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Department:

Health

**PROVINCE OF KWAZULU-NATAL**

# ANNUAL REPORT

## 2010/11

PR164/2011  
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**SUBMITTING THE 2010/11 ANNUAL REPORT TO THE EXECUTIVE  
AUTHORITY**



**health**

Department:  
Health  
**PROVINCE OF KWAZULU-NATAL**

**Dr S.M. Dhlomo**

**MEC for Health**

**KwaZulu-Natal Department of Health**

**SUBMISSION OF THE 2010/11 ANNUAL REPORT FOR THE KWAZULU-NATAL DEPARTMENT OF HEALTH**

In accordance with section 40(1)(d) of the Public Finance Management Act, 1999; the Public Service Act, 1994 (as amended); and the National Treasury Regulations, I have the honour of submitting the KwaZulu-Natal Department of Health Annual Report for the Period 1 April 2010 to 31 March 2011.

**Dr SM Zungu**

**Accounting Officer**

**KwaZulu-Natal Department of Health**

**Date: 11/08/2011**

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**  
**ANNUAL REPORT 2010/11**

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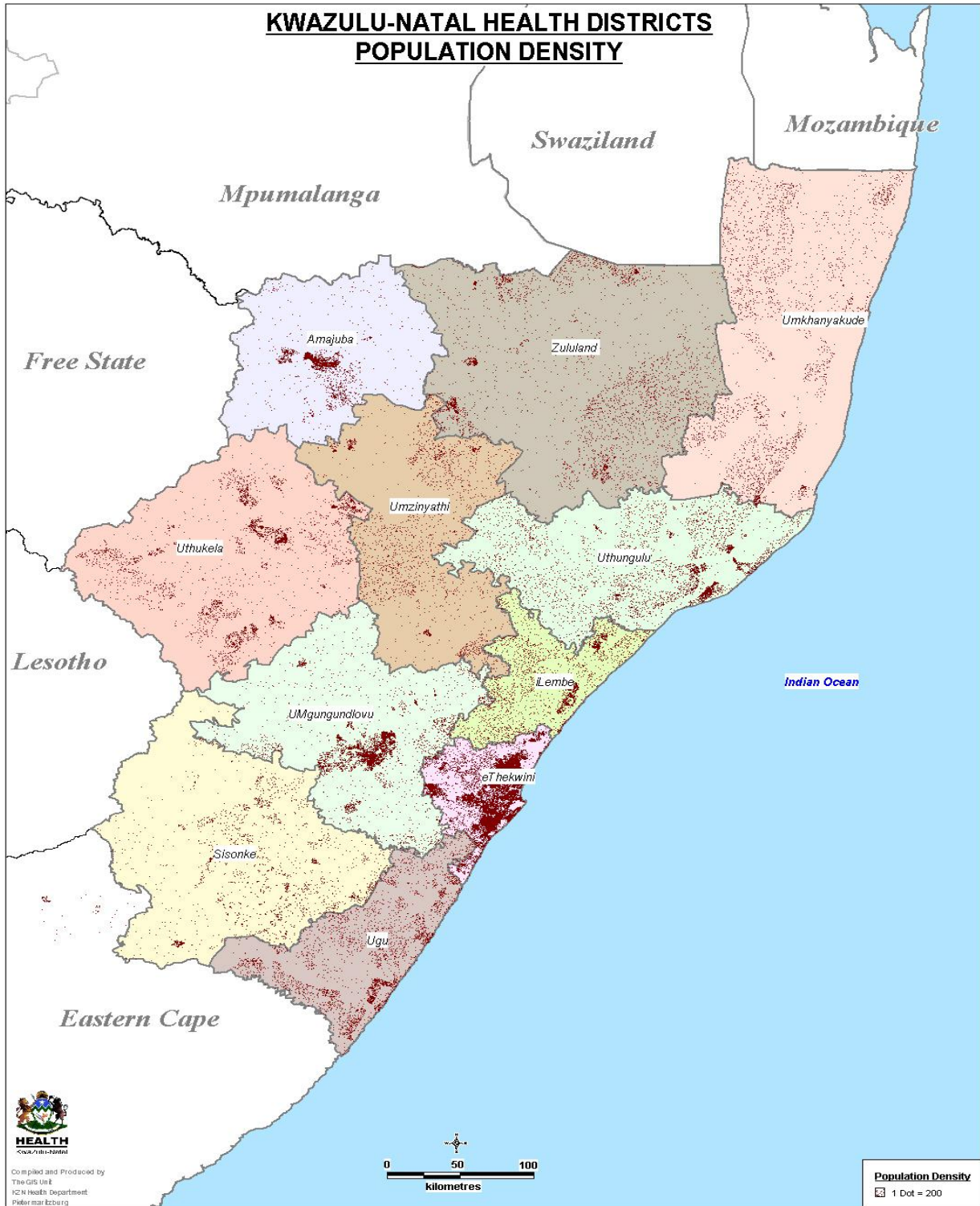
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# **PART A**

# **GENERAL INFORMATION**



## **1. GENERAL INFORMATION**

### **1.1 VISION, MISSION AND VALUES**

#### **VISION**

To achieve optimal health status for all persons in KwaZulu-Natal

#### **MISSION**

To develop and deliver a sustainable, coordinated, integrated and comprehensive health system at all levels of care based on the Primary Health Care approach through the District Health System

#### **VALUES**

Trust built on truth;

Open communication;

Commitment to performance;

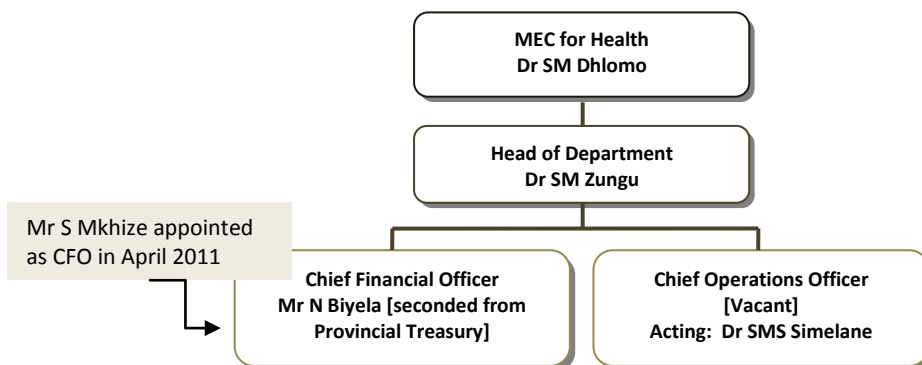
Integrity and reconciliation;

Transparency and consultation; and

Courage to learn, change and innovate

## 1.2 ORGANISATIONAL STRUCTURE

Figure 1: Executive Management Structure [Attached in Annexure A]



The Department commenced with the review of the organisational structure, informed by Departmental Business Processes. Finalisation expected in the 2011/12 financial year.

The high vacancy rate at Senior Management level was a challenge during the reporting period. The numerous acting positions placed tremendous pressure on staff and unduly impact on service delivery.

### ***Vacancies and appointments: Senior and District Management***

#### ***Vacancies***

- ★ District Manager Uthungulu District from 1 February 2009 to 1 May 2010.
- ★ District Manager Amajuba District from 1 March 2010 to 31 December 2010.

- ★ District Manager Umkhanyakude District from 1 January 2010 to 30 April 2010.
- ★ District Manager Uthukela District from 1 October 2008 to 30 April 2010.
- ★ Manager Emergency Medical Services from 1 February 2010 to 14 March 2011.
- ★ Chief Information Officer from 1 October 2005 to 28 February 2011.
- ★ General Manager Infrastructure Development from 25 February 2010 to 28 February 2011.
- ★ General Manager Policy & Systems Development from 1 May 2010 to date.
- ★ General Manager Supply Chain Management from 25 August 2010 to date.
- ★ General Manager Priority Health Programmes from 1 October 2010 to date.
- ★ Chief Operating Officer from 1 January 2009 to date.

- ★ General Manager Corporate Communications from 2 October 2010 to date.
- ★ General Manager Legal Services: Current incumbent on suspension.
- ★ General Manager Integrated Health Planning, Monitoring & Evaluation from 20 August 2008 to date.

### **Appointments**

- ★ Uthungulu District Manager 1 May 2010.
- ★ Amajuba District Manager 1 January 2011.
- ★ Umkhanyakude District Manager 1 May 2010.
- ★ Uthukela District Manager 1 May 2010.
- ★ General Manager Emergency Medical Services 15 March 2011.
- ★ Chief Information Officer 1 March 2011.
- ★ General Manager Infrastructure Development 1 January 2011.

## **1.3 LEGISLATIVE MANDATE**

### ***The Constitution of the Republic of South Africa (Act No. 108 of 1996)***

- ★ *Section 27(1):* “Everyone has the right to have access to ... health care services, including reproductive health care”
- ★ *Section 27 (2):* “The State must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights”

- ★ *Section 27(3):* “No one may be refused emergency medical treatment”
- ★ *Section 28(1):* “Every child has the right to ...basic health care services...”
- ★ *Schedule 4* list health services as a concurrent national and provincial legislative competence:
- ★ *Section 195:* Public administration must be governed by the democratic values and principles enshrined in the Constitution
- ★ *Section 195 (1b):* Efficient, economic and effective use of resources must be promoted
- ★ *Section 195 (1d):* Services must be provided impartially, fairly, equitably and without bias
- ★ *Section 195 (1h):* Good human resource management and career development practices, to maximise human potential must be cultivated

### ***In carrying out its functions, the Department is governed mainly by the following Acts and Regulations:***

- ★ *National Health Act (Act No. 61 of 2003):* Provides for a transformed National Health System
- ★ *Mental Health Care Act (Act No. 17 of 2002):* Provides the legal framework for mental health and in particular the admission and discharge of mental health patients in mental health institutions
- ★ *Public Finance Management Act (Act No. 1 of 1999 as amended) and Treasury Regulations:* Provides for the administration of State funds by functionaries, their responsibilities and incidental matters
- ★ *Preferential Procurement Policy Framework Act (Act No. 5 of 2000):* Provides for the implementation of

the policy for preferential procurement pertaining to historically disadvantaged entrepreneurs

★ *Division of Revenue Act (Act 7 of 2003)*: Provides for the manner in which revenue generated may be disbursed

★ *Public Service Act (Act No. 103 of 1994) and the Public Service Regulations*: Provides for the administration of the public service in its national and provincial spheres, and the powers of ministers to hire and fire

★ *Medicines and Related Substances Act (Act No. 101 of 1965 as amended)*: Provides for the registration of medicines and other medicinal products to ensure their safety, quality and efficacy, and also provides for transparency in the pricing of medicines

★ *Pharmacy Act (Act No. 53 of 1974 as amended)*: Provides for the regulation of the pharmacy profession, including community service by pharmacists

★ *Nursing Act (Act 33 of 2005)*: Provides for the regulation of the nursing profession

★ *Choice of Termination of Pregnancy Act (Act No. 92 of 1996, as amended)*: Provides the legal framework for termination of pregnancies

★ *Labour Relations Act (Act No. 66 of 1995)*: Provides for the law governing labour relations and incidental matters

★ *Basic Conditions of Employment Act (Act No. 75 of 1997)*: Provides for the minimum conditions of employment that employers must comply with in their workplace

★ *Skills Development Act (Act No. 97 of 1998)*: Provides for the measures that employers are required to take to improve the levels of skills of employees in the workplace

★ *National Health Laboratories Services Act (Act No. 37 of 2000)*: Provides for a statutory body that provides laboratory services to the public health sector

★ *Occupational Health and Safety Act (Act No. 85 of 1993)*: Provides for the requirements that employees must comply with in order to create a safe working environment in the workplace

★ *Traditional Health Practitioners Act (Act No. 35 of 2004)*: Regulates the practice and conduct of Traditional Health Practitioners

★ *Health Professions Act (Act No. 56 of 1974)*: Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals

★ *Human Tissue Act (Act No. 65 of 1983)*: Provides for the administration of matters pertaining to human tissue

★ *Sterilisations Act (Act 44 of 1998) and Amendments*: Provides the legal framework for sterilisations

★ *Promotion of Access to Information Act (Act 2 of 2000)*: Amplifies the constitutional provision pertaining to accessing information under the control of various bodies

★ *Employment Equity Act (Act 55 of 1998)*: Measures that must be put into operation in the workplace to eliminate discrimination and promote affirmative action



- ★ *State Information Technology Act (Act 88 of 1998):* responsible for the State’s information technology  
Creation and administration of an institution system

## **1.4 ENTITIES REPORTING TO THE MINISTER**

See Annual Financial Statements Annexures D and 1F.



## **1.5 MEC'S STATEMENT**



The 2010/11 Annual Report reflects the key milestones achieved by the Department in its quest to improve the health status of our citizens and in so doing increase life expectancy. Of equal importance, it also reflects the limitations and constraints encountered by the Department during the reporting period, which will be addressed going forward. We fully acknowledge the critical importance of learning equally from our achievements as well as our oversights and limitations.

South Africa, and our Province, is in the grip of an unprecedented communicable diseases epidemic from HIV and TB and increasing diseases of poverty resulting in infant and childhood deaths. As a result of demographic transition, diseases of lifestyle are increasing and large numbers of people are injured and dying as a result of poor road safety and high levels of crime.

Within our Province there are still significant differences in general health status which is intrinsically linked with

various degrees of social and economic deprivation. These diverse challenges and constraints impacted negatively on our performance in several areas and also impact significantly on health outcomes irrespective of progress made in health care delivery.

The challenge facing the Department is to develop coherent and integrated strategies to address sustainable community initiatives. This is a course of action that we are committed to and which recognises that health is a precondition for sustainable social and economic growth. We committed ourselves to the implementation of Operation Sukuma Sakhe to improve health care at household level, which will be the foundation for revitalisation of PHC.

The public health system remains the provider of healthcare to the vast majority of people within the Province, and the increasing burden of disease continuously increase service needs and demands. During 2010/11 more than 25.8 million patients visited our 778 PHC services; 6,272,504 patients visited out-patient departments; and 664,268 patients were admitted in our hospitals.

Over the past 15 years the impact of HIV and AIDS has increased and has affected virtually every key measurement of health. The negative result of this spiralling HIV generalized epidemic impact markedly on life expectancy, maternal and child morbidity and mortality, and increase morbidity and mortality caused by other diseases including tuberculosis.

Targeted interventions to decrease HIV and TB infection begin to show results.

- The TB cure rate increased from 62.9% in 2009/10 to 68.2% in 2010/11 and the defaulter rate decreased from 8.1% in 2009/10 to 7% in 2010/11.
- A total of 408,238 South Africans living with HIV and AIDS were initiated on antiretroviral treatment (ART) in 2010/11 reflecting a 28% increase from the 319,015 people who were on treatment in 2009/10.
- The mother to child transmission was reduced from 10.3% in 2009/10 to 7% in 2010/11. An independent survey reports a transmission rate as low as 3%.

I will be forthright and mention that the Department has received a qualified audit opinion for 2010/11 from the Office of the Auditor-General (South Africa) for reasons outlined in this report. This provides us with an important baseline to work from to improve financial and performance management.

The obstacles have been formidable and the task monumental. We are however cognisant that transformation is a process and not all mindsets have been equally transformed. With the new realities, we are confident that those that are resistant will gradually make the paradigm shift under inspirational leadership.

As we take a considered step forward, we do so filled with a deep sense of commitment and determination to continue on the journey of transformation in order to meet the needs, demands and expectations of all our citizens who depend on us.

Many health workers and managers dedicated themselves to improved service delivery in 2010/11 and their efforts are acknowledged and commended. As we continue on our journey to improve the health system, their commitment will continue to be paramount.

My gratitude goes to the Head of Department, Dr SM Zungu, who continue to steer this ship calmly and purposefully. Her leadership and commitment serves as example to all the health workers and managers.

I hereby endorse the 2010/11 Annual Report for submission.



**Dr SM Dhlomo**

**MEC for Health**

**KwaZulu-Natal Department of Health**

**Date:** 11/08/2011

## **1.6 ACCOUNTING OFFICER'S OVERVIEW**



The Annual Report presents the Departmental achievements against strategic goals, objectives and targets set in the 2010–2014 Strategic Plan and the 2010/11 Annual Performance Plan. Challenges, including the public sector strike, the complexity of the quadruple burden of disease and consequent demand for services, and resource limitations continued to challenge service delivery and health outcomes.

Core priorities for 2010/11 were aligned with the strategic priorities in the Negotiated Service Delivery Agreement [Outcome 2: “*A long and Healthy Life for all South Africans*”], while honouring the official mandate of the Department.

### **OUTCOME 1: INCREASE LIFE EXPECTANCY**

According to Statistics SA 2010 projections for KZN, the life expectancy for males was 47.4 years and females 52.8 years compared with the national target of 60.8 years by 2015.

The quadruple burden of disease [partly due to the demographic transition] including but not exclusive to heart disease, strokes, diabetes, hypertension; traditional diseases of poverty [malnutrition and diarrhoeal diseases in children]; injuries caused by road traffic accidents and violence; and the explosive rise of infectious diseases with the advent of the HIV epidemic and TB have a significant impact on health outcomes in the Province. The infant, child, and maternal mortality rates are high with the AIDS epidemic exacerbating the disease burden and increasing morbidity and mortality.

- New diabetes cases on treatment increased from 27,717 in 2009/10 to 31,387 in 2010/11 [+13.2%];
- New hypertension cases on treatment decreased from 73,878 in 2009/10 to 70,573 on 2010/11 [-4.5%];
- Malaria incidence was 0.05/1000 [542 cases] compared with the national target of <1/1000 population;
- Malaria case fatality rate was 1.47% [8 deaths] against the national MDG target of <1% by 2015.

### **OUTCOME 2: DECREASE CHILD AND MATERNAL MORTALITY [AND MORBIDITY]**

The Department continued to build on the milestones already achieved to reduce morbidity and mortality amongst children, mothers and women.

According to ASSA 2010 projections for KZN the:

- Under-five mortality rate is 87.7 per 1000 live births compared with the 2015 MDG target of 20/1000 live births; and

- Infant mortality rate is 55.8 per 1000 live births compared with the 2015 MDG target of 18/1000 live births.

Pneumonia and diarrhoea are still the two leading causes of morbidity and mortality in children under-5 years in the Province. Immunisation services, for prevention of vaccine preventable diseases was scaled up with the introduction of the Pneumococcal and Rotavirus vaccines in 2009/10.

- The number of children under-5 years treated for diarrhoea at PHC level decreased from 224,666 in 2009/10 to 180,571 in 2010/11. Of these children, 29,716 or 16% were treated for diarrhoea with dehydration.
- The number of children under-5 years treated for pneumonia at PHC level increased from 209,153 in 2009/10 to 334,368 in 2010/11.
- The incidence of severe malnutrition in children under 5 years decreased from 11.2/1000 in 2005/06 to 7.1/1000 in 2010/11.
- Although the admissions for severe malnutrition [children under-5 years] increased from 1,889 in 2007/08 to 3,558 in 2010/11, the proportion of admitted children who died decreased from 16% in 2007/08 to 12% in 2010/11.
- The immunisation coverage under 1 year is 85% compared with the national target of 90%;
- Elimination of measles, a country obligation, has not been achieved. Following the national measles outbreak in 2010/11, a total of 3,680 positive measles cases were confirmed in the Province.

#### ***PMTCT Programme***

- The baby PCR test positive results at 6 weeks decreased from 10.3% in 2009/10 to 7% in 2010/11.
- A total of 9,701 eligible pregnant women were placed on HAART which is considered vital for improving maternal health.

#### ***Maternal Health***

- According to the National Confidential Enquiries into Maternal Deaths 2004-2007 the maternal mortality ratio was 210/100 000.
- The number of reported maternal deaths in the Province increased from 243 in 2001 to 318 in 2010, with an institutional maternal mortality rate of 170/100 000 which is significantly higher than the 2015 MDG target of 38/100 000 live births.
- The delivery rate for women under the age of 18 years was 8.8% [16,564 deliveries] which is a public health concern.

#### ***Women's Health***

The cervical cancer screening coverage increased to 57.4% although an in-depth review must determine the smear adequacy rate, routine versus diagnostic smears, and incidence and successful management of abnormal smears.

#### **OUTCOME 3: COMBAT HIV, AIDS, STI AND THE BURDEN OF DISEASES FROM TB**

HIV, AIDS and TB were identified as three of the apex priorities during the reporting year and maintained its massive commitment towards improving health outcomes. Interventions for HIV, AIDS and STI's are showing progress although inevitably progress is overshadowed by the magnitude of the epidemic.



Rehle T. et al.<sup>1</sup> estimated the HIV incidence in KwaZulu-Natal at 1.7% which is similar to the Health Systems Trust estimate of 1.6%.

The Province consistently recorded the highest HIV prevalence for pregnant women since 1990, and according to the 2009 National ANC Survey, the Provincial HIV prevalence increased from 38.7% in 2008 to 39.5% in 2009. Five districts, Uthungulu [46.4%]; eThekweni [41.5%]; Umgungundlovu [40.9%]; Ilembe [40.6%]; and Ugu [40.2%] exceeded 40% prevalence.

Pivotal areas of emphasis revolved around integration of HIV and TB services and the intensification of HIV prevention programmes including Male Medical Circumcision, the HCT campaign, increased activity in High Transmission Areas, improved condom distribution including at high transmission areas.

- There are 53 High Transmission Area (HTA) intervention sites [taxi ranks, correctional service sites, hostels, truck stops, farm dwellings and street vendors] to reach high-risk groups and/or groups of people that are not usually targeted for health interventions.
- On the 30<sup>th</sup> of April 2010 the Department launched the HCT Campaign at the Edendale Hospital, targeting to test a total of 3, 059, 234 people by the end of June 2011. By the end of the reporting period, a total of 2,052,773 people were tested for HIV. Of these, 24,953 [1.2%] tested positive for HIV; 94,190 were screened for TB; and 17,365 were referred for clinical diagnosis of TB.

- On the 10<sup>th</sup> of April 2010 the Province launched the Male Medical Circumcision campaign following a call by His Majesty the King. By the end of March 2011, the Department performed a total of 33,875 circumcisions as part of the strategy.
- Services for Post Exposure Prophylaxis [PEP] for sexual assault are available in 100% public hospitals and 11 CHC's. During 2010/11, a total of 10,289 new sexual assault cases were reported and 5,349 [51.9%] survivors received ARV prophylaxis. Children under the age of 12 years constituted 5,180 [50.3%] of these reported cases.
- During the same reporting period, a total of 1,090 occupational exposures to HIV were reported with 1,016 [93%] of staff members receiving ARV prophylaxis.
- The number of registered patients on ART increased from 319,015 at the end of March 2010 to 408,238 at the end of March 2011 [28% increase]. The Department appointed 23 roving teams to improve access to ART at PHC level.

### ***Tuberculosis***

Tuberculosis, a preventable and curable disease, continues to be a major challenge in KZN hence being considered as a core priority.

- According to data from the TBR.Net, the Provincial TB incidence is 1,160/100 000
- The TB cure rate increased from 62.9% in 2009/10 to 68.4% in 2010/11;
- The smear conversion rate at two months increased from 68.7% in 2009/10 to 69% in 2010/11;
- The TB defaulter rate decreased from 8.1% in 2009/10 to 7% in 2010/11; and

<sup>1</sup> Rehle T et al 2007. National HIV incidence measures – new insights into the South African epidemic. South African medical Journal 97:194-199

- The percentage of TB specimens with a turnaround time of less than 48 hours increased to 71%.

The department commenced with the Community-Based Management of MDR TB to thwart the shortage of beds and lengthy hospitalisation for patients. A total of 16 mobile injection teams were established during the reporting period, which will be rolled out further in 2011/12.

#### **OUTCOME 4: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS**

The Department commenced with strategies to overhaul the Provincial Health Services including the revitalisation of PHC; improving governance; strengthening management capacity; and decentralising delegations and accountability.

Review of the Service Transformation Plan [as core guiding document] commenced with core intention to move away from the current fragmented and curative-based health system to a more decentralized, community-based and cost effective health service model is intended to improve equity, access and availability through the Primary Health Care (PHC) approach.

High Senior Management vacancy rates were a challenge during the reporting year and placed tremendous pressure on strategic mandate.

- Vacancies included 4 District Manager posts [all filled by the end of 2010/11]; 1 Chief Operating Officer post [post not filled]; 9 General Manager posts [3 posts filled during 2010/11].

The Department commenced with an organisational review to inform the aligned organisational structure with business mandates to improve health system effectiveness, efficiency, service delivery and ultimate health outcomes. This process will be concluded in 2011/12.

Improved Human Resource Management Systems were high on the agenda. The Department commenced with the Persal cleanup in 2010/11; minimum staff establishments were developed for all District Hospitals which will serve as baseline for filling of critical posts. Both these processes will be concluded in 2011/12.

- A total of 846 Professional Nurses, 105 Advanced Midwives, and 40 Medical Registrars graduated during the year.
- The Department offered bursaries to 601 students including 14 new students for the Cuban Medical Training Programme and 283 nursing learners for the 2 and 4-year programmes.
- The Department still faces serious challenges in recruiting and retaining critical skills in especially rural areas. This has a knock-on effect on service delivery e.g. unequal distribution of resources, skills and competencies which in turn impact on service delivery output and ultimate health outcomes.

Implementation of the Finance and Supply Chain Management (SCM) 3-year Turn-Around Strategy reaped positive results in 2010/11 by curbing over-expenditure through the implementation of cost saving measures and improving financial management, which is highlighted in the Annual Financial Statements. Alignment of budget with service delivery improved and

the foundation was laid for a more appropriate funding model.

**Primary Health Care and District Hospital services**

Revitalisation of the PHC has been prioritised as an integral part of the transformation of health services.

- PHC services are provided by 176 mobile services [476 mobile stopping points visited twice monthly], 585 clinics [142 rendering on-call services], and 16 CHC's and during February and March 2011 the MEC for Health officially opened 11 clinics.
- More than 25.8 million patients visited PHC services during 2010/11. Utilisation rates show a downward trend between 2009/10 and 2010/11 mainly attributed to the extended public sector strike in 2010.
- Community-based services were expanded to improve health service delivery at household level and during 2010/11 Home-Based Carers visited 3,153,811 homes and served 476,189 patients. The programme provided support to 138,942 families [excluding child headed families]; 9,714 child headed families; and 50,323 orphans and vulnerable children. Through the programme 8,692 TB defaulters were traced during 2010/11.
- The Department, in collaboration with the Department of Social Development, commenced with integrated Youth Ambassador and Community Care Givers Programmes as critical components of Operation Sukuma Sakhe and revitalisation of Primary Health Care (PHC). The programmes aim to improve integrated and comprehensive community-based services in line with Government's intention encapsulated in Outcome 2 of the Negotiated

Service delivery Agreement (NSDA) "*A long and healthy life for all South Africans*".

- 39 District Hospitals rendered services as part of the District Health System. A total of 318,123 patients were admitted and more than 2.5 million out-patients were managed during 2010/11.
- Governance and community participation improved with the establishment of operational Clinic Committees at 81% of PHC services.

**Regional and Specialised Hospitals**

- There are 14 Regional Hospitals. A total of 307,766 patients were admitted and 3.4 million visited out-patients in 2010/11.
- Specialised Hospitals included 10 TB Hospitals, 6 Psychiatric Hospitals, and 2 Chronic Hospitals. A total of 9,031 patients were admitted during the reporting period.

**Tertiary and Central Hospitals**

- During 2010/11, a total of 318,080 patients were seen at out-patient departments in Greys and IALCH; 29,348 patients were admitted [12,506 in Greys and 16,842 in IALCH]; and 1,324 patients died during the same period [620 in Greys and 704 in IALCH].

**Emergency Medical Services**

- There are 79 ambulance bases in the Province [50% of these using park homes].
- There are 225 emergency service vehicles translating to 1 vehicle per 45,061 population compared with the national target of 1:10 000.

- There are 11 Control Centres in the Province, 4 of which have been upgraded to the computerised system i.e. Ilembe, Uthukela, Umgungundlovu, and eThekweni. One Provincial Health Operations Centre managed the flight desk for aero-medical services and other health issues.
- The Department allocated 1 dedicated Obstetric Ambulance per district for the transport of maternity cases. All maternity cases are triaged as red code and dispatched accordingly.
- The response times in both urban [29% response within 15min] and rural [37% response within 40min] areas are far below target mainly due to inadequate vehicles and staff and road infrastructure.

***Forensic Pathology and Medico-Legal Services***

- There are 40 mortuaries in the Province including 8 free standing; 2 free standing at police stations; 21 free standing at SAPS buildings; 6 at hospital premises; and 3 at funeral undertakers.


The future heralds a period of change, renewal, transformation and innovation which will need teamwork and dedication. If we all remember that change starts with one person I have no doubt that we can transform the public health system in employer of choice.

The Department acknowledges that there is always room for improvement and continues to rigorously monitor performance and review strategic decisions based on evidence.

In conclusion I wish to express my sincere gratitude to the MEC for Health, Dr S Dhlomo, for his visible and decisive leadership, his inspirational guidance and support, and unwavering belief that it is possible to achieve.

I also acknowledge and commend the many health workers and managers throughout the Province who dedicated their time and expertise to the improvement of service delivery.

No stone will be left unturned to ensure that we respond to the demand for service delivery in KZN.

  
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**Dr SM Zungu**  
**Accounting Officer**  
**KwaZulu-Natal Department of Health**  
**Date: 11/08/2011**

# **PART B**

# **INFORMATION ON PRE-DETERMINED OBJECTIVES**





## 2. GENERAL OVERVIEW

### 2.1 DEMOGRAPHIC OVERVIEW

The Province of KwaZulu-Natal comprises of 1 Metro, 10 Health Districts, 50 Local Municipalities and 828 Wards.

It stretches from the Eastern Cape in the South, to the borders of Swaziland and Mozambique in the North, Mpumalanga in the North-West, and the Free State and Lesotho in the West. The Indian Ocean, with two of the country's main import/export harbours, forms the Eastern boarder of the Province.

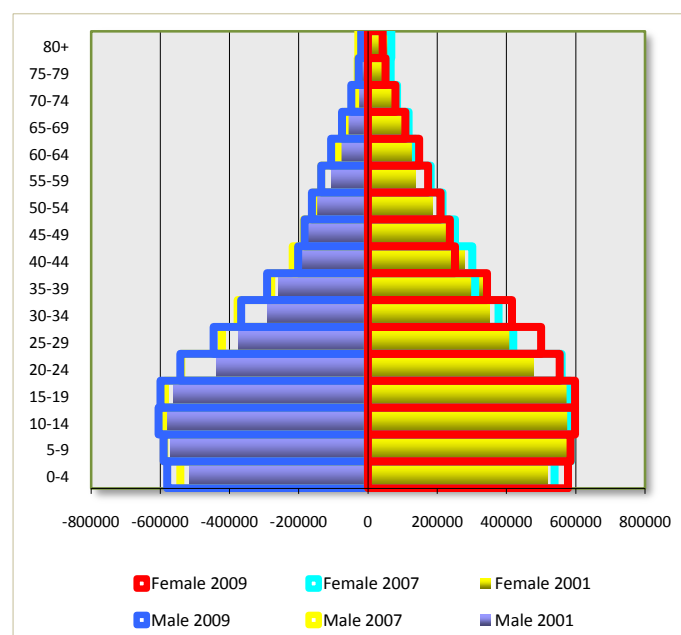
Table 1 summarises core demographic characteristics of the Province.

**Table 1: Provincial Demographic Characteristics**

<b>Size</b>	<b>92,100sq km</b>
<b>Share of South Africa</b>	7.6%
<b>Share of South African population</b>	21.3%
<b>Population density per km<sup>2</sup></b>	±107.52
<b>Estimated population [2010]</b>	10,467,466
<b>Estimated uninsured population [2010]</b>	9,159,033 [87.5%]
<b>Gender breakdown</b>	Females [51.8%] and Males [48.2%]
<b>Broad age breakdown</b>	Under 5 [10.7%]; under 15 [34%]; between 15-64 [62.4%] and <60 [4.6%]

Source: Stats SA

**Figure 2: KZN Population Pyramid 2001, 2007, 2009**



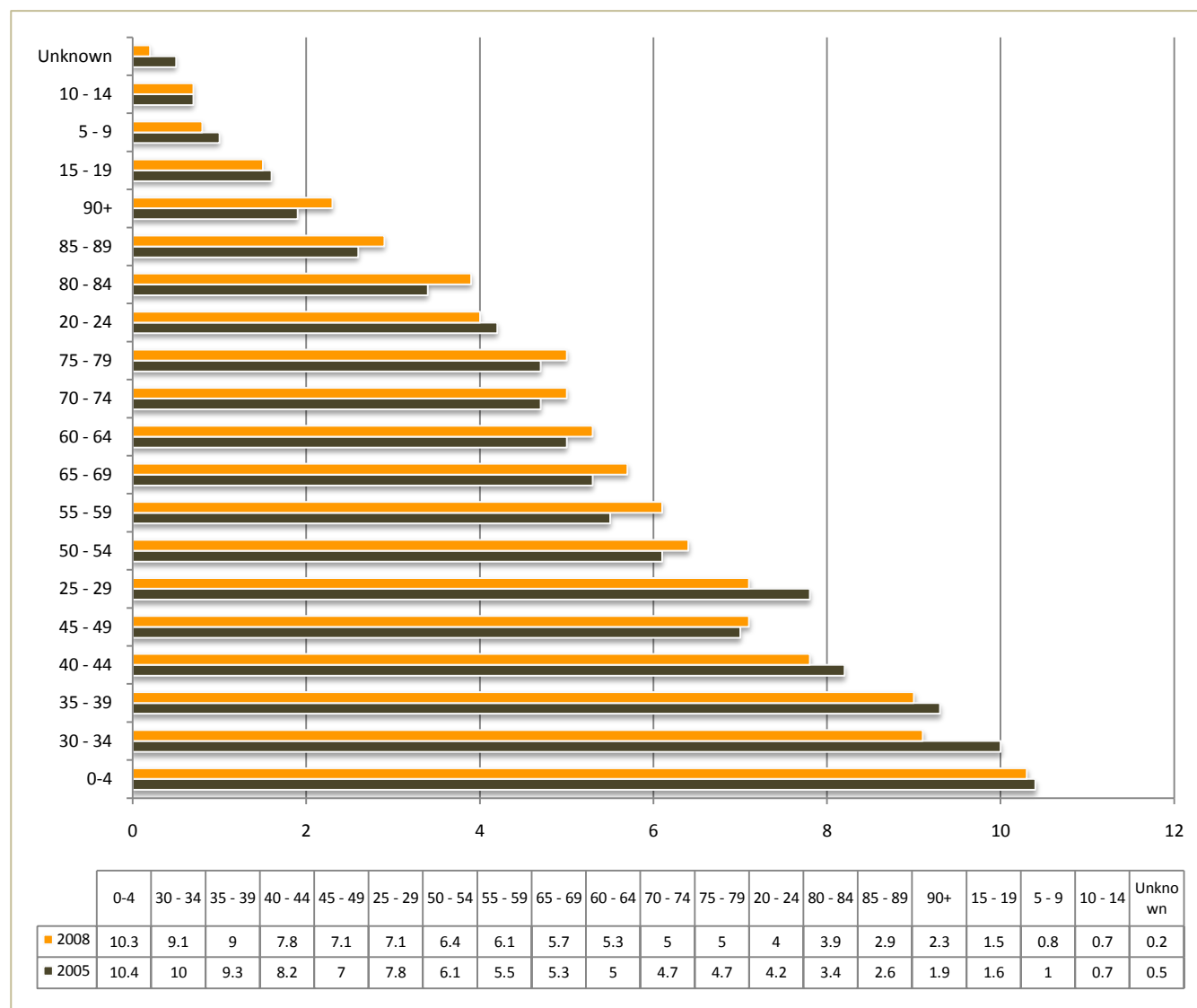
Source: Stats SA

According to Stats SA, fertility rates in KZN declined from 3.03 children/ woman in 2001 to 2.58 in 2010.

It is significant to note the consistent growth in the 0-4 and 20-34 age group populations. Consistent investment to scale up strategies to improve health outcomes i.e. child & maternal health, HIV and AIDS, TB and non-communicable diseases will have a synergistic impact on the life expectancy at birth. Graph 1 illustrates the notified deaths per age group for the period 2005 and 2008.

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**  
**ANNUAL REPORT 2010/11**

**Graph 1: Death notification by age group – 2005 and 2008**



Source: Statistical release P0309.3: Mortality and causes of death in South Africa, 2008 - 18 November 2010

In 2008, 22.8% of all deaths occurred in KwaZulu-Natal with a 3% increase from 2007. The absolute number of deaths shows that female deaths exceeded male deaths for the 20–34, 70–75 and 90+ year age groups. The highest percentage of male deaths occurred among those aged 35–39 [9.6%], followed by the 30–34 [8.8%] and 40–44 [8.6%] year age groups. For female deaths, the highest percentage of deaths was among those aged

30–34 [9.4%]; followed by the 35–39 [8.4%] and 40–44 [7%] year age groups. About 7.9% and 7.3% of male and female deaths occurred at age zero. For both males and females, the lowest percentage of deaths occurred among those aged 10–14 years.

Since 2001 the lowest number of deaths occurred in the age groups 5–9 and 10–14 and the highest number

occurred in the age groups 0–4 and 30–34 although the difference in the number of deaths between the age groups 30–34 and 35–39 was minimal in 2008. The number of deaths for each age group increased from 2001 to 2006, after which there was a decline in the majority of age groups.

## **2.2 SOCIO-ECONOMIC OVERVIEW**

Deprivation and poverty are prime indicators of ill health and reduced life expectancy. People living in unhygienic environments including areas with poor drainage systems, inadequate sanitation and lack of access to piped water suffer higher levels of morbidity and mortality.<sup>2</sup>

According to the Health Barometer 6 health districts in KZN fell within the 10 most deprived districts in South Africa in 2007/08 [Uthukela, Ugu, Sisonke, Zululand, Umkhanyakude and Umzinyathi].<sup>3</sup> Deprivation indices in Ugu and Umzinyathi increased consistently over a 3-year period indicating the need for additional resources to improve socio-economic development.

### **Rural Development Nodes in KZN**

- ★ Ugu District
- ★ Umzinyathi District
- ★ Zululand District
- ★ Umkhanyakude District
- ★ Umzimkulu Municipality in the Sisonke District

### **National Priority Municipalities [18 Priority Districts]**

The National Department of Health identified 18 priority Municipalities [based on deprivation indices] to pilot a set of health interventions to improve health outcomes.

The 4 Municipalities in KZN include:

- ★ Maphumulo Municipality: Ilembe District
- ★ Dannhauser Municipality: Amajuba District
- ★ Nongoma Municipality: Zululand District
- ★ Umhlabuyalingana Municipality: Umkhanyakude District

The reported levels of hunger show a slight upward trend (2.4% for adults and 2.5% for children) between 2007 and 2009. Female headed households were more likely than male-headed households to have either hungry adults or children, which ties in with unemployment and migration trends.<sup>4</sup>

Since 2002, the female unemployment rate has been consistently higher than that for males which has significant implications for service delivery and ultimate health outcomes.

**Table 2: Male versus female unemployment rates in KZN**

Year	Male	Female
2006	20%	24.1%
2007	20.4%	25%

Source: Stats SA (2008a)

<sup>2</sup> Caldwell JC & Caldwell BK 2002 – Poverty and mortality in the context of economic growth and urbanization – Asia-Pacific Population Journal 49-66

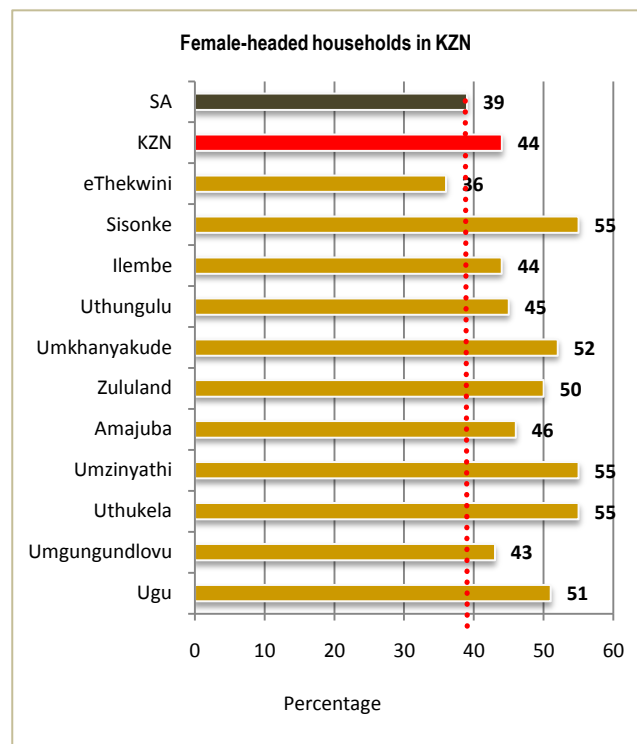
<sup>3</sup> District Health Barometer 2007/08 – Health Systems Trust

<sup>4</sup> State of the Population of KwaZulu-Natal

The quadruple burden of disease directly and indirectly impacts on the growing number of child and female headed households, the increasing number of orphans, and growing unemployment rate.

Research proved that access to clean water correlates strongly with survival of children under the age of 5 years, while malnutrition, a major cause of morbidity and mortality in children under-5 can be related to environmental degradation.<sup>5</sup>

**Graph 2: Female-headed households in KZN**



Source: Community Survey 2007

During 2010/11, the Home-Based Care [HBC] programme had 9,714 child-headed households; 138,942 families [excluding child headed households]; and 50,323 orphans and vulnerable children in the programme.

Social determinants of health have a profound impact on health outcomes. The Department therefore prioritised the Operation Sukuma Sakhe Project to improve the holistic development of communities starting interventions at ward and household levels.

According to a report compiled by the Monitoring and Evaluation Unit in the Office of the Premier:

39% (962,685) of households in the province have access to piped water inside the dwelling; 19% (469,000) have access to piped water inside the yard; 21% (518,368) have access to piped water from an access point outside the yard; and 10% (246,842) get water from a river/stream. At the current rate of funding the Province will achieve 100% availability to piped water in 2020.

40% (987,368) of households in the province have access to flush toilets with a sewage system; 22% (543,052) use pit latrines with ventilation; and 10% (246,842) of households have no access to sanitation. At the current rate of funding the Province will achieve 100% access beyond 2020.

73.4% of households in the province have access to electricity. At the current rate of funding, the Province will be able to achieve 100% availability by 2021.<sup>6</sup>

Through implementation of the integrated Operation Sukuma Sakhe project, conceptualised during the 2009/10 Cabinet Lekgotla, the Province aims to address issues pertaining to poverty alleviation and integrated

<sup>5</sup> Amuyuzu-Nyamono M, Taff N, 8 Jan 2004. The triad of poverty, environment and child health in Nairobi informal settlements – Journal of health and population in developing countries

<sup>6</sup> Water, sanitation and electricity information from report of the Monitoring & Evaluation Unit in the Office of the Premier

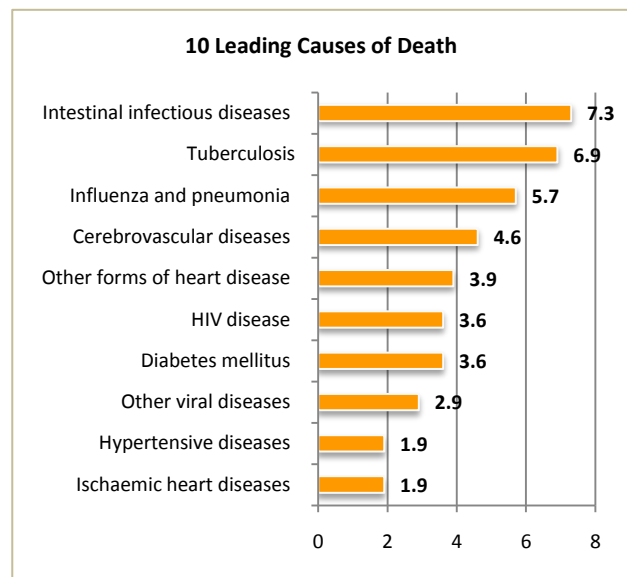
service delivery at household level in direct response to service delivery needs.

## **2.3 EPIDEMIOLOGY**

The national decline in life expectancy is considered to be largely due to HIV & AIDS and TB which constitute 46% of disability-adjusted life years (DALY) lost in SA. According to the 2010 Mid-Year Population Estimates (Stats SA) the life expectancy of both males and females in KZN increased over the period 2001-2006 and 2006-2011 from 46.4 to 49.1 years for males and from 50.6 to 50.2 years for females.

Graph 3 illustrates the ten leading underlying causes of death in KZN.

**Graph 3: Ten leading causes of death**



Source: Stats SA – Statistical Release P0309.3: Mortality and causes of death in SA, 2008: Findings from death notification

The quadruple burden of disease including traditional diseases of poverty [malnutrition and diarrhoeal diseases in children]; injuries caused by road traffic accidents and violence; non-communicable diseases [partly due to the demographic transition] including heart disease, strokes and diabetes; and the explosive rise of infectious diseases with the advent of the HIV epidemic and TB have a significant impact on health outcomes in the Province.

The National Burden of Disease Study [2000] confirms that a significant proportion of the burden of disease is attributable to communicable diseases; nutritional disorders; and maternal and peri-natal conditions.

Diarrhoeal and respiratory conditions were found to be the most common causes of morbidity and mortality with diarrhoea [with dehydration] one of the most common causes of death in children under-5 years.

Results from the KwaZulu-Natal PHC Disease Profile indicated that out of a total of 10,009 PHC patients, the highest number of patients (12.4%) presented to clinics with hypertension, followed by TB (9.9%), respiratory illnesses (9.4%), upper respiratory tract illnesses (5.4%) and HIV (5.0%).

In KZN, the number of new hypertension cases decreased from 73,878 in 2009/10 to 70,573 in 2010/11; and new diabetes cases increased from 27,717 in 2009/10 to 31,387 in 2010/11.

### 3. INFORMATION ON PRE-DETERMINED OBJECTIVES

#### 3.1 OVERALL PERFORMANCE

##### 3.1.1 VOTED FUNDS

Table 3: Voted Funds for 2010/11

	Final Allocation R'000	Actual Amount Spent R'000	Over/ Under Expenditure R'000
<b>Vote 7</b>	R22 120 186	R20 678 687	R1 441 499
<b>Responsible MEC</b>	Dr SM Dhlomo		
<b>Administering Department</b>	Department of Health - KwaZulu-Natal		
<b>Accounting Officer</b>	Dr SM Zungu		

Source: BAS

Table 4: Voted Funds 2010/11

Budget	2010/11 R'000
Original Budget	R21 657 681
Rollovers	R3 538
Additional Adjustments	R458 967
<b>Final Budget Appropriated (Adjustment Budget)</b>	<b>R22 120 186</b>
<b>Total Expenditure</b>	<b>R20 678 687</b>
(Over) / Under Expenditure	R1 441 499
(Over) / Under Expenditure (%)	6.5%

Source: BAS

### **3.1.2 AIM OF VOTE 7**

The core function and responsibility of the KwaZulu-Natal Department of Health is to deliver a comprehensive package of health services at all levels of care to all the people in KwaZulu-Natal. The main purpose is to develop and implement a sustainable, coordinated, integrated and comprehensive health care system using the Primary Health Care approach as a foundation and based on accessibility, equity, community participation, use of appropriate technology and inter-sectoral collaboration.

### **3.1.3 SUMMARY OF BUDGET PROGRAMMES**

**Table 5: Summary of Budget Programmes**

Programme 1: Administration	Strategic and supportive leadership and overall administration for the Department. Create an enabling environment through which health services are rendered in line with legislative and governance mandates.
Programme 2: District Health Services	Comprehensive, integrated and sustainable health care services including preventive, promotive, curative and rehabilitative services based on the Primary Health Care [PHC] approach through the District Health System [DHS]. Services include community-based services [preventive, promotive and supportive health care]; and facility-based services [PHC clinics, Community Health Centres, and District Hospitals].
Programme 3: Emergency Medical Services	Provide emergency, medical, rescue and non-emergency [elective] transport and health disaster management services. Services include Emergency Patient Transport [emergency response including the stabilisation of patients] and transport to all patients involved in trauma, medical, maternal and other emergencies; Planned Patient Transport [non-emergency referrals between hospitals, PHC Clinics to Community Health Centres and Hospitals for indigent persons with no other means of transport]; Disaster Management including mass casualty incident management, surveillance and action in response to Early Warning Systems.
Programme 4: Regional & Specialised Hospital Services	Deliver accessible, appropriate, effective and efficient services including specialist services at Regional Hospitals; Specialised TB Hospitals; Specialised Psychiatric Hospitals; Dental Hospitals; Specialised Chronic Hospitals including Step-Down and Rehabilitation Hospitals.
Programme 5: Tertiary & Central Hospital Services	Rendering Quaternary and other Tertiary Health Services including Specialist services at Tertiary and Central Hospitals.
Programme 6: Health Sciences and Training	Provisioning of training and development opportunities for existing and potential employees of the Department. Sub-Programmes include Nurse Training College [under/post graduating training for nurses]; EMS Training College [training for Emergency Care Practitioners]; Bursaries [for students studying in health sciences programmes at under-graduate level]; PHC training; Skills Development Programmes.



Programme 7: Pharmaceutical Services	Pharmaceutical Services [Medical Trading Account]. Manage the supply of pharmaceuticals and medical sundries to Hospitals, Community Health Centres, Clinics and Local Authorities via the Medicine Trading Account.
Programme 8: Infrastructure Development	Provide new health facilities, upgrade and maintain existing health facilities, and manage the Hospital Revitalisation Programme and concomitant Conditional Grant

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### **3.1.4 KEY STRATEGIC OBJECTIVES AND CORE ACHIEVEMENTS**

Performance information, specific to the 2010/11 Annual Performance Plan, represents the second year of the 2009/10 to 2014/15 strategic planning cycle. Details of performance against strategic objectives and targets for 2010/11 are included in detail under the 8 Budget Programmes.

Figures 3[a], 3[b] and 3[c] provide a snapshot of the Department's Strategic Goals and Objectives specific to the reporting period. All strategic goals and objectives

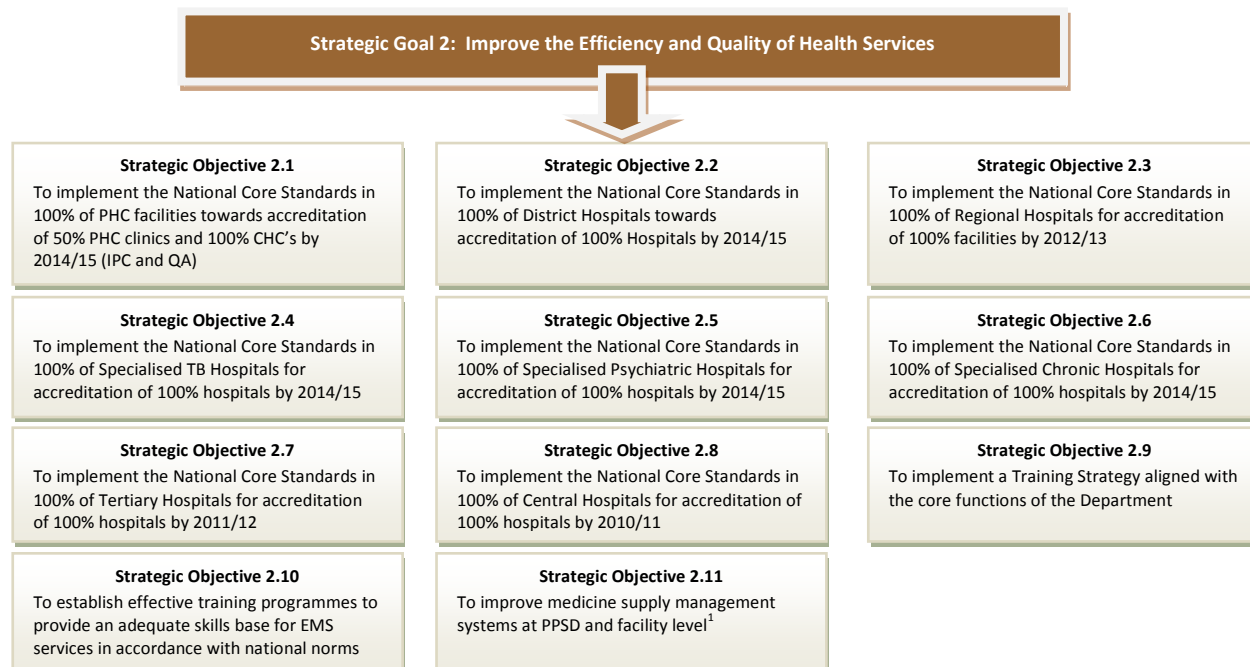
are directly aligned with strategic priorities identified in the 5 year Strategic Plan, the NHS 10 Point Plan, Negotiated Service Delivery Agreement [NSDA], and the Millennium Development Goals. Priorities for the reporting period did take into consideration the pre-determined strategic direction and subsequent challenges and priorities identified during the Provincial Cabinet Lekgotla, THE MEC Budget Speech, province-wide consultation, and reviews.

**Figure 3: Strategic Goals and Objectives 2010/11 [Strategic Goal 1]**

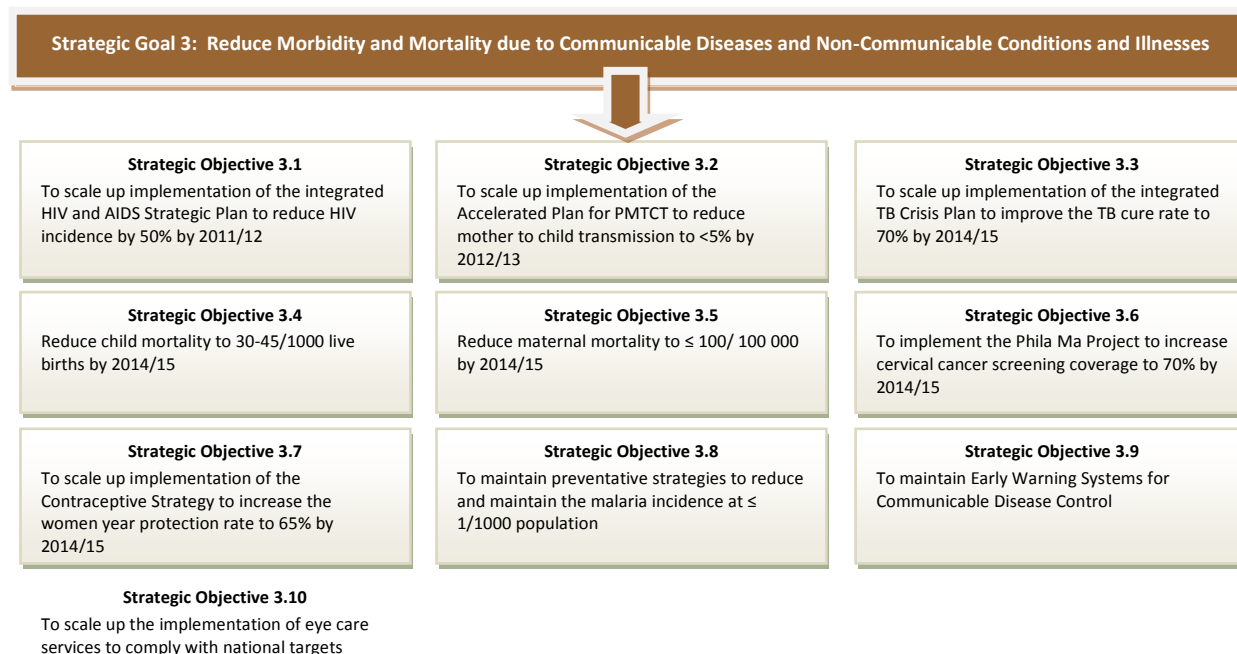


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**Figure 4: Strategic Goals and Objectives 2010/11 [Strategic Goal 2]**



**Figure 5: Strategic Goals and Objectives 2010/11 [Strategic Goal 3]**



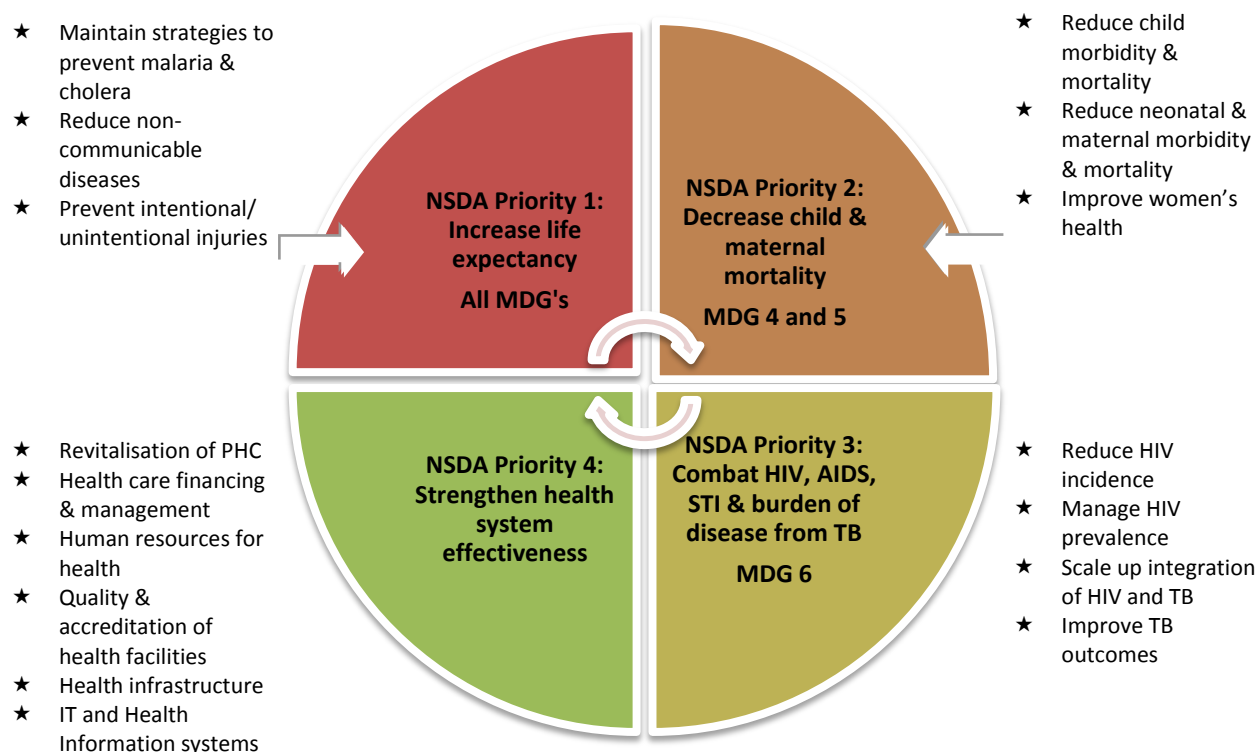
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**Table 6: National Health System [NHS] 10 Point Plan 2009 - 2014**

National Priorities	Key National Strategies
1. Provision of strategic leadership and creation of social compact for better health outcomes	★ Ensure unified action across the health sector in pursuit of common goals
	★ Mobilise leadership structures of society and communities
	★ Communicate to promote policy and buy-in to support government programmes
	★ Review of policies to achieve goals
	★ Impact assessment and programme evaluation
	★ Development of a social compact and grassroots mobilisation
2. Implementation of National Health Insurance [NHI]	★ Finalisation of NHI policies and implementation plan
	★ Immediate implementation of steps to prepare the introduction of the NHI e.g. budgeting, initiation of the drafting of legislation
3. Improving the quality of health services	★ Focus on the 18 health districts
	★ Refine and scale up the detailed plan on the improvement of quality of services and directing its immediate implementation
	★ Consolidate and expand the implementation of the health facilities improvement plans
	★ Establish a national Quality management and Accreditation Body
4. Overhauling the health care system and improving its management	★ Identify existing constitutional and legal provision to unify the public health service
	★ Draft proposals for legal and constitutional reform
	★ Development of a decentralised operational model, including new governance arrangements
	★ Training managers in leadership, management and governance
	★ Decentralisation of management
	★ Development of an accountability framework for the public and private sectors
5. Improved human resources planning, development and management	★ Refinement of the HR plan for health
	★ Re-opening of nursing schools and colleges
	★ Recruitment and retention of professionals, including urgent collaboration with countries that have access of these professionals
	★ Specify staff shortages and training targets for the next 5 years
	★ Make an assessment of and review the role of Health Professional Training and Development Grant [HPTDG] and the National Tertiary Services Grant [NTSG]
	★ Manage coherent integration and standardisation of Community health Workers
6. Revitalisation of infrastructure	★ Urgent implementation of refurbishment and preventative maintenance of all health facilities
	★ Submit a progress report on revitalisation
	★ Assess progress on revitalisation
	★ Review the funding of the revitalisation programme and submit proposals to get the participation of the private sector to speed up this programme

National Priorities	Key National Strategies
7. Accelerated implementation of the HIV and AIDS strategic plan and the increased focus on TB and other communicable diseases	★ Implementation of PMTCT, paediatric treatment guidelines
	★ Implementation of adult treatment guidelines
	★ Urgently strengthen programmes against TB, MDR-TB and XDR-TB
8. Mass mobilisation for better health for the population	★ Intensify health promotion programmes
	★ Strengthen programmes focussing on Maternal, Child and Women’s Health
	★ Place more focus on the programmes to attain the Millennium Development Goals
	★ Place more focus on non-communicable diseases and patients’ rights, quality and provide accountability
9. Review of the drug policy	★ Complete and submit proposals and a strategy with the involvement of various stakeholders
	★ Draft plans for the establishment of a State-owned drug manufacturing entity
10. Strengthening research and development	★ Commission research to accurately quantify infant mortality
	★ Commission research into the impact of social determinants of health and nutrition
	★ Support research studies to promote indigenous knowledge systems and the use of appropriate traditional medicines

**Figure 6: Negotiated Service Delivery Agreement [NSDA] including MDG’s**



**NSDA PRIORITY 1: INCREASE LIFE EXPECTANCY**

Increased life expectancy, as ultimate goal, is dependent on the culmination of successful integrated strategies and interventions that improve and sustain the socio-economic and health outcomes of the population at large.

**MDG 6:** Combat HIV and AIDS, Malaria and other diseases

**Target 8:** Halve by 2015, and begin to reverse, the incidence of malaria and other major diseases

**Table 7: Priority 1: Negotiated Service Delivery Agreement**

Indicator	Target	Provincial Performance 2010/11
<b>Life expectancy at birth [males and females]</b>	70 Years for both males and females by 2015 [National]	<b>Females:</b> 50.2 years [national 54.3 years] <b>Males:</b> 49.1 years [national 52.2 years] <i>Source: Statistical Release P0302 Mid-Year Population Estimates 2010</i>
<b>Malaria incidence rate</b>	<1/1000 population	0.05/1000 [542/10,540,960] [ <i>Source: DHIS</i> ]
<b>Malaria case fatality rate</b>	<1% by 2015 [2015 MDG National]	1.47% [8/542] [ <i>Source: DHIS</i> ]
<b>Cataract surgery rate</b>	1 076/1mil	456/1mil [4,815/10,540,960] [ <i>Source: DHIS</i> ]

According to Stats SA, the life expectancy for females in KZN decreased from 50.3 years in 2001-2006 to 50.2 years in 2006-2011; and for males increased from 48.8 years in 2001-2006 to 49.1 years in 2006-2011.

The success of the Provincial Malaria Control Programme is a combination of effective vector control, good case management, and sustained political and financial support.

Interventions are being scaled up for the elimination of malaria in accordance with the SADC Strategy for Africa Malaria Elimination.

Non-communicable diseases are a major contributor to the burden of disease in the Province, and are increasing rapidly mainly as a result of changing lifestyles and demographic transition.

The number of new diabetes cases on treatment increased from 27,717 in 2009/10 to 31,387 in 2010/11 and the number of new hypertension cases on treatment decreased from 73,878 in 2009/10 to 70,573 on 2010/11.

The integrated Operation Sukuma Sakhe project aims to improve screening, detection and referral with stronger community-based support to ensure compliance with treatment regimes.

**NSDA PRIORITY 2:** Decrease child and maternal mortality [and morbidity]

**MDG 4:** Reduce child mortality

**Target 5:** Reduce by two thirds, between 1990 and 2015, the under-5 mortality rate

**MDG 5:** Improve maternal health

**Target 6:** Reduce by three-quarters, between 1990 and 2015, the maternal mortality rate

**Table 8: Priority 2: Negotiated Service Delivery Agreement**

Indicator	Target	Provincial Performance 2010/11
<b>Under-five mortality rate</b>	20 per 1000 live births by 2015 [2015 MDG National]	87.7 per 1000 live births <sup>7</sup> [Source: ASSA8 2010] Facility child mortality [under-5] rate: 8.2% [Source: DHIS] <sup>9</sup>
<b>Infant mortality rate</b>	18 per 1000 live births by 2015 [2015 MDG National]	55.8 per 1000 live births [Source: ASSA 2010] Facility infant mortality [under-1] rate: 9.9% [Source: DHIS]
<b>Incidence of severe malnutrition in children under 5 years</b>	2.7% or less by 2015 [National]	7.1/1000 [Source: DHIS]
<b>Immunisation coverage under 1 year</b>	90%	85% [Source: DHIS]
<b>Proportion of 1 year old children immunised against measles</b>	90%	88% [Source: DHIS]
<b>Maternal mortality ratio</b>	38/100 000 [2015 MDG National]	210/100 000 [Source: National Confidential Enquiries into Maternal Deaths 2004-2007 – KZN data] Institutional maternal mortality rate: 170/100 000 <sup>10</sup> [Source: DHIS]
<b>Antenatal client initiated on HAART rate</b>	50%	75% [Source: DHIS]
<b>Contraceptive prevalence rate</b>	85% [2015 MDG National]	76.8% [SADHS, 2003] <sup>11</sup> Couple year protection rate: 23.7% [Source: DHIS]
<b>Cervical cancer screening coverage</b>	10%	57.4% [Source: DHIS]
<b>Delivery rate for women under 18 years</b>	9.4%	8.8% [Source: DHIS]

<sup>7</sup> Data for infant and under-5 mortality rates are not routinely collected by the department. Scientific study results [including projections] are therefore quoted. Proxy indicators [facility mortality rates] are not a true reflection of the mortalities in the province as it refer to institutional deaths only

<sup>8</sup> AIDS Committee of Actuarial Society of South Africa

<sup>9</sup> Facility mortality rates are not indicative of actual mortality as it only considered deaths to children admitted in institutions

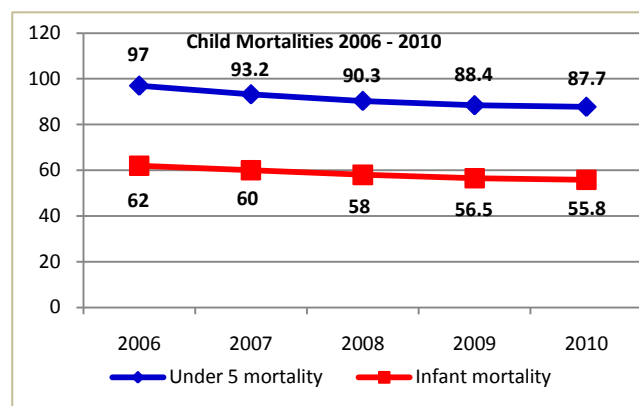
<sup>10</sup> Maternal mortality rate is not collected routinely through the departmental information system. The Confidential Enquiry into Maternal Deaths [Saving Mothers Report] report on actual mortality every 3 years. The Department uses “Facility mortality rate” as proxy

<sup>11</sup> Contraceptive prevalence rate is measured through the South African District Health Review last conducted in 2003. The Department uses “Couple year protection rate” as proxy



Graph 4 below shows slight downward trends for both infant and under-5 mortality rates over the last 5 years. It is however far above the MDG targets for infant [18/1000 live births] and under-5 [20/1000 live births].

Graph 4: Child Mortalities in KZN

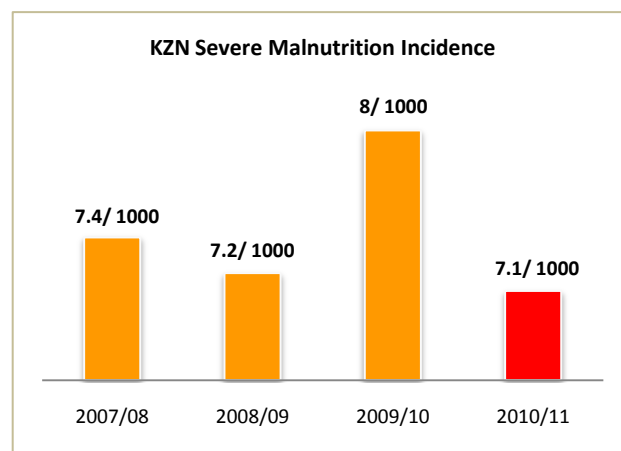


Source: HST Report - ASSA projections

Malnutrition remains a major co-morbidity especially in the under-5 year age group. It is commonly linked with low socio-economic conditions that deteriorate the life chances of children. Research shows that malnourished children have more frequent and severe infections particularly diarrhoeal and respiratory diseases.

Provincial severe malnutrition incidence decreased from 11.2/1000 in 2005/06 to 7.1/1000 in 2010/11 compared with the national target of 10/1000 [see Graph 5]. Severe malnutrition incidence refers to the number of children who weigh below the 60% expected weight for age [in a specific period] per 1000 children in the target population [for the same period].

Graph 5: Severe malnutrition incidence in KZN



Source: DHIS

Admissions for severe malnutrition [children under-5 years] increased from 1,889 in 2007/08 to 3,558 in 2010/11. The proportion of admitted children who died decreased from 16% in 2007/08 to 12% in 2010/11. This might be partly attributed to improved management of malnutrition at both facility and community levels.

Pneumonia and diarrhoea are still the two leading causes of morbidity and mortality in children under-5 years. The number of children under-5 years treated for diarrhoea at PHC level decreased from 224,666 in 2009/10 to 180,571 in 2010/11. Of these children, 29,716 or 16% were treated for diarrhoea with dehydration.

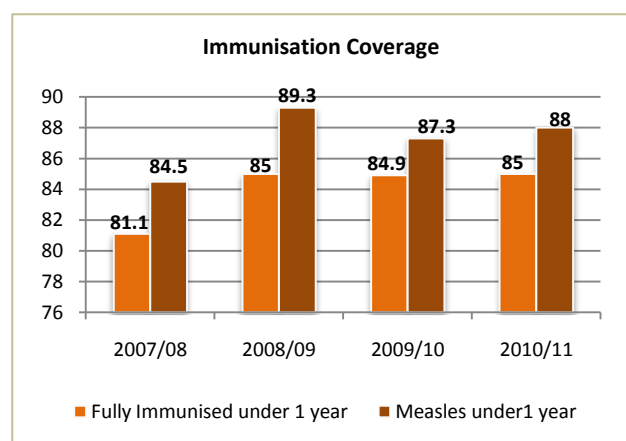
The number of children under-5 years treated for pneumonia at PHC level increased from 209,153 in 2009/10 to 334,368 in 2010/11.

The introduction of Pneumococcal Conjugate Vaccine in April 2009; Rotavirus vaccine in August 2009; and DTaP-IPV/Hib [Pentaxim] that replaced DTP/Hib in October

2009 is expected to reduce pneumonia, meningitis, bacteraemia and diarrhoea. Trends are monitored to determine the impact on morbidity and mortality.

Immunisation coverage is still below the target of 90%. Three districts exceeded the 90% target i.e. Umzinyathi [93%], Uthungulu [95%] and eThekweni [94%]. The Reach Every District [RED] and integrated Operation Sukuma Sakhe strategies are being implemented in all districts with the aim to reach every child.

