skilled and discretionary decision making, Permanent	508	313	0	4	925	479	1	9	2239
Contract (Professionally qualified), Permanent	2	1	0	5	0	0	0	1	9
Contract (Skilled technical), Permanent	0	0	0	0	1	0	0	0	1
Contract (Semi-skilled), Permanent	11	1	0	0	16	2	0	0	30
<b>TOTAL</b>	<b>720</b>	<b>424</b>	<b>16</b>	<b>53</b>	<b>1316</b>	<b>875</b>	<b>18</b>	<b>150</b>	<b>3572</b>
<b>Employees with disabilities</b>									-

### 33.6.5 Terminations

Table 150 Terminations for the period 1 April 2022 to 31 March 2023

Occupational Band	Male				Female				Total
	A	C	I	W	A	C	I	W	
Top Management	-	-	-	-	-	-	-	-	-
Senior Management	-	-	-	-	-	-	-	-	-
Senior Management, Permanent	0	0	0	0	0	0	0	0	0
Professionally qualified and experienced specialists and mid-management, Permanent	13	7	1	12	30	26	0	21	110
Professionally qualified and experienced specialists and mid-management, Temporary	0	0	0	0	0	0	0	1	1
Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent	11	9	0	2	54	40	0	8	124
Semi-skilled and discretionary decision making, Permanent	20	14	0	0	43	26	0	0	103
Not Available, Permanent	0	0	0	0	0	0	0	0	0
Not Available, Temporary	0	0	0	0	0	0	0	0	0
Contract (Senior Management), Permanent	0	0	0	0	0	0	0	0	0
Contract (Professionally qualified), Permanent	29	31	12	26	28	47	10	43	226
Contract (Skilled technical), Permanent	14	6	1	5	41	51	5	42	165
Contract (Semi-skilled), Permanent	2	0	0	0	25	5	0	0	32
<b>TOTAL</b>	<b>89</b>	<b>67</b>	<b>14</b>	<b>45</b>	<b>221</b>	<b>195</b>	<b>15</b>	<b>115</b>	<b>761</b>
<b>Employees with Disabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

### 33.6.6 Disciplinary Action

Table 151 Disciplinary Action for the period 1 April 2022 to 31 March 2023

Disciplinary Action	Male				Female				Total
	A	C	I	W	A	C	I	W	
No Outcome	-	-	-	-	-	-	-	-	-
<b>TOTAL</b>	-	-	-	-	-	-	-	-	-

### 33.6.7 Skills Development

Table 152 Skills development for the period 1 April 2022 to 31 March 2023

Occupational Category	Male				Female				Total
	A	C	I	W	A	C	I	W	
Legislators, Senior Officials and Managers	29	12	2	4	55	27	0	5	<b>134</b>
Professionals	0	2	0	0	1	15	1	1	<b>20</b>
Technicians and Associate Professionals	30	10	1	0	78	48	0	0	<b>167</b>
Clerks	0	0	0	0	0	0	0	0	<b>0</b>
Service Shop and Market Sales Workers	0	0	0	0	0	0	0	0	<b>0</b>
Skilled Agriculture and Fishery Workers	-	0	0	0	0	0	0	0	<b>0</b>
Craft and Related Trade Workers	0	0	0	0	0	0	0	0	<b>0</b>
Plant and Machine Operators and Assemblers	0	0	0	0	0	0	0	0	<b>0</b>
Elementary Occupations	1	7	0	0	2	10	0	0	<b>20</b>
Labourers and Related Workers	0	0	0	0	0	0	0	0	<b>0</b>
<b>TOTAL</b>	<b>60</b>	<b>31</b>	<b>3</b>	<b>4</b>	<b>136</b>	<b>100</b>	<b>1</b>	<b>6</b>	<b>341</b>
<b>Employees with disabilities</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

## 33.7. Signing of Performance Agreements by SMS Members

### 33.7.1 Signing of Performance Agreements by SMS Officials

Table 153 Signing of Performance Agreements by SMS members as on 31 May 2023

SMS Level	Total no. of funded SMS Posts	Total no. of SMS Members	Total no. of Signed PAs	Signed PAs as % of Total no. of SMS Members
DG / HOD	-	-	-	-
Salary Level 16	-	-	-	-
Salary Level 15	-	0	-	-
Salary Level 14	-	1	1	100%
Salary Level 13	-	24	18	75%
<b>TOTAL</b>	-	<b>25</b>	<b>19</b>	<b>76%</b>

### 33.7.2 Reasons for Non-conclusion of Performance Agreements by SMS Officials

Table 154 Reasons for not having concluded Performance Agreements for all SMS members as on 31 March 2023

Reasons
<ul style="list-style-type: none"> <li>Non-compliance by SMS members.</li> </ul>

### 33.7.3 Disciplinary Actions taken against SMS Officials for Non-conclusion of Performance Agreements

Table 155 Disciplinary actions taken against SMS members for not having concluded Performance Agreements as on 31 March 2023

Steps Taken
<ul style="list-style-type: none"> <li>A name list of non-compliant SMS members was accordingly submitted to the Office of the Acting HOD for further action.</li> </ul>

## 33.8. Performance Rewards

### 33.8.1 Performance Rewards by Race, Gender and Disability

Table 156 Performance Rewards by Race, Gender & Disability for the period 1 April 2022 to 31 March 2023

Race & Gender	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of Employees	% of Total within Group	Amount (R'000)	Average cost per Employee
<b>AFRICAN</b>	<b>1922</b>	<b>3702</b>	<b>51,92</b>	<b>8 127 396,00</b>	<b>4 064 659,00</b>
Male	692	1153	60,02	3 583 995,00	1 792 343,50
Female	1230	2549	48,25	4 544 022,00	2 272 626,00
<b>ASIAN</b>	<b>33</b>	<b>89</b>	<b>37,08</b>	<b>593 241,00</b>	<b>296 637,00</b>
Male	15	50	30	231 906,00	115 960,50
Female	18	39	46,15	361 956,00	180 987,00
<b>COLOURED</b>	<b>1237</b>	<b>2400</b>	<b>51,54</b>	<b>5 253 609,00</b>	<b>2 627 423,00</b>
Male	409	663	61,69	1 832 364,00	916 386,50
Female	828	1737	47,67	3 421 866,00	1 711 347,00
<b>WHITE</b>	<b>185</b>	<b>550</b>	<b>33,64</b>	<b>2 282 445,00</b>	<b>1 141 315,00</b>
Male	46	148	31,08	851 853,00	425 949,50
Female	139	402	34,58	1 421 607,00	710 873,00
<b>TOTAL</b>	<b>3377</b>	<b>6741</b>	<b>50,1</b>	<b>16 256 691,00</b>	<b>8 130 034,00</b>

### 33.8.2 Performance Rewards by Salary Band

Table 157 Performance Rewards by Salary Band for personnel below SMS for the period 1 April 2022 to 31 March 2023

Salary Band	Beneficiary Profile			Cost		Total cost as a % of Total Personnel Expenditure
	No. of Beneficiaries	No. of Employees	% of Total within Salary Bands	Amount (R'000)	Average cost per Employee	
SL 3	887	1278	69,41	1 865 751,00	2 103,44	11,48
SL 4	452	838	53,94	1 237 065,00	2 736,87	7,61
SL 5	858	1224	70,10	2 455 443,00	2 861,82	15,10
SL 6	132	478	27,62	711 102,00	5 387,14	4,37
SL 7	283	878	32,23	1 198 161,00	4 233,78	7,37
SL 8	227	404	56,19	1 218 663,00	5 368,56	7,50
SL 9	170	504	33,73	1 070 532,00	6 297,25	6,59
SL 10	147	375	39,20	1 246 416,00	8 479,02	7,67
SL 11	92	503	18,29	1 446 036,00	15 717,78	8,90
SL 12	129	259	49,81	3 807 522,00	29 515,67	23,42
<b>TOTAL</b>	<b>3377</b>	<b>6741</b>	<b>50,10</b>	<b>16 256 691,00</b>	<b>5 318,57</b>	<b>100,00</b>

### 33.8.3 Performance Rewards by Critical Occupation

Table 158 Performance Rewards by Critical Occupation for the period 1 April 2022 to 31 March 2023

Critical Occupation	Beneficiary Profile			Cost	
	No. of Beneficiaries	No. of Employees	% of Total within Occupation	Total Cost (R'000)	Average cost per Employee (Rands)
Emergency Services Ambulance And Related	411	712	58%	1 466 174	3 567
Cleaners In Offices Workshops Hospitals Etc.	311	569	55%	961 489	3 092
Dental Practitioners, Oral Hygiene	57	76	75%	654 258	11 478
Environmental Health	39	56	70%	420 658	10 786
Financial And Related Professionals	51	104	49%	398 452	7 813
Food Services Aids	34	51	67%	289 546	8 516
General Legal Administration & Related	5	8	63%	98 456	19 691
Health Sciences & Related	215	288	75%	1 324 906	6 162
Housekeepers Laundry And Related Workers	65	89	73%	397 256	6 112
Medical Practitioners	176	628	28%	1 132 841	6 437
Medical Research And Related	1	1	100%	-	-
Medical Specialists	9	39	23%	196 354	21 817
Nursing Assistants	351	889	39%	2 056 874	5 860
Pharmacists	112	202	55%	1 024 587	9 148
Professional Nurse	385	1588	24%	1 695 623	4 404
<b>TOTAL</b>	<b>2222</b>	<b>5300</b>		<b>R12 117 474</b>	

### 33.8.4 Performance Related Rewards by Salary Band (SMS)

There have not been any beneficiaries within the SMS level as the performance management processes for Senior Management overlapped to the new financial year (2023/24) for implementation.

Table 159 Performance Related Rewards (cash bonus) by Salary Band for SMS for the period 1 April 2022 to 31 March 2023

Salary Band	Beneficiary Profile			Cost		Total cost as a % of Total Personnel Expenditure
	No. of Beneficiaries	No. of Employees	% of Total within Salary Bands	Total Cost (R'000)	Average cost per Employee	
-	-	-	-	-	-	-

## 33.9. Foreign Workers

### 33.9.1 Foreign Workers by Salary Band

Table 160 Foreign Workers by Salary Band for the period 1 April 2022 to 31 March 2023

Salary Band	1 <sup>st</sup> April 2022		31 <sup>st</sup> March 2023		Change	
	Number	% of Total	Number	% of Total	Number	% of Total
Lower Skilled	-	-	-	-	-	-
Highly skilled production (SL 6-8)	2	4	3	5	1	6.7
Highly skilled supervision (SL 9-12)	42	93	55	92	13	86.6
Other	0	0	1	2	1	6.7
Senior management (SL 13-16)	0	0	0	0	0	0
Skilled (SL 3-5)	1	2	1	2	0	0
<b>TOTAL</b>	<b>45</b>	<b>99</b>	<b>60</b>	<b>101</b>	<b>15</b>	<b>100</b>

### 33.9.2 Foreign Workers by Major Occupation

Table 161 Foreign Workers by Major Occupation for the period 1 April 2022 to 31 March 2023

Major Occupation	1 <sup>st</sup> April 2022		31 <sup>st</sup> March 2023		Change	
	Number	% of Total	Number	% of Total	Number	% of Total
Professionals and Managers	44	98	59	98	15	100
Social natural technical and medical sciences & support	1	2	1	2	0	0
Technicians and associated professionals	0	0	0	0	0	0
Elementary occupations	0	0	0	0	0	0
<b>TOTAL</b>	<b>45</b>	<b>100</b>	<b>60</b>	<b>100</b>	<b>15</b>	<b>100</b>

### 33.10. Leave Utilisation

#### 33.10.1 Sick Leave

Table 162 Sick Leave for the period 1 January 2022 to 31 December 2022

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 (SL 13-16)	9	100,00	1	0,00	9	40,00
Contract (SL 3-5)	842	75,50	138	2,60	6	724,00
Contract (SL 6-8)	929	71,20	191	3,60	5	1 222,00
Contract (SL 9-12)	886	76,10	193	3,70	5	2 242,00
Highly skilled production (SL 6-8)	13 230	85,50	1283	24,40	10	19 737,00
Highly skilled supervision (SL 9-12)	10 135,50	86,20	1018	19,40	10	28 087,00
Senior management (SL 13-16)	100	90,00	12	0,20	8	427,00
Skilled (SL 3-5)	24 349,50	84,90	2415	46,00	10	20 612,00
Lower skilled (SL 1-2)	0	0,00	0	0,00	0	0,00
<b>TOTAL</b>	<b>50 481,00</b>	<b>84,80</b>	<b>5251</b>	<b>100,00</b>	<b>10,00</b>	<b>73 091,00</b>

#### 33.10.2 Disability Leave (Temporary and Permanent)

Table 163 Disability Leave: Temporary & Permanent for the period 1 January 2022 to 31 December 2022

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)
Contract (SL 3-5)	50	100,00	3	3,50	17	39,00
Contract (SL 6-8)	0	0,00	0	0,00	0	0,00
Contract (SL 9-12)	9	100,00	1	1,20	9	23,00
Highly skilled production (SL 6-8)	1 400	100,00	24	28,20	58	1 879,00
Highly skilled supervision (SL 9-12)	1 145	97,20	21	24,70	55	3 068,00
Skilled (SL 3-5)	1 933	100,00	36	42,40	54	1 677,00
<b>TOTAL</b>	<b>4 537</b>	<b>99,30</b>	<b>85</b>	<b>100,00</b>	<b>53</b>	<b>6 686,00</b>

### 33.10.3 Annual Leave

Table 164 Annual Leave for the period 1 January 2022 to 31 December 2022

Salary Band	Total Days Taken	Average Number of Employees using Annual Leave	Average per Employee
Contract (SL 13-16)	29	29	1
Contract (SL 3-5)	3242	17	186
Contract (SL 6-8)	3808	16	243
Contract (SL 9-12)	5636	17	341
Highly skilled production (SL 6-8)	33659,17	22	1 523
Highly skilled supervision (SL 9-12)	30121,28	22	1 339
Lower skilled (SL 1-2)	0	0	0
Senior management (SL 13-16)	558	23	24
Skilled (SL 3-5)	68540,11	22	3 155
<b>TOTAL</b>	<b>145 593,56</b>	<b>21</b>	<b>6 812</b>

### 33.10.4 Capped Leave

Table 165 Capped Leave for the period 1 January 2022 to 31 December 2022

Salary Band	Total Days of Capped Leave Taken	Number of Employees using Capped Leave	Average Number of Days Taken per Employee	Average Capped Leave per Employee as on 31 March 2023
Contract (SL 13-16)	0	0	0	0
Contract (SL 3-5)	0	0	0	0
Contract (SL 6-8)	0	0	0	0
Contract (SL 9-12)	5	2	3	22
Highly skilled production (SL 6-8)	29	5	6	27
Highly skilled supervision (SL 9-12)	119	13	9	29
Senior management (SL 13-16)	2	1	2	46
Skilled (SL 3-5)	55	5	11	16
<b>TOTAL</b>	<b>210</b>	<b>26</b>	<b>8</b>	<b>24</b>

### 33.10.5 Leave Payouts

Table 166 Leave Payouts for the period 1 January 2022 to 31 December 2022

Reason	Total Amount (R'000)	Number of Employees	Average per Employee (R'000)
Annual - Discounting With Resignation (Work Days)	3757	149	25 215,00
Annual - Discounting: Contract Expiry (Work Days)	0	0	0
Annual - Discounting: Unused Vacation Credits (Work Days)	378	14	27 000,00
Annual - Gratuity: Death/Retirement/Medical Retirement(Work	3307	112	29 527,00
Capped - Gratuity: Death/Retirement/Medical Retirement(Work	2421	51	47 471,00
<b>TOTAL</b>	<b>9863</b>	<b>326</b>	

## 33.11. HIV/AIDS & Health Promotion Programmes

### 33.11.1 Reduction of the Risk of Occupational Exposure

Table 167 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
All clinical staff including Physiotherapist, Radiographer, HTC	Employees are informed through health promotion activities and IEC material to inform about the risk, as well workshop address Occupational Injuries and diseases.

### 33.11.2 Details of Health Promotion and HIV/AIDS Programmes

Table 168 Details of Health Promotion and HIV/AIDS Programmes

Question	Yes	No	Details (if yes)
1. Has the Department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.		No	-
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		The Employee Health and Wellness framework according the DPSA.
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.	Yes		There is an Employee Health and Wellness Unit managing this program according on of the EH & W Framework Pillar HIV, AIDS, STI and TB Management program.
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.		No	-
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.	Yes		There is an approve HIV, AIDS, STI and TB Management Policy that addresses this issue.
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.	Yes		In accordance to the Policy and legislation it is stated that the employees with HIV status should not be discriminated and there is also IEC material and workshops that addresses this issue.
7. Does the Department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved	Yes		Yes through Employee Health and Wellness Activities.
8. Has the Department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.	Yes		Yes all activities in relation to HIV, AIDS, STI and TB Management is measured and monitored on the Employee Health and Wellness compliance documents submitted to DPSA, namely the integrated tool and system monitoring tool.

## 33.12. Labour Relations

### 33.12.1 Collective Agreements

Table 169 Collective agreements for the period 1 April 2022 to 31 March 2023

Subject Matter	Date
Agreement on salaries	2022-2023

### 33.12.2 Misconduct and Disciplinary Hearings

Table 170 Misconduct & disciplinary hearings finalised for the period 1 April 2022 to 31 March 2023

Outcome of Disciplinary Hearings	Number	% of Total
Corrective counselling	3	0.6%
Verbal warning	0	0%
Written warning	0	0%
Final written warning	8	2%
Suspended without pay	5	1.1%
Fine	0	0%
Demotion	0	0%
Dismissal	2	0.4%
Not guilty	1	0.2%
Case withdrawn	3	1%
<b>TOTAL</b>	<b>22</b>	<b>5%</b>

### 33.12.3 Types of Misconduct Addressed

Table 171 Types of misconduct addressed at disciplinary hearings for the period 1 April 2022 to 31 March 2023

Type of Misconduct	Number	% of Total
Racism	1	1%
Dishonesty	1	1%
Assault	1	1%
Insolence	2	2%
Negligence	7	6%
Intoxication	4	3%
Absenteeism	43	37%
Insubordination	2	2%
Abuse of government vehicle	2	2%
Dereliction of duties	3	3%
Fraud	9	8%
Misrepresentation	1	1%
Fight	1	1%
Theft	8	7%
<b>TOTAL</b>	<b>85</b>	<b>75%</b>

### 33.12.4 Grievances

Table 172 Grievances logged for the period 1 April 2022 to 31 March 2023

Grievances	Number	% of Total
Number of grievances resolved	43	43%
Number of grievances not resolved	58	57%
<b>TOTAL</b>	<b>101</b>	<b>100%</b>

### 33.12.5 Disputes

Table 173 Disputes logged with Councils for the period 1 April 2022 to 31 March 2023

Disputes	Number	% of Total
Number of disputes upheld	56	63%
Number of disputes dismissed	33	37%
<b>TOTAL</b>	<b>89</b>	<b>100</b>



### 33.12.6 Strike Actions

Table 174 Strike actions for the period 1 April 2022 to 31 March 2023

<b>Total no. of persons working days lost</b>	0
<b>Total cost working days lost</b>	0
<b>Amount recovered as a result of no work no pay (R'000)</b>	0

### 33.12.7 Precautionary Suspensions

Table 175 Precautionary suspensions for the period 1 April 2022 to 31 March 2023

<b>Number of people suspended</b>	13
<b>Number of people whose suspension exceeded 30 days</b>	13
<b>Average number of days suspended</b>	305
<b>Cost of suspension (R'000)</b>	407 397 56.5

## 33.13. Skills Development

### 33.13.1 Training Needs Identified

Table 176 Training needs identified for the period 1 April 2022 to 31 March 2023

Occupational Category	Gender	No. of Employees as at 1 April 2020	Training Needs Identified at start of Reporting Period			
			Learnerships	Skills Programmes & Other Short Courses	Other forms of Training	Total
Legislators, Senior Officials & Managers	Female	-	0	120	0	120
	Male	-	0	40	0	40
Professionals	Female	-	0	300	78	378
	Male	-	0	100	52	152
Technicians & Associate Professionals	Female	-	52	170	0	222
	Male	-	34	60	0	94
Clerks	Female	-	28	158	0	0
	Male	-	9	51	0	0
Service Shop & Market Sales Workers	Female	-	0	0	0	0
	Male	-	0	0	0	0
Skilled Agriculture & Fishery Workers	Female	-	-	-	-	-
	Male	-	-	-	-	-
Craft & Related Trade Workers	Female	-	0	0	0	0
	Male	-	0	0	0	0
Plant & Machine Operators & Assemblers	Female	-	0	0	0	0
	Male	-	0	0	0	0
Elementary Occupations	Female	-	0	200	0	200
	Male	-	0	115	0	115
Labourers & related Workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
<b>Sub-Total</b>	<b>Female</b>	-	<b>80</b>	<b>948</b>	<b>78</b>	<b>920</b>
	<b>Male</b>	-	<b>43</b>	<b>366</b>	<b>52</b>	<b>401</b>
<b>TOTAL</b>		-	<b>123</b>	<b>1314</b>	<b>130</b>	<b>1321</b>

### 33.13.2 Training Provided

Table 177 Training provided

Occupational Category	Gender	No. of Employees as at 1 April 2020	Training Provided within the Reporting Period			
			Learnerships	Skills Programmes & Other Short Courses	Other forms of Training	Total
Legislators, Senior Officials & Managers	Female	-	0	69	0	69
	Male	-	0	45	0	45
Professionals	Female	-	0	0	29	29
	Male	-	0	0	24	24
Technicians & Associate Professionals	Female	-	52	0	0	52
	Male	-	34	0	0	34
Clerks	Female	-	28	158	0	186
	Male	-	9	51	0	60
Service Shop & Market Sales Workers	Female	-	0	0	0	0
	Male	-	0	0	0	0
Skilled Agriculture & Fishery Workers	Female	-	-	-	-	-
	Male	-	-	-	-	-
Craft & Related Trade Workers	Female	-	0	0	0	0
	Male	-	0	0	0	0
Plant & Machine Operators & Assemblers	Female	-	0	0	0	0
	Male	-	0	0	0	0
Elementary Occupations	Female	-	0	0	0	0
	Male	-	0	0	0	0
Labourers & related Workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
<b>Sub-Total</b>	<b>Female</b>	-	<b>80</b>	<b>227</b>	<b>29</b>	<b>336</b>
	<b>Male</b>	-	<b>43</b>	<b>96</b>	<b>24</b>	<b>163</b>
<b>TOTAL</b>		-	<b>123</b>	<b>323</b>	<b>53</b>	<b>499</b>

### 33.14. Injury on Duty

Table 178 Injury on duty for the period 1 April 2022 to 31 March 2023

Nature of injury on duty	Number	% of Total
Required basic medical attention only	45	48.91%
Temporary total disablement	47	51.09%
Permanent disablement	0	0
Fatal	0	0
<b>TOTAL</b>	<b>92</b>	<b>100</b>

### 33.15. Utilisation of Consultants

The Department did not employ or make use of consultants in the 2022/2023 financial year.

#### 33.15.1 Consultant Appointments using Appropriated Funds

Table 179 Report on consultant appointments using appropriated funds for the period 1 April 2022 to 31 March 2023

Project Title	Total number of consultants that worked on the project	Duration: Work days	Contract value (Rands)
-	-	-	-
<b>Total No. of Projects</b>	<b>Total individual consultants</b>	<b>Total Duration: Work days</b>	<b>Total Contract value (Rands)</b>
-	-	-	-

### 33.15.2 Consultant Appointments using Appropriated Funds in terms of Historically Disadvantaged Individuals

Table 180 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2022 to 31 March 2023

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

### 33.15.3 Consultant Appointments using Donor Funds

Table 181 Report on consultant appointments using donor funds for the period 1 April 2022 to 31 March 2023

Project Title	Total number of consultants that worked on the project	Duration: Work days	Donor and contract value (Rands)
-	-	-	-
Total No. of Projects	Total individual consultants	Total Duration: Work days	Total Contract value: Rands
-	-	-	-

### 33.15.4 Consultant Appointments using Donor Funds in terms of Historically Disadvantaged Individuals

Table 182 Analysis of consultant appointments using donor funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2022 to 31 March 2023

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

## 33.16. Severance Packages

### 33.16.1 Granting of Employee Initiated Severance Packages

The Department was not affected by transformation or restructuring as per the Determination on the introduction of an employee-initiated severance package for the Public Service. The Department has not received any employee-initiated severance package applications for the 2022/2023 financial year.

Table 183 Granting of employee initiated severance packages for the period 1 April 2022 to 31 March 2023

Category	No of applications received	No of applications referred to the MPSA	No of applications supported by MPSA	No of Packages approved by Department
Lower skilled (SL 1-2)	0	-	-	-
Skilled levels (SL 3-5)	0	-	-	-
Highly skilled production (SL 6-8)	0	-	-	-
Highly skilled supervision (SL 9-12)	0	-	-	-
Senior Management (SL 13-16)	0	-	-	-
<b>TOTAL</b>	<b>0</b>	<b>-</b>	<b>-</b>	<b>-</b>

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# **PART E: PFMA COMPLIANCE REPORT**

## PART E: PFMA COMPLIANCE REPORT

### 34. Information on Irregular-, Fruitless- and Wasteful- and Unauthorised Expenditure and Material Losses

#### 34.1. Irregular Expenditure

##### 34.1.1. Reconciliation of Irregular Expenditure

Table 184 Reconciliation of Irregular Expenditure

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Opening balance	9 370 626	8 664 163
Add: Irregular expenditure confirmed	0	0
Less: Irregular expenditure condoned	0	0
Less: Irregular expenditure not condoned and removed	0	0
Less: Irregular expenditure recoverable	0	0
Less: Irregular expenditure not recovered and written off	0	0
<b>CLOSING BALANCE</b>	<b>9 370 626</b>	<b>8 664 163</b>

Table 185 Reconciliation Notes for Irregular Expenditure

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Irregular expenditure that was under assessment in 2021/22	0	0
Irregular expenditure that relates to 2021/22 and identified in 2022/23	172 589	22 039
Irregular expenditure for the current year	1 144 831	684 424
<b>TOTAL</b>	<b>1 317 420</b>	<b>706 463</b>

##### 34.1.2. Details of current and previous year irregular expenditure (under assessment, determination, and investigation)

Table 186 Details of current and previous year irregular expenditure (under assessment, determination, and investigation)

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Irregular expenditure under assessment	0	0
Irregular expenditure under determination	0	0
Irregular expenditure under investigation	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>

The Department has appointed a Loss Control Committee in line with the Irregular Expenditure Framework. This committee will be responsible for investigation to confirm Irregular Expenditure and make recommendations to the Accounting Officer.

##### 34.1.3. Details of current and previous year irregular expenditure condoned

Table 187 Details of current and previous year irregular expenditure condoned

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Irregular expenditure condoned	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>

The Department has appointed a Loss Control Committee in line with the Irregular Expenditure Framework. This committee will be responsible for investigation to confirm Irregular Expenditure and make recommendations to the Accounting Officer. The outcome of these investigations will assist with the process of condonation.

#### 34.1.4. Details of current and previous year irregular expenditure removed (not condoned)

Table 188 Details of current and previous year irregular expenditure removed (not condoned)

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Irregular expenditure NOT condoned and removed	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>

The Department has appointed a Loss Control Committee in line with the Irregular Expenditure Framework. This committee will be responsible for investigation to confirm Irregular Expenditure and make recommendations to the Accounting Officer. The outcome of these investigations will assist with the process of removal due to non-condonation.

#### 34.1.5. Details of current and previous year irregular expenditure recovered

Table 189 Details of current and previous year irregular expenditure recovered

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Irregular expenditure recovered	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>

The Department has appointed a Loss Control Committee in line with the Irregular Expenditure Framework. This committee will be responsible for investigation to confirm Irregular Expenditure and make recommendations to the Accounting Officer. The outcome of these investigations will assist with the process of recovery.

#### 34.1.6. Details of current and previous year irregular expenditure written off (irrecoverable)

Table 190 Details of current and previous year irregular expenditure written off (irrecoverable)

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Irregular expenditure written off	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>

The Department has appointed a Loss Control Committee in line with the Irregular Expenditure Framework. This committee will be responsible for investigation to confirm Irregular Expenditure and make recommendations to the Accounting Officer. The outcome of these investigations will assist with the process of write-off.

#### 34.1.7. Details of non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is not responsible for the non-compliance)

Table 191 Details of non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is not responsible for the non-compliance)

DESCRIPTION
-
<b>TOTAL</b>

The Department is in the process of implementing the new Irregular Expenditure Framework.

### 34.1.8. Details of non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is responsible for the non-compliance)

Table 192 Details of non-compliance cases where an institution is involved in an inter-institutional arrangement (where such institution is responsible for the non-compliance)

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Infrastructure projects through Department of Roads and Public Works	293 103	192 111
Infrastructure projects through Independent Development Trust (IDT)	34 840	28 795
<b>TOTAL</b>	<b>327 943</b>	<b>220 906</b>

### 34.1.9. Details of current and previous year disciplinary or criminal steps taken as a result of irregular expenditure

Table 193 Details of current and previous year disciplinary or criminal steps taken as a result of irregular expenditure

DISCIPLINARY STEPS TAKEN
-
<b>TOTAL</b>

The Department has appointed a Loss Control Committee in line with the Irregular Expenditure Framework. This committee will be responsible for investigation to confirm Irregular Expenditure and make recommendations to the Accounting Officer.

## 34.2. Fruitless and Wasteful Expenditure

### 34.2.1. Reconciliation of Fruitless and Wasteful Expenditure

Table 194 Reconciliation of Fruitless and Wasteful Expenditure

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Opening balance	93 246	79 908
Add: Fruitless and wasteful expenditure confirmed	0	0
Less: Fruitless and wasteful expenditure written off	0	0
Less: Fruitless and wasteful expenditure recoverable	0	0
<b>CLOSING BALANCE</b>	<b>93 246</b>	<b>79 908</b>

Table 195 Reconciliation Notes for Fruitless & Wasteful Expenditure

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Fruitless and wasteful expenditure that was under assessment in 2021/22		
Fruitless and wasteful expenditure that relates to 2021/22 and identified in 2022/23		
Fruitless and wasteful expenditure for the current year	15 774	13 338
<b>TOTAL</b>	<b>15 774</b>	<b>13 338</b>

### 34.2.2. Details of current and previous year fruitless and wasteful expenditure (under assessment, determination, and investigation)

Table 196 Details of current and previous year fruitless and wasteful expenditure (under assessment, determination, and investigation)

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Fruitless and wasteful expenditure under assessment	0	0
Fruitless and wasteful expenditure under determination	0	0
Fruitless and wasteful expenditure under investigation	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>

The Department has appointed a Loss Control Committee in line with the Irregular Expenditure Framework. This committee will also be responsible for investigation to confirm Fruitless and Wasteful Expenditure, and make recommendations to the Accounting Officer.

### 34.2.3. Details of current and previous year fruitless and wasteful expenditure recovered

Table 197 Details of current and previous year fruitless and wasteful expenditure recovered

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Fruitless and wasteful expenditure recovered	-	-
<b>TOTAL</b>	<b>-</b>	<b>-</b>

The Department has appointed a Loss Control Committee in line with the Irregular Expenditure Framework. This committee will also be responsible for investigation to confirm Fruitless and Wasteful Expenditure, and make recommendations to the Accounting Officer. The outcome of these investigations will assist with the process of recovery.

### 34.2.4. Details of current and previous year fruitless and wasteful expenditure not recovered and written off

Table 198 Details of current and previous year fruitless and wasteful expenditure not recovered and written off

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Fruitless and wasteful expenditure written off	-	-
<b>TOTAL</b>	<b>-</b>	<b>-</b>

The Department has appointed a Loss Control Committee in line with the Irregular Expenditure Framework. This committee will also be responsible for investigation to confirm Fruitless and Wasteful Expenditure, and make recommendations to the Accounting Officer. The outcome of these investigations will assist with the process of write-off.

### 34.2.5. Details of current and previous year disciplinary or criminal steps taken as a result of fruitless and wasteful expenditure

Table 199 Details of current and previous year disciplinary or criminal steps taken as a result of fruitless and wasteful expenditure

DISCIPLINARY STEPS TAKEN
None
<b>TOTAL</b>

The Department has appointed a Loss Control Committee in line with the Irregular Expenditure Framework. This committee will also be responsible for investigation to confirm Wasteful and Fruitless Expenditure, and make recommendations to the Accounting Officer.

## 34.3. Unauthorised Expenditure

### 34.3.1. Reconciliation of Unauthorised Expenditure

Table 200 Reconciliation of Unauthorised Expenditure

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Opening balance	406 926	406 926
Add: unauthorised expenditure confirmed	0	0
Less: unauthorised expenditure approved with funding	0	0
Less: unauthorised expenditure approved without funding	0	0
Less: unauthorised expenditure recoverable	0	0
Less: unauthorised not recovered and written off	0	0
<b>CLOSING BALANCE</b>	<b>406 926</b>	<b>406 926</b>



Table 201 Reconciling Notes for Unauthorised Expenditure

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Unauthorised Expenditure that was under assessment in 2021/22	0	0
Unauthorised Expenditure that relates to 2021/22 and identified in 2022/23	0	0
Unauthorised Expenditure for the current year	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>

### 34.3.2. Details of current and previous year Unauthorised Expenditure (under assessment, determination, and investigation)

Table 202 Details of current and previous year Unauthorised Expenditure (under assessment, determination, and investigation)

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Unauthorised Expenditure under assessment	0	0
Unauthorised Expenditure under determination	0	0
Unauthorised Expenditure under investigation	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>

The Department is in the process of appointing a Budget Committee which will be responsible amongst others the investigation of Unauthorised Expenditure.

### 34.4. Additional Disclosure Relating to Material Losses in terms of PFMA Section 40(3)(b)(i) & (iii)

#### 34.4.1. Details of current and previous year material losses through criminal conduct

Table 203 Details of current and previous year material losses through criminal conduct

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Theft	0	0
Other material losses	0	0
Less: Recovered	0	0
Less: Not recovered and written off	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>

#### 34.4.2. Details of other material losses

Table 204 Details of other material losses

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
-	-	-
<b>TOTAL</b>	<b>-</b>	<b>-</b>

#### 34.4.3. Other material losses recovered

Table 205 Other material losses recovered

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
-	-	-
<b>TOTAL</b>	<b>-</b>	<b>-</b>

### 34.4.4. Other material losses written off

Table 206 Other material losses written off

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
-	-	-
<b>TOTAL</b>	-	-

### 35. Information on late and/or non-payment of suppliers

Table 207 Late and/or non-payment of suppliers

DESCRIPTION	2022/23 (R'000)	2021/22 (R'000)
Valid invoices received	51 247	5 549 396
Invoices paid within 30 days or agreed period	4 812	420 381
Invoices paid after 30 days or agreed period	11 780	1 964 573
Invoices older than 30 days or agreed period (unpaid and without dispute)	25 129	2 184 127
Invoices older than 30 days or agreed period (unpaid and in dispute)	0	0

The Department is experiencing major cash flow challenges affecting its Equitable Share, thus a number of invoices cannot be paid within 30 days after the receipt of invoice.

### 36. Information on Supply Chain Management

#### 36.1. Procurement by other means

Table 208 Procurement by other means

Project description	Name of Supplier	Type of procurement by other means	Contract number	Value of contract R'000
Integrated patient files	Malli trading	Deviation (Procurement of Patient files without going through tender processes)	HP-012482	2 650
Tick Patient Register(ROR's)	Keatlegile investment	Procurement of deviation (Patient files without going through tender processes)	HP-012218	12 403
HIV/TB patient files and maternity case records	Kim Retails	Deviation (Procurement of Patient files without going through tender processes)	HP-012530	1 184
EMS Services(Patient Transport)	South African Paramedic Services	(Emergency Services) One Quotation used for the procurement of services	HP-012479	26
Maintenance and repairs Plant room and Reservoir	Relesego NM Trading Solutions	Emergency Services (One Quotation used for the procurement of services)	HP-013287	156
Maintenance and repairs Roof water Leakage	MBJ Bros group	Emergency Services (One Quotation used for the procurement of services)	HP-0140147	45
<b>TOTAL</b>				<b>16 465</b>

## 36.2. Contract Variations and Expansions

Table 209 Contract variations and expansions

Project description	Name of Supplier	Contract modification type (Expansion or Variation)	Contract number	Original contract value (R'000)	Value of previous contract expansion/s or variation/s (if applicable) (R'000)	Value of current contract expansion or variation (R'000)
Lease For Computers	Sizwe IT Group	Expansion	PP09-14/15-61	39 628	N/A	7 346
<b>TOTAL</b>				<b>39 628</b>		<b>7 346</b>

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# **PART F: FINANCIAL INFORMATION**

## PART F: FINANCIAL INFORMATION

### **37. Report of the Auditor-General**

#### **37.1. Report on the Audit of the Annual Financial Statements**

##### **37.1.1 Qualified opinion**

1. I have audited the financial statements of the Department of Health set out on pages **228 to 307**, which comprise the appropriation statement, statement of financial position as at 31 March 2023, statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the effects and possible effects of the matters described in the basis for qualified opinion section of this auditor's report, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2023, 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 1 of 1999 (PFMA) and the Division of Revenue Act 5 of 2022 (Dora).

##### **37.1.2 Basis for qualified opinion**

###### **Compensation of employees**

3. I was unable to obtain sufficient appropriate audit evidence for basic salary included under compensation of employees as the department did not implement proper record keeping to ensure that complete, relevant and accurate information is accessible and available to support basic salaries in the financial statements in the prior year. I was unable to confirm the basic salary amount by alternative means. Consequently, I was unable to determine whether any adjustment to basic salary stated at R1 967 234 000 in note 4.1 to the financial statements was necessary. My opinion on the current year financial statements is modified because of the possible effect of this matter on the comparability of the basic salary included under compensation of employees for the current period.

###### **Movable tangible capital assets**

4. I was unable to obtain sufficient appropriate audit evidence that management had properly accounted for movable tangible capital assets and minor assets, due to the status of the accounting records and non-submission of information to support these assets. I could not confirm these assets by alternative means. Consequently, I could not determine whether any adjustments were necessary to movable tangible capital assets stated at R1 689 701 000 (2022: R1 608 866 000) and minor assets stated at R88 859 000 (2022: R285 711 000) in note 27 to the financial statements.

###### **Accruals and payables not recognised**

5. The department did not disclose all outstanding amounts meeting the definition of accruals and payables not recognised in accordance with Chapter 9, *General departmental assets and liabilities* in the MCS. The department did not perform adequate and regular reconciliations for accruals and payables not recognised. I was unable to determine the full extent of the understatement of accruals and payables not recognised for the current year as it was impracticable to do so.
6. I was unable to obtain sufficient appropriate audit evidence for the restatement of the corresponding figure for accruals and payables not recognised, relating to goods and services. The restatement was made to rectify a prior year misstatement, but the restatement could not be substantiated by supporting audit evidence. In addition, I was unable to obtain sufficient appropriate audit evidence for accruals and payables not recognised in the prior year as

the department did not have adequate systems to maintain records for these transactions. I was unable to confirm these amounts disclosed by alternative means. Consequently, I could not determine whether any adjustment was necessary to the accruals and payables not recognised stated at R688 312 000 and R468 280 000 respectively in note 20 to the financial statements.

### **Capital commitments**

7. Not all capital commitments relating to buildings and other fixed structures were recorded as required by Chapter 14, *Provisions and contingents* in the MCS. I was unable to determine the full extent of the understatement of capital commitments relating to buildings and other fixed structures as it was impracticable to do so. In addition, I was unable to obtain sufficient appropriate audit evidence for capital commitments relating to buildings and other fixed structures disclosed in note 19 to the financial statements, as the department did not have adequate systems to maintain records. I was unable to confirm the disclosure by alternative means. Consequently, I was unable to determine whether any further adjustments were necessary to the capital commitments relating to buildings and other fixed structures stated at R132 831 000 as disclosed in note 19 to the financial statements.

### **Irregular expenditure**

8. The department did not disclose all irregular expenditure in the notes to the financial statements, as required by section 40(3)(b)(i) of the PFMA. The department incurred expenditure in contravention of supply chain management (SCM) requirements that was not included in the irregular expenditure disclosed in note 24 to the financial statements. I could not determine the full extent of the understatement for the current as well as previous years as it was impractical to do so.

### **Contingent liabilities**

9. The department did not have adequate systems in place to account for claims against the department included in contingent liabilities in accordance with Chapter 14, *Provisions and Contingents* in the MCS as the best estimate of expenditure required to settle the obligations was not calculated for claims against the department in terms of the set methodology. I could not determine the full extent of the misstatement of claims against the department included in contingent liabilities as disclosed in note 18.1, as it was impractical to do so.
10. Contingent liabilities were not accounted for as required by Chapter 14, *Provisions and Contingents* in the MCS in the current and prior year. The department did not have adequate systems of internal control for the recording of all transactions and events as some of the transactions that did not meet the definitions of contingent liabilities were included. Consequently, contingent liabilities disclosed in note 18.1 to the financial statements was overstated for the current and prior year. I could not determine the full extent of the overstatement of the contingent liabilities as it was impractical to do so.

### **Changes in accounting estimates**

11. The department did not have adequate systems in place to account for changes in accounting estimates in accordance with Chapter 4, *Accounting policies, estimates and errors* in the MCS disclosed in note 31 to the financial statements, as the value derived using the original estimate and the value derived using the amended estimate were overstated. I could not determine the full extent of the overstatement of the change in accounting estimates as it was impractical to do so.

### **37.1.3 Context for opinion**

12. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the responsibilities of the auditor-general for the audit of the financial statements section of my report.
13. I am independent of the department in accordance with the International Ethics Standards Board for Accountants' *International code of ethics for professional accountants (including International Independence Standards)* (IESBA)

code) as well as other 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.

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

#### **37.1.4 Material uncertainty relating to going concern**

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

16. I draw attention to note 36 to the financial statements, which indicates that as at 31 March 2023 the department has an unfavourable net current liability position of R1 642 099 000, taking into account the liabilities of accruals and payables not recognised and employee related benefits. Furthermore, in note 36, the bank overdraft is stated at R282 787 000, which indicates that the department does not have sufficient cash flow to pay for its debts as and when they become due. These events or conditions, along with the other matters indicate that a material uncertainty exists that may cast significant doubt on the department's ability to continue as a going concern.

#### **37.1.5 Emphasis of matter**

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

#### **Underspending of the conditional grant**

18. As disclosed in note 4.3 to the appropriation statement, the department materially underspent on the Health Facility Revitalisation conditional grant by R82 211 000.

#### **37.1.6 Other matters**

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

#### **National Treasury Instruction No. 4 of 2022/2023: PFMA Compliance and Reporting Framework**

20. On 23 December 2022, the National Treasury issued Instruction No. 4 of 2022-23, which came into effect on 3 January 2023, in terms of section 76(1)(b), (e) and (f), 2(e) and (4)(a) and (c) of the PFMA. The instruction note deals with the PFMA compliance and reporting framework and addresses, among others, the disclosure of unauthorised expenditure, irregular expenditure and fruitless and wasteful expenditure. Irregular expenditure and fruitless and wasteful expenditure incurred in prior financial years and not yet addressed no longer need to be disclosed in the disclosure notes to the annual financial statements. Only the current year and prior year figures are disclosed in note 24 to the financial statements of the Department. Movements in respect of irregular expenditure and fruitless and wasteful expenditure also no longer need to be disclosed in the notes to the annual financial statements. The disclosure of these movements (e.g. condoned, recoverable, removed, written off, under assessment, under determination and under investigation) is now included as part of the other information in the annual report of the department. I do not express an opinion on the disclosure of irregular expenditure and fruitless and wasteful expenditure in the annual report.

#### **Unaudited supplementary schedules**

21. The supplementary information set out on pages 300 to 307 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion on them.

#### **37.1.7 Responsibilities of the accounting officer for the financial statements**

22. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS prescribed by National Treasury and the requirements of the PFMA, Dora and for such

internal control, as the accounting officer determines what is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

23. 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 appropriate governance structure either intends to liquidate the department or to cease operations or has no realistic alternative but to do so.

**37.1.8 Responsibilities of the auditor-general for the audit of the financial statements**

24. 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.

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

**37.2 Report on the audit of the annual performance report**

26. In accordance with the Public Audit Act 25 of 2004 (PAA) and the general notice issued in terms thereof, I must audit and report on the usefulness and reliability of the reported performance against predetermined objectives for selected programmes presented in the annual performance report. The accounting officer is responsible for the preparation of the annual performance report.

27. I selected the following programmes presented in the annual performance report for the year ended 31 March 2023, for auditing. I selected programmes that measure the department’s performance on its primary mandated functions and that are of significant national, community or public interest.

<b>Programme</b>	<b>Page numbers</b>	<b>Purpose</b>
District Health Services (DHS)	<b>50 - 88</b>	Comprehensive, integrated and sustainable health care services (preventative, promotive, curative and rehabilitative) based on the Re-engineered Primary Health Care (PHC) approach through the District Health Systems (DHS).
Emergency Medical Services (EMS)	<b>90 - 93</b>	To render Emergency Medical Services through the implementation of ambulance services, special operations, communications, planned patient transport, as well as providing disaster management services in the Province.
Provincial Hospital Services	<b>95 - 109</b>	Rendering of hospital services at a general and specialist level and provide a platform for the training of health workers and research.

28. I was engaged to evaluate the reported performance information for the selected programmes against the criteria developed from the performance management and reporting framework, as defined in the general notice. An annual performance report prepared using these criteria provides useful and reliable information and insights to the user of the report on the department planning and delivery on their mandate and planned objectives.

29. I performed the procedures for the purpose of reporting material findings only; and not to express an assurance opinion.

30. The material findings on the performance information of the selected programmes are as follows:



### 37.2.1 District Health Services (DHS)

#### Live birth under 2500g in facility rate

31. An achievement of 19% was reported against a target of 19%, however, some supporting evidence was not provided for auditing; and, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievement might be more or less than reported and was not reliable for determining if the target had been achieved.

#### Ideal Clinic Status obtained rate

32. I could not determine if the reasons for the differences between the reported achievement of 17% against the planned target of 40% were correct, as adequate supporting evidence was not provided for auditing. Consequently, I could not confirm the reliability of the reasons for the reported underachievement.

#### Various Indicators

33. I could not determine if the reported achievements were correct, as adequate supporting evidence was not provided for auditing. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved. Further, I could not determine if the reasons for the differences between the reported achievements of the indicators against the planned targets were correct, as adequate supporting evidence was not provided for auditing. Consequently, I could not confirm the reliability of the reasons for the reported underachievement and overachievements.

Sub programme	Indicator	Target	Reported achievement
District Health Services	Severity assessment code(SAC)1 incident reported within 24 hours rate	100%	68%
	Patient Safety Incident(PSI) case closed	100%	95%
District Hospital Services	Severity assessment code(SAC)1 incident reported within 24 hours rate	100%	59%
	Patient Safety Incident(PSI) case closed	100%	84%
HIV & AIDS	HIV positive 15-24 years(excl ANC rate)	≤4%	1,90%
	ART adult remain in care rate(12 months)	90%	50%
	ART child remain in care rate(12 months)	90%	58%
	ART adult viral load suppressed rate(12 months)	90%	89%
	ART Child viral load suppressed rate(12 months)	90%	45%
MCWH&A	Couple year protection rate	45%	38,30%
	Delivery 10 to 19 years in facility rate	≤15%	17%
	Antenatal 1st visit before 20 weeks rate	62%	58,50%
	Maternal Mortality in facility	110/100 000	80/100 000
	Death in facility under 5 years against live birth	4,5	2,2
	Child under 5 years pneumonia case fatality rate	≤2,70%	2,40%
	Child under 5 years severe malnutrition case fatality rate	≤6%	8,50%
	Neonatal death in facility rate	14/1000	14,2/1000
Disease Prevention	Hypertension new client 18 years and older detection rate	8,6	1

#### Various Indicators

34. Some supporting evidence was not provided for auditing; and, where it was, I identified material differences between the actual and reported achievements. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved. Further, I could not determine if the reasons for the differences between the reported achievements of the indicators against the planned targets were correct, as adequate supporting evidence was not provided for auditing. Consequently, I could not confirm the reliability of the reasons for the reported underachievement and overachievements.

Sub programme	Indicator	Target	Reported achievement
TB Control	All DS-TB Client LTF rate	6,50%	24,60%
	All DS-TB Client Treatment success rate	80%	66%
MCWH&A	Mother postnatal visit within 6 days rate	65%	64,40%
	Infant PCR test positive around 10 weeks rate	≤1,2%	0,94%
	Immunisation under 1 year coverage	88%	75,90%
	Measles 2nd dose coverage	90%	73,60%
	Child under 5 years diarrhoea case fatality rate	≤2,9	1,5
Disease Prevention	Diabetes new client 18 years and older detection rate	6	0,8

### 37.2.2 Emergency Medical Services (EMS)

35. I could not determine if the reported achievements were correct, as adequate supporting evidence was not provided for auditing. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved. Further, I could not determine if the reasons for the differences between the reported achievements of the indicators against the planned targets were correct, as adequate supporting evidence was not provided for auditing. Consequently, I could not confirm the reliability of the reasons for the reported overachievements.

Indicator	Target	Reported achievement
EMS P1 urban response under 30 minutes rate	50%	76%
EMS P1 rural response under 60 minutes rate	50%	70%

### 37.2.3 Provincial Hospital Services

#### Regional indicator - Child under 5 years severe acute malnutrition case fatality rate

36. An achievement of 9 was reported in the annual performance report. However, target in the approved annual performance plan and strategic plan was ≤3%.

#### Various Indicators

37. I could not determine if the reported achievements were correct, as adequate supporting evidence was not provided for auditing. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved.

Indicator	Target	Reported achievement
Specialised Indicator - Patient Safety Incident (PSI) case closed	100%	100%
Regional Indicator - Severity assessment code (SAC)1 incident reported within 24 hours	100%	100%

#### Various Indicators

38. I could not determine if the reported achievements were correct, as adequate supporting evidence was not provided for auditing. Consequently, the achievements might be more or less than reported and were not reliable for determining if the targets had been achieved. Further, I could not determine if the reasons for the differences between the reported achievements of the indicators against the planned targets were correct, as adequate supporting evidence was not provided for auditing. Consequently, I could not confirm the reliability of the reasons for the reported underachievement and overachievements.

Indicator	Planned target	Reported achievement
Specialised Indicator - Severity Assessment Code (SAC) 1 Incident reported within 24 hours	100%	0%
Regional Indicator - Patient Safety Incident (PSI) case closed	100%	93%
Regional Indicator - Maternal Mortality in facility Ratio	≤3	5
Regional indicator - Death in facility under 5 years	≤64	53
Regional indicator - Child under 5 years diarrhoea case fatality rate	≤1	0,39
Regional indicator - Child under 5 years pneumonia case fatality rate	≤1	1,1
Regional indicator - Child under 5 years severe acute malnutrition case fatality rate	≤3	9

### **37.3 Report on compliance with legislation**

39. In accordance with the PAA and the general notice issued in terms thereof, I must audit and report on compliance with applicable legislation relating to financial matters, financial management and other related matters. The accounting officer is responsible for the department's compliance with legislation.
40. I performed procedures to test compliance with selected requirements in key legislation in accordance with the findings engagement methodology of the Auditor-General of South Africa (AGSA). This engagement is not an assurance engagement. Accordingly, I do not express an assurance opinion or conclusion.
41. Through an established AGSA process, I selected requirements in key legislation for compliance testing that are relevant to the financial and performance management of the department, clear to allow consistent measurement and evaluation, while also sufficiently detailed and readily available to report in an understandable manner. The selected legislative requirements are included in the annexure to this auditor's report.
42. The material findings on compliance with the selected legislative requirements, presented per compliance theme, are as follows:

#### **37.3.1 Annual financial statements**

43. 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 disclosure items identified by the auditors in the submitted financial statements were corrected and/or 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.

#### **37.3.2 Expenditure management**

44. Effective and appropriate steps were not taken to prevent irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. As reported in the basis for qualified opinion the value as disclosed in note 24 of the financial statements does not reflect the full extent of the irregular expenditure incurred. The majority of the irregular expenditure disclosed in the financial statements was caused by contravention of supply chain management (SCM) requirements.
45. Effective steps were not taken to prevent fruitless and wasteful expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the fruitless and wasteful expenditure was caused by interest on overdue accounts.
46. I was unable to obtain sufficient appropriate audit evidence that public money was spent with the approval of a properly delegated officer, as required by treasury regulation 8.2.1.
47. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

#### **37.3.3 Revenue Management**

48. Effective and appropriate steps were not taken to collect all money due, as required by section 38(1)(c)(i) of the PFMA.
49. Interest was not charged on debts, as required by treasury regulation 11.5.1.