**Graph 6: Immunisation and Measles Coverage under 1 year 2007/08 – 2010/11**



Source: DHIS

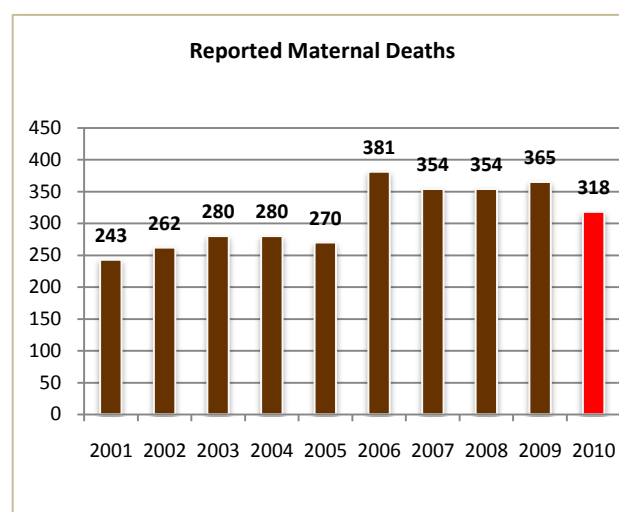
Elimination of measles, a country obligation, has not been achieved. Following the national measles outbreak in 2010/11, a total of 3,680 positive measles cases were confirmed in the Province.

The National Confidential Enquiries into Maternal Deaths 2004-2007 [KZN data] reported a Provincial maternal mortality ratio of 210 per 100 000 live births. In 2010/11, the institutional maternal mortality rate in KZN was 170/100 000 live births. This is significantly

higher than the 2015 MDG target of 38/100 000 live births.

The number of reported maternal deaths increased from 243 in 2001 to 318 in 2010 [see Graph 7]. The number of reported deaths for 2010 might be under-reported due to late submission of death reports from facilities.

**Graph 7: Reported maternal deaths in KZN**



Source: DHIS

The top 5 causes of maternal deaths have not changed over the past ten years.

- ★ Non-pregnancy related infection [mainly HIV]. According to the Confidential Enquiry into Maternal Deaths, HIV contributes to 43% of maternal deaths.
- ★ Complications of hypertension;
- ★ Obstetric haemorrhage;
- ★ Pregnancy related sepsis; and
- ★ Pre-existing maternal conditions.

The Presidential Declaration of 2009 makes provision for eligible HIV positive women to be initiated on HAART at a CD4 count of 350 and prophylaxis from 14 weeks of pregnancy to reduce maternal mortality. In 2010/11, a total of 9,701 eligible women were placed on lifelong HAART.

Couple year protection rate, a proxy used for the contraceptive prevalence rate, is very low [21%] especially considering the high burden of disease and the high number of high risk pregnancies that can be avoided. This strategy will take centre stage in the new Maternal and Child Health Road Map to 2014 approved in late 2010.

Up-scaling School Health and Youth-Friendly services to reduce risk behaviour, promote healthy lifestyles, etc. commenced in 2010/11.

The Phila Ma campaign, aiming to improve cervical and breast cancer screening, reported good output with a cervical cancer screening coverage of 57.4% in 2010/11. The impact of improved screening on the incidence of cervical cancer has not yet been investigated.

***NSDA PRIORITY 3: COMBAT HIV, AIDS, STI AND THE BURDEN OF DISEASE FROM TB***

**MDG 6:** Combat HIV and AIDS, Malaria and other diseases

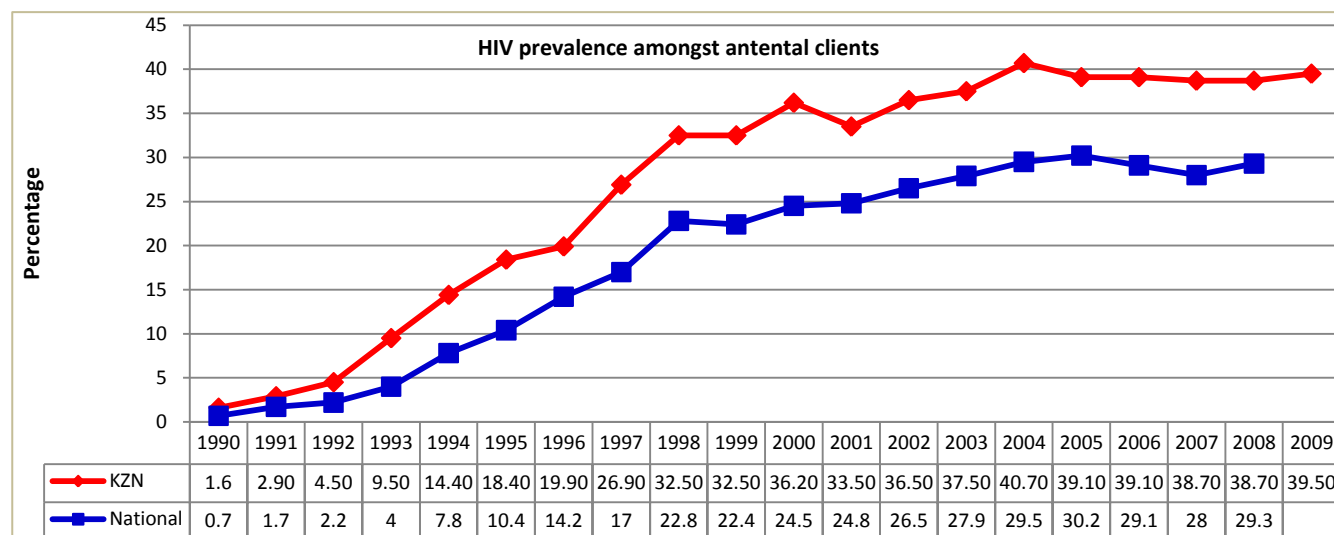
**Target 7:** Halve by 2015 and begin to reverse the spread of HIV and AIDS

**Table 9: Priority 3: Negotiated Service Delivery Agreement**

Indicator	Target	Provincial Performance 2010/11
<b>Percentage of qualifying HIV positive clients on treatment</b>	70%	81% [Source: DHIS]
<b>Number of registered ART clients on treatment</b>	470,472	408,238 [Source: DHIS]
<b>Baby PCR test positive at 6 weeks rate</b>	<6%	7% [Source: DHIS]
<b>TB Incidence</b>	<253/100 000 [2015 National]	1,160/100 000 [Source: TBR.Net – 2009]
<b>TB cure rate</b>	85% [2015 MDG National] 67.9% [Provincial 2010/11 target]	68.4% [Source: TBR.Net]
<b>TB defaulter rate</b>	7.1%	7% [Source: TBR.Net]

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**Graph 8: HIV prevalence antenatal clients 1990 - 2009**



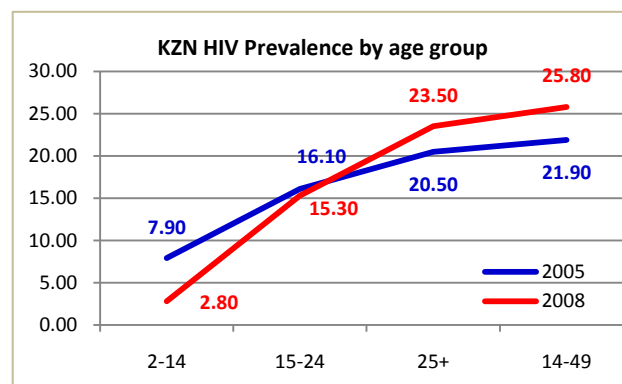
Source: National HIV prevalence trends amongst antenatal clinic attendees, South Africa 2008 – 2009

Rehle T. et al.<sup>12</sup> estimated the HIV incidence in KwaZulu-Natal at 1.7%. This is similar to the Health Systems Trust<sup>13</sup> estimate of 1.6%.

KZN consistently recorded the highest HIV prevalence for pregnant women since 1990, and according to the 2009 National ANC Survey, the Provincial HIV prevalence increased from 38.7% in 2008 to 39.5% in 2009. Graph 8 shows the antenatal prevalence of antenatal clients between 1990 and 2009. *The 2010 survey results have not been published at the time of this report.*

The increasing HIV prevalence amongst 15-29 year old females remains a concern - see Graph 9. This is considered indicative of early sexual debut and trans-generational sex.

**Graph 9: HIV prevalence by age group [female]**



Source: National HIV prevalence trends amongst antenatal clinic attendees, South Africa 2008 - 2009

<sup>12</sup> Rehle T et al 2007. National HIV incidence measures – new insights into the South African epidemic. South African medical Journal 97:194-199

<sup>13</sup> Schaay N, Sanders D- International Perspective on Primary Health Care over the past 30 years - In Barron P, Roma-Reardon J, editors South African Health Review 2008 Durban: Health Systems Trust: 2008

Integrated prevention and support programmes targeting youth have been prioritised i.e. the integrated Youth Ambassador Programme, School Health, and Youth-Friendly Services.

HIV prevention programmes have been prioritised during the reporting year.

- ★ A total of 33,875 medical male circumcisions have been performed in 2010/11.
- ★ A total of 2,052,773 people were tested for HIV through the HCT [HIV Counselling & Testing] campaign. Of these, 24,953 [1.2%] tested positive for HIV; 94,190 were screened for TB; and 17,365 were referred for clinical diagnosis of TB.

The PMTCT Programme shows great gains in prevention of mother to child transmission of HIV.

- ★ The PCR test positive results at 6 weeks decreased from 10.3% in 2009/10 to 7% in 2010/11.

Managing the prevalence of HIV was also mainstreamed during 2010/11. At the end of March 2011 there were 408,238 registered patients on ART - increasing from 319,641 in 2009/10 [+27.7%].

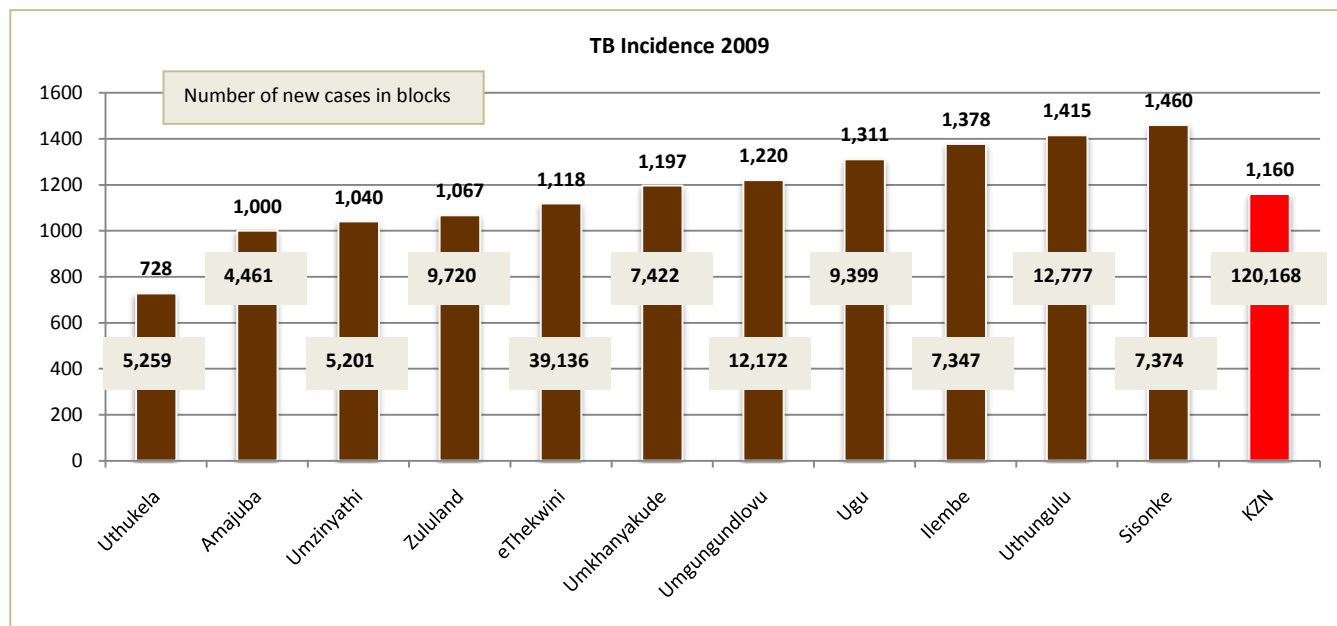
The TB and HIV & AIDS co-morbidity is estimated at 70%. It is therefore unlikely that the TB incidence will be reversed as long as it is compounded by HIV infection as well as increasing numbers of MDR and XDR TB.

A total of 120,168 new TB cases were reported in 2009. The TB incidence, for the same period, was 1,160 per 100 000 population compared with the national target of 600-700/100 000 population. *See Graph 10.*

The TB cure rate increased from 62.9% in 2009/10 to 68.4% in 2010/11; the TB defaulter rate decreased from 8.1% in 2009/10 to 7% in 2010/11; and the PTB 2 month smear conversion rate [69%] increased by 12% between 2007/08 and 2010/11.

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**Graph 10: TB Incidence Rate per 100 000 population [2009]**



Source: ETR.Net

**NSDA PRIORITY 4: STRENGTHEN HEALTH SYSTEM**

**EFFECTIVENESS**

Extensive consultation commenced in 2010/11 to inform the STP review and 10-year Service Delivery Plan. The aim being to re-shape and transform Provincial health care systems and services; improve the efficiency of health systems and the quality of patient care; and ultimately improving health outcomes. *Finalisation of the STP is expected in 2011/12.*

More than 25.8 million patients visited 778 PHC facilities during 2010/11. Utilisation rates show a downward trend between 2009/10 and 2010/11 mainly attributed to the extended public sector strike in 2010.

Improved community-based services, as envisioned in the revitalisation model for PHC, were improved through

integration with Operation Sukuma Sakhe, and the development of an integrated Youth Ambassador and Community Care Giver [CCG] Programme in collaboration with the Department of Social Development.

During 2010/11, Home-Based Carers visited 3,153,811 homes and in the process served 476,189 patients. The programme provided support to 138,942 families [excluding child headed families]; 9,714 child headed families; and 50,323 orphans and vulnerable children. Through the programme 8,692 TB defaulters were traced during 2010/11.

High vacancy rates, specifically relevant to District Hospitals, affected out-reach services to PHC clinics. During 2010/11, monthly out-reach services were

rendered in 359 clinics [Medical Officers]; 325 clinics [Therapists]; 293 clinics [Dieticians or Nutritionists]; and 110 clinics [Oral Health Clinicians].

A total of 655,237 patients were admitted in public health hospitals and more than 6.2 million patients were seen at out-patient departments during the reporting year. Revitalisation of PHC, including improved community-based services, is expected to decongest hospitals over the coming years.

High vacancy rates in the Senior Management was a challenge during the reporting year i.e. various acting positions. Review of the organisational structure commenced in 2010/11 with expected finalisation in 2011/12.

The Department commenced with the PERSAL cleanup in 2010/11 which will ensure a more accurate account of vacancy rates. The Department developed minimum staff establishments for all District Hospitals to serve as baseline for the filling of critical posts. Both these processes will be concluded in 2011/12.

The Department still faces serious challenges in recruiting and retaining critical skills in especially rural areas. This has a knock-on effect on service delivery e.g. unequal distribution of resources, skills and

competencies which in turn impact on service output and ultimate health outcomes.

Vacancy rates for critical skills at PHC level are still high i.e. 47.79% for Medical Officers; 28.97% for Professional Nurses; and 32.55% for Pharmacists.

A total of 846 Professional Nurses, 105 Advanced Midwives, and 40 Medical Registrars graduated during the year.

Bursaries were offered to 601 students including 14 new students for the Cuban Medical Training Programme and 283 nursing learners for the 2 and 4-year programmes.

Strict compliance with the Finance and Supply Chain Management Turn-Around Strategy reaped positive results in 2010/11 curbed over-expenditure and improved financial management.

Alignment of budget with service delivery improved and the foundation was laid for a more appropriate funding model. See Annual Financial Statements.



### **3.1.5 OVERVIEW OF SERVICE DELIVERY ENVIRONMENT 2010/11**

#### ***Overview of under/ over-expenditure per Budget***

#### ***Programme [Resolution 44/2011 – Under-Expenditure]***

#### ***General Factors***

- ★ Savings due to increased availability of Provincial Tenders.
- ★ Effective cost containment strategies and improved efficiency supported by more effective monitoring and evaluation of expenditure trends.
- ★ Supply Chain Management [SCM] delays negatively affected the acquisition of medical equipment and infra-structure projects.
- ★ Slow filling of critical posts.
- ★ Late allocation of final budgets (October 2010).
- ★ Anti-fraud and corruption strategy showing results at all levels.
- ★ Reduced expenditure against laboratory services pending the agreement with National Health Laboratory Services [NHLS].
- ★ Upgrading of BAS in Quarter 4 of the financial year and the lack of capacity to accelerate spending resulted in delays with payments.

#### ***Programme 1: Under-expenditure of R 818 000***

- ★ Delays with capacity building programmes at Head Office while awaiting filling of posts.
- ★ Delays with replacement of the file server at Head Office.

#### ***Programme 2: Under-expenditure of R 555 320 000***

- ★ Delays with the creation of additional service delivery capacity at PHC [Provincial PHC clinics and CHC's] mainly due to incorrect post structures.

- ★ Delays with the finalisation of Service Level Agreements for Local Government clinics resulting in savings for a few municipalities.
- ★ Changes in expenditure allocation for District Hospitals with increased expenditure under Programme 4: Provincial Hospital Services. Shift of expenditure towards Regional Hospitals and TB Hospitals under Programme 4.
- ★ Unwanted savings in the Comprehensive HIV and AIDS Conditional Grant as a result of slow filling of critical posts; the lower cost of anti-retroviral medication; and delays with procurement of surgical supplies e.g. Tara Clamps, basic medical equipment for circumcision, etc; reduced expenditure for NHLS [see general]; and delays with expenditure interfacing Provincial Pharmaceutical Services Depot [PPSD].
- ★ Forensic Pathology Conditional Grant showed slight over-expenditure as a result of the upgrading of staff structures at mortuary facilities.
- ★ Community-based services reported less expenditure with the phasing out of NGO's and introduction of contracts to Community Care Givers.
- ★ Nutrition experienced delays with processing of payments resulting in significant savings.
- ★ Other Community Services savings were mainly due to delays with machinery and equipment; increased operational efficiency; and SCM delays at local level.

#### ***Programme 3: Under-expenditure of R 91 520 000***

- ★ Slow filling of posts.
- ★ Late orders and delivery for emergency vehicles [ambulances].

- ★ Increased expenditure for fuel [offset against above].

**Programme 4: Under-expenditure of R 258 032 000**

- ★ Strict cost containment measures for Hospital Services.
- ★ Slow filling of posts at Dental, Regional, Psychiatric, Step-Down and TB Hospitals.
- ★ Savings for laboratory services pending an agreement with NHLS [payment of a flat rate].
- ★ Savings under Machinery and Equipment as a result of SCM delays.

**Programme 5: Under-expenditure of R 90 125 000**

**[projected]**

- ★ Cost containment for Hospital Services with slow filling of posts.
- ★ Savings for laboratory services pending an agreement with NHLS [payment of flat rate].
- ★ Savings under Machinery and Equipment as a result of SCM delays.

**Programme 6: Under-expenditure of R 42 084 000**

- ★ Additional funds placed for youth ambassadors - expenditure has not yet been incurred.
- ★ Payment of stipends as a result of introducing new contracts for nursing students reducing Persal cost.

**Programme 7: No variance**

- ★ No variance between budget and expenditure occurred.

**Programme 8: Under-expenditure of R 513 386 000**

- ★ Significant savings relate mainly to under-spending of the Hospital Revitalisation Grant, the National

Infrastructure Grant and the Expanded Public Works Programme [EPWP] Infrastructure Grants.

- ★ A slight under-expenditure on maintenance at facilities related to the late allocation of final budgets; however expenditure increased from the previous financial year for facility maintenance.

**Summary of Rollover Request for 2011/12**

<b>Compensation of Employees</b>	<b>R238 534</b>
<b>Goods and Services</b>	R210 330
Transfers	
<b>Municipalities</b>	R10 590
<b>NGO Facilities</b>	R7 609
Capital	
<b>Buildings</b>	R263 513
<b>Machinery &amp; Equipment</b>	R149 401
<b>Total</b>	<b>R879 977</b>

- ★ *Compensation of Employees* relates to finalization of OSD [partially implemented] for Therapists, Artisans & Engineers, Team Leaders Mobile Services, and Specialised Nursing Maternity.
- ★ *Goods and Services* included various items and the majority of requests.
- ★ A total of R10.5 million for unsigned Service Delivery Agreements.
- ★ A total R7.609 million for withholding OSD for non-profit organisations due to non-availability of performance reports in Quarter 4.
- ★ *Machinery and Equipment* mainly for ambulances [R102 million], TB out-reach vehicles [R13 million], other major medical equipment [R20 million] and the remainder was for equipment related to Programme 8.

- ★ No request was made for rollover for laboratory services for the 2011/12 financial year.
- ★ A total R17.9 million rollover request for the HIV and AIDS Conditional Grant.
- ★ A total of R263 million for Capital Assets [buildings] and Grants under Programme 8 (Health Facility Management).
- ★ A request has been made for R203 227 million to be made available for the 2012/13 financial year.

### **3.1.6 OVERVIEW OF THE ORGANISATIOINAL ENVIRONMENT FOR 2010/11**

The high vacancy rates at Senior Management level, resulting in various acting positions, were a challenge during the reporting year.

- ★ District Manager Uthungulu District: Vacant from 01/03/2009 to 30/04/2010. Mr MM Zungu appointed 01/05/2010.
- ★ District Manager Amajuba District: Vacant from 01/03/2010 to 31/12/2010. Mrs AMET Tshabalala appointed 01/01/2011.
- ★ District Manager Umkhanyakude District: Vacant from 01/01/2010 to 30/04/2010. Ms MP Themba appointed 01/05/2010.
- ★ District Manager Uthukela District: Vacant from 1/10/2008 to 30/04/2010. Mrs MT Zulu appointed 01/05/2010.
- ★ General Manager Emergency Medical Services: Vacant from 01/02/2010 to 14/03/2010. Mr NW Sithole appointed 15/03/2010.
- ★ Chief Information Officer: Vacant from 01/10/2005 to 28/02/2011. Mr. J Chimanzi appointed 01/03/2011.
- ★ General Manager Policy & Systems Development: Vacant from 01/05/2010 to date.
- ★ General Manager Infrastructure Development: Vacant from 25/02/2010 to 31/12/2010. Mr. MG Gcaba appointed 01/01/2011.
- ★ General Manager Supply Chain Management: Vacant from 25/08/2010.
- ★ General Manager Priority Health Programmes: Vacant from 01/10/2010 to date.
- ★ Chief Operating Officer: Vacant from 01/01/2009 to date.
- ★ General Manager Corporate Communications: Vacant from 02/10/2010 to date.
- ★ General Manager Legal Services: Current incumbent on suspension - the case has not been finalized.
- ★ General Manager Integrated Health Planning, Monitoring & Evaluation: Vacant from 20/08/2008 to date.
- ★ At the end of March 2011, the following CHC and Hospital CEO posts were vacant: Addington Hospital, Catherine Booth Hospital, Church of

Scotland Hospital, Greys Hospital, Imbalenhle CHC, King Edward VIII Hospital, Mahatma Gandhi Hospital, Mseleni Hospital, Ngwelezane Hospital, Nkonjeni Hospital, St Francis Hospital, and Umzimkhulu Hospital.

During 2010/11 various suppliers and seven (7) officials of the Department were convicted on a total of 360 counts of corruption, 8 counts of fraud and 22 counts of money laundering. Further, the Department has been awarded compensation in the amount of approximately R 2.8 million emanating from these convictions.

A total of 38 high profile cases have been investigated since September 2009 in a collaborative effort between the Department's Joint Management Team and law enforcement agencies. As a result of these investigations, the followings results are noted:

- ★ 50 staff members have been suspended without pay;
- ★ 6 staff members were demoted;
- ★ 96 staff members have been dismissed;
- ★ 6 staff members have been given final written warnings;
- ★ 6 cases against staff members were withdrawn due to lack of evidence; and
- ★ 2 staff members were found not guilty.

The Department recorded a total of 1,227 claims at the end of the reporting period including medico legal, general civil and collisions. Whilst the accrued amount at the beginning of the financial year was R444 590 million, the total contingent liability for medico legal matters for the reporting period amounted to R165 194 million. The total amount paid/ reduced during the year was R49 856 million thus bringing the yearend balance to R559 928 million.

The opening balance for civil matters was R111 850 million, with claims for the reporting period amounting to R10 835 million. Of this, an amount of R55 487 million was paid leaving a balance of R67 198 million. As at the end of the financial year, the total outstanding was R627 126 million. A total of 123 matters were finalised and the total payout led to a saving of R90 234 million.

The Department commenced with the development of a comprehensive Legal Services record and document repository in order to strengthen the internal controls of legal information. By the end of the reporting period, the process for the appointment for a contractor was near finalisation.

### **3.1.7 KEY POLICY DEVELOPMENTS AND LEGISLATIVE CHANGES**

KZN Health Act (1 of 2009) draft Regulations have been completed and submitted to the State Law Advisor in the Office of the Premier in the 4<sup>th</sup> quarter of 2010/11. Approval is expected by the end of May 2011 with translation into English and isiZulu thereafter.

### **3.1.8 DEPARTMENTAL REVENUE, EXPENDITURE AND OTHER SPECIFIC TOPICS**

**Table 10: Collection of Departmental Revenue – 2010/11**

	2007/08 Actual	2008/09 Actual	2009/10 Actual	2010/11 Actual	% Deviation from target
Tax Revenue	-	-	-	-	-
Non-Tax Revenue	148 544	168 049	232 877	191 221	(11.02%)
Sale of Goods and Services other than Capital Assets	142 248	158 432	198 762	164 198	(18.42%)
Fines, penalties and forfeits	-	-	11	2 449	245%
Interest, dividends and rent on land	13	-	74	816	97%
Sales of Capital Assets (Capital Revenue)	29	-	14 678	7 231	99.99%
Financial transactions (Recovery of Loans and Advances)	6 254	9 617	19 352	16 527	21.71%
<b>Total Departmental Receipts</b>	<b>148 544</b>	<b>168 049</b>	<b>232 877</b>	<b>191 221</b>	<b>(11.02%)</b>

Source: BAS

### 3.1.9 DEPARTMENTAL EXPENDITURE

**Table 11: Departmental Expenditure – 2010/11**

Programmes	Voted for 2010/11 R'000	Roll-overs/ Adjustments R'000	Virement	Total Voted R'000	Actual Expenses R'000	Variance R'000
Programme 1	313 777	7 844	9 511	359 132	358 314	818
Programme 2	10 392 247	242 863	(36 483)	10 357 279	9 801 959	555 320
Programme 3	866 383	14 805	68 382	933 570	842 050	91 520
Programme 4	5 549 184	-134 408	147 516	5 884 108	5 626 076	258 032
Programme 5	2 144 817	30 653	(93 904)	2 184 566	2 184 566	81 143
Programme 6	808 491	21 388	-	893 227	893 227	42 084
Programme 7	10 764	-	-	10 764	10 764	-
Programme 8	1 572 018	10 544	(95 022)	1 497 540	1 084 958	412 582
<b>Total</b>	<b>21 657 681</b>	<b>462 505</b>	<b>-</b>	<b>22 120 186</b>	<b>20 678 687</b>	<b>1 441 499</b>

Source: BAS

**Table 12: Overview of Economical Classification and % Variance – 2010/11**

Economical Classification Expenditure Trends R'000	Adjusted Budget 2010/11	Outcome 2010/11	Percentage Variance 2009/10 – 2010/11
Buildings & other Fixed Structures	1 117 217	778 749	-30.3%
Compensation of Employees	13 231 196	12 935 381	-2.2%
Departmental Agencies & Accounts	18 401	18 401	0.0%
Goods and Services	6 662 261	5 993 611	-10.0%
Households	115 387	128 127	11.0%
Land & Subsoil Assets	798	798	100.0%
Machinery and Equipment	540 202	402 226	-25.5%
Non-Profit Institutions	296 617	289 009	-2.6%
Payments for Financial Asset	762	5 629	638.8%
Provincial & Local Governments	137 345	126 756	-7.7%
Universities & Technikons	-	-	-
<b>Total</b>	<b>22 120 186</b>	<b>20 678 687</b>	<b>-6.5%</b>

Source: BAS

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**Table 13: Economic Classification Trends – an Overview**

Economic Classification Expenditure Trends R'000	Outcomes			% Increase
	2008/09	2009/10	2010/11	2009/10 – 2010/11
Buildings & other Fixed Structures	635 593	1 005 258	778 749	-22.5%
Compensation of Employees	10 096 669	11 391 243	12 935 381	13.6%
Departmental Agencies & Accounts	39 957	34 312	18 401	-46.4%
Goods and Services	5 416 486	6 205 734	5 993 611	-3.4%
Households	112 437	101 110	128 127	26.7%
Land & Subsoil Assets	-	-	798	100.0%
Machinery and Equipment	553 299	541 116	402 226	-25.7%
Non-Profit Institutions	243 735	278 846	289 009	3.6%
Payments for Financial Asset	98	15	5 629	36,692.0%
Provincial & Local Governments	51 539	84 010	126 756	50.9%
Universities & Technikons	40	-	-	-
<b>Total</b>	<b>17 149 852</b>	<b>19 641 645</b>	<b>20 678 687</b>	<b>5.3%</b>

Source: BAS

### 3.1.10 TRANSFER PAYMENTS

See 2010/11 Annual Financial Statements – Annexure D

### 3.1.11 CONDITIONAL GRANTS AND EARMARKED FUNDS

**Table 14: Summary of the Department's Conditional Grants for 2010/11<sup>14</sup>**

Name of Conditional Grant	Schedule	Allocation R'000	Roll-Over from 2009/10 R'000	Available Funds 2010/11 R'000	Expenditure R'000	Variance R'000
Forensic Pathology Services	5	152 406	-	152 406	152 406	-
Health Professional Training & Development	4	235 771	-	235 771	235 771	-
Hospital Revitalisation	5	500 815	-	500 815	297 570	203 245

<sup>14</sup> The over-expenditure against the Conditional Grants is paid from the Department's Equitable Share



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Name of Conditional Grant	Schedule	Allocation R'000	Roll-Over from 2009/10 R'000	Available Funds 2010/11 R'000	Expenditure R'000	Variance R'000
National Tertiary Services	4	1 102 585	-	1 102 585	1 102 517	68
Comprehensive HIV and AIDS Grant	5	1 518 811	-	1 518 811	1 500 926	17 885
Provincial Infrastructure	4	400 238	-	400 238	280 449	119 789
2010 World Cup Health Preparation Strategy	5	-	3 538	3 538	3538	-
EPWP Grant for the Social Sector	4	2 676	-	2 676	2 555	121
EPWP Incentive Grant to Provinces for Infrastructure Sector	4	11 307	-	11 307	-	11 307
<b>TOTAL</b>	-	<b>3 924 609</b>	<b>3 538</b>	<b>3 928 147</b>	<b>3 191 198</b>	<b>352 415</b>

Source: BAS

**Table 15: Expenditure on Conditional Grants**

Conditional Grants	2007/08	2008/09	2009/10	2010/11
	Actual R'000	Actual R'000	Actual R'000	Actual R'000
National Tertiary Services	789 578	911 892	984 488	1 102 517
HIV and AIDS	466 922	757 213	1 121 583	1 500 926
Hospital Revitalisation	333 523	330 404	224 909	297 570
Health Professions Training and Development	201 992	212 092	222 425	235 771
Provincial Infrastructure Grant	259 758	294 832	359 717	280 449
Forensic Pathology Services	132 201	127 757	278 033	152 406
2010 World Cup Health Preparation Strategy	-	-	43	3 538
EPWP Grant for the Social Sector	-	-	-	2 555
<b>TOTAL</b>	<b>2 183 974</b>	<b>2 634 190</b>	<b>3 191 198</b>	<b>3 575 732</b>

Source: BAS

**Table 16: Conditional Grants**

Conditional Grant	Purpose of the Grant	Performance Indicators	Outputs
<b>National Tertiary Services Grant</b>	<ul style="list-style-type: none"> <li>★ To compensate tertiary facilities for additional costs associated with rendering of tertiary services.</li> </ul>	<ul style="list-style-type: none"> <li>★ % decrease in patient waiting times.</li> <li>★ Number of Hospital Boards operational.</li> <li>★ Implementation of Information Technology Master Plan.</li> </ul>	<ul style="list-style-type: none"> <li>★ Provision of designated national tertiary service levels in 22 hospitals/ complexes as agreed between the Province and the National Department of Health (NDOH).</li> <li>★ Average patient waiting times at OPD 2hrs; and Admissions 20min. <i>Waiting times not previous monitored.</i></li> <li>★ 100% Hospital Boards operational</li> <li>★ IT Master Plan in process.</li> </ul>
<b>Comprehensive HIV and AIDS Grant</b>	<ul style="list-style-type: none"> <li>★ To enable the health sector to develop an effective response to HIV and AIDS.</li> <li>★ To support the implementation of the National Operational Plan for Comprehensive HIV and AIDS treatment and care.</li> <li>★ To subsidise in-part funding for antiretroviral treatment programmes.</li> </ul>	<ul style="list-style-type: none"> <li>★ Number of registered ART patients – total.</li> <li>★ Number of caregivers who received accredited training.</li> <li>★ Active caregivers who received stipends.</li> <li>★ HCBC supplies available in all programmes.</li> <li>★ Number of High Transmission Area (HTA) intervention sites.</li> <li>★ Male condoms distribution rate.</li> </ul>	<ul style="list-style-type: none"> <li>★ Registered ART clients 408,238.</li> <li>★ Training: 4,749 CCG's + 4,075 CHW's + 1,036 HBC's [9,860].</li> <li>★ Received stipends: 5,005 CHW's + 3,913 HBC's [8,918].</li> <li>★ 28,002 care kits and bags purchased; 8,546 care kits replenished.</li> <li>★ HTA Intervention Sites: 48.</li> <li>★ Male condom distribution rate: 8.1</li> </ul>
<b>Hospital Revitalisation Grant</b>	<ul style="list-style-type: none"> <li>★ To provide funding to enable provinces to plan, manage, modernise, rationalise and transform infrastructure, health technology, monitoring and evaluation of hospitals.</li> <li>★ Transform hospital management and improve quality of care in line with national policy objectives.</li> <li>★ Revitalisation and modernising of hospitals.</li> </ul>	<ul style="list-style-type: none"> <li>★ Reduced backlog.</li> <li>★ Number of hospitals on the revitalisation programme.</li> <li>★ All hospital projects shall be implemented according to the approved annual Project Implementation Plan.</li> </ul>	<ul style="list-style-type: none"> <li>★ 10 Hospitals on the Revitalisation Plan.</li> <li>★ The backlog is unchanged. The fast tracking programme is not in place due to general funding constraints.</li> </ul>
<b>Health Professions Training &amp; Development Grant</b>	<ul style="list-style-type: none"> <li>★ Support provinces to fund operational costs associated with training of health professionals.</li> <li>★ Development and recruitment of medical specialists in under-</li> </ul>	<ul style="list-style-type: none"> <li>★ Number and composition of health sciences students by province and training institution.</li> <li>★ Number of students per discipline and per training</li> </ul>	<ul style="list-style-type: none"> <li>★ A total of 607 Registrars were in training and 40 completed training awaiting placement.</li> <li>★ During the reporting year 134/ 200 [67%] Registrars were retained after completion of</li> </ul>

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Conditional Grant	Purpose of the Grant	Performance Indicators	Outputs
	<p>served provinces.</p> <ul style="list-style-type: none"> <li>★ Support and strengthen undergraduate and post graduate teaching and training processes in health facilities.</li> </ul>	<p>institution.</p> <ul style="list-style-type: none"> <li>★ Number of registrars.</li> <li>★ Number of specialists in outreach programmes to all regional and district hospitals to support learning activities.</li> </ul>	<p>training.</p> <ul style="list-style-type: none"> <li>★ 846 Professional Nurses completed training.</li> <li>★ 601 Students received bursaries.</li> </ul>
<b>Infrastructure Grant</b>	<ul style="list-style-type: none"> <li>★ To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health.</li> <li>★ To enhance the application of labour intensive methods in order to maximise job creation and skills development as encapsulated in the Expedited Public Works Programme (EPWP) guidelines.</li> <li>★ To enhance capacity to deliver infrastructure.</li> <li>★ To assist Provinces to reduce the infrastructure delivery and improvement backlog.</li> </ul>	<ul style="list-style-type: none"> <li>★ Number of projects completed.</li> <li>★ Quality and quantity of serviceable health infrastructure.</li> <li>★ Comprehensive 5-10 year Infrastructure Plans and User Asset Management Plans (U-AMPS).</li> <li>★ Improved employment and skills development in the delivery of infrastructure.</li> <li>★ Aligned and co-ordinated approach to infrastructure development by Provinces.</li> <li>★ Improved infrastructure expenditure patterns.</li> <li>★ Reduced backlogs.</li> </ul>	<ul style="list-style-type: none"> <li>★ 55 Projects for clinical infrastructure has been completed and 26 commissioned. Poor performing contractors delayed outcomes.</li> <li>★ A strategic management decision was taken to put on hold all new facilities until a budget was available to appoint staff and buy furniture and equipment for commissioning of facilities. The budget for 2011/12 has been increased to eradicate the backlog.</li> </ul>
<b>Forensic Pathology Services Grant</b>	<ul style="list-style-type: none"> <li>★ To continue the development and provision of adequate mortuary services in all provinces.</li> <li>★ Revitalisation and provision of forensic mortuaries.</li> </ul>	<ul style="list-style-type: none"> <li>★ Post-mortem coverage ratio.</li> <li>★ Number of Medico-Legal Mortuaries built, refurbished and equipped.</li> <li>★ Number of posts filled against establishment.</li> <li>★ Number of Medico-Legal Mortuaries with operational electronic M&amp;E systems.</li> <li>★ Number of Medico-Legal Mortuaries supplied with appropriate goods and services.</li> </ul>	<ul style="list-style-type: none"> <li>★ New mortuary facilities built, refurbished and equipped.</li> <li>★ Qualified human resources appointed.</li> <li>★ Acceptable productivity levels in mortuaries.</li> <li>★ Progressive rollout of FPS information system.</li> <li>★ Comprehensive Forensic Pathology Services throughout KZN.</li> <li>★ Availability of supplies, consumables and services.</li> <li>★ Reduced backlog.</li> </ul>
<b>Expanded Public Works Programme Grant for the Social Sector</b>	<ul style="list-style-type: none"> <li>★ To subsidise Non-Profit Organisations (NPO's) in Home and Community Based Care (HCBC) via the Provincial Departments of Health and Social Development.</li> </ul>	<ul style="list-style-type: none"> <li>★ Number of HCBC's employed through the EPWP.</li> <li>★ Number of HCBC's receiving stipends through the EPWP.</li> <li>★ Increase number of people employed and FTE's reported</li> </ul>	<ul style="list-style-type: none"> <li>★ 8,351 active HCBC's</li> <li>★ 3,913 receiving stipends</li> </ul>

Conditional Grant	Purpose of the Grant	Performance Indicators	Outputs
	★ Provide stipends to previously unpaid volunteers to maximise job creation and skills development in line with the Expanded Public Works Programme (EPWP) Guidelines issued in 2004 and updated in 2005.	through the EPWP reporting system.	

Source: Business Plans and Annual Financial Statements

### **3.1.12 CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT PLAN**

*See Infrastructure Plan in Annexure 2 – Infrastructure.*

**BUDGET  
PROGRAMMES  
PERFORMANCE  
INFORMATION**



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**Table 17: Expenditure by Budget Sub-Programme (R'000)**

<b>Programme</b>	<b>2007/08 Expenditure</b>	<b>2008/09 Expenditure</b>	<b>2009/10 Expenditure</b>	<b>2010/11 Budget</b>	<b>2010/11 Expenditure</b>	<b>Variance % under/ over expenditure</b>
<b>Programme 1: Administration</b>	<b>279 730</b>	<b>284 066</b>	<b>285 371</b>	<b>359 132</b>	<b>358 314</b>	<b>0.23%</b>
<b>Programme 2: District Health Services</b>	<b>7 209 609</b>	<b>8 132 272</b>	<b>9 078 659</b>	<b>10 357 279</b>	<b>9 801 959</b>	<b>5.36%</b>
District Management	145 144	150 532	122 164	135 699	133 675	1.49%
Clinics	1 294 981	1 578 640	1 823 694	2 220 487	2 078 627	6.39%
Community Health Centres	435,897	503 302	553 575	657 789	632 334	3.87%
District Hospitals	3 568 351	4 020 233	4 259 585	4 819 868	4 648 911	3.55%
Community Based Services	103 291	92 769	98 875	105 284	101 399	3.69%
Other Community Services	411 552	429 132	496 481	582,697	452 265	5.22%
Forensic Pathology Services	107 176	96 664	97 088	119 805	117 884	1.60%
HIV and AIDS	1 058 570	1 239 365	1 536 552	1 652 598	1 500 250	9.22%
Nutrition	84 647	21 635	90 645	63 052	36 614	41.93%
<b>Programme 3: Emergency Medical Services</b>	<b>548 796</b>	<b>672 360</b>	<b>696 263</b>	<b>933 570</b>	<b>842 050</b>	<b>9.80%</b>
Emergency Transport	528 185	636 096	656 663	891 917	809 447	9.25%
Planned Patient Transport	20 611	36 264	39 600	41 653	32 603	21.73%
<b>Programme 4: Provincial Hospital Services</b>	<b>3 883 814</b>	<b>4 378 814</b>	<b>4 323 454</b>	<b>5 884 108</b>	<b>5 626 076</b>	<b>4.39%</b>
General Hospitals (Regional)	2 890 364	3 169 928	3 073 770	4 290 838	4 133 849	3.66%
TB Hospitals	481 772	653 625	658 685	907 689	837 104	7.78%
Psychiatric Hospitals	409 527	451 429	484 810	571 553	540 326	5.46%
Sub-Acute, Step-Down and Chronic Hospitals	92 364	93 865	95 493	101 180	102 531	(1.34%)
Dental Training Hospitals	9 787	9 967	10 696	12 848	12 266	4.53%
Other Specialised	-	-	-	-	-	-
<b>Programme 5: Central Hospital Services</b>	<b>1 407 703</b>	<b>1 821 221</b>	<b>1 860 877</b>	<b>2 184 566</b>	<b>2 103 423</b>	<b>3.71%</b>
Central Hospitals	427 508	502 028	562 555	691 566	689 745	0.26%
Provincial Tertiary Hospitals	980 195	1 319 193	1 298 322	1 493 000	1 413 678	5.31%
<b>Programme 6: Health Sciences and Training</b>	<b>524 333</b>	<b>676 601</b>	<b>671 064</b>	<b>893 227</b>	<b>851 143</b>	<b>4.71%</b>

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Programme	2007/08 Expenditure	2008/09 Expenditure	2009/10 Expenditure	2010/11 Budget	2010/11 Expenditure	Variance % under/ over expenditure
Nurse Training Colleges	278 799	336 812	331 933	410 365	386 132	5.91%
EMS Training Colleges	13 452	16 969	19 339	18 528	14 118	23.80%
Bursaries	33 573	44 894	41 224	53 142	54 272	(2.13%)
PHC Training	46 892	65 343	63 677	78 452	73 061	(6.87%)
Other Training	151 617	212 583	214 891	332 740	323 560	2.76%
<b>Programme 7: Health Care Support Services</b>	<b>12 649</b>	<b>34 209</b>	<b>27 528</b>	<b>10 764</b>	<b>10 764</b>	<b>0.00%</b>
Medicines Trading Account	12 649	34 209	27 528	10 764	10 764	0.00%
<b>Programme 8: Health Facilities Management</b>	<b>1 092 807</b>	<b>1 103 558</b>	<b>1 385 947</b>	<b>1 497 540</b>	<b>1 084 958</b>	<b>27.55%</b>
Community Health Facilities	240 029	280 625	552 924	534 000	347 565	19.92%
EMRS	8 817	4 734	1 201	657	428	34.86%
District Hospitals	521 236	615 946	482 159	541 177	424 314	21.59%
Provincial Hospitals	158 455	111 763	195 018	330 107	204 691	37.99%
Central Hospitals	12 001	15 401	35 161	18 564	11 982	35.46%
Other Facilities	152 269	75 089	119 484	173 035	95 978	44.53%
<b>Total: Programmes</b>	<b>14 959 400</b>	<b>17 103 142</b>	<b>18 329 163</b>	<b>22 120 186</b>	<b>20 678 687</b>	<b>6.52%</b>

Source: BAS

**Table 18: Evolution of Expenditure by Budget per Capita Sub-Programme**

	2007/08 Actual	2008/09 Actual	2009/10 Actual	2010/11 Actual
Population <sup>15</sup>	9,997,070	10,105,500	10,149,592	10,449,300
% Insured	12%	12%	12%	12%
Uninsured Population	8,797,421	8,892,840	8,931,641	9,195,384
Conversion to constant 2008/09 prices	1.11	1.00	.95	.90
<b>Programme</b>	<b>Exp per capita Uninsured</b>	<b>Exp per capita Uninsured</b>	<b>Exp per capita Uninsured</b>	
Programme 1: Administration	R35.29	R32.05	R30.95	R35.07

<sup>15</sup> Population figures were extracted from Statistics South Africa and projected from 2001 using growth rates obtained from the mid-year estimates for July 2006



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	2007/08 Actual	2008/09 Actual	2009/10 Actual	2010/11 Actual
Programme 2: District Health Services	R909.66	R914.47	R1,047.43	R959.37
Programme 3: Emergency Medical Services	R69.24	R75.61	R83.21	R82.42
Programme 4: Provincial Hospital Services	R490.03	R492.40	R541.42	R550.65
Programme 5: Central Hospital Services	R177.61	R204.80	R227.53	R205.87
Programme 6: Health Sciences and Training	R66.16	R76.08	R84.37	R83.31
Programme 7: Health Care Support Services	R1.60	R3.85	R2.93	R1.05
Programme 8: Health Facilities Management	R137.88	R124.10	R146.60	R106.19
<b>Total: Programmes</b>	<b>R1 887.47</b>	<b>R1 923.36</b>	<b>R2 164.44</b>	<b>R2 023.93</b>

Source: BAS

The remainder of this section reports on the Department's performance against the objectives, indicators and targets as specified in the 2010/11 Annual Performance Plan for the KwaZulu-Natal Department of Health.

It is important to note that the performance information in this report is based on data that was extracted from the different departmental information systems as at **25 May 2011** – unless otherwise indicated. Information systems include the District Health Information System [DHIS], District Quarterly Performance Reports [DQPR], ETR.Net [TB data], BAS [financial information], Persal [personnel], and Programme Performance Reports.



## **PROGRAMME 1: ADMINISTRATION**

### **PROGRAMME PURPOSE**

The Administration Programme comprises of two Sub-Programmes, namely the Office of the MEC and Management under stewardship of the Head of Department. The purpose of Programme 1 is:

- ★ To provide overall strategic leadership, coordination and management of strategies towards the achievement of optimal health for all people in the Province of KwaZulu-Natal.
- ★ Administration of the Department in line with good governance practices.
- ★ To formulate and/or review policies and strategies in line with legal prescripts and national and provincial priorities.

### **STRATEGIC GOALS AND**

### **OBJECTIVES 2010/11**

#### **STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES**

**Strategic Objective 1.1:** To finalise and implement Provincial Health Plans aligned with the NHS and MTSF priorities for 2010-2014.

**Strategic Objective 1.2:** To finalise and implement the 2010-2020 KZN Service Transformation Plan.

**Strategic Objective 1.3:** To implement a decentralised Operational Model.

**Strategic Objective 1.4:** To provide a transversal legal service in support of efficient health service delivery.

**Strategic Objective 1.5:** To implement Financial and SCM Turn-around Strategy to improve financial management and accountability in compliance with the PFMA.

**Strategic Objective 1.6:** To implement an Operational and Strategic Early Warning System.

**Strategic Objective 1.7:** To review and align the HRP with the STP and service delivery platform.

**Strategic Objective 1.8:** To expand and sustain the Registrar training programme to increase pool of Specialists by retaining 75% of qualified Registrars by 2014/15.

**Strategic Objective 1.9:** To implement an integrated Health Information Turn-around strategy to improve data quality and ensure annual unqualified audit opinion on performance information from the AGSA from 2010/11 – 2014/15.

**Strategic Objective 1.10:** Improve governance structures and social compact.<sup>16</sup>

### **PROVINCIAL PRIORITIES – 2010/11**

Priorities for 2010/11 were based on performance reviews and encompass essential services and processes necessary for the Department to achieve its strategic vision. Priorities did not exclude other administrative

<sup>16</sup> Appointment according to KZN Health Act managed by Administration – relevant to Programmes 2, 4 & 5

services essential for the smooth functioning of the Department.

➤ **Priority 1: To finalise the Service Transformation Plan [STP]**

Three developments added impetus to the revision of the Provincial STP.

1. The Green Paper on National Strategic Planning released by the Ministry of Planning in the Presidency in August 2009 which urged all sectors to produce long-term plans.
2. A directive from the National Health Council in October 2009 that the health sector must produce new long-term plans aligned with the 10-Point Plan for 2009-2014.
3. The NSDA of the Health Sector outlining key priorities for implementation to ensure a unified response to health challenges and improved health outcomes.

The intention of the STP is to gradually move away from the current fragmented and curative-based health system to a more decentralized, community-based and more cost effective health service model aimed at improving equity, access and availability through the Primary Health Care (PHC) approach using the District Health System as the appropriate vehicle.

The process of renewed consultation commenced in September 2010 with an engagement between the Head of Department, the National Department of Health and Strategic Planning Component. Numerous consultation workshops followed since including engagements with

Senior Management, Head Office and District Management Teams.

Engagement with the Health Portfolio Committee has been postponed twice and the Department is awaiting an appointment date with the Portfolio Committee before finalisation.

Finalisation of the STP is planned for 2011.

➤ **Priority 2: To implement the Finance and Supply Chain Management (SCM) Turn-Around Strategy**

The Department has developed a three-year turnaround strategy with Provincial Treasury to address the funding constraints that faced the Department. The strategy aims to improve financial management; increase overall efficiency; reduce expenditure; and more effective utilisation of allocated resources.

In addition, the strategy focuses on ensuring that the Department derives maximum benefit from investment and that wastage and abuse of resources is eliminated. Priority areas of focus include key cost drivers including the Public Private Partnership; pharmaceuticals; patient catering services; laboratory services; blood services; waste management services; the utilization of nursing agencies; the utilization of private medical beds; and medical sundries. Specific business unit strategies for the enhancement of these services are currently being developed or at implementation stage.

A policy framework, to guide implementation of the framework, has been developed and disseminated during workshops targeting all sections within the Department.

As part of an Improvement Plan, reviews are being conducted to assess policy implementation and Supply Chain Management policy imperatives. Based on review findings the following have been identified as cost containment items that will only be procured after on motivation e.g. motor vehicles except ambulances, office and domestic furniture, office and domestic equipment, agency fees including nursing agencies, venues and facilities, departmental catering, advertisement and marketing.

During 2010/11, the Department reported an under-expenditure of R1 441 499. *See Annual Financial Statements.*

► **Priority 3: To improve Human Resource Management systems and processes**

Human Resource [HR] delegations for key activities e.g. appointment of personnel, have been decentralised to facility level in line with the White Paper on Transformation of the Public Service. This is to ensure that HR transactions and activities are timeously activated in support of service delivery.

Human Resources Management Services [HRMS] has approved PHC structures that are currently being implemented on Persal in support of PHC services activating posts that will support service delivery. Structures for Regional Hospitals have also been finalised and are being updated on Persal.

The Department approved a tool to determine a “Minimum Staff Establishment (MSE)” for facilities to ensure equity in the distribution of human resources. The tool is linked with, amongst others, workload

indicators, patient visits, etc. Constraints and limitations of the model revolve around the fact that calculations and results are based on consolidated DHIS data at facility level where the veracity of this data is critical to ensure appropriate staffing of facilities. The model does not factor in shortages of equipment, consumables and other materials which might affect the workload in calculations, as well community/catchment population figures, patient’s waiting lists and acuity of patient conditions.

The distribution of resources still presents a challenge with regards to an urban/rural bias with urban health facilities being better resourced. Health care professionals are more inclined to take up employment in urban health facilities with amenities close to home whilst rural facilities face challenges of lack of accommodation, inadequate amenities e.g. banks, crèches, schools, poor infrastructure, inadequate equipment, poor conditions of access roads, etc.

Various Occupation Specific Dispensations [OSD] for Nursing, Social Workers, and Legal, Medical, Pharmacy and EMS personnel have been concluded and implemented in the Department. The Department is currently preparing for the implementation of the OSD for Health Therapists. *See Annual Financial Statements.*

In terms of PSCBC Resolution 3 of 2009 the OSD’s for the personnel not covered by Resolution 1 of 2007 i.e. non-clinical personnel, has also been concluded and will be implemented progressively when employees meet the qualifying periods for grade progression.

It is noted that the employment of health professionals that have had their OSD's finalised did in fact have a positive impact in the Department. In the occupations of Dental Practitioners, Medical Specialists, Pharmacists, Professional Nurses and Social Workers there has been a positive gain in the Department as the employment numbers have increased between period April 2007 to November 2010.

The fact that the numbers are increasing can be ascribed to the fact that employment conditions [salary positions] are improved and that the Department is able to attract and retain more candidates to the Department.

Between 2009/10 and 2010/11 there has been an increase of 51 Pharmacists in the Department yet there is a National shortage of Pharmacists whilst also competing with the private sector for their services. Between 2007/08 and 2010/11 there has been an increase of 148 Medical Specialists in the Department which further confirms the ability of the Department to attract and retain Specialists post Registrar training.

The employment numbers of Medical Practitioners have fluctuated over the analysed period between 3.32%, 3.93% and 1.43% however, the numbers are not large and employment has remained fairly static.

The provision for recognition of relevant previous experience on appointment, which did not exist prior to the OSD implementation, improves an employee's salary position as well as there being provision for the direct appointment to higher levels e.g. Medical Officer Grade 2 or 3; Professional Nurse Grade 2. In addition, the OSD's provides for overlapping salary levels between

production and supervisory levels which allows incumbents to either be clinical personnel or Managers. These positives are reflective in the growing numbers of personnel in the Department particularly Professional Nurses who are at the coal face of service delivery.

The reduction in the employment numbers for Nursing Assistants and Staff Nurses are not of great concern as there is an oversupply of these categories in the labour market. In addition, the reduction in Nursing Assistant posts can be ascribed to the fact that pre-OSD Student and Pupil Nurse were appointed against Nursing Assistant and Staff Nurse posts whilst post-OSD these training posts were converted to Student and Pupil Nurse post.

The Human Resources Plan has been approved and makes provision for the implementation of improved systems and processes. All districts submitted District Human Resources Plans with Implementation Plans that are being monitored at both district and provincial levels.

Vacancy rates for Professional Nurses increased from 25.7% in 2009/10 to 28.6%; for Medical Officers decreased from 41.6% in 2009/10 to 28.7%; for Medical Specialists decreased from 65.9% in 2009/10 to 41.6%; and for Pharmacists decreased from 76.4% in 2009/10 to 36.2%.

The significant variation between 2009/10 and 2010/11 vacancy rates are not an indication of new appointments during the reporting period, rather ascribed to the verification of Persal data, reviewed post establishments

and removal of outdated [old] post establishments on the Persal system. *See relevant comments in Table 2.*

➡ ***Priority 4: To implement a Health Information Turn-Around Strategy i.e. Data Management; Information Technology and Communication; and Monitoring & Evaluation***

A highly successful activity was the acknowledgement of Matric Excellence in the Amajuba District, an initiative of the MEC for Health. High achievers in the District were recognised and pledges were received from various sponsors and business persons, towards bursaries for further study to some of the students. This type of activity therefore assisted in providing assistance and improving the quality of life of these learners.

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**PROGRAMME PERFORMANCE 2010/11**

**Table 19: Public Health Personnel in 2010/11**

Categories	Number Employed <sup>17</sup>	% of Total Employed <sup>18</sup>	Number per 100,000 Uninsured People <sup>19</sup>	Number per 100,000 People <sup>20</sup>	Vacancy Rate
Medical Officers	2,551	3.59%	27.7	24.4	28.7%
Medical Specialists	691	0.97%	7.5	6.6	41.6%
Dentists	103	0.14%	1.1	0.98	21.4%
Dental Specialists	4	0.05%	0.04	0.03	33.3%
Professional Nurses	13,602	19.18%	147.9	130.1	28.6%
Enrolled Nurses	9,810	13.8%	106.6	93.8	22.2%
Enrolled Nursing Auxiliaries	6,071	8.56%	66	58	27.6%
Student Nurses	1,996	2.81%	21.7	19.1	14%
Pharmacists	512	0.72%	5.5	4.8	36.2%
Physiotherapist	237	0.33%	2.5	2.2	11.9%
Occupational Therapists	133	0.18%	1.4	1.2	14.7%
Radiographers	486	0.68%	5.2	4.6	9.8%
Emergency Medical Staff	4 <sup>21</sup>	0.05%	0.04	0.03	2.8%
Dieticians & Nutritionists	122	0.17%	1.3	1.1	20.8%
Community Care-Givers	5,005				

Source: Persal

<sup>17</sup> Excluding temporary employees

<sup>18</sup> Total number of employed staff for reporting period according to Porsal: 70,913

<sup>19</sup> Uninsured population for the reporting period: 9,195,384

<sup>20</sup> Total population for the reporting period: 10,449,300

<sup>21</sup> Ambulance Related Workers



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**Table 20: Situation Analysis and Projected Performance for Human Resources**

Performance Indicators	APP Target and Actual Performance		Comments and reasons for variance
	2010/11 APP Target	2010/11 Actual	
1. Medical officers per 100,000 people	25.7	24.4	Acceptable range.
2. Medical officers per 100,000 people in rural districts	11	9.8	Inequity between rural and urban services is still evident mainly attributed to the difficulty in attracting health professional to rural districts. The Department commenced with consultations for the development of a more robust recruitment and retention strategy with finalisation expected in 2011/12.
3. Professional nurses per 100,000 people	108	130.1	Multiple establishments on the Persal system still skew employee numbers. Clean-up of the system that commenced in 2010/11 will resolve this. Completion expected in 2011/12.
4. Professional nurses per 100,000 people in rural districts	91.7	95.6	
5. Pharmacists per 100,000 people	4.1	4.8	Acceptable range.
6. Pharmacists per 100,000 people in rural districts	2	2.1	Acceptable range.
7. Vacancy rate for professional nurses	20%	28.6%	Clean up of Persal commenced in 2010/11. HR Connect is in process of being rolled out; information pertaining to qualifications and job titles currently being rectified; and 'old' post structures being removed from the system. This influence vacancy rates (posts filled versus posts available) and explains the significant variations between 2009/10 and 2010/11 vacancy rates. Vacancy rates and equity in distribution of resources are actively monitored as part of the revitalisation process that commenced in 2010/11.
8. Vacancy rate for doctors	33%	28.7%	
9. Vacancy rate for medical specialists	61%	41.6%	
10. Vacancy rate for pharmacists	76%	36.2%	
11. Attrition rate for professional nurses	8%	6.4%	This trend will be monitored against more robust strategies to retain personnel.
12. Absenteeism for professional nurses	20%	21.58%	Although not formally investigated, it is assumed that staff are affected by the increasing burden of disease which might inter alia lead to absenteeism. Strategies are being developed to monitor trends more effectively.

Source: Persal

*Rural Districts: Four Rural Development Nodes i.e. Ugu, Umzinyathi, Zululand and Umkhanyakude*

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**Table 21: Provincial Objectives and Performance Indicators: Administration**

Performance Indicators	Source	APP Targets and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.1: To finalise and implement Provincial Health Plans aligned with the NHS and MTSF priorities for 2010-2014</b>				
1. Approved 2010/11 – 2014/15 Strategic Plan	Strategic Planning	Strategic Plan tabled in April 2010	Strategic Plan tabled in April 2010	The Strategic Plan has been informed by core service delivery needs and demands and has been aligned with the NHS 10 Point Plan and Negotiated Service Delivery Agreement [NSDA] towards a unified health system. The Plan was tabled in the Legislature as per 2010 Legislature Sitting Programme Schedule.
2. Tabled Annual Performance Plan [APP]	Strategic Planning	APP tabled in April 2010	APP tabled	The APP reflects the priorities of the 1 <sup>st</sup> year of the strategic planning cycle and incorporates core deliverables and outcomes identified during quarterly reviews, strategic planning processes and priorities identified in the Strategic Plan, the NHS 10 Point Plan and NSDA. Quarterly performance monitoring, using the Monitoring & Evaluation [M&E] Framework, informed quarterly performance reports. Tabled in the Legislature as per 2010 Legislature Sitting Programme Schedule.
3. Number approved District Health Plans [DHP's]	Strategic Planning	11 aligned and approved DHP's [2010/11]	11 DHP's	DHP's reflect district specific service delivery needs and demands and have been aligned with the APP to improve service delivery and health outcomes. Quarterly reviews on progress inform reporting to the Provincial M&E Section. Approved DHP's [11] were placed on the Departmental website and submitted to the National Department of Health.

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Performance Indicators	Source	APP Targets and Actual Performance		Comments and reasons for variance
		2010/11	2010/11	
		APP Target	Actual	
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.2: To finalise and implement the 2010-2020 KZN Service Transformation Plan</b>				
4. Approved Service Transformation Plan [STP] implemented <sup>22</sup>	Strategic Planning	STP published in August 2010	STP not published	The national STP process was re-introduced by the National Department of Health in September 2010, and Provincial review and consultations commenced in October 2010. Extensive internal consultation [Senior Management, Head Office and District Management Teams], as well as pending engagement with the Health Portfolio Committee necessitated an extension to 2011 [approved by the Head of Department and Director-General for Health].
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.3: To implement a decentralised Operational Model</b>				
5. Number of District Managers who have signed national delegation of authorities	HRMS	11/ 11 <sup>23</sup>	0/ 11	Reviewed national delegations have not been finalised as planned in the National Health Plan of 2010/11. The Province could therefore not comply with the target that was based on national requirement and dependent on national processes.
6. Number of Hospital Managers who have signed Performance Agreements	HRMS	75/ 75	64/ 75	Vacancy and turn-over rates negatively impacted on achievement of the target. Poor management and inadequate monitoring result in non-compliance and under-performance. HRMS improved monitoring system and processes for the Performance Management Development System at both provincial and district levels to improve monitoring and compliance.
7. Number of District Managers who have signed Performance Agreements	HRMS	11/ 11	11/11	
8. Number of Head Office Managers [Level 13 and above] who have signed Performance Agreements	HRMS	44/ 44	7/ 32 [21.8%]	The number of managers [level 13 and above] decreased from 44 to 32 during the reporting period [resignations and turn-over] hence different denominator. <i>See comment for Indicator number 6.</i>

<sup>22</sup> STP includes 10 core macro plans i.e. Service Delivery Plan; Service Delivery Platform; Human Resource Plan; Quality Improvement Plan; Infrastructure Plan; Medicine Supply and Management Plan; Information Communication Technology and Health Information Systems Plan; Communication and Mass Mobilisation Plan; Research and Development Plan; Health Financing Plan

<sup>23</sup> This is dependent on national processes to review and finalise national delegations (National Health Plan 2010/11)

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Performance Indicators	Source	APP Targets and Actual Performance		Comments and reasons for variance
		2010/11	2010/11	
		APP Target	Actual	
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.4: To provide a transversal legal service in support of efficient health service delivery</b>				
9. Regulations of the KZN Health Act (1 of 2009) promulgated	Corporate Governance	Regulations promulgated	80% complete	The Department completed the draft Regulations which were submitted to the State Law Advisor in the Office of the Premier in the 4 <sup>th</sup> quarter of 2010/11. Approval is expected by the end of May 2011 with translation into English and isiZulu thereafter.
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 4.1: To implement Financial and SCM Turn-around Strategy to improve financial management and accountability in compliance with the PFMA</b>				
10. Annual unqualified audit opinion for financial statements	Auditor General's Statement	Unqualified audit opinion	Qualified audit opinion	<i>See Auditor General Report – Annual Financial Statements.</i> Robust implementation of the turn-around strategy to strengthen controls in financial management.
11. Zero over-expenditure	BAS – Budget Control	Zero over-expenditure by 2012/13	Under-expenditure of R1 441 499	Unwanted under-expenditure due to a combination of factors as eluded to in Part A of this report [pages 50 - 52] and Annual Financial Statements in this report.
12. Number of District Health Expenditure Reviews [DHER] Reports completed	Strategic Planning	11/ 11	11/11	DHER Reports [11] approved and submitted to the National Department of Health. Linkage between expenditure and service delivery improved significantly.
13. Percentage of procurement spent on specific and transversal contract management	SCM	50%	40%	Efficiency was compromised due to ineffective Bid processes. The Department reviewed processes and systems to improve efficiency, and it is expected that the target will be met in the 2 <sup>nd</sup> quarter of 2011/12.
14. Percentage of contracts compliant with legal prescripts	SCM & Legal Services	80%	80%	Formal contract agreements have been entered into with service providers. A total of 14,748 contracts/ Service Level Agreements were finalised during the financial year covering nursing, forensic pathology services, PHC services, CCG services, EMS and step-down facilities amongst others.
15. Percentage assets accounted for in composite Asset Register	SCM	100%	100%	Full asset counts have been conducted.

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Performance Indicators	Source	APP Targets and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
16. Accurate financial disclosure of inventory and assets in Annual Financial Statement	SCM	50%	50%	Full inventory counts have been conducted.
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.6: To implement an Operational and Strategic Early Warning System</b>				
17. Approved annual Departmental Risk Profile [Operational and Strategic]	Audit & Risk	Risk Profile finalised	Risk Profile finalised	<p>A composite progress report on the top 20 risks was finalised in the 4<sup>th</sup> quarter of 2010/11 covering all districts and institutions. All District Managers and Hospital CEO's were actively engaged in the development and implementation of action plans to address the identified risks and monitor progress and outcomes.</p> <p>The CURA software reporting template is not user-friendly resulting in a very labour intensive process for the disaggregation of the risk in terms of apportioning the correct risks to the districts and institutions. This will be reviewed in the coming year.</p>
18. Number of audit queries attended to before 31 July	Audit & Risk	100% of total number received	66/ 66	The Regularity Audit of the Department was finalised by the 31 <sup>st</sup> of July 2010 with responses to all queries. The audit plan of the AGSA will be implemented with more support from the Department. The 48 hour turnaround time will be re-negotiated and amended if possible to allow more time for comprehensive in-depth responses.
19. Percentage review audits conducted before 31 March	Audit & Risk	100% [of total number]	88% [36/ 41]	A total of 36 review audits were finalised by the end of the 4 <sup>th</sup> quarter and 5 audits were in progress. Risk management workshops [24 sessions] were conducted in the 3 <sup>rd</sup> and 4 <sup>th</sup> quarters of 2010/11 targeting management teams at district/ institutional levels. Risk mitigations tool kits were developed and disseminated; audit improvement strategies discussed; and audit preparedness was assessed. The short turn-around time, staff shortages and the high number of institutions that had to be reviewed was a challenge. Improved team processes were adapted to comply with deadlines.
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.7: To review and align the HRP with the STP and service delivery platform</b>				

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Performance Indicators	Source	APP Targets and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
20. Aligned Human Resource Plan [HRP] published [Refers to the HR Chapter in the STP]	Strategic Planning	Aligned HRP published in August 2010	Not finalised	This indicator refers to inclusion of the HR Chapter in the STP. <i>See comments under indicator number 4 - STP.</i>
21. Number of approved District Human Resource Plans	HRMS	11 Approved District HRP's by August 2010	11/11	All districts submitted HRP's with Implementation Plans to ensure effective translation of plans to action and ongoing monitoring against targets. District support is ongoing to ensure effective implementation.
22. Percentage Persal data verified	HRMS	100% Persal data verified	Process not complete	Not possible to quantify this indicator in terms of a percentage. HR Connect is in the process of being rolled out and information pertaining to qualifications and job titles rectified.
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.8: To expand and sustain the Registrar training programme to increase pool of Specialists by retaining 75% of qualified Registrars by 2014/15</b>				
23. Number of Registrars in training - cumulative	Corporate Governance	600	567 [40 completed training]	By the end of the 4 <sup>th</sup> quarter, a total of 607 Registrars were on the Programme – of which 40 had completed the programme awaiting placement [posts] at institutions. The absence of an adequate pool of posts to decant Registrars at the end of the training period prohibits maximisation of the programme. The Department is in the process to review retention systems and processes.
24. Number of Registrars retained after qualifying	Corporate Governance	180/ 600 [30%]	134/ 200 [67%]	The wrong denominator was used to set the target for 2010/11 [should be the number of Registrars graduating not the number in training]. A total of 134 qualified Specialists/ time expired Registrars were retained [based on two intakes in June 2010 and January 2011]. Challenges included controlling the retention of Registrars with recruitment process being at institutional level; bottlenecks in unfreezing and filling of posts; financial constraints; and specialists that are reluctant to take up posts in peri-urban and rural areas. The Department developed a proposal to create a pool of posts for the decanting of time expired and qualified Specialists at the end of the training period to maximise Registrar intakes as well as overall retention. The proposal has not been approved in reporting year.

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Performance Indicators	Source	APP Targets and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.9: To implement an integrated Health Information Turn-around strategy to improve data quality and ensure annual unqualified audit opinion on performance information from the AGSA from 2010/11 – 2014/15</b>				
25. Annual unqualified audit opinion on performance information	Auditor General's Statement	Unqualified audit opinion	Qualified opinion	<i>See the AGSA audit opinion in the Annual Financial Statements in this report.</i> The Department is implementing a turn-around strategy to improve performance data. Appointment of Data Capturers has been prioritised to improve data capturing at institutional level.
26. Provincial Health Information Committee established and functional	Data Management	Committee established	Established	Composition of the Committee has been approved by the MEC for Health. The first meeting is planned in the second quarter of 2011.
27. Percentage of PQRS [Provincial Quarterly Reporting System] total score	Data Management	90%	100% submission 95% completion	Four Quarterly Performance Reports were completed and submitted to the National Department of Health and Provincial Treasury as per stipulated Treasury submission dates. Completion [reporting on 100% of the required performance indicators] has been 95% mainly due to non-submission of timeous TB data [challenges with the TB reporting system]. The TB reporting system is under review [nationally driven process].
28. Master System Plan [MSP] implemented	IT	MSP approved	Tender awarded	The tender has been awarded and the Service Provider will start in June 2011.
29. Approved Monitoring & Evaluation [M&E] Framework implemented	M&E	Reporting as per M&E Framework	Achieved	The M&E Framework was adopted in March 2010 and implementation, guided by the Implementation Plan [serving as monitoring tool] commenced immediately after approval.
30. Tabled Annual Report	Strategic Planning	Annual Report tabled	Annual Report tabled	Tabled in the Legislature as per 2010 Legislature Sitting Programme Schedule.
31. Four [4] Quarterly Progress Reports on the 10-Point Plan	M&E	4 Reports	4 Reports	Reports focussed on priorities identified in the APP, NHS 10-Point Plan, NSDA and MDG's.
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.10: Improve governance structures and social compact <sup>24</sup></b>				

<sup>24</sup> Appointment according to KZN Health Act managed by Administration – relevant to Programmes 2, 4 & 5

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Performance Indicators	Source	APP Targets and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
32. Number of Clinic Committees [PHC] appointed as per KZN Health Act (1 of 2009) [cumulative - 10% per annum]	Corporate Governance	56/ 558 [10%]	337/ 654 [51.5%]	An internal audit confirmed that 337/ 654 clinics [Provincial and Local Government] have interim Clinic Committees.  Appointments are being reviewed to comply with requirements in the National Health Act, 2003 while the Department is awaiting promulgation of the KZN Health Act, 2009 Regulations.
33. Number of Clinic Committees [CHC] appointed as per KZN Health Act (1 of 2009) [cumulative per annum]	Corporate Governance	5/ 17	7/ 16	<i>Same comment as Indicator number 32.</i>  Decrease in number of CHC's [denominator]: Embo CHC in Umgungundlovu District discontinued services as a CHC in 2010/11 – currently operating as a PHC clinic [decision based on decreasing/low patient numbers and increased cost].
34. Number of Hospital Boards appointed as per KZN Health Act (1 of 2009) [cumulative per annum]	Corporate Governance	10/ 75	65/ 75 [92%]	Indicator refers to interim Boards. Sustainability of Hospital Boards continues to be a challenge mainly related to the lack of stipends being paid for travelling and refreshments. <i>See comment for Indicator number 32.</i>
35. Provincial Health Council established	Corporate Governance	Established	Established	
36. Provincial Health Council convened annually <sup>25</sup>	Corporate Governance	Convened	Convened	Successfully convened the Provincial Consultative Health Forum on the 17 <sup>th</sup> of June 2010 with a total of 340 stakeholders attending the meeting.
37. Number of District Health Councils established – cumulative	Corporate Governance	0/ 11	0/ 11	District Health Councils have not been established. This has been prioritised for the 2011/12 financial year.
38. Number of District Health Councils convened annually	Corporate Governance	0/ 11	0/ 11	<i>Same comment as Indicator number 37.</i>

<sup>25</sup> Referred to the Provincial Consultative Health Forum



## **PROGRAMME 2: DISTRICT HEALTH SERVICES**

### **PROGRAMME PURPOSE**

To render Primary Health Care (PHC) services including District Hospital services as part of the District Health System.