### **37.3.4 Asset management**

50. Proper control systems were not in place at the department to ensure the safeguarding and maintenance of assets, as required by treasury regulation 10.1.1(a).
51. Preventative mechanisms were not in place to eliminate theft, loss, wastage and misuse of assets, as required by treasury regulation 10.1.1(a).

### **37.3.5 Strategic planning and performance management**

52. 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).

### **37.3.6 Utilisation of conditional grants**

53. The National Tertiary Services Grant, Health Facility Revitalization Grant, District Health Service Grant and Human Resources, Training and Development Grant were not spent for the purposes stipulated in the Schedule in accordance with the applicable framework, as required by section 16(1) of the Division of Revenue Act (Act 5 of 2022).
54. I was unable to obtain sufficient appropriate audit evidence that the performance of the programmes funded by the District Health Service Grant, District Health Component and National Health Insurance Grant (NHI) were evaluated, as required by section 12(5) of the Division of Revenue Act (Act 5 of 2022).

### **37.3.7 Procurement and contract management**

55. Some of the goods and services were procured without obtaining at least three written price quotations in accordance with treasury regulation 16A6.1 and paragraph 3.2.1 of SCM instruction note 2 of 2021-22. Similar non-compliance was also reported in the prior year.
56. I was unable to obtain sufficient appropriate audit evidence that quotations were awarded to suppliers whose tax matters have been declared by the South African Revenue Services to be in order as required by treasury regulation 16A9.1(d). Similar non-compliance was also reported in the prior year.
57. Goods and services of a transaction value above R1 000 000 were procured without inviting competitive bids and deviations were approved by the accounting officer but it was practical to invite competitive bids, as required by treasury regulation 16A6.1, paragraph 3.2.1, 3.3.1 and 3.2.4(a) of National Treasury instruction (NTI) 2 of 2021-22, paragraph 4.1 of NTI 3 of 2021-22 and treasury regulation 16A6.4. Similar non-compliance was also reported in the prior year.
58. Invitations for competitive bidding were not advertised in at least the government tender bulletin or institutional media platform or any other media platform as required by treasury regulation 16A6.3(c) and or NTI 1 of 2021-22, par 4.1.
59. Competitive bids were adjudicated by a bid adjudication committee that was not composed in accordance with the policies of the department, as required by treasury regulation 16A6.2 (a) and (b).
60. I was unable to obtain sufficient appropriate audit evidence that 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 the 2017 preferential procurement regulation 5(1) and (3).
61. I was unable to obtain sufficient appropriate audit evidence that contracts were awarded to bidders based on points given for criteria that were stipulated in the original invitation for bidding, as required by the 2017 preferential procurement regulation 5(6).

62. I was unable to obtain sufficient appropriate audit evidence that contracts were awarded to bidders based on points given for criteria that were stipulated in the original invitation for bidding, as required by the 2017 preferential procurement regulation 5(7).
63. Bid documentation to tender for procurement of commodities designated for local content and production, did not stipulated the minimum threshold for local production and content as required by the 2017 preferential procurement regulation 8(2). Similar non-compliance was also reported in the prior year.
64. Some of the IT related goods and services, classified as mandatory, were not procured through SITA as required by treasury regulation 16A6.3(e) and section 7(3) of the SITA Act.
65. Some of the contracts were extended or modified without the approval of a properly delegated official as required by section 44 of the PFMA and treasury regulations 8.2.1 and 8.2.2. Similar non-compliance was also reported in the prior year.
66. Procurement by other means was not provided in the SCM policy of the institution or did not cover at least the minimum requirements as required by PFMA Instruction Note 3 of 2021-22 par. 4.3 and 4.4.
67. Deviations and procurement by other means are not provided in the SCM policy and/or are not in line with the circumstances provided in the SCM policy under which the procurement can occur as required by PFMA instruction note no.3 of 2021-22 par. 4.3 and 4.4 (c)
68. Deviation process followed in respect of identifying prospective suppliers are not in line with the process prescribed in the institution's the SCM policy as required PFMA instruction note no.3 of 2021-22 par. 4.4.(d).

### **37.3.8 Consequence management**

69. I could not obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred irregular and fruitless and wasteful expenditure as required by section 38(1)(h)(iii) of the PFMA. This was because investigations into irregular and fruitless and wasteful expenditure were not performed.
70. Investigations were not conducted into all allegations of financial misconduct committed by some of the officials, as required by treasury regulation 4.1.1

### **37.4 Other information in the annual report**

71. The accounting officer is responsible for the other information included in the annual report. The other information referred to 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 on in this auditor's report.
72. My opinion on the financial statements, the report on the audit of the annual performance report and the report on compliance with legislation, do not cover the other information included in the annual report and I do not express an audit opinion or any form of assurance conclusion on it.
73. My responsibility is to read this other information and, in doing so, consider whether it 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.
74. The other information I obtained prior to the date of this auditor's report is the disclosure of the unauthorised, irregular and fruitless and wasteful expenditure, and the remaining information is expected to be made available to us after 8 August 2023.

75. If, based on the work I have performed on the other information that I obtained prior to the date of this auditor's report, I conclude that there is a material misstatement of this other information, I am required to report that fact. Particulars of irregular and fruitless and wasteful expenditure were not disclosed in the annual report. The irregular and fruitless and wasteful expenditure registers for historical balances were not kept and maintained as required by the PFMA compliance and reporting framework of 2022-23. This is materially inconsistent with the audit evidence obtained through the audit procedures.
76. When I do receive and read the remaining other information, if I conclude that there is a material misstatement therein, I am required to communicate the matter to those charged with governance and request that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

### **37.5 Internal control deficiencies**

77. I considered internal control relevant to my audit of the financial statements, annual performance report and compliance with applicable legislation; however, my objective was not to express any form of assurance on it.
78. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified opinion and the material findings on the annual performance report and the material findings on compliance with legislation included in this report.
79. The accounting officer did not establish an effective system for consequence management, aimed at investigating instances of irregular, and fruitless and wasteful expenditure. Consequently, the accounting officer could not take disciplinary actions against officials who continued to contravene laws and regulations governing procurement and supply chain management. Additionally, the lack of appropriate action against officials has a material impact on the effectiveness and the stability of the control environment. Leadership's inability to address and prioritise this critical area has a direct bearing on the number of compliance findings reported in the current year.
80. The accounting officer did not effectively review the financial statements and the annual performance report before submitting them for auditing thus numerous misstatements reported in this report were not identified and corrected.
81. Management did not communicate and enforce management assertions (completeness and accuracy) related to the disclosures in the financial statements and the report on predetermined objectives of the department. This caused the department to have material misstatements in both the annual financial statements and the annual performance report.
82. Management did not adequately oversee the performance reporting process, leading to insufficient implementation of controls for daily and monthly transaction processing and reconciliation. Moreover, they did not ensure the preparation of regular, accurate, and comprehensive performance reports supported by reliable information.
83. Management did not compile and implement the action plan on time and this resulted in material findings recurring in the current financial year. The control environment was not reinforced to prevent repeat material misstatements in the annual financial statements, performance reports and areas of legislation scoped for audit.
84. Accounting officer and chief directors did not have adequate controls in place to effectively process transactions and achieve positive audit outcomes. Control environment includes daily to year-end controls, regular reconciliations between underlying information and reports for all material departmental processes. In the absence or the inadequacy of these controls, the department relied on manual reconciliations at the end of the year, which still resulted to a number of errors identified in the reconciliations by the external auditors.
85. Leadership did not ensure that the department complied with applicable legislation as material findings on compliance with legislation were raised in the year under review. The department's internal processes and systems did not prevent material findings in areas of legislation scoped for audit.

## **37.6 Material Irregularities**

86. In accordance with the PAA and the Material Irregularity Regulations, I have a responsibility to report on material irregularities identified during the audit and on the status of material irregularities as previously reported in the auditor's report.

### **37.6.1 Status of previously reported material irregularities**

#### **Evaluation criteria applied in medical waste award different from original bidding invitation**

87. During the 2018/2019 audit, I identified that a three-year contract for medical waste collection for R4 278 000 per month was awarded in November 2018 to a supplier based on criteria applied in the evaluation process that were different from those included in the original bidding invitation and in contravention of treasury regulation 16A3.2(a). The non-compliance is likely to result in a material financial loss as the fixed monthly pricing awarded to the supplier differs significantly from the variable cost pricing included in the original bidding invitation.

88. The accounting officer was notified of the material irregularity (MI) on 18 July 2019. The accounting officer responded by disagreeing that there was non-compliance with legislation in awarding the contract.

89. In the 2019/2020 audit, I referred the MI to the National Treasury (NT) on 06 October 2019 for investigation as provided by section 5(1A) of the PAA. On 13 March 2020, NT accepted the referral for investigation.

90. In the 2020/2021 audit, a memorandum of understanding for NT to facilitate the referral for investigation was finalised. Further delays in the progress were caused by the working conditions of the time as the country had COVID-19 regulations in place. At the end of the audit on 31 July 2021, NT had not finalised whether they were to conduct the investigation or identified the most suitable institution.

91. In the 2021/2022 audit, I followed up on the status of the investigation and was provided feedback on 29 June 2022 which indicated that the MI investigation was ongoing and was assigned to (HAWKS, Directorate for Priority Crime Investigation) DPCI.

92. I made follow-up on the status of the investigation during 2023 and confirmed that it is still ongoing. I will follow up on the status of the investigation during my next audit.

#### **Overpayment for radiology services**

93. The department entered into a contract for radiology services on 1 November 2013. The total expenditure relating to the contract and extension was R17 428 920. Payments were made for radiology services even though the contract had a mathematical error that resulted in an overpayment, as effective internal controls were not in place for approving and processing payments, as required by treasury regulation 8.1.1. The overpayment is likely to result in a material financial loss, if not recovered from the supplier. The payments were made in respect of the first extension of the contract, which was effective from 1 April 2014 to 31 March 2015, and payments also were made in respect of the fourth extension of the contract, which was effective from 1 October 2018 to 30 September 2019 (the contract is not signed).

94. Furthermore, payments were also made to the radiologist to perform mammograms, although the hospital did not have a mammogram machine. It is likely that there will be a material financial loss if the payments are not recovered from the supplier. Payments were made in respect of the first extension of the contract, which was effective from 1 April 2014 to 31 March 2015, and also in respect of the third extension of the contract, which was effective from 1 October 2015 to 30 September 2018.

95. The accounting officer was notified of the material irregularity on 17 July 2019.

96. The accounting officer instituted a full-scale investigation on 23 August 2019 based on the outcome of the preliminary investigation performed.
97. On 1 March 2020 the accounting officer was moved to the office of the premier and an acting accounting officer was appointed. This meant that the acting accounting officer was not aware of this material irregularity. The lockdown measures implemented in response to covid-19 caused additional delays in this process of completing the previous investigation that was started. On 21 August 2020, the acting accounting officer informed the AGSA of the reasons for delay and the proposed course of action to re-appoint an investigation team to complete the investigation. The internal investigation that was instituted by the accounting officer was concluded on 23 October 2020, the following actions took place:
- The case was referred to the DPCI on 20 January 2021 for criminal prosecution and possible recovery of loss.
  - No actions were taken against the officials as per the internal investigations. The officials involved in the process were requested to respond to the allegations of misconduct where the hospital manager responded that all payments went through the office of the CEO. The CEO responsible failed to respond prior to taking retirement at the end of February 2021.
  - In addition to the investigations by the DPCI, on 20 May 2021 the accounting officer wrote to the supplier requesting a proposal for a payback payment plan failing which further legal steps would be instituted.
  - In addition to the above actions the accounting officer sought legal opinion from the state attorney on the matter. The legal opinion was received on 03 March 2022, where the accounting officer was advised on how to deal with the matter, furthermore the accounting officer was advised to act on the matter urgently due to the sensitivity of the matter.
  - On 05 June 2023 a formal response was received from the accounting officer where the following actions were indicated to have taken place:
    - A criminal case was opened in 2021 and the investigation is still ongoing.
    - The state attorney is in the process of tracing the defendant so that the defendant can be served with the summons.
  - We made follow-up on the status of the criminal investigation and received a response from the DPCI on 27 July 2023. The response indicated that there is no prospect of a successful prosecution and that the matter is finalised.
  - In addition, we noted that still no steps were taken against the officials that were involved in this matter as per the investigation report.
  - I am in the process of evaluating the appropriateness of the actions taken by the accounting officer and whether I need to take further action to ensure resolution of the material irregularity.

### **37.7 Other reports**

98. In addition to the investigations relating to material irregularities I draw attention to the following engagements conducted by various parties which 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.
99. The directorate for Priority Crime Investigation (Hawks) is investigating allegations of irregularities in the SCM processes applied by the department. These proceedings were in progress at the date of this report.



**Signed**

Auditor General  
Kimberley

08 August 2023



AUDITOR - GENERAL  
SOUTH AFRICA

*Auditing to build public confidence*

## **37.8 Annexure – Auditor-General’s Responsibility for the Audit**

The annexure includes the following:

- The auditor-general’s responsibility for the audit
- The selected legislative requirements for compliance testing.

### **37.8.1 Auditor-general’s responsibility for the audit**

#### **Professional judgement and professional scepticism**

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 selected requirements in key legislation.

#### **Financial Statements**

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.
- Conclude on the appropriateness of the use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists relating to events or conditions that may cast significant doubt on the ability of the department 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 my 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 operating as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

#### **Communication with those charged with governance**

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

I also provide the accounting officer with a statement that I have complied with relevant ethical requirements regarding independence and to communicate with them all relationships and other matters that may reasonably be thought to bear on my independence and, where applicable, actions taken to eliminate threats or safeguards applied.

### 37.8.2 The selected legislative requirements for compliance testing

The selected legislative requirements are as follows:

Legislation	Sections or regulations
Public Finance Management Act No.1 of 1999 (PFMA) <sup>1</sup>	PFMA 1 (Definition of irregular expenditure) PFMA 38(1)(c)(i) PFMA 40(1)(a); 40(1)(b); 40(1)(c)(i) PFMA 38(1)(b); 38(1)(c)(ii); 39(1)(a); 39(2)(a); 43(4); 45(b) PFMA 38(1)(d) PFMA 38(1)(h)(iii) PFMA 38(1)(a)(iv); 38(1)(b); 38(1)(c); 38(1)(c)(ii); 44; 44(1); 44(2); 45(b); 50 (3); 50(3)(a)
Treasury Regulations for departments, trading entities, constitutional institutions and public entities (TR) <sup>1</sup>	Treasury Regulation 7.2.1; 11.4.1; 11.4.2; 11.5.1 Treasury Regulation 17.1.1; 18.2; 19.8.4 Treasury Regulation 6.3.1(a); 6.3.1(b); 6.3.1(c); 6.3.1(d); 6.4.1(b); 8.1.1; 8.2.1; 8.2.3; 9.1.1; 15.10.1.2(c) Treasury Regulation 10.1.1(a); 10.1.2; 16A.7.1; 16A.7.3; 16A.7.6; 16A.7.7 Treasury Regulation 8.4.1 Treasury Regulation 5.1.1 ;5.2.1 ;5.2.3(a) ;5.2.3(d) ;5.3.1 Treasury Regulation 4.1.1; 4.1.3; 9.1.4; 12.5.1; 16A9.1(b)(ii); 16A9.1(e) ; 16A9.1(f) Treasury Regulation 16A 3.1; 16A 3.2 (fairness); 16A 3.2(a); 16A 6.1; 16A6.2(a) & (b); 16A6.2(e); 16A 6.3(a); 16A 6.3(a)(i); 16A 6.3(b); 16A 6.3(c); 16A 6.3(d); 16A 6.3(e); 16A 6.4; 16A 6.5; 16A 6.6; 16A8.2 (1) and (2); 16A 8.3; 16A 8.3(d); 16A 8.4; 16A 9; 16A 9.1; 16A9.1 (c); 16A 9.1(d); 16A 9.1(e); 16A 9.2; 16A 9.2(a)(ii); 16A 9.2(a)(iii); 8.2.1; 8.2.2
Division of Revenue Act No. 5 of 2022 <sup>2</sup>	DoRA 11(6)(a); 12(5); 16(1); 16(3); 16(3)(a)(i); 16(3)(a)(ii)(bb)
Public service regulation	Public service regulation 25(1)(e)(i); 25(1)(e)(iii) Public service regulation 13(c);18; 18 (1) and (2)
Prevention and Combating of Corrupt Activities Act No.12 of 2004 (PRECCA)	Section 34(1) PRECCA Section 29
Construction Industry Development Board Act No.38 of 2000 (CIDB) <sup>3</sup>	Section 18(1)
CIDB Regulations <sup>3</sup>	CIDB regulation 17; 25(1); 25 (5) & 25(7A)
PPPFA	Section 1(i); 2.1(a); 2.1(b); 2.1(f)
PPR 2017	Paragraph 4.1; 4.2; 5.1; 5.3; 5.6; 5.7; 6.1; 6.2; 6.3; 6.5; 6.6; 6.8; 7.1; 7.2; 7.3; 7.5; 7.6; 7.8; 8.2; 8.5; 9.1; 9.2; 10.1; 10.2; 11.1; 11.2; 12.1 and 12.2
PPR 2022	Paragraph 3.1; 4.1; 4.2; 4.3; 4.4; 5.1; 5.2; 5.3; 5.4
SITA ACT	SITA Act section 7(3); 20(1)(a)(I); 7(6)(b)
SITA regulations	SITA reg 8.1.1 (b); 8.1.4; reg 8.1.7; reg 9.6; reg 9.4; reg 12.3; reg 13.1 (a); reg 14.1; reg 14.2
PFMA SCM Instruction no. 09 of 2022/2023	Par. 3.1; par. 3.3 (b); par. 3.3 (c) ; par. 3.3 (e) ; par 3.6
National Treasury Instruction No.1 of 2015/16	Paragraph 3.1; 4.1; 4.2
NT SCM Instruction Note 03 2021/22	Paragraph 4.1; 4.2 (b); 4.3; 4.4; 4.4(a); 4.4 (c) -(d); 4.6; 5.4; 7.2; 7.6
NT SCM Instruction 4A of 2016/17	Paragraph 6
NT SCM Instruction Note 03 2019/20	Par 5.5.1(vi); 5.5.1(x);
NT SCM Instruction Note 11 2020/21	Paragraph 3.1; 3.4 (a) and (b); 3.9; 6.1;6.2;6.7

<sup>1</sup> If specific procurement legislation was scoped out it should be removed, reconcile with compliance scoping.

<sup>2</sup> If no conditional grants were received, exclude Dora legislation.

<sup>3</sup> Only applicable there was construction

<b>Legislation</b>	<b>Sections or regulations</b>
NT SCM Instruction note 2 of 2021/22	Paragraph 3.2.1; 3.2.2; 3.2.4(a) and (b) ; 3.3.1; 3.2.2; 4.1
PFMA SCM Instruction 04 of 2022/23	Paragraph 4(1); 4(2); 4(4)
Practice Note 5 of 2009/10	Paragraph 3.3
PFMA SCM instruction 08 of 2022/23	Paragraph 3.2; 4.3.2; 4.3.3
Competition Act	Section 4(1)(b)(ii)
NT instruction note 4 of 2015/16	Paragraph 3.4
NT instruction 3 of 2019/20 - Annexure A	Section 5.5.1 (iv) and (x)
Second amendment of NTI 05 of 2020/21	Paragraph 4.8; 4.9 ; 5.1 ; 5.3
Erratum NTI 5 of 202/21	Paragraph 1
Erratum NTI 5 of 202/21	Paragraph 2
Practice note 7 of 2009/10	Paragraph 4.1.2
Practice note 11 of 2008/9	Paragraph 3.1; 3.1 (b)
NT instruction note 1 of 2021/22	Paragraph 4.1
Public Service Act	Section 30 (1)
Employment of Educators Act <sup>4</sup>	Section 33 (1)

<b>Legend*</b>	
	Conditional grants
	Revenue management
	AFS, APR and Annual report
	Expenditure management
	Asset management
	Transfer of funds
	Strategic planning
	Consequence management
	SCM

<sup>4</sup> Applicable where educators are employed at public schools and departmental offices.

## **38. Annual Financial Statements**

The Annual Financial Statements are included as **ANNEXURE A** of this Annual Report.

## ACKNOWLEDGEMENTS

The development and completion of the Annual Report of the Northern Cape Department of Health for the **2022/2023** performance period was a collaborative effort between a number of officials, together with budget Programmes.

*The following individuals are expressly recognised:*

- **Mr M Mlatha** - Acting Chief Director: Strategic Management
- **Mr M Mocumi** - Acting Director: Policy & Planning Directorate
- **Mr D Gaborone** - Chief Financial Officer
- **Mr M Mothapo** - Acting Director: Financial Accounting
- **Ms A Selao** - Acting Chief Director: Corporate Services
- **Mr R Sichimwi** - Acting Assistant Director: Policy & Planning (Monitoring & Evaluation)
- **Ms K Moloi-Seekoei** - Senior Administrative Officer: Policy & Planning (Monitoring & Evaluation)
- **Ms L Smith** - Administrative Officer: Policy & Planning (Monitoring & Evaluation)
- **Mr P Bonokwane** - Intern: Policy & Planning (Monitoring & Evaluation)

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- Northern Cape Department of Health District Health Information System
- Northern Cape Department of Health Electronic Tuberculosis Register
- Northern Cape Department of Health Vulindlela
- Northern Cape Department of Health PERSAL

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(Printer to add graphic design)

# ANNEXURES



# ANNEXURES

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## AFS 1.2 Appropriation Statement Per Economic Classification

Table 211 Appropriation per Economic Classification

Appropriation per economic classification	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>5 734 960</b>	<b>(155 885)</b>	<b>(1 199)</b>	<b>5 577 876</b>	<b>5 492 619</b>	<b>85 257</b>	<b>98.5%</b>	<b>5 477 948</b>	<b>5 599 527</b>
Compensation of employees	3 450 607	(40 450)	-	3 410 157	3 410 157	-	100.0%	3 352 535	3 352 535
Goods and services	2 270 494	(117 350)	(1 199)	2 151 945	2 066 688	85 257	96.0%	2 112 076	2 233 655
Interest and rent on land	13 859	1 915	-	15 774	15 774	-	100.0%	13 337	13 337
<b>Transfers and subsidies</b>	<b>40 435</b>	<b>32 463</b>	<b>-</b>	<b>72 898</b>	<b>72 898</b>	<b>-</b>	<b>100.0%</b>	<b>49 072</b>	<b>49 072</b>
Provinces and municipalities	1 801	(1 160)	-	614	614	-	100.0%	9 004	9 004
Departmental agencies and accounts									
Higher education institutions									
Foreign governments and international organisations									
Public corporations and private enterprises		38	-	38	38	-	100.0%	33	33
Non-profit institutions									
Households	38 634	33 585	-	72 219	72 219	-	100.0%	40 035	40 035
<b>Payments for capital assets</b>	<b>275 589</b>	<b>123 422</b>	<b>1 199</b>	<b>400 210</b>	<b>341 078</b>	<b>59 132</b>	<b>85.2%</b>	<b>388 231</b>	<b>388 231</b>
Buildings and other fixed structures	168 220	74 440	-	242 660	242 660	-	100.0%	206 940	169 934
Machinery and equipment	101 026	41 007	1 199	143 232	84 100	59 132	58.7%	181 291	64 859
Heritage assets									
Specialised military assets									
Biological assets									
Land and subsoil assets									
Intangible assets	6 343	7 975	-	14 318	14 318	-	100.0%		
<b>Payments for financial assets</b>									
<b>Total</b>	<b>6 050 984</b>	<b>-</b>	<b>-</b>	<b>6 050 984</b>	<b>5 906 595</b>	<b>144 389</b>	<b>97.6%</b>	<b>5 915 251</b>	<b>5 883 392</b>

## AFS 1.3 Appropriation Statement for Programme 1 – Administration

Table 212 Appropriation Statement for Programme 1 - Administration

Programme 1: Administration	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
1. Office of the MEC	16 827	(2 149)	-	14 678	14 678	-	100.0%	18 053	18 053
2. Management	262 695	2 149	536	265 380	265 312	68	100.0%	244 020	242 062
<b>Total for sub programmes</b>	<b>279 522</b>	<b>-</b>	<b>536</b>	<b>280 058</b>	<b>279 990</b>	<b>68</b>	<b>100.0%</b>	<b>262 073</b>	<b>260 115</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>268 939</b>	<b>3 863</b>	<b>-</b>	<b>272 802</b>	<b>272 734</b>	<b>-</b>	<b>100.0%</b>	<b>239 194</b>	<b>229 611</b>
Compensation of employees	164 755	(24 164)	-	140 591	140 591	-	100.0%	146 815	146 815
Goods and services	103 818	27 807	-	131 625	131 557	68	100.0%	91 994	82 411
Interest and rent on land	366	220	-	586	586	-	100.0%	385	385
<b>Transfers and subsidies</b>	<b>7 652</b>	<b>(5 836)</b>	<b>-</b>	<b>1 816</b>	<b>1 816</b>	<b>-</b>	<b>100.0%</b>	<b>20 459</b>	<b>40 459</b>
Provinces and municipalities	118	326	-	444	444	-	100.0%	151	151
Households	7 534	(6 162)	-	1 372	1 372	-	100.0%	20 308	20 308
<b>Payments for capital assets</b>	<b>2 931</b>	<b>1 973</b>	<b>536</b>	<b>5 440</b>	<b>5 440</b>	<b>-</b>	<b>100.0%</b>	<b>2 420</b>	<b>10 045</b>
Buildings and other fixed structures		407		407	407	-	100.0%	2 420	10 045
Machinery and equipment	2 931	1 566	536	5 033	5 033	-	100.0%		
Heritage assets									
Specialised military assets									
Biological assets									
Land and subsoil assets									
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>279 522</b>	<b>-</b>	<b>536</b>	<b>280 058</b>	<b>279 990</b>	<b>68</b>	<b>100.0%</b>	<b>262 073</b>	<b>260 115</b>

### AFS 1.3.1 Appropriation Statement for Programme 1 – Administration: Sub-Programme 1.1 – Office of the MEC

Table 213 Appropriation Statement: Programme 1 – Administration: Sub-Programme 1.1 – Office of the MEC