The Programme comprises of nine Sub-Programmes, which are responsible for facilitating different functions.

The main objectives of the programme are:

- ★ To provide service planning and administration of services, managing personnel, financial administration and the coordination and monitoring of district health services, including those rendered by district councils and Non-Governmental Organisations.
- ★ To render nurse-driven PHC services at clinic level including mobile visiting points and local authority clinics.
- ★ To render PHC services with full-time medical officers in respect of services for mother and child, geriatrics, occupational therapy, physiotherapy, psychiatry, speech therapy, communicable and non-communicable diseases and mental health.
- ★ To render PHC services at non-health facilities in respect of home-based care, abuse victims, mental and chronic care and school health.
- ★ To render PHC services related to the comprehensive management of HIV and AIDS, TB and related campaigns and special projects.

- ★ To provide services directed at providing nutritional support and information to deserving members of the population.
- ★ To render forensic pathology and medico-legal services in the Province.
- ★ To render hospital services at General Practitioner level.

### **STRATEGIC GOALS AND OBJECTIVES**

#### **STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES**

*Strategic Objective 1.11:* Revitalisation of PHC services as per STP imperatives and Implementation Plan.

*Strategic Objective 1.12:* To rationalise hospital services in line with service delivery needs and STP imperatives.

#### **STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF HEALTH SERVICES**

*Strategic Objective 2.1:* To implement the National Core Standards in 100% of facilities towards accreditation of 50% PHC clinics and 100% CHC's by 2014/15.<sup>26</sup>

*Strategic Objective 2.2:* To implement the National Core Standards in 100% of facilities towards accreditation of 100% District Hospitals by 2014/15.

<sup>26</sup> Accreditation of facilities [PHC & Hospitals] will be dependent on national processes i.e. establishment of the National Accreditation Board

**STRATEGIC GOAL 3: REDUCE MORBIDITY AND MORTALITY DUE TO COMMUNICABLE DISEASES AND NON-COMMUNICABLE ILLNESSES AND CONDITIONS**

**Strategic Objective 3.1:** To scale up implementation of integrated HIV and AIDS services and reduce HIV incidence by 50% by 2011/12.

**Strategic Objective 3.2:** To scale up implementation of the Accelerated Plan for PMTCT to reduce mother to child transmission to < 5% by 2012/13.

**Strategic Objective 3.3:** To scale up implementation of the integrated TB Crisis Plan to improve the TB cure rate to 70% by 2014/15.

**Strategic Objective 3.4:** Reduce child mortality to 30-45/1000 live births by 2014/15.

**Strategic Objective 3.5:** Reduce maternal mortality to  $\leq$  100/ 100000 by 2014/15.

**Strategic Objective 3.6:** To implement the Phila Ma Project to increase cervical cancer screening coverage to 70% by 2014/15.

**Strategic Objective 3.7:** To scale up the Contraceptive Strategy to increase the women year protection rate to 65% by 2014/15.

**Strategic Objective 3.8:** To maintain preventative strategies to reduce and maintain the malaria incidence at  $\leq$  1/1000 population.

**Strategic Objective 3.9:** To maintain Early Warning Systems for Communicable Disease Control.

**Strategic Objective 3.10:** To scale up the implementation of eye care services to comply with national targets.

**PROVINCIAL PRIORITIES FOR 2010/11**

**➔ Priority 1: Revitalisation of PHC services**

The declaration of Alma Ata in 1978, heralding an era of emphasis on PHC, shows a greater understanding and focus on the determinants of ill health including socio-economic factors and prioritization of health promotion, prevention and community participation in health care provisioning.

The Department commenced with the review of health care systems including revitalisation of PHC. The STP will be used as the blue print for revitalisation of PHC and the health care system over the next 10 years.

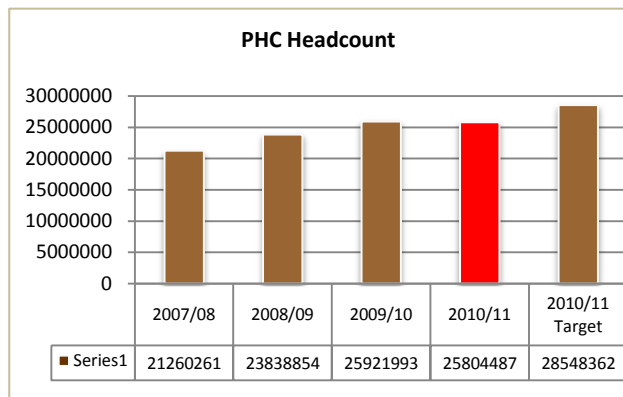
During 2010/11, four [4] new District Managers were appointed in Umkhanyakude, Uthungulu, Uthukela and Amajuba Districts. All 11 District Manager posts are filled.

PHC services are provided by 176 mobile services [476 mobile stopping points visited twice monthly], 585 clinics [142 rendering on-call services], and 16 CHC's. During February and March 2011 the MEC for Health officially opened 11 clinics. The full package of PHC services are provided in all health sub-districts.

The PHC utilisation rate for both adults and children under-5 decreased between 2009/10 and 2010/11 resulting in a decrease of 117,506 patients visiting PHC facilities during the reporting period. *See headcounts in Graphs 11 and 12.*

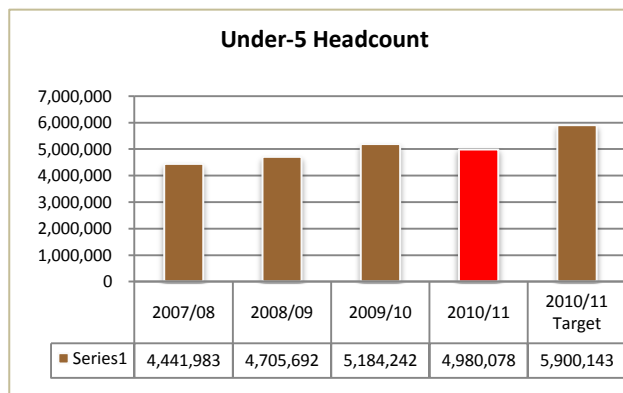
Reasons for the dwindling patient numbers have not been formally investigated to date. It is possible that the extended public service strike and patients entering the health care system at inappropriate level [hospital] contributed to the downward trend.

**Graph 11: PHC Headcount 2007/08 – 2010/11**



Source: DHIS

**Graph 12: Under 5 PHC Headcount 2007/08 – 2010/11**



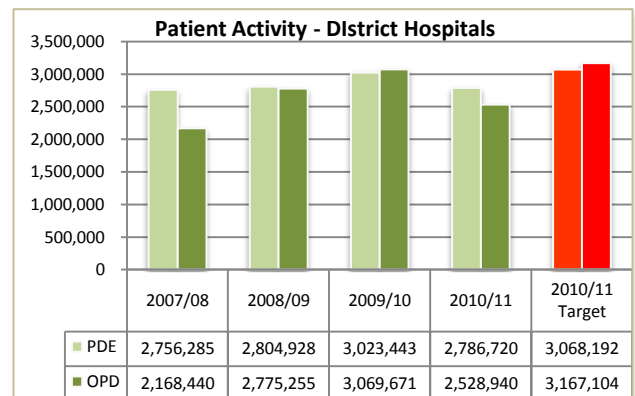
Source: DHIS

There are 39 District Hospitals (including 2 State Aided) rendering level 1 [and some level 2] hospital services and providing clinical and non-clinical out-reach services to PHC facilities in their drainage areas. District Hospital

beds increased from 9,305 in 2009/10 to 9,334 in 2010/11.

During the reporting period, a total of 3,167,104 patients were seen at out-patient departments; 318,123 patients were admitted; and 25,131 died in District Hospitals. See Graph 13 for District Hospital patient activity.

**Graph 13: Patient Activity – District Hospitals**



Source: DHIS

Bed utilisation rate [BUR] and average length of stay [ALOS] are two prime indicators to measure hospital efficiency. For the last 5 years the BUR [61.9%] has been below the national target of 75% and the ALOS [5.8 days] exceeded the national target of 3.5 days. The impact of the burden of disease on the health system has not been formally investigated.

220 PHC facilities received weekly and 359 monthly support visits by a Medical Officer in the reporting year. High vacancy rates for Medical Officers [47%] at District Hospitals impact on this function.

Monthly visits to PHC facilities by Therapists [325]; Dieticians or Nutritionist [293]; and Oral Health Clinicians [110] extended these critical services to PHC level in line with the revitalisation strategy for PHC and decongesting hospitals.

Strengthening of community-based services commenced in earnest during 2010/11 in line with the Department’s vision to improve preventive and promotive services from household level up.

In 2010/11, integrated services were provided by 318 funded Nutrition Integration Programme [NIP] sites and 469 Home-Based Care [HBC] Non-Governmental Organisations [NGO’s] with 134 funded by the Department.

A total of 8,351 Home-Based Carers [HBC’s] rendered services in communities; 3,913 received stipends; 3,153,811 homes were visited; and services provided to 476,189 patients. HBC programmes provided support to 138,942 families [excluding child headed families]; 9,714 child headed families; and 50,323 orphans and vulnerable children. Through this programme 8,692 TB defaulters were traced during 2010/11 which highlights the critical importance of integrated community-based services.

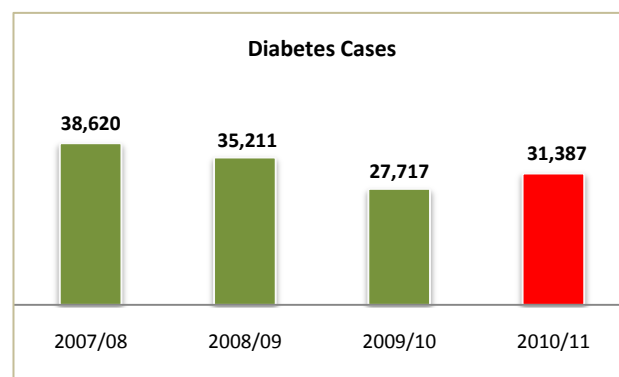
During the reporting year, 5,005 Community Care Givers [CHW’s] received stipends; 621,353 households were visited and 244,798 clients referred for further care and management.

Simama, a Provincial publication was launched in August 2010 to improve health information and communication

to communities. To date, 25 health articles were published.

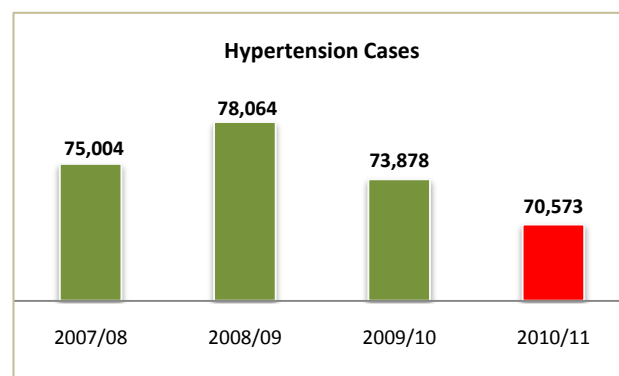
Chronic diseases of lifestyle were identified as a major cause of death in the 2000 Burden of Disease study. Between 2009/10 and 2010/11, diabetes cases increased with 13%, and 583 amputations were done on people with diabetes. During the same period, hypertension cases decreased with 4.4%. *See Graphs 14 and 15.*

**Graph 14: Diabetes Cases 2007/08 – 2010/11**



Source: DHIS

**Graph 15: Hypertension Cases 2007/08 – 2010/11**



Source: DHIS

The province-wide implementation of the Operation Sukuma Sakhe strategy will affect screening, detection, referral and compliance with treatment regimes. These trends will be monitored as part of the integrated M&E strategy.

As one of the strategies to improve chronic disease management, the Department piloted the Centralised Chronic Medication Dispensing Unit [CCMDU] in 120 sites in the eThekweni Metro. The strategy will be rolled out to the rest of the Province based on positive outcomes including reduced waiting times. See *Programme 7: Pharmaceutical Services*.

During 2010/11, a total of 34,364 refractions were done compared with the target of 44,564 [77%]. A new eye care strategy will be developed for the next financial year.

During the reporting year, 97% [37] District Hospitals provided 72hr observation services for mental health care users. A total of 36,798 patients exceeded the 72hr observation period in these institutions which potentially increased risk to both patients and staff. A comprehensive mental health strategy, as part of the STP process, is being developed to address challenges.

During 2010/11, Rehabilitation Therapists visited 325 PHC facilities at least once a month and 276,519 patients received rehabilitation services in these facilities. A total of 2,668 wheelchairs and 1,304 hearing aids were dispensed during the reporting period.

A total of 17 schools were accredited as Health Promoting Schools in 2010/11 [total of 188 to date].

➔ ***Priority 2: Improve the efficiency and quality of health services.***

The PHC expenditure per uninsured person decreased from R260.26 in 2009/10 to R222 in 2010/11, and the expenditure per PHC headcount increased from R95 in 2009/10 to R105 in 2010/11. Variances between R143 in Zululand and R86 in Umkhanyakude Districts [both Rural Development Nodes] highlight existing inequities in resource allocation. The Department intensified the process to improve alignment of budget and resources with service delivery to improve the return in investment.

Expenditure analysis and consultation was intensified in 2010/11 to develop an effective costing model for “Combo” Hospitals [hospitals rendering both level 1 and 2 hospital services]. The expenditure per patient day equivalent [PDE] increased from R1639 in 2009/10 to R1668 in 2010/11. This is however misleading as an effective costing model to differentiate between level 1 and 2 services has not been established yet.

The PHC supervision rate is still very low [63%] mainly attributed to increased attrition of PHC Supervisors and delays in appointment of PHC Managers. Prioritization of PHC in the coming financial year will address backlogs.

All District Hospitals implement Hospital Improvement Plans; 92% [36/39] conducted monthly clinical audit meetings; 96% [37/39] conducted monthly morbidity and mortality meetings; and 77% of patient complaints were resolved within 25 days.

➤ **Priority 3: Scale up implementation of the National Strategic Plan for HIV & AIDS and STI's.**

Reducing the incidence and managing the prevalence of HIV remained a key priority of the Department during the reporting year.

According to the National HIV Prevalence Study<sup>27</sup> the HIV prevalence for pregnant women increased from 38.7% in 2008 to 39.5% in 2009.

Five districts reported a prevalence of over 40% i.e. Uthungulu [46.4%]; eThekweni [41.5%]; Umgungundlovu [40.9%]; Ilembe [40.6%]; and Ugu [40.2%]. *See Annexure 1: Map 1: Provincial HIV Prevalence.*

Services for Post Exposure Prophylaxis [PEP] for sexual assault are available in 100% public hospitals and 11 CHC's. During 2010/11, a total of 10,289 new sexual assault cases were reported and 5,349 [51.9%] survivors received ARV prophylaxis. Children under the age of 12 years constituted 5,180 [50.3%] of these reported cases.

During the same reporting period, a total of 1,090 occupational exposures to HIV were reported with 1,016 [93%] of staff members receiving ARV prophylaxis.

On the 30<sup>th</sup> of April 2010 the Department launched the HCT Campaign at the Edendale Hospital, targeting to test a total of 3, 059, 234 people by the end of June 2011. Services are available at all facilities in the Province, and at the end of March 2011 a total of 2,052,773 people were tested for HIV. Of these, 24,953 [1.2%] tested positive for HIV. *See Table 22 for district breakdown.*

<sup>27</sup> National HIV prevalence trends amongst antenatal clinic attendees, South Africa 2009 - 2008

As part of the HCT programme, a total of 94,190 patients were screened for TB and of these, 17,365 patients were referred to facilities for clinical diagnosis of TB.

**Table 22: HIV Testing - District Performance**

District	Pre-Test Counsellled	Total Tested	Percentage of target reached
Ugu	179,238	175,308	105%
Umgungundlovu	202,166	185,242	71%
Uthukela	139,166	136,357	92%
Umzinyathi	166,546	112,757	110%
Amajuba	157,444	154,664	108%
Zululand	202,613	186,107	99%
Umkhanyakude	126,314	107,940	81%
Uthungulu	554,333	225,249	108%
Ilembe	116,410	108,736	73%
Sisonke	131,586	123,755	111%
eThekweni	785,160	536,657	64%
<b>KZN</b>	<b>2,760,976</b>	<b>2,052,773</b>	<b>83%</b>

Source: DHIS

PMTCT services are available in all fixed PHC facilities. During 2010/11, a total of 224,196 antenatal clients were tested for HIV and 9,701 eligible pregnant women were placed on HAART. The nevirapine uptake rate for antenatal women was 68.5% and the nevirapine uptake for newborn babies was 86.5%.

The HIV transmission rate for infants that were PCR tested at six weeks decreased from 10.3% in 2009/10 to 7% in 2010/11. Late booking for antenatal care services and high number of home deliveries/ births before arrival still jeopardise the programme. The maternal

and child health Road Map to 2014 makes provision for strategies to address these challenges.

Sexually Transmitted Infections [STI's] remains a challenge. The STI treated new episode incidence was 7.5% in 2010/11, with only 20.7% of partners treated during the same period.

There are 53 High Transmission Area (HTA) intervention sites in the Province to reach high-risk groups or groups of people that are not usually targeted for health interventions. Sites include taxi ranks, correctional service sites, hostels, truck stops, farm dwellings and street vendors in the main. During 2010/11, a total of 3,818 patients were referred for STI treatment from these sites.

The province has an extensive condom distribution network that includes public and non-public sector sites. During 2010/11 a total of 27,690,135 male condoms were distributed.

To accommodate the increasing demand for ART, the Department scaled up the strategy to improve access to ART at PHC level. At the end of March 2011, there were 63 hospitals accredited as ART service points; 324 clinics [including CHC's] initiating ART; 5 correctional services; and 4 Non-Governmental Organisations. Roving Teams [23] further improve access to ART and provide the necessary support to service providers at PHC level.

The approach for ART initiation is shifting from doctor to nurse driven [NIMART] Nurse Initiated and Managed Antiretroviral Therapy. During 2010/11, a total of 84 nurses were trained in NIMART and 580 in the 9-day

certificate course. This will be scaled up in the next financial year targeting all practicing nurses.

At the end of March 2011, there were 408,238 patients registered on ARV, showing an increase of 27.9% from 2009/10. This is indicative of the increasing burden of disease, increased access to HIV and AIDS services, as well as clinic efficiency gains over time.

On the 10<sup>th</sup> of April 2010 the Province launched the Male Medical Circumcision campaign following a call by His Majesty the King. By the end of March 2011, the Department performed a total of 33,875 circumcisions as part of the strategy.

The nutrition supplementation programme, including HIV, AIDS and TB clients who meet the criteria, reached 902,716 qualifying patients during 2010/11.

➤ **Priority 4: Scale up implementation of the TB Crisis Plan.**

The negative impact of HIV and TB on life expectancy has been confirmed in numerous research reports. TB continues to be the leading cause of death in South Africa since 1997 accounting for approximately 13% of deaths in the country.<sup>28</sup>

Tuberculosis, a preventable and curable disease, continues to be a major challenge in KZN hence being considered a core priority.

Between 2009/10 and 2010/11 the TB cure rate increased from 62.9% to 68.2%; the defaulter rate

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<sup>28</sup> Stats SA

improved from 8.1% to 7%; and the percentage of TB specimens with a turnaround time of less than 48 hours increased to 71%.

Adherence to the TB Management guidelines is improving as indicated by the improvement in bacterial coverage – improving from 71.5% in 2009/10 to 77.4% in 2010/11.

The 48hr turn-around time for TB sputum results improved from 51% in 2009/10 to 71% in 2010/11 which will improve management and TB outcomes. Specimens are collected daily from all facilities and SMS printers have been installed in 354 facilities to improve rapid return of results.

TB is considered the leading cause of mortality in HIV infected individuals worldwide. In the setting of HIV co-infection, TB progresses from latent to active disease more frequently, spreads more rapidly, and may recur more frequently following successful TB cure. TB has also been shown to accelerate the natural course of HIV disease mainly due to the complications of TB as well as immuno suppression from HIV.

During the reporting period, 90% of all new TB patients were counselled for HIV testing; 83% of counselled patients were tested for HIV; and 62% of new TB patients tested HIV positive.

The current MDR TB incidence is 26 per 100 000 population, making it the highest in the world. The principal driver of this rapid rise in MDR TB cases appears to be nosocomial transmission to highly vulnerable HIV-infected patients. The mortality rates among MDR TB/HIV co-infected patients are exceedingly

high (71% one year mortality) with approximately 15% of MDR TB/HIV co-infected patients receiving ART at the time of their diagnosis.

Beds for MDR TB increased from 240 in 2005 to 826 in 2009 - 204% increase. Cases still exceed available beds with a significant shortfall of 121 beds. The shortfall resulted in an average waiting list of 150 – 190 patients and an average waiting time of 3 to 6 weeks.

High number of patients, extended treatment period and critical shortage of beds for MDR and XDR TB necessitated alternative management strategies. Based on need/demand, the Department commenced with the community-based management of MDR TB. There are 16 mobile injection teams doing community-based management of MDR TB treatment [11 teams in Umzinyathi and 5 teams in Umkhanyakude] – further roll-out planned for 2011/12.

King George V Hospital still remains the only Center of Excellence, with four decentralized MDR TB centers namely Thulasizwe, M3 Greytown, Murchison, and Manguzi Hospital Units. Renovations at the Doris Goodwin Hospital are complete. New construction project at the Catherine Booth Hospital is aligned to the latest CSIR design criteria for MDR TB units which allows for natural ventilation of wards.

An additional 5 sites have been identified for conversion to MDR TB management sites during the 2011/12 cycle i.e. Charles Johnson Memorial, Madadeni, Estcourt, Stanger, and Hlabisa Hospitals.



➤ **Priority 5: Scale up the implementation of the 5-year Strategic Plan for Maternal, Neonatal, Child and Women’s Health & Nutrition.**

The “Maternal and Child Health Road Map to 2014” was approved in late 2010 and makes provision for comprehensive strategies to reduce morbidity and mortality. The strategy includes:

**Maternal Health**

- ★ Improve access to Basic and Emergency Obstetric Care;
- ★ Improve referral and transport including specialised ambulances for maternity and paediatric care;
- ★ Improve access to HAART for pregnant women;
- ★ Scale up the PMTCT Programme;
- ★ Improve competencies through mentorship teams;
- ★ Waiting mothers lodges in District Hospitals; and
- ★ Strengthening mortality reviews.

**Neonatal Health**

- ★ Improve quality of neonatal care;
- ★ Establish neonatal experiential learning sites in each of the 3 areas;
- ★ Establish neonatal resuscitation units in all labour wards and nurseries; and
- ★ High care beds in all nurseries [1 per District and 2 per Regional Hospital].

**Child Health**

- ★ Implement a package of prevention programmes integrated with Operation Sukuma Sakhe;

- ★ Back to basics of GOBI FFF; and
- ★ Scale up implementation of IMCI.

**Women’s Health**

- ★ Implement a contraceptive strategy;
- ★ Scale up the Phila Ma campaign to improve cervical and breast cancer screening; and
- ★ Scale up School and Youth Health services.

Effective antenatal care contributes significantly to a reduction in maternal mortality. During 2010/11, the antenatal visits before 20 weeks rate increased slightly from 34.3% in 2009/10 to 36%.

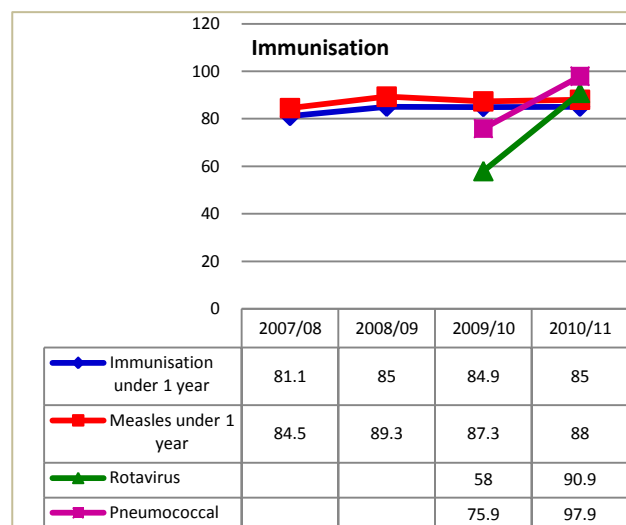
Cervical cancer is one of the few preventable cancers among women. Early detection of abnormal cells, through an effective screening programme, will reduce morbidity and mortality. During 2010/11, the cervical cancer screening coverage increased to 57.1% [accumulative] although a provincial audit will have to determine routine versus diagnostic smears; proportion abnormal smears; referral for colposcopy/ Lletz and effective management, etc. This will enable the department to assess effectiveness of the screening programme.

The Department continued to prioritise the Expanded Programme on Immunisation [EPI] to reduce vaccine preventable morbidity and mortality.

The coverage for fully immunised children under 1 year was 85% with 3 districts exceeding the national target of 90%. Stock-outs of some vaccines e.g. DTaP-IPV/Hib (Pentaxim) impacted on the coverage while data quality is still a challenge. The Department implemented the

Reach Every District [RED] strategy [aims to reach every child] in all health sub-districts to improve coverage.

Graph 16: Immunisation Coverage



Source: DHIS

Table 23 shows the results of the national measles and polio campaign conducted from 12 April to 7 May 2010 [1<sup>st</sup> round] and from 24 May to 7 June 2010 [2<sup>nd</sup> round].

Table 23: 2010 Measles and Polio Campaign Results

	Target	Actual
Measles 6-59 months	95%	114% [1 <sup>st</sup> round]
Measles 5-15 years	95%	85% [1 <sup>st</sup> round]
Total Measles	95%	93.7 [1 <sup>st</sup> round]
OPV 0-59 months	90%	104.6% [1 <sup>st</sup> round]
OPV 0-59 months	90%	91.5% [2 <sup>nd</sup> round]

Source: DHIS

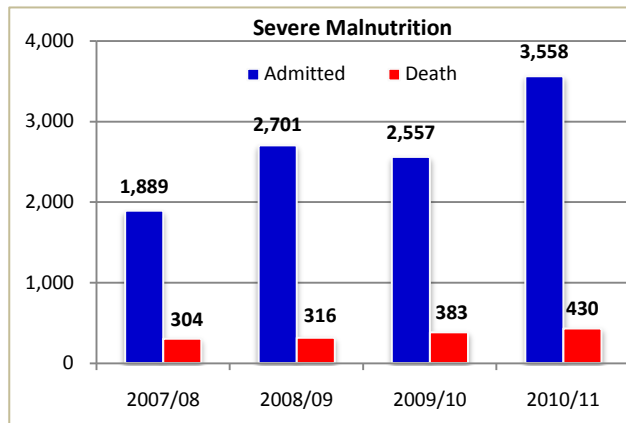
Table 24: Suspected versus confirmed measles cases

District	Suspected Measles Cases 2010/11	Confirmed Measles Cases 2010/11	Measles Coverage under 1 year – 2010/11
Ugu	184	95	86%
Umgungundlovu	1,706	932	70%
Uthukela	112	43	80%
Umzinyathi	379	163	100%
Amajuba	201	52	78%
Zululand	612	292	76%
Umkhanyakude	803	550	89%
Uthungulu	747	341	99%
Ilembe	149	33	87%
Sisonke	253	80	73%
eThekwini	2,088	1,081	99%
<b>KZN</b>	<b>7,134</b>	<b>3,680</b>	<b>88%</b>

Source: DHIS and EPI Line Listing

In 2010, a total of 84 Acute Flaccid Paralysis [AFP] cases were investigated [target 66] with a stool adequacy rate of 85%. No positive cases were identified. A total of 17 adverse events following immunisation was reported and investigated. No neonatal tetanus cases were reported.

**Graph 17: Severe Malnutrition – Number of children admitted and number of children who died**



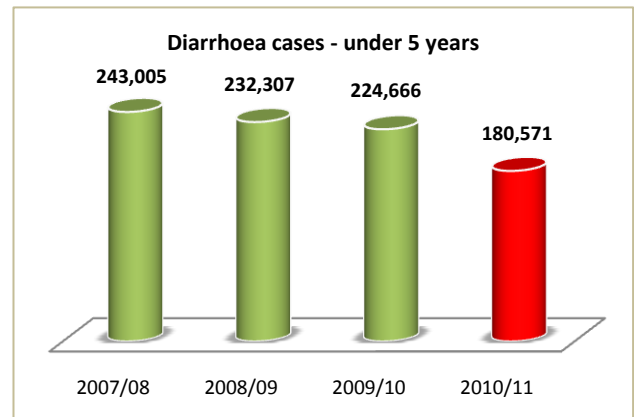
Source: DHIS

The impact of rotavirus-associated diarrhoea on children under-5 years is well documented. It is estimated that effective vaccination with the rotavirus vaccine can potentially prevent 1 in 20 deaths in children under-5 years.

Although the rotavirus vaccine will not prevent all forms of diarrhoea in children, it will prevent children from developing rotavirus associated severe dehydrating diarrhoea that requires hospitalisation and will avert deaths due to the common child-hood pathogen.

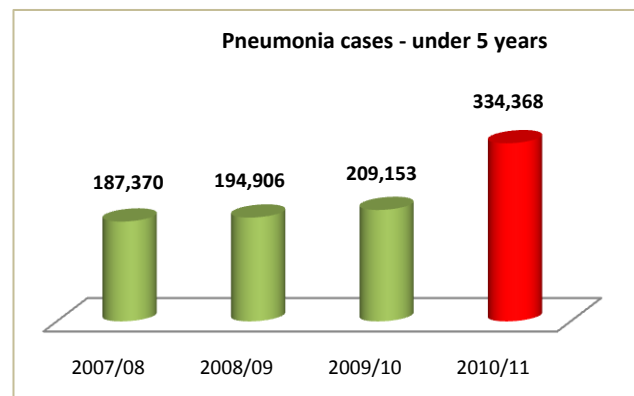
Graphs 18 and 19 depict the number of children under 5 years that were treated for diarrhoea and pneumonia during 2010/11 in public health facilities. Trends will be monitored to assess the impact of the pneumococcal and rotavirus vaccines.

**Graph 18: Number of children under-5 years treated for diarrhoea**



Source: DHIS

**Graph 19: Number of children under-5 years treated for pneumonia**



Source: DHIS

Under-nutrition, especially vitamin and mineral deficiencies, continues to represent serious health challenges especially in children under-5 years. Vitamin A not only plays a major role in the prevention of blindness but is also vital for child survival.

The vitamin A supplementation programme is implemented to protect immunity, prevent blindness

and reduce the risk of children dying from common childhood illnesses. The vitamin A coverage under 1 year [6-11 months as proxy] was 104% against the target of 95%. Low coverage [32.6%] for children 12 – 59 months is still a challenge, mainly due to children this age not reporting to facilities for immunisation.

maternity facilities to promote safe infant feeding practices. In KZN, 44 facilities [76%] are BFHI accredited with 6 facilities unable to maintain the BFHI status during the 2010 external BFHI assessments. Strategies have been put in place to address challenges.

The Baby Friendly Hospital Initiative (BFHI) is one of the key strategies for child survival and is implemented in

**Table 25: (DHS 1): District Health Service Facilities by Health District 2009/10 and 2010/11**

Health District	Facility Type	Number of facilities 2010/11	Population	Average catchment Population/clinic	PHC Utilisation Rate 2010/11
Amajuba	Mobiles	7	511,589	18,517	2.1
	Fixed clinics	24			
	CHC's	0			
	<b>Total mobiles, clinics &amp; CHC's</b>	<b>31</b>			
	District Hospitals	1			
Ilembe	Mobiles	10	626,211	16,838	2.8
	Fixed clinics	33			
	CHC's	2			
	<b>Total mobiles, clinics &amp; CHC's</b>	<b>45</b>			
	District Hospitals	3			
Sisonke	Mobiles	11	501,878	13,784	2.1
	Fixed Clinics	36			
	CHC's	1			
	<b>Total mobiles, clinics &amp; CHC's</b>	<b>48</b>			
	District Hospitals	4			
Ugu	Mobiles	15	760,285	12,932	2.6
	Fixed Clinics	56			

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

**ANNUAL REPORT 2010/11**

Health District	Facility Type	Number of facilities 2010/11	Population	Average catchment Population/clinic	PHC Utilisation Rate 2010/11
	CHC's	0			
	<b>Total mobiles, clinics &amp; CHC's</b>	<b>71</b>			
	District Hospitals	3			
Umgungundlovu	Mobiles	18	1,001,809	17,392	2.5
	Fixed Clinics	55			
	CHC's	3 <sup>29</sup>			
	<b>Total mobiles, clinics &amp; CHC's</b>	<b>77</b>			
	District Hospitals	2			
Umkhanyakude	Mobiles	14	653,467	11,819	3
	Fixed Clinics	55			
	CHC's	0			
	<b>Total mobiles, clinics &amp; CHC's</b>	<b>69</b>			
	District Hospitals	5			
Uthungulu	Mobiles	14	965,943	14,254	2.4
	Fixed Clinics	57			
	CHC's	1			
	<b>Total mobiles, clinics &amp; CHC's</b>	<b>72</b>			
	District Hospitals	6			
Uthukela	Mobiles	15	697,291	18,700	1.9
	Fixed Clinics	39			
	CHC's	0			
	<b>Total mobiles, clinics &amp; CHC's</b>	<b>54</b>			
	District Hospitals	2			
Umzinyathi	Mobiles	11	512,744	11,493	2.5
	Fixed Clinics	46			
	CHC's	0			
	<b>Total mobiles, clinics &amp; CHC's</b>	<b>57</b>			
	District Hospitals	4			
eThekweni	Mobiles	43	3,227,309	31,842	2.6
	Fixed Clinics	119			
	CHC's	8			
	<b>Total mobiles, clinics &amp; CHC's</b>	<b>178</b>			
	District Hospitals	4			

<sup>29</sup> Embo CHC now functioning as a PHC clinic – CHC's therefore reduced to 16 in 2010/11

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

**ANNUAL REPORT 2010/11**

Health District	Facility Type	Number of facilities 2010/11	Population	Average catchment Population/clinic	PHC Utilisation Rate 2010/11
Zululand	Mobiles	18	849,628	14,170	2.1
	Fixed Clinics	64			
	CHC's	1			
	<b>Total mobiles, clinics &amp; CHC's</b>	<b>83</b>			
	District Hospitals	5			
Province	<b>Mobiles</b>	<b>176</b>	10,308,154	17,832	2.5
	<b>Fixed Clinics</b>	<b>585</b>			
	<b>CHC's</b>	<b>16</b>			
	<b>Total mobiles, clinics &amp; CHC's</b>	<b>778</b>			
	<b>District Hospitals</b>	<b>39</b>			

Source: DQPR; Stats SA; DHIS

Rural Development Nodes highlighted in light green in the table above

**Table 26: (DHS 2): Personnel in District Health Services by Health District for 2010/11**

Health District	Personnel Category	Posts Filled 2010/11	Posts Approved 2010/11	Vacancy Rate 2010/11	Number in post per 1,000 Uninsured People
Amajuba	<b>PHC Facilities</b>				
	Medical Officers	0	0	0	0
	Professional Nurses	120	121	0.83%	0.250
	Pharmacists	0	0	0	0
	Community Health Workers	244			
	<b>District Hospitals</b>				
	Medical Officers	47	63	25.40%	0.098
	Professional Nurses	214	241	11.20%	0.447
	Pharmacists	11	12	8.33%	0.022
Ugu	<b>PHC Facilities</b>				
	Medical Officers	0	0	0	0
	Professional Nurses	125	244	48.77%	0.173
	Pharmacists	0	0	0	0
	Community Health Workers	531			
	<b>District Hospitals</b>				
	Medical Officers	50	84	40.47%	0.695

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Health District	Personnel Category	Posts Filled 2010/11	Posts Approved 2010/11	Vacancy Rate 2010/11	Number in post per 1,000 Uninsured People
	Professional Nurses	290	346	16.18%	0.403
	Pharmacists	14	25	44%	0.019
Sisonke	<b>PHC Facilities</b>				
	Medical Officers	0	0	0	0
	Professional Nurses	108	97	0%	0.004
	Pharmacists	0	0	0	0
	Community Health Workers	424			
	<b>District Hospitals</b>				
	Medical Officers	40	89	55.05%	0.084
	Professional Nurses	285	414	31.16%	0.598
	Pharmacists	8	16	50%	0.016
Ilembe	<b>PHC Facilities</b>				
	Medical Officers	9	19	52.63%	0.015
	Professional Nurses	147	173	15.03%	0.253
	Pharmacists	8	11	27.27%	0.013
	Community Health Workers	341			
	<b>District Hospitals</b>				
	Medical Officers	22	51	56.86%	0.037
	Professional Nurses	157	246	36.18%	0.271
	Pharmacists	5	6	16.66%	0.008
eThekweni	<b>PHC Facilities</b>				
	Medical Officers	45	82	45.12%	0.015
	Professional Nurses	743	941	21.04%	0.263
	Pharmacists	37	52	28.85%	0.013
	Community Health Workers	1,232			
	<b>District Hospitals</b>				
	Medical Officers	88	153	42.83%	0.031
	Professional Nurses	586	801	26.84%	0.208
	Pharmacists	54	77	29.87%	0.019
Umgungundlovu	<b>PHC Facilities</b>				
	Medical Officers	10	20	50%	0.011
	Professional Nurses	278	306	9.15%	0.306
	Pharmacists	7	10	30%	0.007
	Community Health Workers	694			

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Health District	Personnel Category	Posts Filled 2010/11	Posts Approved 2010/11	Vacancy Rate 2010/11	Number in post per 1,000 Uninsured People
	<b>District Hospitals</b>				
	Medical Officers	88	119	26.05%	0.097
	Professional Nurses	265	302	12.25%	0.292
	Pharmacists	15	20	25%	0.016
Uthukela	<b>PHC Facilities</b>				
	Medical Officers	0	0	0	0
	Professional Nurses	155	263	41.06%	0.233
	Pharmacists	0	0	0	0
	Community Health Workers	791			
	<b>District Hospitals</b>				
	Medical Officers	25	50	50%	0.037
	Professional Nurses	172	188	8.51%	0.258
	Pharmacists	8	31	74.19%	0.012
Umzinyathi	<b>PHC Facilities</b>				
	Medical Officers	0	0	0	0
	Professional Nurses	133	166	19.88%	0.271
	Pharmacists	0	0	0	0
	Community Health Workers	318			
	<b>District Hospitals</b>				
	Medical Officers	43	104	58.65%	0.087
	Professional Nurses	463	529	12.48%	0.946
	Pharmacists	12	19	36.84%	0.024
Uthungulu	<b>PHC Facilities</b>				
	Medical Officers	4	6	33.33%	0.004
	Professional Nurses	143	206	30.58%	0.167
	Pharmacists	4	6	33.33%	0.004
	Community Health Workers	377			
	<b>District Hospitals</b>				
	Medical Officers	71	160	55.63%	0.082
	Professional Nurses	623	752	17.15%	0.727
	Pharmacists	16	33	51.51%	0.018
Umkhanyakude	<b>PHC Facilities</b>				
	Medical Officers	0	0	0	0
	Professional Nurses	150	267	43.82%	0.240



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Health District	Personnel Category	Posts Filled 2010/11	Posts Approved 2010/11	Vacancy Rate 2010/11	Number in post per 1,000 Uninsured People
	Pharmacists	0	0	0	0
	Community Health Workers	434			
	<b>District Hospitals</b>				
	Medical Officers	62	119	47.90%	0.099
	Professional Nurses	439	588	25.34%	0.702
	Pharmacists	12	15	20%	0.019
Zululand	<b>PHC Facilities</b>				
	Medical Officers	3	6	50%	0.003
	Professional Nurses	249	536	53.54%	0.310
	Pharmacists	1	3	66.67%	0.001
	Community Health Workers	527			
	<b>District Hospitals</b>				
	Medical Officers	48	110	56.36%	0.003
	Professional Nurses	622	757	17.83%	0.776
	Pharmacists	11	24	54.17%	0.013
	Province	<b>PHC Facilities</b>			
Medical Officers		71	136	47.79%	0.077
Professional Nurses		2,464	3,469	28.97%	0.258
Pharmacists		58	86	32.55%	0.006
Community Health Workers		5,913			
<b>District Hospitals</b>					
Medical Officers		584	1,102	47%	0.063
Professional Nurses		4,116	5,164	20.29%	0.447
Pharmacists		166	278	25.64%	0.018

Source: Persal

**PROGRAMME PERFORMANCE 2010/11**

**PRIMARY HEALTH CARE SERVICES**

**Table 27: (DHS 3): Situation Analysis Indicators for District Health Services**

Performance Indicators	Provincial 2010/11	Ugu 2010/11	Umgungundlovu 2010/11	Uthukela 2010/11	Umzinyathi 2010/11	Amajuba 2010/11	Zululand 2010/11	Umkhanyakude 2010/11	Uthungulu 2010/11	Ilembe 2010/11	Sisonke 2010/11	eThekweni 2010/11
1. PHC expenditure per uninsured person	R 222	R 296	R 352	R 252	R 322	R 270	R 485	R 299	R 264	R 301	R 322	R 218
2. PHC total headcount	25,804,487	1,944,201	2,661,957	1,347,087	1,288,733	1,054,762	1,757,763	1,946,548	2,344,302	1,742,807	1,074,638	8,641,689
3. PHC headcount under 5 years	4,980,078	342,651	433,471	283,572	324,384	224,207	359,707	393,076	558,784	311,364	224,047	1,524,815
4. Utilisation rate - PHC	2.5	2.6	2.5	1.9	2.5	2.1	2.1	3.0	2.4	2.8	2.1	2.6
5. Utilisation rate under 5 years - PHC	4.4	4.1	3.8	3.6	4.9	4.2	3.4	4.5	5.0	4.6	3.4	5.1
6. Percentage fixed PHC facilities with a monthly supervisory visit	63%	63.2%	38.3%	28.9%	71%	68.3%	49.9%	85.4%	71.1%	52.1%	83.8%	70.7%
7. Cost per PHC visit	R105	R 103	R 105	R 114	R 103	R 116	R 143	R 86	R 96	R 104	R 130	R 96
8. Professional Nurse clinical	28.5	30.6	21.1	29.2	26.3	30.3	23.9	36.7	32.1	38.6	29.0	27.7

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Performance Indicators	Provincial 2010/11	Ugu 2010/11	Umgungundlovu 2010/11	Uthukela 2010/11	Umzinyathi 2010/11	Amajuba 2010/11	Zululand 2010/11	Umkhanyakude 2010/11	Uthungulu 2010/11	Ilembe 2010/11	Sisonke 2010/11	eThekweni 2010/11
workload - PHC												
9. Doctor clinical workload - PHC	25.6	24.4	25.5	19.3	17.6	12.1	19.8	15.2	24.7	41.1	19.8	27.0
10. Percentage of CHC's with a resident doctor	94%	No CHC	100%	No CHC	No CHC	No CHC	100%	No CHC	100%	100%	0%	100%
11. Percentage of fixed clinics supported by a doctor at least once a week	38%	30%	41%	59%	0%	96%	6%	50%	43%	63%	4%	52%

Source: Same as Provincial indicators in Table DHS 4 below

**Table 28: (DHS 4): Performance Indicators for District Health Services**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.11: Revitalisation of PHC services as per STP imperatives and Implementation Plan</b>				
1. Provincial PHC Strategy	Service Delivery Cluster	Implemented in 11 districts	Strategy not finalised	Revitalisation of PHC forms part of the current review of the STP. Finalisation expected in 2011 – <i>see comments re STP in Programme 1.</i>

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**ANNUAL REPORT 2010/11**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
2. PHC budget as % of total budget	BAS – Budget Control	47.98%	46.8%	Refers to the total budget for Programme 2. Critical analysis and budget review commenced in 2010/11 to inform alignment with service delivery including strengthening of PHC services. This will be aligned with the DHER Reports to improve financial management at district level.
3. Expenditure per PHC visit	DHIS	R 92	R 105	Decreased utilisation rates impacted on cost per patient.
4. PHC total headcount	DHIS	28,548,362	25,804,487	The PHC headcount increased with 9.7% between 2007/08 and 2009/10 and then decrease with 3% between 2009/10 and 2010/11. A formal investigation to determine the reason for the decrease in patient numbers has not been conducted. Possible reasons for the decrease may include the 6 week public service strike and the considerable number of patients still entering the health system at hospital level. Revitalisation of PHC, including improved community-based preventive and promotive services, is expected to change health behaviour and will be monitored.
5. PHC total headcount under 5 years	DHIS	5,900,143	4,980,078	The under-5 headcount increased with 3.3% between 2007/08 and 2009/10 and then decrease with 1% between 2009/10 and 2010/11. <i>Same possible reasons as Indicator number 4.</i> An intensified child health strategy, as part of the Maternal and Child Health Road Map to 2014, and Operation Sukuma Sakhe will be scaled up to improve access and utilisation.
6. Utilisation rate – PHC	DHIS	2.9	2.5	A steady increase from 2.3 to 2.6 was reported between 2007/08 and 2009/10 decreasing to 2.5 in 2010/11. <i>See comment for Indicator 4.</i>
7. Utilisation rate under 5 years - PHC	DHIS	4.8	4.4	Utilisation increased from 4.2 in 2007/08 to 4.6 in 2009/10 after which it decreased to 4.4 in 2010/11. <i>See comment for Indicator 4.</i>
8. Professional Nurse clinical workload - PHC	DHIS	1:40	1:29	Huge variations still exist between districts and facilities which are indicative of inequities in resource allocation and placement of staff; vacancy and turnover rates and delays in appointment of staff. Efficiency and cost benefit analysis commenced in 2010/11 supported by the review of post establishments to inform allocation of resources.
9. Doctor clinical workload - PHC	DHIS	1:20	1:26	<i>Same comment as Indicator number 8.</i>

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**ANNUAL REPORT 2010/11**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
10. Percentage of Community Health Centres with a resident doctor	DQPR	100%	94% [15/16]	Recruitment of a Medical Officer for the CHC in Sisonke is a challenge, and an alternative recruitment and retention strategy is being explored. In the interim, Medical Officers from the District Hospital render services as part of clinical out-reach services.
11. Percentage fixed clinics supported by a doctor at least once a week	DQPR	45% [251/ 558]	37.6% [220/ 585]	The high vacancy rates of Medical Officers in District Hospitals [47%] impact negatively on PHC out-reach services. The establishment of PHC teams as part of the revitalisation of PHC services will improve out-reach support and increase access to appropriate treatment at PHC level.  Denominator change: The number of PHC facilities change.
12. Number of Community Health Workers [CHW's] receiving stipends	DQPR	5,000	5,005	Increased attrition eroded the pool of CHW's as no new contracts were offered for replacements due to cost saving measures. The lack of a central integrated database resulted in poor data [actual numbers] and "double dipping" between departments. The integrated CCG's programme commenced in 2010/11 [partnership between the Departments of Health and Social Development] as part of Operation Sukuma Sakhe to ensure that one pool of CCG's are utilised for service delivery at community/ household level.
13. Number of accredited Health Promoting Schools	HPS Annual Report	175	188	The participative and developmental process being used to ensure sustainability is time consuming. Integration of this programme with School Health and Youth-Friendly services forms part of the revitalisation of PHC services.
14. School health services coverage <i>[Number of schools with Grade 1 learners that received school health services]</i>	DQPR	60%	48% [2,105/ 4,411]	The inadequate number of school health teams and lack of dedicated transport for school visits as well as the high vacancy rates in some PHC services contributed to the target not being met. The programme has been prioritised for 2011/12 and will receive a dedicated budget for expansion.
<b>Goal 2: Improve the efficiency and quality of health services</b>				
<b>Strategic Objective 2.1: To implement the National Core Standards in 100% of facilities towards accreditation of 50% PHC clinics and 100% CHC's by 2014/15<sup>30</sup></b>				
15. Percentage of fixed PHC facilities with a	DHIS	76%	63%	The supervision rate increased from 54% in 2007/08 to 68% in 2009/10 after

<sup>30</sup> Accreditation of facilities will be dependent on national processes i.e. establishment of the National Accreditation Board and capacity to comply with demand for accreditation

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
monthly supervisory visit		[424/ 558]	[490/ 778] <sup>31</sup>	which it dropped to the current 63%. Over the past year, the number of PHC Supervisors has decreased partly due to them being absorbed into the Operations Managers pool to obtain OSD. A strategy to develop this category of staff will be implemented over the following two years.
16. Number of PHC clinics accredited	DQPR	0/ 558 <sup>32</sup>	0/ 585	The Department is awaiting the appointment of the National Accreditation Body [Standard Compliance] to facilitate the national accreditation of facilities – national mandate. In the interim, the National Core Standards are being implemented and monitored.
17. Number of CHC's accredited	DQPR	0/ 16 <sup>33</sup>	0/ 16	<i>See comment for Indicator number 16.</i>
18. Number of CHC's conducting annual Patient Satisfaction Survey's	DQPR	17/ 17	10/ 16 [62.5%]	Shortage of staff to conduct surveys has been cited as reason for non-compliance in some facilities.
19. Average patient waiting time in CHC's	DQPR	<5 hours	1 hour [OPD] 30min [Pharmacy]	

<sup>31</sup> Including PHC clinics, LG services, CHC's and mobile services

<sup>32</sup> The intention was to pursue accreditation should national processes be finalised during the year [zero target]. National Core standards for PHC not finalised by the NDOH – implementation of standards will commence in 2010/11. The same apply for indicator number 17

<sup>33</sup> National Core Standards for PHC not yet finalised – implementation will commence in 2010/11

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**DISTRICT HOSPITALS**

**Table 29: DHS 5): Situation Analysis Indicators for District Hospitals**

Performance Indicators	Provincial 2010/11	Ugu 2010/11	Umgungundlovu 2010/11	Uthukela 2010/11	Umzinyathi 2010/11	Amajuba 2010/11	Zululand 2010/11	Umkhanyakude 2010/11	Uthungulu 2010/11	Ilembe 2010/11	Sisonke 2010/11	eThekwini 2010/11
1. Caesarean section rate	27.4%	35.4%	26.4%	26.4%	23.8%	10.3%	25.8%	21.4%	31.4%	24.6%	25.6%	35.0%
2. Total separations	318,263	32,950	25,693	18,830	38,421	2,743	46,633	40,679	33,324	12,023	29,781	37,096
3. Patient day equivalents	2,786,720	297,522	221,113	126,593	336,858	27,052	375,688	369,581	312,885	125,889	240,725	352,810
4. Total OPD Headcounts	2,528,940	259,981	223,602	79,211	326,135	52,245	242,835	329,106	238,570	131,047	204,410	441,798
5. Average length of stay	5.8	6.3	5.6	5.2	5.9	3.3	6.3	6.4	6.7	6.8	5.8	4.2
6. Bed utilisation rate	61.9%	72.9%	76%	58.6%	53.7%	51.2%	65%	59%	57.5%	72.5%	64.2%	56.6%
7. Expenditure per patient day equivalent	R1 668	R 942	R 1 738	R 2 151	R 1 099	R 7 920	R 1 351	R 1 145	R 1 587	R 2 126	R 1 125	R 3 201

Source: Same as Provincial indicators in Table DHS 7 below

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**Table 30: (DHS 7): Performance Indicators for District Hospitals**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Goal 2: Improve the efficiency and quality of health services</b>				
<b>Strategic Objective 2.2: To implement the National Core Standards in 100% of facilities towards accreditation of 100% District Hospitals by 2014/15<sup>34</sup></b>				
1. Number of District Hospitals accredited	DQPR	0/ 39	0/ 39	Due to uncertainty about the national processes to establish the national accreditation body, a zero target was set with the intention to pursue accreditation should national processes be finalised for accreditation. The National Accreditation Body has not been established yet. National Core Standards are being implemented and monitored.
2. Number of District Hospitals conducting annual Patient Satisfaction Surveys	DQPR	39/ 39	33/ 39 [84.6%]	Due to shortage of staff to conduct the surveys the target could not be met. All complaints are attended to within 25 days.
3. Average patient waiting time at OPD	DQPR	<5hrs	2hrs 20min	Average waiting time at Pharmacy: 1hr 10min
4. Average patient waiting time at Admissions	DQPR	<5 hrs	55min	
5. Caesarean section rate	DHIS	27%	27.4% [23,461/ 85,728]	The caesarean section rate increased annually from 21% in 2007/08 to 27.4% in 2010/11 as compared with the national target of 15%. Late ANC booking, high HIV prevalence and high teenage pregnancy rates contribute towards higher than average rate.
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.12: To rationalise hospital services in line with service delivery needs and STP imperatives<sup>35</sup></b>				
6. Number of District Hospitals with cost centres	DQPR	39/ 39	23/ 39	Part of the ongoing Finance Turn-Around Strategy. The target was over ambitious considering the extensive development and training required to ensure compliance with prescripts. The “Combo” Hospitals [providing level 1 and 2 services] present with unique and intricate financial challenges that take time to resolve. Active engagement between the Budget Office [Head Office]

<sup>34</sup> Accreditation is dependent on national processes

<sup>35</sup> Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan



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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
				and districts/ institutions commenced in 2010/11 and will continue in 2011/12.
7. Number of CEO's who have signed national delegation of authorities	HRMS	39/ 39	0/ 39	National delegations have not been finalised. CEO's however signed Provincial delegations.
8. Average length of stay	DHIS	5.2 Days	5.8 Days	Performance compare negatively with the national target of 3.5 days. The high burden of disease, poor health seeking behaviour [reporting to clinics/hospitals when already very sick], inadequate step-down facilities to decant patients, high turn-over of Medical Officers, and inadequate patient transport contribute to the extended hospital stay. Improved PHC services, improved access to step-down care and improved patient transport have been prioritised as part of the transformation process.
9. Bed utilisation rate [based on useable beds]	DHIS	69%	61.9%	The bed utilisation rate remained between 61.9% - 68% over the past 3 years as compared with the national target of 75%. Although there are significant variations between hospitals, the utilisation rate for medical bed is consistently high in all hospitals [between 75% - 95%]. Review of the service delivery platform, including norms and standards for allocation of level 1 beds forms part of the 10-year STP.
10. Total separations	DHIS	342,046	318,263	Separations increased from 329,406 in 2007/08 to 350,524 in 2009/10. It is suspected that the 6-week strike action might have had an impact on patient numbers. Hospital movement will be monitored especially once the STP is being implemented.
11. Patient day equivalents [PDE]	DHIS	3,068,192	2,786,720	PDE increased from 2,756,285 in 2007/08 to 3,023,443 in 2009/10 with a 7% decrease in 2010/11. Inconsistencies in data quality affect PDE and will be corrected as part of the Data Management strategy. <i>See Indicator number 10.</i>
12. Total OPD headcounts	DHIS	3,167,104	2,528,940	OPD headcounts increased from 2,168,440 in 2007/08 to 3,069,671 in 2009/10 and decreased with 1.6% in 2010/11. <i>See Indicator number 10 and 11.</i>
13. Expenditure per patient day equivalent [PDE]	DHIS	R 1 300	R 1 668	The cost per PDE increased from R1 351 in 2007/08 to R1 639 in 2009/10. This is consistent with patient activity.

**HIV AND AIDS, STI AND TB CONTROL [HAST]**

**Table 31: (HIV 1): Situation Analysis Indicators for HIV & AIDS, STI’s and TB Control**

Performance Indicators	Provincial 2010/11	Ugu 2010/11	Umgungundlovu 2010/11	Uthukela 2010/11	Umkhanyathi 2010/11	Amajuba 2010/11	Zululand 2010/11	Umkhanyakude 2010/11	Uthungulu 2010/11	Ilembe 2010/11	Sisonke 2010/11	eThekweni 2010/11
1. Total number registered ART clients on treatment	408,238	43,608	52,828	32,544	26,140	16,666	36,990	35,026	47,398	24,097	19,586	103,355
2. Male condom distribution rate	8.1	9.6	5.2	10.7	13.9	13.5	13.9	10.3	6.0	7.9	12	5.1
3. Antenatal clients initiated on AZT during antenatal care [rate]	115%	113%	117%	111%	110%	90.8%	107%	105%	116%	116%	134%	121.7%
4. Antenatal client Nevirapine uptake	68.5%	58%	66%	67.9%	61%	69%	68%	71%	66.8%	92.5%	65%	69%
5. Newborn baby NVP uptake	86.5%	101%	71%	100%	98.7%	98.7%	73.9%	89.5%	51.2%	102.5%	97.1%	67.1%
6. Newborn baby AZT uptake	Indicator not collected due to treatment regime change – national resolution after finalisation of the 2010/11 Annual Performance Plan											
7. PTB treatment interruption [defaulter] rate	7%	8%	5.7%	5.2%	2.6%	2.9%	3.6%	4.7%	6.9%	7.9%	13.4%	9.8%
8. TB sputa turn-around time	71%	59.2%	64%	78.8%	45%	82.5%	48.5%	51.5%	74.2%	89%	14%	68.8%

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Performance Indicators	Provincial 2010/11	Ugu 2010/11	Umgungundlovu 2010/11	Uthukela 2010/11	Umzinyathi 2010/11	Amajuba 2010/11	Zululand 2010/11	Umkhanyakude 2010/11	Uthungulu 2010/11	Ilembe 2010/11	Sisonke 2010/11	eThekweni 2010/11
under 48 hours												
9. PTB two month smear conversion rate	69 %	68.1 %	61.1 %	62 %	73.4 %	78 %	69 %	51.7 %	77.5 %	73.6 %	44.8 %	67 %
10. Fixed facilities with any ARV drug stock outs	1.5	0.4	0.4	0.7	1.3	0.3	2.5	3.9	0.9	0.4	0.7	5.2
11. STI partner treatment rate	20.7%	15.2%	23.2%	21.3%	22.3%	20.3%	15.1%	23.4%	30.9%	14.9%	13%	21.2%
12. New smear positive PTB cure rate	68.2 %	68 %	71 %	71 %	81 %	79.4 %	61 %	43.2 %	79 %	79.9 %	60.2 %	57.4 %

Source: Same as Provincial indicators in Table HIV 2 below

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**Table 32: (HIV 2): Performance Indicators for HIV & AIDS, STI and TB Control**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions</b>				
<b>Strategic Objective 3.1: To scale up implementation of integrated HIV and AIDS services and reduce HIV incidence by 50% by 2011/12</b>				
1. HIV incidence	Research Reports	Reduce by 50% in 2011/12	1.7%	Not routinely collected by the Department but based on scientific research results - <i>Rehle T et al 2007. National HIV incidence measures – new insights into the South African epidemic. South African medical Journal 97:194-199.</i>
2. Total number of registered ART clients on treatment	DHIS	470,472	408,238 <sup>36</sup>	The number of registered clients on ART increased from 143,526 in 2007/08 to 408,238 in 2010/11 [184% increase].  Challenges which hinder rapid scale up include staff shortages [especially doctors, pharmacists, and pharmacist assistants] and space constraints [consulting rooms, pharmacy/ dispensary space, and waiting areas]. The ART expansion at PHC has greatly improved access to ARV treatment. The fast tracking of pregnant women for ARV treatment as well as patients with low CD4 count of 100 and below has improved. The approach for ART initiation is shifting from doctor to nurse driven [Nurse Initiated and Managed Antiretroviral Therapy – NIMART]. Doctors are currently initiating treatment and providing mentorship and ongoing support for nurses until they are confident in initiating ARV treatment and monitoring patients on their own. The paper-based patient information system is a huge challenge which makes it difficult to track patients due to the high numbers of patients in the programme.
3. Percentage qualifying HIV-positive patients on ART	DQPR	70%	81%	Increased from ±60% in 2009/10 mainly attributed to the scale up of prevention and treatment programmes.
4. Percentage of people with HIV/ TB co-morbidity initiated on ART at a CD4 count of 350 or less	DQPR	100% <sup>37</sup>	48%	The target was not based on an informed baseline and considered unrealistic. Monitoring of the indicator commenced in 2010/11.
5. Fixed facilities with ARV drug stock-out	DHIS	0%	1.5%	Country-wide stock-out – not under Departmental control.

<sup>36</sup> The DQPR reported a total of 457,996 clients which raise concerns re validity of the data

<sup>37</sup> No baseline data from which to project targets. Baseline data will be collected during 2010/11

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
6. Percentage of clients tested for HIV to those counselled [excluding antenatal]	DHIS	90%	80.3% [1,588,723/ 1,975,624]	Client's choice not to be tested after counselling.
7. Male condom distribution rate	DHIS	10	8.1% [27,690,135]	Refers to public sector primary and secondary distribution sites. Condoms are distributed in 100% of public health facilities and extended to non-traditional outlets including tertiary institutions, taverns, farms, and high transmission areas e.g. truck stops. Other suspected reasons for the low condom distribution are associated with unsafe sexual practices or practicing other prevention strategies e.g. abstaining from sex and being faithful to partners. To increase condom distribution two service providers per district have been appointed to install condo-cans, educate the public on healthy lifestyles and safer sexual behaviour and expand condom distribution to grey areas such as taverns and shebeens.
8. STI partner treatment rate	DHIS	24%	20.7% [94,346/ 455,627]	In spite of concerted efforts to increase the partner treatment rate it remained constant around 21% over the past 3 years. STI notification was above 100% which might indicate that clients still having multiple partners. It is suspected that clients/ partners use private and traditional practitioners or workplace clinics for treatment while others may not seek treatment especially if they are asymptomatic. Education strategies will be scaled up in the new financial year.
9. Number of neo-natal males circumcised	DHIS	47,055/ 94,110 [50%]	58	The target was unrealistic at conception of the strategy and referred to a long-term vision with substantial investment. Although the Department actively engage with all stakeholders the core focus during the reporting period was on adult male medical circumcision.
10. Number of adult males circumcised	DHIS	186,703/ 1,867,030 [10%]	33,817	The initial target was unrealistic [based on long-term vision] there are a number of challenges the Department is addressing to improve performance e.g. irregular availability of Male Medical Circumcision [MMC] kits [to be procured through a two years contract], shortage of skills [health workers training MMC], poor information management [training of data capturers and improving reporting systems].
<b>Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions</b>				

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Objective 3.2: To scale up implementation of the Accelerated Plan for PMTCT to reduce mother to child transmission to &lt; 5% by 2012/13</b>				
11. MTCT rate	DHIS	<6%	7% [4,389/ 60,573]	Although the target has not been met, there is a noticeable increase in the number of PCR tests which is ascribed to the use of the quality improvement dashboard; increased social mobilisation; and integration with Operation Sukuma Sakhe to improve early booking for ANC. Major challenges are still late ANC booking; high number of home deliveries; and poor quality data which forms part of the 2014 vision for the integrated PMTCT Programme including [but not exclusive to] an integrated Contraceptive strategy; and rollout of the KZN PMTCT Text Alert pilot project.
12. Percentage of pregnant women tested for HIV [ <i>Antenatal client HIV 1st test rate</i> ]	DHIS	98%	101% [224,196/ 244,013]	Provider Initiated Counselling and Testing [PICT] improved provider ownership and output. ANC clients, testing for the 1 <sup>st</sup> time during <u>subsequent visits</u> , are not included in the reporting on this indicator which skews reporting.
13. Percentage of pregnant women who are eligible placed on ARV prophylaxis - dual therapy	Not monitored	80%	Not monitored	The indicator definition is questionable which has been consulted with the National Department of Health. Indicator removed nationally after publishing of the Annual Performance Plans.
14. Percentage of eligible pregnant women placed on HAART [ <i>Denominator: Eligible for HAART – started collection in October 2010</i> ]	DHIS	50%	75% [9,701/ 12,911]	Although the target has been exceeded, the Department aims to achieve >80% in order to have an impact on maternal health and reduction in the mother to child transmission. Data quality has been compromised due to constant changing of PMTCT indicators [national] which will be addressed at national level.  The implementation of NIMART; increase in the number of PHC facilities initiating ART; quality assurance dashboard tool in health facilities; improved information management (complete feedback loop); implementation of an improved community component; and the PMTCT text alert forms part of the ongoing strategy to improve output and outcome.
15. Antenatal client Nevirapine uptake	DHIS	95%	68.5% [45,696/ 66,871]	The KZN PMTCT Protocol includes appropriate management of births before arrival [BBA's] and home deliveries by issuing NVP at 28 weeks of pregnancy. KZN reported a high number of BBA's and home deliveries, which have an impact on achieving the target. The poor recording of HIV positive ANC clients

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
				not on lifelong ART who took NVP during labour further contributes to the lower than expected output.
16. Antenatal client initiated on AZT during antenatal care	DHIS	90%	115% [66,142/ 61,867]	The percentage above 100% is ascribed to ANC clients who know their HIV positive status [not on HAART] which is automatically calculated by DHIS.
17. Percentage of HIV exposed infants receive ARV's for PMTCT based on dual therapy	Not monitored	80%	Not monitored	The indicator was removed by the National Department of Health after publishing the Annual Performance Plan.
18. Newborn baby AZT uptake	Not monitored	No target	Not monitored	The indicator was removed by the National Department of Health.
19. Newborn baby Nevirapine uptake	DHIS	100%	86.5%	The high numbers of BBA's [transport challenges and poor health seeking behaviour] challenge output. Explicit recording of transport needs during ANC visits will be promoted to address the challenge. Text alert [SMS messages regarding NVP administration within in 72 hours] will remind mothers to visit the clinic within 72 hours post delivery in cases where they deliver at home.
<b>Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions</b>				
<b>Strategic Objective 3.3: To scale up implementation of the integrated TB Crisis Plan to improve the TB cure rate to 70% by 2014/15.</b>				
20. TB cure rate	ETR.Net	67.9%	68.2%	The cure rate increased with 28.4 percentage points between 2007/08 and 2010/11. In spite of a consistent increase over the past 4 years, the cure rate is still well below the national target of 85%. The Department is scaling up implementation of the TB Crisis Plan.
21. PTB 2 month smear conversion rate	ETR.Net	70%	69 %	The conversion rate increased with 11.7% between 2007/08 and 2010/11 mainly attributed to improved management and support. The integrated community out-reach programmes [including Operation Sukuma Sakhe] will assist with early detection and follow-up support to improve early management and compliance with treatment.
22. PTB treatment interruption [defaulter] rate	ETR.Net	7.1%	7 %	The defaulter rate decreased with 5.7% between 2007/08 and 2010/11 and is within acceptable range of the target. TB tracing teams are however still inadequate and TB point of service counselling will be strengthened to improve the interruption rate to

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
				less than 5%.
23. TB sputa turn-around time under 48 hours rate	ETR.Net	55%	71 %	Improved laboratory services and transport arrangements. Strategies are in place to further improve the turn-around time.
24. New MDR TB cases reported [% change]	DQPR	+7%	-3.9% [1,421 cases]	The number of MDR TB cases decreased with 57 between 2009/10 and 2010/11. A negative % change would put in question case finding of new cases. The Community-Based Management of MDR TB has been prioritised to improve management especially with reference to inadequate facilities [beds] to manage clients in facilities. Integration with other community-based services [including Operation Sukuma Sakhe] is expected to improve surveillance and support.
25. New XDR TB cases reported [% change]	DQPR	70%	-4.2% 181 cases	The number of XDR TB cases decreased with 8 between 2009/10 and 2010/11. Figures should be interpreted with caution as the numbers are low and trends should be monitored for a few years to establish a trend. See comment for Indicator number 24.

**MATERNAL, CHILD AND WOMEN'S HEALTH & NUTRITION**

**Table 33: (MCWH 1): Situation Analysis Indicators for MC&WH&N**

Performance Indicators	Provincial 2010/11	Ugu 2010/11	Umgungundlovu 2010/11	Uthukela 2010/11	Umzinyathi 2010/11	Amajuba 2010/11	Zululand 2010/11	Umkhanyakude 2010/11	Uthungulu 2010/11	Ilembe 2010/11	Sisonke 2010/11	eThekweni 2010/11
1. Immunisation coverage under-1 year	85%	81%	72%	78%	93%	71%	79%	88%	95%	84%	67%	94%



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Performance Indicators	Provincial 2010/11	Ugu 2010/11	Umgungundlovu 2010/11	Uthukela 2010/11	Umkhanyathi 2010/11	Amajuba 2010/11	Zululand 2010/11	Umkhanyakude 2010/11	Uthungulu 2010/11	Ilembe 2010/11	Sisonke 2010/11	eThekweni 2010/11
2. Vitamin A coverage under-1 year	104%	97.6%	85.8%	89%	114%	90%	94.1%	105%	107%	100%	69%	126%
3. Vitamin A coverage – new mothers	104%	100%	89%	141%	108%	100%	83%	111%	143%	99%	108%	94.8%
4. Measles coverage under-1 year	88%	86%	70%	80%	100%	78%	76%	89%	99%	87%	73%	99%
5. Pneumococcal Vaccine [PCV] 1 <sup>st</sup> dose coverage	97.9%	94.4%	83.6%	98.5%	99%	88.6%	89%	97.9%	98.7%	95.6%	81.8%	111%
6. Rota Virus [RV] 1 <sup>st</sup> dose coverage	90.9%	91%	74.6%	97.7%	96%	83%	85.8%	93.5%	92.5%	90.8%	71%	99.3%
7. Cervical cancer screening coverage	57.4%	89.8%	42.4%	54.3%	108.7%	40.3%	68.1%	73.2%	42.9%	74.7%	60.1%	48.1%
8. Institutional MMR	170/100k	276/100k	187/100k	228/100k	73.5/100k	84.9/100k	97.6/100k	130/100k	240/100k	106/100k	88/100k	231/100k
9. Antenatal visits before 20 weeks rate	36%	34.8%	43.6%	35.4%	36.7%	35.6%	37.2%	41.7%	35.6%	31%	34%	34%
10. Vitamin A coverage [12 –	32.6%	33.9%	21.9%	24.9%	33.3%	24.3%	29.3%	24.3%	31%	36%	28.2%	44.4%

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Performance Indicators	Provincial 2010/11	Ugu 2010/11	Umgungundlovu 2010/11	Uthukela 2010/11	Umkhanyathi 2010/11	Amajuba 2010/11	Zululand 2010/11	Umkhanyakude 2010/11	Uthungulu 2010/11	Ilembe 2010/11	Sisonke 2010/11	eThekwini 2010/11
59 months]												
11. Severe malnutrition under 5 years incidence	7.1/1000	6.7/1000	7.7/1000	6.9/1000	8.8/1000	4.5/1000	8.7/1000	13.4/1000	4.2/1000	3/1000	6.2/1000	7.0/1000
12. Couple year protection rate	23.7%	28.8%	21.9%	24.3%	28%	24.8%	24.3%	28%	20.8%	24.6%	23.9%	22%
13. Total delivers in facilities	186,466	13,757	17,719	11,814	10,822	7,854	17,538	13,052	17,909	9,821	9,009	57,171
14. Delivery rate for women under 18 years	8.9%	10.7%	9.5%	9.6%	8.3%	9.7%	8.1%	10.7%	8%	8.5%	10.9%	8.1%
15. Facility infant mortality [under-1] rate	9.9%	8.2%	12.6%	9.9%	9.8%	3.2%	12.7%	11.5%	9.7%	15%	9.2%	9.8%
16. Facility child mortality [under-5] rate	8.2%	7.5%	11.6%	8.4%	9.6%	4.5%	7.9%	9.4%	7.7%	9.9%	9.9%	6%

Source: Same as Provincial indicators in Table MCWH 2 below

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**Table 34: (MCWH 2): Performance Indicators for MCWH & Nutrition**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions</b>				
<b>Strategic Objective 3.4: Reduce child mortality to 30-45/1000 live births by 2014/15.</b>				
1. Severe malnutrition under-5 years incidence	DHIS	6.1/1000	7.1/1000 [8,089/1,138,778]	This outcome is intimately linked with the social determinants of health including poverty and unemployment and therefore not dependent on the departments contribution only. During the reporting period, 8.7% of children under-5 years have been admitted with severe malnutrition with a severe malnutrition case fatality rate [under 5 years] of 12.7%. Implementation of the WHO 10 Steps for Management of Severe Malnutrition will be up scaled and more doctors trained, and community-based nutrition programmes, including training of CCG's and integration with Operation Sukuma Sakhe, will be prioritised in collaboration with other stakeholders.
2. Vitamin A coverage under 1 year	DHIS	95%	104% [230,241/ 222,951]	Vitamin A 6-11 month used as a proxy.
3. Vitamin A coverage 12 – 59 months	DHIS	50%	32.6% [594,749/ 1,138,778]	Children under-5 years do not report to health institutions monthly which impact on coverage. Comprehensive community-based programmes [including but not exclusive to] Operation Sukuma Sakhe and targeting of ECD Centres are being prioritised to improve coverage.
4. Facility infant mortality rate [under-1 year]	DHIS	8.7%	9.9% [2,730/ 29,954] Separations <1	Indicator refers to percentage of infants that died in facilities after admission and is not an indication of the overall infant mortality rate [population based]. The high burden of disease exacerbated by social determinants of health, late reporting of sick children to health facilities, and inadequate community-based programmes all contribute to the high facility mortality rate. The MCWH and Nutrition Vision 2014 encompass a basket of strategies to improve both community and facility-based programmes to improve outcomes.
5. Facility child mortality rate [under-5 years]	DHIS	7%	8.2% [2,987/ 39,142] Separation <5	<i>Same as Indicator number 4.</i>

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
6. Number of diarrhoea cases – children under-5 years	DHIS	50,000	176,231	Diarrhoea with dehydration [29,716] and diarrhoea without dehydration [146,515]. The introduction of PCV & RV vaccines 3 years ago is expected to reduce diarrhoea and pneumonia in children which is currently two of the leading causes of mortality in children under 5 years. Social determinants of health, including but not exclusive to access to sanitation and water, have a significant impact on improving this outcome. Implementation of the 2014 strategy for MC&WH addresses relevant issues in an integrated and comprehensive manner.
7. Number of pneumonia cases – children under-5 years	DHIS	200,000	329,178	
8. Immunisation coverage under-1 year	DHIS	90%	85% [188,456/ 222,951]	Only 3 districts achieved coverage over 90% i.e. Umzinyathi [93%]; Uthungulu [95%]; and eThekweni [94%] while 5 districts reported coverage below 80%. Vaccine stock out of DTaP-IPV/Hib [Pentaxim] impacted negatively on the Immunisation coverage for 2010/11. Data quality is still a big challenge and a data quality improvement strategy has been put in place to improve the quality and management of data.
9. Measles coverage under-1 year	DDHIS	90%	88% [194,943/ 222,951]	
10. Pneumococcal [PCV] 1 <sup>st</sup> dose coverage	DHIS	90%	97.9% [216,665/ 222,951]	The Reach Every District [RED] strategy is being implemented in all districts with the aim to reach every child.  A Provincial immunisation campaign is planned for poor performing sub-districts during April and May 2011.
11. Rota Virus [RV] 1 <sup>st</sup> dose coverage	DHIS	90%	90.9% [201,166/ 222,951]	
<b>Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions</b>				
<b>Strategic Objective 3.5: Reduce maternal mortality to ≤ 100/ 100000 by 2014/15.</b>				
12. Institutional maternal mortality rate	DHIS	120/ 100 000	170/ 100 000 [318/ 186,466]	Reported maternal deaths increased from 243 in 2001 to 318 in 2010/11 [excluding deaths outside public sector facilities], although late submission of maternal deaths skews reporting. The 2014 Strategy to improve maternal and child health outcomes address issues pertaining to maternal deaths.
13. Antenatal visits before 20 weeks rate	DHIS	50%	36% [91,665/ 251,553]	Most pregnant women start their antenatal visits late in their pregnancy. The proportion of women attending ANC before 20 weeks only increased with 10%

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
				between 2007/08 and 2010/11. This denies them the opportunity to diagnose pregnancy danger signs, appropriate management of high risk conditions and timely initiation of HAART for qualifying women. Factors contributing to deviation include facilities not rendering ANC services daily; inequities in access to health services – distance to facilities and poor transport options; teenagers reporting to facilities late; etc. The department started working with 20 000+ to improve ANC services; rollout of a quality improvement strategy; integration with Operation Sukuma Sakhe; etc. Facility audits to inform service platforms/ plans is planned to commence in April 2011.
14. Vitamin A coverage – new mothers	DHIS	90%	109% [203,532/ 186,466]	Increased with 34% between 2007/08 and 2010/11.
15. Percentage of mothers and newborn babies who received post partum care within 6 days after delivery	DHIS	New indicator	31% [58,054/ 186,466]	Implementation of the integrated ANC/PNC Policy in August 2009 slightly improved post natal care. Resource constraints [including Human Resources] and adherence to protocols plays a major role in poor output. The 2014 Strategy makes provision for the implementation of a standard post natal card; reviewed policies and guidelines; strengthened mobile services; involvement of Traditional Leaders; and strengthening of Operation Sukuma Sakhe.
16. Total deliveries in facilities	DHIS	202,685	186,466	There has been a general decline in deliveries in facilities while increased BBA's [including home deliveries] were reported. Possible reasons for the increase in BBA's inadequate access and transport to facilities during labour; lack of maternity waiting areas for mothers staying far; PHC clinics not conducting deliveries [referral to either CHC or District Hospital]; etc. The Department is in the process to establish strategically placed Midwife Obstetric Units in all districts to improve access and outcomes; exploring the feasibility of waiting areas in districts; Obstetric Ambulances to improve transport and referral of pregnant women; improve community involvement and awareness; training of Master Trainers [first course in March 2011] on Basic Obstetric Care.
17. Number of maternity care units that review Maternal and Peri-Natal deaths	DQPR	100% of all facilities	50/ 75 institutions [66.6%]	37 District Hospitals; 11 Regional Hospitals; 1 Tertiary and 1 Central Hospital. Clinics and CHC's join hospital review meetings as part of the integrated teams. High vacancy rates in some hospitals result in meetings being postponed or

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
and address identified deficiencies <sup>38</sup>				cancelled; lack of transport fir clinic staff to join meetings; lack of functional computers to implement the Perinatal Problem Identification Programme [PPIP] and lack of intranet access at clinics. Upgrading of Information Technology systems to improve PPIP and Tele-Health and active monitoring and review of Quality Improvement Plans.
18. Delivery rate for women under 18 years	DHIS	9.4%	8.8% [16,564/ 186,466]	Youth Health has been identified as one of the priorities for the next 5 years including access to pregnancy tests at all facilities; scale up School Health Services and Youth-Friendly services in all districts.
<b>Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions</b>				
<b>Strategic Objective 3.6: To implement the Phila Ma Project to increase cervical cancer screening coverage to 70% by 2014/15</b>				
19. Cervical cancer screening coverage	DHIS	10%	57.4% [116,913/ 2,016,250]	The 10% target was calculated using the previous DHIS definition that has since been reviewed hence variance in actual performance. The Department will continue to scale up implementation of the Phila Ma strategy to improve screening for cervical and breast cancer. An audit will be necessary to determine response to referral; proportion of abnormal Pap smears; management and outcome of management; etc.
<b>Strategic Goal 3: Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions</b>				
<b>Strategic Objective 3.7: To scale up the Contraceptive Strategy to increase the women year protection rate to 65% by 2014/15</b>				
20. Women year protection rate	DHIS	35%	21%	Not been prioritised hence poor performance against target. Strategy for scale up of initiatives to improve contraceptive uptake included in the 2014 Vision for MC&WH.

<sup>38</sup> This includes only hospitals. No CHC's or PHC Clinics have been included in the totals for this indicator

**DISEASE PREVENTION AND CONTROL**

**Table 35: (DCP 1): Situation Analysis Indicators for Disease Prevention and Control**

Performance Indicators	Provincial 2010/11	Ugu 2010/11	Umgungundlovu 2010/11	Uthukela 2010/11	Umzinyathi 2010/11	Amajuba 2010/11	Zululand 2010/11	Umkhanyakude 2010/11	Uthungulu 2010/11	Ilembe 2010/11	Sisonke 2010/11	eThekwini 2010/11
1. Malaria fatality rate [annual]	1.47%	0	0	0	0	0	2.7%	2.1%	5.5%	0	0	0
2. Cataract surgery rate [annual]	456/1mil [4,815/ 10,540,960]	130	1,790	12	162	182	0 <sup>39</sup>	87	345	55	235	1,809

Source: Same as Provincial indicators

**Table 36: (DCP 2): Performance Indicators for Disease Prevention and Control**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions</b>				
<b>Strategic Objective 3.8: To maintain preventative strategies to reduce and maintain the malaria incidence at ≤ 1/1000 population.</b>				
1. Malaria incidence per 1000 population at risk	MIS	0.66 / 1000	0.05/1000 [542/ 10,540,960]	On target [MDG 6].

<sup>39</sup> Referring all clients

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
2. Malaria fatality rate [annual]	MIS	≤1%	1.47% [8/542]	
3. Percentage of households sprayed	MIS	≥95%	88% [270,143/305,259 ]	Cost saving measures implemented during 2010/11 impacted on actual performance. The MDG for malaria has been achieved.
<b>Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions</b>				
<b>Strategic Objective 3.9: To maintain Early Warning Systems for Communicable Disease Control</b>				
4. Outbreaks responded to within 24 hours	CDC	100%	100%	
5. Cholera fatality rate [annual]	CDC	0%	0%	
<b>Strategic Goal 3: Reduce morbidity and mortality due to communicable diseases and non-communicable illnesses and conditions</b>				
<b>Strategic Objective 3.10: To scale up the implementation of eye care services to comply with national targets</b>				
6. Cataract surgery rate [annual] <sup>40</sup>	DHIS	1,076 / 1mil	456/1mil [4,815/ 10,540,960]	Poor performance against target mainly due to inadequate/ skilled human resources; inadequate theatre time; and cost saving measures impacting on comprehensive programme. Project Manager will be appointed to revive the programme.

<sup>40</sup> Total population figures used in the calculation of this indicator



## PROGRAMME 3: EMERGENCY MEDICAL SERVICES

### PROGRAMME PURPOSE

Rendering pre-hospital Emergency Medical Services (EMS) that includes Inter-Hospital Transfers and Planned Patient Transport (PPT).

The Programme objectives are to:

- ★ Render emergency response to and stabilise and transport all patients involved in trauma, medical, maternal and other emergencies through the utilisation of specialised vehicles, equipment and skilled Emergency Care Practitioners (ECP).
- ★ Render transport for non-emergency referrals between hospitals and PHC clinics to Community Health Centres and Hospitals for indigent persons with no means of transport.
- ★ Render pre- and in-hospital mass casualty incident management. Conduct surveillance and facilitates action in response to early warning systems for the Department and effective response to protocols in line with the provisions of the Disaster Management Act of 2002.

### STRATEGIC GOALS AND OBJECTIVES

#### STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES

*Strategic Objective 1.13:* To revitalise EMS and to improve response times to  $\geq 70\%$  for rural and urban response times by 2014/15.

### PROVINCIAL PRIORITIES

An in-depth analysis of Emergency Medical Services (EMS) commenced after appointment of the Senior

Manager in March 2010. Priorities was therefore not finalised at the time of publishing the Annual Performance Plan for 2010/11.

➔ **Priority 1: Conduct an in-depth review and analysis of EMS to inform immediate short-term, medium and long-term strategies based on service delivery needs.**

➔ **Priority 2: Align EMS with the STP.**

EMS is currently centralised to standardise service delivery, and improve equity, management, and service delivery.

There are 225 emergency service vehicles which translated to 1 vehicle per 45,061 population as compared with the national norm of 1 vehicle per 10,000 population.

KZN has 79 ambulance bases [see Annexure 1: Map 2 Ambulance Basis], the majority being on the premises of existing healthcare facilities. There are no custom built base stations with 50% of bases being park homes.

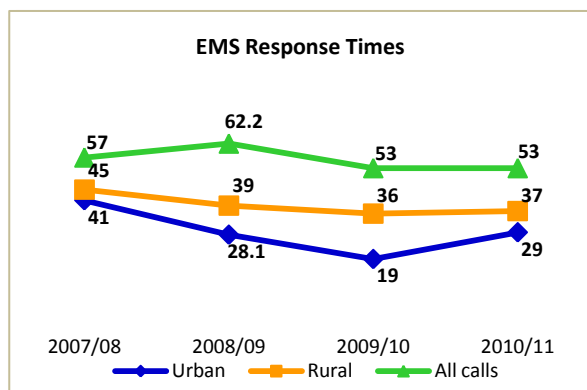
These structures [park homes] are high maintenance and considered a temporary fixture which will have to be replaced with suitable fixed structures.

Universal application of the national norms for Priority 1 [Red Code] response times in urban [15 minutes] and rural [40 minutes] areas is a challenge although the Department continually strives to improve performance.

Improving response times is dependent on a multitude of factors, some of which are extraneous to the Department for example poor condition of roads [especially in rural areas, poor road signage, poor signage of door numbers, topography which usually impact on availability of transport, etc. Internally, the most common challenges include shortage of vehicles and staff and inadequate trained staff to man vehicles.

During 2010/11, 29% of urban P1 calls were serviced within 15min; 37% of rural P1 calls within 40min; and 53% of all calls within 60min.

**Graph 20: P1 [Red Code] Response Times**



Source: EMS Database

Operational staff have been deployed in Emergency Operations, Communication Centres and PPT services.

- ★ **Emergency Operations:** 71% of staff are qualified in Basic Life Support (BLS); 24.5% in Intermediate Life Support (ILS); 1% as Emergency Care Technicians (ECT); 3% in Advanced Life Support (ALS); and 0.5% as Emergency Care Practitioners (ECP).
- ★ **Communication Centres:** 74% of the staff are qualified in BLS; 25.5% in ILS; 0% as ECT; and 0.5% in ALS.
- ★ **Planned Patient Transport (PPT):** 84% of the staff are qualified in BLS; and 16% in ILS.

There are eleven (11) Control Centres in KZN (one in each district), 5 of which have been upgraded to the computerized system i.e. Ilembe, Ugu, Uthukela, Umgungundlovu and eThekweni.

There is one Provincial Health Operations Centre that deals with Provincial health issues and includes the flight desk for aero-medical services. Specific challenges that will be addressed as part of the new EMS strategy includes:

- ★ Inadequately trained/ skilled personnel to deal with Emergency calls;
- ★ Layout of the current Centres which is inappropriate except in eThekweni; and
- ★ The lack of appropriate support staff in Call Centre management.

Inter-facility transport is currently divided into:

- ★ Planned Patient Transport (booking) - general buses/kombis;

- ★ Inter-Facility Transport – ambulances;
- ★ ICU transfers – ambulances; and
- ★ Obstetric transport – ambulances.

The Department faces challenges with regards to extended turn-around time transporting patients between hospitals. The service covers all institutions although demand currently supersedes supply, and turn-around times are further effected by waiting times, distance between facilities, and poor roads.

It is estimated that approximately 50% of inter-facility transportation is emergency inter-facility transport and not Planned Patient Transport [PPT]. Inter-facility emergency transfers have to compete for ambulances with emergency cases which are not ideal. One of the reasons for inefficiencies with patient transportation is attributed to poor communication and guidelines to facilities on utilisation procedures of inter-facility transport.

Interventions to improve Inter facility transport include:

- ★ Develop and implement policy/guidelines for patient transportation;
- ★ Improve routing and scheduling of patient transport;
- ★ Expand inter-facility transport services based on available budget and demand; and
- ★ Introduce community-based PPT where routes are scheduled to specific areas to collect patients from the communities therefore reducing the load on the emergency service as a large amount of patients collected by ambulance are green code.

Maternity cases still compete with other emergencies for available transport while delays in transportation of complicated maternity cases are linked to maternal mortality.

In an effort to address this challenge, the Department has allocated one dedicated Obstetric Ambulance per district [11 ambulances] for the transport of maternity cases only. In addition, all maternity cases are triaged as red code and dispatched accordingly.

The Department will, based on data and available budget, extend dedicated Obstetric Ambulance Services in 2011/12 including:

- ★ Allocation of ILS and ECT's to appropriate Obstetric Ambulances;
- ★ Institute training courses on obstetric emergencies for staff manning Obstetric Ambulances;
- ★ Ensure strict compliance with referral protocols and appropriate use for obstetric emergency care; and
- ★ Ambulance bases for specialised ambulances will be aligned with strategically placed MOU's to cover an identified cluster of clinics linked with the MOU.

**PROGRAMME PERFORMANCE 2010/11**

**Table 37: (EMS 1): Situation Analysis Indicators for EMS per District**

Performance Indicators	Province wide value 2010/11	Ugu 2010/11	Umgungundlovu 2010/11	Uthukela 2010/11	Umzinyathi 2010/11	Amajuba 2010/11	Zululand 2010/11	Umkhanyakude 2010/11	Uthungulu 2010/11	Ilembe 2010/11	Sisonke 2010/11	eThekwini 2010/11
1. Rostered ambulances per 10,000 people	0.22	0.23	0.19	0.21	0.3	0.39	0.18	0.23	0.21	0.18	0.28	0.1
2. Percentage of P1 calls with a response time <15 minutes in an urban area	29%	7%	31%	10%	51%	82%	-	-	37%	5%	-	9%
3. Percentage of P1 calls with a response time of <40 minutes in a rural area	37%	18%	30%	28%	39%	93%	45%	29%	41%	24%	29%	29%
4. Percentage of calls with a response time within 60 minutes	53%	40%	67%	52%	47%	99%	64%	49%	52%	49%	28%	38%

Source: Same as Provincial indicators in EMS 2 below

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**Table 38: (EMS 2): Performance Indicators for EMS and Patient Transport**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.13: To revitalise EMS and to improve response times to ≥ 70% for rural and urban response times by 2014/15.</b>				
1. P1 calls with a response time <15 minutes in an urban area	EMS	30%	29% [52,463/ 181,802]	Within acceptable range although significant variations are noted between districts i.e. 5% in Ilembe District and 82% in Amajuba District. Amajuba District recorded high expenditure on overtime with constantly improving response times in both urban and rural areas.
2. P1 calls with a response time of <40 minutes in a rural area	EMS	45%	37% [74,821/ 199,885]	Lack of resources, including ambulances and human resources, poor road infrastructure, ageing fleet, etc. all contribute to poor response times. The significant variation between Amajuba District [93%] and other districts is a course of concern and will be investigated. A turn-around strategy has been developed in the fourth quarter of 2010/11 taking into consideration the identified challenges. Consultation with the Budget Manager commenced to ensure appropriate allocation for implementation of the strategy. This Programme will be prioritised in 2011/12.
3. All calls with a response time within 60 minutes	EMS	60%	53% [305,709/580,859]	<i>See comments of Indicator number 2.</i>
4. Rostered ambulances per 10,000 people	EMS	0.38 <sup>41</sup>	0.22 [225/10,138,805]	There are currently a total of 225 emergency service vehicles translating to 1 vehicle per 45,061 population as compared with the national norm of 1 ambulance per 10,000 population. This places huge pressure on service delivery i.e. delayed response times in both urban and rural areas with consequent poor health outcomes as a result of delayed clinical intervention in emergency cases. <i>See comments Indicator number 2.</i>

<sup>41</sup> Indicator incorrectly calculated previously, is now corrected - uninsured population used in calculation

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
5. Total number of EMS emergency cases	EMS	1,007,882	642,760	Difficult to predict the number of emergency cases. It however stands to reason that inadequate resources contributed to overall performance of EMS. Revitalisation and transformation of EMS in the new financial year will address root causes and develop appropriate strategies to respond to needs and demands.

Source: EMS Database

## PROGRAMME 4: REGIONAL AND SPECIALISED HOSPITALS

### PROGRAMME PURPOSE

The purpose of Programme 4 is the delivery of hospital services that are accessible, appropriate and effective, and include the provision of general specialist services, specialised rehabilitation services, provision of training of health professionals and research.

Programme 4 comprises of five Sub-Programmes with the following objectives:

1. To render Regional Hospital services at a general specialist level.
2. To provide the platform for training of health workers and research.
3. To render hospital services for TB, including MDR and XDR TB.
4. To render specialist psychiatric hospital services and providing a platform for training of health workers and research in mental health.
5. To provide medium to long-term care to patients who require rehabilitation and/or a minimum degree of active medical care.

### STRATEGIC GOALS AND

### OBJECTIVES

#### STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES

**STRATEGIC OBJECTIVE 1.14:** TO RATIONALIZE HOSPITAL SERVICES IN LINE WITH SERVICE DELIVERY NEEDS AND STP IMPERATIVES.<sup>42</sup>

#### STRATEGIC GOAL 2: IMPROVE EFFICIENCY AND QUALITY OF HEALTH SERVICES

**Strategic Objective 2.3:** To implement the National Core Standards in 100% of Regional Hospitals by 2014/15.<sup>43</sup>

**Strategic Objective 2.4:** To implement the National Core Standards in 100% of Specialised TB Hospitals by 2014/15.

**Strategic Objective 2.5:** To implement the National Core Standards in 100% of Specialised Psychiatric Hospitals by 2014/15.

**Strategic Objective 2.6:** To implement the National Core Standards in 100% of Specialised Chronic Hospitals by 2014/15.

<sup>42</sup> Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan

<sup>43</sup> Accreditation is dependent on the National processes – relevant to all facilities

## **PROVINCIAL PRIORITIES**

### **➤ Priority 1: Rationalisation of hospital services.**

The STP review pertinently addresses the revitalisation of all hospital services. Service arrangements to ensure equity in access and availability, taking into consideration the new focus on revitalisation of PHC, will mould the rationalisation process over the next 10 years.

Regional and Specialised Hospital services are being rendered in:

- ★ 14 Regional Hospitals providing services at a general specialist level [0.7 beds per 1000 population compared with the national norm of 0.23 per 1000];
- ★ 2 Specialised Chronic Hospitals [0.07 beds per 1000 population];
- ★ 6 Specialised Psychiatric Hospitals [0.23 beds per 1000 population];
- ★ 12 Specialised TB Hospitals [0.12 beds per 1000 population compared with standard norm of 0.19 per 1000 population for acute; 0.19 per 1000 for re-treatment; and 0.12 per 1000 for MDR and XDR TB].

The historical placement of Regional Hospitals challenge the service arrangements in some areas especially deep rural districts. There are no Regional Hospitals in Umzinyathi, Zululand, Umkhanyakude and Sisonke Districts [all Rural Development Nodes], although some level 2 services are provided in a limited number of District Hospitals. Current referral arrangements provide for referral to the nearest Regional Hospital [transport route/ distance].

Regional Hospitals provide in-patient services to health care users presenting with complex health and trauma conditions, requiring the intervention of Specialists.

The regional package of services includes Medicine; Surgery; Paediatrics; Orthopaedics; Obstetrics and Gynaecology; Radiology; Accident and Emergency; Psychiatry; Anaesthetics, ICU and High Care; and Ophthalmic services [only in specific instances]. Regional Hospitals also provide a platform for the training of under-graduate students and Registrars.

In 2010/11 the Department, in collaboration with MatCH [Maternal, Adolescent and Child Health – Department of Obstetrics and Gynaecology University of Witwatersrand], conceptualised the establishment of the KwaZulu-Natal Children’s Centre/ Addington Health and Wellness Precinct. The Precinct will make provision for:

- ★ A new in-patient and out-patient Children’s Centre for children younger than 14 years residing in KZN [using the old Addington Children’s Hospital]. Acute services for local children will remain in Addington Hospital.
- ★ The proposed refurbished and extended KwaZulu-Natal Children’s Hospital and Wellness Centre;
- ★ The Addington Primary School to the south and the Claire Ellis Brown Pre-Primary to the south-west;
- ★ SAPS Station and Family Court;
- ★ Existing Doctors Quarters and Administrative Accommodation [3 buildings];
- ★ NHLS headquarters; and
- ★ EMS base within the KwaZulu-Natal Children’s Hospital Complex.



Development of the Precinct will create a Provincial ‘first’ Health Precinct, as part of a proposed inner city regeneration project that will address adult and child health as well as welfare issues, HIV, poverty and urban renewal in Durban’s inner city.

➔ **Priority 2: Improving the quality and efficiency of hospital services.**

**Regional Hospitals**

During 2010/11, a total of 3,425,484 patients were seen at out-patient departments; 307,766 patients were admitted; and 23,118 patients died in Regional Hospitals during the same reporting period.

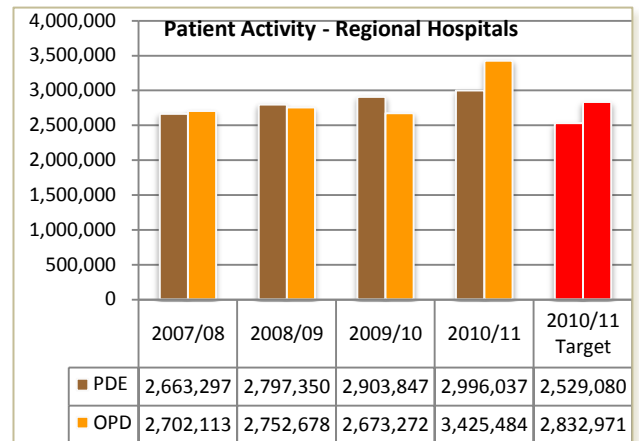
Patient numbers show a consistent increase over the last 4 years as demonstrated in Graph 21.

Between 2009/10 and 2010/11, the patient day equivalent increased with 3% and the out-patient department headcount with 28%. This is consistent with the increasing burden of disease and the growing number of ‘sick’ patients reporting to health facilities.

Bed occupancy rate and average length of stay, two prime indicators of efficiency, is still below the national norms of 75% [BUR] and 4.2 days [ALOS]. See Graphs 22 and 23.

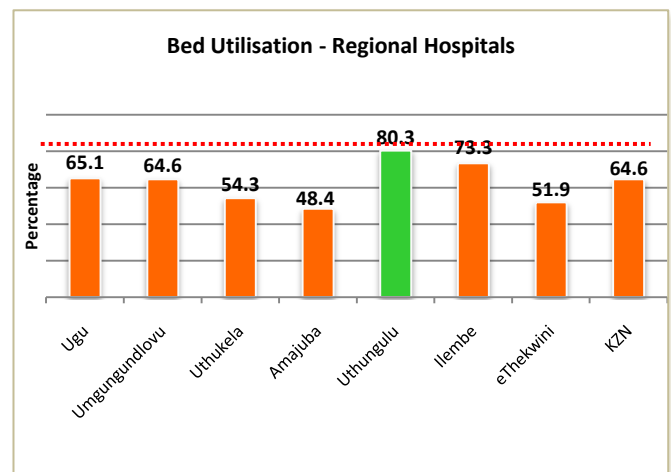
There are significant variations in the bed occupancy rates between hospitals i.e. from 44.7% in Madadeni [Amajuba] to 84% in Ngwelezane [Uthungulu].

**Graph 21: Patient Activity – Regional Hospitals**



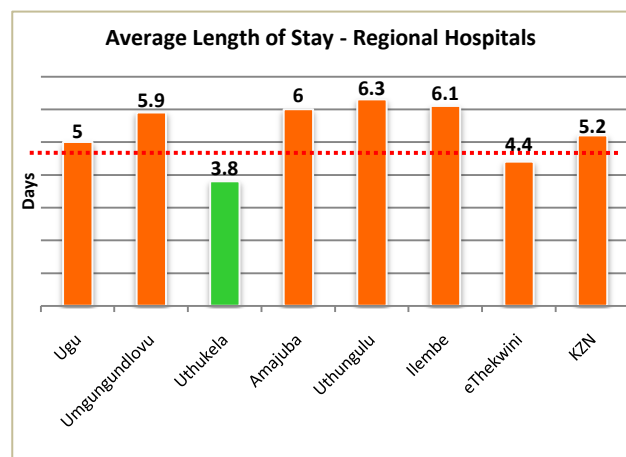
Source: DHIS

**Graph 22: Bed Utilisation Rate per District**



Source: DHIS

Graph 23: Average Length of Stay – Regional Hospitals



Source: DHIS

The average length of stay varies between 3.3 days in RK Khan [eThekweni] to 6.4 days in Madadeni [Amajuba].

The cost per uninsured person increased from R412.37 in 2009/10 to R449.56 in 2010/11, and cost per person [total population] from R362.88 in 2009/10 to R395.61 in 2010/11. The expenditure per patient day equivalent [PDE] decreased from R1 421 in 2009/10 to R1 380 in 2010/11.

The MEC for Health introduced the “Make me look like a hospital” project in 2009/10 with the objective to improve hospital efficiency, quality, cleanliness, and patient safety and satisfaction. In addition, the Department commenced with the implementation of the National Core Standards towards accreditation of health facilities in 2010/11.

Early assessment indicated a definite improvement in a number of areas including:

- ★ Improved availability of and compliance with policies and clinical guidelines;
- ★ Regular multi-disciplinary ward rounds;
- ★ Active monitoring of patient waiting times, currently recorded at an average of 56min in out-patient departments and 27min at admissions;
- ★ Mortality & clinical audit meetings conducted regularly/ monthly and Improvement Plans addressing challenges;
- ★ Weekly management ‘walkabout’ resulted in improved maintenance of building including cleanliness;
- ★ Patient help desks are functional for 12 hours over weekends and public holidays;
- ★ Maintenance plans are monitored and adhered to; and
- ★ Monitoring tools for supervision of junior doctors are in place and monitored.

➔ **Priority 3: Improve community participation and consultation through appointment and training of Hospital Boards.**

- ★ Hospital Boards are functional in 100% Regional, 85% TB; 100% Psychiatric, and 50% Chronic Hospitals.
- ★ 98% of hospitals conducted monthly clinical audit meetings; 100% conducted monthly morbidity and mortality meetings.
- ★ 80% of complaints were resolved within 25 days.
- ★ 98% Regional Hospitals implement Hospital Improvement Plans.

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**Table 39: Trends in Provincial Public Health Expenditure for Provincial Hospitals (R million)**

Expenditure (R'000)	2007/08 Actual	2008/09 Actual	Average Annual % Change	2009/10 Actual	2010/11 Actual	2011/12 Projection
<b>PROVINCIAL (REGIONAL) HOSPITALS</b>						
<b>Current prices</b>						
Total	R 2 890 364	R 3 169 928	9.67%	R 3 683 133	R 4 133 849	R 4 670 222
Total per person	R 289.12	R 313.68	8.50%	R362.88	R395.61	R438.02
Total per uninsured person	R 328.55	R356.46	8.50%	R412.37	R449.56	R497.75
<b>Constant (2008/09) prices</b>						
Total	R 3 208 304	R 3 169 928	(1.20%)	R 3 498 976	R 3 720 464	R 4 016 391
Total per person	R 320.92	R 313.68	(2.26%)	R344.74	R356.05	R376.69
Total per uninsured person	R 364.69	R 356.46	(2.26%)	R391.75	R404.60	R458.06
<b>PSYCHIATRIC HOSPITALS</b>						
<b>Current prices</b>						
Total	R 409 527	R 451 429	10.23%	R509 621	R540 326	R592 947
Total per person	R 40.96	R 44.67	9.05%	R50.21	R51.71	R55.61
Total per uninsured person	R 46.55	R 50.76	9.05%	R57.06	R58.76	R63.20
<b>Constant (2008/09) prices</b>						
Total	R 454 575	R 451 429	(0.69%)	R484 140	R486 293	R509 934
Total per person	R 45.47	R 44.67	(1.76%)	R47.70	R46.54	R47.83
Total per uninsured person	R 51.67	R 50.76	(1.76%)	R54.21	R52.88	R54.35
<b>TUBERCULOSIS HOSPITALS</b>						
<b>Current prices</b>						
Total	R 481 772	R653 625	35.67%	R787 273	R837 104	R976 783
Total per person	R 48.19	R64.68	34.22%	R77.57	R80.11	R91.61
Total per uninsured person	R 54.76	R73.50	34.22%	R88.14	R91.04	R104.10
<b>Constant (2008/09) prices</b>						
Total	R 534 767	R 653 625	22.23%	R747 909	R753 394	R840 033
Total per person	R 53.49	R 64.68	20.91%	R 73.69	R72.10	R78.79
Total per uninsured person	R 60.79	R 73.50	20.91%	R83.74	R81.93	R89.53
<b>CHRONIC HOSPITALS</b>						
<b>Current prices</b>						

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<b>Expenditure (R'000)</b>	<b>2007/08 Actual</b>	<b>2008/09 Actual</b>	<b>Average Annual % Change</b>	<b>2009/10 Actual</b>	<b>2010/11 Actual</b>	<b>2011/12 Projection</b>
Total	R 92 364	R93 865	1.63%	R99 578	R102 531	R111 323
Total per person	R 9.24	R9.29	0.53%	R9.81	R9.81	R10.44
Total per uninsured person	R 10.50	R10.56	0.53%	R11.15	R11.15	R11.86
<b>Constant (2008/09) prices</b>						
Total	R 102 524	R 93 865	(8.45%)	R94 599	R92 278	R95 738
Total per person	R 10 26	R 9. 29	(9.43%)	R9.32	R8.83	R8.98
Total per uninsured person	R 11.65	R 10.56	(9.43%)	R10.59	R10.04	R10.20
<b>DENTAL HOSPITALS</b>						
<b>Current prices</b>						
Total	R 9 787	R9 967	1.84%	R10 685	R12 266	R14 907
Total per person	R 0.98	R0.99	0.75%	R1.05	R1.17	R1.40
Total per uninsured person	R 1.11	R1.12	0.75%	R1.20	R1.33	R1.59
<b>Constant (2008/09) prices</b>						
Total	R 10 864	R 9 967	(8.25%)	R10 151	R11 039	R12 820
Total per person	R 1.09	R 0.99	(9.24%)	R1.00	R1.06	R1.20
Total per uninsured person	R 1.23	R 1.12	(9.24%)	R1.14	R1.20	R1.37

Source: BAS

**PROGRAMME PERFORMANCE 2010/11**

**Table 40: (RHS 1): Performance Indicators for Regional Hospitals**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Goal 2: Improve efficiency and quality of health services</b>				
<b>Strategic Objective 2.3: To implement the National Core Standards in 100% of Regional Hospitals by 2014/15</b>				
1. Number of Regional Hospitals accredited	DQPR	0/ 14 <sup>44</sup>	0/ 14	National Accreditation Body not yet established. National Core Standards are being implemented to improve quality and efficiency.
2. Number of Regional Hospitals conducting annual Patient Satisfaction Surveys	DQPR	14/ 14	11/ 14	Shortage of staff. Activity will be prioritised in 2011/12.
3. Average patient waiting time at OPD	DQPR	<5 hrs	56 min	
4. Average patient waiting time at admissions	DQPR	<5 hrs	27 min	
5. Caesarean section rate	DHIS	34% <sup>45</sup>	38.7% [30,076/ 77,750]	Increased from 32% in 2007/08 to 38.8% in 2009/10 as compared with the national target of 25%. The increasing burden of disease, including but not exclusive to HIV and AIDS, poor health seeking behaviour [not attending ANC or late reporting to facility] result in undetected complications/ high risk pregnancies and poor management. Wide consultation suggests that performance is within the expected range based on the disease profile in the Province.
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.14: To rationalize hospital services in line with service delivery needs and STP imperatives<sup>46</sup></b>				

<sup>44</sup> Accreditation of health facilities is dependent on the National Department of Health processes

<sup>45</sup> This indicator consistently exceeds the national target – partly due to disease profile and poor health behaviour of clients

<sup>46</sup> Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
6. Number of Regional Hospitals with cost centres	DQPR	14/14	7/ 14	Ongoing management support, including active engagement with the Budget Section, has been scaled up in the reporting period – and will continue in the next financial year. Models for costing are being investigated by the Budget Section.
7. Number of CEO's who have signed national delegation of authorities	HRMS	0/ 14	14/ 14	National delegations not yet finalised – CEO's signed Provincial delegations.
8. Average length of stay	DHIS	5.4 Days	5.2 Days	Increased from 4.8 days in 2007/08 to 5 days in 2009/10 as compared with the national norm of 4.8 days. The high burden of disease, non-compliance with the admission and discharge policies, inadequate step-down beds for down referral, etc. all contributed to extended stay. The STP, currently under review, makes provision for the revitalisation of PHC, early detection and treatment of communicable and non-communicable diseases, increase in Step-Down beds, and management of clients at the appropriate level of care.
9. Bed utilisation rate [based on useable beds]	DHIS	73%	64.6%	Increased from 66% in 2007/08 to 72.8% in 2009/10 as compared with the national norm of 75%. Efficiency challenges are being addressed through implementation of the National Core Standards as well as ongoing management support. Bed numbers as well as allocation per speciality are under review as part of the STP process.
10. Total separations	DHIS	340,357	460,663	Trends in patient activity cannot be explained – and will be monitored. Increased from 351,169 in 2007/08 to 355,231 in 2009/10. Significant challenges were identified in the calculation of indicators number 10, 11, and 12 on the DHIS. The Data Management Component commenced with a strategy to improve data quality which will be actively monitored. Interrogation of data also forms part of the process followed by Strategic Planning, Budget, and District Management during development of District Health Expenditure Reviews, District Health Plans, and the Annual Performance Plan.
11. Patient day equivalents	DHIS	2,529,080	2,996,037	Increased from 2,663,297 in 2007/08 to 2,903,847 in 2009/10. <i>See comment re data inconsistencies under indicator number 10.</i>

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
12. OPD total headcounts	DHIS	2,832,971 <sup>47</sup>	3,425,484	Decreased from 2,702,113 in 2007/08 to 2,673,272 in 2009/10. <i>See comment re data inconsistencies under indicator number 10.</i>
13. Expenditure per patient day equivalent [PDE]	DHIS	R 1 230 <sup>48</sup>	R1 380	Increased from R1 119 in 2007/08 to R1 421 in 2009/10. <i>See comment re data inconsistencies under indicator number 10.</i>

**Table 41: (RHS 2): Performance Indicators for Specialised TB Hospitals**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Goal 2: Improve efficiency and quality of health services</b>				
<b>Strategic Objective 2.4: To implement the National Core Standards in 100% of Specialised TB Hospitals by 2014/15<sup>49</sup></b>				
1. Number of Specialised TB Hospitals accredited annually	DQPR	0/ 10	0/ 10	National Accreditation Body not yet established.
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.15: To rationalize hospital services in line with service delivery needs and STP imperatives<sup>50</sup></b>				
2. Number of CEO's who have signed the nationally approved delegation of authorities for Hospital Managers	HRMS	0/ 10 <sup>51</sup>	10/ 10	Signed Provincial delegations – reviewed national delegations not yet finalised.

<sup>47</sup> Target will be reviewed based on rationalisation of health services

<sup>48</sup> This target will be reviewed as part of the rationalisation of health services commencing in 2010/11

<sup>49</sup> Accreditation is dependent on the National processes

<sup>50</sup> Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan

<sup>51</sup> Delegations will be implemented as soon as it is finalised by the National Department of Health – National Strategic Plan 2010/11 – 2012/13

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
3. Average length of stay	DHIS	62 Days	2010/11 Data unreliable	The actual data for 2010/11 is highly suspect and currently being investigated as part of data cleanup. Inherent challenges with DHIS system as well as operational challenges are being addressed as part of the turn-around strategy.
4. Bed utilisation rate [based on useable beds]	DHIS	75% <sup>52</sup>	64%	Increased from 64.8% in 2007/08 to 70.1% in 2009/10. Low utilisation, especially considering the high TB case load is a concern and will be investigated.
5. Expenditure per patient day equivalent [PDE] <sup>53</sup>	DHIS	R1 632.34	R1 752	Increased from R1 073 in 2007/08 to R1 516 in 2009/10.
6. Patient day equivalents	DHIS	540,852	477,771	Increased from 514,774 in 2007/08 to 518,685 in 2009/10.

**Table 42: RHS 3): Performance Indicators for Specialised Psychiatric Hospitals**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Goal 2: Improve efficiency and quality of health services</b>				
<b>Strategic Objective 2.5: To implement the National Core Standards in 100% of Specialised Psychiatric Hospitals by 2014/15<sup>54</sup></b>				
1. Number of Specialised Psychiatric Hospitals accredited annually	DQPR	0/ 6	0/ 6	National Accreditation Body not yet established.
<b>Strategic Goal 1: Overhaul Provincial health services</b>				

<sup>52</sup> Dependent on availability of human resources to ensure that quality standards are maintained – also taking into consideration the rationalisation of health services and impact on services

<sup>53</sup> Expenditure per hospital classification taken from Table: Expenditure Estimates for Provincial Hospitals as below

<sup>54</sup> Accreditation is dependent on the National processes



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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Objective 1.16: To rationalize hospital services in line with service delivery needs and STP imperatives<sup>55</sup></b>				
7. Number of CEO's who have signed the nationally approved delegation of authorities for Hospital Managers	HRMS	0/ 6 <sup>56</sup>	6/ 6	Signed Provincial delegations – national delegations not finalised.
2. Average length of stay	DHIS	1,430 Days <sup>57</sup>	2010/11 Data unreliable	The actual data for 2010/11 is highly suspect and currently being investigated as part of data cleanup. Inherent challenges with DHIS system as well as operational challenges are being addressed as part of the turn-around strategy.
3. Bed utilisation rate [based on useable beds]	DHIS	63%	74.2%	Increased from 61.79% in 2007/08 to 71.6% in 2009/10.
4. Patient day equivalents	DHIS	715,993	624,928	Decreased from 683,845 in 2007/08 to 628,878 in 2009/10.
5. Expenditure per patient day equivalent [PDE] <sup>58</sup>	DHIS	R 786.62	R864	Increased from R598 in 2007/08 to R810 in 2009/10.

<sup>55</sup> Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan

<sup>56</sup> Delegations will be implemented as soon as it is finalised by the National Department of Health – National Strategic Plan 2010/11 – 2012/13

<sup>57</sup> The decrease in ALOS is based on improved community management of patients as per Mental Health Care Act and PHC revitalisation

<sup>58</sup> The expenditure per hospital classification is taken from the Estimate Expenditure Table for Programme 4

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**Table 43: (RHS 4): Performance Indicators for Specialised Chronic Hospitals [including Step-Down Hospitals]**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11	2010/11	
		APP Target	Actual	
<b>Strategic Goal 2: Improve efficiency and quality of health services</b>				
<b>Strategic Objective 2.6: To implement the National Core Standards in 100% of Specialised Chronic Hospitals by 2014/15<sup>59</sup></b>				
1. Number of Specialised Chronic Care Hospitals accredited annually	DQPR	0/ 2	0/ 2	
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.17: To rationalize hospital services in line with service delivery needs and STP imperatives<sup>60</sup></b>				
– Number of CEO's who have signed the nationally approved delegation of authorities for Hospital Managers	HRMS	0/ 2 <sup>61</sup>	2/ 2	Signed Provincial delegations – national delegations not finalised.
– Average length of stay	DHIS	430 Days	2010/11 Data unreliable	The actual data for 2010/11 is highly suspect and currently being investigated as part of data cleanup. Inherent challenges with DHIS system as well as operational challenges are being addressed as part of the turn-around strategy.
– Bed utilisation rate [based on useable beds]	DHIS	73%	63.4%	Increased from 75.4% in 2007/08 to 82.5% in 2009/10. The increase in patient activity and reduced bed utilisation will be investigated.
– Patient day equivalents	DHIS	122,069	178,591	Increased from 133,093 in 2007/08 to 150,513 in 2009/10.
– Expenditure per patient day equivalent [PDE] <sup>62</sup>	DHIS	R 919	R574	Decreased from R693 in 2007/08 to R662 in 2009/10.

<sup>59</sup> Accreditation is dependent on the National processes

<sup>60</sup> Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan

<sup>61</sup> Delegations will be implemented as soon as it is finalised by the National Department of Health – National Strategic Plan 2010/11 – 2012/13

<sup>62</sup> The expenditure per hospital classification is taken from the Estimate Expenditure Table in this programme

## PROGRAMME5: TERTIARY AND CENTRAL HOSPITALS

### PROGRAMME PURPOSE

The main purpose of Programme 5: Central & Tertiary Hospitals is to provide tertiary health services, and to create a platform for the training of health workers.

The objectives are to:

- ★ Render Central and Quaternary Hospital services.
- ★ Render Tertiary Hospital services.

### STRATEGIC GOALS AND OBJECTIVES

#### STRATEGIC GOAL 1: OVERHAUL PROVINCIAL HEALTH SERVICES

- ★ **Strategic Objective 1.18:** To rationalize hospital services in line with service delivery needs and STP imperatives<sup>63</sup>

#### STRATEGIC GOAL 2: IMPROVE EFFICIENCY AND QUALITY OF HEALTH SERVICES

- ★ **Strategic Objective 2.7:** To implement the National Core Standards in 100% of Tertiary Hospitals by 2014/15<sup>64</sup>

- ★ **Strategic Objective 2.8:** To implement the National Core Standards in 100% of Central Hospitals by 2014/15

### PROVINCIAL PRIORITIES

#### ➔ Priority 1: Rationalisation of hospital services

Classification of hospitals makes provision for 1 Tertiary Hospital [Greys] and 1 Central Hospital [IALCH]. In addition, Ngwelezane and Lower Umfolozi War Memorial [LUWM] Hospitals provide some tertiary services, although the provision of tertiary services in these 2 hospitals is limited by infrastructure constraints, a lack of space and inadequate staff.

- ★ *IALCH:* 100% Tertiary;
- ★ *Greys Hospital:* 80% Tertiary and 20% Regional;
- ★ *Ngwelezane Hospital:* 33% Tertiary, 42% Regional, and 25% District; and
- ★ *LUWM Hospital:* 37% Tertiary, 36% Regional, and 27% District.

In addition to the above, limited tertiary services are provided in 12 Regional Hospitals. This is necessary mainly due to inadequate resources at Greys and IALCH e.g. lack of specialized staff and beds per clinical discipline.

In 2010/11 the Department commenced with the process to re-assess and review the package of tertiary services to ensure equity and effective utilisation of

<sup>63</sup> Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan

<sup>64</sup> Accreditation is dependent on the National processes for all facilities

resources. The STP will encompass the reviewed package of services based on standard norms and the national guidelines for the revitalisation of tertiary services.

Table 44 below depicts the service specification per designated tertiary service in 2010/11.

**Table 44: Package of Services at designated Tertiary Services**

Service Specification	IALCH	Greys	Ngwelezane	LUWMH
Burns Unit	✓	✓	✓	
Cardiology Complex and Intervention	✓	✓		
Cardiology General	✓	✓		
Cardiothoracic Surgery	✓	✓		
CAT Scan	✓	✓	✓	
Clinical Haematology	✓	✓		
Clinical Haematology [Bone Marrow Transplantation]	✓			
Clinical Immunology	✓			
Colorectal Surgery	✓	✓	✓	
Craniofacial Surgery [Maxillo-Facial/ Oral Surgery]	✓	✓		
Dermatology	✓	✓		
Endocrinology Service	✓	✓		
ENT Complex	✓	✓	✓	
Gastroenterology	✓	✓		
Hepatobiliary Surgery	✓	✓	✓	
Hepatology	✓	✓		
Human Genetics	✓			
Infectious Disease [not TB]		✓		
Intensive Care	✓	✓	✓	✓

Service Specification	IALCH	Greys	Ngwelezane	LUWMH
Medical Oncology	✓	✓		
MRI Scan	✓	✓	✓	
Neonatal ICU	✓	✓		✓
Nephrology	✓	✓		
Nephrology [Renal Dialysis]	✓	✓	✓	
Neurology	✓	✓		
Neurosurgery	✓			
Nuclear Medicine	✓			
Obstetrics & Gynaecology – Tertiary/ Specialised	✓	✓		✓
Ophthalmology - General	✓	✓	✓	
Ophthalmology - Complex	✓	✓	✓	
Orthopaedics - General	✓	✓	✓	
Orthopaedics - Complex	✓	✓	✓	
PET Scan	✓			
Plastic & Reconstructive Surgery	✓	✓		
Radiation Oncology	✓	✓		
Renal Transplant	✓			
Respiratory Medicine [Pulmonology]	✓	✓		
Rheumatology	✓	✓		
Specialised Neonatal Surgery	✓	✓		
Specialised Paediatric Surgery	✓	✓		
Spinal Injury Management Service		✓		
Urology	✓	✓		✓
Vascular Surgery Service	✓	✓	✓	

Source: Hospital Services Component

The Department developed and approved a Tertiary Services Definitions Policy which is being bench-marked by the National Department of Health. The policy provides guidance in respect of defining the package of

tertiary services as part of the process to complete the commissioning of Tertiary Services.

The Hospital Revitalisation Programme addresses the Medical & Allied Equipment requirements i.e. ICU – neonatal, paediatric, adult and anaesthetic equipment, radiology and oncology equipment had been prioritized especially in sub-disciplines.

Tertiary Hospitals receive budget allocations from the equitable share and the National Tertiary Services Grant [NTSG]. The NTSG allocations have been proportionally divided as follows: IALCH 50%; Greys 40%; Ngwelezane 5%; and LUWMH 5%. *See Annual Financial Statements for NTSG details.*

The national NTSG Business Plan format does not take into account the change in Conditional Grant Schedule and Division of Revenue Act [DORA] requirements. Current DORA requirements are the NTSG which is a schedule 4 Conditional Grant for which a Service Level Agreement [SLA] is required. Completion of a SLA is signed by Head of Department in the prescribed format which includes a summary of in-patient separations; in-patient days; day patient separations; out-patient first visits; and out-patient follow-up for 2010/11.

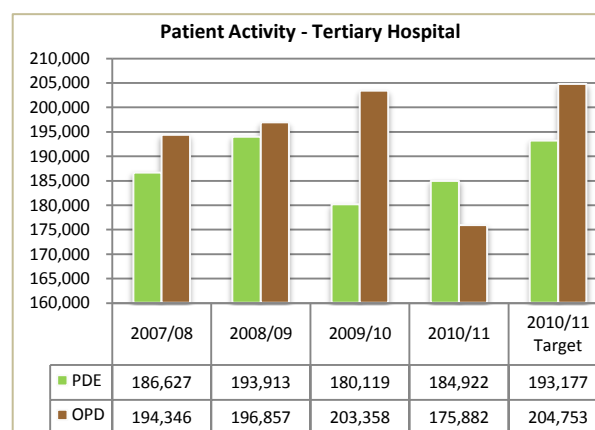
The current Business Plan links Compensation of Employees [COE], Goods and Services and Capital and is thus in violation of the DORA requirements. This creates an audit risk as BAS is not designed for Activity Based Costing. Bas is linked to in-patients; out-patients and Administration and does not allow clear costing between Inputs & Outputs e.g. listed clinical services.

The setting of targets for hospital services was challenging as the available information and systems were unable to accurately differentiate historic data between regional services [level two] and tertiary [level three]. The setting of targets will be refined once more differentiated data becomes available to determine trends.

During 2010/11, a total of 318,080 patients were seen at out-patient departments in Greys and IALCH. A total of 29,348 patients were admitted [12,506 in Greys and 16,842 in IALCH]; and 1,324 patients died during the same period [620 in Greys and 704 in IALCH].

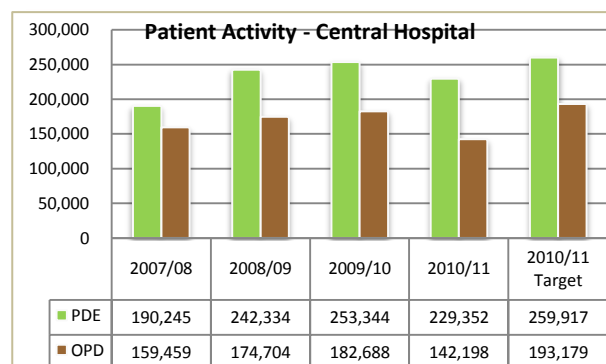
Graphs 24 and 25 illustrate patient activity between 2007/08 and 2010/11. The reason for the 2010/11 performance in patient numbers has not been formally investigated at time of the report.

**Graph 24: Patient Activity – Tertiary Hospitals**



Source: DHIS

**Graph 25: Patient Activity – Central Hospitals**



Source: DHIS

**➤ Priority 2: Improve quality of care through improved clinical governance, accountability and oversight.**

Hospitals commenced with the implementation of the National Core Standards in preparation for accreditation by the National Accreditation Body. The “Make me look like a hospital” project is in its second year of implementation - see *Regional Hospitals*.

Hospitals implement the Hospital Governance Policy which is monitored quarterly. The policy will be reviewed annually to make provision for new developments. 100% Hospital Boards are functional and monthly meetings are being held.

Although there has been an improvement in the recruitment and retention of nursing and clinical staff, a shortage of key categories of staff still remain.

The key service challenges for 2010/11 relate to increased service load and changing burden of disease. This was especially evident in critical care, obstetric, neonatal and psychiatric services and chronic conditions.

The orthopaedic service load remained high and the largest proportion of theatre time was allocated to orthopaedic surgery. Providing adequate theatre time remained a major challenge despite a range of strategies embarked upon to improve the levels of nursing staffing.

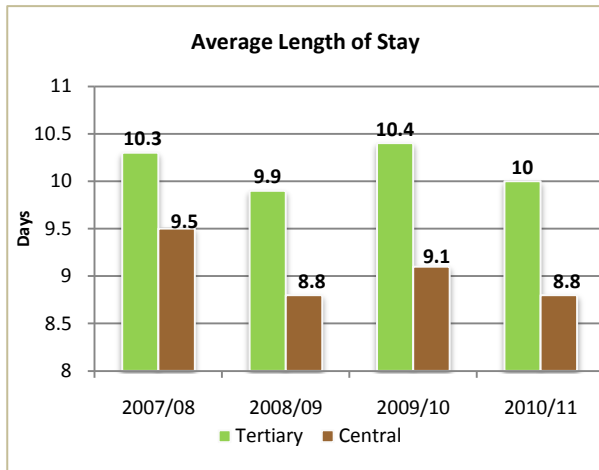
Level 2 and level 3 services are not yet separated in regional/ tertiary hospitals and the outputs reflect the combined outputs for both level 2 and level 3 services. Limited historical data was therefore available to set accurate targets for differentiated services. The clinical services are undergoing key service shifts with the development and implementation of the revitalisation of hospital services as part of the STP which might influence actual outputs.

The cost per patient day equivalent shows a considerable increase for both Greys and IALCH – in Greys from R2 601 in 2009/10 to R7 644 in 2010/11 and in IALCH from R8 396 in 2009/10 to R9 171.

The average length of stay and bed occupancy rates still exceed the provincial and national targets partly due to the increasing burden of disease, ineffective referral and transport, and non-compliance with the admission and discharge policies. Graphs 26 and 27 illustrate trends between 2007/08 and 2010/11 for both Tertiary and Central Hospitals.

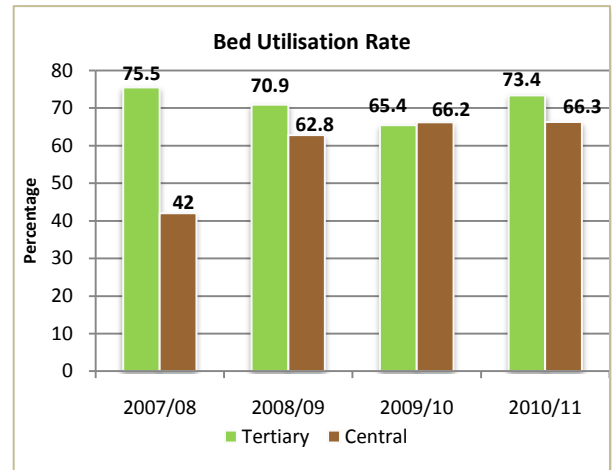
100% Hospitals conduct monthly clinical audit and morbidity and mortality meetings in an effort to improve clinical outcomes.

**Graph 26: Average Length of Stay**



Source: DHIS

**Graph 27: Bed Utilisation Rate**



Source: DHIS

**PROGRAMME PERFORMANCE 2010/11**

**Table 45: (CHS 1): Provincial Strategic Objectives and Annual Targets for Grey’s Tertiary Hospital**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Goal 2: Improve efficiency and quality of health services</b>				
<b>Strategic Objective 2.7: To implement the National Core Standards in 100% of Tertiary Hospitals by 2014/15<sup>65</sup></b>				
1. Number of Tertiary Hospitals accredited annually	DQPR	0/ 1	0/ 1	National Accreditation Body not yet established.
2. Number of Tertiary Hospitals conducting Annual Patient Satisfaction Surveys	DQPR	1/ 1	1/ 1	
3. Average patient waiting time at OPD	DQPR	<5 hours	2 hours	
4. Average patient waiting time at admissions	DQPR	<5 hours	20 min	
5. Caesarean section rate	DHIS	70%	69.3% [1,516 / 2,188]	Caesarean section rate has always exceeded the national target of 30% [increased from 61.2% in 2007/08 to the current 69.3%] with the high burden of disease suspected to be one of the more prominent contributing factors.
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.18: To rationalize hospital services in line with service delivery needs and STP imperatives<sup>66</sup></b>				
6. Number of Tertiary Hospitals with Cost Centres	Finance Section	1/ 1	1/ 1	
7. Number of CEO’s who have signed National delegation of authorities <sup>67</sup>	HRMS	0/ 1	1/ 1	CEO’s signed Provincial delegations.

<sup>65</sup> Accreditation is dependent on the National processes

<sup>66</sup> Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan

<sup>67</sup> This is dependent on National Department of Health processes as indicated in the National Strategic Plan 2010/11 – 2012/13



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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
8. Average length of stay	DHIS	9 Days	10 Days	Stays constant for the last 4 years with possible reasons the increasing burden of disease; patients with a higher acuity required a longer hospital stay especially patients admitted to psychiatry and TB had an extended length of stay.
9. Bed utilisation rate	DHIS	72%	73.4%	
10. Total separations	DHIS	10,789	12,456	The target was based on a consistent downward trend since 2007/08 with a decrease of 10.4% between 2007/08 [12,016] and 2009/10 [10,755] – during the reporting year reported an increase of 15.8% from the previous year. Inherent system and operational challenges [DHIS] were identified that impact on patient numbers [relevant to indicators 10, 11, 12 and 13]. Interventions to address these challenges form part of the turn-around strategy to improve data quality.
11. Patient day equivalents	DHIS	193,177	184,922	The 3.9% increase between 2007/08 and 2008/09 and estimated 3% increase in 2009/10 [estimated performance mid-year] informed the target. The 2.6% decrease between 2009/10 and 2010/11 could be partly to the 6-week public sector strike during the reporting year. <i>See comment re DHIS challenges under Indicator number 10.</i>
12. OPD total headcounts	DHIS	204,753	175,882	The OPD headcount showed an increase between 1.4% and 3.4% for the period 2007/08 to 2009/10. The decrease of 13% in 2010/11 was not expected although previously mentioned factors apply for decrease in patient activity. <i>See comment re DHIS challenges under Indicator number 10.</i>
13. Expenditure per patient day equivalent [PDE]	DHIS	R3 250	R7 644	Decreased patient numbers, high turn-over of Medical Officers, increased cost of bloods and laboratory services, etc. contributed to sharp increase in cost. Implementation of the National Core Standards [including improved management] focus on improved efficiency. <i>See comment re DHIS challenges under Indicator number 10.</i>

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**Table 46: (CHS 2): Performance Indicators for Inkosi Albert Luthuli Central Hospital**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Goal 2: Improve efficiency and quality of health services</b>				
<b>Strategic Objective 2.8: To implement the National Core Standards in 100% of Tertiary Hospitals by 2014/15<sup>68</sup></b>				
1. Number of Central Hospitals accredited annually	DQPR	1/ 1	0/ 1	National Accreditation Body not established yet.
2. Number of Central Hospitals conducting Annual Patient Satisfaction Surveys	DQPR	0/ 1	0/ 1	The reason for failure to conduct the survey is unclear. According to the district report, the facility received 4 complaints during the reporting year of which 2 were resolved within 25 days.
3. Average patient waiting time at OPD	DQPR	<5hrs	30 min	
4. Average patient waiting time at admissions	DQPR	<5 hrs	30 min	
5. Caesarean section rate	DHIS	70% <sup>69</sup>	70.5% [284/ 403]	Decreased from 78% in 2007/08 to 74% in 2009/10 compared with the national target of 50%. Considering that only complicated cases are referred to IALCH the high rate is expected.
<b>Strategic Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.19: To rationalize hospital services in line with service delivery needs and STP imperatives<sup>70</sup></b>				
1. Number of Central Hospitals with cost centres	Finance Section	1/ 1	1/ 1	
2. Number of CEO's who have signed national delegation of authorities <sup>71</sup>	HRMS	0/ 1	1/ 1	Signed Provincial delegations.
3. Average length of stay	DHIS	8 Days	8.8 Days	Decreased from 9.5 days in 2007/08.

<sup>68</sup> Accreditation is dependent on the National processes

<sup>69</sup> National target has always been exceeded partly due to the Provincial disease profile

<sup>70</sup> Rationalisation of hospital services will be aligned with the STP (all components), NHS 10-Point Plan and informed by current service delivery needs, disease profile and funding envelope – assessment and output will be informed by the STP Implementation Plan

<sup>71</sup> This is dependent on National Department of Health processes as indicated in the National Strategic Plan 2010/11 – 2012/13

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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
4. Bed utilisation rate [based on useable beds]	DHIS	65%	66.3%	Increased from 42% in 2007/08.
5. Total separations	DHIS	24,700	29,733	Increased from 14,405 in 2007/08 to 20,204 in 2009/10. <i>See comment re DHIS challenges under Indicator number 10 Table CHS 1.</i>
6. Patient day equivalents	DHIS	259,917	229,352	Increased from 190,245 in 2007/08 to 253,344 in 2009/10. <i>See comment re DHIS challenges under Indicator number 10 Table CHS 1.</i>
7. OPD total headcounts	DHIS	193,179	142,198	Increased from 154,459 in 2007/08 to 182,688 in 2009/10. <i>See comment re DHIS challenges under Indicator number 10 Table CHS 1.</i>
8. Expenditure per patient day equivalent [PDE]	DHIS	R 7,500	R9 171	Increased from R5 300 in 2007/08 to R8 396 in 2009/10. <i>See comment re DHIS challenges under Indicator number 10 Table CHS 1.</i>



## PROGRAMME 6: HEALTH SCIENCES AND TRAINING

### PROGRAMME PURPOSE

To create training and development opportunities for actual and potential Departmental employees with the objective to:

- ★ To provide for training for nurses at under-graduate and post-basic level.
- ★ To provide training for Emergency Care Practitioners.
- ★ To provide PHC related training for Professional Nurses working in PHC services.
- ★ To provide skills development interventions for all occupational categories in the Department.
- ★ To provide bursaries for students studying in health science programmes at under-graduate and post-graduate levels.

### STRATEGIC GOALS AND OBJECTIVES

#### STRATEGIC GOAL 2: IMPROVE THE EFFICIENCY AND QUALITY OF HEALTH SERVICES

- ★ **Strategic Objective 2.9:** To implement a Training Strategy aligned with the core functions of the Department.
- ★ **Strategic Objective 2.10:** To establish effective training programmes to provide an adequate skills

base for EMS services in accordance with national norms.

### PROVINCIAL PRIORITIES

- **Priority 1: Alignment of training with Service Delivery requirements in relation to relevant policies.**

The reshaping of training and development programmes aims to address skills/ competency gaps, and the requirements inherent in the package of services at primary, secondary and tertiary levels.

Training gaps and deviations from targets can mainly be attributed to the high attrition rate, service pressures to release staff for training, and budget constraints during the reporting year. In addition, poor supervision and follow up following training put in jeopardy the application of knowledge and skills hence defeating the purpose of training and development.

The lack of a coordinated training strategy/ plan, incorporating all training and development programmes, impact on service delivery and put undue pressure on services i.e. high number of staff attending training put pressure on service delivery.

During 2010/11, a total of 9,603 employees attended skills programmes and other short courses.

➤ **Priority 2: Establish a Management Training Strategy.**

The Management Training Strategy has not been finalised. It will form part of the comprehensive development plan incorporated in the STP as part of transformation of the health system.

➤ **Priority 3: Mid-level worker strategy with Task Shifting and alignment with the HRP and STP.**

The training and development of Mid-Level Workers will form part of the Training Strategy.

The KwaZulu-Natal College of Nursing [KZNCN] was established in 2005, with an administrative Head Office, to manage Nursing Education in the Province.

Twenty five [25] campuses and sub-campuses fall under the umbrella of the College. There are 11 campuses and 14 sub-campuses i.e.

- ★ Four [4] campuses and ten [10] sub-campuses in the North; and
- ★ Seven [7] campuses and four [4] sub-campuses in the South.

The campuses offer the 4-Year Diploma, Post Registration [for which affiliation to the University is compulsory] and 2-Year, as well as SANC programmes, whilst the sub-campuses offer SANC programmes only.

The KwaZulu-Natal Department of Health has a contractual agreement with the University of KwaZulu-Natal [UKZN] and the University of Zululand to offer the

4-Year Diploma in Nursing [General, Community and Psychiatry] and Midwifery as per South African Nursing Council [SANC] Regulation 425 of 1986.

The agreement incorporates the formation of three governance structures to oversee the management of the KZNCN. The structures constitute:

- ★ 1 College Council;
- ★ 1 College Senate; and
- ★ 11 Campus Boards.

UKZN trains 170 PHC nurses for the KwaZulu-Natal Department of Health annually. Students are being paid for by the KZNCN from a ring-fenced budget allocated for this purpose. The 1-year course commences in June each year, and all these learners enter into a contractual obligation with the Department. The KZNCN is responsible for the recruitment, selection, and the monitoring and evaluation.

The UKZN also trains Advanced Midwives in partnership with the KZNCN through the donor funding which is a 3-year project. The facilitators of this programme have been seconded by the Department for the duration of the project. To date, a total of 182 students have registered for the programme and the first batch of 55 completed the course at the end of December 2010.

The Bursary System for the training of basic nurses commenced on 01 June 2010. All trainees received an annual bursary of R36 000 for the 4-Year Programme and R30 000 for the 2-Year Programme. To date the total bursary holders are:

- ★ 4-Year Diploma Programme: 285
- ★ 2-Year Enrolled Programme: 396

Bursaries are only offered for new recruits and not in-service employees on training. This initiative has had a positive impact on expenditure.

The total number of students in training registered with the KZNCN was 5,215. An additional 170 students are in training at the UKZN for the PHC programme and 127 for the Advanced Midwifery Programme. The ratio of lecturer to student is 1:16.

***Challenge: Registration and Accreditation of KZNCN.***

Failure of the KZNCN to register with the Department of Higher Education for accreditation by the Higher Education Quality Council will result in the cessation of training of new nurses from June 2012, when the new Nursing Qualifications commence.

***Challenge: Lack of physical facilities.***

Madadeni Campus is currently situated within the FET College that is leased. The Port Shepstone Campus is

leased from a private owner. The lease has not been renewed and the rental payment is outstanding. The Department will investigate the possibility of alternative premises or consider erecting 2 new Campuses.

***Challenge: Physical facilities [Infrastructure].***

Several Campuses, such as Charles Johnson Memorial and Benedictine, lack space for a library, clinical laboratory, examination halls, office accommodation and residential accommodation which jeopardise Nursing Education and may result in closure of Campuses by the SANC. KZNCN Campuses and Sub-Campuses will be included in the Infrastructure Development Plan.

***Challenge: Recruitment and retention of academic staff in rural institutions.***

Staff accommodation will be prioritised as part of the Infrastructure Plan over the next MREF.

**PROGRAMME PERFORMANCE 2010/11**

**Table 47: (HST 1): Performance Indicators for Health Sciences and Training for 2010/11**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Strategic Goal 2: Improve the efficiency and quality of health services</b>				
<b>Strategic Objective 2.9: To implement a Training Strategy aligned with the core functions of the Department</b>				
1. Number of Professional Nurses graduating	KZNCN <sup>72</sup>	800	846	Within the normal range.
2. Number of advanced midwives graduating per annum	KZNCN	105	105	
3. Number of students with bursaries from the Province	HRMS	800	601	A total of 318 bursaries were awarded in quarter 2 including 14 new students for the Cuban medical training programme. A total of 283 nursing learners were awarded with bursaries for the 4 and 2 year programmes.
4. Number of Medical Registrars graduating	Corporate Governance	7	40	The absence of an adequate pool of posts for decanting of Registrars at the end of the training period prohibits maximisation of the programme. The Department is in the process to review retention processes.
5. Number of professional health care workers trained on Provider Initiated Counselling & Testing	HAST	647	664	
6. Finalised Learning Strategy	HRMS	Strategy finalised	Strategy not finalised	The strategy will form part of the final STP Implementation Plan – expected final STP in 2011/12.
7. Number of Managers accessing the Management Skills Programmes.	HRMS	100	28	Due to the cost cutting measures it was not possible to achieve the target.
8. Number of SMS members trained on	HRMS	10	0	Managers not available for MIP training. The programme will be compulsory in

<sup>72</sup> KwaZulu-Natal College of Nursing



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Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
Massification Implementation Plan [MIP]				the new financial year.
<b>Strategic Goal 2: Improve the efficiency and quality of health services</b>				
<b>Strategic Objective 2.10: To establish effective training programmes to provide an adequate skills base for EMS services in accordance with national norms</b>				
9. Percentage of locally based staff with training in BLS [BAA]	EMS	71%	70% [1,714/ 2,444]	<p>Coverage of trained personnel range between 90% in Umkhanyakude and 48% in Ugu. Operational staff are deployed in Emergency Operations, Communications Centre and PPT services i.e.</p> <ul style="list-style-type: none"> <li>– <i>Emergency Operations:</i> 71% of staff qualified in Basic Life Support [BLS]; 24.5% in Intermediate Life Support [ILS]; 1% as Emergency Care Technicians [ECT]; 3% in Advanced Life Support [ALS]; and 0.5% as Emergency Care Practitioners [ECP].</li> <li>– <i>Communications Centres:</i> 74% of the staff are qualified in BLS; 25.5% in ILS; 0% as ECT; and 0.5% in ALS.</li> <li>– <i>Planned Patient Transport [PPT]:</i> 84% of the staff are qualified in BLS; and 16% in ILS.</li> </ul> <p>The new EMS strategy makes provision for up-scaling of training to provide appropriately qualified and skilled personnel. The strategy forms part of the STP currently under review. <i>Also relevant to Indicators number 10 and 11.</i></p>
10. Percentage of locally based staff with training in ILS [AEA]	EMS	26%	27% [660/2,444]	Coverage of trained personnel range between 40% in eThekweni and 8% in Umkhanyakude.
11. Percentage of locally based staff with training in ALS [Paramedics]	EMS	3%	3% [75/ 2,444]	Coverage of trained personnel range between 7% in eThekweni and 1% in Umzinyathi and Umkhanyakude.