Programme 1: Administration 1.1 Office of the MEC	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
Office of MEC	16 827	(2 149)	-	14 678	14 678	-	100.0%	18 053	18 053
<b>Total for sub programmes</b>	<b>16 827</b>	<b>(2 149)</b>	<b>-</b>	<b>14 678</b>	<b>14 678</b>	<b>-</b>	<b>100.0%</b>	<b>18 053</b>	<b>18 053</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>15 872</b>	<b>(1 882)</b>	<b>-</b>	<b>13 990</b>	<b>13 990</b>	<b>-</b>	<b>100.0%</b>	<b>17 182</b>	<b>17 893</b>
Compensation of employees	8 947	1 484	-	10 431	10 431	-	100.0%	11 182	11,182
Goods and services	6 925	(3 387)	-	3 538	3 538	-	100.0%	6 711	6 711
Interest and rent on land	-	21	-	21	21	-	100.0%		
<b>Transfers and subsidies</b>	<b>560</b>	<b>-309</b>	<b>-</b>	<b>251</b>	<b>251</b>	<b>-</b>	<b>100.0%</b>	<b>160</b>	<b>160</b>
Provinces and municipalities									
Households	560	-309	-	251	251	-	100.0%	160	160
<b>Payments for capital assets</b>	<b>395</b>	<b>42</b>	<b>-</b>	<b>437</b>	<b>437</b>	<b>-</b>	<b>100.0%</b>		
Buildings and other fixed structures									
Machinery and equipment	395	42	-	437	437	-	100.0%		
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>16 827</b>	<b>(2 149)</b>	<b>-</b>	<b>14 678</b>	<b>14 678</b>	<b>-</b>	<b>100.0%</b>	<b>18 053</b>	<b>18 053</b>

## AFS 1.3.2 Appropriation Statement for Programme 1 – Administration: Sub-Programme 1.2 – Management

Table 214 Appropriation Statement: Programme 1 – Administration: Sub-Programme 1.2 – Management

Programme 1: Administration 1.2 Management	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
Management	262 695	2 149	536	265 380	265 380	-	100.0%	244 020	242 062
<b>Total for sub programmes</b>	<b>262 695</b>	<b>2 149</b>	<b>536</b>	<b>265 380</b>	<b>265 380</b>	<b>-</b>	<b>100.0%</b>	<b>244 020</b>	<b>242 062</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>253 067</b>	<b>5 745</b>	<b>-</b>	<b>258 812</b>	<b>258 744</b>	<b>68</b>	<b>100.0%</b>	<b>221 301</b>	<b>211 717</b>
Compensation of employees	155 808	(25 648)	-	130 160	130 160	-	100.0%	135 633	135 633
Goods and services	96 893	31 194	-	128 087	128 019	68	100.0%	85 283	75 700
Interest and rent on land	366	199	-	565	565	-	100.0%	385	385
<b>Transfers and subsidies</b>	<b>7 092</b>	<b>(5 527)</b>	<b>-</b>	<b>1 565</b>	<b>1 565</b>	<b>-</b>	<b>100.0%</b>	<b>20 299</b>	<b>20 299</b>
Provinces and municipalities	118	326	-	444	444	-	100.0%	151	151
Households	6 974	(5 853)	-	1 121	1 121	-	100.0%	20 148	20 148
<b>Payments for capital assets</b>	<b>2 536</b>	<b>1 931</b>	<b>536</b>	<b>5 003</b>	<b>5 003</b>	<b>-</b>	<b>100.0%</b>	<b>2 420</b>	<b>9 907</b>
Buildings and other fixed structures		407		407	407	-	100.0%		
Machinery and equipment	2 536	1 534	536	4 596	4 596	-	100.0%	2 420	9 907
Transport equipment	702	-189	415	928	928	-	100.0%		
Other machinery and equipment	1 834	1 713	121	3 668	3 668	-	100.0%		
<b>Payments for financial assets</b>									
<b>Total</b>	<b>262 695</b>	<b>2 149</b>	<b>536</b>	<b>265 380</b>	<b>265 312</b>	<b>68</b>	<b>100.0%</b>	<b>244 020</b>	<b>242 062</b>



## AFS 1.4 Appropriation Statement for Programme 2 - District Health Services

Table 215 Appropriation Statement: Programme 2 – District Health Services

Programme 2: District Health Services	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
District Management	354 039	(5 476)	-	348 563	348 563	-	100.0%	357 180	357 180
Community Health Clinics	526 418	-585	-	525 833	525 833	-	100.0%	573 101	573 101
Community Health Centres	400 145	(2 940)	-	397 205	397 205	-	100.0%	435 510	435 510
Other Community Services	42 433	(4 780)	-	37 653	37 653	-	100.0%	53 572	53 572
HIV/Aids	779 753	(6 888)	-	772 865	772 865	-	100.0%	678 797	669 234
Nutrition	7 636	(3 132)	-	4 504	4 504	-	100.0%	3 483	3 483
District Hospitals	723 441	23 801	-826	746 416	697 930	48 486	93.5%	735 925	735 925
<b>Total for sub programmes</b>	<b>2 833 865</b>	<b>-</b>	<b>-826</b>	<b>2 833 039</b>	<b>2 784 553</b>	<b>48 486</b>	<b>98.3%</b>	<b>2 837 568</b>	<b>2 828 005</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>2 813 165</b>	<b>(98 036)</b>	<b>-826</b>	<b>2 714 303</b>	<b>2 714 303</b>	<b>-</b>	<b>100.0%</b>	<b>2 744 357</b>	<b>2 801 140</b>
Compensation of employees	1 687 137	31 698	-	1 718 835	1 718 835	-	100.0%	1 667 182	1 667 182
Goods and services	1 120 874	(134 379)	-826	985 669	985 669	-	100.0%	1 073 575	1 130 358
Interest and rent on land	5 154	4 645	-	9 799	9 799	-	100.0%	3 600	3 600
<b>Transfers and subsidies</b>	<b>5 838</b>	<b>28 294</b>	<b>-</b>	<b>34 132</b>	<b>34 132</b>	<b>-</b>	<b>100.0%</b>	<b>10 051</b>	<b>10 051</b>
Provinces and municipalities	174	-5	-	169	169	-	100.0%	254	254
Departmental agencies and accounts									
Public corporations and private enterprises	-	38	-	38	38	-	100.0%	33	33
Households	5 664	28 261	-	33 925	33 925	-	100.0%	9 764	9 764
<b>Payments for capital assets</b>	<b>14 862</b>	<b>69 742</b>	<b>-</b>	<b>84 604</b>	<b>36 118</b>	<b>48 486</b>	<b>42.7%</b>	<b>83 160</b>	<b>16 814</b>
Buildings and other fixed structures	-	1 029	-	1 029	1 029	-	100.0%	598	1,349
Machinery and equipment	8 519	60 738	-	69 257	20 771	48 486	30.0%	82 562	15 465
Transport Equipment	-	2 557	-	2 557	2 557	-	100.0%	-	553
Other machinery and equipment	8 519	58 181	-	66 700	18 214	48 486	27.3%	82 562	14 912
Biological assets									
Land and subsoil assets									
Intangible assets	6 343	7 975	-	14 318	14 318	-	100.0%	-	-
<b>Payments for financial assets</b>									
<b>Total</b>	<b>2 833 865</b>	<b>-</b>	<b>-826</b>	<b>2 833 039</b>	<b>2 784 553</b>	<b>48 486</b>	<b>98.3%</b>	<b>2 837 568</b>	<b>2 828 005</b>

## AFS 1.4.1 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.1 – District Management

Table 216 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.1 – District Management

Programme 2: District Health Services 2.1 District Management	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>353 716</b>	<b>(11 465)</b>	<b>-</b>	<b>342 251</b>	<b>342 251</b>	<b>-</b>	<b>100.0%</b>	<b>355 552</b>	<b>355 128</b>
Compensation of employees	169 755	68 486	-	238 241	238 241	-	100.0%	209 646	209 646
Goods and services	183 961	(79 971)	-	103 990	103 990	-	100.0%	145 901	145 477
Interest and rent on land	-	20	-	20	20	-	100.0%	5	5
<b>Transfers and subsidies</b>	<b>-</b>	<b>1 619</b>	<b>-</b>	<b>1 619</b>	<b>1 619</b>	<b>-</b>	<b>100.0%</b>	<b>933</b>	<b>933</b>
Provinces and municipalities								49	49
Households	-	1 619	-	1 619	1 619	-	100.0%	884	884
<b>Payments for capital assets</b>	<b>323</b>	<b>4 370</b>	<b>-</b>	<b>4 693</b>	<b>4 693</b>	<b>-</b>	<b>100.0%</b>	<b>695</b>	<b>1119</b>
Buildings and other fixed structures									
Machinery and equipment	323	4 370	-	4 693	4 693	-	100.0%	695	1119
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>354 039</b>	<b>(5 476)</b>	<b>-</b>	<b>348 563</b>	<b>348 563</b>	<b>-</b>	<b>100.0%</b>	<b>357 180</b>	<b>357 180</b>

## AFS 1.4.2 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.2 – Community Health Clinics

Table 217 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.2 – Community Health Clinics

Programme 2: District Health Services 2.2 Community Health Clinics	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>524 894</b>	<b>(2 793)</b>	<b>-</b>	<b>522 101</b>	<b>522 101</b>	<b>-</b>	<b>100.0%</b>	<b>570 197</b>	<b>570 813</b>
Compensation of employees	343 350	20 256	-	363 606	363 606	-	100.0%	334 395	334 395
Goods and services	181 544	(23 142)	-	158 402	158 402	-	100.0%	235 508	236 124
Interest and rent on land	-	93	-	93	93	-	100.0%	294	294
<b>Transfers and subsidies</b>	<b>1 327</b>	<b>1 136</b>	<b>-</b>	<b>2 463</b>	<b>2 463</b>	<b>-</b>	<b>100.0%</b>	<b>1,994</b>	<b>1 994</b>
Provinces and municipalities	101	-47	-	54	54	-	100.0%	27	27
Households	1 226	1 183	-	2 409	2 409	-	100.0%	1 967	1 967
<b>Payments for capital assets</b>	<b>197</b>	<b>1 072</b>	<b>-</b>	<b>1 269</b>	<b>1 269</b>	<b>-</b>	<b>100.0%</b>	<b>910</b>	<b>294</b>
Buildings and other fixed structures	-	724	-	724	724	-	100.0%		
Machinery and equipment	197	348	-	545	545	-	100.0%	910	294
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>526 418</b>	<b>-585</b>	<b>-</b>	<b>525 833</b>	<b>525 833</b>	<b>-</b>	<b>100.0%</b>	<b>573 101</b>	<b>573 101</b>

### AFS 1.4.3 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.3 Community Health Centres

Table 218 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.3 – Community Health Centres

Programme 2: District Health Services 2.3 Community Health Centres	2022/23						2021/22		
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>397 116</b>	<b>(2 948)</b>	<b>-</b>	<b>394 168</b>	<b>394 168</b>	<b>-</b>	<b>100.0%</b>	<b>430 107</b>	<b>432 113</b>
Compensation of employees	264 701	41 241	-	305 942	305 942	-	100.0%	298 083	298 083
Goods and services	132 415	(44 478)	-	87 937	87 937	-	100.0%	131 919	133 925
Interest and rent on land	-	289	-	289	289	-	100.0%	105	105
<b>Transfers and subsidies</b>	<b>3 026</b>	<b>-686</b>	<b>-</b>	<b>2 340</b>	<b>2 340</b>	<b>-</b>	<b>100.0%</b>	<b>1 774</b>	<b>1 774</b>
Provinces and municipalities	73	28	-	101	101	-	100.0%	78	78
Non-profit institutions									
Households	2 953	-714	-	2 239	2 239	-	100.0%	1 696	1 696
<b>Payments for capital assets</b>	<b>3</b>	<b>694</b>	<b>-</b>	<b>697</b>	<b>697</b>	<b>-</b>	<b>100.0%</b>	<b>3 629</b>	<b>1 623</b>
Buildings and other fixed structures	-	305	-	305	305	-	100.0%		
Machinery and equipment	3	389	-	392	392	-	100.0%	3 629	1 623
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>400 145</b>	<b>(2 940)</b>	<b>-</b>	<b>397 205</b>	<b>397 205</b>	<b>-</b>	<b>100.0%</b>	<b>435 510</b>	<b>435 510</b>

## AFS 1.4.4 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.4 – Other Community Services

Table 219 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.4 – Other Community Services

Programme 2: District Health Services 2.4 Other Community Services	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>42 192</b>	<b>(5 457)</b>	<b>-</b>	<b>36 735</b>	<b>36 735</b>	<b>-</b>	<b>100.0%</b>	<b>52 004</b>	<b>53,354</b>
Compensation of employees	29 018	(2 317)	-	26 701	26 701	-	100.0%	32 080	32 080
Goods and services	13 174	(3 140)	-	10 034	10 034	-	100.0%	19 924	21 274
Interest and rent on land									
<b>Transfers and subsidies</b>	<b>-</b>	<b>186</b>	<b>-</b>	<b>186</b>	<b>186</b>	<b>-</b>	<b>100.0%</b>	<b>29</b>	<b>29</b>
Provinces and municipalities									
Households	-	186	-	186	186	-	100.0%	29	29
<b>Payments for capital assets</b>	<b>241</b>	<b>491</b>	<b>-</b>	<b>732</b>	<b>732</b>	<b>-</b>	<b>100.0%</b>	<b>1 539</b>	<b>189</b>
Buildings and other fixed structures									
Machinery and equipment	241	491	-	732	732	-	100.0%	1 539	189
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>42 433</b>	<b>(4 780)</b>	<b>-</b>	<b>37 653</b>	<b>37 653</b>	<b>-</b>	<b>100.0%</b>	<b>53 572</b>	<b>53 572</b>

**AFS 1.4.5 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.5 HIV/Aids**

Table 220 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.5 – HIV/Aids

Programme 2: District Health Services 2.5 HIV/Aids	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>770 042</b>	<b>(14 801)</b>	<b>-</b>	<b>755 241</b>	<b>755 241</b>	<b>-</b>	<b>100.0%</b>	<b>613 520</b>	<b>661 084</b>
Compensation of employees	331 448	(44 488)	-	286 960	286 960	-	100.0%	267 557	267 557
Goods and services	433 574	25 590	-	459 164	459 164	-	100.0%	343 252	390 816
Interest and rent on land	5 020	4 097	-	9 117	9 117	-	100.0%	2 711	2 711
<b>Transfers and subsidies</b>	<b>481</b>	<b>31</b>	<b>-</b>	<b>512</b>	<b>512</b>	<b>-</b>	<b>100.0%</b>	<b>708</b>	<b>708</b>
Provinces and municipalities	-	1	-	1	1	-	100.0%	86	86
Households	481	30	-	511	511	-	100.0%	622	622
<b>Payments for capital assets</b>	<b>9 230</b>	<b>7 882</b>	<b>-</b>	<b>17 112</b>	<b>17 112</b>	<b>-</b>	<b>100.0%</b>	<b>64 569</b>	<b>7 442</b>
Buildings and other fixed structures								598	598
Machinery and equipment	2 887	-93	-	2 794	2 794	-	100.0%	63 971	6 844
Intangible assets	6 343	7 975	-	14 318	14 318	-	100.0%	-	-
<b>Payments for financial assets</b>									
<b>Total</b>	<b>779 753</b>	<b>-6 888</b>	<b>-</b>	<b>772 865</b>	<b>772 865</b>	<b>-</b>	<b>100.0%</b>	<b>678 797</b>	<b>669 234</b>

## AFS 1.4.6 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.6 - Nutrition

Table 221 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.6 – Nutrition

Programme 2: District Health Services 2.6 Nutrition	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>7 531</b>	<b>(3 159)</b>	<b>-</b>	<b>4 372</b>	<b>4 372</b>	<b>-</b>	<b>100.0%</b>	<b>3 363</b>	<b>3 439</b>
Compensation of employees	4 128	(2 369)	-	1 759	1 759	-	100.0%	2 138	2 138
Goods and services	3 403	-790	-	2 613	2 613	-	100.0%	1 225	1 301
Interest and rent on land									
<b>Transfers and subsidies</b>								<b>20</b>	<b>20</b>
Provinces and municipalities									
Households								20	20
<b>Payments for capital assets</b>	<b>105</b>	<b>27</b>	<b>-</b>	<b>132</b>	<b>132</b>	<b>-</b>	<b>100.0%</b>	<b>100</b>	<b>24</b>
Buildings and other fixed structures									
Machinery and equipment	105	27	-	132	132	-	100.0%	100	24
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>7 636</b>	<b>(3 132)</b>	<b>-</b>	<b>4 504</b>	<b>4 504</b>	<b>-</b>	<b>100.0%</b>	<b>3 483</b>	<b>3 483</b>

## AFS 1.4.7 Appropriation Statement for Programme 2 – District Health Services: Sub-Programme 2.7 – District Hospitals

Table 222 Appropriation Statement: Programme 2 – District Health Services: Sub-Programme 2.7 – District Hospitals

Programme 2: District Health Services 2.7 District Hospitals	2022/23							2021/22	
	Approved Budget R'000	Shifting of Funds R'000	Virement R'000	Final Budget R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final Budget %	Final Budget R'000	Actual Expenditure R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>717 674</b>	<b>(54 413)</b>	<b>-826</b>	<b>659 435</b>	<b>659 435</b>	<b>-</b>	<b>100.0%</b>	<b>719 614</b>	<b>725 209</b>
Compensation of employees	544 737	(49 111)	-	495 626	496 626	-	100.0%	523 283	523 283
Goods and services	172 803	(8 448)	-826	163 529	163 529	-	100.0%	195 846	201 441
Interest and rent on land	134	146	-	280	280	-	100.0%	485	485
<b>Transfers and subsidies</b>	<b>1 004</b>	<b>26 008</b>	<b>-</b>	<b>27 012</b>	<b>27 012</b>	<b>-</b>	<b>100.0%</b>	<b>4 593</b>	<b>4 593</b>
Provinces and municipalities	-	13	-	13	13	-	100.0%	14	14
Public corporations and private enterprises	-	38	-	38	38	-	100.0%	33	33
Non-profit institutions									
Households	1 004	25 957	-	26 961	26 961	-	100.0%	4 546	4 546
<b>Payments for capital assets</b>	<b>4 763</b>	<b>55 206</b>	<b>-</b>	<b>59 969</b>	<b>11 483</b>	<b>48 486</b>	<b>19.1%</b>	<b>11 718</b>	<b>6 123</b>
Buildings and other fixed structures									751
Machinery and equipment	4 763	55 206	-	59 969	11 483	48 486	19.1%	11 718	5 372
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>723 441</b>	<b>23 801</b>	<b>-826</b>	<b>746 416</b>	<b>697 930</b>	<b>48 486</b>	<b>93.5%</b>	<b>735 925</b>	<b>735 925</b>



## **AFS 1.5 Appropriation Statement for Programme 3 – Emergency Medical Services**

Table 223 Appropriation Statement: Programme 3 – Emergency Medical Services

Programme 3: Emergency Medical Services	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
Emergency transport	427 911	-	2 368	430 279	416 648	13 631	96.8%	403 976	401 684
Planned patient transport	-	-	-	-	-	-	-	6 627	5 750
<b>Total for sub programmes</b>	<b>427 911</b>	<b>-</b>	<b>2 368</b>	<b>430 279</b>	<b>416 648</b>	<b>13 631</b>	<b>96.8%</b>	<b>410 603</b>	<b>407 434</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>368 424</b>	<b>30 543</b>	<b>2 368</b>	<b>401 335</b>	<b>398 350</b>	<b>2 985</b>	<b>99.3%</b>	<b>380 445</b>	<b>392 352</b>
Compensation of employees	249 470	1 928	-	251 398	251 398	-	100.0%	253 225	253 225
Goods and services	115 805	28 615	2 368	146 788	143 803	2 985	98.0%	120 130	132 037
Interest and rent on land	3 149	-	-	3 149	3 149	-	100.0%		
<b>Transfers and subsidies</b>	<b>527</b>	<b>-209</b>	<b>-</b>	<b>318</b>	<b>318</b>	<b>-</b>	<b>100.0%</b>	<b>831</b>	<b>831</b>
Provinces and municipalities	-	28	-	28	28	-	100.0%	208	208
Households	527	-237	-	290	290	-	100.0%	623	623
<b>Payments for capital assets</b>	<b>58 960</b>	<b>(30 334)</b>	<b>-</b>	<b>28 626</b>	<b>17 980</b>	<b>10 646</b>	<b>62.8%</b>	<b>29 327</b>	<b>14 251</b>
Buildings and other fixed structures								415	415
Machinery and equipment	58 960	(30 334)	-	28 626	17 980	10 646	62.8%	28 912	13 836
Transport equipment	58 960	(30 383)	-	28 577	17 931	10 646	62.7%	13 836	13 836
Other Machinery and equipment	-	49	-	49	49		100.0%	15 076	-
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>427 911</b>	<b>-</b>	<b>2 368</b>	<b>430 279</b>	<b>416 648</b>	<b>13 631</b>	<b>96.8%</b>	<b>410 603</b>	<b>407 434</b>

## AFS 1.5.1 Appropriation Statement for Programme 3 – Emergency Medical Services: Sub-Programme 3.1 – Emergency Transport

Table 224 Appropriation Statement: Programme 3 – Emergency Medical Services: Sub-Programme 3.1 – Emergency Transport

Programme 3: Emergency Medical Services 3.1 Emergency Transport	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>368 424</b>	<b>30 543</b>	<b>2 368</b>	<b>401 335</b>	<b>398 350</b>	<b>2 985</b>	<b>99.3%</b>	<b>373 818</b>	<b>386 602</b>
Compensation of employees	249 470	1 928	-	251 398	251 398	-	100.0%	247 479	247 479
Goods and services	115 805	28 615	2 368	146 788	143 803	2 985	98.0%	119 249	132 033
Interest and rent on land	3 149	-	-	3 149	3 149	-	100.0%	7 090	7 090
<b>Transfers and subsidies</b>	<b>527</b>	<b>-209</b>	<b>-</b>	<b>318</b>	<b>318</b>	<b>-</b>	<b>100.0%</b>	<b>831</b>	<b>831</b>
Provinces and municipalities	-	28	-	28	28	-	100.0%	208	208
Households	527	-237	-	290	290	-	527	623	623
<b>Payments for capital assets</b>	<b>58 960</b>	<b>(30 334)</b>	<b>-</b>	<b>28 626</b>	<b>17 980</b>	<b>10 646</b>	<b>62.8%</b>	<b>29 327</b>	<b>14 251</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	415	415
Machinery and equipment	58 960	(30 334)	-	28 626	17 980	10 646	62.8%	28 912	13 836
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>427 911</b>	<b>-</b>	<b>2 368</b>	<b>430 279</b>	<b>416 648</b>	<b>13 631</b>	<b>96.8%</b>	<b>403 976</b>	<b>401 684</b>

## AFS 1.5.2 Appropriation Statement for Programme 3 – Emergency Medical Services: Sub-Programme 3.2 – Planned Patient Transport

Table 225 Appropriation Statement: Programme 3 – Emergency Medical Services: Sub-Programme 3.2 – Planned Patient Transport

Programme 3: Emergency Medical Services 3.2 Planned Patient Transport	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	-	-	-	-	-	-	-	6 627	5 750
Compensation of employees	-	-	-	-	-	-	-	5 746	5 746
Goods and services	-	-	-	-	-	-	-	881	4
Interest and rent on land	-	-	-	-	-	-	-		
<b>Transfers and subsidies</b>	-	-	-	-	-	-	-		
Provinces and municipalities	-	-	-	-	-	-	-		
Households	-	-	-	-	-	-	-		
<b>Payments for capital assets</b>	-	-	-	-	-	-	-		
Buildings and other fixed structures	-	-	-	-	-	-	-		
Machinery and equipment	-	-	-	-	-	-	-		
Intangible assets	-	-	-	-	-	-	-		
<b>Payments for financial assets</b>									
<b>Total</b>	-	-	-	-	-	-	-	6 627	5 750

## AFS 1.6 Appropriation Statement for Programme 4 – Provincial Hospital Services

Table 226 Appropriation Statement: Programme 4 – Provincial Hospital Services

Programme 4: Provincial Hospitals	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub Programme</b>									
General (Regional) Hospitals	309 995	2 092	-	312 087	312 087	-	100.0%	328 044	328 044
Tuberculosis	22 674	(2 339)	-36	20 299	20 299	-	100.0%	19 117	18 935
Psychiatric/Mental Hospitals	120 968	247	-	121 215	121 215	-	100.0%	123 254	123 254
<b>Total for sub programmes</b>	<b>453 637</b>	<b>-</b>	<b>-36</b>	<b>453 601</b>	<b>453 601</b>	<b>-</b>	<b>100.0%</b>	<b>470 415</b>	<b>470 233</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>449 159</b>	<b>2 521</b>	<b>-36</b>	<b>451 644</b>	<b>451 644</b>	<b>-</b>	<b>100.0%</b>	<b>441 176</b>	<b>461 103</b>
Compensation of employees	331 065	889	-	331 954	331 954	-	100.0%	332,797	332,797
Goods and services	112 917	4 590	-36	117 471	117 471	-	100.0%	102,714	122,641
Interest and rent on land	5 177	(2 958)	-	2 219	2 219	-	100.0%		
<b>Transfers and subsidies</b>	<b>2 988</b>	<b>(2 492)</b>	<b>-</b>	<b>496</b>	<b>496</b>	<b>-</b>	<b>100.0%</b>	<b>9 010</b>	<b>9 010</b>
Provinces and municipalities	1 509	(1 509)	-	-	-			8 391	8 391
Non-profit institutions									
Households	1 479	-983	-	496	496	-	100.0%	619	619
<b>Payments for capital assets</b>	<b>1 490</b>	<b>-29</b>	<b>-</b>	<b>1 461</b>	<b>1 461</b>	<b>-</b>	<b>100.0%</b>	<b>20,229</b>	<b>120</b>
Buildings and other fixed structures									
Machinery and equipment	1 490	-29	-	1 461	1 461	-	100.0%	20 229	120
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>453 637</b>	<b>-</b>	<b>-36</b>	<b>453 601</b>	<b>453 601</b>	<b>-</b>	<b>100.0%</b>	<b>470 415</b>	<b>470 233</b>

## AFS 1.6.1 Appropriation Statement for Programme 4 – Provincial Hospital Services: Sub-Programme 4.1 – General (Regional) Hospital

Table 227 Appropriation Statement: Programme 4 – Provincial Hospital Services: Sub-Programme 4.1 – General (Regional) Hospital