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## PROGRAMME 7: PHARMACEUTICAL SERVICES

### PROGRAMME PURPOSE

To manage the supply of pharmaceuticals and medical sundries to Hospitals, Community Health Centres, Clinics and Local Authorities via the Medicine Trading Account.

The objective of Pharmaceutical Services is to:

- ★ Render Pharmaceutical support services to the KwaZulu-Natal Department of Health.

### STRATEGIC GOALS AND OBJECTIVES

#### GOAL 1: OVERHAUL PROVINCIAL HEALTH CARE SERVICES

- ★ *Strategic Objective 1.20: Ensure compliance with Pharmaceutical Legislation.*

#### GOAL 2: IMPROVE THE EFFICIENCY & QUALITY OF PROVINCIAL HEALTH SERVICES

- ★ *Strategic Objective 2.11: To improve medicine supply management systems at PPSD and facility level.*

### PROVINCIAL PRIORITIES

Programme priorities have been based on service delivery challenges identified during strategic planning workshops as well as reviews and assessments conducted by the Pharmaceutical Unit.

- ➔ **Priority 1: Improve compliance with Pharmaceutical Regulations and legislation.**

Pharmaceutical Service has three core spheres namely Pharmaceutical System Development; Provincial Pharmaceutical Supply Depot, and Pharmaceutical Service Delivery Points [i.e. Pharmacies at hospitals, CHC's and Clinics].

The current premises of the Provincial Pharmaceutical Supply Depot [PPSD] failed to acquire a license from the Medicine Control Council to operate as a Pharmaceutical Warehouse due to lack of temperature control.

The PPSD has several infrastructural challenges including maintenance of a constant optimal temperature, storage, and packing facilities for distribution and receiving of stock. The Central Tablet Repacking Unit [CTRU] is operating under conditions that are not compliant with Good Manufacturing Practices. This limit maintaining adequate stock levels for critical pharmaceuticals including vaccines, TB, ARV medicines, etc. with increased stock-out risks.

The current building has reached capacity and no further clinics can be added to the direct distribution system. In 2009/10 PPSD was able to supply directly to 85% of clinics, thus capacity had to be increased to accommodate the remaining 15%.

➔ **Priority 2: Improve availability of medicines.**

The shortage of pharmacists has consequences for service delivery in respect of the dispensing of chronic and ARV medication and therefore impact on performance against targets of the MDG's. There is a severe shortfall between the number of pharmacists graduating annually and the demand from both public and private sectors. This seriously challenges the management of Pharmaceutical service at service delivery level especially relevant for the roll-out of the HIV and AIDS Comprehensive Plan and strengthening of PHC Service.

There is an urgent need for an intense recruitment and retention strategy to increase the workforce in direct response to health needs. This is especially pertinent for several hospitals where service delivery can be severely compromised without the services of an adequate number of pharmacists.

The Department piloted the Centralised Chronic Medication Dispensing Unit [CCMDU] project in 120 service points in eThekweni including PHC clinics, psychiatric clinics, old age homes, places of safety and special homes. The aims are to improve access, reduce waiting times, and improve controls and patient satisfaction. The feasibility study, conducted by Strengthening Pharmaceutical System/Management Sciences for Health [SPS/MSH] recommended that

medicines can be collected by patients from nurse run PHC clinics, pharmacy assistants at PHC clinics or at private sector pharmacies.

Collaboration with the Private Sector will be considered to manage the project at a Provincial level. The Department will utilise existing infrastructure [including PPSD courier services to maximise efficiency if the CCMDU is located on the same premises as both the Depot and the Central Tablet Repacking Unit]. New dispensing software installed at a few institutions has improved efficiency and will in turn improve capacity. Future benefits could include point of collection services, patient information, defaulter tracking, acute medication needs, monitoring and evaluation. A review of the pilot project revealed client satisfaction, hospital pharmacy decongestion and improved controls.

Future benefits of an up-scaled CCMDU would include reducing of dispensing workload at hospital pharmacies, creating capacity at hospital pharmacies to improve the pharmaceutical services offered and better working conditions at hospital pharmacies, and better service and identification for follow-up of defaulters.

➔ **Priority 3: Improve quality of Pharmaceutical services.**

Pharmacy student intake is too low to resource public health services and other alternatives must be explored to ensure effective service delivery. The Pharmacy Technicians and Technical Assistants training programme will be fast tracked as soon as National legislative framework has been finalised and Training Institutions capacity established.

**PROGRAMME PERFORMANCE 2010/11**

**Table (SUP 1): Provincial Strategic Objectives and Annual Targets for Pharmaceutical Services**

Performance Indicators	Source	APP Target and Actual Performance		Comments and reasons for variance
		2010/11 APP Target	2010/11 Actual	
<b>Goal 1: Overhaul Provincial health care services</b>				
<b>Strategic Objective 1.20: Ensure compliance with Pharmaceutical Legislation</b>				
1. Percentage of Pharmacies that obtained A or B grading on inspection <sup>73</sup>	Pharmacy Directorate	50%	Not achieved	Due to financial constraints, the SAPC Grading System will only be phased in during the 2011/12 financial year.
2. PPSD compliant with Good Manufacturing Practice Regulations	Pharmacy Directorate	Target set for 2012/13	Not compliant	Building of a new Provincial Pharmaceutical Supply Depot has been approved and the infrastructure process commenced in 2010/11.
<b>Goal 2: Improve the efficiency &amp; quality of Provincial health services</b>				
<b>Strategic Objective 2.11: To improve medicine supply management systems at PPSD and facility level</b>				
3. Tracer medicine stock-out rate in bulk store [PPSD]	Pharmacy Directorate	<5%	15%	This is an estimated figure as the Depot did not consistently keep record due to ineffective record keeping systems and monitoring. Most stock was issued to institutions as it came in because of space constraints at the Depot. Systems are being improved through implementation of a reviewed management strategy while constraints are experienced with space.
4. Tracer medicine stock-out rate in bulk store [Institutions]	Pharmacy Directorate	<5%	10%	This is an estimated figure as reporting by institutions had been erratic and not all Districts have been reporting on this indicator. Poor follow-up and supervision will be improved through implementation of the reviewed management strategy.
5. Average patient waiting time for Pharmacy	Pharmacy Directorate	<2 hours	1 hour	Some hospitals that reported serious challenges with waiting times and organisation of services [patient flow] e.g. Prince Mshiyeni Memorial Hospital, have reduced the pharmacy patient waiting time to less than 30 minutes.

Note: The data collection and reporting will be improved in 2011/12 by holding the District Pharmacy Managers accountable for the Pharmaceutical Service data

<sup>73</sup> Refers to being compliant with SAPS standards

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## PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

### PROGRAMME PURPOSE

Programme 8 consists of six Sub-Programmes. The main purpose is facility management of PHC clinics, community health centres, district hospitals, emergency medical service facilities, provincial hospitals, central and tertiary hospitals, as well as all other buildings and structures.

### STRATEGIC GOALS AND OBJECTIVES

STRATEGIC Goal 1: Overhaul Provincial health services

- ★ **Strategic Objective 1.21:** To align the Infrastructure Development Plan with the STP.

- ★ **Strategic Objective 1.22:** Delivery of new clinical infrastructure in line with the approved IPIP [Infrastructure Programme Implementation Plan].
- ★ **Strategic Objective 1.23:** Upgrading & renovation of existing clinical infrastructure in line with approved IPIP.
- ★ **Strategic Objective 1.24:** Create an enabling environment to support service delivery.

### PROVINCIAL PRIORITIES – 2010/11

- ➔ **Priority 1: To transform Provincial Health Services through implementation of the approved STP.**
- ➔ **Priority 2: Create an enabling environment to support service delivery.**

*See Infrastructure Plan in Annexure 2 - Infrastructure*

**PROGRAMME PERFORMANCE 2010/11**

**Table 48: (HFM 1): Performance Indicators for Health Facilities Management**

Performance Indicators	Source	APP Target and Actual Performance		Comments and Reasons for Variance
		2010/11 APP Target	2010/11 Actual	
<b>Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.21: To align the Infrastructure Development Plan with the STP</b>				
1. Equitable share capital programme as % of total health expenditure	Infrastructure Development	3%	2.3% [469,732/ 20,377,813]	Insufficient budget allocated to Infrastructure Maintenance due to implementation of the cost cutting measures. The 2011/12 budget has been increased to eradicate the existing backlog.
2. Number of hospitals currently funded on the Revitalisation Programme	Infrastructure Development	10	10	
3. Expenditure on facility maintenance as % of total health expenditure	Infrastructure Development	2%	0.82% [164,613/ 20,376,813]	See comments for Indicator number 1.
4. Fixed PHC facilities with access to piped water	Infrastructure Development	96%	96.21% [406/ 422]	
5. Fixed PHC facilities with access to mains electricity	Infrastructure Development	98%	99.05% [418/ 422]	
6. Fixed HC facilities with access to fixed line telephone	Infrastructure Development	95%	93.13% [393/ 422]	Alternative methods are being investigated to address the need as Telkom refuses to replace stolen cables. In cases where there are no landlines, cell phones are used.
7. Average backlog of service platform in fixed PHC facilities	Infrastructure Development	R302,962 [maintenance] R2,307,962	R 302,962 (maintenance) R2,098,082	The backlog on table will be kept unchanged, as the fast tracking programme is not in place due to funding constraints.



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Performance Indicators	Source	APP Target and Actual Performance		Comments and Reasons for Variance
		2010/11 APP Target	2010/11 Actual	
		[replacement]	(replacement)	
8. Average backlog of service platform in District Hospitals	Infrastructure Development	R 1,056,017 [maintenance] R 6,750,994 [replacement]	R 1,056,017 [maintenance] R6,137,267 [replacement]	See comment for Indicator number 7.
9. Average backlog of service platform in Regional Hospitals	Infrastructure Development	R 997,907 [maintenance] R 5,896,953 [replacement]	R 997,907 [maintenance] R 5,360,866 [replacement]	See comment for Indicator number 7.
10. Average backlog of service platform in Specialised Hospitals	Infrastructure Development	R 402,256 [maintenance] R 2,171,997 [replacement]	R 402,256 [maintenance] R 1,974,543 [replacement]	See comment for Indicator number 7.
11. Average backlog of service platform in Tertiary and Central Hospitals	Infrastructure Development	R1,972,204 [maintenance] R12,207,027 [replacement]	R 1,972,204 [maintenance] R11,097,297 [replacement]	See comment for Indicator number 7.
12. Average backlog of service platform in Provincially State Aided Hospitals	Infrastructure Development	No data	No data	No data available.
<b>Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.22: Delivery of new clinical infrastructure in line with the approved IPIP (Infrastructure Programme Implementation Plan)</b>				
13. Planning to be completed	Infrastructure Development	4	4	
14. Design to be completed	Infrastructure Development	37	14	A strategic management decision was taken to put on hold all new facilities until a budget was available to appoint staff and buy furniture and equipment

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Performance Indicators	Source	APP Target and Actual Performance		Comments and Reasons for Variance
		2010/11 APP Target	2010/11 Actual	
				for commissioning of facilities. The budget for 2011/12 has been increased to eradicate the backlog.
15. Construction to be completed	Infrastructure Development	20	14	Poor performing contractors delay outcomes. KZN Works has undertaken to register all projects with a tender to improve tracking of non-performance and blacklisting through CIDB.
16. Commissioning to be completed	Infrastructure Development	17	23	Target exceeded as actual figure includes projects which were put on hold before the 2010/11 financial year due to financial constraints.
<b>Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.23: Upgrading &amp; renovation of existing clinical infrastructure in line with approved IPIP</b>				
17. Planning to be completed	Infrastructure Development	5	11	See comment for Indicator number 16.
18. Design to be completed	Infrastructure Development	25	51	See comment for Indicator number 16.
19. Construction to be completed	Infrastructure Development	39	41	See comment for Indicator number 16.
20. Commissioning to be completed	Infrastructure Development	33	3	Insufficient funding for commissioning of facilities. The Office of the CFO commenced with the development of a MTEF Plan for the commissioning of facilities that will be aligned with the Human Resources Plan.
<b>Goal 1: Overhaul Provincial health services</b>				
<b>Strategic Objective 1.24: Create an enabling environment to support service delivery</b>				
21. Develop a Plan for optimizing the Departments accommodation needs	Infrastructure Development	1	0	The Service Transformation Plan has not been finalised i.e. location of accommodation in each District. Once finalised and approved by the Head of Department and the MEC, Public Works will be requested to provide inputs towards finalization of the Plan.
22. Develop & implement a lease, acquisition and disposal management	Infrastructure Development	1	0	Real Estate functions have been transferred to Public Works with effect from 01/09/2010. Health, as user department, is therefore required to adhere to

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Performance Indicators	Source	APP Target and Actual Performance		Comments and Reasons for Variance
		2010/11 APP Target	2010/11 Actual	
policy & system				the policies as determined by Public Works.
23. Renewal of lease agreement	Infrastructure Development	59	43/ 59 [72.88%]	16 leases have been renewed during quarter 4 [27.11% of the target] and Public Works renewed the remaining 16 leases in the same quarter.
24. Undertake the acquisition of properties including vacant land for building purposes	Infrastructure Development	7	1	The component could not achieve the target due to acute staff shortage and the lack of trained and skilled/ competent staff. Real Estate functions have been transferred to Public Works with effect 01/09/2010.



**PART C**

**ANNUAL**

**FINANCIAL**

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**REPORT OF THE AUDIT & RISK COMMITTEE ON VOTE 7 – HEALTH**

The KwaZulu-Natal Provincial Audit & Risk Committee is pleased to present its report for the financial year ended 31 March 2011.

**Provincial Audit & Risk Committee Members and Attendance**

The Provincial Audit and Risk Committee consist of the members listed hereunder. During the year under review the contracts of two (2) members expired while the contracts of the five (5) other members were terminated by the MEC: Finance. A new Provincial Audit & Risk Committee was appointed with effect from the 01 June 2011.

The Cluster Audit & Risk Committee (CARC) is a sub-committee of the Provincial Audit & Risk Committee (PARC). The CARC and the PARC are required to meet at least four times and two times respectively in a financial year. During the financial year ending 31 March 2011 a total of eleven (11) meetings were held, namely, two (2) PARC meetings, seven (7) CARC meetings and two (2) special meetings. Members attended the meetings as reflected below:

Surname & Initial	PARC		CARC		Special		Total no. of Meetings Attended
	No. of Meetings Held	Attended	No. of Meetings Held	Attended	No. of Meetings Held	Attended	
Adv BS Khuzwayo (Contract expired June 2011)	2	2	7	7	2	1	10
Mr V Naicker (Contract expired – reappointed 01 June 2011)	2	2	2	2	2	1	5
Mr N Mhlongo (Contract terminated December 2011)	2	1	3	3	2	2	6
Mr S Taku (Contract terminated December 2011)	2	2	2	2	2	2	6
Mr P Mnisi (contracted terminated December 2011)	2	2	2	2	2	2	6
Ms P Gobinca (Contract terminated December 2011)	2	2	2	2	2	2	6
Ms E Gunniyi (Contract terminated December 2011)	2	0	2	1	2	1	2
Ms T Tsautse (Appointed 01 June 2011)	0	0	0	0	0	0	0
Mr T Boltman (Appointed 01 June 2011)	0	0	0	0	0	0	0
Mr F Docrat (Appointed 01 June 2011)	0	0	0	0	0	0	0
Ms N Jaxa (Appointed 01 June 2011)	0	0	0	0	0	0	0
Ms M Mothipe (Appointed 01 June 2011)	0	0	0	0	0	0	0

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Surname & Initial	PARC		CARC		Special		Total no. of Meetings Attended
	No. of Meetings Held	Attended	No. of Meetings Held	Attended	No. of Meetings Held	Attended	
Mr L Mangquku (Appointed 01 June 2011)	0	0	0	0	0	0	0

**Provincial Audit & Risk Committee Responsibility**

The Provincial Audit and Risk Committee reports that it complied with its responsibilities arising from the Public Finance Management Act, No. 1 of 1999 (PFMA), Treasury Regulations, including any other statutory and other regulations. Subsequent to the dissolution of the previous Committee, the new Provincial Audit & Risk Committee resolved all outstanding responsibilities for the financial year.

The Provincial Audit and Risk Committee also reports that it adopted appropriate formal terms of reference as its Provincial Audit and Risk Committee Charter, regulated its affairs in compliance with the charter and discharged all its responsibilities as contained therein.

**The Effectiveness of Internal Control**

The systems of internal control are the responsibility of the department's management and are designed to provide effective assurance that assets are safeguarded and that liabilities and working capital are efficiently managed. In line with the requirements of the PFMA and the principles of the King Reports (II and III) on Corporate Governance, the Internal Audit Function provides the Provincial Audit and Risk Committee and the departmental management with assurance that the systems of internal controls are appropriate and effective. This is achieved by means of the risk management process, as well as the identification of corrective actions and suggested enhancements to the controls and processes. From the various reports of the Internal Auditors, the Report and Management Letter of the Auditor-General on the Annual Financial Statements, it was noted that the systems of internal control were not effective for the year under review as control deficiencies were detected in the following significant control areas:

- Human Resource Management
- Supply Chain Management
- Asset Management
- Revenue Management
- Pharmaceutical Services
- Health Care Risk Waste Management
- Community Health Care – Primary Health Care
- Patient Referrals



- District & Regional Hospitals
- Emergency Medical Rescue Services

The quality of “In year Monitoring” and monthly / quarterly reports submitted in terms of the Treasury Regulations and the Division of Revenue Act

The Provincial Audit and Risk Committee through the Internal Audit Function was satisfied with the content and quality of monthly and quarterly reports prepared and issued by the Accounting Officer and the department during the year under review.

Control deficiencies around the inadequate monitoring of the institutions over the utilization of transferred funds as well as non-compliance with Service Level Agreements were reported during the year.

#### **Audit of Performance Information**

The monitoring of the department’s performance is a key function of the executive management of the department. The Provincial Audit and Risk Committee has no direct line of responsibility over the department’s performance. However, the Provincial Audit and Risk Committee is responsible for ensuring, principally through the Internal Audit Function that the system of performance management, measurement and reporting, as well as the systems of internal control that underpin the performance management framework of the department, remain robust and are reviewed routinely in the internal audit plans.

The Committee has accepted the responsibility of ensuring that adequate reporting on performance information is in line with its mandate and charter.

The Committee reviewed the Internal Audit and Auditor-General reports relating to Performance Information and noted the following significant deficiencies:

- Lack of a policy for Performance Information
- Inadequate validation processes
- Incomplete records
- Incorrect / duplication of data
- Incomplete supporting documentation
- Inaccurate reporting
- Misunderstanding of data elements

**Internal Audit Function**

The Provincial Audit & Risk Committee provides oversight and monitors the activities of the Internal Audit Function. Consequently, the Committee is able to report on the effectiveness and efficiency of the function.

The Committee noted that the finalization of an audit was delayed due to the failure of management to provide management comments and action plans timeously. The Committee has taken the necessary corrective action to resolve this shortcoming and believe that this will not be a re-occurrence in the 2011/12 fiscal year. The Audit Committee will in the forthcoming year, monitor progress to ensure that Internal Audit continues to add value to the Department and achieves its optimal performance.

**Risk Management Function**

Risk Management is a proactive discipline that involves scenario planning and that is intended to provide reasonable assurance that the department will achieve its objectives. King III principle 2.2 states that the board, (executive authority in the case of a government department) “should appreciate that strategy, risk, performance and sustainability are inseparable.”

Since the Approval of the Provincial Risk Management Framework in March 2010, and during the financial year under review, the Committee monitored how the department established the necessary risk management functions, risk policies, and oversight structures. The Committee believes that these interventions will assist the department in complying with the Provincial Risk Management Framework, and the risk management sections of the PFMA.

The Committee noted that the department had a dedicated Risk Management Function, but did not have a Risk Management Committee, and hence urged the department to establish this during the 2011/12 financial year.

Although progress was made in implementing the risk mitigation strategies arising from the risk assessment facilitated by the Provincial Treasury’s Internal Audit Function, the Committee urged the department to speed up the slow progress being made in implementing its risk mitigation strategies arising from the IT Security risk assessments.

**Other Governance Issues**

As part of its governance responsibilities, the Committee also monitors the fraud prevention strategies that have been developed and implemented by provincial departments, and these responsibilities include monitoring the implementation of recommendations arising from forensic investigations.

During the period under review, the Committee noted that the department had 2 completed investigations and 2 ongoing investigations that were conducted by the Provincial Treasury’s Internal Audit Function. The Committee also noted that there were 415 investigations, as reported by the Auditor-General, that it was not aware of.

The department was urged to implement recommendations arising from the completed investigation, and to provide the Internal Audit Function with a detailed list of all other investigations being conducted internally or by other relevant authorities.

**Evaluation of Financial Statements**

The Provincial Audit and Risk Committee were provided a report by the Internal Audit Function that reflects the results of the review of the annual financial statements. The Provincial Audit and Risk Committee concurs and accepts the Internal Audit report on the above, as well as the Auditor General’s conclusions on the annual financial statements, and is of the opinion that the audited annual financial statements be accepted and read together with the report of the Auditor-General.



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**Chairperson: Provincial Audit & Risk Committee**

**Date: 05 August 2011**

## **REPORT BY THE ACCOUNTING OFFICER FOR THE YEAR ENDED 31 MARCH 2011**

**Report by the Accounting Officer to the Executive Authority and Provincial Legislature of the Province of KwaZulu-Natal.**

### **1. GENERAL REVIEW OF THE STATE OF FINANCIAL AFFAIRS**

The mandate of the Department of Health is to develop and implement a sustainable, coordinated, integrated and comprehensive health system through the primary health care approach which is based on accessibility, equity, community participation, use of appropriate technology and inter-sectoral collaboration.

The 2010/11 financial year represented the second year in the 2009/10 to 2014/2015 strategic planning cycle. Therefore, the programme for the year, with certain adjustments for new developments during the five year period, represent's the second year of the plan. Achievements attained during the period are detailed in the annual report however these were impacted upon by the global economic recession, in real terms, during the last year of the previous period. This however, did not impact on the programmes significantly as alternative courses of action were implemented, to ensure sustainable delivery of services. The major project for the period under review was Medical Male Circumcision which aimed at reducing transmission of HIV & AIDS. During the reporting year 33,875 male circumcisions were performed in the Province.

The Department is increasingly faced with the need for tough choices to be made in the prioritization of services in light of an increased demand on health services owing to an ever increasing number of patients presenting themselves to our institutions coupled with the decrease in resources available. In this regard, the Department has developed a three-year turnaround strategy together with the Provincial Treasury, which is aimed at addressing the funding constraints currently faced by the Department. The strategy focuses on increasing efficiency across the board and cutting back on less essential cost driving items thereby promoting efficiency in the utilization of allocated resources without reducing the level of service delivery.

The Department was allocated R22, 120, 186, 000 for the financial year. A total of R20, 678, 687, 000 was spent, resulting in an under-expenditure of R1, 441, 499, 000 or 6.5% of the allocated budget for the year. The under-expenditure could be attributable to the combination of implementation of austerity measures to certain expenditure items, re-organisation of infrastructure unit, incomplete implementation of Occupational Health, disputed invoices and shortage of staff in the Supply Chain Management Unit.

The Department had undertaken a review of the OSD payments and it has been ascertained that the contingent assets amounted to R20, 209 million. The OSD outcome mainly indicates a difference of interpretation and documentation that was not found on the personnel files during the AGSA review. Based on the court case uncertainty still exists on

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whether the overpayments can actually be recovered and as a result no corresponding debtor could be raised in the financial statements. Possible irregular expenditure could be incurred depending on the outcomes or resolutions reached on OSD payments. (Refer to note 25 - this amount has been disclosed as a contingent asset as per National Treasury Guideline on disclosure).

The Department received an additional R462, 505 million at the Adjustments Estimate, which included an amount of R340 million for the higher than anticipated 2010 wage agreement and the increased housing allowance. An additional amount of R20 million was also provided for the HIV and AIDS Conditional grant for the male circumcision programme, with an additional amount of R87.5 million for OSD for therapists and doctors.

	<b>Final Allocation R'000</b>	<b>Actual Expenditure R'000</b>	<b>Under/ Over Spending R'000</b>	<b>Factors that led to variances from voted funds, after considering the shifting and the virements of funds</b>
Administration	359,132	358,314	818	<ul style="list-style-type: none"> <li>The filling of permanent posts was slower than anticipated owing to the correct personnel structures not being in place.</li> </ul>
District Health Services	10,357,279	9,801,959	555,320	<ul style="list-style-type: none"> <li>The filling of posts at these institutions has been slower than anticipated owing to the correct personnel structures not being in place.</li> <li>Significant reduction in the price of Anti-Retroviral Medication.</li> <li>Reduced expenditure against laboratory services pending the agreement with National Laboratory Services.</li> <li>Cost containment strategy and improved efficiency.</li> </ul>
Emergency Medical Services	933,570	842,050	91,520	<ul style="list-style-type: none"> <li>Late delivery of vehicles amounting to approximately R5, 875m for which a roll-over will be requested.</li> </ul>
Provincial Hospital Services	5,884,108	5,626,076	258,032	<ul style="list-style-type: none"> <li>Significantly reduced expenditure against laboratory services pending the agreement with National Laboratory Services.</li> <li>Filling of posts being slower than anticipated due to the correct staffing structures not being in place.</li> <li>Cost containment strategy and improved efficiency.</li> </ul>
Central Health Services	2,184,566	2,103,423	81,143	<ul style="list-style-type: none"> <li>Filling of posts being slower than anticipated due to the correct staffing structures not being in place.</li> <li>Delays in the procurement of major medical equipment.</li> </ul>

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7****ANNUAL REPORT 2010/11**

	<b>Final Allocation R'000</b>	<b>Actual Expenditure R'000</b>	<b>Under/ Over Spending R'000</b>	<b>Factors that led to variances from voted funds, after considering the shifting and the virements of funds</b>
Health Sciences and Training	893,227	851,143	42,084	<ul style="list-style-type: none"><li>• The contracts that are being introduced for nursing students are more cost-efficient, reducing PERSAL costs, as these students are paid by a stipend only.</li><li>• Slow filling of posts (Tutors)</li></ul>
Health Care Support Services	10,764	10,764	0	
Health Facilities Management	1,497,540	1,084,958	412,582	<ul style="list-style-type: none"><li>• The under-expenditure relates to the anticipated under-spending of R205 million on the Hospital Revitalisation Grant due to tender appeals, poor planning and late approval of plans by the National Department of Health. There was also R119million under spending on National Infrastructure Grant to Provinces owing to the underperformance by the implementing Agents.</li></ul>
<b>TOTAL</b>	<b>22,120,186</b>	<b>20,678,687</b>	<b>1,441,499</b>	

**1. GENERAL REVIEW OF THE STATE OF FINANCIAL AFFAIRS****REVENUE UNDER-COLLECTION – R31.501m**

The main reasons for the under-collection of Departmental Revenue are:

- No major incidents requiring health care occurring during the 2010 World Cup; and
- Public service strike in June 2010.

**Virements**

The Department applied to the Provincial Treasury for virements and the shifting of funds. These are reflected in detail under the Appropriation statement.

**2. SERVICES RENDERED BY THE DEPARTMENT**

The organisational configuration of the Department forms an important basis for effective and efficient health service delivery in pursuit of the objectives set in the Strategic Plan, the Service Transformation Plan and the Annual Performance Plan of the Department. Restructuring is therefore inevitable, the aim being to provide a blue print for successful decentralisation of services to ensure effective service delivery and to strengthen the management of health services, especially at the primary health care level. The services provided by the Department include:

**2.1 Primary Health Care Services**

This category of services focuses on the prevention of illnesses and the provision of basic curative health services close to the community.

**2.2 Hospital Services**

District hospitals cater for those patients who require admission to hospital for treatment at general practitioner level, while the provincial, tertiary, central and other specialised hospitals cater for patients who require high level of care.

**2.3 Forensic Pathology Services**

These services are directed at ensuring integrity of forensic evidence and providing coroner services to the Department of Justice. This service entails clinical investigation of deaths that appear to be not of natural causes.

**2.4 Emergency Medical Services**

The aim of this category of services is to provide emergency care and transport for survivors of trauma, road traffic accidents, and emergency medical and obstetric conditions. Planned patient transport is provided for inter-hospital transfer and between clinics and hospitals.

**2.5 Tariff policy**

The main source of revenue for the Department, over and above its voted amount, is patient fees which are based on the Uniform Patient Fees Schedule as prescribed by the National Department of Health and it is reviewed annually.

**3. INVENTORY**

The total inventory on hand as at 31 March 2011 is disclosed under the Inventory Annexure Note.

**4. CAPACITY CONSTRAINTS**

The delivery of health services is dependent on the availability of all the necessary resources at the right quantity and the right mix to maximise the service delivery impact. The Department continues to strive to ensure that all the necessary resources are in place to enhance service delivery although the Department continues to face challenges due to shortage of skilled professional staff, inadequate health information systems, backlog in fixed infrastructure, inadequate machinery and equipment, increasing burden of disease and co-morbidities.

**5. UTILISATION OF DONOR FUNDS**

During this financial year an amount of R5, 509 million in respect of local and foreign donor funds was received by the Department. In addition an amount of R21, 408 million was brought forward from the previous financial year, giving a

total of R26, 917 million for the year. Of this amount R7, 800 million was spent, leaving a balance of R19,117 million which has been carried into the 2011/12 financial year.

#### **6. TRADING AND PUBLIC ENTITIES**

The only trading activity for the Department of Health is the Provincial Medical Supply Centre. The entity purchases pharmaceuticals from the suppliers and these are then distributed to the various institutions as requested. The pharmaceuticals are charged at actual cost plus a mark-up of 4% to 12% to cover the administrative costs.

An amount of R10, 764, 000 was transferred to the entity during the year under review to supplement the value of the buffer stock. The substantial increase in the amount transferred was due to the need for an increase in the Anti-retroviral stock to ensure that the stock levels of other were not affected by the need for increase in ARV stock to cater for increases in the number of patients on the Anti-retroviral Treatment programme. The number of patients on treatment increased from 144,000 in 2007/08 to 205,000 in 2008/09 to 319,015 in 2009/2010. By end of the 2010/11 financial year, 408,238 patients were on ARV treatment.

The trading entity realised a surplus amounting during the year under review (2010/11). The annual financial statements of the trading entity are reflected separately in this annual report.

#### **7. ORGANISATIONS TO WHOM TRANSFER PAYMENTS HAVE BEEN MADE**

Transfer payments are made to the following organisations in order to assist the Department in providing health care services to the population of KwaZulu-Natal:

- Local Municipalities, which provide primary health care services as well as environmental health services, and
- NGO's, which provide HIV and AIDS, PHC, Mental Health and Hospital Services.

Transfer payments also include the payment of bursaries, claims against the State, leave gratuities, skills levy, and a provision for the augmentation of the Medicine Trading Account.

The detail of the above transfer payments is reflected in Annexure 1 of this report.

#### **8. PUBLIC PRIVATE PARTNERSHIP (PPP)**

The Department has in place a Public Private Partnership [PPP] agreement with Cowslip Investments (Pty) Ltd and Impilo Consortium for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. Details of the PPP and the transactions relating thereto are disclosed under notes of the financial statements.



**9. ASSET MANAGEMENT**

All assets have been captured in the asset register. All minimum requirements for asset management have been achieved. Furthermore an asset register with new reporting requirements have been developed and rolled out to institutions during the 2010/11 financial year.

**10. CORPORATE GOVERNANCE ARRANGEMENTS**

**10.1 Risk Management**

The Department has as part of its risk management strategy conducted risk assessment exercises to determine the material risks to which the Department may be exposed to, and to evaluate the strategy for managing the identified risks. These exercises have involved the documenting of systems, procedures and processes with regards to risk areas at a functional/operational level and to prioritise them within each focus area that has the highest potential to impact (positively or negatively) on the achievement of the Department's/Institutions objectives. The functional/operational focus areas of the risk assessments that have been developed involve financial management, supplies administration, procurement administration, human resource management, security administration as well as transport management. Staff were capacitated on the importance of disclosure of conflict of interest.

**10.2 Fraud and Corruption**

The Department is very serious about issues of fraud and corruption that plagues government departments. As part of the turnaround strategy of the Department, a number of initiatives have been introduced by the Joint Management Team, amongst which, cases of alleged fraud and corruption are at the forefront.

The component has also been responsible for the management of the special project "Operation Cure" which is aimed at rooting out procurement related corruption in the Department. During the reporting period various suppliers and seven (7) officials of the Department were convicted on a total of 360 counts of corruption, 8 counts of fraud, and 22 counts of money laundering. Further, the Department has been awarded compensation in the amount of approximately R 2.8 million emanating from these convictions.

**11. EVENTS AFTER THE REPORTING DATE**

There were no events after the reporting date except the appointment of the Acting Chief Financial Officer on 01 April 2011.

**12. PERFORMANCE INFORMATION**

The performance information is discussed under Performance Information in the Annual Report for the financial year ended 31 March 2011.

**13. PRIOR MODIFICATION TO AUDIT REPORTS**

There were no prior modifications to audit reports.

**14. EXEMPTIONS AND DEVIATIONS RECEIVED FROM THE NATIONAL TREASURY**

No exemptions were requested from the National Treasury. The following exemptions have been obtained from the Provincial Treasury:

**14.1 BAS/Persal Reconciliation**

The Provincial Treasury had approved a practice note on the compilation of the reconciliation. The Department was thereafter given approval to deviate from the practice note and utilize the original approach, which had been accepted by the Auditor-General.

**14.2 Disclosure of Immovable Assets**

The disclosure of immovable assets is included under the annual financial statements of the Department of Works in accordance with a Provincial Treasury directive.

**15. STANDING COMMITTEE ON PUBLIC ACCOUNTS RESOLUTIONS**

Scopa Resolutions	Subject	Findings on Progress
<b>Resolution 63/2008</b>	Report from the Task Team established to investigate the over-expenditure in the Department of Health in the 2007/08 financial year. <b>Resolution:</b> The Head of Provincial Treasury is requested to report by 15 January 2009.	A three year turnaround plan was developed and tabled before the Legislature.
<b>Resolution 64/2008</b>	Lease of Trizon Towers <b>Resolution:</b> Copy of Trizon Towers lease was provided.	The matter is under review.
<b>Resolution 65/2008</b>	Investigation by the Office of the Premier relating to procurement irregularities. <b>Resolution:</b> That the report on the investigation mentioned above be requested from the Office of the Premier for consideration by the Committee by 15 January 2009.	The matter was referred to the Office of the Premier.

**16. APPROVAL**

The Annual Financial Statements set out on pages 186 to 263 are hereby approved by the Accounting Officer of the Department of Health: KwaZulu-Natal.



.....  
**DR S.M. ZUNGU**

**ACCOUNTING OFFICER**

**KWAZULU-NATAL DEPARTMENT OF HEALTH**

**31 MAY 2011**

## **REPORT OF THE AUDITOR-GENERAL FOR THE YEAR ENDED 31 MARCH 2011**

### **REPORT OF THE AUDITOR-GENERAL TO THE KWAZULU-NATAL PROVINCIAL LEGISLATURE ON VOTE NO 7: DEPARTMENT OF HEALTH**

#### **REPORT ON THE FINANCIAL STATEMENTS**

##### **Introduction**

1. I have audited the accompanying financial statements of the Department of Health, which comprise the appropriation statement, the statement of financial position as at 31 March 2011, and the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory information, as set out on pages 186 to 241.

##### **Accounting Officer's responsibility for the financial statements**

2. The Accounting Officer is responsible for the preparation of the financial statements in accordance with the Departmental Financial Reporting Framework prescribed by National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and Division of Revenue Act of South Africa, 2010 (Act No. 1 of 2010) (DORA), and for such internal control as management determines necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

##### **Auditor-General's responsibility**

3. As required by section 188 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), section 4 of the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and PFMA, my responsibility is to express an opinion on the financial statements based on my audit.
4. I conducted my audit in accordance with International Standards on Auditing and *General Notice No. 1111 of 2010* issued in *Government Gazette No. 33872 of 15 December 2010*. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.
5. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial statements in order to

design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

**Basis for qualified opinion**

**Movable tangible capital assets**

7. The movable assets balance as per disclosure note 30 to the annual financial statements includes an adjustment to the prior year balance of R234, 169 million, for which adequate supporting documentation could not be furnished. A similar adjustment of R262, 076 million was processed without supporting documentation during the 2009/10 financial year. Examination of the asset register revealed significant weaknesses and shortcomings, including major capital assets that were recorded at values below R5, 000 even though acquired after 31 March 2004, asset locations and unique identification numbers that were not completed in the asset register, asset disposals that were not removed from the register, and details pertaining to valuation (supplier details and invoice details) that were not included. Due to the deficiencies inherent in the asset register, physical verification procedures could not be performed satisfactorily to confirm the existence and completeness of the assets recorded in the Department's asset register.

Asset additions and disposals were not supported by sufficient appropriate audit evidence. It was therefore not feasible to perform alternative audit procedures to obtain sufficient and appropriate evidence on the existence, valuation and completeness of assets.

Consequently, I was unable to obtain sufficient appropriate evidence to satisfy myself as to the valuation, existence and completeness of movable tangible capital assets.

**Irregular expenditure**

8. Section 38(1)(a)(iii) of the PFMA requires the Department to implement and maintain an appropriate procurement and provisioning system which is fair, equitable, transparent, competitive and cost-effective. The Department's control system did not identify all irregular expenditure due to a breakdown in the system of control over procurement. The Department's records did not permit the application of alternative audit procedures. Consequently, I did not obtain sufficient appropriate audit evidence to satisfy myself as to the completeness of irregular expenditure stated at R401, 709 million in note 35 to the financial statements.

**Qualified opinion**

9. In my opinion, except for the possible effects of the matters described in the Basis for qualified opinion paragraphs, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2011 and its financial performance and cash flows for the year then ended, in accordance with the Departmental Financial Reporting Framework prescribed by the National Treasury and the requirements of the PFMA and DORA.

**Emphasis of matters**

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

**Irregular expenditure**

11. As disclosed in note 25 to the financial statements, the Department incurred irregular expenditure of R401, 709 million during the year as a result of non-compliance with Supply Chain Management Regulations.

**Material under-spending of the budget**

12. The department has materially under-spent its budget. At the date of this report, the under-spending amounted to R1, 411 billion. This arose as a result of the under-spending on the hospital revitalisation grant (R203, 245 million), the infrastructure grant (R119, 789 million), as well as disputed invoices and incomplete implementation of the Occupational Specific Dispensation for employees. The impact of the under-spending on the grant funding is that the planned, rationalisation and transformation of infrastructure, and health technology for the 2010/11 financial year have not been realized.

**Additional matters**

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

**Unaudited supplementary schedules**

13. The supplementary information set out on pages 242 to 263 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion thereon.

**Financial reporting framework**

14. The financial reporting framework prescribed by the National Treasury and applied by the Department is a compliance framework. Thus my opinion would have reflected that the financial statements had been properly prepared instead of fairly presented as required by section 20(2)(a) of the PAA, which requires me to express an opinion on the fair presentation of the financial statements of the Department.

**REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS**

15. In accordance with the PAA and in terms of *General Notice No.1111 of 2010*, issued in *Government Gazette No. 33872 of 15 December 2010*, I include below my findings on the Annual Performance Report as set out on pages 79 to 118 and material non-compliance with laws and regulations applicable to the Department.

**Predetermined objectives**

**Reliability of information**

16. The following criteria are relevant to the findings below:

- Validity: Actual reported performance has occurred and pertains to the entity.
- Accuracy: Amounts, numbers, and other data relating to reported actual performance have been recorded and reported appropriately.
- Completeness: All actual results and events that should have been recorded have been included in the annual performance report.

17. The following audit findings relate to the above criteria:

- Sufficient appropriate evidence in relation to Programme 2 – District Health Services could not be obtained. There were no satisfactory audit procedures that I could perform to obtain the required assurance as to the validity, accuracy and completeness of the reported performance against predetermined objectives.

**Compliance with laws and regulations**

**Annual financial statements**

18. The Accounting Officer submitted financial statements for auditing that were not prepared in all material aspects in accordance with the modified cash basis of accounting as required by section 40(1)(a) and (b) of the PFMA. Certain material misstatements identified by the AGSA with regard to irregular expenditure, capital expenditure and receivables were subsequently corrected, however, the uncorrected material misstatements resulted in the financial statements receiving a qualified audit opinion in contravention of section 40(3)(a).

**Procurement and contract management**

19. Goods and services with a transaction value between R10, 000 and R500, 000 were procured without inviting at least three written price quotations from prospective suppliers as per the requirements of Treasury Regulation (TR) 16A6.1 and National Treasury Practice Note 8 of 2007/08.

20. Goods and services with a transaction value of over R500, 000 were not procured by means of a competitive bidding process as per the requirements of TR 16A6.4 and National Treasury Practice Notes 6 and 8 of 2007/08.

21. Awards were made to suppliers who failed to provide written proof from the South African Revenue Service that their tax matters were in order as per the requirements of Preferential Procurement Regulation 16 and TR 16A9.1(d).
22. A proper evaluation of major capital projects were not done prior to a final decision on the project as per the requirements of section 38(1)(a) of the PFMA.
23. Contracts were extended or renewed to such an extent that competitive bidding processes were being circumvented, resulting in a process that is not fair, not transparent and not competitive.
24. Awards were made to suppliers that are listed on the National Treasury's database as persons prohibited from doing business with the public sector in contravention of Treasury Regulation 16A9.1(c).

#### **Expenditure management**

25. The Accounting Officer did not take effective steps to prevent irregular expenditure, as per the requirements of section 38(1)(c)(ii) of the PFMA.
26. Payments to suppliers were not made within 30 days of receipt of invoice as required by Treasury Regulation 8.2.3.

#### **Conditional Grants**

The conditions of the Conditional Grant frameworks in terms of the DORA have not been complied with as detailed below:

27. Hospital Revitalisation Grant: The Department has not fully implemented and executed the targets in the annual project implementation plans, resulting in an under-spending of 41% (R203, 245 million) of the grant.

#### **Asset management**

28. The Accounting Officer did not ensure that a proper control system exists for assets to eliminate theft, losses, wastage and misuse, as per the requirement of TR 10.1.

#### **Service delivery – Health**

29. The Department did not properly dispose of medical waste and expired medicine as required by section 20(5) of the Environment Conservation Act of South Africa, 1989 (Act No. 73 of 1989) and regulation 27 of the Medicines & Related Substance Act, 1965 (Act No.101 of 1965).

#### **INTERNAL CONTROL**

30. In accordance with the PAA and in terms of *General Notice No.1111 of 2010*, issued in *Government Gazette No.33872 of 15 December 2010*, I considered internal control relevant to my audit, but not for the purpose of expressing an opinion on the effectiveness of internal control. The matters reported below are limited to the significant deficiencies that resulted in the basis for qualified opinion, the findings on the annual performance report and the findings on compliance with laws and regulations included in this report.



**Leadership**

31. Significant deficiencies were noted in the establishment and communication of policies and procedures to enable and support an understanding and execution of internal control objectives, processes and responsibilities with regard to procurement and contract management as well as asset management.

**Financial and performance management**

32. Inadequate processes are in place to review and monitor compliance with applicable laws and regulations.

**Governance**

33. A departmental specific risk management strategy was not formally adopted.

**OTHER REPORTS**

**Investigations in progress**

34. Investigations are being conducted into Supply Chain and Human Resource Management to probe the awarding of certain contracts, accusations of theft, and the manner in which promotions were awarded within the Department.

**Performance audits**

35. A performance audit was conducted during the year under review on the Department's use of consultants, contractors and agencies/outsourced services. The management report was issued on 26 August 2010.
36. A performance audit is being conducted on the readiness of government to report on its performance. The focus of the audit is on how government institutions are guided and assisted to report on their performance, as well as the systems and processes that they have put in place. The findings will be reported on in a separate report.

*Auditor-General*

Pietermaritzburg

29 July 2011



AUDITOR-GENERAL  
SOUTH AFRICA

*Auditing to build public confidence*

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

**ANNUAL REPORT 2010/11**

**APPROPRIATION STATEMENTS FOR THE YEAR ENDED 31 MARCH 2011**

**APPROPRIATION PER PROGRAMME**

	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>1. Administration</b>									
Current payment	339,467	-	9,511	348,978	347,872	1,106	99.7%	283,685	285,925
Transfers and subsidies	1,310	-	-	1,310	1,750	(440)	133.6%	726	2,322
Payment for capital assets	8,844	-	-	8,844	8,312	532	94.0%	960	2,642
Payment for financial assets	-	-	-	-	380	(380)	-	-	-
	349,621	-	9,511	359,132	358,314	818		285,371	290,889
<b>2. District Health Services</b>									
Current payment	9,942,273	-	(40,989)	9,901,284	9,398,002	503,282	94.9%	8,666,062	9,474,438
Transfers and subsidies	408,447	-	-	408,447	399,201	9,246	97.7%	380,854	345,047
Payment for capital assets	42,586	-	4,506	47,092	29,921	17,171	63.5%	31,743	28,182
Payment for financial assets	456	-	-	456	2,985	(2,529)	654.6%	-	-
	10,393,762	-	(36,483)	10,357,279	9,830,109	527,170		9,078,659	9,847,667
<b>3. Emergency Medical Services</b>									
Current payment	770,573	-	(26,640)	743,933	753,033	(9,100)	101.2%	636,524	710,728
Transfers and subsidies	1,784	-	-	1,784	2,966	(1,182)	166.3%	1,467	2,260
Payment for capital assets	92,797	-	95,022	187,819	85,781	102,038	45.7%	58,272	69,344
Payment for financial assets	34	-	-	34	270	(236)	794.1%	-	-
	865,188	-	68,382	933,570	842,050	91,520		696,263	782,332
<b>4. Provincial Hospital Services</b>									
Current payment	5,640,032	-	140,492	5,780,524	5,563,408	217,116	96.2%	4,244,933	5,013,789
Transfers and subsidies	69,791	-	-	69,791	71,170	(1,379)	102.0%	53,796	58,617
Payment for capital assets	26,501	-	7,024	33,525	17,730	15,795	52.9%	24,725	17,884
Payment for financial assets	268	-	-	268	1,917	(1,649)	715.3%	-	-
	5,736,592	-	147,516	5,884,108	5,654,225	229,883		4,323,454	5,090,290

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

**ANNUAL REPORT 2010/11**

**APPROPRIATION PER PROGRAMME**

	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>5. Central Hospital Services</b>									
Current payment	2,044,372	-	(82,374)	1,961,998	1,882,846	79,152	96.0%	1,531,511	1,827,565
Transfers and subsidies	3,567	-	-	3,567	7,817	(4,250)	219.1%	3,366	2,660
Payment for capital assets	230,531	-	(11,530)	219,001	212,705	6,296	97.1%	326,000	308,910
Payment for financial assets	-	-	-	-	55	(55)	-	-	-
	2,278,470	-	(93,904)	2,184,566	2,103,423	81,143		1,860,877	2,139,135
<b>6. Health Sciences and Training</b>									
Current payment	819,385	-	-	819,385	781,961	37,424	95.4%	608,921	727,945
Transfers and subsidies	72,087	-	-	72,087	68,625	3,462	95.2%	56,818	59,843
Payment for capital assets	1,751	-	-	1,751	535	1,216	30.6%	5,325	5,398
Payment for financial assets	4	-	-	4	22	(18)	550.0%	-	-
	893,227	-	-	893,227	851,143	42,084		671,064	793,186
<b>7. Health Care Support Services</b>									
Transfers and subsidies	10,764	-	-	10,764	10,764	-	100.0%	27,528	27,528
	10,764	-	-	10,764	10,764	-		27,528	27,528
<b>8. Health Facilities Management</b>									
Current payment	337,354	-	-	337,354	258,169	79,185	76.5%	272,604	264,909
Payment for capital assets	1,255,208	-	(95,022)	1,160,186	826,789	333,397	71.3%	1,113,343	1,113,340
	1,592,562	-	(95,022)	1,497,540	1,084,958	412,582		1,385,947	1,378,249
<b>TOTAL</b>	<b>22,120,186</b>	<b>-</b>	<b>-</b>	<b>22,120,186</b>	<b>20,734,986</b>	<b>1,385,200</b>	<b>93.7%</b>	<b>18,329,163</b>	<b>20,349,276</b>
<b>Reconciliation with Statement of Financial Performance</b>									
<b>Add:</b> Department receipt				191,221				232,879	
Aid assistance				5,509				36,713	
<b>Actual amounts per Statement of Financial Performance (Total Revenue)</b>				<b>22,316,916</b>				<b>18,598,755</b>	
<b>Add:</b> Aid assistance					7,800				44,479
<b>Actual amounts per Statement of Financial Performance Expenditure</b>					<b>20,742,786</b>				<b>20,393,755</b>

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

**ANNUAL REPORT 2010/11**

**APPROPRIATION PER ECONOMIC CLASSIFICATION**

	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>									
Compensation of employees	13,231,196	-	2,914	13,234,110	12,935,381	298,729	97.7%	11,152,936	12,125,849
Goods and services	6,662,261	-	(2,914)	6,659,347	6,049,910	609,437	90.8%	5,091,303	6,179,434
<b>Transfers &amp; subsidies</b>									
Provinces & municipalities	137,345	-	-	137,345	126,756	10,589	92.3%	120,698	84,010
Departmental agencies & accounts	18,401	-	-	18,401	18,401	-	100.0%	34,312	34,312
Non-profit institutions	296,617	-	-	296,617	289,009	7,608	97.4%	280,804	278,846
Households	115,387	-	-	115,387	128,127	(12,740)	111.0%	88,741	101,111
<b>Payment for capital assets</b>									
Buildings & other fixed structures	1,117,217	-	(25,022)	1,092,195	778,749	313,446	71.3%	1,005,262	1,005,258
Machinery & equipment	540,202	-	25,022	565,224	402,226	162,998	71.2%	552,135	540,441
Land and subsoil assets	798	-	-	798	798	-	100.0%	-	-
Software & other intangible assets	-	-	-	-	-	-	-	2,972	-
Payment for financial assets	762	-	-	762	5,629	(4,867)	738.7%	-	15
<b>TOTAL</b>	<b>22,120,186</b>	<b>-</b>	<b>-</b>	<b>22,120,186</b>	<b>20,734,986</b>	<b>1,385,200</b>	<b>93.7 %</b>	<b>18,329,163</b>	<b>20,349,276</b>

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**DETAIL PER PROGRAMME 1 – ADMINISTRATION**

Programme per Sub-Programme	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>1.1 Office of the MEC</b>									
Current payment	15,444	(931)	-	14,513	13,613	900	93.8%	11,904	11,904
Transfers and subsidies	10	-	-	10	13	(3)	130.0%	17	38
Payment for capital assets	-	826	-	826	826	-	100.0%	499	499
<b>1.2 Management</b>									
Current payment	324,023	931	9,511	334,465	334,259	206	99.9%	271,781	274,021
Transfers and subsidies	1,300	-	-	1,300	1,737	(437)	133.6%	709	2,284
Payment for capital assets	8,844	(826)	-	8,018	7,486	532	93.4%	461	2,143
Payment for financial assets	-	-	-	-	380	(380)	-	-	-
<b>TOTAL</b>	<b>349,621</b>	<b>-</b>	<b>9,511</b>	<b>359,132</b>	<b>358,314</b>	<b>818</b>	<b>99.8%</b>	<b>285,371</b>	<b>290,889</b>

Programme 1 Per Economic Classification	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>									
Compensation of employees	184,269	-	-	184,269	183,201	1,068	99.4%	170,232	168,705
Goods and services	155,198	-	9,511	164,709	164,671	38	100.0%	113,453	117,220
<b>Transfers &amp; subsidies</b>									
Provinces & municipalities	35	-	-	35	33	2	94.3%	36	38
Non-profit institutions	-	-	-	-	-	-	-	-	11
Households	1,275	-	-	1,275	1,717	(442)	134.7%	690	2,273
<b>Payments for capital assets</b>									
Building & other fixed structures	-	-	-	-	2,289	(2,289)	-	-	-
Machinery & equipment	8,844	-	-	8,844	6,023	2,821	68.1%	960	2,642
Payment for financial assets	-	-	-	-	380	(380)	-	-	-
<b>TOTAL</b>	<b>349,621</b>	<b>-</b>	<b>9,511</b>	<b>359,132</b>	<b>358,314</b>	<b>818</b>	<b>99.8%</b>	<b>285,371</b>	<b>290,889</b>

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

**ANNUAL REPORT 2010/11**

**DETAIL PER PROGRAMME 2 - DISTRICT HEALTH SERVICES**

Programme per Sub-Programme	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>2.1 District Management</b>									
Current payment	141,233	1,962	(9,511)	133,684	132,580	1,104	99.2%	120,645	120,645
Transfers and subsidies	1,078	-	-	1,078	796	282	73.8%	1,040	1,154
Payment for capital assets	937	-	-	937	231	706	24.7%	479	76
Payment for financial assets	-	-	-	-	68	(68)	-	-	-
<b>2.2 Community Health Clinics</b>									
Current payment	2,061,998	(5,590)	(5,603)	2,050,805	1,919,084	131,721	93.6%	1,668,682	1,789,712
Transfers and subsidies	165,567	-	-	165,567	155,307	10,260	93.8%	149,923	112,423
Payment for capital assets	3,526	589	-	4,115	4,115	-	100.0%	5,089	4,067
Payment for financial assets	-	-	-	-	121	(121)	-	-	-
<b>2.3 Community Health Centres</b>									
Current payment	663,356	(1,984)	(8,142)	653,230	628,010	25,220	96.1%	551,773	551,779
Transfers and subsidies	1,572	-	-	1,572	1,337	235	85.1%	744	951
Payment for capital assets	3,576	(589)	-	2,987	2,754	233	92.2%	1,058	845
Payment for financial assets	-	-	-	-	233	(233)	-	-	-
<b>2.4 Community Based Services</b>									
Current payment	116,632	(8,772)	(2,576)	105,284	101,399	3,885	96.3%	98,795	98,795
Transfers and subsidies	-	-	-	-	-	-	-	80	55
<b>2.5 Other Community Services</b>									
Current payment	572,981	6,810	-	579,791	549,158	30,633	94.7%	493,184	493,184
Transfers and subsidies	1,584	-	-	1,584	1,731	(147)	109.3%	1,192	1,037
Payment for capital assets	16,760	(15,438)	-	1,322	1,322	-	100.0%	2,105	1,253
Payment for financial assets	-	-	-	-	54	(54)	-	-	-

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**DETAIL PER PROGRAMME 2 - DISTRICT HEALTH SERVICES**

Programme per sub-programme	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>2.6 HIV and AIDS</b>									
Current payment	1,591,145	-	-	1,591,145	1,430,690	160,455	89.9%	1,462,439	1,462,439
Transfers and subsidies	61,420	-	-	61,420	69,527	(8,107)	113.2%	73,286	71,589
Payment for capital assets	4,020	(3,987)	-	33	33	-	100.0%	827	518
<b>2.7 Nutrition</b>									
Current payment	63,042	-	-	63,042	35,932	27,110	57.0%	90,438	90,438
Transfers and subsidies	-	-	-	-	-	-	-	8	-
Payment for capital assets	10	-	-	10	682	(672)	6,820.0%	199	199
<b>2.8 Forensic Pathology Services</b>									
Current payment	105,414	7,574	-	112,988	111,069	1,919	98.3%	91,289	91,289
Transfers and subsidies	123	-	-	123	121	2	98.4%	88	91
Payment for capital assets	8,752	(2,058)	-	6,694	6,694	-	100.0%	5,711	5,711
<b>2.9 District Hospitals</b>									
Current payment	4,626,472	-	(15,157)	4,611,315	4,490,080	121,235	97.4%	4,088,817	4,776,157
Transfers and subsidies	177,103	-	-	177,103	170,382	6,721	96.2%	154,493	157,747
Payment for capital assets	5,005	21,483	4,506	30,994	14,090	16,904	45.5%	16,275	15,513
Payment for financial assets	456	-	-	456	2,509	(2,053)	550.2%	-	-
<b>TOTAL</b>	<b>10,393,762</b>	<b>-</b>	<b>(36,483)</b>	<b>10,357,279</b>	<b>9,830,109</b>	<b>527,170</b>	<b>94.9%</b>	<b>9,078,659</b>	<b>9,847,667</b>

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**DETAIL PER PROGRAMME 2 - DISTRICT HEALTH SERVICES**

Programme 2 Per Economic Classification	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current Payment</b>									
Compensation of employees	6,580,694	-	(28,564)	6,552,130	6,452,713	99,417	98.5%	5,983,486	6,382,862
Goods and services	3,361,579	-	(12,425)	3,349,154	2,945,289	403,865	87.9%	2,682,576	3,091,576
<b>Transfers &amp; subsidies</b>									
Provinces & municipalities	136,089	-	-	136,089	124,913	11,176	91.8%	119,567	82,483
Non-profit institutions	249,455	-	-	249,455	247,899	1,556	99.4%	239,163	237,427
Households	22,903	-	-	22,903	26,389	(3,486)	115.2%	22,124	25,137
<b>Payment of Capital Assets</b>									
Machinery & equipment	42,586	-	4,506	47,092	29,921	17,171	63.5%	31,743	28,182
Payment for financial assets	456	-	-	456	2,985	(2,529)	654.6%	-	-
<b>TOTAL</b>	<b>10,393,762</b>	<b>-</b>	<b>(36,483)</b>	<b>10,357,279</b>	<b>9,830,109</b>	<b>527,170</b>	<b>94.9%</b>	<b>9,078,659</b>	<b>9,847,667</b>



**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

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**DETAIL PER PROGRAMME 3 - EMERGENCY MEDICAL SERVICES**

Programme per Sub Programme	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>3.1 Emergency Transport</b>									
Current payment	727,934	1,561	(26,640)	702,855	720,532	(17,677)	102.5%	604,309	676,674
Transfers and subsidies	1,243	-	-	1,243	2,864	(1,621)	230.4%	1,452	2,243
Payment for capital assets	92,797	-	95,022	187,819	85,781	102,038	45.7%	50,902	62,414
Payment for financial assets	-	-	-	-	270	(270)	-	-	-
<b>3.2 Planned Patient transport</b>									
Current payment	42,639	(1,561)	-	41,078	32,501	8,577	79.1%	32,215	34,054
Transfers and subsidies	541	-	-	541	102	439	18.9%	15	17
Payment for capital assets	-	-	-	-	-	-	-	7,370	6,930
Payment for financial assets	34	-	-	34	-	34	-	-	-
<b>TOTAL</b>	<b>865,188</b>	<b>-</b>	<b>68,382</b>	<b>933,570</b>	<b>842,050</b>	<b>91,520</b>	<b>90.2%</b>	<b>696,263</b>	<b>782,332</b>

Programme 3 per Economic Classification	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current Payment</b>									
Compensation of employees	552,073	-	(30,640)	521,433	521,434	(1)	100.0%	448,454	486,534
Goods and services	218,500	-	4,000	222,500	231,599	(9,099)	104.1%	188,070	224,194
<b>Transfers &amp; subsidies</b>									
Provinces & municipalities	937	-	-	937	1,461	(524)	155.9%	907	1,232
Households	847	-	-	847	1,505	(658)	177.7%	560	1,028
<b>Payment for Capital Assets</b>									
Buildings & other fixed structures	-	-	-	-	19	(19)	-	-	-
Machinery & equipment	92,797	-	95,022	187,819	85,762	102,057	45.7%	58,272	69,344
Payment for financial assets	34	-	-	34	270	(236)	794.1%	-	-
<b>TOTAL</b>	<b>865,188</b>	<b>-</b>	<b>68,382</b>	<b>933,570</b>	<b>842,050</b>	<b>91,520</b>	<b>90.2%</b>	<b>696,263</b>	<b>782,332</b>

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

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**DETAIL PER PROGRAMME 4 - PROVINCIAL HOSPITAL SERVICES**

Programme per Sub Programme	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>4.1 General (Regional) Hospitals</b>									
Current payment	4,095,674	16,000	117,536	4,229,210	4,099,527	129,683	96.9%	3,029,165	3,635,458
Transfers and subsidies	42,437	-	-	42,437	44,556	(2,119)	105.0%	25,816	33,077
Payment for capital assets	21,966	-	(3,043)	18,923	16,301	2,622	86.1%	18,789	14,598
Payment for financial assets	268	-	-	268	1,614	(1,346)	602.2%	-	-
<b>4.2 Tuberculosis Hospitals</b>									
Current payment	857,292	(7,080)	22,956	873,168	816,781	56,387	93.5%	637,972	766,628
Transfers and subsidies	20,699	-	-	20,699	19,378	1,321	93.6%	17,779	18,169
Payment for capital assets	2,292	-	11,530	13,822	846	12,976	6.1%	2,934	2,476
Payment for financial assets	-	-	-	-	99	(99)	-	-	-
<b>4.3 Psychiatric Hospitals</b>									
Current payment	574,663	(5,402)	-	569,261	537,287	31,974	94.4%	476,238	506,278
Transfers and subsidies	1,752	-	-	1,752	2,312	(560)	132.0%	5,654	2,539
Payment for capital assets	2,003	-	(1,463)	540	540	-	100.0%	2,918	804
Payment for financial assets	-	-	-	-	187	(187)	-	-	-
<b>4.4 Chronic Medical Hospitals</b>									
Current payment	99,756	(3,518)	-	96,238	97,549	(1,311)	101.4%	90,938	94,805
Transfers and subsidies	4,900	-	-	4,900	4,922	(22)	100.4%	4,471	4,767
Payment for capital assets	240	(198)	-	42	43	(1)	102.4%	84	6
Payment for financial assets	-	-	-	-	17	(17)	-	-	-
<b>4.5 Dental Training hospitals</b>									
Current payment	12,647	-	-	12,647	12,264	383	97.0%	10,620	10,620
Transfers and subsidies	3	-	-	3	2	1	66.7%	76	65
Payment for capital assets	-	198	-	198	-	198	-	-	-
<b>TOTAL</b>	<b>5,736,592</b>	<b>-</b>	<b>147,516</b>	<b>5,884,108</b>	<b>5,654,225</b>	<b>229,883</b>	<b>96.1%</b>	<b>4,323,454</b>	<b>5,090,290</b>

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**DETAIL PER PROGRAMME 4 - PROVINCIAL HOSPITAL SERVICES**

Programme 4 per Economic Classification	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current Payment</b>									
Compensation of employees	4,124,279	-	107,492	4,231,771	4,112,995	118,776	97.2%	3,190,868	3,539,810
Goods and services	1,515,753	-	33,000	1,548,753	1,450,413	98,340	93.7%	1,054,065	1,473,963
<b>Transfers &amp; subsidies</b>									
Provinces & municipalities	254	-	-	254	318	(64)	125.2%	163	235
Non-profit institutions	33,672	-	-	33,672	32,600	1,072	96.8%	30,331	30,051
Households	35,865	-	-	35,865	38,252	(2,387)	106.7%	23,302	28,332
<b>Payment of Capital Assets</b>									
Machinery & equipment	26,501	-	7,024	33,525	17,730	15,795	52.9%	24,725	17,884
Payment for financial assets	268	-	-	268	1,917	(1,649)	715.3%	-	15
<b>TOTAL</b>	<b>5,736,592</b>	<b>-</b>	<b>147,516</b>	<b>5,884,108</b>	<b>5,654,225</b>	<b>229,883</b>	<b>96.1%</b>	<b>4,323,454</b>	<b>5,090,290</b>

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

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**DETAIL PER PROGRAMME 5 - CENTRAL HOSPITAL SERVICES**

Programme per Sub Programme	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>5.1 Central Hospital</b>									
Current payment	491,999	3,489	(5,953)	489,535	488,373	1,162	99.8%	492,111	533,169
Transfers and subsidies	166	-	-	166	238	(72)	143.4%	33	40
Payment for capital assets	201,865	-	-	201,865	201,134	731	99.6%	70,411	53,659
<b>5.2 Tertiary Hospitals</b>									
Current payment	1,552,373	(3,489)	(76,421)	1,472,463	1,394,473	77,990	94.7%	1,039,400	1,294,396
Transfers and subsidies	3,401	-	-	3,401	7,579	(4,178)	222.8%	3,333	2,620
Payment for capital assets	28,666	-	(11,530)	17,136	11,571	5,565	67.5%	255,589	255,251
Payment for financial assets	-	-	-	-	55	(55)	-	-	-
<b>TOTAL</b>	<b>2,278,470</b>	<b>-</b>	<b>(93,904)</b>	<b>2,184,566</b>	<b>2,103,423</b>	<b>81,143</b>	<b>96.3%</b>	<b>1,860,877</b>	<b>2,139,135</b>

Programme 5 Per Economic classification	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current Payment</b>									
Compensation of employees	1,031,848	-	(45,374)	986,474	942,537	43,937	95.5%	808,957	882,490
Goods and services	1,012,524	-	(37,000)	975,524	940,309	35,215	96.4%	722,554	945,075
<b>Transfers &amp; subsidies</b>									
Provinces & municipalities	12	-	-	12	6	6	50.0%	12	8
Households	3,555	-	-	3,555	7,811	(4,256)	219.7%	3,354	2,653
<b>Payment of Capital Assets</b>									
Machinery & equipment	230,531	-	(11,530)	219,001	212,705	6,296	97.1%	326,000	308,909
Payment for financial assets	-	-	-	-	55	(55)	-	-	-
<b>TOTAL</b>	<b>2,278,470</b>	<b>-</b>	<b>(93,904)</b>	<b>2,184,566</b>	<b>2,103,423</b>	<b>81,143</b>	<b>96.3%</b>	<b>1,860,877</b>	<b>2,139,135</b>

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

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**DETAIL PER PROGRAMME 6 - HEALTH SCIENCES AND TRAINING**

Programme per Sub Programme	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>6.1 Nursing Training Colleges</b>									
Current payment	409,799	(2,115)	-	407,684	382,855	24,829	93.9%	329,876	360,294
Transfers and subsidies	2,371	-	-	2,371	3,044	(673)	128.4%	1,921	2,231
Payment for capital assets	310	-	-	310	211	99	68.1%	136	194
Payment for financial assets	-	-	-	-	22	(22)	-	-	-
<b>6.2 EMS Training Colleges</b>									
Current payment	16,113	2,115	-	18,228	13,889	4,339	76.2%	14,201	14,201
Transfers and subsidies	-	-	-	-	12	(12)	-	3	2
Payment for capital assets	300	-	-	300	217	83	72.3%	5,135	5,135
<b>6.3 Bursaries</b>									
Current payment	2,710	-	-	2,710	2,661	49	98.2%	2,741	1,296
Transfers and subsidies	50,432	-	-	50,432	51,611	(1,179)	102.3%	38,483	41,158
<b>6.4 Primary Health Care Training</b>									
Current payment	78,412	-	-	78,412	72,865	5,547	92.9%	63,664	76,180
Transfers and subsidies	1	-	-	1	89	(88)	8900.0%	5	50
Payment for capital assets	39	-	-	39	107	(68)	274.4%	8	8
<b>6.5 Training Other</b>									
Current payment	312,351	-	-	312,351	309,691	2,660	99.1%	198,439	275,974
Transfers and subsidies	19,283	-	-	19,283	13,869	5,414	71.9%	16,406	16,402
Payment for capital assets	1,102	-	-	1,102	-	1,102	-	46	61
Payment for financial assets	4	-	-	4	-	4	-	-	-
<b>TOTAL</b>	<b>893,227</b>	<b>-</b>	<b>-</b>	<b>893,227</b>	<b>851,143</b>	<b>42,084</b>	<b>95.3%</b>	<b>671,064</b>	<b>793,186</b>

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**DETAIL PER PROGRAMME 6 - HEALTH SCIENCES AND TRAINING**

Programme 6 Per Economic Classification	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current Payments</b>									
Compensation of employees	752,875	-	-	752,875	717,464	35,411	95.3%	547,491	662,000
Goods and services	66,510	-	-	66,510	64,497	2,013	97.0%	61,430	65,945
<b>Transfers &amp; subsidies</b>									
Provinces & municipalities	18	-	-	18	25	(7)	138.9%	13	14
Dept agencies & accounts	7,637	-	-	7,637	7,637	-	100.0%	6,784	6,784
Non-profit institutions	13,490	-	-	13,490	8,510	4,980	63.1%	11,310	11,357
Households	50,942	-	-	50,942	52,453	(1,511)	103.0%	38,711	41,688
<b>Capital</b>									
Machinery & equipment	1,751	-	-	1,751	535	1,216	30.6%	5,325	5,398
Payment for financial assets	4	-	-	4	22	(18)	550.0%	-	-
<b>TOTAL</b>	<b>893,227</b>	<b>-</b>	<b>-</b>	<b>893,227</b>	<b>851,143</b>	<b>42,084</b>	<b>95.3%</b>	<b>671,064</b>	<b>793,186</b>

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**DETAIL PER PROGRAMME 7 - HEALTH CARE SUPPORT SERVICES**

Programme per Sub Programme	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>7.1 Medicine Trading Account</b>									
Transfers and subsidies	10,764	-	-	10,764	10,764	-	100.0%	27,528	27,528
<b>TOTAL</b>	<b>10,764</b>	<b>-</b>	<b>-</b>	<b>10,764</b>	<b>10,764</b>	<b>-</b>	<b>100.0%</b>	<b>27,528</b>	<b>27,528</b>

Programme 7 Per Economic classification	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Transfers &amp; Subsidies</b>									
Departmental agencies & accounts	10,764	-	-	10,764	10,764	-	100.0%	27,528	27,528
<b>TOTAL</b>	<b>10,764</b>	<b>-</b>	<b>-</b>	<b>10,764</b>	<b>10,764</b>	<b>-</b>	<b>100.0%</b>	<b>27,528</b>	<b>27,528</b>

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

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**DETAIL PER PROGRAMME 8 - HEALTH FACILITIES MANAGEMENT**

Programme per Sub-Programme	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>8.1 Community Health Services</b>									
Current payment	25,706	-	-	25,706	20,894	4,812	81.3%	20,537	20,537
Payment for capital assets	418,448	720	(10,874)	408,294	326,671	81,623	80.0%	532,387	532,387
<b>8.2 District Hospitals</b>									
Current payment	61,087	25,771	-	86,858	83,111	3,747	95.7%	108,061	108,061
Payment for capital assets	465,039	(720)	(10,000)	454,319	341,203	113,116	75.1%	374,098	374,098
<b>8.3 Emergency Medical Services</b>									
Current payment	524	-	-	524	296	228	56.5%	1,186	1,186
Payment for capital assets	4,281	-	(4,148)	133	132	1	99.2%	15	15
<b>8.4 Provincial Hospital Services</b>									
Current payment	82,424	(17,494)	-	64,930	62,913	2,017	96.9%	54,713	47,018
Payment for capital assets	337,452	(2,275)	(70,000)	265,177	141,778	123,399	53.5%	140,305	140,302
<b>8.5 Central Hospital Services</b>									
Current payment	26,841	(8,277)	-	18,564	6,139	12,425	33.1%	4,390	4,390
Payment for capital assets	-	-	-	-	5,843	(5,843)	-	30,771	30,771
<b>8.6 Other Services</b>									
Current payment	140,772	-	-	140,772	84,816	55,956	60.3%	83,717	83,717
Payment for capital assets	29,988	2,275	-	32,263	11,162	21,101	34.6%	35,767	35,767
<b>TOTAL</b>	<b>1,592,562</b>	<b>-</b>	<b>(95,022)</b>	<b>1,497,540</b>	<b>1,084,958</b>	<b>412,582</b>	<b>72.4%</b>	<b>1,385,947</b>	<b>1,378,249</b>



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**DETAIL PER PROGRAMME 8 – HEALTH FACILITIES MANAGEMENT**

Programme 8 per Economic Classification	2010/11							2009/10	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current Payment</b>									
Compensation of employees	5,158	-	-	5,158	5,037	121	97.7%	3,448	3,448
Goods and services	332,197	-	-	332,197	253,132	79,065	76.2%	269,155	261,461
<b>Payment of Capital Assets</b>									
Buildings & other fixed structures	1,117,217	-	(25,022)	1,092,195	776,441	315,754	71.1%	1,005,262	1,005,258
Machinery & equipment	137,192	-	(70,000)	67,192	49,550	17,642	73.7%	105,110	108,082
Land & subsoil assets	798	-	-	798	798	-	100.0%	-	-
Software & other intangible assets	-	-	-	-	-	-	-	2,972	-
<b>TOTAL</b>	<b>1,592,562</b>	<b>-</b>	<b>(95,022)</b>	<b>1,497,540</b>	<b>1,084,958</b>	<b>412,582</b>	<b>72.4%</b>	<b>1,385,947</b>	<b>1,378,249</b>

## **NOTES TO THE APPROPRIATION STATEMENT FOR THE YEAR ENDED 31 MARCH 2011**

**1. Detail of transfers and subsidies as per Appropriation Act (after Virement)**

Detail of these transactions can be viewed in note on Transfers and subsidies, disclosure notes and Annexure 1 (A-H) to the Annual Financial Statements.

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

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

**3. Detail on financial transactions in assets and liabilities**

Detail of these transactions per programme can be viewed on the Financial Transaction in assets and liabilities to Annual Financial Statements.

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

**4.1 Per Programme:**

	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Appropriation
<b>Administration</b>	359,132	358,314	818	99.8%
Additional funding was provided for Forensic Investigations and interim capacity building until pivotal posts are being filled. Filling of post has been slower than anticipated. Funding for additional file server was not utilised.				
<b>District Health Services</b>	10,357,279	9,830,109	527,170	94.6%
Under-expenditure relates to movement of funds to this programme for capacity building, forced savings on non-essential items, and the slow filling of posts.				
<b>Emergency Medical Service</b>	933,570	842,050	91,520	90.2%
The under-expenditure relates primarily to delays in tender processes.				
<b>Provincial Hospital Services</b>	5,884,108	5,654,225	229,883	95.6%
Forced saving on non-essential items and slow filling of posts.				
<b>Central Hospital Services</b>	2,184,566	2,103,423	81,143	96%
The under-expenditure relates to an over allocation at adjustment estimates owing to Registrar salaries being linked to the wrong programme.				

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	<b>Final Appropriation R'000</b>	<b>Actual Expenditure R'000</b>	<b>Variance R'000</b>	<b>Variance as a % of Final Appropriation</b>
<b>Health Sciences and Training</b>	893,227	851,143	42,084	95.2%
Savings relates mainly to the introduction of the stipends for student nurses, which is much cheaper than the previous contract.				
<b>Health Facilities Management</b>	1,497,540	1,084,958	412,582	72.4%
Under-expenditure relates to the anticipated under-spending of R205 million on the Hospital Revitalisation Grant due to Tender appeals, poor planning, and late approval of plans by the National Department of Health. There was also R119 million under-spending on the National Infrastructure Grant to Provinces owing to the under performance by the Implementing Agents.				

**4.2 Per Economic Classification**

	<b>Final Appropriation R'000</b>	<b>Actual Expenditure R'000</b>	<b>Variance R'000</b>	<b>Variance as a % of Final Appropriation %</b>
<b>Current expenditure</b>				
Compensation of employees	13,234,110	12,935,381	298,729	97.7%
Goods and services	6,659,347	6,049,910	609,437	90.8%
<b>Transfers and subsidies</b>				
Provinces and municipalities	137,345	126,756	10,589	92.3%
Departmental agencies and accounts	18,401	18,401	-	100.0%
Non-profit institutions	296,617	289,009	7,608	97.4%
Households	115,387	128,127	(12,740)	111.0%
<b>Payments for capital assets</b>				
Buildings and other fixed structures	1,092,195	778,749	313,446	71.3%
Machinery and equipment	565,224	402,226	162,998	71.2%
Land and subsoil assets	798	798	-	100.0%
Payments for financial assets	762	5,629	(4,867)	738.7%

Under-spending relates to the anticipated under-spending of R205 million on the Hospital Revitalisation Grant due to Tender appeals, poor planning, and late approval of plans by the National Department of Health. There was also R119 million under-spending on National Infrastructure Grant to Provinces owing to the underperformance by the implementing Agents.

**STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 31 MARCH 2011**

	Note	2010/11 R'000	2009/10 R'000
<b>REVENUE</b>			
Annual appropriation	<a href="#">1</a>	22,120,186	18,329,163
Department Revenue	<a href="#">2</a>	191,221	232,879
Aid Assistance	<a href="#">3</a>	5,509	36,713
<b>TOTAL REVENUE</b>		<b>22,316,916</b>	<b>18,598,755</b>
<b>EXPENDITURE</b>			
<b>Current expenditure</b>			
Compensation of employees	<a href="#">4</a>	12,935,381	12,125,849
Goods and services	<a href="#">5</a>	6,258,116	6,361,996
Aid Assistance	<a href="#">3</a>	7,294	40,682
<b>Total current expenditure</b>		<b>19,200,791</b>	<b>18,528,527</b>
<b>Transfers and subsidies</b>			
Transfers and subsidies	<a href="#">7</a>	562,293	498,279
<b>Total transfers &amp; subsidies</b>		<b>562,293</b>	<b>498,279</b>
<b>Expenditure for capital assets</b>			
Tangible capital assets	<a href="#">8</a>	974,073	1,366,934
<b>Total expenditure for capital assets</b>		<b>974,073</b>	<b>1,366,934</b>
<b>Payments of Financial Assets</b>	<a href="#">6</a>	5,629	15
<b>TOTAL EXPENDITURE</b>		<b>20,742,786</b>	<b>20,393,755</b>
<b>SURPLUS/ (DEFICIT) FOR THE YEAR</b>		<b>1,574,130</b>	<b>(1,795,000)</b>
<b>Reconciliation of Net Surplus/ (Deficit) for the year</b>			
Voted Funds		1,385,200	(2,020,113)
Annual Appropriation		1,331,430	(2,248,300)
Conditional Grants		110,069	228,187
Departmental Revenue	<a href="#">14</a>	191,221	232,879
Aid assistance	<a href="#">3</a>	(2,291)	(7,766)
<b>SURPLUS / DEFICIT FOR THE YEAR</b>		<b>1,574,130</b>	<b>(1,795,000)</b>

**STATEMENT OF FINANCIAL POSITION FOR THE YEAR ENDED ON 31 MARCH 2011**

	Note	2010/11 R'000	2009/10 R'000
<b>ASSETS</b>			
<b>Current assets</b>		<b>2,320,957</b>	<b>4,268,522</b>
Unauthorised expenditure	<a href="#">9</a>	2,255,998	4,126,895
Cash and Cash Equivalent	<a href="#">10</a>	279	280
Prepayments and advances	<a href="#">11</a>	59	116
Receivables	<a href="#">12</a>	64,621	141,231
<b>TOTAL ASSETS</b>		<b>2,320,957</b>	<b>4,268,522</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>		<b>2,297,498</b>	<b>4,250,708</b>
Voted funds to be surrendered to the Revenue Fund	<a href="#">13</a>	1,142,854	75,189
Departmental revenue to be surrendered to the Revenue Fund	<a href="#">14</a>	6,547	26,129
Bank overdraft	<a href="#">15</a>	943,519	4,004,641
Payables	<a href="#">16</a>	185,461	123,341
Aid assistance unutilised	<a href="#">3</a>	19,117	21,408
<b>TOTAL LIABILITIES</b>		<b>2,297,498</b>	<b>4,250,708</b>
<b>NET ASSETS</b>		<b>23,459</b>	<b>17,814</b>
<b>Represented by:</b>			
Recoverable revenue		23,459	17,814
<b>TOTAL</b>		<b>23,459</b>	<b>17,814</b>

**STATEMENT OF CHANGES IN NETT ASSETS FOR THE YEAR ENDED  
ON 31 MARCH 2011**

	<b>2010/11</b>	<b>2009/10</b>
	<b>R'000</b>	<b>R'000</b>
<b>Recoverable revenue</b>		
Opening balance	17,814	12,676
Transfers	<b>5,645</b>	<b>5,138</b>
Debts raised	5,645	5,138
Closing balance	<b>23,459</b>	<b>17,814</b>

## **CASH FLOW STATEMENT FOR THE YEAR ENDED ON 31 MARCH 2011**

	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts		<b>22,067,339</b>	<b>18,423,381</b>
Annual appropriated funds received	<a href="#"><u>1.1</u></a>	21,877,840	18,168,467
Departmental revenue received	<a href="#"><u>2</u></a>	183,990	218,201
Aid assistance received	<a href="#"><u>3</u></a>	5,509	36,713
Net (increase)/ decrease in working capital		2,009,684	(1,681,096)
Surrendered to Revenue Fund		(285,992)	(268,790)
Current payments		(19,200,791)	(15,514,529)
Payments for Financial Assets		(5,629)	(15)
Transfers and subsidies paid		(562,293)	(498,279)
<b>Net cash flow available from operating activities</b>	<a href="#"><u>17</u></a>	<b>4,022,318</b>	<b>460,672</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for capital assets	<a href="#"><u>8</u></a>	(974,073)	(1,366,934)
Proceeds from sale of capital assets	<a href="#"><u>2.4</u></a>	7,231	14,678
<b>Net cash flows from investing activities</b>		<b>(966,842)</b>	<b>(1,352,256)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Increase/ (decrease) in net assets		5,645	5,136
<b>Net cash flows from financing activities</b>		<b>5,645</b>	<b>5,136</b>
Net increase/ (decrease) in cash and cash equivalents		3,061,121	(886,448)
Cash and cash equivalents at beginning of period		(4,004,361)	(3,117,913)
<b>Cash and cash equivalents at end of period</b>	<a href="#"><u>18</u></a>	<b>(943,240)</b>	<b>(4,004,361)</b>

## **NOTES TO THE ANNUAL FINANCIAL STATEMENTS (INCLUDING 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. However, 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, Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the Act and the Division of Revenue Act, Act 12 of 2009.

### **1. Presentation of the Financial Statements**

#### **1.1 Basis of preparation**

The Financial Statements have been prepared on a modified cash basis of accounting, except where stated otherwise. The modified cash basis constitutes the cash basis of accounting supplemented with additional disclosure items. Under the cash basis of accounting, transactions and other events are recognised when cash is received or paid.

#### **1.2 Presentation currency**

All amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the Department.

#### **1.3 Rounding**

Unless otherwise stated all financial figures have been rounded to the nearest one thousand Rand (R'000).

#### **1.4 Comparative figures**

Prior period comparative information has been presented in the current year's financial statements together with such other comparative information that the Department may have for reporting. 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.

#### **1.5 Comparative figures - Appropriation Statement**

A comparison between actual amounts and final appropriation per major classification of expenditure is included in the appropriation statement.



**2. Revenue****2.1 Appropriated funds**

Appropriated funds comprises of Departmental allocations as well as direct charges against revenue fund (i.e. statutory appropriation). Appropriated funds and adjusted appropriated funds are recognised in the financial records on the date the appropriation becomes effective. Adjustments to the appropriated funds made in terms of the adjustments budget process are recognised in the financial records on the date the adjustments become effective.

Total appropriated funds are presented in the statement of financial performance.

Unexpended appropriated funds are surrendered to the Provincial Revenue Fund, unless approval has been given by the Provincial Treasury to rollover the funds to the subsequent financial year. These rollover funds form part of retained funds in the Annual Financial Statements. Amounts owing to the Provincial Revenue Fund at the end of the financial year are recognised in the statement of financial position.

**2.2 Departmental Revenue**

All Departmental revenue is paid into the Provincial Revenue Fund when received, unless otherwise stated. Amounts owing to the Provincial Revenue Fund at the end of the financial year are recognised in the statement of financial position. Amounts receivable at the reporting date are disclosed in the disclosure notes to the annual financial statements.

**2.2.1 Sales of goods and services other than capital assets**

The proceeds received from the sale of goods and/or the provision of services is recognised in the statement of financial performance when the cash is received.

**2.2.2 Fines, penalties & forfeits**

Fines, penalties and forfeits are compulsory unrequited amounts which were imposed by a court or quasi-judicial body and collected by the Department. Revenue arising from fines, penalties and forfeits is recognised in the statement of financial performance when the cash is received.

**2.2.3 Interest, dividends and rent on land**

Interest, dividends and rent on land is recognised in the statement of financial performance when the cash is received. No provision is made for interest or dividends receivable from the last day of receipt to the end of the reporting period.

**2.2.4 Sale of capital assets**

The proceeds received on sale of capital assets are recognised in the statement of financial performance when the cash is received.

**2.2.5 Financial transactions in assets and liabilities**

Repayments of loans and advances previously extended to employees and public corporations for policy purposes are recognised as revenue in the statement of financial performance on receipt of the funds. Amounts receivable at the reporting date are disclosed in the disclosure notes to the annual financial statements.

Cheques issued in previous accounting periods that expire before being banked are recognised as revenue in the statement of financial performance when the cheque becomes stale. When the cheque is reissued the payment is made from Revenue.

**2.2.6 Gifts, donations and sponsorships (transfers received)**

All cash gifts, donations and sponsorships are paid into the Provincial Revenue Fund and recorded as revenue in the statement of financial performance when received. Amounts receivable at the reporting date are disclosed in the disclosure notes to the financial statements.

All in-kind gifts, donations and sponsorships are disclosed at fair value in the annexure to the financial statements.

**2.3 Aid assistance**

Local and foreign aid assistance is recognised in the financial records when the Department directly receives the cash from the donor(s). The total cash amounts received during the year is reflected in the statement of financial performance as revenue.

All in-kind local and foreign aid assistance are disclosed at fair value in the annexure to the annual financial statements.

The cash payments made during the year relating to local and foreign aid assistance projects are recognised as expenditure in the statement of financial performance. A receivable is recognised in the statement of financial position to the value of the amounts expensed prior to the receipt of the funds.

A payable is raised in the statement of financial position where amounts have been inappropriately expensed using local and foreign aid assistance, unutilised amounts are recognised in the statement of financial position.

**3. Expenditure****3.1 Compensation of employees**

Salaries and wages comprise payments to employees. Salaries and wages are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year). Capitalised compensation forms part of the expenditure for capital assets in the statement of financial performance.

All other payments are classified as current expense.

Social contributions include the Department's contribution to social insurance schemes paid on behalf of the employee. Social contributions are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system.

**3.1.1 Short term employee benefits**

Short term employee benefits comprise of leave entitlements (capped leave), thirteenth cheques and performance bonuses. The cost of short-term employee benefits is expensed as salaries and wages in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

Short-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the notes to the financial statements. These amounts are not recognised in the statement of financial performance.

**3.1.2 Long-term employee benefits****3.1.2.1 Termination benefits**

Termination benefits such as severance packages are recognised as an expense in the statement of financial performance as a transfer when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

**3.1.2.2 Medical Benefits**

The Department provides medical benefits for its employees through defined benefit plans. Employer contributions to the fund are incurred when the final authorization for payment is effected on the system. No provision is made for medical benefits in the Annual Financial Statements of the Department.

**3.1.2.3 Post employment retirement benefits**

The Department provides retirement benefits (pension benefits) for certain of its employees through a defined benefit plan for government employees. These benefits are funded by both employer and employee contributions. Employer contributions to the fund are expensed when the final authorisation for payment to the fund is effected on the system (by no later than 31 March of each year). No provision is made for retirement benefits in the financial statements of the Department. Any potential liabilities are disclosed in the financial statements of the Provincial Revenue Fund and not in the financial statements of the employer Department. Social contribution (such as medical benefits) made by the Department for certain of its ex-employees are classified as transfers to households in the statement of financial performance.

**3.1.2.4 Other long term employee benefits**

Other long-term employee benefits (such as capped leave) are recognised as an expense in the statement of financial performance as a transfer (to households) when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

Long-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the disclosure notes to the financial statements.

**3.2 Goods and services**

Payments made for goods and/or services are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year). The expense is classified as capital if the goods and services were used on a capital project or if the total purchase price exceeds the capitalisation threshold (currently R5, 000). All other expenditures are classified as current.

**3.3 Interest and rent on land**

Interest and rental payments are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year). This item excludes rental for the use of buildings or other fixed structures.

**3.4 Financial transactions in assets and liabilities**

Debts are written off when identified as irrecoverable. Debts written-off are limited to the amount of savings and/or under spending of appropriated funds. The write off occurs at year-end or when funds are available. No provision is made for irrecoverable amounts but an estimate is included in the disclosure notes to the financial statements amounts.

All other losses are recognised when authorisation has been granted for the recognition thereof.

### **3.5 Unauthorised expenditure**

Unauthorised expenditure is defined as:

- The overspending of a vote or the main division within a vote, or
- Expenditure that was not made in accordance with the purpose of a vote, or in the case of a main division, not in accordance with the purpose of the main division.

When discovered, unauthorised expenditure is recognised as an asset in the statement of financial position until such time as the expenditure is either approved by the relevant authority, recovered from the responsible person or written off as irrecoverable in the statement of financial performance.

Unauthorised expenditure approved with funding is recognised in the statement of financial performance when the unauthorised expenditure is approved and the related funds are received. Where the amount is approved without funding it is recognised as expenditure, subject to availability of savings, in the statement of financial performance on the date of approval.

### **3.6 Fruitless and wasteful expenditure**

Fruitless and wasteful expenditure is recognised as an asset in the statement of financial position until such time as the expenditure is recovered from the responsible person or written off as irrecoverable in the statement of financial performance.

Fruitless and wasteful expenditure is defined as: expenditure that was made in vain and would have been avoided had reasonable care been exercised.

### **3.7 Irregular expenditure**

Irregular expenditure is defined as:

Expenditure other than unauthorised expenditure, incurred in contravention or not in accordance with a requirement of any applicable legislation, including

- The Public Finance Management Act.
- The State Tender Board Act, or any regulations in terms of the act, or
- Any provincial legislation providing for procurement procedures in the Department.

Irregular expenditure is recognised as expenditure in the statement of financial performance. If the expenditure is not condoned by the relevant authority it is treated as an asset until it is recovered or written off as irrecoverable.

**3.8 Transfers and subsidies**

Transfers and subsidies are recognised as an expense when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

**3.9 Expenditure for capital assets**

Capital Assets are assets that have a value of >R 5,000 per unit and that can be used repeatedly or continuously in production for than one year.

Payments made for capital assets are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year).

**4. Assets**

**4.1 Cash and cash equivalents**

Cash and cash equivalents are carried in the statement of financial position at cost. Bank overdrafts are shown separately on the face of the statement of financial position.

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.

**4.2 Prepayments and advances**

Amounts prepaid or advanced are recognised in the statement of financial position when the payments are made and where the goods and services have not been received by year end.

Prepayments and advances outstanding at the end of the year are carried in the statement of financial position at cost.

**4.3 Receivables**

Receivables included in the statement of financial position arise from cash payments made that are recoverable from another party or from the sale of goods/rendering of services.

Receivables outstanding at year-end are carried in the statement of financial position at cost plus any accrued interest. Amounts that are potentials irrecoverable are included in the disclosure notes.

#### **4.4 Inventory**

Inventories that qualify for recognition must be initially reflected at cost. Where inventories are acquired at no cost, or for nominal consideration, their cost shall be their fair value at the date of acquisition.

All inventory items at year-end are reflected using the weighted average cost or FIFO cost formula.

#### **4.5 Capital assets**

##### **Movable assets**

##### **Initial recognition**

A capital asset is recorded on receipt of the item at cost. Cost of an asset is defined as the total cost of acquisition. Where the cost cannot be determined accurately, the movable capital asset is stated at fair value. Where fair value cannot be determined, the capital asset is included in the asset register at R1.

All assets acquired prior to 1 April 2002 are included in the register R1.

##### **Subsequent recognition**

Subsequent expenditure of a capital nature is recorded in the statement of financial performance as “expenditure for capital asset” and is capitalised in the asset register of the Department on completion of the project.

Repairs and maintenance is expensed as current “goods and services” in the statement of financial performance.

##### **Immovable assets**

##### **Initial recognition**

A capital asset is recorded on receipt of the item at cost. Cost of an asset is defined as the total cost of acquisition. Where the cost cannot be determined accurately, the immovable capital asset is stated at R1 unless the fair value for the asset has been reliably estimated.

**Subsequent recognition**

Work-in-progress of a capital nature is recorded in the statement of financial performance as “expenditure for capital asset”. On completion, the total cost of the project is included in the asset register of the Department that legally owns the asset or the provincial/national department of public works.

Repairs and maintenance is expensed as current “goods and services” in the statement of financial performance.

**5. Liabilities**

**5.1 Payables**

Recognised payables mainly comprise of amounts owing to other governmental entities. These payables are carried at cost in the statement of financial position.

**Contingent liabilities**

Contingent liabilities are included in the disclosure notes to the financial statements when it is possible that economic benefits will flow from the Department, or when an outflow of economic benefits or service potential is probable but cannot be measured reliably.

**Contingent assets**

Contingent assets are included in the disclosure notes to the financial statements when it is possible that an inflow of economic benefits will flow to the entity.

**Commitments**

Commitments are not recognised in the statement of financial position as a liability or as expenditure in the statement of financial performance but are included in the disclosure notes

**5.2 Lease commitments**

The accounting policy previously stated:

Lease commitments are not recognised in the Statement of Financial Position as a liability or as expenditure in the Statement of Financial Performance but are included in the disclosure notes.

Operating and finance lease commitments are expensed when the payments are made Assets acquired in terms of finance lease agreements are disclosed in the Annexures and disclosure notes to the financial statements”

The accounting policy is subject to various interpretations. As a result, the accounting policy for lease commitments is revised to read as follows:



**Lease commitments****Finance leases**

Finance leases are not recognised as assets and liabilities in the statement of financial position. Finance lease payments are recognised as an expense in the statement of financial performance and are apportioned between the capital and the interest portions. The finance lease liability is disclosed in the disclosure notes to the financial statements.

**Operating leases**

Operating lease payments are recognised as an expense in the statement of financial performance. The operating lease commitments are disclosed in the disclosure notes to the financial statement.

**5.3 Accruals**

Accruals represent goods/ services that have been received, but where no invoice has been received from the supplier at the reporting date, or where an invoice has been received but final authorisation for payment has not been effected on the system.

Accruals are not recognised in the statement of financial position as a liability or as expenditure in the statement of financial performance but are included in the disclosure notes.

**5.4 Contingent liabilities**

A contingent liability 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 wholly within the control of the Department; or

A contingent liability is a present obligation that arises from past events but is not recognised because:

It is not probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation; or

- The amount of the obligation cannot be measured with sufficient reliability.

Contingent liabilities are included in the disclosure notes.

**5.5 Commitments**

Commitments represent goods/ services that have been approved and/ or contracted, but where no delivery has taken place at the reporting date.

Commitments are not recognised in the statement of financial position as a liability or as expenditure in the statement of financial performance but are included in the disclosure notes.

**Receivables for Departmental revenue**

Receivables for Departmental revenue are disclosed in the disclosure notes to the annual financial statements.

**6. Net Assets**

**6.1 Recoverable revenue**

Recoverable revenue represents payments made and recognised in the Statement of Financial Performance as an expense in previous years due to non-performance in accordance with an agreement, which have now become recoverable from a debtor.

Amounts are recognised as recoverable revenue when a payment made and recognised in a previous financial year becomes recoverable from a debtor in the current financial year.

**7. Related party transactions**

Related parties are departments that control or significantly influence the department in making financial and operating decisions. Specific information with regards to related party transactions is included in the disclosure notes.

**8. Key management personnel**

Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the Department.

Compensation paid to key management personnel including their family members where relevant, is included in the disclosure notes.

**9. Public private partnerships**

A Public Private Partnership (PPP) is a commercial transaction between the Department and a private party in terms of which the private party:

- Performs an institutional function on behalf of the institution; and/or
- Acquires the use of state property for its own commercial purposes; and
- Assumes substantial financial, technical and operational risks in connection with the performance of the institutional function and/or use of state property; and

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- Receives a benefit for performing the institutional function or from utilizing the state property, either by way of:
- Consideration to be paid by the department which derives from a Revenue Fund;
- Charges fees to be collected by the private party from users or customers of a service provided to them; or
- A combination of such consideration and such charges or fees.

A description of the PPP arrangement, the contract fees and current and capital expenditure relating to the PPP arrangement is included in the disclosure notes.

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**1. Annual Appropriation**

**1.1 Annual Appropriation**

Included are funds appropriated in terms of the Appropriation Act for Provincial Departments (Equitable Share).

Programmes	Final Appropriation	Actual Funds received	Funds not requested/ not received	Appropriation received 2010/11
	R'000	R'000	R'000	R'000
Administration	359,132	359,132	-	285,371
District Health Services	10,357,279	10,357,279	-	9,078,659
Emergency Medical Services	933,570	933,570	-	696,263
Provincial Hospital Services	5,884,108	5,884,108	-	4,323,454
Central Hospital Services	2,184,566	2,184,566	-	1,860,877
Health Sciences and Training	893,227	893,227	-	671,064
Health Care Support Services	10,764	10,764	-	27,528
Health Facilities Management	1,497,540	1,255,194	242,346	1,225,251
<b>Total</b>	<b>22,120,186</b>	<b>21,877,840</b>	<b>242,346</b>	<b>18,168,467</b>

*HIV & AIDS Conditional Grant rollover of R17, 906 million has been requested for commitment on BAS for Medical and Surgical equipment and Tara Clamps for the MMC Programme.*

*Infrastructure Grant to Provinces rollover of R74, 886 million due to the Grant overspent the final transferred amount made available by Treasury, which resulted in Department's Equitable Share having to absorb the expenditure.*

*Revitalisation Grant rollover of R203, 227 million to be rolled over but be held back to 2012/13 financial year as planning is underway. The draft plan for 2012/13 is due in August 2011 which will include the allocation and amount requested for roll over. The draft will be made available once all projects have been considered.*

**1.2 Conditional grants**

	Note	2010/11 R'000	2009/10 R'000
Total grants received	<a href="#">Ann 1A</a>	3,685,801	3,114,646
<b>Provincial Grants included in Total grants received</b>		<b>280,449</b>	<b>359,717</b>

*(It should be noted that Conditional grants are included in the amounts per the Total Appropriation in Note 1.1)*

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**2 Departmental revenue**

		2010/11 R'000	2009/10 R'000
Sales of goods and services other than capital assets	<a href="#">2.1</a>	164,198	198,764
Fines, penalties and forfeits	<a href="#">2.2</a>	2,449	11
Interest, dividends and rent on land	<a href="#">2.3</a>	816	74
Sales of capital assets	<a href="#">2.4</a>	7,231	14,678
Financial transactions in assets and liabilities	<a href="#">2.5</a>	16,527	19,352
<b>Total Revenue Collected</b>		<b>191,221</b>	<b>232,879</b>
<b>Departmental revenue collected</b>		<b>191,221</b>	<b>232,879</b>

*Decrease in revenue is as a result of Road Accident Claims backlog prior to 2009/2010 was received in 2009/2010 financial year*

		2010/11 R'000	2009/10 R'000
<b>2.1 Sales of goods and services other than capital assets</b>	<a href="#">2</a>	<b>163,929</b>	<b>198,536</b>
Sales of goods and services produced by the department			
Sales by market establishment		17,791	10,850
Administrative Fees		3,337	4,105
Other sales		142,801	183,581
Sales of scrap, waste and other used current goods		269	228
<b>Total</b>		<b>164,198</b>	<b>198,764</b>
<b>2.2 Fines, penalties and forfeits</b>	<a href="#">2</a>	<b>2,449</b>	<b>11</b>
Fines			
<b>2.3 Interest, dividends and rent on land</b>	<a href="#">2</a>	<b>816</b>	<b>74</b>
Interest			
<b>2.4 Sales of capital assets</b>	<a href="#">2</a>	<b>7,231</b>	<b>14,678</b>
<b>Tangible Assets</b>			
Machinery and Equipment	<a href="#">2</a>	7,231	14,678
<b>2.5 Transactions in Financial assets and liabilities</b>	<a href="#">2</a>		
Receivables		3,488	1,750
Other receipts including recoverable revenue		13,039	17,602
<b>TOTAL</b>		<b>16,527</b>	<b>19,352</b>

**3 Aid Assistance**

**3.1 Aid Assistance received in cash from RDP**

Opening Balance		9,760	9,760
Revenue		101	-
Expenditure		<b>(5,193)</b>	-
Current		(5,193)	-
<b>Closing balance</b>		<b>4,668</b>	<b>9,760</b>

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<b>3.2</b>	<b>Aid Assistance received in cash from other sources</b>	<b>2010/11</b>	<b>2009/10</b>
		<b>R'000</b>	<b>R'000</b>
	<b>Local</b>		
	Opening balance	7,398	8,871
	Revenue	5,408	1,042
	Expenditure	<b>(1,639)</b>	<b>(2,515)</b>
	Current	(1,639)	(659)
	Capital	-	(1,856)
	Closing balance	<b>11,167</b>	<b>7,398</b>
		<b>2010/11</b>	<b>2009/10</b>
		<b>R'000</b>	<b>R'000</b>
	<b>Foreign</b>		
	Opening balance	4,250	10,543
	Revenue	-	35,671
	Expenditure	<b>(968)</b>	<b>(41,964)</b>
	Current	(462)	(40,023)
	Capital	(506)	(1,941)
	Closing balance	<b>3,282</b>	<b>4,250</b>
<b>3.3</b>	<b>Total</b>		
	Opening Balance	21,408	29,174
	Revenue	5,509	36,713
	Expenditure	<b>(7,800)</b>	<b>(44,479)</b>
	Current	(7,294)	(40,682)
	Capital	(506)	(3,797)
	Closing balance	<b>19,117</b>	<b>21,408</b>
<b>3.4</b>	<b>Analysis of balance</b>		
	<b>Aids Assistance Unutilised</b>	<b>19,117</b>	<b>21,408</b>
	RDP	4,668	9,760
	Other Sources	14,449	11,648
	Closing Balances	<b>19,117</b>	<b>21,408</b>

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		2010/11 R'000	2009/10 R'000
<b>4. Compensation of employees</b>			
<b>4.1 Salaries and wages</b>			
Basic Salary		8,582,629	8,005,810
Performance award		9,774	71
Service Based		6,346	14,702
Compensative/circumstantial		959,451	917,065
Periodic payments		36,816	32,964
Other non-pensionable allowances		1,637,121	1,507,876
<b>Total</b>		<b>11,232,137</b>	<b>10,478,488</b>
<b>4.2 Social contributions</b>			
<b>4.2.1 Pension</b>		1,051,099	1,056,030
Medical		650,132	589,112
UIF		1	-
Bargaining council		2,005	2,207
Official unions and associates		1	12
Insurance		6	-
<b>Total</b>		<b>1,703,244</b>	<b>1,647,361</b>
<b>Total compensation of employees</b>		<b>12,935,381</b>	<b>12,125,849</b>
<b>Average number of employees</b>		<b>70,799</b>	<b>66,732</b>

*Increase in Employees is due to the cancellation of contract with NGO and the employees are added to establishment as Community Care Givers*

	Note	2010/11 R'000	2009/10 R'000
<b>5 Goods and services</b>			
Administrative fees		67	53
Advertising		8,879	14,406
Assets less than R5,000	<a href="#">5.1</a>	36,369	25,580
Bursaries (employees)		1,033	331
Catering		2,057	5,461
Communication		82,127	94,600
Computer services	<a href="#">5.2</a>	80,192	117,345
Consultants, contractors and agency/ outsourced services	<a href="#">5.3</a>	1,205,563	1,626,480
Entertainment		3	3
Audit cost - External	<a href="#">5.4</a>	12,307	10,997
Inventory	<a href="#">5.5</a>	3,469,118	3,420,572
Operating leases		152,340	129,735
Owned and leasehold property expenditure	<a href="#">5.6</a>	1,021,084	779,862
Transport provided as part of the departmental activities		30,360	30,572
Travel and subsistence	<a href="#">5.7</a>	38,063	37,430
Venues and facilities		1,444	7,796
Training and staff development		29,646	31,825
Other operating expenditure	<a href="#">5.8</a>	87,464	28,948
<b>Total</b>		<b>6,258,116</b>	<b>6,361,996</b>

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	<i>Note</i>	<b>2010/11 R'000</b>	<b>2009/10 R'000</b>
<b>5.1 Assets less than R5,000</b>	<u>5</u>		
<b>Tangible assets</b>		<b>36,369</b>	<b>25,580</b>
Machinery and equipment		36,369	25,580
<b>Total</b>		<b>36,369</b>	<b>25,580</b>
	<i>Note</i>	<b>2010/11 R'000</b>	<b>2009/10 R'000</b>
<b>5.2 Computer services</b>	<u>5</u>		
SITA computer services		76,266	111,824
External computer service providers		3,926	5,521
<b>Total</b>		<b>80,192</b>	<b>117,345</b>
	<i>Note</i>	<b>2010/11 R'000</b>	<b>2009/10 R'000</b>
<b>5.3 Consultants, contractors and agency/outsourced services</b>	<u>5</u>		
Business and advisory services		33,855	38,517
Infrastructure and planning		8,668	8,778
Laboratory services		408,247	665,180
Legal costs		4,267	4,109
Contractors		75,983	201,553
Agency and support/outsourced services		674,543	708,343
<b>Total</b>		<b>1,205,563</b>	<b>1,626,480</b>
	<i>Note</i>	<b>2010/11 R'000</b>	<b>2009/10 R'000</b>
<b>5.4 Audit cost – external</b>	<u>5</u>		
Regulatory audits		12,297	10,997
Performance audits		10	-
<b>Total</b>		<b>12,307</b>	<b>10,997</b>
	<i>Note</i>	<b>2010/11 R'000</b>	<b>2009/10 R'000</b>
<b>5.5 Inventory</b>	<u>5</u>		
Food and food supplies		123,637	199,849
Fuel, oil and gas		250,048	231,391
Other consumable materials		230,706	174,037
Maintenance material		48,404	56,531
Stationery and printing		43,989	48,435
Medical supplies		917,147	1,574,544
Medicine		1,855,187	1,135,785
<b>Total</b>		<b>3,469,118</b>	<b>3,420,572</b>



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	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>5.6 Property Payment</b>	<a href="#">5</a>		
Municipal Services		269,126	214,242
Property maintenance and repairs		524,556	261,092
Other		227,402	304,528
<b>Total</b>		<b>1,021,084</b>	<b>779,862</b>

	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>5.7 Travel and subsistence</b>	<a href="#">5</a>		
Local		36,177	36,466
Foreign		1,886	964
<b>Total</b>		<b>38,063</b>	<b>37,430</b>

	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>5.8 Other operating expenditure</b>	<a href="#">5</a>		
Learner ships		2,790	340
Professional bodies, membership and subscription fees		18,860	1,431
Resettlement costs		8,208	4,999
Other		57,606	22,178
<b>Total</b>		<b>87,464</b>	<b>28,948</b>

	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>6. Payment for Financial assets</b>			
Material losses through criminal conduct		-	15
Theft	<a href="#">6.2</a>	-	15
Debts written off		5,629	-
<b>Total</b>		<b>5,629</b>	<b>15</b>

		2010/11 R'000	2009/10 R'000
<b>6.1 Debts written off</b>			
<b>Nature of debts written off</b>			
Staff debts written off		5,629	-
<b>Total</b>		<b>5,629</b>	<b>-</b>

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	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>6.2 Details of Theft</b>			
<b>Nature of Theft</b>			
Thefts and Losses	<a href="#">6</a>	-	15
<b>Total</b>		<b>-</b>	<b>15</b>

	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>6.3 Receivables for Department revenue written off</b>			
<b>Nature of Losses</b>			
Patients Fees written Off	<a href="#">24.1</a>	14,621	6,088
<b>Total</b>		<b>14,621</b>	<b>6,088</b>

	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>7. Transfers and subsidies</b>			
Provinces and municipalities	<a href="#">Annexure 1B,</a>		
Departmental agencies and accounts	<a href="#">Annexure 1C</a>	126,756	84,010
Non-profit institution	<a href="#">Annexure 1D</a>	18,401	34,312
Households	<a href="#">Annexure 1F</a>	289,009	278,796
Gifts and Donations	<a href="#">Annexure 1G</a>	128,127	101,111
<b>Total</b>		<b>562,293</b>	<b>498,279</b>

	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>8. Expenditure for capital assets</b>			
<b>Tangible assets</b>		<b>974,073</b>	<b>1,366,934</b>
Buildings and other fixed structures	<a href="#">31</a>	778,749	1,005,258
Machinery and equipment	<a href="#">30</a>	194,526	361,676
Land & subsoil Assets	<a href="#">31</a>	798	
<b>Total</b>		<b>974,073</b>	<b>1,366,934</b>

**8.1 Analysis of funds utilised to acquire capital assets**

	2010/11		Total
	Voted Funds R'000	Aid Assistance R'000	R'000
<b>Tangible assets</b>	<b>973,567</b>	<b>506</b>	<b>974,073</b>
Buildings and other fixed structures	778,749	-	778,749
Machinery and equipment	194,020	506	194,526
Land & Subsoil assets	798	-	798
<b>Total</b>	<b>973,567</b>	<b>506</b>	<b>974,073</b>

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**8.2 Analysis of funds utilised to acquire capital assets-**

	2009/10		Total R'000
	Voted Funds R'000	Aid Assistance R'000	
<b>Tangible Assets</b>	<b>1,363,137</b>	<b>3,797</b>	<b>1,366,934</b>
Buildings and other fixed structures	1,005,258	-	1,005,258
Machinery and equipment	357,879	3,797	361,676
<b>Total</b>	<b>1,363,137</b>	<b>3,797</b>	<b>1,366,934</b>

	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>9. Unauthorised expenditure</b>			
<b>9.1 Reconciliation of unauthorised expenditure</b>			
Opening balance		4,126,895	3,174,794
Unauthorised expenditure- discovered in current year	<a href="#">13</a>	-	2,255,998
Less: Amount approved by parliament/ legislature with funding		(1,870,897)	(545,897)
Less: Amount transferred to receivables for recovery		-	(758,000)
<b>Unauthorised expenditure awaiting authorisation / Written off</b>		<b>2,255,998</b>	<b>4,126,895</b>
<b>9.2 Analysis of awaiting authorisation per economic Classification</b>			
Current		2,255,998	4,126,895
<b>Total</b>		<b>2,255,998</b>	<b>4,126,895</b>
<b>9.3 Analysis of unauthorised expenditure awaiting authorisation per type</b>			
Unauthorised expenditure relating to overspending of the vote or a main division within the vote		2,255,998	4,126,895
Unauthorised expenditure incurred not in accordance with the purpose of the vote or main division			
<b>Total</b>		<b>2,255,998</b>	<b>4,126,895</b>
<b>10. Cash and cash equivalents</b>			
Cash on hand		279	280
<b>Total</b>		<b>279</b>	<b>280</b>
<b>11. Prepayments and advances</b>			
Travel and subsistence		59	116
<b>Total</b>		<b>59</b>	<b>116</b>

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	<i>Note</i>	2010/11 Less than one year	One to three years	Older than three years	Total	2009/10
<b>12. Receivable</b>						
Claims recoverable	<a href="#">12.1</a>	4,472	-	-	4,472	3,118
Recoverable Expenditure	<a href="#">12.2</a>	199	-	-	199	-
Staff debt	<a href="#">12.3</a>	6,625	21,101	25,794	53,520	44,895
Other debtors	<a href="#">12.4</a>	6,430	-	-	6,430	93,218
<b>TOTAL</b>		<b>17,726</b>	<b>21,101</b>	<b>25,794</b>	<b>64,621</b>	<b>141,231</b>

	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>12.1 Claims recoverable</b>	<a href="#">12</a>		
National departments		411	411
Provincial departments		4,034	4,019
Public entities		27	(1,611)
Private enterprises		-	(1,143)
Universities and Technikons		-	1,437
Local governments		-	5
<b>Total</b>		<b>4,472</b>	<b>3,118</b>

	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>12.2 Recoverable Expenditure ( disallowance account)</b>	<a href="#">12</a>		
Disallowance dishonoured cheque		7	-
Disallowance payment fraud: CA		192	-
<b>Total</b>		<b>199</b>	<b>-</b>

	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>12.3 Staff debt</b>	<a href="#">12</a>		
Breach of Contract		2,720	1,912
Employee Debt		14,114	9,253
Ex Employee Debt		35,924	29,605
Government Accidents		7	7
State Guarantee		34	-
Telephone Debt		1	-
Other Staff Debt		720	4,118
<b>Total</b>		<b>53,520</b>	<b>44,895</b>

	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>12.4 Other debtors</b>	<a href="#">12</a>		
Salary control accounts		6,430	9,356
CPS Interface		-	4,494
CPS Interface account		-	79,176
Disallowance Payment Fraud: CA		-	192
<b>Total</b>		<b>6,430</b>	<b>93,218</b>

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	<i>Note</i>	2010/11 R'000	2009/10 R'000
<b>13. Voted funds to be surrendered to the Revenue Fund</b>			
Opening balance		75,189	75,019
Transfer from Statement of Financial Performance		1,385,200	(2,020,113)
Add: Unauthorised expenditure for current year	<a href="#">9</a>	-	2,255,998
Voted funds not requested/not received	<a href="#">1.1</a>	(242,346)	(160,696)
Paid during the year		(75,189)	(75,019)
<b>Closing balance</b>		<b>1,142,854</b>	<b>75,189</b>
		<b>2010/11 R'000</b>	<b>2009/10 R'000</b>
<b>14. Departmental revenue to be surrendered to the Revenue Fund</b>			
Opening balance		26,129	(12,979)
Transfer from Statement of Financial Performance		191,221	232,879
Paid during the year		(210,803)	(193,771)
<b>Closing balance</b>		<b>6,547</b>	<b>26,129</b>
		<b>2010/11 R'000</b>	<b>2009/10 R'000</b>
<b>15. Bank overdraft</b>			
Consolidated Paymaster General Account		943,519	4,004,641
<b>Total</b>		<b>943,519</b>	<b>4,004,641</b>
		<b>Note</b>	<b>2010/11 R'000</b>
<b>16. Payables - current</b>			<b>2009/10 R'000</b>
Clearing accounts	<a href="#">16.1</a>	14,069	3,209
Other payables	<a href="#">16.2</a>	171,392	120,132
<b>Total</b>		<b>185,461</b>	<b>123,341</b>
		<b>Note</b>	<b>2010/11 R'000</b>
<b>16.1 Clearing account</b>	<a href="#">16</a>		<b>2009/10 R'000</b>
Salary control account		9,798	951
Debt Control Tax Debt		-	2,258
Inventory profit and loss		4,271	-
<b>Total</b>		<b>14,069</b>	<b>3,209</b>

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	<i>Note</i>	<b>2010/11</b> <b>R'000</b>	<b>2009/10</b> <b>R'000</b>
<b>16.2 Other payables</b>	<u>16</u>		
Pension recoverable account		5,521	7,997
Medsas Account		165,871	112,135
<b>Total</b>		<b>171,392</b>	<b>120,132</b>

*The Department is a related party to Provincial Pharmaceutical Supply Depot (PPSD)*

*PPSD is reported on Accrual accounting and has their own set of Financials*

	<b>2010/11</b> <b>R'000</b>	<b>2009/10</b> <b>R'000</b>
<b>17. Net cash flow available from operating activities</b>		
Net surplus as per Statement of Financial Performance	1,574,130	(1,795,000)
Add back non-cash movements/ movements not deemed operating activities:	2,448,188	2,255,672
(Increase/decrease in receivables – current	76,610	28,048
Increase)/decrease in prepayments and advances	57	274
(Increase) in other current assets	1,870,897	1,303,897
(Decrease)/Increase in payables – current	62,120	683
Proceeds from sale of capital assets	(7,231)	(14,678)
Expenditure on capital assets	974,073	1,366,934
Surrenders to revenue fund	(285,992)	(268,790)
Voted funds not requested/not received	(242,346)	(160,696)
<b>Net cash flow generated by operating activities</b>	<b>4,022,318</b>	<b>460,672</b>

	<b>2010/11</b> <b>R'000</b>	<b>2009/10</b> <b>R'000</b>
<b>18. Reconciliation of cash and cash equivalents for cash flow purposes</b>		
Consolidated Paymaster General Account	(943,519)	(4,004,641)
Cash on hand	279	280
<b>Total</b>	<b>(943,240)</b>	<b>(4,004,361)</b>

**DISCLOSURE NOTES TO THE ANNUAL FINANCIAL STATEMENTS**

		2010/11	2009/10
		R'000	R'000
<b>19.</b>	<b>Contingent liabilities and Contingent Assets</b>		
	<b>Note</b>		
<b>19.1</b>	<b>Liable to</b>		
	<b>Nature</b>		
	Motor vehicle guarantees	-	326
	Housing loan guarantees	17,603	30,630
	Claims against the department	627,126	556,440
	Other departments (Interdepartmental		
	Unconfirmed balances)	17,230	34,677
	Other	514,105	-
	<b>Total</b>	<b>1,176,064</b>	<b>622,073</b>

		2010/11	2009/10
		R'000	R'000
<b>19.2</b>	<b>Contingent Assets</b>		
	<b>Nature of Contingent Assets</b>		
	Occupation Specific Dispensation		
	(Nursing over payments)	20,208	20,208
	<b>Total</b>	<b>20,208</b>	<b>20,208</b>

		2010/11	2009/10
		R'000	R'000
<b>20.</b>	<b>Commitments</b>		
	<b>Current expenditure</b>		
	Approved and contracted	52,435	49,022
	Approved but not yet contracted	9,499	954,119
	<b>Sub Total</b>	<b>61,934</b>	<b>1,003,141</b>
	<b>Capital expenditure</b>		
	Approved and contracted	343,105	9,522
	Approved but not yet contracted	3,281,195	3,258,558
	<b>Sub Total</b>	<b>3,624,300</b>	<b>3,268,080</b>
	<b>Total Commitments</b>	<b>3,686,234</b>	<b>4,271,221</b>

*Indicate whether a commitment is for longer than a year*

**Current Expenditure more than 1 year**

Approved and contracted	601
Approved and not contracted	3,859

**Capital Expenditure**

Approved and contracted	101,075
Approved and not contracted	2,670,727

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	30 Days R'000	30+ Days R'000	2010/11 R'000	2009/10 R'000
<b>21. Accruals</b>				
Goods and services	174,405	20,351	194,756	184,593
Transfers and subsidies	-	-	-	1,809
Capital Assets	14,271	-	14,271	144,352
<b>Total</b>	<b>188,676</b>	<b>20,351</b>	<b>209,027</b>	<b>330,754</b>

<b>Listed by programme level</b>	<b>2010/11 R'000</b>	<b>2009/10 R'000</b>
Administration	20,855	32,580
District Health Services	108,797	194,495
Emergency Medical Services	1,767	1,888
Provincial Hospital Services	7,137	11,155
Central Hospital Services	39,584	61,870
Health Service and Training	2,209	3,453
Health Care Support	-	880
Health Facilities Management	28,678	24,433
<b>Total</b>	<b>209,027</b>	<b>330,754</b>

*Due To Departments saving the list of accruals has decreased.*

Confirmed balances with other departments	<a href="#">Annex 4</a>	18,498	96,498
Confirmed balances with other government entities	<a href="#">Annex 4</a>	121,141	63,640
<b>Total</b>		<b>139,639</b>	<b>160,138</b>

	<b>2010/11 R'000</b>	<b>2009/10 R'000</b>
<b>22. Employee benefit provisions</b>		
Leave entitlement	627,660	529,634
Service Bonus (Thirteenth cheque)	345,941	318,531
Capped leave commitments	773,616	765,991
Other	2,708	23,165
<b>Total</b>	<b>1,749,925</b>	<b>1,637,321</b>



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**23. Lease commitments**

**23.1 Operating leases expenditure**

**2010/11**

Not later than 1 year  
 Later than 1 year and not later than 5 years  
**Total lease commitments**

Land	Buildings and other fixed structures	Machinery and equipment	Total
-	33,144	32,849	65,993
-	77,554	-	77,554
-	<b>110,698</b>	<b>32,849</b>	<b>143,547</b>

**2009/10**

Not later than 1 year  
 Later than 1 year and not later than 5 years  
**Total lease commitments**  
*Cell phone R2, 446*

Land	Buildings and other fixed structures	Machinery and equipment	Total
-	51,576	72,002	123,578
-	139,788	1,726	141,514
-	<b>191,364</b>	<b>73,728</b>	<b>265,092</b>

**24. Receivables for departmental revenue**

Sales of goods and services other than capital assets

**Total**

**2010/11  
R'000**                      **2009/10  
R'000**

148,092                      104,697

**148,092**                      **104,697**

**24.1 Analysis of receivables for departmental revenue**

Opening Balances  
 Less: Amounts received  
 Add: Amounts recognised  
 Less: Amounts written-off/reversed as irrecoverable

**2010/11  
R'000**                      **2009/10  
R'000**

104,697                      52,183

62,561                      106,094

120,577                      164,696

[6.3](#) 14,621                      6,088

**Closing balance**

**148,092**                      **104,697**

**25. Irregular Expenditure**

Opening balance  
 Add: Irregular expenditure - relating to prior year  
 Add: Irregular expenditure - relating to current year  
 Less: Amounts condoned

**2010/11  
R'000**                      **2009/10  
R'000**

851,999                      1,181,960

-
 294,028 || - | 343,697 |
| - | (967,686) |
| **851,999** | **851,999** |

**Irregular expenditure awaiting con donation**

**851,999**                      **851,999**

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	2010/11 R'000	2009/10 R'000
<b>Analysis of awaiting Condonation per age classification</b>		
Current year	401,709	
Prior years	851,999	214,274
<b>Total</b>	<b>1,253,708</b>	<b>214,274</b>

		2010/11 R'000
<b>25.1</b>	<b>Details of irregular expenditure - Incident</b>	
	Current year Disciplinary steps taken/criminal proceedings	
	Various	401,709
	<b>Total</b>	<b>401,709</b>

		2010/11 R'000
<b>25.2</b>	<b>Details of irregular expenditure under investigation Incident</b>	
	Various	401,709
	<b>Total</b>	<b>401,709</b>

		2010/11 R'000	2009/10 R'000
<b>26.</b>	<b>Key management personnel</b>		
	<i>No of Individuals</i>		
	Officials:	1,420	1,420
	Level 15 to 16	3,897	3,711
	Level 14 (including CFO if at a lower level)	11,332	13,127
	Family members of key management personnel		-
	<b>Total</b>	<b>16,649</b>	<b>18,258</b>

*The MEC for Health is the Honourable Dr. S.M. Dhlomo*

**27. Public Private Partnership**

**Inkosi Albert Luthuli Central Hospital PPP**

The Department has in place a public private partnership agreement with Cowslip Investments (Pty) Ltd and Impilo Consortium for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. The Department is satisfied that the performance of the PPP partners was adequately monitored in terms of the provisions of the agreement.

The Department has the right to the full use of the assets and the consortium may not pledge the assets as security against any borrowings for the duration of the agreement.

The Impilo Consortium is responsible for the provision of the following goods and services:

- Supply of Equipment and IM&T Systems that are State of the Art and replace the Equipment and IM&T Systems so as to ensure that they remain State of the Art;
- Supply and replacement of Non-Medical Equipment;
- Provision of all Services necessary to manage the Project Assets in accordance with Best Industry Practice;
- Maintenance and replacement of the Departmental Assets in terms of the replacement schedules;
- Provision or procurement of Utilities and Consumables and Surgical Instruments; and
- Provision of Facilities Management Services.

The agreement was concluded with a view to provide the Department with the opportunity to concentrate on the delivery of clinical services at the highest standards in terms of quality, efficiency, effectiveness and patient focussed care.

The Department is responsible for the employment of all healthcare staff and the administration staff, together with the provision of all consumables used in the provision of the healthcare services.

Impilo Consortium is required at its own cost and risk to provide, deliver, Commission, manage, maintain and repair (as the case may be) Project Assets and Department Assets (or part thereof), including the renewal or replacement of Project Assets and Department Assets at such times and in such manner as to enable it to meet the IM&T Output Specifications and the FM Output Specifications; as to ensure that the Department is, at all times, able to provide Clinical Services that

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fulfil Hospital's Output Specifications using State of the Art Equipment and IM&T Systems; as would be required having regard to Best Industry Practice; and as required by Law.

The replacement of assets over the period of the contract is based on the Replacement Programme which operates on a rolling basis. To that end, at least 1 (one) month prior to the start of each Contract Year thereafter, Impilo Consortium is required to furnish to the Asset Replacement Committee for approval a revised Replacement Programme.

The assets will only transfer to the Department at the end of the period of the agreement.

The Impilo Consortium has to ensure that, at the end of the Project Term the Project Assets and Department Assets comply with the requirements of the Agreement and are in a state of repair which is sound and operationally safe, fair wear and tear excepted and the items comprising each level of Project Assets specified in the agreement between them have an average remaining useful life not less than one third of the original useful life.

Amendment 2 to the PPP agreement was concluded during December 2005. The main aim thereof was to consolidate various amendments agreed upon since the inception date of the contract and no additional financial implications were incurred as a result of the amendments.

The commencement date of the contract was 4 February 2002, with a final commissioning date for the hospital functions being 31 August 2003. The contract is for a period of 15 years from the commencement date. The Department has the option to renew the agreement only for a further year after 15 years.

The agreement requires the Department to pay a monthly service fee as stipulated in the schedule of payments to cover the monthly operational costs for facilities management, provision of information technology services, maintenance of equipment and the supply of equipment related consumables which the consortium is responsible for. The service fee is adjusted monthly for applicable performance penalties in accordance with the provisions of the penalty regime. The Department is also responsible for the payment of a quarterly fee towards the asset replacement reserve. The fee for the year under review was as follows:

	<b>Actual Expenditure: 2010/11</b>	<b>Commitment for 2011/12</b>	<b>Payments from 1 April 2010 till the End of the contract</b>
	<b>R'000</b>	<b>R'000</b>	<b>R'000</b>
Monthly Service Fee	368,303	282,190	2,730,514
Quarterly Fee	208,206	178,582	1,833,368
<b>TOTAL</b>	<b>594,509</b>	<b>460,772</b>	<b>4,563,882</b>

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	Actual Expenditure: 2009/10  R'000	Commitment for 2010/11  R'000	Payments from 1 April 2010 till the end of the contract R'000
Monthly Service Fee	360,628	267,466	2,353,011
Quarterly Fee	182,562	176,409	1,072,196
<b>TOTAL</b>	<b>543,190</b>	<b>443,875</b>	<b>3,425,207</b>

*Listed below were the expenditure incurred for the current and prior year*

	2010/11 R'000	2009/10 R'000
<b>Contract fee paid</b>		
Indexed component	594,509	543,190
<b>Total</b>	<b>594,509</b>	<b>543,190</b>

*PPP agreement with Cowslip Investments*

	2010/11 R'000	2009/10 R'000
<b>28. Provisions</b>		
<b>Potential irrecoverable debts</b>		
Other Debtors	27,203	29,605
<b>Total</b>	<b>27,203</b>	<b>29,605</b>

	2010/11 R'000
<b>29. Non- Adjusting Events After Reporting Date</b>	
Include an estimate of the financial effect of the subsequent non-adjusting events or a statement that such an estimate cannot be made.	
OSD for Allied Health Workers	10,000
<b>Total</b>	<b>10,000</b>

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**30. Movable Tangible Capital Assets**

Movement in tangible capital assets per asset register for the year ended 31 March 2011

Heritage Assets	Opening balance	Current Year Adjustments to prior year balances	Additions	Disposals/ Transfers	Closing balance
	Cost	Cost	Cost	Cost	Cost
	R'000	R'000	R'000	R'000	R'000
<b>Machinery and Equipment</b>	1,565,705	(234,169)	194,019	49,674	1,475,881
Transport Assets	638,480	97,746	61,692	49,674	748,244
Computer equipment	36,417	(17,541)	21,467	-	40,343
Furniture and Office equipment	106,164	3,564	2,978	-	112,706
Other machinery & Equipment	784,644	(317,938)	107,882	-	574,588
<b>Total tangible assets</b>	<b>1,565,705</b>	<b>(234,169)</b>	<b>194,019</b>	<b>49,674</b>	<b>1,475,881</b>

**30.1 Additions to tangible capital asset per asset register for the year ended 31 March 2011**

	Cash	Non-Cash	(Capital work in progress - current costs)	Received current year, not paid (Paid current year, received prior year)	Total
	Cost	Fair Value	Cost	Cost	Cost
	R'000	R'000	R'000	R'000	R'000
<b>Machinery and equipment</b>	194,019	-	-	-	194,019
Transport assets	61,692	-	-	-	61,692
Computer equipment	21,467	-	-	-	21,467
Furniture and Office equipment	2,978	-	-	-	2,978
Other machinery and equipment	107,882	-	-	-	107,882
<b>Total capital assets</b>	<b>194,019</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>194,019</b>

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**30.2 Disposals/ Transfers of tangible capital assets per asset register for the year ended 31 March 2011**

	Sold (cash)	Non-cash	Total	Cash Received
	Cost	Fair Value	Cost	Actual
	R'000	R'000	R'000	R'000
Machinery and equipment	49,674	-	49,674	7,231
Transport assets	49,674	-	49,674	7,231
<b>Total</b>	<b>49,674</b>	<b>-</b>	<b>49,674</b>	<b>7,231</b>

**Movement for 2009/2010**

**30.3 Movement in tangible capital assets per asset register for the year ended 31 March 2010**

	Opening balance	Additions	Disposals	Closing Balance
	R'000	R'000	R'000	R'000
<b>Machinery and equipment</b>	<b>1,207,828</b>	<b>357,878</b>	<b>1</b>	<b>1,565,705</b>
Transport assets	569,210	69,271	1	638,480
Computer equipment	19,900	16,517	-	36,417
Furniture and Office equipment	102,468	3,696	-	106,164
Other machinery and equipment	516,250	268,394	-	784,644
<b>Total tangible assets</b>	<b>1,207,828</b>	<b>357,878</b>	<b>1</b>	<b>1,565,705</b>

**30.4 Minor assets**

**Movement in minor asset per the asset register for the ended 31 March 2011**

	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
	R'000	R'000	R'000	R'000	R'000
Opening Balance	-	-	222,015	-	222,015
Current yr adjustment to Prior yr Bal	-	-	(34,718)	-	(34,718)
Additional	-	-	36,369	-	36,369
<b>Total</b>	<b>-</b>	<b>-</b>	<b>223,666</b>	<b>-</b>	<b>223,666</b>

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**30.5**

	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
Number of R1 minor assets	-	-	197,188	-	197,188
Number of minor assets at cost	-	-	360,404	-	360,404
<b>TOTAL</b>	-	-	<b>557,592</b>	-	<b>557,592</b>

**30.6 Minor assets**

**MINOR ASSETS OF THE DEPARTMENT FOR 31 MARCH 2010**

	Intangible assets R'000	Heritage assets R'000	Machinery and equipment R'000	Biological assets R'000	Total R'000
Minor Assets	-	-	-	222,015	222,015
<b>TOTAL</b>	-	-	-	<b>222,015</b>	<b>222,015</b>

	Intangible assets	Heritage assets	Machinery and equipment	Biological assets	Total
Number of R1 minor assets	-	-	-	49,277	49,277
Number of minor assets cost	-	-	-	359,314	359,314
<b>TOTAL</b>	-	-	-	<b>408,591</b>	<b>408,591</b>

**31. Immovable Tangible Capital Assets**

**Additions**

**Additions to immovable tangible capital assets per asset register for the year ended 31 March 2011**

	Cash R'000	Non-cash R'000	(Capital work-in- progress current costs and finance lease payment) R'000	Received current, not paid (paid current year, received prior year) R'000	Total R'000
<b>Building and Other Fixed Structures</b>	425,072	-	(425,072)	-	-
Non-residential Buildings	425,072	-	(425,072)	-	-
<b>Total tangible assets</b>	<b>425,072</b>	<b>-</b>	<b>(425,072)</b>	<b>-</b>	<b>-</b>



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**Movement for 2009/2010****Movement in Immovable Tangible Capital Assets per Asset Register for the year ended 31 March 2010**

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
<b>Building and Other Fixed Structures</b>	-	<b>861,758</b>	<b>861,758</b>	-
Dwellings	-	861,758	861,758	-
<b>Total tangible assets</b>	-	<b>861,758</b>	<b>861,758</b>	-

## **ANNEXURES TO ANNUAL FINANCIAL STATEMENTS**

### **ANNEXURE A**

#### **SCHEDULE – IMMOVABLE ASSETS, LAND AND SUB SOIL ASSETS**

##### **Opening balances – 2007/2008**

In the 2006/07 financial year the Department applied Accounting Circular 1 of 2007. The impact of this circular on the financial statements resulted in the cumulative balances on buildings being transferred to the provincial Department of Works. The balance that was transferred was R549, 366 million under the category Buildings and other Fixed Structures.

##### **Movements to immovable assets – 2007/2008**

The department has applied the exemption as granted by the National Treasury and thus immovable assets have not been disclosed on the face of the annual financial statements.

##### ***Additions***

The additions for the 2007/08 financial year on buildings recorded under the category Buildings and other fixed structures were R 623,762 million.

##### ***Disposals***

The department did not dispose of any additions on buildings for the 2007/08 financial year.

##### **Movements to immovable assets – 2008/2009**

The Department has applied the exemption as granted by the National Treasury and thus where there is uncertainty with regards to ownership of immovable assets; these have not been disclosed on the face of the annual financial statements.

##### ***Additions***

The additions for the 2008/09 financial year on buildings recorded under the category Buildings and other Fixed Structure was R635, 593 million.

##### ***Disposals***

The Department did not dispose of any additions on buildings for the 2008/09 financial year.

**Movements to immovable assets – 2009/2010**

The Department has applied the Guidelines as issued by the National Treasury and thus where there is doubt as to which department is responsible for the property and the GIAMA allocation process has not been finalised, these assets must not be disclosed in the notes to the annual financial statements. The register for immovable in the Province of KwaZulu Natal resides with the Department of Public Works.

***Additions***

The additions for the 2009/2010 year recorded on Buildings and Fixed Structures are R 1,005,258 billion.

***Work in Progress***

The Work-in-progress as at 31 March 2010 recorded on Building and Fixed Structures are R 861,758 million

***Disposals/ Transfers***

The department did not dispose of any additions on buildings for the 2009/10 financial year.

**Movements to immovable assets – 2010/2011**

The Department has applied the Guidelines as issued by the National Treasury and thus where there is doubt as to which department is responsible for the property and the GIAMA allocation process has not been finalised, these assets must not be disclosed in the notes to the annual financial statements. The register for immovable in the Province of KwaZulu Natal resides with the Department of Public Works.

***Additions***

The additions for the 2010/2011 year recorded on Buildings and Fixed Structures are R 778, 749 million.