Programme 4: Provincial Hospitals 4.1 General (Regional) Hospital	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>307 779</b>	<b>3 618</b>	<b>-</b>	<b>311 397</b>	<b>311 397</b>	<b>-</b>	<b>100.0%</b>	<b>299 178</b>	<b>319 085</b>
Compensation of employees	226 977	-723	-	226 254	226 254	-	100.0%	223 128	223 128
Goods and services	75 625	7 474	-	83 099	83 099	-	100.0%	73 796	93 703
Interest and rent on land	5 177	(3 133)	-	2 044	2 044	-	100.0%	2 254	2 254
<b>Transfers and subsidies</b>	<b>2 216</b>	<b>(1 988)</b>	<b>-</b>	<b>228</b>	<b>228</b>	<b>-</b>	<b>100.0%</b>	<b>8 866</b>	<b>8 866</b>
Provinces and municipalities	1 509	(1 509)	-	-	-	-	100.0%	8 391	8 391
Households	707	-479	-	228	228	-	100.0%	475	475
<b>Payments for capital assets</b>	<b>-</b>	<b>462</b>	<b>-</b>	<b>462</b>	<b>462</b>	<b>-</b>	<b>100.0%</b>	<b>20 000</b>	<b>93</b>
Buildings and other fixed structures									
Machinery and equipment	-	462	-	462	462	-	100.0%	20 000	93
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>309 995</b>	<b>2 092</b>	<b>-</b>	<b>312 087</b>	<b>312 087</b>	<b>-</b>	<b>100.0%</b>	<b>328 044</b>	<b>328 044</b>

## AFS 1.6.2 Appropriation Statement for Programme 4 – Provincial Hospital Services: Sub-Programme 4.2 – Tuberculosis Hospital

Table 228 Appropriation Statement: Programme 4 – Provincial Hospital Services: Sub-Programme 4.2 – Tuberculosis Hospital

Programme 4: Provincial Hospitals 4.2 Tuberculosis Hospital	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	22 122	(1 796)	-36	20 290	20 290	-	100.0%	18 888	18 935
Compensation of employees	18 113	1 763	-	19 876	19 876	-	100.0%	18 183	18 183
Goods and services	4 009	(3 559)	-36	414	414	-	100.0%	705	752
Interest and rent on land									
<b>Transfers and subsidies</b>	312	-303	-	9	9	-	100.0%		
Provinces and municipalities									
Households	312	-303	-	9	9	-	100.0%		
<b>Payments for capital assets</b>	240	-240	-	-	-		-	229	
Buildings and other fixed structures									
Machinery and equipment	240	-240	-	-	-		-	229	
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	22 674	(2 339)	-36	20 299	20 299	-	100.0%	19 117	19 117

### AFS 1.6.3 Appropriation Statement for Programme 4 – Provincial Hospital Services: Sub-Programme 4.3 – Psychiatric / Mental Hospital

Table 229 Appropriation Statement: Programme 4 – Provincial Hospital Services: Sub-Programme 4.3 – Psychiatric / Mental Hospital

Programme 4: Provincial Hospitals 4.3 Psychiatric / Mental Hospital	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>119 258</b>	<b>699</b>	<b>-</b>	<b>119 957</b>	<b>119 957</b>	<b>-</b>	<b>100.0%</b>	<b>123 110</b>	<b>123 083</b>
Compensation of employees	85 975	-151	-	85 824	85 824	-	100.0%	91 486	91 486
Goods and services	33 283	675	-	33 958	33 958	-	100.0%	31 624	31 597
Interest and rent on land	-	175	-	175	175	-	100.0%	-	-
<b>Transfers and subsidies</b>	<b>460</b>	<b>-201</b>	<b>-</b>	<b>259</b>	<b>259</b>	<b>-</b>	<b>100.0%</b>	<b>144</b>	<b>144</b>
Provinces and municipalities									
Households	460	-201	-	259	259	-	100.0%	144	144
<b>Payments for capital assets</b>	<b>1 250</b>	<b>-251</b>	<b>-</b>	<b>999</b>	<b>999</b>	<b>-</b>	<b>100.0%</b>		<b>27</b>
Buildings and other fixed structures									
Machinery and equipment	1 250	-251	-	999	999	-	100.0%		27
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>120 968</b>	<b>247</b>	<b>-</b>	<b>121 215</b>	<b>121 215</b>	<b>-</b>	<b>100.0%</b>	<b>123 254</b>	<b>123 254</b>

## AFS 1.7 Appropriation Statement for Programme 5 – Tertiary Hospital Services

Table 230 Appropriation Statement: Programme 5 – Tertiary Hospital Services

Programme 5: Provincial Tertiary Hospital Services	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub Programme</b>									
Provincial Tertiary Hospital	1 258 292	-	811	1 259 103	1 259 103	-	100.0%	1 212 972	1 211 672
<b>Total for sub programmes</b>	<b>1 258 292</b>	<b>-</b>	<b>811</b>	<b>1 259 103</b>	<b>1 259 103</b>	<b>-</b>	<b>100.0%</b>	<b>1 212 972</b>	<b>1 211 672</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>1 223 355</b>	<b>(44 803)</b>	<b>-</b>	<b>1 178 552</b>	<b>1 178 552</b>	<b>-</b>	<b>100.0%</b>	<b>1 166 668</b>	<b>1 184 024</b>
Compensation of employees	845 631	(96 849)	-	748 782	748 782	-	100.0%	795 215	795 215
Goods and services	377 712	52 046	-	429 758	429 758	-	100.0%	371 452	388 808
Interest and rent on land	12	-	-	12	12	-	100.0%	1	1
<b>Transfers and subsidies</b>	<b>6 263</b>	<b>29 402</b>	<b>-</b>	<b>35 665</b>	<b>35 665</b>	<b>-</b>	<b>100.0%</b>	<b>6 364</b>	<b>6 364</b>
Provinces and municipalities									
Households	6 263	29 402	-	35 665	35 665	-	100.0%	6 364	6 364
<b>Payments for capital assets</b>	<b>28 674</b>	<b>15 401</b>	<b>811</b>	<b>44 886</b>	<b>44 886</b>	<b>-</b>	<b>100.0%</b>	<b>39 940</b>	<b>21 284</b>
Buildings and other fixed structures	10 531	(1 474)	-	9 057	9 057	-	100.0%	-	-
Machinery and equipment	18 143	16 875	811	35 829	35 829	-	100.0%	39 940	21 284
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>1 258 292</b>	<b>-</b>	<b>811</b>	<b>1 259 103</b>	<b>1 259 103</b>	<b>-</b>	<b>100.0%</b>	<b>1 212 972</b>	<b>1 211 672</b>



## **AFS 1.8 Appropriation Statement: Programme 6 – Health Sciences and Training**

Table 231 Appropriation Statement: Programme 6 – Health Sciences and Training

Programme 6: Health Sciences and Training	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
Nursing Training College	83 011	16 438	-	99 449	99 449	-	100.0%	118 945	118 945
EMS Training College	5 842	542	-	6 384	6 384	-	100.0%	292	292
Bursaries	47 870	(46 759)	-	1 111	1 111	-	100.0%	31 356	29 984
Primary Health Care Training	2 061	(2 061)	-	-	-	-	-	1 967	
Training Other	35 945	31 840	(2 705)	65 080	65 080	-	100.0%	3 682	1 311
<b>Total for sub programmes</b>	<b>174 729</b>	<b>-</b>	<b>(2 705)</b>	<b>172 024</b>	<b>172 024</b>	<b>-</b>	<b>100.0%</b>	<b>156 242</b>	<b>150 532</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>156 366</b>	<b>16 358</b>	<b>(2 705)</b>	<b>170 019</b>	<b>170 019</b>	<b>-</b>	<b>100.0%</b>	<b>152 540</b>	<b>148 934</b>
Compensation of employees	54 799	71 436	-	126 235	126 235	-	100.0%	68 500	68 500
Goods and services	101 566	(55 086)	(2 705)	43 775	43 775	-	100.0%	84 039	80 433
Interest and rent on land	1	8	-	9	9	-	100.0%	1	1
<b>Transfers and subsidies</b>	<b>16 887</b>	<b>(16 693)</b>	<b>-</b>	<b>194</b>	<b>194</b>	<b>-</b>	<b>100.0%</b>	<b>1 598</b>	<b>1 598</b>
Households	16 887	(16 693)	-	194	194	-	100.0%	1 598	1 598
<b>Payments for capital assets</b>	<b>1 476</b>	<b>335</b>	<b>-</b>	<b>1 811</b>	<b>1 811</b>	<b>-</b>	<b>100.0%</b>	<b>2 104</b>	<b>-</b>
Buildings and other fixed structures	-	1 732	-	1 732	1 732	-	100.0%	-	-
Machinery and equipment	1 476	(1 397)	-	79	79	-	100.0%	2 104	-
Intangible assets									
<b>Total</b>	<b>174 729</b>	<b>-</b>	<b>(2 705)</b>	<b>172 024</b>	<b>172 024</b>	<b>-</b>	<b>100.0%</b>	<b>156 242</b>	<b>150 532</b>

**AFS 1.8.1 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.1 – Nursing Training College**

Table 232 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.1 – Nursing Training College

Programme 6: Health Sciences and Training 6.1 Nursing Training College	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>82 189</b>	<b>15 326</b>	<b>-</b>	<b>97 515</b>	<b>97 515</b>	<b>-</b>	<b>100.0%</b>	<b>117 487</b>	<b>118 857</b>
Compensation of employees	32 521	35 415	-	67 936	67 936	-	100.0%	68 604	67 870
Goods and services	49 667	(20 097)	-	29 570	29 570	-	100.0%	48 882	50 986
Interest and rent on land	1	8	-	9	9	-	100.0%	1	1
<b>Transfers and subsidies</b>	<b>115</b>	<b>26</b>	<b>-</b>	<b>141</b>	<b>141</b>	<b>-</b>	<b>100.0%</b>	<b>88</b>	<b>88</b>
Provinces and municipalities									
Households	115	26	-	141	141	-	100.0%	88	88
<b>Payments for capital assets</b>	<b>707</b>	<b>1 086</b>	<b>-</b>	<b>1 793</b>	<b>1 793</b>	<b>-</b>	<b>100.0%</b>	<b>1 370</b>	<b>-</b>
Buildings and other fixed structures	-	1 732	-	1 732	1 732	-	100.0%	-	-
Machinery and equipment	707	-646	-	61	61	-	100.0%	1 370	-
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>83 011</b>	<b>16 438</b>	<b>-</b>	<b>99 449</b>	<b>99 449</b>	<b>-</b>	<b>100.0%</b>	<b>118 945</b>	<b>118 945</b>

**AFS 1.8.2 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.2 – EMS Training College**

Table 233 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.2 - EMS Training College

Programme 6: Health Sciences and Training 6.2 EMS Training College	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	5 073	1 299	-	6 372	6 372	-	100.0%	-442	292
Compensation of employees	3 345	2 214	-	5 559	5 559	-	100.0%	-442	292
Goods and services	1 728	-915	-	813	813	-	100.0%	-	-
Interest and rent on land									
<b>Transfers and subsidies</b>	-	12	-	12	12	-	100.0%	-	-
Provinces and municipalities									
Households	-	12	-	12	12	-	100.0%	-	-
<b>Payments for capital assets</b>	769	-769	-	-	-	-	100.0%	734	-
Buildings and other fixed structures									
Machinery and equipment	769	-769	-	-	-	-	100.0%	734	-
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>5 842</b>	<b>542</b>	<b>-</b>	<b>6 384</b>	<b>6 384</b>	<b>-</b>	<b>100.0%</b>	<b>292</b>	<b>292</b>

**AFS 1.8.3 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.3 – Bursaries**

Table 234 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.3 – Bursaries

Programme 6: Health Sciences and Training 6.3 Bursaries	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>31 098</b>	<b>(30 046)</b>	<b>-</b>	<b>1 052</b>	<b>1 052</b>	<b>-</b>	<b>100.0%</b>	<b>29 474</b>	<b>28 475</b>
Compensation of employees	18 082	(17 267)	-	815	815	-	100.0%	214	214
Goods and services	13 016	(12 779)	-	237	237	-	100.0%	29 632	28 260
Interest and rent on land									
<b>Transfers and subsidies</b>	<b>16 772</b>	<b>(16 731)</b>	<b>-</b>	<b>41</b>	<b>41</b>	<b>-</b>	<b>100.0%</b>	<b>1 510</b>	<b>1 510</b>
Provinces and municipalities									
Households	16 772	(16 731)	-	41	41	-	100.0%	1 510	1 510
<b>Payments for capital assets</b>	<b>-</b>	<b>18</b>	<b>-</b>	<b>18</b>	<b>18</b>	<b>-</b>	<b>100.0%</b>	<b>-</b>	<b>-</b>
Buildings and other fixed structures									
Machinery and equipment	-	18	-	18	18	-	100.0%	-	-
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>47 870</b>	<b>(46 759)</b>	<b>-</b>	<b>1 111</b>	<b>1 111</b>	<b>-</b>	<b>100.0%</b>	<b>31 356</b>	<b>29 984</b>

**AFS 1.8.4 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.4 - Primary Health Care Training**

Table 235 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.4 – Primary Health Care Training

Programme 6: Health Sciences and Training 6.4 Primary Health Care Training	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	2 061	(2 061)	-	-	-	-	-	1 967	-
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	2 061	(2 061)	-	-	-	-	-	1 967	-
Interest and rent on land									
<b>Transfers and subsidies</b>	-	-	-	-	-	-	-		
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
<b>Payments for capital assets</b>	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Intangible assets	-	-	-	-	-	-	-	-	-
<b>Payments for financial assets</b>									
<b>Total</b>	2 061	(2 061)						1 967	-

**AFS 1.8.5 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.5 – Training Other**

Table 236 Appropriation Statement: Programme 6 – Health Sciences and Training: Sub-Programme 6.5 – Training Other

Programme 6: Health Sciences and Training 6.5 Training Other	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>35 945</b>	<b>31 840</b>	<b>(2 705)</b>	<b>65 080</b>	<b>65 080</b>	<b>-</b>	<b>100.0%</b>	<b>3 682</b>	<b>1 311</b>
Compensation of employees	851	51 074	-	51 925	51 925	-	100.0%	124	124
Goods and services	35 094	(19 234)	(2 705)	13 155	13 155	-	100.0%	3 558	1 187
Interest and rent on land									
<b>Transfers and subsidies</b>									
Provinces and municipalities									
Households									
<b>Payments for capital assets</b>									
Buildings and other fixed structures									
Machinery and equipment									
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>35 945</b>	<b>31 840</b>	<b>(2 705)</b>	<b>65 080</b>	<b>65 080</b>	<b>-</b>	<b>100.0%</b>	<b>3 682</b>	<b>1 311</b>

## AFS 1.9 Appropriation Statement: Programme 7 – Healthcare Support Services

Table 237 Appropriation Statement: Programme 7 – Healthcare Support Services

Programme 7: Health Care Support Services	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
Laundry Service	21 517	1 874	-	23 391	23 391	-	100.0%	19 141	19 141
Engineering	9 837	-572	-	9 265	9 265	-	100.0%	11 987	9 623
Forensic services	46 247	(9 783)	-	36 464	36 464	-	100.0%	42 569	35 598
Orthotic and Prosthetic Services	12 964	(9 121)	-	3 843	3 843	-	100.0%	3 820	3 248
Medicine Trading Account	43 050	17 602	-148	60 504	60 504	-	100.0%	107 878	107 878
<b>Total for sub programmes</b>	<b>133 615</b>	<b>-</b>	<b>-148</b>	<b>133 467</b>	<b>133 467</b>	<b>-</b>	<b>100.0%</b>	<b>185 395</b>	<b>175 488</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>128 828</b>	<b>1 815</b>	<b>-</b>	<b>130 643</b>	<b>130 643</b>	<b>-</b>	<b>100.0%</b>	<b>180 424</b>	<b>171 532</b>
Compensation of employees	84 355	(4 230)	-	80 125	80 125	-	100.0%	76 464	76 464
Goods and services	44 473	6 045	-	50 518	50 518	-	100.0%	103 954	95 062
Interest and rent on land	-	-	-	-	-	-	-	6	6
<b>Transfers and subsidies</b>	<b>280</b>	<b>-3</b>	<b>-</b>	<b>277</b>	<b>277</b>	<b>-</b>	<b>100.0%</b>	<b>670</b>	<b>670</b>
Provinces and municipalities									
Households	280	-3	-	277	277	-	100.0%	670	670
<b>Payments for capital assets</b>	<b>4 507</b>	<b>(1 812)</b>	<b>-148</b>	<b>2 547</b>	<b>2 547</b>	<b>-</b>	<b>100.0%</b>	<b>4 301</b>	<b>3 286</b>
Buildings and other fixed structures	-	151	-	151	151	-	100.0%	65	73
Machinery and equipment	4 507	(1 963)	-148	2 396	2 396	-	100.0%	4 228	3 213
<b>Total</b>	<b>133 615</b>	<b>-</b>	<b>-148</b>	<b>133 467</b>	<b>133 467</b>	<b>-</b>	<b>100.0%</b>	<b>185 395</b>	<b>175 488</b>

**AFS 1.9.1 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.1 – Laundry Services**

Table 238 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.1 – Laundry Services

Programme 7: Health Care Support Services 7.1 Laundry Services	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>21 447</b>	<b>1 897</b>	<b>-</b>	<b>23 344</b>	<b>23 344</b>	<b>-</b>	<b>100.0%</b>	<b>19 121</b>	<b>18 682</b>
Compensation of employees	9 895	(2 684)	-	7 211	7 211	-	100.0%	7 066	7 066
Goods and services	11 552	4 581	-	16 133	16 133	-	100.0%	12 055	11 616
Interest and rent on land									
<b>Transfers and subsidies</b>	<b>70</b>	<b>-23</b>	<b>-</b>	<b>47</b>	<b>47</b>	<b>-</b>	<b>100.0%</b>	<b>20</b>	<b>20</b>
Households	70	-23	-	47	47	-	100.0%	20	20
<b>Payments for capital assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>			<b>439</b>
Buildings and other fixed structures									
Machinery and equipment								439	-439
<b>Payments for financial assets</b>									
<b>Total</b>	<b>21 517</b>	<b>1 874</b>	<b>-</b>	<b>23 391</b>	<b>23 391</b>	<b>-</b>	<b>100.0%</b>	<b>19 141</b>	<b>19 141</b>



## AFS 1.9.2 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.2 - Engineering

Table 239 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.2 – Engineering

Programme 7: Health Care Support Services 7.2 Engineering	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	9 837	-662	-	9 175	9 175	-	100.0%	11 858	9 494
Compensation of employees	8 400	770	-	9 170	9 170	-	100.0%	9 494	9 494
Goods and services	1 437	(1 432)	-	5	5	-	100.0%	2 364	-
Interest and rent on land									
<b>Transfers and subsidies</b>	-	90	-	90	90	-	100.0%	129	129
Households	-	90	-	90	90	-	100.0%	129	129
<b>Payments for capital assets</b>									
Buildings and other fixed structures									
Machinery and equipment									
<b>Payments for financial assets</b>									
<b>Total</b>	9 837	-572	-	9 265	9 265	-	100.0%	11 987	9 623

**AFS 1.9.3 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.3 – Forensic Services**

Table 240 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.3 – Forensic Services

Programme 7: Health Care Support Services 7.3 Forensic Services	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>44 810</b>	<b>(9 558)</b>	<b>-</b>	<b>35 252</b>	<b>35 252</b>	<b>-</b>	<b>100.0%</b>	<b>41 103</b>	<b>34 946</b>
Compensation of employees	32 306	35	-	32 341	32 341	-	100.0%	30 974	30 974
Goods and services	12 504	(9 593)	-	2 911	2 911	-	100.0%	10 127	3 970
Interest and rent on land	-	-	-	-	-	-	-	2	2
<b>Transfers and subsidies</b>	<b>210</b>	<b>-70</b>	<b>-</b>	<b>140</b>	<b>140</b>	<b>-</b>	<b>100.0%</b>	<b>295</b>	<b>295</b>
Households	210	-70	-	140	140	-	100.0%	295	295
<b>Payments for capital assets</b>	<b>1 227</b>	<b>-155</b>	<b>-</b>	<b>1 072</b>	<b>1 072</b>	<b>-</b>	<b>100.0%</b>	<b>1 171</b>	<b>357</b>
Buildings and other fixed structures	-	143	-	143	143	-	100.0%	10	10
Machinery and equipment	1 227	-298	-	929	929	-	100.0%	1 161	347
<b>Payments for financial assets</b>									
<b>Total</b>	<b>46 247</b>	<b>(9 783)</b>	<b>-</b>	<b>36 464</b>	<b>36 464</b>	<b>-</b>	<b>100.0%</b>	<b>42 569</b>	<b>35 598</b>

**AFS 1.9.4 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.4 - Orthotic and Prosthetic Services**

Table 241 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.4 – Orthotic and Prosthetic Services

Programme 7: Health Care Support Services 7.4 Orthotic and Prosthetic Services	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	12 487	(8 988)	-	3 499	3 499	-	100.0%	3 139	2 973
Compensation of employees	4 032	(1 272)	-	2 760	2 760	-	100.0%	2 380	2 380
Goods and services	8 455	(7 716)	-	739	739	-	100.0%	759	593
Interest and rent on land									
<b>Transfers and subsidies</b>	-	-	-	-	-	-		226	226
Households	-	-	-	-	-	-		226	226
<b>Payments for capital assets</b>	477	-133	-	344	344	-	100.0%	455	49
Buildings and other fixed structures									
Machinery and equipment	477	-133	-	344	344	-	100.0%	455	49
<b>Payments for financial assets</b>									
<b>Total</b>	<b>12 964</b>	<b>(9 121)</b>	<b>-</b>	<b>3 843</b>	<b>3 843</b>	<b>-</b>	<b>100.0%</b>	<b>3 820</b>	<b>3 248</b>

**AFS 1.9.5 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.5 - Medicine Trading Account**

Table 242 Appropriation Statement: Programme 7 – Healthcare Support Services: Sub-Programme 7.5 – Medicine Trading Account

Programme 7: Health Care Support Services 7.5 Medicine Trading Account	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>40 247</b>	<b>19 126</b>	<b>-</b>	<b>59 373</b>	<b>53 373</b>	<b>-</b>	<b>100.0%</b>	<b>105 203</b>	<b>105 437</b>
Compensation of employees	29 722	(1 079)	-	28 643	28 643	-	100.0%	26 550	26 550
Goods and services	10 525	20 205	-	30 730	30730	-	100.0%	78 649	78 883
Interest and rent on land								4	4
<b>Transfers and subsidies</b>									
Households									
<b>Payments for capital assets</b>	<b>2 803</b>	<b>(1 524)</b>	<b>-148</b>	<b>1 131</b>	<b>1 131</b>	<b>-</b>	<b>100.0%</b>	<b>2 675</b>	<b>2 441</b>
Buildings and other fixed structures		8		8	8	-	100.0%	63	63
Machinery and equipment	2 803	(1 532)	-148	1 123	1 123	-	100.0%	2 612	2 378
<b>Payments for financial assets</b>									
<b>Total</b>	<b>43 050</b>	<b>17 602</b>	<b>-148</b>	<b>60 504</b>	<b>60 504</b>	<b>-</b>	<b>100.0%</b>	<b>107 878</b>	<b>107 878</b>

## **AFS 1.10 Appropriation Statement: Programme 8 – Health Facility Management**

Table 243 Appropriation Statement: Programme 8 – Health Facility Management

Programme 8: Health facility Management	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
District Hospital Services	444 942	(72 281)	-	372 661	290 457	82 204	77.9%	70 678	70 678
Provincial Hospital Services	44 471	72 281	-	116 752	116 752	-	100.0%	309 305	309 235
<b>Total for sub programmes</b>	<b>489 413</b>	<b>-</b>	<b>-</b>	<b>489 413</b>	<b>407 209</b>	<b>82 204</b>	<b>83.2%</b>	<b>379 983</b>	<b>379 913</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>326 724</b>	<b>(68 146)</b>	<b>-</b>	<b>258 578</b>	<b>176 374</b>	<b>82 204</b>	<b>68.2%</b>	<b>173 144</b>	<b>210 831</b>
Compensation of employees	33 395	(21 158)	-	12 237	12 237	-	100.0%	12 337	12 337
Goods and services	293 329	(46 988)	-	246 341	164 137	82 204	66.6%	160 807	198 494
Interest and rent on land									
<b>Transfers and subsidies</b>								<b>89</b>	<b>89</b>
Provinces and municipalities									
Households								89	89
<b>Payments for capital assets</b>	<b>162 689</b>	<b>68 146</b>	<b>-</b>	<b>230 835</b>	<b>230 835</b>	<b>-</b>	<b>100.0%</b>	<b>206 750</b>	<b>168 993</b>
Buildings and other fixed structures	157 689	72 595	-	230 284	230 284	-	100.0%	205 854	168 097
Machinery and equipment	5 000	(4 449)	-	551	551	-	100.0%	896	896
Intangible assets									
<b>Payments for financial assets</b>									
<b>Total</b>	<b>489 413</b>	<b>-</b>	<b>-</b>	<b>489 413</b>	<b>407 209</b>	<b>82 204</b>	<b>77.9%</b>	<b>379 983</b>	<b>379 913</b>

## AFS 1.10.1 Appropriation Statement: Programme 8 – Health Facilities Management: Sub-Programme 8.1– District Hospitals

Table 244 Appropriation Statement: Programme 8 – Health Facilities Management: Sub-Programme 8.1– District Hospitals

Programme 8: Health facility Management 8.1 District Hospitals	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>282 253</b>	<b>(87 341)</b>	<b>-</b>	<b>194 912</b>	<b>112 708</b>	<b>82 204</b>	<b>57.8%</b>	<b>8 446</b>	<b>8 446</b>
Compensation of employees	3 304	(3 304)	-	-	-	-	-	-	-
Goods and services	278 949	(84 037)	-	194 912	112 708	82 204	57.8%	8 446	8 446
Interest and rent on land									
<b>Transfers and subsidies</b>									
Households									
<b>Payments for capital assets</b>	<b>162 689</b>	<b>15 060</b>	<b>-</b>	<b>177 749</b>	<b>177 749</b>	<b>-</b>	<b>100.0%</b>	<b>62 232</b>	<b>62 232</b>
Buildings and other fixed structures	157 689	19 509	-	177 198	177 198	-	100.0%	61 611	61 611
Machinery and equipment	5 000	(4 449)	-	551	551	-	100.0%	621	621
<b>Payments for financial assets</b>									
<b>Total</b>	<b>444 942</b>	<b>(72 281)</b>	<b>-</b>	<b>372 661</b>	<b>290 457</b>	<b>82 204</b>	<b>77.9%</b>	<b>70 678</b>	<b>70 678</b>

## AFS 1.10.2 Appropriation Statement: Programme 8 – Health Facilities Management: Sub-Programme 8.2 – Provincial Hospitals

Table 245 Appropriation Statement: Programme 8 – Health Facilities Management: Sub-Programme 8.2 – Provincial Hospitals

Programme 8: Health facility Management 8.2 Provincial Hospitals	2022/23							2021/22	
	Approved Budget	Shifting of Funds	Virement	Final Budget	Actual Expenditure	Variance	Expenditure as % of final Budget	Final Budget	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	44 471	19 195	-	63 666	63 666	-	100.0%	164 698	202 385
Compensation of employees	30 091	(17 854)	-	12 237	12 237	-	100.0%	12 337	12 337
Goods and services	14 380	37 049	-	51 429	51 429	-	100.0%	152 361	190 048
Interest and rent on land									
<b>Transfers and subsidies</b>	-	-	-	-	-	-		89	89
Households	-	-	-	-	-	-		89	89
<b>Payments for capital assets</b>	-	53 086	-	53 086	53 086	-	100.0%	144 518	106 761
Buildings and other fixed structures	-	53 086	-	53 086	53 086	-	100.0%	144 243	106 486
Machinery and equipment								275	275
<b>Payments for financial assets</b>									
<b>Total</b>	<b>44 471</b>	<b>72 281</b>	<b>-</b>	<b>116 752</b>	<b>116 752</b>	<b>-</b>	<b>100.0%</b>	<b>309 305</b>	<b>309 235</b>

## **AFS 2. Notes to the Appropriation Statements**

### **AFS 2.1 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 of the Annual Financial Statements.

### **AFS 2.2 Detail of specifically and exclusively appropriated amounts voted (after Virement):**

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

### **AFS 2.3 Detail on payments for financial assets**

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

### **AFS 2.4 Explanations of Material Variances from Amounts Voted (after Virement)**

*[Appropriation Statement par .17]*

#### **AFS 2.4.1 Per Programme**

*Table 246 Material Variances from Amounts Voted (after Virement): Per Programme*

<b>MATERIAL VARIANCES PER PROGRAMME</b>	<b>Final Budget</b>	<b>Actual Expenditure</b>	<b>Variance</b>	<b>Variance as a % of Final Budget</b>
	<b>R'000</b>	<b>R'000</b>	<b>R'000</b>	<b>%</b>
Administration	280 058	279 990	68	0.0%
District Health Services	2 833 039	2 784 553	48 486	1.7%
Emergency Medical Services	430 279	416 648	13 631	3.1%
Provincial Hospital Services	453 601	453 601	-	0.0%
Central Hospital Services	1 259 103	1 259 103	-	0.0%
Health Sciences and Training	172 024	172 024	-	0.0%
Health Care Support Services	133 467	133 467	-	0.0%
Health Facilities Management	489 413	407 209	82 204	16.8%
<b>Total</b>	<b>6 050 984</b>	<b>5 906 595</b>	<b>144 389</b>	<b>2.4%</b>

#### **District Health Services**

The unspent funds relate to the National Health Insurance conditional grant that were committed but not spent before the end of the financial year. Roll-over of these funds were requested.

#### **Emergency Medical Services**

The unspent funds relate to the Equitable Share procurement of ambulances that were committed but not spent before the end of the financial year. Roll-over of these funds were requested.

#### **Health Facilities Management**

The unspent funds relate to the Health Facility Revitalisation conditional grant that were committed but not spent before the end of the financial year. Roll-over of these funds were requested.



## AFS 2.4.2 Per Economic Classification

Table 247 Material Variances from Amounts Voted (after Virement): Per Economic Classification

MATERIAL VARIANCES PER ECONOMIC CLASSIFICATION	Final Budget	Actual Expenditure	Variance	Variance as a % of Final Budget
	R'000	R'000	R'000	%
<b>Current payments</b>				
Compensation of employees	3 410 157	3 410 157	-	0.0%
Goods and services	2 151 945	2 066 688	85 257	3.9%
Interest and rent on land	15 774	15 774	-	0.0%
<b>Transfers and subsidies</b>				
Provinces and municipalities	641	641	-	0.0%
Departmental agencies and accounts				
Higher education institutions				
Public corporations and private enterprises	38	38	-	0.0%
Foreign governments and international organisations				
Non-profit institutions				
Households	72 219	72 219	-	0.0%
<b>Payments for capital assets</b>				
Buildings and other fixed structures	242 660	242 660	-	0.0%
Machinery and equipment	143 232	84 100	59 132	41.3%
Heritage assets				
Specialised military assets				
Biological assets				
Land and subsoil assets				
Intangible assets	14 318	14 318	-	0.0%
<b>Payments for financial assets</b>				
<b>Total</b>	<b>6 050 984</b>	<b>5 906 595</b>	<b>144 389</b>	<b>2.4%</b>

The unspent funds relate to the conditional grants and the equitable share that were committed but not spent. Roll-over of funds were requested.

## AFS 2.4.3 Per Conditional Grant

Table 248 Material Variances from Amounts Voted (after Virement): Per Conditional Grant

MATERIAL VARIANCES PER CONDITIONAL GRANT	Final Budget	Actual Expenditure	Variance	Variance as a percentage of Final Budget
	R'000	R'000	R'000	%
National Tertiary Services Grant	420 514	420 514	-	0.0%
District Health Programme Grant	767 729	766 033	1 696	0.2%
National Health Insurance	80 511	33 027	47 484	59.0%
Health Facility Revitalisation Grant	444 942	362 731	82 211	18.5%
Social EPWP Incentive Grant	5 718	5 718	-	0.0%
Human Resources, Training and Dev Grant	155 608	155 631	-23	0.0%
<b>Total</b>	<b>1 875 022</b>	<b>1 743 654</b>	<b>131 368</b>	<b>7.0%</b>

A significant portion of the unspent funds relate to the Health Facility Revitalisation and National Health Insurance conditional grants that were committed but not spent. Roll-over of funds were requested.

## AFS 3. Statements of Financial Performance

Table 249 Statement of Financial Performance for the year ended 31<sup>st</sup> March 2023

REVENUE		2022/23	2021/22
	Note	R'000	R'000
Annual appropriation	1	6 050 984	5 915 251
Departmental revenue	2		-
Aid assistance	3	1 353	4 491
<b>TOTAL REVENUE</b>		<b>6 052 337</b>	<b>5 919 742</b>
EXPENDITURE		2022/23	2021/22
	Note	R'000	R'000
<b>Current expenditure</b>			
Compensation of employees	4	3 410 154	3 352 535
Goods and services	5	2 066 719	2 163 102
Interest and rent on land	6	15 774	13 338
Aid assistance	3	2 624	2 267
		<b>5 495 271</b>	<b>5 531 242</b>
<b>Transfers and subsidies</b>			
Transfers and subsidies	7	72 897	49 071
Aid assistance	3		695
		<b>72 897</b>	<b>49 766</b>
<b>Expenditure for capital assets</b>			
Tangible assets	8	326 733	305 346
Intangible assets	8	14 318	-
		<b>341 051</b>	<b>305 346</b>
<b>TOTAL EXPENDITURE</b>		<b>5 909 219</b>	<b>5 886 354</b>
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>140 153</b>	<b>33 388</b>
<b>Reconciliation of Net Surplus/(Deficit) for the year</b>			
Voted funds		144 389	31 859
Annual appropriation		13 021	27 509
Conditional grants		131 368	4 350
Aid assistance	4	-1 271	1 529
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>143 118</b>	<b>33 388</b>

## AFS 4. Statements of Financial Position

Table 250 Statement of Financial Position for the year ended 31<sup>st</sup> March 2023

ASSET		2022/23	2021/22
	Note	R'000	R'000
<b>Current assets</b>		<b>5 638</b>	<b>8 890</b>
Cash and cash equivalents	9	-	1
Prepayments and advances	10	2 897	-
Receivables	11	2 741	8 889
<b>Non-current assets</b>		<b>33 137</b>	<b>24 563</b>
Receivables	11	33 137	24 563
<b>TOTAL ASSETS</b>		<b>35 775</b>	<b>33 453</b>
LIABILITIES		2022/23	2021/22
	Note	R'000	R'000
<b>Current liabilities</b>		<b>445 701</b>	<b>440 379</b>
Voted funds to be surrendered to the Revenue Fund	12	144 389	31 856
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	13	5 963	4 892
Bank overdraft	14	282 787	393 936
Payables	15	8 543	4 198
Aid assistance unutilised	3	4 019	5 497
<b>Non-current liabilities</b>			
<b>TOTAL LIABILITIES</b>		<b>445 701</b>	<b>440 379</b>
<b>NET ASSETS</b>		<b>(406 926)</b>	<b>(406 926)</b>
<b>Represented by:</b>			
Unauthorised expenditure		(406 926)	-406,926
<b>TOTAL</b>		<b>(406 926)</b>	<b>(406 926)</b>

## AFS 5. Statements of Changes in Net Assets

Table 251 Statement of Changes in Net Assets for the year ended 31<sup>st</sup> March 2023

CHANGES IN NET ASSETS	Note	2022/23	2021/22
		R'000	R'000
<b>Capitalisation reserves</b>			-
Opening balance			
Transfers			
Movement in equity			-
Movement in operational funds			-
Other movements			-
Closing balance			-
<b>Recoverable revenue</b>			
Opening balance			-
Transfers:			-
Irrecoverable amounts written off			-
Debts revised			-
Debts recovered (included in departmental revenue)			-
Debts raised			-
Closing balance			-
<b>Retained funds</b>			
Opening balance			-
Transfer from voted funds to be surrendered (Parliament/Legislatures ONLY)			
Utilised during the year			-
Other transfers			-
Closing balance			-
<b>Revaluation reserve</b>			
Opening balance			-
Revaluation adjustment (Human Settlements departments)			
Transfers			-
Other			-
Closing balance			-
<b>Unauthorised expenditure</b>			
Opening balance		(406 926)	(406 926)
Unauthorised expenditure - current year			
Less: Amounts approved by Parliament/Legislature with funding			
Less: Amounts approved by Parliament/Legislature without funding and derecognised			
Current		-	-
Capital		-	-
Transfers and subsidies		-	-
Less: Amounts recoverable			-
Less: Amounts written off			-
Closing Balance		(406 926)	(406 926)
<b>TOTAL</b>		<b>(406 926)</b>	<b>(406 926)</b>

## AFS 6. Cash Flow Statement

Table 252 Statement of Cash Flow Statement for the year ended 31<sup>st</sup> March 2023

CASH FLOWS FROM OPERATING ACTIVITIES		2022/23	2021/22
	Note	R'000	R'000
<b>Receipts</b>		<b>6 083 517</b>	<b>5 946 076</b>
Annual appropriation funds received	1.1	6 050 984	5 915 251
Statutory appropriation funds received	2	-	-
Departmental revenue received	3	31 172	26 322
Interest received	3.3	8	12
NRF receipts		-	-
Aid assistance received	4	1 353	4 491
Net (increase)/decrease in net working capital		7 596	8 623
Surrendered to Revenue Fund		(64 237)	(363 432)
Surrendered to RDP Fund/Donor		-	-
Current payments		(5 479 497)	(5 517 904)
Interest paid	7	(15 774)	(13 338)
Payments for financial assets		-	-
Transfers and subsidies paid		(72 897)	(49 766)
<b>Net cash flow available from operating activities</b>	<b>22</b>	<b>458 708</b>	<b>10 259</b>
CASH FLOWS FROM INVESTING ACTIVITIES		2022/23	2021/22
	Note	R'000	R'000
Distribution/dividend received		-	-
Payments for capital assets	10	(341 051)	(305 346)
Proceeds from sale of capital assets	3.4	2 272	5 539
(Increase)/decrease in loans		-	-
(Increase)/decrease in investments		-	-
(Increase)/decrease in other financial assets		-	-
(Increase)/decrease in non-current receivables	14	(8 574)	(3 932)
<b>Net cash flow available from investing activities</b>		<b>(347 353)</b>	<b>(303 739)</b>
CASH FLOWS FROM FINANCING ACTIVITIES		2022/23	2021/22
	Note	R'000	R'000
Increase/(decrease) in net assets		-	-
Increase/(decrease) in non-current payables		-	-
<b>Net cash flows from financing activities</b>		<b>-</b>	<b>-</b>
Net increase/(decrease) in cash and cash equivalents		111 355	(293 480)
Cash and cash equivalents at beginning of period		(393 935)	(100 455)
Unrealised gains and losses within cash and cash equivalents		-207	-
<b>Cash and cash equivalents at end of period</b>	<b>23</b>	<b>(282 787)</b>	<b>(393 935)</b>

## **AFS 7. Notes on the Annual Financial Statements (including Accounting Policies)**

### **PART A: ACCOUNTING POLICIES**

#### **AFS 7.1 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.	<b>Basis of preparation</b> The financial statements have been prepared in accordance with the Modified Cash Standard.
2.	<b>Going concern</b> The financial statements have been on a going concern basis.
3.	<b>Presentation currency</b> Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the Department.
4.	<b>Rounding</b> Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5.	<b>Foreign currency translation</b> 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.	<b>Comparative information</b>
6.1	<u>Prior period comparative information</u> 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	<u>Current year comparison with budget</u> A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.
7.	<b>Revenue</b>
7.1	<u>Appropriated funds</u> <ul style="list-style-type: none"><li>• Appropriated funds comprise of Departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation).</li><li>• 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.</li><li>• Appropriated funds are measured at the amounts receivable.</li><li>• 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.</li></ul>

7.2	<p><u>Departmental revenue</u></p> <ul style="list-style-type: none"> <li>• Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise.</li> <li>• Departmental revenue is measured at the cash amount received.</li> <li>• In-kind donations received are recorded in the notes to the financial statements on the date of receipt and are measured at fair value.</li> <li>• Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.</li> </ul>
7.3	<p><u>Accrued Departmental revenue</u></p> <ul style="list-style-type: none"> <li>• 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"> <li>○ it is probable that the economic benefits or service potential associated with the transaction will flow to the Department; and</li> <li>○ the amount of revenue can be measured reliably.</li> </ul> </li> <li>• The accrued revenue is measured at the fair value of the consideration receivable.</li> <li>• Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.</li> <li>• Write-offs are made according to the Department’s debt write-off policy.</li> </ul>
8.	<p><b>Expenditure</b></p>
8.1	<p><u>Compensation of employees</u></p>
8.1.1	<p>Salaries and wages</p> <ul style="list-style-type: none"> <li>• Salaries and wages are recognised in the statement of financial performance on the date of payment.</li> </ul>
8.1.2	<p>Social contributions</p> <ul style="list-style-type: none"> <li>• Social contributions made by the Department in respect of current employees are recognised in the statement of financial performance on the date of payment.</li> <li>• 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.</li> </ul>
8.2	<p><u>Other expenditure</u></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Donations made in kind are recorded in the notes to the financial statements on the date of transfer and are measured at cost or fair value.</li> </ul>
8.3	<p><u>Accruals and payables not recognised</u></p> <ul style="list-style-type: none"> <li>• Accruals and payables not recognised are recorded in the notes to the financial statements at cost or fair value at the reporting date.</li> </ul>
8.4	<p><u>Leases</u></p>
8.4.1	<p>Operating leases</p> <ul style="list-style-type: none"> <li>• Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. Operating lease payments received are recognised as Departmental revenue.</li> <li>• The operating lease commitments are recorded in the notes to the financial statements.</li> </ul>
8.4.2	<p>Finance leases</p> <ul style="list-style-type: none"> <li>• Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. Finance lease payments received are recognised as Departmental revenue.</li> <li>• The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.</li> <li>• Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of: <ul style="list-style-type: none"> <li>○ cost, being the fair value of the asset; or</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.</li> </ul>
<b>9.</b>	<b>Aid assistance</b>
<b>9.1</b>	<u>Aid assistance received</u> <ul style="list-style-type: none"> <li>• 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.</li> <li>• CARA Funds are recognised when receivable and measured at the amounts receivable.</li> <li>• 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.</li> </ul>
<b>9.2</b>	<u>Aid assistance paid</u> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>10.</b>	<b>Cash and cash equivalents</b> <ul style="list-style-type: none"> <li>• Cash and cash equivalents are stated at cost in the statement of financial position.</li> <li>• Bank overdrafts are shown separately on the face of the statement of financial position as a current liability.</li> <li>• 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.</li> </ul>
<b>11.</b>	<b>Prepayments and advances</b> <ul style="list-style-type: none"> <li>• Prepayments and advances are recognised in the statement of financial position when the Department receives or disburses the cash.</li> <li>• Prepayments and advances are initially and subsequently measured at cost.</li> </ul>
<b>12.</b>	<b>Loans and receivables</b> 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.
<b>13.</b>	<b>Investments</b> Investments are recognised in the statement of financial position at cost.
<b>14.</b>	<b>Financial assets</b>
<b>14.1</b>	<u>Financial assets (not covered elsewhere)</u> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<b>14.2</b>	<u>Impairment of financial assets</u> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>15.</b>	<b>Payables</b> Payables recognised in the statement of financial position are recognised at cost.
<b>16.</b>	<b>Capital assets</b>
<b>16.1</b>	<u>Immovable capital assets</u> <ul style="list-style-type: none"> <li>• 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.</li> </ul>



	<p>Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment.</p> <ul style="list-style-type: none"> <li>• Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</li> <li>• Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.</li> </ul>
16.2	<p><u>Movable capital assets</u></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</li> <li>• Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment.</li> <li>• Biological assets are subsequently carried at fair value</li> <li>• Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</li> </ul>
16.3	<p><u>Intangible capital assets</u></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Internally generated intangible assets are recorded in the notes to the financial statements when the Department commences the development phase of the project.</li> <li>• 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.</li> <li>• All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1.</li> <li>• Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment.</li> <li>• Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</li> </ul>
16.4	<p><u>Project costs: Work-in-progress</u></p> <ul style="list-style-type: none"> <li>• Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid.</li> <li>• 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.</li> <li>• Where the Department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.</li> </ul>
17.	<p><b>Provisions and contingents</b></p>
17.1	<p><u>Provisions</u></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>
17.2	<p><u>Contingent liabilities</u></p> <ul style="list-style-type: none"> <li>• 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</li> </ul>

	of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.
17.3	<p><b><u>Contingent assets</u></b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>
17.4	<p><b><u>Capital commitments</u></b></p> <ul style="list-style-type: none"> <li>Capital commitments are recorded at cost in the notes to the financial statements.</li> </ul>
18.	<p><b>Unauthorised expenditure</b></p> <p>Unauthorised expenditure is recognised in the statement of changes in net assets until such time as the expenditure is either:</p> <ul style="list-style-type: none"> <li>approved by Parliament or the Provincial Legislature with funding and the related funds are received; or</li> <li>approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or</li> <li>transferred to receivables for recovery.</li> </ul> <p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.</p>
19.	<p><b>Fruitless and wasteful expenditure</b></p> <p>Fruitless and wasteful expenditure receivables are recognised in the statement of financial position, 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><b>Irregular expenditure</b></p> <p>Irregular expenditure receivables are recognised in the statement of financial position, 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><b>Changes in accounting estimates and errors</b></p> <ul style="list-style-type: none"> <li>Changes in accounting estimates are applied prospectively in accordance with MCS requirements.</li> <li>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.</li> </ul>
22.	<p><b>Events after the reporting date</b></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><b>Principal-Agent arrangements</b></p> <p>The department is party to a principal-agent arrangement for infrastructure services. In terms of the arrangement the department is the <i>principal</i> and is responsible for providing funds for these activities. 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><b>Departures from the MCS requirements</b></p> <p>Management has concluded that the financial statements present fairly the department's primary and secondary information; and the department complied with the Standard except that it has departed from a particular requirement to achieve fair presentation.</p>
25.	<p><b>Capitalisation reserve</b></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</p>

	period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.
26.	<p><b>Recoverable revenue</b></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><b>Related party transactions</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The number of individuals and the full compensation of key management personnel is recorded in the notes to the financial statements.</li> </ul>
28.	<p><b>Inventories</b></p> <ul style="list-style-type: none"> <li>• At the date of acquisition, inventories are recognised at cost in the statement of financial performance.</li> <li>• Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.</li> <li>• 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.</li> <li>• The cost of inventories is assigned by using the weighted average cost basis.</li> </ul>
29.	<p><b>Public-Private Partnerships</b></p> <ul style="list-style-type: none"> <li>• Public Private Partnerships (PPP) 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.</li> <li>• 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.</li> </ul>
30.	<p><b>Employee benefits</b></p> <ul style="list-style-type: none"> <li>• The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is recorded in the Employee benefits note.</li> <li>• Accruals and payables not recognised for employee benefits are measured at cost or fair value at the reporting date.</li> <li>• The provision for employee benefits is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</li> </ul>

## PART B: EXPLANATORY NOTES

### AFS 7.2 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:

#### AFS 7.2.1 Annual Appropriation

Table 253 Funds Appropriated in terms of the Appropriation Act

ANNUAL APPROPRIATION	2022/23			2021/22		
	Final Budget	Actual Funds Received	Funds not requested / not received	Final Budget	Appropriation Received	Funds not requested / not received
Programmes	R'000	R'000	R'000	R'000	R'000	R'000
Administration	280 058	280 058	-	262 073	262 073	-
District Health Services	2 833 039	2 833 039	-	2 837 568	2 837 568	-
Emergency Medical Services	430 279	430 279	-	410 603	410 603	-
Provincial Hospital Services	453 601	453 601	-	470 415	470 415	-
Central Hospital Services	1 259 103	1 259 103	-	1 212 972	1 212 972	-
Health Sciences and training	172 024	172 024	-	156 242	156 242	-
Health Care Support Services	133 467	133 467	-	185 395	185 395	-
Health Facilities Management	489 413	489 413	-	379 983	379 983	-
<b>Total</b>	<b>6 050 984</b>	<b>6 050 984</b>	<b>-</b>	<b>5 915 251</b>	<b>5 915 251</b>	<b>-</b>

#### AFS 7.2.2 Conditional Grants

Table 254 Conditional Grants

CONDITIONAL GRANTS		2022/23	2021/22
	Note	R'000	R'000
Total grants received	30	1 875 022	1 668 418
Provincial grants included in total grants received			

### AFS 7.3 Departmental Revenue

Table 255 Departmental Revenue

DEPARTMENTAL REVENUE		2022/23	2021/22
	Note	R'000	R'000
Tax revenue			
Sales of goods and services other than capital assets	2.1	26 533	25 454
Fines, penalties and forfeits	2.2	165	-
Interest, dividends and rent on land	2.3	8	12
Sales of capital assets	2.4	2 272	5 539
Transactions in financial assets and liabilities	2.5	4 474	868
<b>Total revenue collected</b>		<b>33 452</b>	<b>31 873</b>
Less: Own revenue included in appropriation	18	33 452	31 873
<b>Total</b>		<b>-</b>	<b>-</b>

#### AFS 7.3.1 Sale of Goods and Services Other than Capital Assets

Table 256 Sale of Goods and Services Other than Capital Assets

SALES OF GOODS OTHER THAN CAPITAL ASSETS		2022/23	2021/22
	Note	R'000	R'000
Sales of goods and services produced by the department		26 533	25 454
Sales by market establishment		1 626	1 688
Administrative fees		2 881	2 769
Other sales		22 026	20 997
Sales of scrap, waste and other used current goods			-
<b>Total</b>	<b>2</b>	<b>26 533</b>	<b>25 454</b>

## AFS 7.3.2 Fines, Penalties and Forfeits

Table 257 Fines, Penalties and Forfeits

FINES, PENALTIES AND FORFEITS		2022/23	2021/22
	Note	R'000	R'000
Fines		-	-
Penalties		-	-
Forfeits		165	-
<b>Total</b>	<b>2</b>	<b>165</b>	<b>-</b>

## AFS 7.3.3 Interest, Dividends and Rent on Land

Table 258 Interest, Dividends and Rent on Land

INTEREST, DIVIDENDS AND RENT ON LAND		2022/23	2021/22
	Note	R'000	R'000
Interest		8	12
<b>Total</b>	<b>2</b>	<b>8</b>	<b>12</b>

## AFS 7.3.4 Sale of Capital Assets

Table 259 Sale of Capital Assets

SALE OF CAPITAL ASSETS		2022/23	2021/22
	Note	R'000	R'000
<b>Tangible capital assets</b>		2 272	5 539
Machinery and equipment		2 272	5 539
<b>Total</b>	<b>2</b>	<b>2 272</b>	<b>5 539</b>

## AFS 7.3.5 Transactions in Financial Assets and Liabilities

Table 260 Transactions in Financial Assets and Liabilities

TRANSACTIONS IN FINANCIAL ASSETS AND LIABILITIES		2022/23	2021/22
	Note	R'000	R'000
Receivables			
Other receipts including Recoverable Revenue		4 474	868
<b>Total</b>	<b>2</b>	<b>4 474</b>	<b>868</b>

## AFS 7.4 Aid Assistance

Table 261 Aid Assistance

AID ASSISTANCE		2021/22	2021/22
	Note	R'000	R'000
Opening balance		5 497	
Prior period error			3 968
As restated		5 497	3 968
Transferred from statement of financial performance		(1 271)	1 529
Transfers to or from retained funds		-207	-
Paid during the year			-
<b>Closing balance</b>		<b>4 019</b>	<b>5 497</b>

## AFS 7.4.1 Analysis of Balance by Source

Table 262 Analysis of Balance by Source

AID ASSISTANCE: ANALYSIS OF BALANCE BY SOURCE		2022/23	2021/22
	Note	R'000	R'000
Aid assistance from other sources		4 019	5 497
<b>Closing balance</b>	4	4 019	5 497

## AFS 7.4.2 Analysis of Balance

Table 263 Analysis of Balance

AID ASSISTANCE: ANALYSIS OF BALANCE		2021/22	2022/23
	Note	R'000	R'000
Aid assistance unutilised		4 019	5 497
<b>Closing balance</b>	4	4 019	5 497

## AFS 7.4.3 Aid Assistance Expenditure Per Economic Classification

Table 264 Aid Assistance Expenditure Per Economic Classification

AID ASSISTANCE: EXPENDITURE PER ECONOMIC CLASSIFICATION		20023	2021/22
	Note	R'000	R'000
Current		2 624	2 267
Capital	10	-	-
Transfers and subsidies			695
<b>Total aid assistance expenditure</b>		2 624	2 962

## AFS 7.5 Compensation of Employees

### AFS 7.5.1 Analysis of Balance

Table 265 Compensation of Employees: Analysis of Balance

COMPENSATION OF EMPLOYEES: ANALYSIS OF BALANCE		20022/23	2021/22
	Note	R'000	R'000
Basic salary		1 998 669	1 967 234
Performance award		834	3 219
Service based		2 974	3 291
Compensative/circumstantial		456 811	450 942
Periodic payments		51 088	-
Other non-pensionable allowances		518 137	558 920
<b>Total</b>		3 028 513	2 983 606

### AFS 7.5.2 Social Contributions

Table 266 Compensation of Employees: Social Contributions

COMPENSATION OF EMPLOYEES: SOCIAL CONTRIBUTIONS		2022/23	2021/22
	Note	R'000	R'000
<b>Employer contributions</b>			
Pension		228 658	223 324
Medical		152 483	145 098
UIF		-	-
Bargaining council		500	507
Official unions and associations		-	-
Insurance		-	-
<b>Total</b>		381 641	368 929
<b>Total compensation of employees</b>		3 410 154	3 352 535
Average number of employees		9283	9532

The 2021/22 headcount figure was corrected to include all categories of employees. The reduction is mainly on the category of abnormal appointments.