***Work in Progress***

The Work-in-progress as at 31 March 2011 recorded on Building and Fixed Structures are R 425, 072 million

***Disposals/ Transfers***

The Department did not dispose of any additions on buildings for the 2010/11 financial year

**The supplementary information presented does not form part of the annual financial statements and is unaudited**

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

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**ANNEXURE 1 A**

**STATEMENT OF CONDITIONAL GRANTS RECEIVED**

Name of Grant	Grant Allocation					Spent			2009/10	
	Division of Revenue Act	Roll Over	DORA Adjustments	Other Adjustments	Total Available	Amount received by Department	Amount spent by Department	% of Available funds spent	Division of Revenue Act	Amount spent by Department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Division of Revenue Act</b>										
2010 World Cup Prep Strategy	-	3,538	-	-	3,538	3,538	3,538	100%	3,581	43
National Tertiary Services Grant	1,102,585	-	-	-	1,102,585	1,102,585	1,102,517	100%	983,948	984,488
HIV / AIDS Grant	1,498,811	-	-	20,000	1,518,811	1,518,811	1,500,926	99%	1,121,575	1,121,583
Forensic Pathology Grant	152,406	-	-	-	152,406	152,406	152,406	100%	134,538	278,033
Hospital Revitalisation Grant	500,815	-	-	-	500,815	389,565	297,570	76%	288,862	224,909
Health Professional & Training Grant	235,771	-	-	-	235,771	235,771	235,771	100%	222,425	222,425
Infrastructure Grant to Provinces	401,055	-	-	(817)	400,238	280,449	280,449	100%	359,717	359,717
EPWP Grant for Social Sector	2,688	-	-	(12)	2,676	2,676	2,555	95%	-	-
EPWP Incentive Grant to Provinces for Infrastructure Section	-	-	-	11,307	11,307	-	-	-	-	-
<b>Total</b>	<b>3,894,131</b>	<b>3,538</b>	<b>-</b>	<b>30,478</b>	<b>3,928,147</b>	<b>3,685,801</b>	<b>3,575,732</b>		<b>3,114,646</b>	<b>3,191,198</b>

*Due to under-spending funds were withheld by the National Department Health for Hospital Revitalisation and Infrastructure Grants to Provinces*

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**ANNEXURE 1 B**

**STATEMENT OF UNCONDITIONAL TRANSFERS PAID TO PROVINCES**

Name of Department	Grant Allocation				Transfer		Spent			2009/10
	Amount	Roll Over	Other Adjustments	Total Available	Actual Transfer	% of Available Transferred	Amount received by Department	Amount spent by Department	% of Available funds spent by Department	Total Available
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000
Claims against the State	-	-	-	-	2	-	-	-	-	41
Department of Transport	2,167	-	-	2,167	2,866	132%	-	-	-	2,911
<b>Total</b>	<b>2,167</b>	<b>-</b>	<b>-</b>	<b>2,167</b>	<b>2,868</b>		<b>-</b>	<b>-</b>		<b>2,952</b>

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**ANNEXURE 1 C**

**STATEMENT ON UNCONDITIONAL GRANTS AND TRANSFERS TO MUNICIPALITIES**

Name of Municipality	Grant Allocation				Transfer		Spent			2009/10
	Division of Revenue Act	Roll Over	Adjustments	Total Available	Actual Transfer	% of Available Funds Transferred	Amount received by municipality	Amount spent by municipality	% of Available funds spent by municipality	Division of Revenue Act
	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	%	R'000
Abaqulusi	1,728	-	-	-	-	-	-	-	-	1,117
Dannhauser	1,529	-	-	-	-	-	-	-	-	895
Edumbe	1,278	-	-	-	-	-	-	-	-	826
Emnambithi / Ladysmith	10,756	-	-	-	10,756	-	10,756	10,756	-	11,599
Endondasuka / Mandeni	1,833	-	-	-	1,527	-	1,527	1,527	-	1,240
Endumeni	-	-	-	-	2,077	-	2,077	2,077	-	3,109
eThekwini	44,540	-	-	-	44,540	-	44,540	44,540	-	42,613
Hibiscus Coast	7,252	-	-	-	7,252	-	7,252	7,252	-	6,104
Kwa Dukuza	4,329	-	-	-	4,329	-	4,329	4,329	-	4,084
Mpofona	2,907	-	-	-	817	-	817	817	-	1,690
Msunduzi	31,809	-	-	-	28,887	-	28,887	28,887	-	16,689
Mthonjaneni	1,239	-	-	-	773	-	773	773	-	1,075
Newcastle	1,816	-	-	-	1,493	-	1,493	1,493	-	2,008
Okhahlamba	1,484	-	-	-	1,484	-	1,484	1,484	-	2,199
Umdoni	4,551	-	-	-	3,493	-	3,493	3,493	-	3,750
Umhlathuze	4,609	-	-	-	4,086	-	4,086	4,086	-	4,348
Umlalazi	2,461	-	-	-	2,461	-	2,461	2,461	-	4,188
Umgengi	4,122	-	-	-	3,291	-	3,291	3,291	-	2,324
Umtshezi	2,161	-	-	-	2,161	-	2,161	2,161	-	2,875
Umuziwabantu	1,682	-	-	-	1,408	-	1,408	1,408	-	1,586
Umvoti	1,573	-	-	-	1,573	-	1,573	1,573	-	3,096
Umshwathi Municipal Clinic	1,597	-	-	-	1,480	-	1,480	1,480	-	-
<b>TOTAL</b>	<b>135,256</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>123,888</b>		<b>123,888</b>	<b>123,888</b>		<b>117,415</b>

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**ANNEXURE D**

**STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS**

Departments/Agency/Account	Transfer Allocation				Transfer		2009/10
	Adjusted Appropriation Act	Roll Over	Adjustments	Total Available	Actual Transfer	% of Available Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Cape Medical Depot Augmentation (PPSD)	10,764	-	-	10,764	10,764	100%	27,528
Skills Development Levy	7,637	-	-	7,637	7,637	100%	6,784
<b>TOTAL</b>	<b>18,401</b>	<b>-</b>	<b>-</b>	<b>18,401</b>	<b>18,401</b>		<b>34,312</b>

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**ANNEXURE 1 F**

**STATEMENT OF TRANSFERS AND SUBSIDIES TO NON-PROFIT INSTITUTIONS**

Non-Profit Institutions	Transfer Allocation				Expenditure		2009/10
	Adjusted Appropriation Act	Roll Over	Adjustments	Total Available	Actual Transfer	% of Available Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
<b>Subsidies</b>							
Austerville Halfway House	474	-	-	474	474	100%	505
Azalea House	438	-	-	438	438	100%	409
Bekimpelo/Bekulwandle Trust Clinic	6,775	-	-	6,775	6,687	99%	6,190
Benedictine Clinic	339	-	-	339	335	99%	313
Claremont Day Care Centre	324	-	-	324	324	100%	341
Day Care Club 91	52	-	-	52	52	100%	49
Durban School For The Deaf	181	-	-	181	179	99%	166
Ekukhanyeni Clinic	1,011	-	-	1,011	718	71%	-
Elandskop Clinic	408	-	-	408	403	99%	377
Enkumane Clinic	246	-	-	246	243	99%	226
Happy Hour Amaoti	335	-	-	335	335	100%	499
Happy Hour Durban North	223	-	-	223	223	100%	283
Happy Hour Kwaximba	335	-	-	335	335	100%	461
Happy Hour Mariannahill	101	-	-	101	100	99%	115
Happy Hour Mpumalanga	335	-	-	335	335	100%	553
Happy Hour Ninikhona	179	-	-	179	179	100%	445
Happy Hour Nyangwini	234	-	-	234	234	100%	302
Happy Hour Overport	167	-	-	167	167	100%	166
Happy Hour Phoenix	223	-	-	223	223	100%	301
Hlanganani Ngothando DCC	179	-	-	179	179	100%	375
Ikhwezi Cripple Care	1,344	-	-	1,344	1,344	100%	1,254
Ikhwezi Dns	157	-	-	157	155	99%	145
Jewel House	304	-	-	304	304	100%	284
John Peattie House	1,192	-	-	1,192	1,192	100%	1,113
Jona Vaughn Centre	2,130	-	-	2,130	2,130	100%	2,032



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**ANNEXURE 1 F (continued)**

**STATEMENT OF TRANSFERS AND SUBSIDIES TO NON-PROFIT INSTITUTIONS**

Non-Profit Institutions	Transfer Allocation				Expenditure		2009/10
	Adjusted Appropriation Act	Roll Over's	Adjustments	Total Available	Actual Transfer	% of Available Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Lynn House	633	-	-	633	633	100%	592
Madeline Manor	767	-	-	767	767	100%	716
Masada NGO	67	-	-	67	67	100%	62
Masibambeni Day Care Centre	134	-	-	134	134	100%	126
Matikwe Oblate Clinic	442	-	-	442	436	99%	408
McCords Hospital	84,306	-	-	84,306	76,275	90%	71,720
Montebello Chronic Sick Home	4,430	-	-	4,430	4,372	99%	4,078
Mountain View Special Hospital	8,890	-	-	8,890	8,774	99%	8,120
Noyi Bazi Oblate Clinic	446	-	-	446	440	99%	411
Pongola Hospital	3,592	-	-	3,592	3,545	99%	3,282
Scadifa Centre	913	-	-	913	913	100%	852
Siloah Special Hospital	16,167	-	-	16,167	15,471	96%	12,957
Sparks Estate	1,166	-	-	1,166	1,166	100%	1,089
St. Lukes Home	482	-	-	482	482	100%	450
St. Mary's Hospital Mariannhill	95,141	-	-	95,141	90,500	95%	85,201
Sunfield Home	127	-	-	127	127	100%	118
Umlazi Halfway House	237	-	-	237	237	100%	237
Phrenaid	91	-	-	91	91	100%	85
Rainbow Haven	355	-	-	355	355	100%	331
District Serv. Delivery: Ugu (HIV/AIDA)	3,422	-	-	3,422	3,931	115%	4,594
District Serv. Delivery: Umgungundlovu	4,541	-	-	4,541	4,523	100%	4,561
District Serv. Delivery: Uthukela	3,231	-	-	3,231	3,916	121%	4,239
District Serv. Delivery: Umzinyathi	1,398	-	-	1,398	2,458	176%	2,407
District Serv. Delivery: Amajuba	1,453	-	-	1,453	1,750	120%	1,839
District Serv. Delivery: Zululand	3,127	-	-	3,127	4,183	134%	3,859

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**ANNEXURE 1 F (continued)**

**STATEMENT OF TRANSFERS AND SUBSIDIES TO NON-PROFIT INSTITUTIONS**

Non-Profit Institution	Transfer Allocation				Expenditure		2009/10
	Adjusted Appropriation Act	Roll Over	Adjustments	Total Available	Actual Transfer	% of Available Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
District Serv. Delivery: Umkhanyakude	2,930	-	-	2,930	3,643	124%	4,033
District Serv. Delivery: Uthungulu	6,032	-	-	6,032	7,258	120%	7,846
District Serv. Delivery: Ilembe	6,461	-	-	6,461	7,764	120%	7,497
District Serv. Delivery: Sisonke	2,276	-	-	2,276	6,699	294%	7,294
District Serv. Delivery: eThekwini	9,058	-	-	9,058	11,049	122%	11,688
Genesis care Centre	5,434	-	-	5,434	2,659	49%	2,520
Mhlumayo Clinic	525	-	-	525	518	99%	483
Philanjalo Hospice	2,882	-	-	2,882	2,109	73%	2,213
Entabeni Step-down Centre	3,450	-	-	3,450	3,836	111%	3,917
The Dream centre	-	-	-	-	-	-	1,735
Budget Control Holding Funds	3,324	-	-	3,324	-	-	-
Head Office HAST	1,001	-	-	1,001	640	64%	332
	<b>296,617</b>	-	-	<b>296,617</b>	<b>289,009</b>		<b>278,796</b>
<b>TOTAL</b>	<b>296,617</b>	-	-	<b>296,617</b>	<b>289,009</b>		<b>278,796</b>

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**ANNEXURE 1 G**

**STATEMENT OF TRANSFERS AND SUBSIDIES TO HOUSEHOLDS**

Households	Transfer Allocation				Expenditure		2009/10
	Adjusted Appropriation Act	Roll Over's	Adjustments	Total Available	Actual Transfer	% of Available Transferred	Final Appropriation Act
	R'000	R'000	R'000	R'000	R'000	%	R'000
Employee Social Benefits - Injury on Duty	307	-	-	307	144	47%	330
Employee Social Benefits - Leave Gratuity	44,804	-	-	44,804	51,901	116%	28,487
Employee Social Benefits - Post Retirement Ben	50	-	-	50	-	-	470
Employee Social Benefits - Severance Package	279	-	-	279	279	100%	680
Bursaries : Non Employee	50,432	-	-	50,432	51,611	102%	38,483
Claims Against the State	19,465	-	-	19,465	24,142	124%	19,519
PMT / Refunds & Rem - Act of Grace	50	-	-	50	50	100%	-
Donation and Gifts	-	-	-	-	-	-	15
<b>TOTAL</b>	<b>115,387</b>	<b>-</b>	<b>-</b>	<b>115,387</b>	<b>128,127</b>		<b>87,984</b>

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**ANNEXURE 1 H**

**STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED FOR THE YEAR ENDED 31 MARCH 2009**

Name of Organisation	Nature of Gift, Donation or Sponsorship	2010/11	2009/10
		R'000	R'000
<b>Received in Cash</b>			
Prior year donation received		-	100
<b>Subtotal</b>		<b>-</b>	<b>100</b>
<b>Received in kind</b>			
Prior year received		-	23,807
America to Africa Help	Donation of various medical suppliers and equipment from America to Africa help to St. Apollinaris Hospital	14	-
University of KwaZulu-Natal	Donation of a computer: Estcourt Provincial Hospital	4	-
Pantech	Donation of timers: Amajuba district	7	-
BroadReach Health Care	Donation of the park homes, provision of ablution and heating equipment and furniture for St. Andrews Hospital ARV programme	750	-
FOM Scholarship Scheme	Donation of Audiology equipment for Hlabisa Hospital	90	-
Sri Sathya Sai Seva Organisation Co-ordinating committee of Phoenix	Donation of 108 baby dresses: Mahatma Gandhi	4	-
Mrs. S. Naidoo	Donation of 2 benches: RK Khan	3	-
Surgical Department - RK Khan	Donation of television sets (4) and DVD player (1): RK Khan Hospital	5	-
Pharmacy Fund Raising Team (Mahatma Gandhi)	Donation of a microwave oven	1	-
Bekezela Cleaning and Security Service	Donation of microwave	1	-
BroadReach Health Care	Donation of lactometer, 2X hydro boilers, 3XLCD screens and DVD Player: Dunstan Farrell Hospital	23	-
Elizabeth Glaser paediatric AIDS foundation	Donation of a mobile clinic: Umgungundlovu district	831	-
Old Mutual Group Scheme	Donation of television set, aerial and wall mounting stand: Nkandla Hospital	3	-
CHOC	donation of television and Office Pro	5	-
Hulamin Pty Ltd	Donation of corneal cross linking machine/ system; Grey's Hospital	181	-
Dr. Y. Nattar	Donation of 5x heaters: RK Khan	3	-
Staff of B1 and B2 ward	Donation of 4x television sets: Grey's Hospital	2	-

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Name of Organisation	Nature of Gift, Donation or Sponsorship	2010/11 R'000	2009/10 R'000
Adcock Ingram Critical Care	Donation of 1x metal stationery cupboard: Grey's Hospital	2	-
Mr. D. Dicks	Donation of 2x portable television sets	1	-
KZN Kidney Association/ engen	Donation of a dialysis machine: Addington Hospital	103	-
Staff at ICU (Addington)	Donation of an LCD Full HD Television set: Addington Hospital	6	-
Stefanutti Stocks Civils KZN	Donation of management, expertise, material and labour towards the construction of a mother's lodge for IALCH	400	-
CMC di Ravenna	Donation of funds towards the construction of a mother's lodge for IALCH	150	-
Staff casualty	Donation of fridge/ freezer: Grey's Hospital Casualty	3	-
Dow Agro Sciences	Donation of 20 plastic chairs for Osindisweni Hospital	1	-
Absa Bank	Donation of home theatre system to GJ Crookes	1	-
MSD (PTY) Ltd	Donation of 3000 gardasil doses in support of Phila Ma Project	2,700	-
Drakensberg Lifestyle resort	4X 1 night accommodation – Health Promotion Women's Day	6	-
Optima Resorts	A midbreak stay for a family of four – Women's Day	4	-
LoganMed	Catering – Health Promotion Women's Day	6	-
Protea Hotels	4X2 night accommodation Health Promotion – Women's Day	10	-
Cazabella Jewellery	4x silver bracelets – Women's Day	1	-
Aquelle	200 bottles of water – Women's Day	1	-
Powerade	144 bottle of powerade – Women's Day	1	-
Innox	3 gift hampers – Women's Day	1	-
Virgin Active	Zumba, gift bags and meal voucher – Women's Day	11	-
Honey Jewellery	Costume jewellery – Women's Day	2	-
Grace Family Church	Mobile cot toys	1	-
Impact Hearing	30 Hearing Aids	150	-
St. Apollinaris Hospital	3 Cordless phones	3	-
Centocow Development programme	Outdoor shelter blinds	52	-
Centocow Development programme	Electronic training equipment	47	-
Africaid – Whizzkids	Whizzkids Teen Health Academy	8,400	-
Ward 7 Staff: Mahatma Gandhi Hospital	1X microwave and 1X kettle	1	-
Vika Liquor store	Awards ceremony for staff at Enseleni Hospital – Donation	6	-
GW Strike CC T/A Glemed	Imagepoint doppleer Ultrasound system Hewlett Packard S/N No US97D00572 with Cardiac S4--2 Probe S/N US9737606	90	-

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<b>Name of Organisation</b>	<b>Nature of Gift, Donation or Sponsorship</b>	<b>2010/11 R'000</b>	<b>2009/10 R'000</b>
Hospital Board: Addington Hospital	Prize giving for staff motivation at Addington Hospital – Donation	6	-
Creighton Sunflower Health, Education and Life Projects	Various items	1	-
Ms. N. Dube: MEC for Corporate Governance	2X television sets for IALCH	3	-
Elizabeth Glaser paediatric AIDS foundation	1X mobile clinic: Zululand District	762	-
Mrs. AJ Johnson's Estate	Purchase of Toys Mahatma Gandhi Hospital - donation	1	-
Chatsworth Psychiatric Clinic staff	3x Silver floor fans, 1x microwave and 1x computer stand	2	-
Dr. Nattan and Dr. Pather	1x bar fridge, 1x microwave and 1x kettle	2	-
<b>TOTAL</b>		<b>14,864</b>	<b>23,907</b>

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

**ANNUAL REPORT 2010/11**

**ANNEXURE 1I**

**STATEMENT OF AID ASSISTANCE RECEIVED**

Name of Donor	Purpose	Opening Balance	Revenue	Expenditure	Closing Balance
		R'000	R'000	R'000	R'000
<b>Received in cash</b>					
Geneva Global	Enhancement of care for HIV/AIDS patients	1,463	-	-	1,463
TB Global Fund	Strengthen Provincial Capacity for treatment and care of TB	1,759	-	155	1,604
Atlantic Philanthropies	Improvements to KZN College of Nursing To improve the lives of people in the iLembe District through Maternal, Child & Women's Health Programme	10,463	-	890	9,573
UNICEF		279	-	279	-
Canadian HIV trials Network					
Edendale	HIV / AIDS trials	42	-	42	-
Canadian trials Greys	HIV / AIDS trials	36	-	36	-
Bayer Health Care : Greys	Neurology	10	-	4	6
Dept of Water Affairs & Forestry	Cholera epidemic	124	-	-	124
Dept of Local Govt & Traditional Affairs	Purchase of EMRS vehicles	1,079	-	-	1,079
HW Seta Mseleni / Mosvold	Learnership to Mseleni & Mosvold Hosp	145	(91)	42	12
HW Seta Learnership Mosvold	Learnership to Mosvold Hosp	-	91	-	91
Astra Zeneca (Astra Zeneca Phar)	Drug Trials	216	-	6	210
HW Seta Learnership St Aidens	Learnership to St Aidens Hosp	65	63	128	-
HW Seta Learnership Pharmacy	Learnership for the training of Pharmacy Assistants	6	75	81	-
HW Seta Learnership Head Office	Learnership	95	-	-	95
HW Seta Prince Mshiyeni Hospital	Learnership	95	28	37	86
HW Seta HIV/AIDS Support	Learnership	-	76	16	60
HW Seta Learnership	Learnership to unemployed graduates	-	700	700	-
Zinc study (Nu Health & Pfizer)	Drug Trials	18	-	15	3
Rashid Suliaman & Associates	To be used at Institution	2	-	-	2
Bhayla - Orthopaedic	Hip replacements	14	-	14	-
Impumumelelo Trust Innovation	Training programme for HIV and AIDS	24	-	-	24

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

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**STATEMENT OF AID ASSISTANCE RECEIVED (continued)**

Name of Donor	Purpose	Opening Balance	Revenue	Expenditure	Closing Balance
		R'000	R'000	R'000	R'000
EU Funding(PHC)	Partnership for Delivery of PHC Programme	7,722	101	4,759	3,064
SA Breweries	HIV/AIDS Testing	-	100	50	50
BEN Booyen	Equipment at East-Street Boom CHC	-	1	-	1
CMC DI RAVENNA	Utilised towards the construction of a Mother's Lodge		150	150	-
Psychiatric Observation	Claims to the Department of Justice	(2,249)	4,215	396	1,570
<b>TOTAL</b>		<b>21,408</b>	<b>5,509</b>	<b>7,800</b>	<b>19,117</b>



**ANNEXURE 1J**

**STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS MADE AND REMISSIONS, REFUNDS AND PAYMENTS MADE AS AN ACT OF GRACE**

Nature of Gift, Donation or Sponsorship	2010/11	2009/10
(Group major categories but list material items including name of organisation)	R'000	R'000
<b>Paid in cash</b>		
NPI: Donations & Gifts	-	50
<b>Sub-Total</b>	-	<b>50</b>
<b>TOTAL</b>	-	<b>50</b>

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

**ANNUAL REPORT 2010/11**

**ANNEXURE 2 A**

**STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2011 - LOCAL**

Guarantor Institution	Guarantee in respect of	Original Guaranteed capital amount	Opening Balance 1 April 2008	Guarantee drawdown during the year	Guarantee repayments/ cancelled/ reduced/ released during the year	Currency Revaluations	Closing balance 31 March 2011	Realised losses not recoverable ie claims paid out
		R'000	R'000	R'000	R'000	R'000	R'000	R'000
<b>Motor vehicles</b>								
Standard Bank	Motor Vehicles	969	326	-	326	-	-	-
<b>Total Motor Vehicles</b>		<b>969</b>	<b>326</b>	<b>-</b>	<b>326</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Housing</b>								
ABSA	Housing	12,692	6,920	-	3,656	-	3,264	-
BOE Bank Ltd	Housing	46	46	-	-	-	46	-
First Rand Bank Ltd	Housing	14,264	8,393	-	4,370	-	4,023	-
Green Start Home Loans	Housing	45	39	-	39	-	-	-
ITHALA Limited	Housing	1,973	1,599	-	491	-	1,108	-
Ned bank Ltd	Housing	3,269	1,951	-	392	-	1,559	-
Old Mutual Bank	Housing	12,898	6,936	-	3,101	-	3,835	-
Peoples Bank Ltd	Housing	446	248	-	22	-	226	-
SA Home Loans	Housing	51	260	-	32	-	228	-
Standard Bank	Housing	7,092	4,194	-	896	-	3,298	-
Company Unique Finance	Housing	102	44	-	28	-	16	-
<b>Total Housing Guarantee</b>		<b>52,878</b>	<b>30,630</b>	<b>-</b>	<b>13,027</b>	<b>-</b>	<b>17,603</b>	<b>-</b>
<b>GRAND TOTAL</b>		<b>53,847</b>	<b>30,956</b>	<b>-</b>	<b>13,353</b>	<b>-</b>	<b>17,603</b>	<b>-</b>

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

**ANNUAL REPORT 2010/11**

**ANNEXURE 2 B**

**STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2011**

Nature of liability	Opening balance 1 April 2009	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2011
	R'000	R'000	R'000	R'000	R'000
<b>Claims against the department</b>					
Medico Legal	444,590	165,194	49,856	-	559,928
Claims against the State (Transport, Labour, Civil)	111,850	10,835	55,487	-	67,198
<b>Subtotal</b>	<b>556,440</b>	<b>176,029</b>	<b>105,343</b>	<b>-</b>	<b>627,126</b>
<b>Others</b>					
National Health Laboratory Services	-	514,105	-	-	514,105
<b>Subtotal</b>	<b>-</b>	<b>514,105</b>	<b>-</b>	<b>-</b>	<b>514,105</b>
<b>TOTAL</b>	<b>556,440</b>	<b>690,134</b>	<b>105,343</b>	<b>-</b>	<b>1,141,231</b>

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

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**ANNEXURE 3**

**INTER-GOVERNMENT RECEIVABLES**

Government Entity	Confirmed balance		Unconfirmed balance		Total	
	31/03/2011	31/03/2010	31/03/2011	31/03/2010	31/03/2011	31/03/2010
	R'000	R'000	R'000	R'000	R'000	R'000
<b>Department</b>						
Agriculture	8	-	-	60	8	60
Arts and Culture	2	-	-	-	2	-
Community Safety and Liaison	14	-	2	31	16	31
Education	-	-	1,000	986	1,000	986
Free State Department of Health	-	-	23	-	23	-
KZNPA Library Services	-	-	-	72	-	72
Labour	-	-	7	12	7	12
Local Government and Trade Affairs	108	-	-	2	108	2
Mpumalanga Department of Health	61	-	-	-	61	-
National Treasury	411	-	-	411	411	411
Office of the Premier	-	-	168	163	168	163
Provincial Treasury	2	-	-	1	2	1
Royal Household	-	-	2	-	2	-
Social Welfare and Population Development	-	-	492	487	492	487
South African Social Security Agency	-	-	70	394	70	394
Sports and Recreation	-	-	3	94	3	94
Transport	-	-	1,752	1,634	1,752	1,634
Works	-	-	91	82	91	82
Department of Health Gauteng	-	-	229	-	229	-
<b>Subtotal</b>	<b>606</b>	<b>-</b>	<b>3,839</b>	<b>4,429</b>	<b>4,445</b>	<b>4,429</b>

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

**ANNUAL REPORT 2010/11**

**INTER-GOVERNMENTAL RECEIVABLES (continued)**

Government Entity	Confirmed balance		Unconfirmed balance		Total	
	31/03/2011	31/03/2010	31/03/2011	31/03/2010	31/03/2011	31/03/2010
	R'000	R'000	R'000	R'000	R'000	R'000
<b>Other Government Entities</b>						
Less (credit amount within claims recoverable account)	-	(2,842)	-	-	-	(2,842)
Global Fund	-	(86)	-	-	-	(86)
UKZN	-	1,437	-	-	-	1,437
Msunduzi Municipality	-	5	-	-	-	5
CSIR	-	175	-	-	-	175
Other (Claims recoverable account / HWSETA)	-	-	27	-	27	-
<b>Subtotal</b>	-	<b>(1,311)</b>	<b>27</b>	-	<b>27</b>	<b>(1,311)</b>
<b>Total</b>	<b>606</b>	<b>(1,311)</b>	<b>3,866</b>	<b>4,429</b>	<b>4,472</b>	<b>3,118</b>

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

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**ANNEXURE 4**

**INTER – GOVERNMENTAL PAYABLES – CURRENT**

Government Entity	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2011	31/03/2010	31/03/2011	31/03/2010	31/03/2011	31/03/2010
	R'000	R'000	R'000	R'000	R'000	R'000
<b>DEPARTMENTS</b>						
<b>Current</b>						
Department of Health & Social Development: Limpopo	-	-	23	-	23	-
Department of Health: Eastern Cape	2,660	3,438	-	-	2,660	3,438
Department of Health: Western Cape	-	-	3	-	3	-
Department of Justice and constitutional Development	2,270	2,266	-	-	2,270	2,266
Department of Public Works: Mpumalanga	-	-	8	-	8	-
Department of Social Development	181	181	30	-	211	181
Department of Transport	11,028	4,538	3,950	9,350	14,978	13,888
Departments of Works	2,194	85,928	11,147	1,401	13,341	87,329
Gauteng Department of Health	-	2	-	-	-	2
KZN- Office of the Premier	-	27	225	-	225	27
KZN Provincial Treasury	61	94	-	106	61	200
Department of Health: Northern Cape	50	24	27	-	77	24
South African Police Services	54	-	-	-	-	-
<b>SUB TOTAL</b>	<b>18,498</b>	<b>96,498</b>	<b>15,413</b>	<b>10,857</b>	<b>33,857</b>	<b>107,355</b>
<b>OTHER GOVERNMENT ENTITY</b>						
<b>Current</b>						
University of Kwa-Zulu Natal	35,316	-	-	23,820	35,316	23,820
National Health Laboratory Services	48,795	30,448	-	-	48,795	30,448
South African National Blood Services	28,442	33,192	-	-	28,442	33,192
Auditor - General South Africa	-	-	1,817	-	1,817	-
Health and Welfare Sector Education Training Authority	8,588	-	-	-	8,588	-
<b>TOTAL</b>	<b>121,141</b>	<b>63,640</b>	<b>1,817</b>	<b>23,820</b>	<b>122,958</b>	<b>87,460</b>

**ANNEXURE 5**

**INVENTORY**

	<i>Notes</i>	Quantity	2010/11 R'000	Quantity	2009/10 R'000
<b>Inventory</b>					
Opening balance		-	442,838	-	612,000
Add: Additions/Purchases - Cash		-	3,412,819	-	3,420,795
(Less): Issues		-	(3,234,247)	-	(3,589,957)
Closing balance		-	621,410	-	442,838

No quantities have been disclosed as the inventory consists of different types of inventory and each type of inventory has a different unit of measure.

**NOTES**

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**PROVINCIAL  
PHARMACEUTICAL  
SUPPLY DEPOT  
(PPSD)**



## **GENERAL REVIEW OF THE STATE OF FINANCIAL AFFAIRS OF THE PROVINCIAL PHARMACEUTICAL SUPPLY DEPOT YEAR ENDED 31 MARCH 2011**

1. The Provincial Pharmaceutical Supply Depot is a trading entity which is incorporated in South Africa.

The principal place of business is: 1 Higginson Highway

Mobeni

4060

The Provincial Pharmaceutical Supply Depot has shown a trading surplus of R 148,858 million (2009: R21, 813 million) for the period ended 31 March 2011. This has mainly been due to the effect of increased trading activities resulting in an annual turnover of R 1,888 billion (2009: R1, 746 billion), being an increase of 8.09% over the prior year. Operating costs showed an increase of 61.33% for the same period, due mainly to increased maintenance, repairs and running costs. However, an increase of 27.46% in staff costs and other operating expenses contributed to the increase in overall operating costs. Inventory purchase prices did not increase significantly during the period under review.

The main factors contributing to the increase in trading activities were:

- 1.1 The continually increasing distribution of inventories due to the ongoing ARV Project, which are charged directly to the Institutions.
- 1.2 The number of patients serviced increased dramatically over the previous year, largely due to the increase in the number of clinics currently being serviced. These clinics were previously serviced by the various hospitals.

### **2. SERVICES RENDERED BY THE DEPARTMENT**

- 2.1 The Provincial Pharmaceutical Supply Depot is the only trading entity operating within the administration of the KwaZulu-Natal Department of Health. This entity is responsible for the procurement and delivery of pharmaceuticals as listed by National Health Pharmaceutical Services and Provincial Health Pharmaceutical Services. The pharmaceuticals are procured from the suppliers and are then distributed to the various institutions as requested. Pharmaceuticals are charged at actual cost plus a mark-up of 4% to 12% to cover the administrative costs.

2.2 The tariff policy is structured as follows:

**Surcharge of 5%:** Levied on all pharmaceutical items procured by and received at PPSD and thereafter delivered to the institutions.

**Surcharge of 4%:** Levied on all pharmaceutical items procured by PPSD and delivered directly by the supplier to the said institutions.

**Surcharge of 12%:** Levied on all pharmaceuticals that involve the use of PPSD human resources in terms of repacking, manufacturing etc.

**3. CAPACITY CONSTRAINTS**

3.1 The increasingly limited availability of warehousing has continued to contribute to capacity constraints.

3.2 Although the Manufacturing Laboratories have ceased operating in accordance with pharmacy regulations, the Pre Packing of medicines and tablets continues to be a part of ongoing operations.

**4. PERFORMANCE INFORMATION**

**4.1 Performance and Outcome Targets**

Listed below is a table containing performance and outcome targets of PPSD, for the year under review:

<b>Objective</b>	<b>Indicator</b>	<b>2010/2011 (Target)</b>	<b>2010/2011 (Actual)</b>
Increase in standard stock account	Stock level	R 187,202 million	R 173,231 million
Adequate working capital to support adequate stockholding	Stock Turnover	R 1,960,750 million	R 1,887,813million
Sufficient stock available at end user	Service Level	92%	90%

Stock turnover target was not achieved due to cost containment adopted during the period under review (2010/2011).

**4.2 Non Compliance with Pharmacy Regulations:**

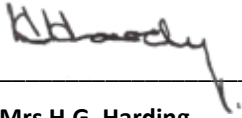
In our warehouse PPSD does not comply with the Pharmacy Regulations only in the matter of temperature control. Over the last few years we have brought this to the attention to the Head of Pharmaceutical Services. Unfortunately to regulate the temperature would be extremely expensive and as a new Depot is in the planning stages this was

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thought to be fruitless expenditure. The Pharmacy Council is aware of this situation and so far has given us an exemption.

**APPROVAL**

The annual financial statements set out on pages 274 to 288 have been approved by the Accounting Officer.



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**Mrs H.G. Harding**

**Manager: Provincial Pharmaceutical Supply Depot**

**31 March 2011**

**REPORT OF THE AUDITOR-GENERAL TO KWAZULU-NATAL PROVINCIAL  
LEGISLATURE ON THE FINANCIAL STATEMENTS OF PROVINCIAL  
PHARMARCEUTICAL SUPPLY DEPOT FOR YEAR ENDED 31 MARCH 2011**

**REPORT ON THE FINANCIAL STATEMENTS**

**Introduction**

1. I have audited the accompanying financial statements of the Provincial Pharmaceutical Supply Depot, which comprise the statement of financial position as at 31 March 2011, and the statement of financial performance, statement of changes in equity and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information, as set out on pages 274 to 288.

**Accounting Officer's responsibility for the financial statements**

2. The Accounting Officer is responsible for the preparation and fair presentation of the financial statements in accordance with South African Statements of General Accepted Accounting Practice (SA Statements of GAAP) and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and for such internal control as management determines necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor-General's responsibility**

3. As required by section 188 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996), section 4 of the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the PFMA, my responsibility is to express an opinion on these financial statements based on my audit.
4. I conducted my audit in accordance with International Standards on Auditing and *General Notice No. 1111 of 2010* issued in *Government Gazette No. 33872 of 15 December 2010*. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.
5. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of

expressing an opinion on the effectiveness of the entity's internal control.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

#### **Opinion**

7. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Provincial Pharmaceutical Supply Depot (PPSD) as at 31 March 2011, and its financial performance and cash flows for the year then ended in accordance with SA Statements of GAAP and the requirements of the PFMA.

#### **Emphasis of matters**

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

#### **Restatement of corresponding figures**

9. As disclosed in note 19 to the financial statements, the corresponding figures for 31 March 2010 have been restated as a result of an error discovered during 31 March 2011 in the financial statements of the KwaZulu-Natal Provincial Pharmaceutical Supply Depot at, and for the year ended, 31 March 2010.

#### **Irregular expenditure**

10. As disclosed in note 5 to the Annual Financial Statements, the entity incurred irregular expenditure totalling R22,258 million as a result of contracts being extended or renewed to such an extent that bidding processes were being circumvented, contrary to the requirements of section 38(1)(a)(iii) of the PFMA.

#### **REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS**

11. In accordance with the PAA and in terms of *General Notice No. 1111 of 2010*, issued in *Government Gazette No. 33872 of 15 December 2010*, I include below my findings on the annual performance report as set out on pages 155 to 157 and material non-compliance with laws and regulations applicable to the trading entity.

#### **Predetermined objectives**

12. There were no material findings on the annual performance report.

#### **Compliance with laws and regulations**

**Annual financial statements**

13. The Accounting Officer submitted financial statements for auditing that were not prepared in all material aspects in accordance with generally accepted accounting practice as required by section 40(1)(a) and (b) of the PFMA. The material misstatements identified by the AGSA with regard to expenditure were subsequently corrected.

**Procurement and contract management**

14. Contracts were extended or renewed to such an extent that bidding processes were being circumvented, contrary to the requirements of section 38(1)(a)(iii) of the PFMA, which requires that a trading entity must have and maintain an appropriate procurement and provisioning system which is fair, equitable, transparent, competitive and cost-effective.

**Expenditure management**

15. The Accounting Officer did not take effective and appropriate steps to prevent irregular expenditure, as per the requirements of section 38(1)(c)(ii) of the PFMA.

**Internal Control**

16. In accordance with the PAA and in terms of *General Notice No. 1111 of 2010*, issued in *Government Gazette No.33872 of 15 December 2010*, I considered internal control relevant to my audit, but not for the purpose of expressing an opinion on the effectiveness of internal control. The matters reported below are limited to the significant deficiencies that resulted in the findings on compliance with laws and regulations included in this report.

**Leadership**

17. The Accounting Officer did not exercise oversight responsibility over compliance with applicable laws and regulations.



**Financial and performance management**

18. Adequate review and monitoring over compliance with applicable laws and regulations relating to supply chain management were not undertaken.

*Auditor - General*

Pietermaritzburg

29 July 2011



AUDITOR - GENERAL  
SOUTH AFRICA

*Auditing to build public confidence*

## **PPSD ACCOUNTING POLICIES FOR YEAR ENDED 31 MARCH 2011**

### **1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

#### **1.1 Basis of preparation**

The principal accounting policies applied in the preparation of the annual financial statements are consistent with previous years unless otherwise stated. The financial statements of Provincial Pharmaceutical Supply Depot (PPSD) are prepared on a historic basis in accordance with South African General Accepted Accounting Practice (SA GAAP) and in the manner required by the Public Finance Management Act.

#### **1.2 Presentation Currency**

All amounts have been presented in the currency of the South African Rand (R).

#### **1.3 Rounding**

Unless otherwise stated all financial figures have been rounded to the nearest one thousand rand (R'000).

#### **1.4 Going Concern**

The financial statements are prepared on the assumption that the entity is a going concern and will continue in operation for the foreseeable future.

#### **1.5 Revenue**

Revenue is recognised to the extent that it is probable that the economic benefits will flow to the PPSD and the revenue can be reliably measured. Revenue is measured at a fair value of the consideration received, excluding discounts, rebates, and other sales taxes or duty. The following specific recognition criteria must also be met before revenue is recognised:

Revenue from the sale of goods is recognised when significant risks and rewards of ownership of the goods have been transferred at the point when the goods are handed over to the courier on site for delivery to respective health institutions.

#### **1.6 Property, plant and equipment**

Property, plant and equipment are stated at cost or fair value amount less accumulated depreciation and accumulated impairment losses. Such cost includes the cost of replacing part of the plant and equipment when that cost is incurred, if the recognition criteria are met. Likewise, when major inspection is performed, its cost is recognised in the carrying amount of the plant and equipment as a replacement if the recognition criteria are satisfied. All other repair and maintenance costs are recognised in profit or loss as incurred.

Depreciation is calculated on a straight line basis over the useful life of the asset as follows:

Plant and equipment:	10% - 16.67%
Vehicles:	10% - 16.67%
Computer Equipment:	20% - 25%
Furniture and Fittings:	10% - 16.67%

#### **1.6 Property, plant and equipment (continued)**

An item of property, plant and equipment is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. Any gain or loss arising on de-recognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in profit or loss in the year the asset is derecognised.

The asset's residual values, useful lives and method of depreciation are reviewed, and adjusted if appropriate, at each financial year end.

At each statement of financial position date, the entity reviews the carrying amounts of its tangible to determine whether there is any indication that those assets may be impaired. If any such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss (if any). Where it is not possible to estimate the recoverable amount for an individual asset, the recoverable amount is determined for the cash-generating unit to which the asset belongs.

If the recoverable amount of an asset (cash-generating unit) is estimated to be less than its carrying amount, the carrying amount of the asset (cash-generating unit) is reduced to its recoverable amount. Impairment losses are immediately recognised as an expense.

Where an impairment loss subsequently reverses, the carrying amount of the asset (cash-generating unit) is increased to the revised estimate of its recoverable amount, but so that the increased carrying amount does not exceed the carrying amount that would have been determined had no impairment loss been recognised for the asset (cash-generating unit) in prior years. A reversal of an impairment loss is recognised as income immediately.

**1.7 Financial instruments – Financial assets**

Financial assets comprise of receivables, which are determinable amount not quoted in an active market.

**1.8 Financial instruments – Financial liabilities**

Financial liabilities comprise trade and other payables, which are recognised at cost. Trade and other payables are not restated to their fair value at year-end as they are settled within 30 days.

**1.9 Inventory**

Inventories are valued at the lower of cost and net realisable value. Costs incurred in bringing each product to its present location and condition are accounted for on weighted average cost basis.

Net realisable value is the estimated selling price in the ordinary course of business, less estimated costs of completion and the estimated costs necessary to make the sale.

**1.10 Employee benefits**

*Post-employee benefits*

***Retirement***

The entity provides a defined benefit fund for the benefit of its employees, which is the Government Employee's Pension Fund.

The entity is not liable for any deficits due to the difference between the present value of the benefit obligations and the fair value of the assets managed by the Government Employee's Pension Fund. Any potential liabilities are disclosed in the financial statements of the National Revenue Fund and not in the financial statements of PPSD.

***Medical***

No contributions are made by the entity to the medical aid of retired employees.

***Short and long-term benefits***

The cost of all short-term employee benefits, such as salaries, bonuses, housing allowances, medical and other contributions is recognised during the period in which the employee renders the related service.

The vesting portion of long-term benefits is recognised and provided for at statement of financial position date, based on current salary rates.

**1.11 Irregular expenditure**

***Irregular expenditure***

Irregular expenditure is defined as:

Expenditure, other than unauthorised expenditure, incurred in contravention or not in accordance with a requirement of any applicable legislation, including:

- The Public Finance Management Act
- The State Tender Board Act, or any regulations made in terms of this act, or
- Any provincial legislation providing for procurement procedures in that provincial government.

It is treated as expenditure in the Statement of Financial Performance. If such expenditure is not condoned and it is possibly recoverable it is disclosed as receivable in the Statement of Financial Position at year-end.

***Fruitless and wasteful expenditure***

Fruitless and wasteful expenditure is defined as:

Expenditure that was made in vain and would have been avoided had reasonable care been exercised, therefore

- It must be recovered from a responsible official (a debtor account should be raised), or
- The vote (If responsibility cannot be determined).

Such expenditure is treated as a current asset in the Statement of Financial Position until such expenditure is recovered from the responsible official or written off as irrecoverable.

**1.12 Capitalisation reserve**

The capitalisation reserve represents an amount equal to the value held in a suspense account by Department of Health on behalf of the Provincial Medical Supply Centre for the procurement of pharmaceuticals.

**1.13 Statement of cash flow**

The statement of cash flow is prepared in terms of the direct method and discloses the effect that operating activities, investing activities and financing activities have on the movement of cash and cash equivalents during the year.

*Operating Activities are primarily derived from the revenue producing or primary operating activities of the entity.*

*Investing Activities are the acquisition and disposal of long-term assets and other investments not included in cash equivalents.*

*Financing Activities are activities that result in changes in the size and composition of the contributed capital and borrowings of the entity.*

**1.14 Leases**

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases.

Operating lease payments are recognised as an expense on a straight line basis over the lease term. Contingent rentals arising under operating leases are recognised as an expense in the period in which they are incurred.

**1.15 Related party and related party transactions**

Related parties are departments that control or significantly influence entities in making financial and operating decisions. Specific information with regards to related parties is included in the notes.

**1.16 Financial statements: Comparative figures**

Comparative information has been disclosed in respect of previous periods for all amounts reported in the current period financial statements. These restatements have been performed on previous period amounts in accordance with IAS 8: correction of error. Refer to note 19.

**STATEMENT OF FINANCIAL POSITION**

	Note	2010/11 R'000	2009/10 R'000 (Restated)
<b>ASSETS</b>			
<b>Non-current assets</b>			
Property, plant and equipment	6	3,225	3,303
<b>Current assets</b>			
Inventory	7	115,597	140,057
Receivables	8	271,063	167,707
		<u>386,660</u>	<u>307,764</u>
		<u>389,885</u>	<u>311,067</u>
<b>EQUITY</b>			
Capital and Reserves	9	379,941	220,319
<b>Total Equity</b>		<u>379,941</u>	<u>220,319</u>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Trade and other payments	10	9,944	90,748
<b>Total equity and liabilities</b>		<u>389,885</u>	<u>311,067</u>

**STATEMENT OF FINANCIAL PERFORMANCE**

	Note	2010/11 R'000	2009/10 R'000 (Restated)
<b>REVENUE</b>			
Sale of goods	1	1,887,833	1,746,491
<b>TOTAL REVENUE</b>		<b>1,887,833</b>	<b>1,746,491</b>
<b>EXPENDITURE</b>			
Cost of Sales	2	(1,698,383)	(1,691,930)
<b>Other expenditure</b>		<b>(40,592)</b>	<b>(32,748)</b>
Administrative Expenses	3	(7,724)	(7,688)
Staff Costs	4	(28,454)	(22,324)
Other operating expenses	5	(4,414)	(2,736)
<b>TOTAL EXPENDITURE</b>		<b>(1,738,975)</b>	<b>(1,724,678)</b>
<b>NET SURPLUS FOR THE YEAR</b>		<b>148,858</b>	<b>21,813</b>



**STATEMENT OF CHANGES IN EQUITY**

	2010/11 R'000	2009/10 R'000 (Restated)	
	Accumulated Surplus/ (Deficit) R'000	Capitalisation Reserves R'000	Total Equity R'000
<b>Balance as at 1 April 2009</b>	74,932	134,939	209,871
Surplus for the year	81,225	-	81,225
Transfers (from) / to reserves	(38,893)	27,528	(11,365)
<b>Balance as at 31 March 2010 as originally stated</b>	<b>117,264</b>	<b>162,467</b>	<b>279,731</b>
Effect of correction of prior year error	(59,412)	-	(59,412)
<b>Balance as at 31 March 2010 restated</b>	<b>57,852</b>	<b>162,467</b>	<b>220,319</b>
Surplus for the year	148,858	-	148,858
Transfers to reserves	-	10,764	10,764
<b>Balance as at 31 March 2011</b>	<b>206,710</b>	<b>173,231</b>	<b>379,941</b>

**STATEMENT OF CASH FLOW**

	Note	2010/11 R'000	2009/10 R'000 (Restated)
<b>Cash flows from operating activities</b>			
Cash received from Provincial Departments		1,788,521	1,731,992
Cash paid to suppliers and employees		(1,798,055)	(1,719,760)
<b>Net cash outflows from operating activities</b>	<b>11</b>	<b>(9,534)</b>	<b>12,232</b>
<b>Cash flows from investing activities</b>			
Acquisition of Property, Plant and Equipment		(1,230)	(867)
<b>Net cash outflows from investing activities</b>	<b>12</b>	<b>(1,230)</b>	<b>(867)</b>
<b>Cash flows from financing activities</b>			
Net Increase in Reserves		10,764	(11,365)
<b>Net cash flows from financing activities</b>	<b>13</b>	<b>10,764</b>	<b>(11,365)</b>
<b>Net increase in cash and cash equivalents</b>		<b>-</b>	<b>-</b>
Cash and bank balances at the beginning of the year		-	-
<b>Cash and bank balances at the end of the year</b>		<b>-</b>	<b>-</b>

**NOTES TO THE ANNUAL FINANCIAL STATEMENTS**

	2010/11 R'000	2009/10 R'000 (Restated)
<b>1. Sales of Goods</b>		
Provincial Departments	1,887,813	1,746,474
Other	20	17
	<u><b>1,887,833</b></u>	<u><b>1,746,491</b></u>
<b>2. Cost of Sales</b>		
Opening inventory	140,057	83,820
Purchases	1,673,856	1,748,100
Depreciation	67	67
	<u><b>1,813,980</b></u>	<u><b>1,831,987</b></u>
Less Closing Inventory	<u>(115,597)</u>	<u>(140,057)</u>
	<u><b>1,698,383</b></u>	<u><b>1,691,930</b></u>
<b>3. Administration Expenses</b>		
General administrative expenses	6,821	6,642
Stationery and printing	773	1,000
Training and staff development	130	46
	<u><b>7,724</b></u>	<u><b>7,688</b></u>
<b>4. Staff Costs</b>		
Wages and Salaries		
- Basic salaries	15,522	13,468
- Periodic payments	3,350	1,842
- Overtime pay	2,214	1,893
	<u><b>21,086</b></u>	<u><b>17,203</b></u>

	2010/11 R'000	2009/10 R'000 (Restated)
Social contributions (Employer's contributions)		
- Medical	1,727	1,402
- Official unions and associations	4	4
- Other salary related costs	1,471	93
	<u><b>3,202</b></u>	<u><b>1,499</b></u>
Defined Pension contribution plan expense		
- Current service cost	2,047	1,766
Other long-term employee benefits including long-service leave, profit sharing, deferred compensation	2,119	1,856
	<u><b>28,454</b></u>	<u><b>22,324</b></u>

The Accounting Officer of the Department of Health has appointed the Manager of the Provincial Pharmaceutical Supply Depot.

During the 2010/2011 financial year, the Manager received a basic salary package of R632, 223 per annum.

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<b>5. Other operating expenses</b>		
Maintenance, repairs and running costs	2,940	2,317
- Property and buildings	1,796	6
- Machinery and Equipment	-	-
- Other maintenance, repairs and running costs	1,144	2,311
Depreciation	1,241	160
- Assets carried at cost	1,241	160
- Assets carried at re-valued amounts	-	-
Consumables	183	147
Travel and Subsistence	50	112
	<b>4,414</b>	<b>2,736</b>

**Irregular Expenditure**

Included in the Expenditure is an amount of R22, 256 million for contracts that was extended on a month to month basis without competitive bidding processes being followed.

	2010/11 R'000	2009/10 R'000 (Restated)
<b>6. Property, plant and equipment</b>		
<b>Vehicles</b>		
<b>Opening net carrying amount</b>	<b>159</b>	<b>90</b>
- Gross carrying amount	478	478
- Accumulated depreciation	(319)	(388)
Depreciation charge	(80)	69
<b>Closing net carrying amount - 31 March 2011</b>	<b>79</b>	<b>159</b>
- Gross carrying amount	478	478
- Accumulated depreciation	(399)	(319)
<b>Computer equipment</b>		
<b>Opening net carrying amount</b>	<b>637</b>	<b>74</b>
- Gross carrying amount	1,459	1,351
- Accumulated depreciation	(822)	(1,227)
Additions	352	108
Depreciation charge	(337)	455
<b>Closing net carrying amount - 31 March 2011</b>	<b>652</b>	<b>637</b>
- Gross carrying amount	1,811	1,459
- Accumulated depreciation	(1,159)	(822)
<b>Office furniture and fittings</b>		
<b>Opening net carrying amount</b>	<b>1,307</b>	<b>1,170</b>
- Gross carrying amount	2,521	1,996
- Accumulated depreciation	(1,214)	(826)
Additions	684	525
Depreciation charge	(489)	(388)
<b>Closing net carrying amount - 31 March 2011</b>	<b>1,502</b>	<b>1,307</b>
- Gross carrying amount	3,205	2,521
- Accumulated depreciation	(1,703)	(1,214)

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	2010/11 R'000	2009/10 R'000 (Restated)
<b>Other machinery and equipment</b>		
<b>Opening net carrying amount</b>	<b>1,200</b>	<b>1,329</b>
- Gross carrying amount	2,331	2,097
- Accumulated depreciation	(1,131)	(768)
Additions	194	234
Depreciation charge	(402)	(363)
<b>Closing net carrying amount - 31 March 2011</b>	<b>992</b>	<b>1,200</b>
- Gross carrying amount	2,525	2,331
- Accumulated depreciation	(1,533)	(1,131)
<b>Total property, plant and equipment</b>		
<b>Opening net carrying amount</b>	<b>3,303</b>	<b>2,663</b>
- Gross carrying amount	6,789	5,922
- Accumulated depreciation	(3,486)	(3,259)
Additions	1,230	867
Depreciation charge	(1,308)	(227)
<b>Closing net carrying amount - 31 March 2011</b>	<b>3,225</b>	<b>3,303</b>
- Gross carrying amount	8,019	6,789
- Accumulated depreciation	(4,794)	(3,486)
<b>7. Inventory</b>		
Raw Materials	277	734
Finished goods	115,320	139,323
	<b>115,597</b>	<b>140,057</b>
<b>8. Receivables</b>		
<b>Medsas Account - Department of Health</b>	<b>44,371</b>	<b>112,135</b>
Medsas: Capital	173,231	162,467
Medsas: Pre-Pak	(1,061)	(480)
Medsas: Cut, Make and Trim	(1,132)	(611)
Medsas: Stock	(198,384)	(139,323)
Medsas: Stock Surplus	5,301	1,393
Revenue Accrual - BAS surplus	128,233	123,302
	<b>2010/11 R'000</b>	<b>2009/10 R'000 (Restated)</b>
Medsas: Stock Loss	(7,760)	(3,195)
Medsas: Claims Payable – adjustment error	-	(59,412)
Medsas: Claims Payable	(54,057)	27,994
<b>Accrual Adjustments</b>	<b>226,692</b>	<b>55,572</b>
Closing Property, Plant and Equipment	(8,019)	(6,789)
Movement in Property, Plant and Equipment (additions)	1,230	867
Closing Accumulated Depreciation	4,794	3,486
Movement in Accumulated Depreciation	(1,308)	(1,113)
Change in Accounting Estimates – Adjust Accumulated Depreciation	-	886
Closing Leave Provision	2,864	1,236
Movement in Capped Leave Provision	(389)	1,067
Accumulated Surplus – 2005/06 Year – Cost of Sales Adjust	34,428	34,428
Accumulated Surplus – 2005/06 Year – Depreciation Adjust	2,125	2,125
Accumulated Surplus – 2009/10 Year – Estimates Reassessment	(509)	(509)
Accumulated Surplus – 2009/10 – Waste Removal Error Adjust	5	5
Accumulated Surplus – 2009/10 – profit transferred to DOH reversed	81,225	-
Current Year Net Inventory – Cost of Sales Adjust	(24,461)	56,237

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Medsas: Claims Payable – Adjusted Error Reversed	59,412	59,412
Revenue Accrual – 2009/10 O/S Purchases Interface Reversed	88,957	(88,957)
Revenue Accrual – Reverse Sales Overcharged	-	(6,663)
Revenue Accrual – Outstanding Sales Interface	(3,989)	-
Revenue Accrual – Outstanding Purchase Interface	(8,777)	-
Revenue Accrual – Outstanding Sales Interface Reversed 2009/10	(55)	55
Revenue Accrual – Reverse Sales Mark-up Error	-	(206)
Employee Transferred Out – Salary Recovery	5	5
Other Reconciling Items	(846)	-
	<b>271,063</b>	<b>167,707</b>

	2010/11 R'000	2009/10 R'000 (Restated)
<b>9. Capital and reserves</b>		
<b>Accumulated surplus</b>		
Balance at the beginning of the year	57,852	74,932
Surplus for the year	148,858	81,225
Correction of prior year error	-	(59,412)
Transfers	-	(38,893)
Balance at 31 March 2011	<b>206,710</b>	<b>57,852</b>
<b>Reserves</b>		
Balance at the beginning of the year	162,467	134,939
Transfers	10,764	27,528
Balance at 31 March 2011	<b>173,231</b>	<b>162,467</b>
<b>Total Equity</b>		
Balance at the beginning of the year	220,319	209,871
Surplus for the year	148,858	81,225
Correction of prior year error	-	(59,412)
Transfers	10,764	(11,365)
Balance at 31 March 2011	<b>379,941</b>	<b>220,319</b>
<b>10. Trade and other payables</b>		
Trade creditors	5,355	87,406
Accruals	1,725	2,105
Leave pay commitments	2,864	1,237
	<b>9,944</b>	<b>90,748</b>
<b>11. Reconciliation of profit before taxation to cash generated from/(utilised in) operations</b>		
Surplus before taxation	148,858	21,813
Adjusted for non-cash movements/ working capital changes:	<b>(158,392)</b>	<b>(9,581)</b>
- Depreciation on property, plant and equipment	1,308	227
- Decrease / (increase) in inventories	24,460	(56,237)
- Increase in receivables	(103,356)	(14,499)
- (Decrease) / increase in payables	(80,804)	1,516
- Correction of prior period errors	-	59,412
Cash (utilised in) / generated from operations	<b>(9,534)</b>	<b>12,232</b>
	2010/11 R'000	2009/10 R'000 (Restated)
<b>12. Cash flows from investing activities</b>		
Purchase of Property, Plant and Equipment	<b>(1,230)</b>	<b>(867)</b>
<b>13. Cash flows from financing activities</b>		

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Increase in capital reserves	10,764	27,528
Prior year surplus paid	-	(38,893)
	<b>10,764</b>	<b>(11,365)</b>

**14. Operating Leasing**

Commitment Under Operating Lease

Minimum Lease Payments for Period Less Than 1 Year	61	62
Minimum Lease Payments for Period Greater than 1 Year But Less Than 5 Years	36	97
Minimum Lease Payments for Period Less Greater 5 Years		
<b>Totals</b>	<b>97</b>	<b>159</b>

Operating leases are in respect of office equipment, i.e. photocopier machines, and those whose long-term leases have expired which are now rented on a month-to-month basis. Operating leases are assets leased by the PPSD under which the lessor effectively retains all the risks and benefits of ownership. Operating lease payments or contingent rentals are recognised as an expense and charged to the statement of financial performance on a straight-line basis over the period of the lease.

**15. Impairment of Assets**

The entity did not have any impairment of assets during the 2010/2011 financial year. As a result no impairment losses were recognised in the Statement of Financial Performance.

**16. Taxation**

The entity is not liable for any income tax in terms of Section 10(1)(a) of the Income Tax Act, as amended. The entity is not registered for Value Added Tax in terms of the Tax Authorities media statement dated 27 September 1991, which was subsequently confirmed by value-added tax directive dated 21 January 2003.

**17.. Related Party and Related Party Transactions**

The Provincial Medical Supply Centre is the only trading entity operating within the administration of the KwaZulu-Natal Department of Health. This entity is responsible for the procurement and delivery of pharmaceuticals as listed by National Health Pharmaceutical Services and Provincial Health Pharmaceutical Services. The pharmaceuticals are procured from the suppliers and are then distributed to the various institutions as requested. Pharmaceuticals are charged at actual cost plus a mark-up of 4% to 12% to cover the administrative costs. Further details in this regard are provided in the Accounting Officer's report. The movement in balances and funds between the Provincial Medical Supply Centre and the Department is included in the above notes to the annual financial statements.

**18. Financial risk management objectives**

PPSD's principal financial instruments consist of trade receivables and trade payables, which arise directly from its operations. The potential risks arising from PPCD's financial instruments are cash flow risk, liquidity risk and credit risk. However, as PPCD is funded by the Department of Health and its only customer is the Department of Health, these potential risks are not applicable

**19. Correction of prior year error**

Claims payable had a debit balance of R 59,412 for purchases reversed in error in prior years without a corresponding provision made. The error has been corrected and the Financial Statements of 31 March 2010 have been restated as follows:

Increase in Cost of Sales	(59,412)
Decrease in Profit	59,412
Increase in claims payable	59,412
Decrease in Equity	(59,412)

**20. Key sources of estimation uncertainty****Useful lives of property, plant and equipment**

As described in 1.6 above PPCD reviews the estimated useful lives of property, plant and equipment at the end of each financial period. At the end of prior year (2009/2010), the management determined that the useful lives of certain items of computer equipment and vehicle should be extended by 2 years due to economic benefit still derived from these assets. The effect of this assessment was from 2009/2010 and was to decrease depreciation expense item in the previous year.

At the end of 2010/2011 the remaining useful life of all assets was reassessed or reviewed and the management was satisfied with the fair value or remaining useful life of assets, assuming that the assets are to be used until the end of their useful lifespan.



# **PART D**

# **HUMAN RESOURCE**

# **OVERSIGHT**

# **REPORT**



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## SERVICE DELIVERY

The following tables reflect the components of the Service Delivery Implementation Plan [SDIP] as well as progress made in the implementation of the plans. Information source for the Oversight Report is the HRMS unless otherwise indicated.

**Table 49: Main services provided and standards**

Main services	Actual customers	Potential customers	Standard of service	Actual achievement against standards
Creation of posts	Line function and support personnel of the Department	Members of the population attracted to work in the Department	Efficient workforce	The organogram was rationalised and aligned with Departmental imperatives and requirements.
Human Resource Development	All employees of the Department	Students in Tertiary Institutions	Efficient employees	Training and development programmes were implemented to enhance personnel competencies in line with requirements in job descriptions and the work place.
Human Resource provisioning	All employees of the Department	Prospective applicants	Competent employees	Recruitment and selection processes were followed in line with the Departmental Policy for recruitment to ensure that competent employees are placed within the Department.
Labour Relations	All employees of the Department	None	Knowledge of conditions of Service and Labour Relations prescripts	Competencies developed at District/Institutional levels to manage labour relations cases.
Evaluation of posts	All employees of the Department	None	Appropriate levels of posts determined	Appropriate skills mix and competencies identified to compliment the Department's organogram and service delivery responsibilities.

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**Table 50: Consultation arrangements with customers**

Type of arrangement	Actual Customers	Potential Customers	Actual achievements
Institutional Management and Labour Committees	Employees, Organised Labour and Management	None	Institutional Committees provide first level intervention on transversal issues.
Bargaining Chamber	Employees, Organised Labour and Management	None	Chamber provides an appropriate forum to resolve disputes emanating from Institutional Management and Labour Committees (IMLC) and to reach agreement on sector specific conditions.
Human Resources Management Forum (Family Meetings)	Human Resources Managers, Employees and Head Office Management	Organised Labour	Allows for first level contact with Districts and sharing of best practices amongst Institutions.

**Table 51: Service delivery access strategy**

Access Strategy	Actual achievements
Batho Pele Principles	Number of people trained on Batho Pele: 510.
Patients' Right Charter	Patients Rights incorporated into Batho Pele.

**Table 52: Service information tool**

Types of information tool	Actual achievements
Reports to Health Committees	Monthly reports to Committees.
Information posters and pamphlets	Posters displayed in institutions e.g. Batho Pele, Patients Rights Charter, and other health information.
Signage	Signage – directions to facilities, facility names, opening times, services rendered, etc.

Source: Corporate Communication/ District Management

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**Table 53: Complaints mechanism**

Complaints Mechanism	Actual achievements
Grievance Procedure	PSCBC Resolution No. 14 of 2002 is followed for grievances.
Dispute Resolution Mechanism	PSCBC Resolution No. 1 of 2003 is followed for disciplinary procedures.

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**EXPENDITURE**

The following tables summarise final audited expenditure by programme [Table 54] and by salary bands [Table 55]. In particular, it provides an indication of the amount spent on personnel costs in terms of each of the programmes or salary bands within the Department.

**Table 54: Personnel costs by Programme - 2010/11**

Programme	Total Expenditure (R'000)	Personnel Expenditure (R'000)	Training Expenditure (R'000)	Professional and Special Services (R'000)	Personnel Cost as % of Total Expenditure	Average Personnel Cost per Employee (R'000)
Administration	358 313	183 201	0	0	51.1	3
Central Hospital Services	2 103 423	942 537	0	0	44.8	13
District Health Services	9 801 959	6 452 713	0	0	65.8	91
<b>Total</b>	<b>12 263 695</b>	<b>7 578 451</b>	<b>0</b>	<b>0</b>	<b>61.8</b>	<b>107</b>

**Table 55: Personnel costs by salary bands - 2010/11**

Salary bands	Personnel Expenditure (R'000)	% of Total Personnel Cost	Average Personnel Cost per Employee (R'000)
Lower skilled (Levels 1-2)	995 189	7.6	122 757
Skilled (Levels 3-5)	3 472 853	26.6	116 207
Highly skilled production (Levels 6-8)	2 820 762	21.6	228 365
Highly skilled supervision (Levels 9-12)	4 354 771	33.4	377 559
Senior management (Levels 13-16)	344 563	2.6	1 129 715
<b>Total</b>	<b>11 988 138</b>	<b>91.8</b>	<b>-</b>

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The following tables provide a summary per programme [Table 56] and salary bands [Table 57] of expenditure incurred as a result of salaries, overtime, home owners allowance and medical assistance. In each case, the table provides an indication of the percentage of the personnel budget that was used for these items.

**Table 56: Salaries, Overtime, Home Owners Allowance and Medical Assistance by Programme - 2010/11**

Programme	Salaries		Overtime		Home Owners Allowance		Medical Assistance	
	Amount (R'000)	Salaries as a % of personnel cost	Amount (R'000)	Overtime as a % of personnel cost	Amount (R'000)	HOA as a % of personnel cost	Amount (R'000)	Medical Assistance as a % of personnel cost
(p1) Administration	153 207	73.7	2 750	1.3	4 379	2.1	8 416	4
(p2) District health services	4 598 385	70.1	16 212	2.5	253 304	3.9	333 925	5.1
(p3) Emergency medical services	324 994	62.9	55 393	10.7	23 616	4.6	37 405	7.2
<b>Total</b>	<b>5 076 586</b>	<b>42.3</b>	<b>74 355</b>	<b>0.62</b>	<b>281 299</b>	<b>2.3</b>	<b>379 746</b>	<b>3.1</b>

**Table 57: Salaries, Overtime, Home Owners Allowance and Medical Assistance by salary bands - 2010/11**

Salary Bands	Salaries		Overtime		Home Owners Allowance		Medical Assistance	
	Amount (R'000)	Salaries as a % of personnel cost	Amount (R'000)	Overtime as a % of personnel cost	Amount (R'000)	HOA as a % of personnel cost	Amount (R'000)	Medical Assistance as a % of personnel cost
Lower skilled (Levels 1-2)	689 642	69	2 203	0.2	82 819	8.3	71 491	7.2
Skilled (Levels 3-5)	2 376 371	67.7	49 055	1.4	226 716	6.5	300 468	8.6
Highly skilled production (Levels 6-8)	2 023 185	70.9	28 911	1	97 502	3.4	157 181	5.5
Highly skilled supervision (Levels 9-12)	3 101 712	70.5	312 315	7.1	58 231	1.3	110 106	2.5
Senior management (Levels 13-16)	230 709	65.6	62 609	17.8	1 475	0.4	3 510	1
<b>Total</b>	<b>8 421 619</b>	<b>70.2</b>	<b>455 093</b>	<b>3.8</b>	<b>466 743</b>	<b>3.9</b>	<b>642 756</b>	<b>5.4</b>

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## **EMPLOYMENT AND VACANCIES**

The following tables summarise the number of posts on the establishment, the number of employees, the vacancy rates, and whether there are any staff that are additional to the establishment. This information is presented in terms of three key variables i.e. Programme [Table 58], Salary Band [Table 59] and Critical Occupations [Table 60]. Table 60 provides establishment and vacancy information for the key critical occupations, with the vacancy rate reflecting the percentage of posts that are not filled.

**Table 58: Employment and vacancies by programme - 31 March 2011**

<b>Programme</b>	<b>Number of posts</b>	<b>Number of posts filled</b>	<b>Vacancy Rate</b>	<b>Number of posts filled additional to the establishment</b>
(p1) Administration, permanent	1,117	680	39.1	26
(p2) District health service Permanent	47,499	38,247	19.5	227
(p2) District health service Temporary	238	313	-31.5	75
<b>Total</b>	<b>48,854</b>	<b>39,240</b>	<b>19.6</b>	<b>328</b>

**Table 59: Employment and vacancies by salary bands - 31 March 2011**

<b>Salary band</b>	<b>Number of posts</b>	<b>Number of posts filled</b>	<b>Vacancy Rate</b>	<b>Number of posts filled additional to the establishment</b>
Lower skilled (Levels 1-2)	9,869	8,069	18.2	0
Skilled (Levels 3-5)	36,206	29,826	17.6	1
Highly skilled production (Levels 6-8)	130	175	-34.6	0
Highly skilled supervision (Levels 9-12)	16,230	11,172	31.2	1
Senior management (Levels 13-16)	484	305	37	1



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**Table 60: Employment and vacancies by critical occupation - 31 March 2011**

Critical occupations	Number of posts	Number of posts filled	Vacancy Rate	Number of posts filled additional to the establishment
Administration related Permanent	342	250	26.9	0
All Artisans in the building metal machinery etc. Permanent	402	355	11.7	0
<b>Total</b>	<b>744</b>	<b>605</b>	<b>11.7</b>	<b>0</b>

The information in each case reflects the situation as at 31 March 2011.

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## **JOB EVALUATION**

The Public Service Regulations, 1999 introduced job evaluation as a way of ensuring that work of equal value is remunerated equally. Within a nationally determined framework, executing authorities may evaluate or re-evaluate any job in his or her organisation. In terms of the Regulations all vacancies on salary levels 9 and higher must be evaluated before they are filled. This was complemented by a decision by the Minister for the Public Service and Administration that all SMS jobs must be evaluated before 31 December 2002.

The following table summarises the number of jobs that were evaluated during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

**Table 61: Job Evaluation - 1 April 2010 to 31 March 2011**

Salary band	Number of posts	Number of Jobs Evaluated	% of posts evaluated by salary bands	Posts Upgraded		Posts Downgraded	
				Number	% of posts evaluated	Number	% of posts evaluated
Lower skilled (Levels 1-2)	9,922	0	0	0	0	12	0
Skilled (Levels 3-5)	36,257	0	0	1	0	0	0
Highly skilled production (Levels 6-8)	16,075	21	0.1	8	38.1	0	0
Highly skilled supervision (Levels 9-12)	16,453	0	0	5	0	0	0
Senior Management Service Band A	211	1	0.5	0	0	0	0
Senior Management Service Band B	239	0	0	0	0	0	0
Senior Management Service Band C	33	0	0	0	0	0	0
Senior Management Service Band D	1	0	0	0	0	0	0
<b>Total</b>	<b>79, 191</b>	<b>22</b>	<b>0.6</b>	<b>14</b>	<b>38.1</b>	<b>12</b>	<b>0</b>

The following table provides a summary of the number of employees whose salary positions were upgraded due to their posts being upgraded. The number of employees might differ from the number of posts upgraded since not all employees are automatically absorbed into the new posts and some of the posts upgraded could also be vacant.

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**Table 62: Profile of employees whose salary positions were upgraded due to their posts being upgraded - 1 April 2010 to 31 March 2011**

Beneficiaries	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 a disability					0

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

**Table 63: Employees whose salary level exceed the grade determined by job evaluation 1 April 2010 to 31 March 2011 (in terms of PSR 1.V.C.3)**

Total Number of Employees whose salaries exceeded the level determined by job evaluation in 2010/11	0
Percentage of total employment	0

The next table summarises the beneficiaries of the above in terms of race, gender, and disability.

**Table 64: Profile of employees whose salary level exceed the grade determined by job evaluation - 1 April 2010 to 31 March 2011 (in terms of PSR 1.V.C.3)**

Beneficiaries	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 a disability	0
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**EMPLOYMENT CHANGES**

This section provides information on changes in employment over the financial year. Turnover rates provide an indication of trends in the employment profile of the department. The following tables provide a summary of turnover rates by salary band [Table 65] and by critical occupations [Table 66].

**Table 65: Annual turnover rates by salary band - 1 April 2010 to 31 March 2011**

Salary Band	Number of employees per band as on 1 April 2010	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Lower skilled (Levels 1-2)	8,926	382	541	6.1
Skilled (Levels 3-5)	29,309	1,939	960	3.3
Highly skilled production (Levels 6-8)	11,726	497	716	6.1
Highly skilled supervision (Levels 9-12)	10,730	554	614	5.7
Senior Management Service Band A	65	2	9	13.8
Senior Management Service Band B	163	9	13	8
Senior Management Service Band C	25	0	6	24
Senior Management Service Band D	1	0	0	0
<b>Total</b>	<b>60,945</b>	<b>3,383</b>	<b>2,859</b>	<b>10.24</b>

**Table 66: Annual turnover rates by critical occupation - 1 April 2010 to 31 March 2011**

Occupation:	Number of employees per occupation as on 1 April 2010	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Administrative related, Permanent	290	5	22	7.6
Agriculture related, Permanent	0	0	1	0
All artisans in the building metal machinery	366	10	22	6
Ambulances and related workers, Permanent	2,782	416	480	17.3
<b>Total</b>	<b>-</b>	<b>426</b>	<b>525</b>	<b>30.9</b>

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Table 67 identifies the major reasons why staff left the department.

**Table 67: Reasons why staff was leaving the Department**

Termination Type	Number	% of total
Death	550	5.2
Resignation	1,845	17.4
Expiry of contract	7,235	68.4
Dismissal – operational changes	0	0
Dismissal – misconduct	154	1.5
Dismissal – inefficiency	0	0
Discharged due to ill-health	51	0.5
Retirement	707	6.7
Transfers to other Public Service Departments	0	0
Other	22	0.2
<b>Total</b>	<b>10,564</b>	<b>99.9</b>
Total number of employees who left as a % of the total employment		<b>17.1</b>

**Table 68: Promotions by critical occupation**

Occupation	Employees as at 1 April 2010	Promotions to another salary level	Salary level promotions as a % of employees by occupation	Progressions to another notch within a salary level	Notch progressions as a % of employees by occupation
Administrative related	290	27	9.3	144	49.7
All artisan in the building metal machinery etc.	366	13	3.6	55	15
Ambulances and related workers.	2,782	34	1.2	211	7.6
<b>Total</b>	<b>3,438</b>	<b>74</b>	<b>14.1</b>	<b>410</b>	<b>72.3</b>

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**Table 69: Promotions by salary band**

Salary Band	Employees on 1 April 2010	Promotions to another salary level	Salary bands promotions as a % of employees by salary level	Progressions to another notch within a salary level	Notch progressions as a % of employees by salary band
Lower skilled (Levels 1-2)	9,000	286	15.3	6,420	71.9
Skilled (Levels 3-5)	29,385	829	12	8,073	30.1
Highly skilled production (Levels 6-8)	11,997	509	17.3	1,949	16.6
Highly skilled supervision (Levels 9-12)	10,916	3,935	122.8	833	8.3
Senior management (Levels 13-16)	254	135	51.6	62	24.4
<b>Total</b>	<b>61,552</b>	<b>5,694</b>	-	-	-

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## **EMPLOYMENT EQUITY**

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

**Table 70: Total number of employees [including employees with disabilities] in each of the following occupational categories 31 March 2011**

Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	39	0	11	3	37	4	4	102	200
Professionals	1,264	46	957	528	1,751	97	1,144	6,268	12,055
Technicians and associate professionals	3,482	49	398	0	20,252	468	1,813	457	26,919
Clerks	1,817	42	430	35	3,183	133	485	192	6,317
Service and sales workers	4,424	46	535	34	13,853	226	586	117	19,821
Skilled agriculture and fishery workers	0	0	0	0	0	0	0	0	0
Craft and related trades workers	239	38	76	92	20	1	1	0	467
Plant and machine operators and assemblers	680	13	82	1	129	6	5	2	918
Elementary occupations	2,823	38	319	36	6,361	109	278	68	10,032
<b>Total</b>	<b>14,828</b>	<b>278</b>	<b>2,831</b>	<b>730</b>	<b>27,402</b>	<b>1,045</b>	<b>4,323</b>	<b>7,210</b>	<b>58,647</b>
Employees with disabilities	60	6	23	1	43	1	7	4	145

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**Table 71: Total number of employees [including employees with disabilities] in each of the following occupational bands - 31 March 2011**

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	6	0	6	9	0	0	1	1	23
Senior Management	42	4	90	56	27	3	43	17	282
Professionally qualified and experienced specialists and mid-management	1,295	39	761	292	7,066	239	1,391	8,696	19,779
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	2,031	75	916	147	7,293	279	1,224	381	12,346
Semi-skilled and discretionary decision making	7,629	107	646	75	19,767	372	1,079	199	29,874
Unskilled and defined decision making	2,603	27	186	33	4,995	74	179	25	8,122
<b>Total</b>	<b>13,606</b>	<b>252</b>	<b>2,605</b>	<b>612</b>	<b>39,148</b>	<b>967</b>	<b>3,923</b>	<b>9,319</b>	<b>70,432</b>

**Table 72: Recruitment for the period 1 April 2010 to 31 March 2011**

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	0	0	0	0	0	0	0	0	0
Senior Management	4	0	3	3	0	0	1	0	11
Professionally qualified and experienced specialists and mid-management	134	4	79	54	210	11	346	62	900
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	83	3	21	12	338	14	75	42	588



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Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Semi-skilled and discretionary decision making	279	2	12	6	1,584	25	48	9	1,965
Unskilled and defined decision making	100	1	8	1	280	3	9	1	403
<b>Total</b>	<b>600</b>	<b>10</b>	<b>123</b>	<b>76</b>	<b>2,412</b>	<b>53</b>	<b>479</b>	<b>114</b>	<b>38,676</b>

Employees with disabilities	0	0	0	0	0	0	0	0	0
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**Table 73: Promotions for the period 1 April 2010 to 31 March 2011**

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
<i>Top Management</i>	1	0	2	3	0	0	0	0	6
Senior Management	21	4	74	36	7	1	32	188	363
Professionally qualified and experienced specialists and mid-management	891	38	948	393	1,076	69	1,046	315	4,776
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	576	13	173	32	1,168	57	364	101	2,484
Semi-skilled and discretionary decision making	2,726	48	355	31	5,148	137	453	80	8,978
Unskilled and defined decision making	2,150	28	155	16	4,151	63	131	16	6,710
<b>Total</b>	<b>6,393</b>	<b>134</b>	<b>1,723</b>	<b>544</b>	<b>11,581</b>	<b>327</b>	<b>2,031</b>	<b>703</b>	<b>23,334</b>

Employees with disabilities	43	3	16	1	31	0	5	3	0
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**Table 74: Terminations for the period 1 April 2010 to 31 March 2011**

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
<i>Top Management</i>	1	0	2	2	0	0	1	0	6
Senior Management	8	0	3	2	3	1	1	4	22
Professionally qualified and experienced specialists and mid-management	108	1	77	55	323	10	101	50	725
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	144	2	44	22	434	21	88	56	811
Semi-skilled and discretionary decision making	302	6	40	13	551	18	35	22	987
Unskilled and defined decision making	188	1	21	1	307	6	30	4	558
<b>Total</b>	<b>757</b>	<b>10</b>	<b>187</b>	<b>95</b>	<b>1,620</b>	<b>56</b>	<b>256</b>	<b>137</b>	<b>3,118</b>

Employees with disabilities	3	0	0	0	1	0	0	1	5
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**Table 75: Disciplinary action for the period 1 April 2010 to 31 March 2011**

	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Disciplinary action	2	0	0	0	0	0	0	0	2

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**Table 76: Skills development for the period 1 April 2010 to 31 March 2011**

Occupational categories	Male				Female				
		Coloured	Indian	White	African	Coloured	Indian	White	
Legislators, senior officials and managers	52	3	16	0	88	5	12	11	187
Professionals	228	8	66	37	927	44	206	90	1,606
Technicians and associate professionals	12	0	1	0	67	1	5	1	87
Clerks	235	19	46	6	418	20	50	20	814
Service and sales workers	277	3	30	4	653	20	45	5	1,037
Skilled agriculture and fishery workers	0	0	0	0	0	0	0	0	0
Craft and related trades workers	37	2	9	3	9	0	2	0	62
Plant and machine operators and assemblers	36	0	6	0	44	0	6	1	93
Elementary occupations	70	3	14	0	80	0	2	1	170
<b>Total</b>	<b>947</b>	<b>38</b>	<b>188</b>	<b>50</b>	<b>2,286</b>	<b>90</b>	<b>328</b>	<b>129</b>	<b>4,056</b>
Employees with disabilities	49	0	02	0	5	0	2	2	13

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**PERFORMANCE REWARDS**

To encourage good performance, the department has granted the following performance rewards during the year under review. The information is presented in terms of race, gender, and disability [Table 77], salary bands [table 78] and critical occupations [Table 79].