## AFS 7.6 Goods and Services

Table 267 Goods and Services

GOODS AND SERVICES		2022/23	2021/22
	Note	R'000	R'000
Administrative fees		2 193	573
Advertising		4 437	4 920
Minor assets	5.1	4 959	4 123
Bursaries (employees)		240	27 711
Catering		13 202	7 944
Communication		34 412	33 542
Computer services	5.2	31 888	49 903
Consultants: Business and advisory services		1 990	1 592
Infrastructure and planning services		-	-
Laboratory services		145 144	116 690
Scientific and technological services		-	-
Legal services		31 910	22 582
Contractors		210 445	257 761
Agency and support / outsourced services		226 640	228 417
Entertainment		-	-
Audit cost - external	5.3	18 924	12 017
Fleet services		121 681	88 744
Inventories	5.4	616 379	778 373
Consumables	5.5	86 994	88 141
Operating leases		30 521	54 024
Property payments	5.6	349 697	286 627
Rental and hiring		956	11 034
Transport provided as part of the departmental activities		69 492	45 807
Travel and subsistence	5.7	45 120	35 264
Venues and facilities		2 812	1 639
Training and development		13 632	2 333
Other operating expenditure	5.8	3051	3 341
<b>Total</b>		<b>2 066 719</b>	<b>2 163 102</b>

### AFS 7.6.1 Minor Assets

Table 268 Minor Assets

MINOR ASSETS		2022/23	2021/2
	Note	R'000	R'000
<b>Tangible capital assets</b>			<b>4 123</b>
Machinery and equipment		4 959	4 123
Software			
<b>Total</b>	5	<b>4 959</b>	<b>4 123</b>

### AFS 7.6.2 Computer Services

Table 269 Computer Services

COMPUTER SERVICES		2022/23	2021/22
	Note	R'000	R'000
SITA computer services		8 257	9 005
External computer service providers		23 631	40 898
<b>Total</b>	5	<b>31 888</b>	<b>49 903</b>

### AFS 7.6.3 Audit Cost - External

Table 270 Audit Cost - External

AUDIT COST - EXTERNAL		2022/23	2021/22
	Note	R'000	R'000
Regularity audits		18 924	12 017
<b>Total</b>	<b>5</b>	<b>18 924</b>	<b>12 017</b>

### AFS 7.6.4 Inventories

Table 271 Inventories

INVENTORIES		2022/2	2021/22
	Note	R'000	R'000
Clothing material and accessories		3 478	4 429
Farming supplies		139	-
Food and food supplies		35 037	28 851
Fuel, oil and gas		34 705	15 747
Materials and supplies		25 976	17 422
Medical supplies		207 972	276 300
Medicine		309 072	435 624
<b>Total</b>	<b>5</b>	<b>616 379</b>	<b>778 373</b>

### AFS 7.6.5 Consumables

Table 272 Consumables

CONSUMABLES		2022/23	2021/22
	Note	R'000	R'000
Consumable supplies		47 364	58 111
Uniform and clothing		10 626	-
Household supplies		35 122	57 498
Communication accessories		76	-
IT consumables		1 267	613
Other consumables		273	
Stationery, printing and office supplies		39 630	30 030
<b>Total</b>		<b>86 994</b>	<b>88 141</b>

### AFS 7.6.6 Property Payments

Table 273 Property Payments

PROPERTY PAYMENTS		2022/23	2021/22
	Note	R'000	R'000
Municipal services		94 213	73 976
Property maintenance and repairs		44 392	16 881
Other		211 092	195 770
<b>Total</b>	<b>5</b>	<b>349 697</b>	<b>286 627</b>

### AFS 7.6.7 Travel and Subsistence

Table 274 Travel and Subsistence

TRAVEL AND SUBSISTENCE		2022/23	2021/22
	Note	R'000	R'000
Local		44 907	34 430
Foreign		213	834
<b>Total</b>	<b>5</b>	<b>45 120</b>	<b>35 264</b>



## AFS 7.6.8 Other Operating Expenditure

Table 275 Other Operating Expenditure

OTHER OPERATING EXPENDITURE		2022/23	2021/22
	Note	R'000	R'000
Resettlement costs		556	
Other		2 495	3 341
<b>Total</b>	<b>5</b>	<b>3 051</b>	<b>3 341</b>

## AFS 7.7 Interest and Rent on Land

Table 276 Interest and Rent on Land

INTEREST AND RENT ON LAND		2022/23	2021/22
	Note	R'000	R'000
Interest paid		15 774	13 338
Rent on land			
<b>Total</b>		<b>15 774</b>	<b>13 338</b>

Interest was paid on overdue accounts.

## AFS 7.8 Transfers and Subsidies

Table 277 Transfers and Subsidies

TRANSFERS AND SUBSIDIES		2022/23	2021/22
	Note	R'000	R'000
Provinces and municipalities		640	9 004
Public corporations and private enterprises	Annex 1A	38	33
Households	Annex B	72 219	40 034
<b>Total</b>		<b>72 897</b>	<b>49 071</b>

## AFS 7.9 Expenditure for Capital Assets

Table 278 Expenditure for Capital Assets

EXPENDITURE FOR CAPITAL ASSETS		2022/23	2021/22
	Note	R'000	R'000
<b>Tangible capital assets</b>		<b>326 733</b>	<b>305 346</b>
Buildings and other fixed structures	28	242 691	240 487
Machinery and equipment	26	84 042	64 859
<b>Intangible capital assets</b>		<b>14 318</b>	<b>-</b>
Software	27	14 318	-
<b>Total</b>		<b>341 051</b>	<b>305 346</b>

### AFS 7.9.1 Analysis of Funds Utilised to Acquire Capital Assets

Table 279 Analysis of Funds Utilised to Acquire Capital Assets

ANALYSIS OF FUNDS UTILISED TO ACQUIRE CAPITAL ASSETS	2022/23			2021/22		
	Voted funds	Aid assistance	Total	Voted funds	Aid assistance	Total
	R'000	R'000	R'000	R'000	R'000	R'000
<b>Tangible capital assets</b>	<b>326 733</b>		<b>326 733</b>	<b>305 346</b>		<b>305 346</b>
Buildings and other fixed structures	242 691		242 691	240 487		240 487
Machinery and equipment	84 042		84 042	64 859		64 859
<b>Intangible capital assets</b>	<b>14 318</b>		<b>14 318</b>			
Software	14 318		14 318			
<b>Total</b>	<b>341 051</b>		<b>341 051</b>	<b>305 346</b>		<b>305 346</b>

## AFS 7.9.2 Finance Lease Expenditure Included in Expenditure for Capital Assets

Table 280 Finance Lease Expenditure Included in Expenditure for Capital Assets

FINANCE LEASE EXPENDITURE INCLUDED IN EXPENDITURE FOR CAPITAL ASSETS		2022/23	2021/22
	Note	R'000	R'000
<b>Tangible capital assets</b>			
Machinery and equipment		10 551	-
<b>Total</b>		<b>10 551</b>	<b>-</b>

## AFS 7.10 Cash and Cash Equivalents

Table 281 Cash and Cash Equivalents

CASH AND CASH EQUIVALENTS		2022/23	2021/22
	Note	R'000	R'000
Consolidated Paymaster General Account		-	1
<b>Total</b>		<b>-</b>	<b>1</b>

## AFS 7.11 Prepayments and Advances

Table 282 Prepayments and Advances

PREPAYMENTS AND ADVANCES		2022/23	2021/22
	Note	R'000	R'000
Prepayments (Not expensed)	10.1	2 897	-
<b>Total</b>		<b>2 897</b>	<b>-</b>

### AFS 7.11.1 Analysis of Total Prepayments and Advances

Table 283 Analysis of Total Prepayments and Advances

ANALYSIS OF TOTAL PREPAYMENTS AND ADVANCES		2022/23	2021/22
	Note	R'000	R'000
Current prepayments and advances		2 897	-
<b>Total</b>		<b>2 897</b>	<b>-</b>

**AFS 7.11.2 Prepayments (not expensed)**

Table 284 Prepayments (Not expensed)

PREPAYMENTS (NOT EXPENSED)	Note	2022/23					2021/22				
		Balance as at 1 April 2022	Less: Amount expensed in current year	Add or Less: Other	Add: Current Year prepayments	Balance as at 31 March 2023	Balance as at 1 April 2021	Less: Amount expensed in current year	Add or Less: Other	Add: Current Year prepayments	Balance as at 31 March 2022
	10	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Good and services		-	(5 103)	-	8 000	2 897	-	-	-	-	-
<b>Total</b>		-	(5 103)	-	8 000	2 897	-	-	-	-	-

## AFS 7.12 Receivables

Table 285 Receivables

RECEIVABLES	Note	2022/23			2021/22		
		Current	Non-current	Total	Current	Non-current	Total
		R'000	R'000	R'000	R'000	R'000	R'000
Recoverable expenditure	10.1	863	5 320	6 183	6 297		6 297
Staff debt	10.2	1 878	27 792	29 670	2 592	24 538	27 130
Other receivables	10.3	-	25	25	-	25	25
<b>Total</b>		<b>2 741</b>	<b>33 137</b>	<b>35 878</b>	<b>8 889</b>	<b>24 563</b>	<b>33 452</b>

### AFS 7.12.1 Recoverable Expenditure

Table 286 Recoverable Expenditure

RECOVERABLE EXPENDITURE	Note	2022/23	2021/22
		R'000	R'000
Sal: Income tax		311	474
Sal: ACB recalls		-	426
Sal: Tax debt		433	230
Sal: Deduction allowance		8	41
Sal: Reversal control Account		4	340
Sal: Recoverable account		5 354	4775
Sal: Medical Aid		73	6
Sal : Pension fund		-	5
<b>Total</b>	<b>10</b>	<b>6 183</b>	<b>6 297</b>

### AFS 7.12.2 Staff Debt

Table 287 Staff Debt

STAFF DEBT	Note	2022/23	2021/22
		R'000	R'000
Debt Account		29 670	27 130
<b>Total</b>	<b>10</b>	<b>29 670</b>	<b>27 130</b>

### AFS 7.12.3 Other Receivables

Table 288 Other Receivables

OTHER RECEIVABLES	Note	2022/23	2021/22
		R'000	R'000
Fruitless and wasteful expenditure		25	25
<b>Total</b>	<b>10</b>	<b>25</b>	<b>25</b>

### AFS 7.12.4 Impairment of Receivables

Table 289 Impairment of Receivables

IMPAIRMENT OF RECEIVABLES	Note	2022/23	2021/22
		R'000	R'000
Estimate of impairment of receivables		7 126	6 213
<b>Total</b>		<b>7 126</b>	<b>6 213</b>

## **AFS 7.13 Voted Funds to be Surrendered to the Revenue Fund**

Table 290 Voted Funds to be Surrendered to the Revenue Fund

VOTED FUNDS TO BE SURRENDERED TO THE REVENUE FUND		2022/23	2021/22
	Note	R'000	R'000
Opening balance		31 856	332 211
Prior period error	12.2		
As restated		31 856	332 211
Transferred from statement of financial performance (as restated)		144 389	31 859
Paid during the year		(31 856)	(332 214)
<b>Closing balance</b>		<b>144 389</b>	<b>31 856</b>

### **AFS 7.13.1 Reconciliation on Unspent Conditional Grants**

Table 291 Reconciliation on Unspent Conditional Grants

RECONCILIATION ON UNSPENT CONDITIONAL GRANTS		2022/23	2021/22
	Note	R'000	R'000
Total conditional grants received	1.2	1 875 022	
Total conditional grants spent		(1 743 654)	
Unspent conditional grants to be surrendered		131 368	
Less: Paid to the Provincial Revenue Fund by Provincial department			
Approved for rollover			
Not approved for rollover			
Add: Received from provincial revenue fund by national department			
<b>Due by the Provincial Revenue Fund</b>		<b>131 368</b>	

## **AFS 7.14 Departmental Revenue and NRF Receipts to be Surrendered to the Revenue Fund**

Table 292 Departmental Revenue and NRF Receipts to be Surrendered to the Revenue Fund

DEPARTMENTAL REVENUE AND NRF RECEIPTS TO BE SURRENDERED TO THE REVENUE FUND		2022/23	2021/22
	Note	R'000	R'000
Opening balance		4 892	4 237
Prior period error			
As restated		4 892	4 237
Transferred from statement of financial performance (as restated)		-	31 873
Own revenue included in appropriation		33 452	-
Paid during the year		(32 381)	(31 218)
<b>Closing balance</b>		<b>5 963</b>	<b>4 892</b>

### **AFS 7.15 Bank Overdraft**

Table 293 Bank Overdraft

BANK OVERDRAFT		2022/23	2021/22
	Note	R'000	R'000
Consolidated Paymaster General account		282 787	393 936
<b>Total</b>		<b>282 787</b>	<b>393 936</b>

### **AFS 7.16 Payables - Current**

Table 294 Bank Payables - Current

PAYABLES - CURRENT		2022/23	2021/22
	Note	R'000	R'000
Clearing accounts	14.1	4 942	1 358
Other payables	14.2	3 601	2 840
<b>Total</b>		<b>8 543</b>	<b>4 198</b>

## AFS 7.16.1 Clearing Accounts

Table 295 Clearing Accounts

PAYABLES: CLEARING ACCOUNTS		2022/23	2021/22
	Note	R'000	R'000
<b>Description</b>			
Sal Disallowance account		428	
Sal: Pension		86	
Sal: Bargaining council			
Sal: Garnishees		221	216
Salary Tax debt			
Sal: Income Tax			
Sal: GEHS refund control account		4 207	1 142
<b>Total</b>	<b>14</b>	<b>4 942</b>	<b>1 358</b>

## AFS 7.16.2 Other Payables

Table 296 Other Payables

OTHER PAYABLES		2022/23	2021/22
	Note	R'000	R'000
Debt Receivable Income		827	874
Debt receivable Interest		2 774	1 966
<b>Total</b>	<b>14</b>	<b>3 601</b>	<b>2 840</b>

## AFS 7.17 Net Cash Flow Available from Operating Activities

Table 297 Net Cash Flow Available from Operating Activities

NET CASH FLOW AVAILABLE FROM OPERATING ACTIVITIES		2022/23	2021/22
	Note	R'000	R'000
Net surplus/(deficit) as per Statement of Financial Performance		143 118	33 388
Add back non-cash/cash movements not deemed operating activities		315 590	(23 129)
(Increase)/decrease in receivables		3 251	8 575
(Increase)/decrease in prepayments and advances		-	-
(Increase)/decrease in other current assets		-	-
Increase/(decrease) in payables - current		4 345	48
Proceeds from sale of capital assets		(2 271)	(5 539)
Proceeds from sale of investments		-	-
(Increase)/decrease in other financial assets		-	-
Expenditure on capital assets		341 051	305 346
Surrenders to RDP Fund/Donors		(64 237)	(363 432)
Voted funds not requested/not received		-	-
Own revenue included in appropriation		33 451	31 873
Other non-cash items		-	-
<b>Net cash flow generating</b>		<b>458 708</b>	<b>10 259</b>

Increased net cash flow due to reduced surrenders to revenue fund.

## AFS 7.18 Reconciliation of Cash and Cash Equivalents for Cash Flow Purposes

Table 298 Reconciliations of Cash and Cash Equivalents for Cash Flow Purposes

RECONCILIATION OF CASH AND CASH EQUIVALENTS FOR CASH FLOW PURPOSES		2022/23	2021/22
	Note	R'000	R'000
Consolidated Paymaster General account		(282 787)	(393 935)
<b>Total</b>		<b>(282 787)</b>	<b>(393 935)</b>

## **AFS 7.19 Contingent Liabilities and Contingent Assets**

### **AFS 7.19.1 Contingent Liabilities**

Table 299 Contingent Liabilities

CONTINGENT LIABILITIES			2022/23	2021/22
	Nature	Note	R'000	R'000
<b>Liable to</b>				
Housing loan guarantees	Employees	Annex 3A	1 172	1 172
Claims against the department		Annex 3B	824 547	1 743 399
Intergovernmental payables		Annex 5	19 343	19 098
Environmental rehabilitation liability		Annex 3B		
Other		Annex 3B		
<b>Total</b>			<b>845 062</b>	<b>1 763 669</b>

### **AFS 7.19.2 Contingent Assets**

Table 300 Contingent Assets

CONTINGENT ASSETS		2022/23	2021/22
	Note	R'000	R'000
<b>Nature of contingent asset</b>			
Labour matters		1 487	1 487
Motor vehicle accidents		190	190
OSD Over payment		1 958	1 958
Other		929	929
<b>Total</b>		<b>4 564</b>	<b>4 564</b>

## **AFS 7.20 Capital Commitments**

Table 301 Capital Commitments

CAPITAL COMMITMENTS		2022/23	2021/22
	Note	R'000	R'000
Buildings and other fixed structures		132 831	116 520
Machinery and equipment		59 070	4 507
<b>Total</b>		<b>191 901</b>	<b>121 027</b>

## **AFS 7.21 Accruals and Payables Not Recognised**

### **AFS 7.21.1 Accruals Not Recognised**

Table 302 Accruals not Recognised

ACCRUALS NOT RECOGNISED	Note	2022/23			2021/22
		30 Days	30+ Days	Total	Total
		R'000	R'000	R'000	R'000
<b>Listed by economic classification</b>					
Goods and services		50 051	457 510	507 561	647 743
Interest and rent on land					
Transfers and subsidies					
Capital assets		6 940	121	7 061	40 569
Other					
<b>Total</b>		<b>56 991</b>	<b>457 631</b>	<b>514 622</b>	<b>688 312</b>
<b>Listed by programme level</b>					
Administration				15 324	154 786
District Health Service				435 377	433 026
Emergency Medical Services				5 066	3 361
Provincial Hospital Service				32 419	-
Central Hospital Services				15 718	38 023
Health Sciences and Training				3 805	-
Health Care Support Services				-	-
Health Facility Management				6 913	59 116
<b>Total</b>				<b>514 622</b>	<b>688 312</b>

## AFS 7.21.2 Payables Not Recognised

Table 303 Payables Not Recognised

PAYABLES NOT RECOGNISED	Note	2022/23			2021/22
		30 Days	30+ Days	Total	Total
Listed by economic classification		R'000	R'000	R'000	R'000
Goods and services		91 536	211 284	302 820	412 418
Interest and rent on land					-
Transfers and subsidies		24 793	24 573	49 366	50 666
Capital assets		10 488	29 811	40 299	5 196
Other			1 364	1 364	-
<b>Total</b>		<b>126 817</b>	<b>267 032</b>	<b>393 849</b>	<b>468 280</b>
Listed by programme level					
Administration				72 432	293 794
District Health Service				117 115	38 616
Emergency Medical Services				25 430	14 561
Provincial Hospital Service				41 426	20 503
Central Hospital Services				50 401	30 869
Health Sciences and Training				1 956	-
Health Care Support				83 251	13 982
Health Facility Management				1 838	55 955
<b>Total</b>				<b>393 843</b>	<b>468 280</b>
Included in the above totals are the following:	Note			2022/23	2021/22
				R'000	R'000
Confirmed balances with other departments	Annex 5			6 061	6 061
Confirmed balances with other government entities	Annex 5				
<b>Total</b>				<b>6 061</b>	<b>6 061</b>

## AFS 7.22 Employee Benefits

Table 304 Employee Benefits

EMPLOYEE BENEFITS	Note	2022/23	2021/22
		R'000	R'000
Leave entitlement		137 512	139 675
Service bonus		75 969	72 881
Performance awards		53 561	50 784
Capped leave		21 525	23 810
Other		2 101	2 498
<b>Total</b>		<b>290 668</b>	<b>289 648</b>



## **AFS 7.23 Lease Commitments**

### **AFS 7.23.1 Operating Leases**

*Table 305 Operating Leases*

OPERATING LEASES	2022/23					2021/22				
	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Not later than 1 year			1 201		1 201			2 739	-	2 739
Later than 1 year and not later than 5 years								1 201	-	1 201
Later than 5 years								-	-	
<b>Total lease commitments</b>			<b>1 201</b>		<b>1 201</b>			<b>3 940</b>		<b>3 940</b>

### **AFS 7.23.2 Finance Leases**

*Table 306 Finance Leases*

FINACE LEASES	2022/23					2021/2022				
	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total	Specialised military equipment	Land	Buildings and other fixed structures	Machinery and equipment	Total
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Not later than 1 year				2 763	2 763				6 465	6 465
Later than 1 year and not later than 5 years				3 597	3 597					
Later than 5 years										
<b>Total lease commitments</b>				<b>6 360</b>	<b>6 360</b>				<b>6 465</b>	<b>6 465</b>

## **AFS 7.24 Accrued Departmental Revenue**

*Table 307 Accrued Departmental Revenue*

ACCRUED DEPARTMENTAL REVENUE		2022/23	2021/22
	Note	R'000	R'000
Tax revenue			
Sales of goods and services other than capital assets		47 094	38 802
<b>Total</b>		<b>47 094</b>	<b>38 802</b>

### **AFS 7.24.1 Analysis of Accrued Departmental Revenue**

*Table 308 Analysis of Accrued Departmental Revenue*

ANALYSIS OF ACCRUED DEPARTMENTAL REVENUE		2022/23	2021/22
	Note	R'000	R'000
Opening balance		38 802	59 026
Less: amounts received		18 994	19 445
Add: amounts recovered		40 630	40 015
Less: amounts written off/reversed as irrecoverable		13 344	40 794
<b>Closing balance</b>		<b>47 094</b>	<b>38 802</b>

### **AFS 7.24.2 Accrued Departmental Revenue Written Off**

*Table 309 Accrued Departmental Revenue Written Off*

ACCRUED DEPARTMENTAL REVENUE WRITTEN OFF		2022/23	2021/22
	Note	R'000	R'000
Revenue written off		13 344	40 794
<b>Total</b>		<b>13 344</b>	<b>40 794</b>

### **AFS 7.24.3 Impairment of Accrued Departmental Revenue**

*Table 310 Impairment of Accrued Departmental Revenue*

IMPAIRMENT OF ACCRUED DEPARTMENTAL REVENUE		2022/23	2021/22
	Note	R'000	R'000
Estimate of impairment of accrued departmental revenue		32 475	29 157
<b>Total</b>		<b>32 475</b>	<b>29 157</b>

- i. The Department assesses impairment of accrued revenue individually within a group of patient classification 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 or patient classification. (As outlined in the Patient Fee Management Policy).
- iii. Where there is a possibility that the debtors will not settle the outstanding balance and where there is certainty that the debt owed will not be recoverable but the approval was not obtained at year-end, the accounts are assessed for impairment.
- iv. Impairment loss is calculated as the difference between the carrying value of the debt at the reporting date less the recoverable value of expected future cash flows.

## **AFS7.25 Unauthorised, Irregular and Fruitless and Wasteful Expenditure**

Table 311 Unauthorised, Irregular and Fruitless and Wasteful Expenditure

UNAUTHORISED, IRREGULAR AND FRUITLESS AND WASTEFUL EXPENDITURE		2022/23	2021/22
	Note	R'000	R'000
Unauthorised expenditure - current year		-	-
Irregular expenditure - current year		1 144 831	879 052
Fruitless and wasteful expenditure - current year		15 774	13 338
<b>Total</b>		<b>1 160 605</b>	<b>892 390</b>

## **AFS 7.26 Related Party Transactions**

The Department did not have any related party transactions.

## **AFS 7.27 Key Management Personnel**

Table 312 Key Management Personnel

KEY MANAGEMENT PERSONNEL		2022/23	2021/22
		R'000	R'000
Political office bearers			
Officials:		2 096	1 978
Level 15 to 16		1 765	1 892
Level 14 (Including CFO if lower level)		14 538	11 872
Family members of key management personnel		3 955	1 620
<b>Total</b>		<b>22 354</b>	<b>17 362</b>

## **AFS 7.28 Movable Tangible Capital Assets**

Table 313 Movement in Movable Tangible Capital Assets Per Asset Register

MOVEABLE TANGIBLE CAPITAL ASSETS	2022/23					2021/22				
	Opening balance	Value adjustments	Additions	Disposals	Closing balance	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
<b>MACHINERY AND EQUIPMENT</b>	<b>1 608 866</b>		<b>83 106</b>	<b>2 271</b>	<b>1 689 701</b>	1 314 600	246 231	53 475	5 440	1 608 866
Transport assets	68 541		19 583	2 184	85 940	251 971	(192 565)	14 575	5 440	68 541
Computer equipment	161 825		2 935	-	164 760	70 538	84 506	6 781	-	161 825
Furniture and office equipment	785 523		4 752	88	790 187	50 616	732 655	2 252		785 523
Other machinery and equipment	592 977		55 836	-	648 814	941 475	(378 365)	29 867		592 977
<b>TOTAL</b>	<b>1 608 866</b>		<b>83 106</b>	<b>2 271</b>	<b>1 689 701</b>	<b>1 314 600</b>	<b>246 231</b>	<b>53 475</b>	<b>5 440</b>	<b>1 608 866</b>
<b>MOVEABLE TANGIBLE CAPITAL ASSETS UNDER INVESTIGATION</b>	<i>Note</i>	<b>Number</b>	<b>Value</b>							
			<b>R'000</b>							
<b>Included in the above total of the movable tangible capital assets per the asset register that are under investigation:</b>										
Machinery and equipment		12	92							
<b>Total</b>		<b>12</b>	<b>92</b>							

## AFS 7.28.1 Prior Period Error: Movable Tangible Capital Assets

Table 314 Prior Period Error: Movable Tangible Capital Assets

PRIOR PERIOD ERROR			2021/22
	Note		R'000
Nature of prior period error			
Assets unaccounted for in the prior year			246231
Relating to 2021/22			
<b>Total prior period errors</b>			<b>246 231</b>

## AFS 7.29 Minor Capital Assets

### AFS 7.29.1 Movement in Minor Capital Assets Per Asset Register for the Year Ended 31 March 2023

Table 315 Movement in Minor Assets Per Asset Register for the Year Ended 31 March 2023

MOVEMENT IN MINOR CAPITAL FOR THE YEAR ENDED 31 MARCH 2023	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance		1 638		284 073		285 711
Value adjustments						
Additions				4,867		4,867
Disposals				201 719		201 719
<b>Total Minor assets</b>		<b>1 638</b>		<b>87 221</b>		<b>88 859</b>
Number of R1 minor assets						
Number of minor assets at cost				48 018		48 018
<b>Total number of minor assets</b>				<b>48 018</b>		<b>48 018</b>
<b>MINOR CAPITAL ASSETS UNDER INVESTIGATION</b>	<i>Note</i>	<b>Number</b>	<b>Value</b>			
			<b>R'000</b>			
<b>Included in the above total of the minor capital assets per the asset register that are under investigation:</b>						
Machinery and equipment		95	3 547			
<b>Total</b>		<b>95</b>	<b>3 547</b>			

### AFS 7.29.2 Movement in Minor Capital Assets Per Asset Register for the Year Ended 31 March 2022

Table 316 Movement in Minor Assets Per Asset Register for the Year Ended 31 March 2022

MOVEMENT IN MINOR CAPITAL ASSETS FOR THE YEAR ENDED 31 MARCH 2022	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	-	15 98	-	195 237	-	196 835
Prior period error	-	-	-	84 465	-	84 465
Additions	-	40	-	4 371	-	4 411
Disposals	-	-	-			
<b>Total Minor assets</b>	<b>-</b>	<b>1 638</b>	<b>-</b>	<b>284 073</b>	<b>-</b>	<b>285 711</b>
Number of R1 minor assets	-	6 100	-	41 916	-	48 016
Number of minor assets at cost	-	1 845	-	24 926	-	26 771
<b>Total number of minor assets</b>	<b>-</b>	<b>7 945</b>	<b>-</b>	<b>66 842</b>	<b>-</b>	<b>74 787</b>

### AFS 7.29.3 Prior Period Error: Minor Assets

Table 317 Prior Period Error: Minor Assets

PRIOR PERIOD ERROR			2021/22
	Note		R'000
<b>Nature of prior period error</b>			
Assets unaccounted for in the prior year			84 465
Relating to 2021/22			
<b>Total prior period errors</b>			<b>84 465</b>

The prior period error was effected to fairly present the Annual Financial Statements. The error was due to assets which were previously not accounted for.

### AFS 7.30 Movable Assets Written Off

#### AFS 7.30.1 Movable Assets Written Off for the Year Ended 31 March 2023

Table 318 Movable Assets Written Off for the Year Ended 31 March 2023

MOVEABLE CAPITAL ASSETS WRITTEN OFF FOR THE YEAR ENDED 31 MARCH 2023	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Assets written off				201 719		201 719
<b>Total movable assets written off</b>				<b>201 719</b>		<b>201 719</b>

#### AFS 7.30.2 Movable Assets Written Off for the Year Ended 31 March 2022

Table 319 Movable Assets Written Off for the Year Ended 31 March 2022

MOVEABLE CAPITAL ASSETS WRITTEN OFF FOR THE YEAR ENDED 31 MARCH 2022	Specialised military assets	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000	R'000
Assets written off						
<b>Total movable assets written off</b>						

### AFS 7.31 Movable Tangible Assets: Capital Work-in-progress

#### AFS 7.31.1 Capital Work-in-progress for the Year Ended 31 March 2023

Table 320 Capital Work-in-progress: Moveable Tangible Assets for the Year Ended 31 March 2023

MOVABLE TANGIBLE ASSETS: CAPITAL WORK IN PROGRESS		Opening balance 1 April 2022	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2023
	Note	R'000	R'000	R'000	R'000
Machinery and equipment					
Specialised military assets					
Biological assets					
<b>Total</b>					

## **AFS 7.32 Intangible Capital Assets**

### **AFS 7.32.1 Movement in Intangible Capital Assets Per the Asset Register**

*Table 321 Movement in Intangible Capital Assets as per the Asset Register*

MOVEMENT IN INTANGIBLE CAPITAL ASSETS	2022/23				2021/22				
	Opening balance	Additions	Disposals	Closing balance	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
<b>SOFTWARE</b>	3 813	14 318		18 131	3 813				3 813
<b>TOTAL INTANGIBLE CAPITAL ASSETS</b>	<b>3 813</b>	<b>14 318</b>		<b>18 131</b>	<b>3 813</b>				<b>3 813</b>

## **AFS 7.33 Immovable Tangible Capital Assets**

### **AFS 7.33.1 Movement in Immovable Tangible Capital Assets Per the Asset Register**

*Table 322 Movement in Immovable Tangible Capital Assets Per the Asset Register*

MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS	2022/23				2021/22				
	Opening balance	Additions	Disposals	Closing balance	Opening balance	Prior period error	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	2 961 342	128 225	(224 710)	2 864 857	<b>2 638 466</b>		<b>322 876</b>		<b>2 961 342</b>
Non-residential buildings	2 929 228	128 225	(224 710)	2 832 743	2 606 352		322 876		2 929 228
Other fixed structures	32 114	-	-	32 114	32 114				32 114
<b>TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS</b>	<b>2 961 342</b>	<b>128 225</b>	<b>(224 710)</b>	<b>2 864 857</b>	<b>2 638 466</b>		<b>322 876</b>		<b>2 961 342</b>

## AFS 7.33.2 Immovable Tangible Capital Assets under Investigation

Table 323 Immovable Tangible Capital Assets under Investigation

IMMOVABLE TANGIBLE CAPITAL ASSETS UNDER INVESTIGATION		Number	Value
	Note		R'000
Included in the above total of the immovable tangible capital assets per the asset register that are under investigation:			
Buildings and other fixed structures		3	1 058 528
<b>Total</b>		<b>3</b>	<b>1 058 528</b>

## AFS 7.34 Immovable Tangible Capital Assets: Capital Work in Progress

Table 324 Capital Work in Progress: Immovable Tangible Assets for the year ended 31 March 2023

IMMOVABLE TANGIBLE CAPITAL ASSETS: CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2023		Opening balance 1 April 2022	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2023
	Note	R'000	R'000	R'000	R'000
Buildings and fixed structures	Annex 7	340 147	179 632	65 337	454 442
<b>Total</b>		<b>340 147</b>	<b>179 632</b>	<b>65 337</b>	<b>454 442</b>

### AFS 7.34.1 Payables not recognised relating to Capital WIP

Table 325 Payables not recognised relating to Capital WIP

PAYMENTS NOT RECOGNISED RELATING TO CAPITAL WIP		Number	Value
	Note		R'000
Accruals		6 911	-
<b>Total</b>		<b>6 911</b>	<b>-</b>

### AFS 7.34.2 Capital Work in Progress as at 31 March 2022

Table 326 Capital Work in Progress for the year ended 31 March 2022

IMMOVABLE TANGIBLE CAPITAL ASSETS: CAPITAL WORK IN PROGRESS FOR THE YEAR ENDED 31 MARCH 2022		Opening balance 1 April 2022	Prior period error	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing balance 31 March 2022
	Note	R'000	R'000	R'000	R'000	R'000
Buildings and fixed structures		424 161	(4 744)	151 517	(230 787)	340 147
<b>Total</b>		<b>424 161</b>	<b>(4 744)</b>	<b>151 517</b>	<b>(230 787)</b>	<b>340 147</b>

## AFS 7.35 Principal-Agent Arrangements

### AFS 7.35.1 Department Acting as the Principal

Table 327 Principal-Agent Arrangements: Department Acting as the Principal

PRINCIPAL-AGENT ARRANGEMENTS: DEPARTMENT ACTING AS THE PRINCIPAL		2022/23	2021/22
	Note	R'000	R'000
Independent development Trust		1 770	1 604
Bigen Africa Services Pty LTD		18 427	42 221
<b>Total</b>		<b>20 197</b>	<b>43 825</b>

The Department is party to a principal-agent arrangement for infrastructure services. The Department is the principal and is responsible for providing funds for these activities.



## **AFS 7.36 Changes in Accounting Estimates**

### **AFS 7.36.1 Changes in Accounting Estimates**

Table 328 Changes in Accounting Estimates

CHANGES IN ACCOUNTING ESTIMATES	Value derived using the original estimate	Value derived using amended estimate	R-value impact of change in estimate
	R'000	R'000	R'000
<i>Accounting estimate change 1: Change in standard of valuation</i>			
Contingent liabilities: Claims against the state	1 864 643	824 547	(1 030 096)

The estimate methodology was applied on claims against the state balances in line with the requirements of the Modified Cash Standards.

## **AFS 7.37 Prior Period Errors**

### **AFS 7.37.1 Correction of Prior Period Errors**

Table 329 Correction of Prior Period Errors

CORRECTION OF PRIOR PERIOD ERRORS	2022/23			
		Amount bef error correction	Prior period error	Restated
	<i>Note</i>	R'000	R'000	R'000
<b>Revenue:</b>				
<b>Net Effect</b>				
<b>Expenditure:</b>				
Irregular expenditure		706 463	172 589	879 052
Immovable assets work-in-progress		344 891	(4 744)	340 147
Movable tangible capital assets		1 362 635	246 231	1 608 866
Minor Capital Assets		199 608	84 465	284 073
<b>Net Effect</b>		<b>2 613 597</b>	<b>498 541</b>	<b>3 112 138</b>
The Annual Financial Statements has been adjusted to better reflect the fair presentation of the Annual Financial Statements.				
The adjustment was due the New Kuruman Hospital was was not constructed but the cost incurred relating to preliminary construction costs.				
<b>Assets:</b>				
<b>Net Effect</b>				
<b>Liabilities:</b>				
Accruals not recognised	20.1	81 881	606 431	688 312
Payables not recognised	20.2	315 353	152 927	468 280
Contingent Liabilities – Breach of contact		211 825	-47 457	164 368
Contingent Liabilities – Motor vehicles accidents		425	-12	413
Contingent Liabilities – Other		20 497	-13 100	7 397
<b>Net Effect</b>		<b>629 981</b>	<b>698 789</b>	<b>1 328 770</b>
Adjustment of previous years amount incorrectly excluded from accruals and payables not recognised.				
<b>Other:</b>				
<b>Net Effect</b>				

## **AFS 7.38 Statement of Conditional Grants Received**

Table 330 Statement of Conditional Grants Received

STATEMENT OF CONDITIONAL GRANTS RECEIVED	2022/23									2021/22	
	GRANT ALLOCATION					SPENT				Division of Revenue Act / Provincial grants	Amount spent by department
	Division of Revenue Act / Provincial grants	Roll overs	DORA Adjustments	Other Adjustments	Total Available	Amount received by department	Amount spent by department	Under- / (Overspending)	% of available funds spent by department		
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
<b>Name of grant</b>											
National Tertiary Service Grant	420 514				420 514	420 514	420 514	-		397 756	397 758
District Health Services Grant	767 729				767 729	767 729	766 033	1 696		734 736	731 062
National Health Insurance	84 530		(4 019)		80 511	80 511	33 027	47 484		19 233	18 872
Health Facility Revitalization grant	444 942				444 942	444 942	362 731	82 211		379 637	379 637
Social Sector EPWP Incentive Grant	5 718				5 718	5 718	5 718	-		6 183	5 865
Human Resource, Training & Development	155 608				155 608	155 608	155 631	-23		130 873	130 873
<b>TOTAL</b>	<b>1 879 041</b>		<b>(4 019)</b>		<b>1 875 022</b>	<b>1 875 022</b>	<b>1 743 654</b>	<b>131 368</b>		<b>1 668 418</b>	<b>1 664 067</b>

Departments are reminded of the requirement to certify that all transfers in terms of this Act were deposited into the primary bank account of the province or, where appropriate, into the CPD account of the province.

## **AFS 7.39 Broad Based Black Economic Empowerment Performance**

Information on compliance with the B-BBEE Act is included in the Annual Report under the section titled B-BBEE Compliance Performance Information.

## **AFS 7.40 Covid-19 Response Expenditure**

Table 331 Covid-19 Response Expenditure

COVID-19 RESPONSE EXPENDITURE		2022/23	2021/22
	Note	R'000	R'000
Compensation of employees		-	15 673
Goods and services		33 937	162 832
Transfers and subsidies		-	-
Expenditure for capital assets		-	6 195
Other		-	-
<b>Total</b>	<b>Annex 11</b>	<b>33 937</b>	<b>184 700</b>

## **AFS 7.41 Going Concern Assessment**

Table 332 Going Concern Assessment

<b>GOING CONCERN ASSESSMENT: NET CURRENT LIABILITY POSITION</b>	
	<b>R'000</b>
<b>Current Assets</b>	<b>2741</b>
Cash and cash equivalents	-
Receivables	2 741
<b>Total</b>	<b>2 741</b>
	<b>445 701</b>
Voted funds to be surrendered to the Revenue Fund	144 389
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	5 963
Payables	8 543
Bank overdraft	282 787
Aid assistance unutilised	4 019
<b>Add: Current Liabilities in Notes</b>	<b>1 199 139</b>
Accruals and payables not realised	908 471
Employee benefits	290 668
<b>Total Current Liabilities</b>	<b>1 644 840</b>
<b>Net Current Liabilities</b>	<b>(1 642 099)</b>

The Department reported a negative current liability of R1 642 099. This may suggest that the Department is not a going concern or has liquidity challenges. The Department did not exceed its cash flow at the end of the year under review. Furthermore, provision is made for future funding through the budget commitment on the Medium Term Expenditure Framework. These budgets are committed for the medium term between 2023/24 to 2025/26 financial years.

Management has considered the current economic environment in which the Department operates and the likelihood of continued government funding. Management is not aware of any material uncertainties which may cause significant doubt upon the province's ability and commitment to continue funding the department.

## Annexures to the Annual Financial Statements

### **ANNEXURE 1A: STATEMENT OF TRANSFERS/SUBSIDIES TO PUBLIC CORPORATIONS AND PRIVATE ENTERPRISES**

Table 333 Statement of Statement of Transfers / Subsidies to Public Corporations and Private Enterprises

STATEMENT OF TRANSFERS/SUBSIDIES TO PUBLIC CORPORATIONS AND PRIVATE ENTERPRISES	2022/23								2021/22
	GRANT ALLOCATION				EXPENDITURE				Final Appropriation
	Adjusted Appropriation Act	Roll overs	Adjustments	Total Available	Actual transfer	% of Available funds transferred	Capital	Current	
Name of public corporation / private enterprise	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
<b>Public Corporations</b>									
<b>Transfers</b>									
Fines & Penalties					38				33
<b>Total</b>					38				33

### **ANNEXURE 1B: STATEMENT OF TRANSFERS TO HOUSEHOLDS**

Table 334 Statement of Statement of Transfers to Households

STATEMENT OF TRANSFERS TO HOUSEHOLDS	2022/23						2021/22
	TRANSFER ALLOCATION				EXPENDITURE		Final Appropriation
	Adjusted Appropriation Act	Roll overs	Adjustments	Total Available	Actual transfer	% of available funds transferred	
Household	R'000	R'000	R'000	R'000	R'000	%	R'000
<b>Transfers</b>							
H/H :EMPL S/BEN: LEAVE GRATUITY	10 654		422	11 076	11 076	100%	9 711
H/H: EMP S/BEN: INJURY ON JUTY					69		
H/H : CLAIMD AGAINST THE STATE	9 148		51 619	60 767	60 767	100%	
H/H: BURSARIES(NON EMPLOYEES)	16 772		(16 731)	41	41	100%	16 114
H/H : DONATION & GIFTS(CASH)	2 060		(1 794)	266	266	100%	
<b>Total</b>	<b>38 634</b>		<b>33 585</b>	<b>72 219</b>	<b>72 219</b>		<b>25 825</b>

**ANNEXURE 2A: STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2023 – FOREIGN**

Table 335 Statement of Financial Guarantees Issued as at 31 March 2023 - Foreign

STATEMENT OF FINANCIAL GUARANTEES - FOREIGN	Guarantee in respect of	Original guaranteed capital amount	Opening balance 01-Apr-22	Guarantees drawdowns during the year	Guarantees repayments/cancelled/reduced during the year	Revaluation due to foreign currency movements	Closing balance 31-Mar-23	Revaluation due to inflation rate movements	Accrued guaranteed interest for year ended 31 March 2023
Guarantor institution		R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
	Motor vehicles								
<b>Subtotal</b>									
	Housing								
ABSA			352						352
FNB			242						242
NEDBANK			176						176
STANDARD BANK			317						317
OLD MUTUAL BANK			72						72
PEOPLES BANK			13						13
<b>Subtotal</b>			<b>1 172</b>						<b>1 172</b>
<b>TOTAL</b>			<b>1 172</b>				<b>1 172</b>		

**ANNEXURE 2B: STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2023**

*Table 336 Statement of Contingent Liabilities as at 31 March 2023*

<b>STATEMENT OF CONTINGENT LIABILITIES</b>	<b>Opening balance</b>	<b>Liabilities incurred during the year</b>	<b>Liabilities paid / cancelled / reduced during the year</b>	<b>Liabilities recoverable (Provide details hereunder)</b>	<b>Closing balance 31 March 2023</b>
	<b>01-Apr-22</b>				
<b>Nature of liability</b>	<b>R'000</b>	<b>R'000</b>	<b>R'000</b>	<b>R'000</b>	<b>R'000</b>
<b>Claims against the department</b>					
Medico legal cases	1 564 226	221 177	1 184 792		600 611
Breach of contract	164 368	47 484	5 714		206 138
Motor vehicle accidents	413	-	14		399
Labour matters	6 995	-	82		6 913
Others	7 397	19 077	15 988		10 486
<b>Total</b>	<b>1 743 399</b>	<b>287 738</b>	<b>1 206 590</b>		<b>824 547</b>

### ANNEXURE 3: CLAIMS RECOVERABLE

Table 337 Claims Recoverable

CLAIMS RECOVERABLE	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash-in-transit at year end 2022/23 *	
	31/03/2023	31/03/2022	31/03/2023	31/03/2022	31/03/2023	31/03/2022	Receipt date up to six (6) working days after year end	Amount
Government entity	R'000	R'000	R'000	R'000	R'000	R'000		R'000
<b>Department</b>								
National Department of Justice		10				10		
National department of Health	-	-	25 990	17 700	25 990	17 700		
Free state Department of Health			6 921	6 921		6 921		
Gauteng Department of Health			771	771		771		
Western Cape Department of Health			5 320	5 320		5 320		
Northern Cape Department of Environment		71		-		71		
Eastern Cape Department of Health			85	85		85		
Northern West Department Public Works			49	49	49	49		
Northern Cape Provincial Treasury			111	111	111	111		
Northern Cape Department of Public Works			356	356		356		
KZN			177	177		177		
Northern Cape FET			124	124		124		
Western Cape Correctional Services			19	19		19		
Northern Cape Department of Social Development			602	602	602	602		
Northern Cape Department of Agriculture			180	180		180		
Mpumalanga Department of Health			94	94		94		
<b>Other Government Entities</b>								
<b>Subtotal</b>		<b>81</b>	<b>40 799</b>	<b>32 509</b>	<b>26 752</b>	<b>32 519</b>		
<b>TOTAL</b>		<b>81</b>	<b>40 799</b>	<b>32 509</b>	<b>26 752</b>	<b>32 519</b>		

## ANNEXURE 4: INTERGOVERNMENT PAYABLES

Table 338 Intergovernment Payables

INTERGOVERNMENT PAYABLES	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash-in-transit at year end 2022/23	
	31/03/2023	31/03/2022	31/03/2023	31/03/2022	31/03/2023	31/03/2022	Payment date up to six (6) working days after year end	Amount
GOVERNMENT ENTITY	R'000	R'000	R'000	R'000	R'000	R'000		R'000
<b>DEPARTMENTS</b>								
<b>Current</b>								
National Department of Justice		952	952	2 519	2 519	3 471	3 471	
National Department of Public Works				15 063	15 063	15 063	15 063	
Free State Department of Health		4 788	4 788	-	-	4 788	4 788	
North West Department of Health			-	-	8	8	8	
Northern Cape Social Development		197	197			197	197	
Northern Cape Office of the Premier			-	1 358	1 358	1 358	1 358	
Western Cape Department of Health		11	11			11	11	
Eastern Cape Department of Health		76	76				76	
Limpopo Department of Health			-	150	150	150	150	
Northern Cape Department of Sports, Arts and Culture		37	37		-	37	37	
SAPS		-	-	-	-	-	-	
National Department of Health		-	-	245	-	245	-	
<b>Subtotal</b>		<b>6 061</b>	<b>6 061</b>	<b>19 343</b>	<b>19 098</b>	<b>25 356</b>	<b>25 111</b>	
<b>Non-current</b>								
<b>Subtotal</b>								
<b>Total Departments</b>		<b>6 061</b>	<b>6 061</b>	<b>19 343</b>	<b>19 098</b>	<b>25 356</b>	<b>25 111</b>	
<b>OTHER GOVERNMENT ENTITIES</b>								
<b>Current</b>								
<b>Subtotal</b>								
<b>Non-current</b>								
<b>Subtotal</b>								
<b>Total Other Government Entities</b>								
<b>TOTAL INTER-GOVERNMENT PAYABLES</b>		<b>6 061</b>	<b>6 061</b>	<b>19 343</b>	<b>19 098</b>	<b>25 356</b>	<b>25 111</b>	



## **ANNEXURE 5: INVENTORIES**

Table 339 Inventories

INVENTORIES	2022/23					2021/22				
	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Total	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Insert major category of inventory	Total
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
Opening balance	54 166				54 166	51 850	-	-	-	51 850
Add/(Less): Adjustments to prior year balances	-				-	-	-	-	-	-
Add: Additions/Purchases - Cash	375 191				375 191	352 207	-	-	-	352 207
Add: Additions - Non-cash	5 835				5 835	352	-	-	-	352
(Less): Disposals	-				-	-	-	-	-	-
(Less): Issues	-379 061				-379 061	(348 515)	-	-	-	(348 515)
Add/(Less): Received current, not paid; (Paid current year, received prior year)						-	-	-	-	-
Add/(Less): Adjustments	-9 162				-9 162	(1 727)				(1 727)
<b>Closing balance</b>	<b>46 969</b>				<b>46 969</b>	<b>54 166</b>				<b>54 166</b>

## ANNEXURE 6: MOVEMENT IN CAPITAL WORK IN PROGRESS

Table 340 Movement in Capital Work in Progress

MOVEMENT IN CAPITAL WORK IN PROGRESS	2022/23				2021/22				
	Opening balance	Current year CWIP	Ready for use (Asset Register) / Contract terminated	Closing balance	Opening balance	Prior period error	Current year CWIP	Ready for use (Asset Register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
<b>HERITAGE ASSETS</b>									
Heritage assets									
<b>MACHINERY AND EQUIPMENT</b>									
Transport assets									
Computer equipment									
Furniture and office equipment									
Other machinery and equipment									
<b>SPECIALISED MILITARY ASSETS</b>									
Specialised military assets									
<b>BIOLOGICAL ASSETS</b>									
Biological assets									
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>									
Dwellings									
Non-residential buildings									
Other fixed structures	340 147	164 277	65 337	439 087	424 161	-4774	151 517	(230 787)	340 147
<b>LAND AND SUBSOIL ASSETS</b>									
Land									
Mineral and similar non-regenerative resources									
<b>SOFTWARE</b>									
Software									
<b>MASTHEADS AND PUBLISHING TITLES</b>									
Mastheads and publishing titles									
<b>PATENTS, LICENCES, COPYRIGHT, BRAND NAMES, TRADEMARKS</b>									
Patents, licences, copyright, brand names, trademarks									
<b>RECIPES, FORMULAE, PROTOTYPES, DESIGNS, MODELS</b>									
Recipes, formulae, prototypes, designs, models									
<b>SERVICES AND OPERATING RIGHTS</b>									
Services and operating rights									
<b>TOTAL</b>	<b>340 147</b>	<b>164 277</b>	<b>65 337</b>	<b>439 087</b>	<b>424 161</b>	<b>-4774</b>	<b>151 517</b>	<b>(230 787)</b>	<b>340 147</b>

**ANNEXURE 7: COVID-19 RESPONSE EXPENDITURE (PER QUARTER AND IN TOTAL)**

Table 341 Covid-19 Response Expenditure (per quarter and in total)

COVID-19 RESPONSE EXPENDITURE	2022/23					2021/22
	Q1	Q2	Q3	Q4	Total	Total
Expenditure per economic classification	R'000	R'000	R'000	R'000	R'000	R'000
<b>Compensation of employees</b>						
<b>Goods and services</b>	<b>3 925</b>	<b>5 580</b>	<b>15 783</b>	<b>8 649</b>	<b>33 937</b>	<b>162 832</b>
Catering Departmental Activities				8	8	162 832
Legal Services			7 123		7 123	-
Agency & Support/Outsourced Services	3 890	2 769	8 624	8 624	23 907	-
Inv: Chems,Fuel,Oil,Gas,Wood&Coal		2 331			2 331	-
Travel & Subsistence	172	480	36	17	533	-
Inv:Medical Supplies						
<b>Transfers and subsidies</b>						
<b>Expenditure for capital assets</b>						
<b>Other expenditure not listed above</b>						
<b>TOTAL COVID 19 RESPONSE EXPENDITURE</b>	<b>3 925</b>	<b>5 580</b>	<b>15 783</b>	<b>8 649</b>	<b>33 937</b>	<b>162 832</b>

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health

Department of Health  
**NORTHERN CAPE**

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Tel: 053 830 2100

[PAHODHEALTH@ncpg.gov.za](mailto:PAHODHEALTH@ncpg.gov.za)

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