**Table 77: Performance rewards by race, gender, and disability - 1 April 2010 to 31 March 2011**

	Beneficiary Profile			Cost	
	Number of beneficiaries	Total number of employees in group	% of total within group	Cost (R'000)	Average cost per employee
<b>African</b>	<b>5</b>	<b>470,271</b>	<b>0.001</b>		
Male	4	14,712	0.02	6	1 391
Female	1	455,559	0.001	1	633
<b>Asian</b>	<b>2</b>	<b>7,096</b>	<b>0.02</b>		
Male	2	2,785	0.07	0	912
Female	0	4,311	0	2	0
<b>Coloured</b>	<b>0</b>	<b>1,301</b>	<b>0</b>		
Male	0	267	0	0	
Female	0	1,043	0	0	
<b>White</b>	<b>0</b>	<b>2,091</b>	<b>0</b>		
Male	0	771	0	0	0
Female	0	1,320	0	0	0
<b>Employees with a disability</b>	<b>0</b>	<b>70,913</b>	<b>0</b>	<b>8</b>	<b>1 146</b>
<b>Total</b>	<b>7</b>	<b>551,681</b>	<b>0.001</b>	<b>-</b>	<b>-</b>

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**Table 78: Performance rewards by salary bands for personnel below Senior Management Service - 1 April 2010 to 31 March 2011**

Salary Bands	Beneficiary Profile			Cost		
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	Total cost as a % of the total personnel expenditure
Lower skilled (Levels 1-2)	0	8,107	0	0	0	
Skilled (Levels 3-5)	5	29,885	1.01	6	1 200	
Highly skilled production (Levels 6-8)	2	12,352	0.01	3	1 500	
Highly skilled supervision (Levels 9-12)	0	11,534	0	0	0	
<b>Total</b>	<b>7</b>	<b>61,878</b>	<b>0.01</b>	<b>9</b>	<b>-</b>	

**Table 79: Performance rewards by critical occupations - 1 April 2010 to 31 March 2011**

Critical Occupations	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within occupation	Total Cost (R'000)	Average cost per employee
Administrative related	0	265	0	0	0
All artisans in the building metal machinery etc.	2	360	0.6	3	1 500
Ambulances and related workers	0	2,728	0	0	0
Artisan project and related superintendents	0	89	0	0	0
Auxiliary and related workers	0	8,972	0	0	0
Boiler and related operators	0	144	0	0	0
<b>Total</b>	<b>2</b>	<b>12,558</b>	<b>0.01</b>	<b>3</b>	<b>1 500</b>

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**Table 80: Performance related rewards (cash bonus) by salary band for Senior Management Service**

Salary Band	Beneficiary Profile			Total Cost (R'000)	Average cost per employee	Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within band			
Band A	0	123	0	0	0	0
Band B	0	175	0	0	0	0
Band C	0	25	0	0	0	0
Band D	0	2	0	0	0	0
<b>Total</b>	<b>0</b>	<b>325</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

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## **FOREIGN WORKERS**

The tables below summarise the employment of foreign nationals in the department in terms of salary bands and by major occupation. The tables also summarise changes in the total number of foreign workers in each salary band and by each major occupation.

**Table 81: Foreign Workers by salary band - 1 April 2010 to 31 March 2011**

Salary Band	1 April 2010		31 March 2011		Change	
	Number	% of total	Number	% of total	Number	% change
Lower skilled (Levels 1-2)	4	0.8	3	0.6	-1	5.3
Skilled (Levels 3-5)	9	1.7	9	1.8	0	0
Highly skilled production (Levels 6-8)	26	4.9	25	4.9	-1	5.3
Highly skilled supervision (Levels 9-12)	265	49.7	261	50.8	-4	21.1
Senior management (Levels 13-16)	22	4.1	23	4.5	1	-5.3
Contract (Levels 3-5)	1	0.2	1	0.2	0	0
Contract (Levels 6-8)	7	1.3	6	1.2	-1	5.3
Contract (Levels 9-12)	192	36	181	35.2	-11	57.9
Contract (Levels 13-16)	4	0.8	3	0.6	-1	5.3
Periodical Remuneration	3	0.6	2	0.4	-1	5.3
<b>Total</b>	<b>533</b>	<b>100</b>	<b>514</b>	<b>100</b>	<b>-19</b>	<b>100</b>

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**Table 82: Foreign Worker by major occupation - 1 April 2010 to 31 March 2011**

Major Occupation	1 April 2010		31 March 2011		Change	
	Number	% of total	Number	% of total	Number	% change
Administrative office workers	3	0.6	4	0.8	1	-5.3
Craft and related trades workers	1	0.2	1	0.2	0	0
Elementary occupations	6	1.1	5	1	-1	5.3
Professionals and managers	520	97.6	500	97.3	-20	105.3
Social natural technical and medical sciences + supp	2	0.4	3	0.6	1	-5.3
Technicians and associated professionals	1	0.2	1	0.2	0	0
<b>Total</b>	<b>533</b>	<b>100</b>	<b>514</b>	<b>100</b>	<b>-19</b>	<b>100</b>



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**LEAVE UTILISATION**

The Public Service Commission identified the need for careful monitoring of sick leave within the public service. The following tables provide an indication of the use of sick leave (Table 9.1) and disability leave (Table 9.2). In both cases, the estimated cost of the leave is also provided.

**Table 83: Sick leave - 1 January 2010 to 31 December 2010**

Salary Band	Total days	% days with medical certification	Number of employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Lower skilled (Levels 1-2)	45,237	90.3	4,820	11.2	9	10 016
Skilled (Levels 3-5)	196,349	89.5	20,110	46.9	10	58 900
Highly skilled production (Levels 6-8)	86,728	88.7	9,282	21.6	9	43 579
Highly skilled supervision (Levels 9-12)	67,698	87.8	7,554	17.6	9	66 463
Senior management (Levels 13-16)	779	83.8	97	0.2	8	2 305
<b>Total</b>	<b>396,791</b>	<b>-</b>	<b>41,863</b>	<b>-</b>	<b>-</b>	<b>181 263</b>

**Table 84: Disability leave (temporary and permanent) - 1 January 2010 to 31 December 2010**

Salary Band	Total days taken	% days with medical certification	Number of Employees using disability leave	% of total employees using disability leave	Average days per employee	Estimated Cost (R'000)
Lower skilled (Levels 1-2)	2,417	100	57	12.4	42	546
Skilled (Levels 3-5)	10,252	100	224	48.8	46	3 105
Highly skilled production (Levels 6-8)	3,715	100	85	18.5	44	1 918
Highly skilled supervision (Levels 9-12)	4,596	100	86	18.7	53	4 507
Senior management (Levels 13-16)	23	100	2	0.4	12	76
<b>Total</b>	<b>21,003</b>	<b>100</b>	<b>454</b>	<b>-</b>	<b>-</b>	<b>10 152</b>

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Table 85 summarises the utilisation of annual leave. The wage agreement concluded with trade unions in the PSCBC in 2000 requires management of annual leave to prevent high levels of accrued leave being paid at the time of termination of service.

**Table 85: Annual Leave - 1 January 2010 to 31 December 2010**

Salary Bands	Total days taken	Average per employee
Lower skilled (Levels 1-2)	14,373	
Skilled Levels (3-5)	496,956	
Highly skilled production (Levels 6-8)	225,679	
Highly skilled supervision(Levels 9-12)	202,238	
Senior management (Levels 13-16)	4,858	
<b>Total</b>	<b>944,105</b>	

**Table 86: Capped leave - 1 January 2010 to 31 December 2010**

Salary Bands	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at 31 December 2010
Lower skilled (Levels 1-2)	452	4	35
Skilled Levels 3-5)	1,853	5	52
Highly skilled production (Levels 6-8)	2,320	6	63
Highly skilled supervision(Levels 9-12)	2,713	6	67
Senior management (Levels 13-16)	73	8	57
<b>Total</b>	<b>7,411</b>	-	-

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

**Table 87: Leave payouts for the period 1 April 2010 to 31 March 2011**

<b>Reason</b>	<b>Total Amount (R'000)</b>	<b>Number of Employees</b>	<b>Average payment per employee</b>
Leave payout for 2010/11 due to non-utilisation of leave for the previous cycle	29	2	14 500
Capped leave payouts on termination of service for 2010/11	15 887	2, 095	7 583
Current leave payout on termination of service for 2010/11	4 684	589	7 952
<b>Total</b>	<b>49 571</b>	<b>2,686</b>	-

## **HIV AND AIDS & HEALTH PROMOTION PROGRAMMES**

**Table 88: High risk employees**

<b>Units/ categories of employees identified to be at high risk of contracting HIV &amp; related diseases (if any)</b>	<b>Key steps taken to reduce the risk</b>
Medical Officers	Introduction of retractable syringes.
Nurses	Introduction of retractable syringes.
General Assistants	Provision of protective clothing (gloves).
Laundry personnel	Provision of gloves.
Grounds personnel	Provision of protective clothing.
Laboratory personnel	Provision of gloves and masks i.e. T.B.
EMRS personnel	Provision of gloves.

**Table 89: Details of Health Promotion and HIV and AIDS Programmes**

<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>Details, if yes</b>
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.	✓		The Department appointed Mrs K. Naidoo: Principal Human Resource Management Practitioner [ISR12] for EAP. Mrs Naidoo is not part of the SMS.
2. Does the department have a dedicated unit or has it designated specific staff members to promote the health and wellbeing of employees?	✓		The structure for the wellness component at Head Office [HO] has not been approved. Current HO component: Occupational Health Nurse [1] and Safety Officer rendering services for HIV and AIDS; EAP; Occupational Health; and Occupational and Employee Health and Safety. At the Institutional level, Employee Assistance Practitioners; Safety Officers; and Occupational Health Nurses render the same services. There is no dedicated budget for this service and funding is sourced from the Corporate Services budget.
3. Has the Department introduced an Employee Assistance or Health Promotion Programme for employees?	✓		Programmes are available at HO and at Institutional level.
4. Has the Department established a committee as contemplated in Part VI E.5 (e) of Chapter 1 of the Public Service Regulations, 2001?		✓	

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Question	Yes	No	Details, if yes
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 reviewed.	✓		The HIV status of prospective employees is not requested at any stage of the recruitment process.
6. Has the Department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination?	✓		HIV results are confidential. Employees have access to VCT and Post Exposure Prophylaxis for occupational exposure.
7. Does the Department encourage its employees to undergo Voluntary Counselling and Testing?	✓		Services are available and all staff are encouraged to get tested. Results are confidential.
8. Has the Department developed measures/ indicators to monitor & evaluate the impact of its health promotion programme?		✓	

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**LABOUR RELATIONS**

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

**Table 90: Collective Agreements - 1 April 2010 to 31 March 2011**

Subject Matter	Date
Resolution 6 of 2010	Adoption of declaration on Public Service summit as agreed to at Public Service summit that was held on 11-13 March 2010 at Inkosi Albert Luthuli Convention Centre in Durban. <b>Signed:</b> 13 December 2010
Resolution 5 of 2010	Amendments to Resolution 5 of 2003: Levy Agreement <b>Signed:</b> 13 December 2010
Resolution 4 of 2010	Agreement on improvement in salaries and other conditions of service for 2010/11 <b>Signed:</b> 19 October 2010
Resolution 3 of 2010	Adoption of Declaration on closure of Occupational Specific Dispensation & process of 2010/2011 salary negotiations as agreed to at workshop held on 15 & 16 October 2009 at Birchwood Hotel in Boksburg <b>Signed:</b> 5 May 2010

The following table summarises the outcome of disciplinary hearings conducted within the department for the year under review.

**Table 91: Misconduct and disciplinary hearings finalised - 1 April 2010 to 31 March 2011**

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	0	0
Verbal warning	0	0
Written warning	3	1.8
Final written warning	6	3.6
Suspended without pay	50	29.5
Fine	0	0
Demotion	6	3.6
Dismissal	96	56.7
Not guilty	2	1.2
Case withdrawn	6	3.6
<b>Total</b>	<b>169</b>	<b>100</b>

Disciplinary hearings – 2010/11	None
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**Table 92: Types of misconduct addressed at disciplinary hearings**

Type of misconduct	Number	% of total
Financial Misconduct	47	27.8
Other Misconduct	122	72.2
<b>Total</b>	<b>169</b>	<b>100</b>

**Table 93: Grievances lodged for the period 1 April 2010 to 31 March 2011**

	Number	% of Total
<i>Number of grievances resolved</i>	169	71.6
Number of grievances not resolved	67	28.4
Total number of grievances lodged	236	100

**Table 94: Disputes lodged with Councils for the period 1 April 2010 to 31 March 2011**

	Number	% of Total
<i>Number of disputes upheld</i>	5	19.2
Number of disputes dismissed	21	80.8
Total number of disputes lodged	26	100

**Table 95: Strike actions for the period 1 April 2010 to 31 March 2011**

Total number of person working days lost	91,740
Total cost (R'000) of working days lost	R29 279 708

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**Table 96: Precautionary suspensions for the period 1 April 2010 to 31 March 2011**

<i>Number of people suspended</i>	44
Number of people whose suspension exceeded 30 days	44
Average number of days suspended	60 Days
Cost (R'000) of suspensions	R2 969 808



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## SKILLS DEVELOPMENT

This section highlights the efforts of the department with regard to skills development.

**Table 97: Training needs identified - 1 April 2010 to 31 March 2011**

Occupational Categories	Gender	Number of employees as at 1 April 2010	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	90	0	115	0	115
	Male	55	0	144	0	144
Professionals	Female	776	0	708	0	708
	Male	142	0	2,170	0	2,170
Technicians and associate professionals	Female	3,929	0	7	0	0
	Male	22,990	0	40	0	0
Clerks	Female	2,324	0	562	0	562
	Male	3,993	0	908	0	908
Service and sales workers	Female	2,795	0	1,403	0	1,403
	Male	9,260	0	2,389	0	2,389
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	445	0	215	0	215
	Male	22	0	45	0	45
Plant and machine operators and assemblers	Female	53	0	158	0	158
	Male	147	0	30	0	30
Elementary occupations	Female	3,216	0	270	0	270
	Male	6,816	0	486	0	486
<b>Sub-Total</b>	<b>Female</b>	<b>18,667</b>	<b>0</b>	<b>3,431</b>	<b>0</b>	<b>3,431</b>
	<b>Male</b>	<b>39,980</b>	<b>0</b>	<b>6,172</b>	<b>0</b>	<b>6,172</b>
<b>Grand Total</b>		<b>58,647</b>	<b>0</b>	<b>9,603</b>	<b>0</b>	<b>9,603</b>

Source: HRD

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**Table 98: Training provided - 1 April 2010 to 31 March 2011**

Occupational Categories	Gender	Number of employees as at 1 April 2010	Training needs identified at start of reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Clerks	Male	2,324	0	562	0	562
	Female	3,993	0	908	0	908
Craft and related trades workers	Male	445	0	215	0	215
	Female	22	0	45	0	45
Elementary occupations	Male	3,216	0	270	0	270
	Female	6,816	0	486	0	486
Legislators, senior officials and managers	Male	90	0	115	0	115
	Female	55	0	144	0	144
Plant and machine operators and assemblers	Male	53	0	158	0	158
	Female	147	0	30	0	30
Professionals	Male	776	0	708	0	708
	Female	142	0	2,170	0	2,170
Service and sales workers	Male	2,795	0	1,403	0	1,403
	Female	9,260	0	2,389	0	2,389
Technicians And Associate Professionals	Male	3,929	0	7	0	0
	Female	22,990	0	40	0	0
<b>Sub-Totals</b>	<b>Male</b>	<b>18,667</b>	<b>0</b>	<b>3,431</b>	<b>0</b>	<b>3,431</b>
	<b>Female</b>	<b>39,980</b>	<b>0</b>	<b>6,172</b>	<b>0</b>	<b>6,172</b>
<b>Grand Total</b>		<b>58,647</b>	<b>0</b>	<b>9,603</b>	<b>0</b>	<b>9,603</b>

Source: HRD

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The following tables provide basic information on injury on duty.

**Table 99: Injury on duty - 1 April 2010 to 31 March 2011**

Nature of injury on duty	Number	% of total
Required basic medical attention only	446	69.25
Temporary Total Disablement	193	29.97
Permanent Disablement	3	0.47
Fatal	2	0.31
<b>Total</b>	<b>644</b>	<b>100</b>

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# **ABBREVIATIONS**



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AFP	Acute Flaccid Paralysis
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average Length of Stay
ALS	Advanced Life Support.
ANC	Ante Natal Care
APP	Annual Performance Plan
ART	Anti Retroviral Therapy
ARV	Anti Retroviral
ASSA	AIDS Committee of Actuarial Society of South Africa
BAS	Basic Accounting System
BLS	Basic Life Support
BOD	Burden of Disease
BUR	Bed Utilisation Rate
CCG's	Community Care Givers
CCMDU	Central Chronic Medication Dispensing Unit
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHC	Community Health Centre
CHW	Community Health Worker
COE	Compensation of Employees
CTRU	Central Tablet Repacking Unit
DALY	Disability Adjusted Life Years
DHER	District Health Expenditure Review
DHIS	District Health Information System
DHP's	District Health Plans
DHS	District Health System
DOTS	Directly Observed Treatment Short Course
DQPR	District Quarterly Performance Report
ECP	Emergency Care Practitioner
EMS	Emergency Medical Services
EPI	Expanded Programme on Immunisation
EPWP	Expanded Public Works Programme
ETBR	Electronic Tuberculosis Register

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ETR.Net	Electronic Register for TB
FTE	Full Time Equivalent
HAART	Highly Active Ante-Retroviral Therapy
HBC	Home Based Carer
HCBC	Home & Community Based Carers
HCT	HIV & AIDS Counselling and Testing
HIV	Human Immuno Virus
HPTDG	Health Professional Training & Development Grant
HR	Human Resources
HRD	Human Resource Development
HRP	Human Resource Plan
HST	Health Systems Trust.
HTA's	High Transmission Areas
IALCH	Inkosi Albert Luthuli Central Hospital
ICU	Intensive Care Unit
ILS	Intermediate Life Support
IPIP	Infrastructure Programme Implementation Plan
KZN	KwaZulu-Natal
KZNCN	KwaZulu-Natal College of Nursing
LUWMH	Lower Umfolozi War Memorial Hospital
M&E	Monitoring and Evaluation
MEC	Member of the Executive Council
MC&WH	Maternal Child & Women's Health
MDG	Millennium Development Goals
MDR TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
MMC	Male Medical Circumcision
MOU	Midwife Obstetric Unit
MSP	Master Systems Plan
MSE	Minimum Staff Establishment
MSP	Master Systems Plan
MTCT	Mother to Child Transmission
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework



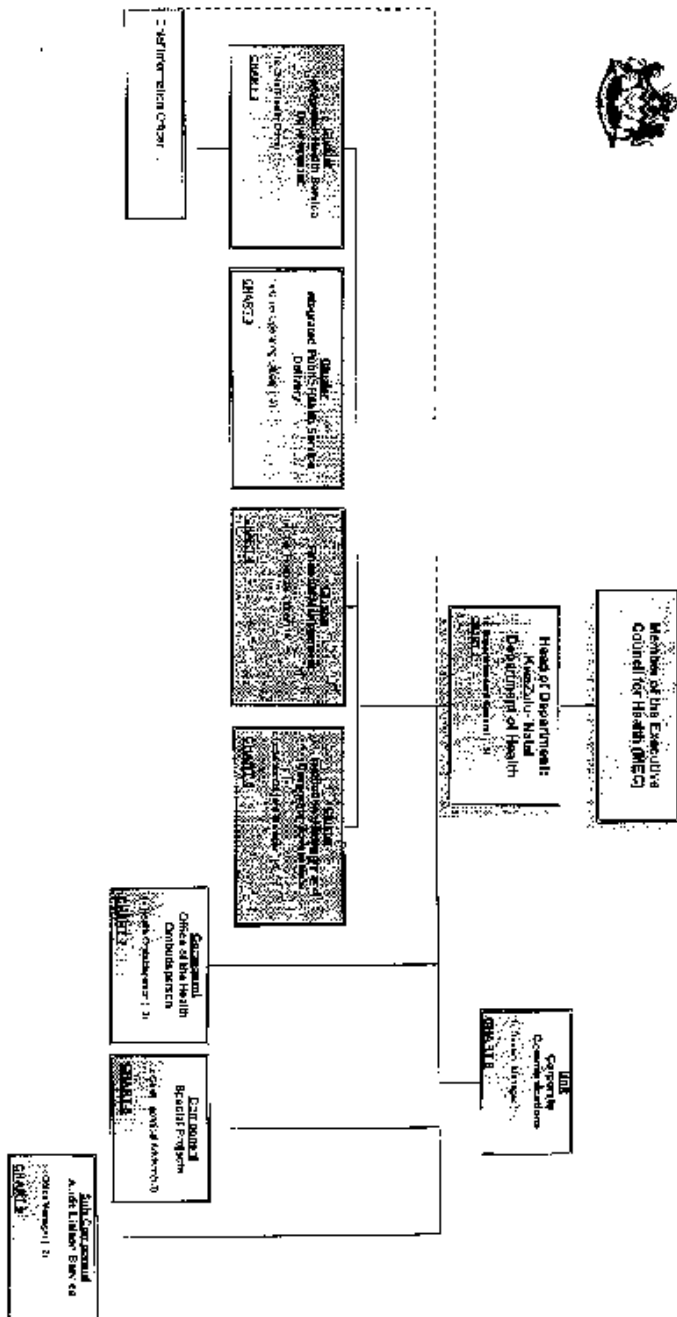
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NGO's	Non Governmental Organisations
NHI	National Health Insurance
NHIS	National Health Information System.
NHLS	National Health Laboratory Services
NHS	National Health System.
NIMART	Nurse Initiated & Managed Antiretroviral Therapy
NPO's	Non-Profit Organisations
NSDA	Negotiated Service Delivery Agreement
NTSG	National Tertiary Services Grant
NVP	Nevirapine
OPD	Out-Patient Department.
OSD	Occupation Specific Dispensation.
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalent
Persal	Personnel and Salaries System
PFMA	Public Finance Management Act
PHC	Primary Health Care
PITC	Patient Initiated Testing & Counselling
PMDS	Performance Management and Development System
PMTCT	Prevention of Mother to Child Transmission
PN	Professional Nurse
PPSD	Provincial Pharmaceutical Supply Depot
PTB	Pulmonary Tuberculosis
RED	Reach Every District
SADHS	South African Demographic & Health Survey
SANC	South African Nursing Council
SCM	Supply Chain Management.
SLA	Service Level Agreement
Stats SA	Statistics South Africa
STI's	Sexually Transmitted Infections
STP	Service Transformation Plan
TB	Tuberculosis
TBR.Net	Electronic TB Register
UKZN	University of KwaZulu-Natal

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VCT	Voluntary Counseling and Testing
WHO	World Health Organisation
XDR TB	Extreme Drug Resistant Tuberculosis

ANNEXURE 1: ORGANISATIONAL STRUCTURE [EXECUTIVE]



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**ANNEXURE 2: INFRASTRUCTURE**

KZN – DEPARTMENT OF HEALTH			
Financial Year: 2010/11	(R'000)	(R'000)	(R'000)
Month: YEAR END	TOTAL	Capital	Current
<b>TOTAL 2010/11 Budget:</b>	<b>R1,452,332</b>	<b>R1,229,477</b>	<b>R222,855</b>
Infrastructure Grant to Provinces (IGP)	R401,055	R396,968	R4,087
Equitable Share	R511,948	R293,180	R218,768
Hospital Revitalisation	R500,815	R500,815	
Infrastructure	R28,117	R28,117	
Other	R10,397	R10,397	
<b>Main 2010/11 Budget:</b>	<b>R1,452,332</b>	<b>R1,229,477</b>	<b>R222,855</b>
Infrastructure Grant to Provinces (IGP)	R401,055	R396,968	R4,087
Equitable Share	R511,948	R293,180	R218,768
Hospital Revitalisation	R500,815	R500,815	
Infrastructure	R28,117	R28,117	
Other	R10,397	R10,397	
<b>2010/11 Commitments to projects:</b>	<b>R1,077,527</b>	<b>R860,972</b>	<b>R216,555</b>
Infrastructure Grant to Provinces (IGP)	R314,730	R312,659	R2,071
Equitable Share	R385,814	R171,330	R214,484
Hospital Revitalisation	R295,261	R295,261	
Infrastructure	R72,340	R72,340	
Other	R9,382	R9,382	
<b>2010/11 Commitments to projects:</b>	<b>R1,077,527</b>	<b>R860,972</b>	<b>R216,555</b>
Professional Fees	R185,834	R183,555	R2,279
Construction/Maintenance costs	R891,693	R677,417	R214,276
<b>Under / Over committed 2010/11 funds</b>	<b>R-374,805</b>	<b>R-368,505</b>	<b>R-6,300</b>
<b>2010/11 Actual expenditure up to date:</b>	<b>R1,077,527</b>	<b>R860,972</b>	<b>R216,555</b>
	R1,077,527	R860,972	R216,555
<b>Remaining from 2010/11 committed budget:</b>	<b>R374,805</b>	<b>R368,505</b>	<b>R6,300</b>

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**INFRASTRUCTURE PLAN 2010/11**

MUNICIPALITY NAME	DISTRICT	TYPE OF INFRASTRUCTURE	NATURE OF INVESTMENT	PROJECT DETAILS	START DATE	COMPLETION DATE	TOTAL PROJECT BUDGET OVER MULTIPLE FINANCIAL YEARS	TOTAL PROJECT EXPENDITURE TO DATE FROM PREVIOUS YEARS
-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
Msinga	Umzinyathi	Clinic	New	Construction Of A New Medium Clinic With B2 Accommodation and Guard House	30 June 2011	30 June 2012	R 13,000	R 2,047
Mkhambathini	uMgungundlovu	Clinic	New	Construction Of A New Clinic With Residences Using Light Steel Method	30 June 2012	20 June 2013	R 12,779	R -
Newcastle	Amajuba	Clinic	New	Construction Of A New Clinic With Consulting And Counseling Rooms With Guardhouse And Visitors Toilets	05 January 2013	05 January 2014	R 14,720	R 1,773
Ndwedwe	iLembe	Clinic	Upgrading	Upgrading, Repairs And Renovations	01 May 2012	30 November 2012	R 3,000	R 158
Msinga	Umzinyathi	Clinic	Upgrading	Clinic Upgrading And Addition Of New Emergency Room And Residence	31 October 2007	22 October 2008	R 4,246	R 4,194
Emnambithi/Ladysmith	Uthukela	Hospital - Regional	Replacement	Replace Water Mains	19 September 2006	15 December 2009	R 6,234	R 5,380
Indaka	Uthukela	Clinic	Upgrading	Clinic Upgrading And Construction Of Three New Houses (Completion Contract)	30 November 2010	30 June 2011	R 2,500	R -
Msinga	Umzinyathi	Clinic	Upgrading	Upgrading And Additions To Existing Project: New Veranda	14 November 2008	16 September 2009	R 5,463	R 4,471
Nquthu	Umzinyathi	Clinic	Upgrading	Upgrading And Additions To Existing Clinic: Additional Counselling Room	13 July 2007	30 April 2008	R 1,443	R 1,436
Msinga	Umzinyathi	Clinic	Renovations	Repairs And Renovations And Minor New Works : New Emergency	14 November 2008	24 June 2009	R 3,615	R 3,196
Imbabazane	Uthukela	Clinic	Upgrading	Clinic Upgrading	28 November 2007	14 August 2009	R 7,506	R 7,276
Okhahlamba	Uthukela	Clinic	Renovations	Repairs And Renovations And Minor New Works	17 September 2007	29 June 2009	R 1,618	R 1,501
Newcastle	Amajuba	Clinic	Renovations	Completion Of Clinic Maintenance	23 October 2007	02 February 2008	R 994	R 994
Emnambithi/Ladysmith	Uthukela	Clinic	Upgrading	Clinic Upgrading Program Additional Toilets And Consulting Rooms	30 May 2007	26 February 2008	R 1,644	R 1,644
Indaka	Uthukela	Clinic	Renovations	Repairs And Renovations And Minor New Works	26 October 2007	06 January 2008	R 2,200	R 2,004
Emnambithi/Ladysmith	Uthukela	Clinic	Upgrading	Clinic Upgrade And Minor New Works	07 November 2008	06 December 2009	R 3,193	R 2,763
Emnambithi/Ladysmith	Uthukela	Clinic	Upgrading	Repairs & Renovations	31 March 2008	30 June 2008	R 1,217	R 1,178
Indaka	Uthukela	Clinic	Upgrading	Clinic Upgrade And Minor New Works	18 September 2009	01 March 2010	R 735	R 492
Indaka	Uthukela	Clinic	Upgrading	Clinic Upgrade And Minor New Works	19 November 2008	18 September 2009	R 1,883	R 939
Nquthu	Umzinyathi	Clinic	Upgrading	Clinic Upgrade And Minor New Works	10 November 2008	10 October 2009	R 3,114	R 2,698
Msinga	Umzinyathi	Clinic	Upgrading	Clinic Upgrade And Minor New Works	27 July 2009	27 February 2010	R 1,969	R 909
Umvoti	Umzinyathi	Clinic	Upgrading	Clinic Upgrade And Minor New Works	13 November 2008	12 October 2009	R 3,250	R 1,594
Umvoti	Umzinyathi	Clinic	Upgrading	Clinic Upgrade And Minor New Works	02 March 2009	02 September 2009	R 2,035	R 1,946

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**INFRASTRUCTURE PLAN 2010/11**

MUNICIPALITY NAME	DISTRICT	TYPE OF INFRASTRUCTURE	NATURE OF INVESTMENT	PROJECT DETAILS	START DATE	COMPLETION DATE	TOTAL PROJECT BUDGET OVER MULTIPLE FINANCIAL YEARS	TOTAL PROJECT EXPENDITURE TO DATE FROM PREVIOUS YEARS
							R	R
-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
Dannhauser	Amajuba	Clinic	Upgrading	Clinic Upgrade And Minor New Works	12 November 2008	11 August 2009	R 1,679	R 1,615
Newcastle	Amajuba	Clinic	Upgrading	Clinic Upgrade And Minor New Works	08 April 2009	25 November 2009	R 1,232	R 1,068
Newcastle	Amajuba	Clinic	Upgrading	Clinic Upgrade And Minor New Works	12 November 2008	01 September 2009	R 1,527	R 1,476
Newcastle	Amajuba	Clinic	Renovations	Clinic Maintenance Programme	10 October 2008	09 November 2009	R 3,280	R -
Nquthu	Umzinyathi	Clinic	Upgrading	Clinic Upgrade And Minor New Works	05 January 2009	05 July 2009	R 1,891	R 1,786
Indaka	Uthukela	Clinic	New	Construction Of A Medium Clinic With Double Accommodation Units	07 May 2009	15 July 2010	R 11,853	R 1,500
Msinga	Umzinyathi	Clinic	New	Construction Of A Medium Clinic With Double Accommodation Un	05 May 2009	05 May 2010	R 10,486	R 3,702
Dannhauser	Amajuba	Clinic	New	Construction Of Large Clinic With Double Accommodation Units	13 March 2009	09 June 2010	R 10,741	R 3,929
Newcastle	Amajuba	Clinic	Renovations	Completion Of Clinic Maintenance Programme	30 October 2010	30 August 2011	R 3,000	R 62
Newcastle	Amajuba	Mortuary	Replacement	Replace Mortuary	05 June 2008	05 December 2009	R 24,039	R 18,911
Okhahlamba	Uthukela	Hospital - District	Additions	New OPD, Casualty/Trauma Unit, X-Ray And Related Facilities	20 January 2011	20 January 2014	R 96,650	R 6,970
Nquthu	Umzinyathi	Hospital - District	Additions	New Kitchen, Laundry and Casualty Department	31 October 2008	30 April 2010	R 38,818	R 15,677
Emnambithi/Ladysmith	Uthukela	Hospital - Regional	Renovations	Re-Roofing And Renovations To Theatre	22 November 2007	08 July 2009	R 9,347	R 8,880
Endumeni	Umzinyathi	Hospital - District	New	Construction Of A New Guard House And Toilets	02 March 2009	01 November 2009	R 2,008	R 1,914
Msinga	Umzinyathi	Hospital - District	Replacement	Replace Paediatric Ward With Male And Female Tb Ward	08 October 2012	08 January 2015	R 56,110	R 1,826
Abaqulusi	Zululand	Hospital - Regional	Additions	Construction Of new Stores	21 May 2009	21 July 2010	R 21,958	R 8,183
eMadlangeni	Amajuba	Hospital - District	Additions	Lodger Mothers, Primary Health Care And Extensions To Wards	27 May 2009	21 July 2011	R 4,230	R 1,379
Msinga	Umzinyathi	Hospital - District	Additions	New Gateway Clinic	15 October 2007	16 November 2008	R 11,711	R 11,396
Newcastle	Amajuba	Hospital - Regional	Additions	New Neonatal Intensive Care Unit In Old Block, 3rd Floor	29 October 2007	07 January 2009	R 7,068	R 6,310
Endumeni	Umzinyathi	Hospital - District	Upgrading	Completion Of The Upgrading Of Maternity Ward 2 And Nursery	27 November 2007	26 March 2009	R 6,793	R 6,627
Umlalazi	uThungulu	Clinic	New	Construction Of New Clinic	30 June 2013	30 June 2014	R 15,000	R -
Hlabisa	Umkhanyakude	Clinic	Renovations	Clinic Maintenance & Upgrade	24 January 2008	19 November 2008	R 3,457	R 950
Umlalazi	uThungulu	Clinic	Renovations	Clinic Maintenance, Upgrading And Additions	20 June 2011	15 February 2012	R 2,474	R -
Mthonjaneni	uThungulu	Clinic	New	Construction Of A New Clinic	30 April 2013	30 April 2014	R 12,000	R 613
Abaqulusi	Zululand	Clinic	New	Construction Of A New Clinic	01 June 2012	01 June 2013	R 22,317	R -
Jozini	Umkhanyakude	Community Health Centre	Renovations	Repairs And Renovations, To Two Houses & Carports	30 November 2010	22 July 2011	R 1,764	R -

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MUNICIPALITY NAME	DISTRICT	TYPE OF INFRASTRUCTURE	NATURE OF INVESTMENT	PROJECT DETAILS	START DATE	COMPLETION DATE	TOTAL PROJECT BUDGET OVER MULTIPLE FINANCIAL YEARS	TOTAL PROJECT EXPENDITURE TO DATE FROM PREVIOUS YEARS
					Target	Target	R 17,970,883	R 4,784,436
Ulundi	Zululand	Clinic	Renovations	Complete Repairs And Renovations	25 September 2011	22 June 2012	R 4,984	R 569
KwaDukuza	iLembe	Clinic	Renovations	Maintenance For 2001/2002 Programme (Repairs & Renovations)	01 May 2011	01 May 2012	R 4,000	R 254
Nkandla	uThungulu	Clinic	Renovations	Maintenance For 2001/2002 Programme	25 June 2011	17 January 2013	R 12,000	R 971
Jozini	Umkhanyakude	Clinic	Renovations	Maintenance For 2001/2002 Programme	30 October 2010	30 October 2011	R 7,000	R 348
Jozini	Umkhanyakude	Clinic	New	Construction Of New Clinic, Guard House And Repairs & Renovate	03 August 2011	27 January 2013	R -	R -
uPhongolo	Zululand	Clinic	Renovations	Repairs And Renovations	15 January 2011	15 December 2011	R 4,244	R 308
The Big Five False Bay	Umkhanyakude	Clinic	Renovations	Clinic Maintenance	11 June 2009	07 April 2010	R 6,648	R 3,350
Nongoma	Zululand	Clinic	New	New Clinic: K2, R2 X 2, R3 X 1, Guard House, Car Port And Vi	03 August 2012	29 June 2013	R 15,791	R 1,450
Ulundi	Zululand	Clinic	Renovations	Clinic Maintenance	19 August 2008	17 March 2009	R 1,572	R 1,572
Umlalazi	uThungulu	Clinic	Renovations	Clinic Maintenance 2004/2005	21 October 2008	18 June 2009	R 3,016	R 2,594
uPhongolo	Zululand	Clinic	Renovations	Clinic Maintenance & Upgrading Programme Phase 1	30 October 2010	30 October 2011	R 8,610	R 536
Abaqulusi	Zululand	Clinic	Renovations	Clinic Maintenance & Upgrade Programme 2006-2007 Phase 1	15 June 2009	11 May 2010		
Ulundi	Zululand	Clinic	Renovations	Clinic Maintenance & Upgrading Programme Phase 1	25 June 2012	22 March 2013	R 7,304	R 94
The Big Five False Bay	Umkhanyakude	Clinic	Renovations	Clinic Maintenance & Upgrading Programme : 2006-2007 Phase 1	25 September 2011	30 July 2012	R 4,727	R 305
Ntambanana	uThungulu	Clinic	Renovations	Clinic Maintenance & Upgrading Programme : 2006-2007 Phase 1	25 November 2010	25 May 2012	R 20,000	R 1,225
uMhlathuze	uThungulu	Clinic	Renovations	Clinic Maintenance & Upgrading Programme : 2006-2007	03 June 2011	29 November 2012	R -	R -
Ulundi	Zululand	Clinic	New	Construct New Clinic	01 August 2008	25 September 2009	R 21,532	R 18,186
Abaqulusi	Zululand	Clinic	New	Construct New Clinic	30 August 2010	30 August 2011	R 11,200	R 1,673
Ulundi	Zululand	Clinic	New	Construction Of New Clinic	25 September 2012	15 December 2013	R 19,444	R 923
Nongoma	Zululand	Clinic	Renovations	Complete Repairs And Renovations (Refer WCS 017770)	23 February 2009	23 August 2009	R 1,846	R 1,514
Umhlabuyalini	Umkhanyakude	Clinic	New	Phase 8 : New Clinic	25 September 2011	22 March 2013	R 12,000	R 1,097
uMhlathuze	uThungulu	Clinic	Renovations	Repairs And Renovations	25 September 2011	20 September 2013	R 6,145	R 212
Mthonjaneni	uThungulu	Clinic	Replacement	Replacement Clinic: K2, R2 X 3, R3x1, Guard House, Car Port,	25 June 2012	21 June 2013	R 14,540	R 577
Umlalazi	uThungulu	Clinic	Renovations	Complete Repairs & Renovations	12 June 2009	09 March 2010	R 1,970	R 1,434

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							R	R
-	-	-	-	-	Target	Target	17,970,883	4,784,436
eDumbe	Zululand	Clinic	Renovations	Clinic Maintenance Plan (2004-2005) Repairs & Renovations	24 July 2008	20 May 2009	R 4,299	R 4,116
Mtubatuba	Umkhanyakud e	Clinic	New	New Clinic K2, M1, R2 X 3, R3 X 2, Guard House, VIP Toilets	15 May 2008	09 June 2009	R 9,382	R 8,489
Nongoma	Zululand	Clinic	Renovations	Clinic Maintenance Plan 2004-2005	17 May 2009	17 March 2010	R 3,710	R 2,760
uMhlathuze	uThungulu	Clinic	Renovations	Clinic Maintenance 2004/2005 (Completion of terminated contract)	01 August 2008	25 September 2009	R 700	R -
uMhlathuze	uThungulu	Clinic	Renovations	Clinic Maintenance 2004/2005 (Completion of terminated contract)	03 April 2008	30 September 2008	R 1,771	R 1,227
uMhlathuze	uThungulu	Clinic	Renovations	Clinic Maintenance 2004/2005 (Completion of terminated contract)	03 November 2010	28 February 2011	R 450	R -
Nongoma	Zululand	Clinic	Replacement	Replacement Of The Facility	15 May 2008	08 August 2009	R 13,682	R 11,630
Ulundi	Zululand	Clinic	New	Construct New Clinic	30 April 2008	25 April 2009	R 13,541	R 12,704
Umlabuyal in gana	Umkhanyakud e	Clinic	Renovations	Manguzi Hospital: 2000/2001 Maintenance Programme	30 October 2007	24 September 2008	R 3,055	R 2,552
Jozini	Umkhanyakud e	Clinic	Renovations	Repairs And Renovations	05 December 2007	12 November 2008	R 3,790	R 3,760
Mfolozi	uThungulu	Clinic	Renovations	Repairs And Renovations	12 December 2007	08 August 2008	R 1,659	R 1,653
Nkandla	uThungulu	Clinic	Renovations	Repairs And Renovations	27 March 2007	25 January 2008	R 3,447	R 3,447
Abaqulusi	Zululand	Clinic	Renovations	Clinic Maintenance	17 May 2007	02 October 2007	R 2,286	R 1,996
Umlabuyal in gana	Umkhanyakud e	Clinic	New	New Clinic: K3, VIP Toilets, Guard House	01 June 2007	01 August 2008	R 6,847	R 6,366
Umlabuyal in gana	Umkhanyakud e	Clinic	Replacement	Replacement Clinic : K2, M1, R2 X 3, R3 X 2, VIPs Toilets,	24 August 2007	30 November 2008	R 10,503	R 9,446
Abaqulusi	Zululand	Clinic	Additions	Construct Nurses Residences: R2 X 3, R3 X 1 & VCT	16 March 2007	30 September 2008	R 5,333	R 5,135
Nkandla	uThungulu	Clinic	New	New Clinic: K1, R2 X 3, R3 X 1, Guard House, Car Port, VIPs Toilet	15 October 2007	08 December 2008	R 10,642	R 9,802
uPhongolo	Zululand	Clinic	Renovations	New K2 Clinic, R2 X 2, R3 X 1, Guard House, Car Port, VIPs	22 January 2007	17 March 2008	R 5,857	R 5,690
Mtubatuba	Umkhanyakud e	Clinic	Renovations	Clinic Maintenance	21 November 2007	16 September 2008	R 3,102	R 2,505
Nongoma	Zululand	Clinic	Renovations	Repairs And Renovations	31 August 2007	10 October 2008	R 3,948	R 3,179
eDumbe	Zululand	Clinic	Renovations	Clinic Maintenance Plan 2004-2005	06 June 2007	20 November 2008	R 3,833	R 3,746
Umlabuyal in gana	Umkhanyakud e	Clinic	Renovations	Clinic Maintenance Plan 2004-2005	20 March 2008	15 November 2008	R 3,903	R 3,903
Jozini	Umkhanyakud e	Clinic	Renovations	Clinic Maintenance 2004-2005	14 November 2007	08 November 2008	R 3,904	R 3,776
uMhlathuze	uThungulu	Clinic	Renovations	Clinic Maintenance For 2004-2005	21 February 2008	17 November 2008	R 2,909	R 2,736
Umlalazi	uThungulu	Clinic	Renovations	Maintenance For 2001-2002 Programme Refer WCS 017776	16 October 2006	23 April 2007	R 661	R 600
Jozini	Umkhanyakud e	Clinic	Renovations	Clinic Maintenance & Upgrading Programme 2006-2007 Phase 1	10 October 2006	08 April 2007	R 405	R 405



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					Target	Target	R 17,970,883	R 4,784,436
Nkandla	uThungulu	Clinic	Renovations	Clinic Maintenance & Upgrading Programme : 2006-2007 Phase1	05 December 2006	05 October 2007	R 1,139	R 1,139
Hlabisa	Umkhanyakude	Clinic	Renovations	Repairs And Renovations	16 November 2006	22 May 2007	R 1,679	R 1,679
Umlalazi	uThungulu	Clinic	Renovations	Clinic Maintenance	09 April 2007	07 August 2007	R 2,108	R 2,108
Umlalazi	uThungulu	Clinic	New	Construction Of Health Station	27 August 2008	24 April 2009	R 769	R 501
Jozini	Umkhanyakude	Community Health Centre	Upgrading	Kitchen And Ablution Facilities At Makanis Camp	25 July 2006	01 December 2008	R 959	R 894
Umlalazi	uThungulu	Hospital - District	Upgrading	New Underground Water Supply To Serve Rising Ducts	30 September 2011	31 March 2012	R 652	R -
Nkandla	uThungulu	Hospital - District	Upgrading	Provision Of 72 Hour Water Reservoir And Section Of New Ringm	31 July 2012	01 April 2013	R 1,922	R -
Jozini	Umkhanyakude	Hospital - District	New	New Maternity Ward Block	20 August 2008	14 October 2009	R 26,014	R 22,390
Nkandla	uThungulu	Hospital - District	Upgrading	Upgrading Wards	25 September 2012	18 March 2014	R 17,458	R 580
Nkandla	uThungulu	Hospital - District	Renovations	Repairs To Kitchen Roof & Ceiling, Psychiatric Wards, Nurse	01 April 2012	01 April 2013	R 20,500	R -
Ulundi	Zululand	Hospital - Specialised	Upgrading	Upgrade Male Ward, Convert Gatehouse	25 September 2011	30 May 2012	R 1,288	R -
Umlalazi	uThungulu	Hospital - District	Upgrading	CSSD Upgrade and Construction of 2 New Gate Houses	24 July 2009	15 October 2010	R 4,066	R 956
Umlalazi	uThungulu	Hospital - District	Renovations	Renovations To 9 Staff Houses Phase I	25 September 2012	22 July 2013	R 11,685	R 605
Mthonjaneni	uThungulu	Hospital - District	Upgrading	Upgrade Ablutions, Upgrade Kitchen Floor, Waterproofing &	01 April 2012	31 January 2013	R 7,000	R -
Umlalazi	uThungulu	Hospital - District	Renovations	Renovations To 6 Staff Houses - Phase Ii	25 September 2012	22 April 2013	R 566	R 471
Umlalazi	uThungulu	Hospital - District	Renovations	Renovations To 5 Staff Houses - Phase Iii	22 April 2013	15 December 2013	R 819	R 709
Umlalazi	Umkhanyakude	Hospital - District	Upgrading	Urgent Provision Of Water Storage	02 April 2010	30 September 2011	R 3,072	R 19
Umlalazi	Umkhanyakude	Hospital - District	Additions	New Female Wards And Carports	21 August 2008	12 February 2010	R 26,364	R 21,115
Mthonjaneni	uThungulu	Hospital - District	Renovations	Flammable Store & Redesign Pharmacy	10 August 2006	21 November 2007	R 755	R 755
Mthonjaneni	uThungulu	Hospital - District	Renovations	Flooded Wards	31 July 2008	27 January 2009	R 1,330	R 1,330
Umlalazi	uThungulu	Hospital - District	Upgrading	Appointment Of A Land Surveyor	30 August 2008	01 December 2008	R 62	R 62
Nkandla	uThungulu	Hospital - District	Additions	Relocation Of New Nurses Accommodation	03 December 2008	01 December 2009	R 15,093	R 11,475
Umlalazi	uThungulu	Hospital - District	Upgrading	Upgrade Wards And Ablutions	15 January 2011	05 January 2013	R 20,000	R 110
Umlalazi	uThungulu	Hospital - District	Additions	New Theatre & CSSD, Refurbish Existing Theatre Into New Male (Completion of Terminated Contract)	15 January 2011	15 July 2012	R 18,000	R -

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					Target	Target	R 17,970,883	R 4,784,436
uPhongolo	Zululand	Hospital - District	Additions	New OPD/Casualty/CSSD/Dispensary/X-Ray & Theatre Block & New	24 February 2009	14 February 2011	R 73,263	R 37,264
Abaqulusi	Zululand	Hospital - District	Upgrading	Upgrade Sewerage System	04 September 2008	29 September 2009	R 1,339	R 402
Umlalazi	uThungulu	Hospital - District	Replacement	Replacement Of Sewer And Water Services	15 January 2011	15 January 2012	R 6,540	R 43
Jozini	Umkhanyakude	Hospital - District	Replacement	Replace Prefab House With Perm. House, Secure Parking &	22 February 2008	18 November 2008	R 3,317	R 3,060
Umlabuyalanga	Umkhanyakude	Hospital - District	Renovations	Repairs And Renovations To Nurses Home	18 February 2008	15 October 2008	R 1,932	R 1,067
Umlalazi	uThungulu	Hospital - District	Upgrading	Upgrade Of Municipal Supply Electrical Connection And Replace	30 August 2008	25 November 2008	R 1,584	R 1,501
Nkandla	uThungulu	Hospital - District	Additions	New Nurses Accommodation	15 February 2006	30 October 2008	R 15,832	R 15,738
Ulundi	Zululand	Hospital - District	Additions	New Out Patients Facility	02 August 2006	26 October 2008	R 24,500	
Nongoma	Zululand	Hospital - District	Additions	New Paediatric Ward	29 August 2007	12 October 2008	R 8,435	R 7,701
uPhongolo	Zululand	Hospital - District	Additions	New Administration Block Building And Tuck-shop	05 September 2007	20 October 2008	R 10,592	R 10,153
Umlabuyalanga	Umkhanyakude	Hospital - District	Additions	New Paeds Ward, Etc.	21 February 2008	16 April 2009	R 10,526	R 4,570
Jozini	Umkhanyakude	Hospital - District	Upgrading	Upgrade to OPD & Theatres	06 February 2008	01 April 2009	R 31,267	R 24,550
Ulundi	Zululand	Hospital - Specialised	Additions	New Perimeter Fence	15 February 2008	10 January 2009	R 1,300	R 1,197
Ulundi	Zululand	Hospital - Specialised	Additions	Construct 1 New St. Andrews Style House (Completion of a terminated contract)	21 June 2010	21 August 2010	R 100	R -
Umlalazi	uThungulu	Hospital - District	Additions	Provision Of Four (4) X Three (3) Bedroom Houses Incl. Upgrade	23 November 2006	23 August 2007	R 8,310	R 7,815
Umdoni	Ugu	Hospital - District	Additions	Extend Staff Residences	01 June 2009	21 June 2010	R 9,285	R 3,787
uMuziwabantu	Ugu	Hospital - District	Upgrading	Ph 2 : CSSD And Upgrade Admin	30 November 2010	30 November 2011	R 9,483	R 746
Hibiscus Coast	Ugu	Hospital - District	Additions	General & T.B. Wards	30 July 2012	20 July 2015	R 85,000	R 5,348
Msunduzi	uMgungundlovu	Hospital - Central	Additions	New 16 Bed I.C.U. Facilities In The Vacated Path. Lab.	01 September 2013	01 September 2014	R 14,900	R 1,095
Msunduzi	uMgungundlovu	Hospital - Central	Renovations	Renovations To Second Floor Admin Block	10 June 2012	10 May 2013	R 4,300	R 455
Msunduzi	uMgungundlovu	Hospital - Central	Additions	New Pathology Laboratory	30 June 2012	30 June 2014	R 36,000	R 2,717
uMngeni	uMgungundlovu	Hospital - Specialised	Upgrading	Subdivide And Register Disused Reservoir Site	30 June 2011	30 November 2011	R 9	R 9
uMshwathi	uMgungundlovu	Hospital - District	Additions	New Staff Accommodation U.T.B Additions And Alterations To Staff & Nurses Accommodation	30 July 2013	30 July 2015	R 19,500	R 2,021
Ingwe	Sisonke	Hospital - District	Additions	New Nurses Home And Flats	01 July 2010	30 April 2011	R 37,700	R 2,127
eThekweni	Metros KZ	Hospital - Central	Upgrading	New lifts	05 July 2013	16 November 2013	R 4,500	R -

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-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
Msunduzi	uMgungundlovu	Hospital - Regional	Renovations	Tarring Of Roads And Revitalization Of Central Island	30 June 2011	30 November 2011	R -	R -
Msunduzi	uMgungundlovu	Hospital - Specialised	Renovations	Impala & O Wards : Report And Estimate On Roofs	30 November 2010	30 November 2011	R 10,500	R 590
uMshwathi	uMgungundlovu	Hospital - District	Additions	Erect Lockable Garaging For 20 Vehicles	20 May 2011	20 November 2012	R 3,200	R 142
Msunduzi	uMgungundlovu	Accommodation	Renovations	Convert & Renovate Existing Building For W/S	26 November 2008	25 November 2009	R 3,503	R 1,656
Msunduzi	uMgungundlovu	Hospital - District	Renovations	Re-Organize Pharmacy	30 June 2012	30 October 2013	R 15,000	R 1,401
Hibiscus Coast	Ugu	Hospital - Regional	Upgrading	Electrical Work To The Old Boiler Complex And Stores /Convert Boiler Room To Resources Centre	30 March 2007	18 September 2007	R 279	R 279
uMshwathi	uMgungundlovu	Hospital - District	Renovations	Alterations To Theatre, X-Ray, CSSD Etc	15 September 2008	17 April 2010	R 19,858	R 5,553
Ubuhlebezwe	Sisonke	Hospital - District	Upgrading	Upgrade Existing Female Ward	10 December 2007	09 February 2009	R 15,334	R 14,157
Hibiscus Coast	Ugu	Hospital - Regional	Additions	New Multi Departmental Co Block	17 April 2007	17 April 2010	R 153,097	R 97,195
Hibiscus Coast	Ugu	Hospital - District	Additions	New Administration Block	09 November 2006	09 December 2007	R 11,017	R 10,443
Umdoni	Ugu	Hospital - District	Renovations	Phase 2-4 Casualty, Trauma, Admissions (Completion Contract)	30 November 2010	30 July 2013	R 115,300	R -
uMuziwabantu	Ugu	Hospital - District	Additions	Phase 1 : New OPD, Casualty, X-Ray & Related Facilities	19 April 2006	19 August 2008	R 31,441	R 29,119
Ubuhlebezwe	Sisonke	Hospital - District	Renovations	Relocate Accommodation	31 January 2008	30 September 2009	R 34,807	R 32,150
Msunduzi	uMgungundlovu	Hospital - Central	Upgrading	Fire Detection System In Hospital	10 October 2007	02 July 2009	R 23,170	R 21,675
Ingwe	Sisonke	Hospital - District	Additions	Build Doctor's Residences No 1 & 2	31 March 2006	30 November 2006	R 1,258	R 1,224
Greater Kokstad	Sisonke	Hospital - District	Additions	New Staff Accommodation	19 April 2007	19 July 2008	R 21,220	R 20,539
Richmond	uMgungundlovu	Clinic	New	New Clinic : Phase 10	15 September 2009	15 September 2010	R 15,368	R 3,399
Umzumbe	Ugu	Clinic	Renovations	Maintenance & Minor New Works To Existing Clinic (Water System Security)	24 February 2009	23 January 2010	R 3,935	R 3,599
Ubuhlebezwe	Sisonke	Clinic	Renovations	2006/7 Renovate And Upgrade Clinic	31 March 2012	31 March 2013	R 10,000	R 1,028
Hibiscus Coast	Ugu	Clinic	Upgrading	Convert Clinic To Community Health Centre	18 September 2008	16 April 2010	R 51,769	R 31,879
Ingwe	Sisonke	Clinic	Renovations	Water, Security, General R & R To Clinic & Residences, Yard,	24 June 2009	24 May 2010	R 5,500	R 3,604
uMshwathi	uMgungundlovu	Clinic	Renovations	Security, General R & R, Yard, Fittings And Enlarge Waiting	13 February 2009	26 February 2010	R 3,300	R 1,593
Msunduzi	uMgungundlovu	Clinic	Renovations	2006/7 Renovate And Upgrade Clinic	15 June 2009	15 October 2010	R 5,405	R 798
Msunduzi	uMgungundlovu	Clinic	Renovations	2006/7 Renovate And Upgrade Clinic	04 May 2009	08 February 2010	R 3,033	R 1,027
Richmond	uMgungundlovu	Clinic	Renovations	2006/7 Renovate And Upgrade Clinic	30 April 2011	28 February 2012	R 3,200	R 160

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							R	R
					Target	Target	17,970,883	R 4,784,436
uMshwathi	uMgungundlovu	Clinic	New	New Clinic : Phase 10	30 January 2009	10 August 2010	R 13,625	R 4,865
Ingwe	Sisonke	Clinic	Renovations	Security, R & R To Clinic & Residences, Yard, Fittings And U Aka Maintenance And Minor New Works To Clinic	03 April 2009	03 April 2010	R 3,303	R 1,005
Ingwe	Sisonke	Clinic	Renovations	Water, Security, General R & R To Clinic And Residences, Fen	25 February 2009	25 February 2010	R 5,605	R 2,448
Ingwe	Sisonke	Clinic	Renovations	Security, General R & R To Clinic & Residences, Lilliput System (Completion Contract)	30 September 2010	30 May 2011	R 2,500	R -
Ubuhlebezwe	Sisonke	Clinic	Renovations	2006/7 Renovate And Upgrade Clinic	24 October 2008	23 September 2009	R 3,928	R 3,533
Greater Kokstad	Sisonke	Clinic	New	New Phase 10 Clinic	20 May 2013	20 September 2014	R 15,000	R 8
Ingwe	Sisonke	Clinic	Renovations	Water, Security, General R & R , Yard, Fittings And Build Ne	13 October 2008	12 August 2009	R 1,826	R 1,244
Kwa Sani	Sisonke	Clinic	New	New Clinic : Phase 10	30 April 2011	30 July 2012	R 17,000	R 870
Umzumbe	Ugu	Clinic	Renovations	2006/7 Renovate And Upgrade Clinic	10 March 2009	10 March 2010	R 4,000	R 1,586
Hibiscus Coast	Ugu	Clinic	Renovations	2006/7 Renovate And Upgrade Clinic	21 October 2008	21 October 2009	R 2,602	R 1,246
Hibiscus Coast	Ugu	Clinic	Renovations	2006/7 Renovate And Upgrade Clinic	09 October 2008	09 August 2009	R 2,014	R 1,549
Hibiscus Coast	Ugu	Clinic	Renovations	2006/7 Renovate And Upgrade Clinic	23 October 2008	01 December 2009	R 1,699	R 1,074
Richmond	uMgungundlovu	Clinic	New	Ph 9 : New Clinic	30 September 2011	30 September 2012	R 12,000	R 499
Umzumbe	Ugu	Clinic	New	New Clinic: Phase 10	01 April 2012	01 April 2013	R 8,000	R 44
Umzumbe	Ugu	Clinic	Renovations	New Clinic construction	01 April 2012	01 April 2013	R 11,000	R -
Umzumbe	Ugu	Clinic	Renovations	2006/7 Renovate And Upgrade Clinic	17 March 2009	17 January 2010	R 2,205	R 2,134
Msunduzi	uMgungundlovu	Clinic	Renovations	2006/7 Renovate And Upgrade Clinic	10 September 2008	28 September 2009	R 1,328	R 1,328
Kwa Sani	Sisonke	Clinic	Renovations	2006/7 Renovate And Upgrade Clinic	27 May 2009	23 April 2010	R 2,625	R 1,018
Msunduzi	uMgungundlovu	Clinic	New	Ph 9 : New Clinic	30 August 2011	30 August 2012	R 10,000	R 473
uMuziwabantu	Ugu	Clinic	Renovations	Water, Security, Genera R & R To Clinic & Residences, Yard,	04 August 2008	14 July 2009	R 1,814	R 868
Ezinqolweni	Ugu	Clinic	Renovations	General R & R To Clinic & Residences, Yard, Fittings And Bui	11 October 2007	11 January 2009	R 15,008	R 14,763
Ubuhlebezwe	Sisonke	Clinic	Renovations	Int & Ext R & R, Path/Driveways, Add Medicine Room, A/C, Sec	19 February 2008	18 January 2009	R 3,275	R 3,275
Vulamehlo	Ugu	Clinic	New	Phase 8 : Health Station	30 November 2007	30 May 2008	R 588	R 588
Umzumbe	Ugu	Clinic	New	Phase 8 : New Clinic	19 September 2007	19 September 2008	R 9,045	R 8,141
Hibiscus Coast	Ugu	Clinic	New	Ph 9 : New Clinic	29 May 2007	28 April 2008	R 11,340	R 10,772
uMuziwabantu	Ugu	Clinic	New	Ph 9 : New Clinic	31 October 2007	23 July 2008	R 7,240	R 3,505
	Ugu	Clinic	New	Ph 9 : New Clinic	19	26	R	R

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							R	R
-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
uMuziwabantu					September 2007	September 2008	13,203	11,770
Impendle	uMgungundlovu	Clinic	Renovations	Water, Security, General R & R, Fencing, Fittings And Enlarge	07 February 2008	12 January 2009	R 3,827	R 3,534
Richmond	uMgungundlovu	Clinic	Renovations	K3, M2, GH R & R To Existing Prefabs (4294)	14 April 2006	13 February 2008	R 3,254	R 2,925
uMshwathi	uMgungundlovu	Clinic	Upgrading	Clinic Upgrade: Phase 6	31 July 2010	31 January 2011	R 502	R -
Msunduzi	uMgungundlovu	Clinic	Renovations	Water, Security, General R & R To Clinic And Residences, Yard	09 October 2007	09 August 2008	R 2,581	R 2,505
Impendle	uMgungundlovu	Clinic	Replacement	Phase 8 : Replace Existing Clinic	31 August 2010	31 January 2011	R 2,100	R -
Hlabisa	Umkhanyakude	Clinic	Upgrading	Phase 8 : Upgrade Roadwork And Water Supply	28 June 2005	24 May 2008		
Impendle	uMgungundlovu	Clinic	New	Ph 9 : New Clinic	31 July 2010	31 July 2011	R 8,919	R -
Kwa Sani	Sisonke	Clinic	Replacement	Phase 7 Replacement Clinic	15 March 2006	15 March 2007	R 4,619	R 4,114
Hibiscus Coast	Ugu	Clinic	Renovations	Int & Ext R & R, Pathways/Driveways, Enclose Veranda, Security	05 March 2008	12 February 2009	R 4,398	R 3,882
uMuziwabantu	Ugu	Clinic	Renovations	Int & Ext R & R, New Roof Sheetting, Upgrade Pathways/Driveway (Completion Contract)	01 July 2010	30 December 2010	R 5,361	
Hibiscus Coast	Ugu	Clinic	Renovations	Int & Ext R & R, A/C, Sec. Gate, Enlarge S/Room & Shelving,	09 November 2006	16 December 2007	R 4,334	R 3,836
Hibiscus Coast	Ugu	Clinic	Additions	Build New Counselling Rooms X 4 + 5 Bedded Short Stay Ward	15 February 2008	15 September 2008	R 1,329	R 1,294
Msunduzi	uMgungundlovu	Community Health Centre	Renovations	Security Gates, Int & Ext R & R, Fittings, Various New Work	05 March 2008	01 December 2009	R 3,954	R 3,954
Ingwe	Sisonke	Clinic	New	Phase 8 : New Clinic (Completion Of A Terminated Contract)	30 November 2010	30 September 2011	R 3,500	R 442
Hibiscus Coast	Ugu	Clinic	New	Ph 8 : Health Station	30 November 2007	30 May 2008	R 481	R 481
eThekweni	Metros KZ	Community Health Centre	Additions	Replace GenSet	30 September 2010	30 November 2010	R 100	R -
eThekweni	Metros KZ	Clinic	New	Construction Of A New Clinic (Phase 9)	30 June 2012	30 December 2013	R 12,000	R 833
Maphumulo	iLembe	Clinic	Upgrading	Clinic Update And Major Building Work (Phase 11)	30 June 2010	04 July 2012	R 5,300	R -
Ndwedwe	iLembe	Clinic	Disposal	Demolish And Construct New Clinic	30 June 2012	05 July 2013	R 7,080	R 586
Maphumulo	iLembe	Clinic	Additions	Borehole And Electricity: Phase Ii New Clinic	30 June 2010	06 July 2012	R 203	R 203
KwaDukuza	iLembe	Clinic	Renovations	Maintenance & New Work 2006/2007	14 November 2008	10 November 2009	R 2,433	R 2,183
eThekweni	Metros KZ	Clinic	Renovations	Repair & Renovation & New Visitor Toilet Block	06 November 2008	10 June 2009	R 686	R 686
eThekweni	Metros KZ	Clinic	Additions	Build New Visitors Toilet Block	07 November 2008	10 June 2009	R 593	R 576
eThekweni	Metros KZ	Clinic	Renovations	Repairs & Renovations & Waiting Area, Covered Walk	04 November	04 August 2009	R 2,169	R 1,813

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					Target	Target	R 17,970,883	R 4,784,436
					2008			
eThekweni	Metros KZ	Clinic	Rehabilitation	Completion Of Rehabilitation Of Mpumalanga Clinic	02 March 2009	15 March 2010	R 8,533	R 7,407
Ndwedwe	iLembe	Clinic	Additions	Additions	15 September 2008	15 July 2009	R 2,487	R 1,446
KwaDukuza	iLembe	Clinic	Disposal	Replacement Of Clinic Phase 9	30 June 2013	30 July 2014	R 12,000	R -
eThekweni	Metros KZ	Clinic	Additions	Additions To CHC	28 April 2009	28 October 2009	R 399	R 341
Maphumulo	iLembe	Clinic	Replacement	Replacement Clinic And Upgrade Of Existing Clinic	10 June 2008	10 June 2009	R 15,508	R 14,825
Ndwedwe	iLembe	Clinic	Additions	Completion Of Additions (Phase 9)	01 December 2010	30 May 2011	R 630	R 47
Maphumulo	iLembe	Clinic	Renovations	Electrical Installation	15 September 2008	01 December 2009	R 73	R 73
eThekweni	Metros KZ	Hospital - District	Renovations	Improve Ventilation To Arv (Philani) Clinic	01 October 2010	31 March 2011	R 95	R -
eThekweni	Metros KZ	Accommodation	Additions	Partitioning, Alterations & Finishes To Floors 5,	01 October 2010	12 April 2012	R 20,000	R 2,199
eThekweni	Metros KZ	Hospital - District	Renovations	Spall Repairs And Painting To External Facade Of B	15 June 2011	15 December 2011	R 2,500	R 48
eThekweni	Metros KZ	Hospital - District	Renovations	Replace Admin Roof	30 June 2011	30 June 2012	R -	R -
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Completion Of P Block	15 July 2008	14 July 2010	R 38,165	R 17,634
eThekweni	Metros KZ	Accommodation	Upgrading	External Works	05 June 2009	26 February 2010	R 4,751	R 3,626
eThekweni	Metros KZ	Accommodation	Upgrading	Renew Water Reticulation And Fire Risers And R & R	29 January 2009	28 September 2009	R 5,278	R 4,404
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Upgrade Maternity Ward and Nursery	30 November 2010	30 May 2012	R 19,443	R 946
KwaDukuza	iLembe	Hospital - Regional	Upgrading	Convert Ext Paediatric Ward To Psychiatric Ward	28 February 2011	28 February 2012	R 15,000	R 267
Maphumulo	iLembe	Hospital - District	Upgrading	Pabx Installation	01 February 2009	15 October 2009	R 582	R 562
eThekweni	Metros KZ	Hospital - District	Upgrading	Conversion Of Store Building To EMRS	23 March 2009	22 September 2009	R 7,255	R 6,292
eThekweni	Metros KZ	Hospital - District	Renovations	Replace Roof For S Block	13 October 2008	13 June 2009	R 13,737	R 12,954
KwaDukuza	iLembe	Hospital - Regional	Additions	New Labour And Neo-Natal Ward	01 March 2011	30 April 2012	R 20,450	R 413
eThekweni	Metros KZ	Hospital - District	Upgrading	Upgrading Fire Systems Phase 1	01 January 2005	01 July 2008	R 26,000	R 25,460
eThekweni	Metros KZ	Hospital - District	Upgrading	Switch Gear	03 March 2007	01 November 2008	R 4,668	R 4,668
Ndwedwe	iLembe	Hospital - District	Additions	New Outpatients Department	24 December 2006	01 February 2009	R 12,353	R 11,394
KwaDukuza	iLembe	Hospital - Regional	Renovations	Repairs And Renovations To Male And Female Wards	24 May 2007	23 August 2007	R 4,798	R 4,541
KwaDukuza	iLembe	Hospital - Regional	Additions	Extension To Existing Security Office	12 August 2007	09 November 2008	R 1,247	R 1,247
eThekweni	Metros KZ	Hospital - Specialised	New	New TB Surgical Wards and Mortuary	15 April 2008	14 August 2009	R 49,356	R 35,088
eThekweni	Metros KZ	Hospital - District	Upgrading	Construction of New Level 1 Hospital	13 March 2006	14 March 2008	R 463,939	R 400,856
eThekweni	Metros KZ	Hospital - District	Rehabilitation	Kitchen/ Dining room Phase 2 Redevelopment	16 March 2006	15 March 2007	R 27,311	R 26,826

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							R	R
-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
uMhlathuze	uThungulu	Hospital - Regional	Rehabilitation	Upgrade Vista Flats	14 September 2007	20 April 2008	R 3,066	R 2,940
eThekwini	Metros KZ	Hospital - Specialised	New	New Star Shaped TB Wards	21 September 2004	18 May 2006	R 25,869	R 25,496
eThekwini	Metros KZ	Hospital - District	New	Bulk Earthworks Phase C	04 August 2008	17 February 2009	R 13,047	R 11,306
uMhlathuze	uThungulu	Mortuary	Upgrading	Upgrading Of Existing Mortuary Facility	21 January 2008	15 June 2008	R 8,248	R 7,928
eThekwini	Metros KZ	Mortuary	Upgrading	Upgrading Of Mortuary	12 February 2008	25 November 2008	R 11,919	R 10,848
uMhlathuze	uThungulu	Hospital - District	Upgrading	Replacement Of Remaining Air Handling Units Including Upgrade	30 July 2008	30 April 2009	R 9,916	R 9,347
eThekwini	Metros KZ	Hospital - District	New	Design And Construct New District Hospital- Level 1	01 April 2015	01 April 2018	R 1,154,362	R -
eThekwini	Metros KZ	Hospital - District	Upgrading	Organisational Development	01 April 2016	30 March 2017	R 14,000	R -
eThekwini	Metros KZ	Hospital - District	New	Design and Construct New District Hospital- Level 1	01 June 2012	30 November 2014	R 1,031,639	R 18,603
eThekwini	Metros KZ	Hospital - District	Additions	New Crèche	30 August 2010	30 June 2011	R 6,021	R 279
eThekwini	Metros KZ	Hospital - District	Renovations	Landscaping 1	15 August 2010	31 January 2011	R 6,245	R 536
eThekwini	Metros KZ	Hospital - District	Upgrading	Sundry Demolitions	01 February 2011	30 April 2011	R 1,278	R 19
eThekwini	Metros KZ	Hospital - District	Rehabilitation	Re-route Services - Phase B	14 January 2005	13 April 2006	R 11,355	R 9,616
Amajuba District Municipality	Amajuba	Hospital - Regional	Rehabilitation	Master Plan	10 November 2007	30 September 2008	R -	R -
uMhlathuze	uThungulu	Hospital - District	Upgrading	Picture Archiving And Radiography Information System Enabling Work	01 October 2010	30 March 2011	R -	R -
uMhlathuze	uThungulu	Hospital - District	Replacement	It Cabling And Equipment	01 November 2010	30 March 2011	R 597	R 597
uMhlathuze	uThungulu	Hospital - District	Rehabilitation	Transfer fees for Land Purchased from uMhlathuze Municipality for additions to existing hospital	24 March 2008	16 June 2010	R 798	R -
uMhlathuze	uThungulu	Hospital - District	Replacement	Replacement Of Galvanized Water Piping	24 July 2008	30 June 2009	R 7,278	R 7,106
uMhlathuze	uThungulu	Hospital - Specialised	Additions	New Psychiatric Ward And Helipad	30 July 2008	07 December 2010	R 20,727	R 20,347
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Master Plan	10 March 2010	31 May 2010	R 1,544	R 994
Amajuba District Municipality	Amajuba	Mortuary	Upgrading	Upgrade Existing Saps Mortuary	08 June 2009	30 August 2010	R 12,210	R 2,922
Umzimkhulu	Sisonke	Mortuary	Upgrading	Conversion Of Existing Administration Building To M1 Forensic Mortuary	30 July 2012	30 January 2014	R 23,699	R 1,564
Maphumulo	iLembe	Mortuary	Upgrading	Conversion Of Clinic To A Mortuary	30 July 2012	30 June 2014	R 19,018	R 804
Umlalazi	uThungulu	Mortuary	New	Construction Of Forensic Mortuary	30 June 2008	31 January 2010	R 42,618	R 25,323
uPhongolo	Zululand	Mortuary	New	Construction Of Forensic Mortuary	12 August 2008	30 September 2010	R 23,461	R 183
Hibiscus Coast	Ugu	Mortuary	Upgrading	Upgrade Existing Saps Mortuary Facilities	08 July 2009	17 November	R 23,427	R 6,518

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-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
						2010		
Umtshezi	Uthukela	Mortuary	New	Construction Of Forensic Mortuary	23 July 2008	24 January 2010	R 20,896	R 17,919
Endumeni	Umzinyathi	Mortuary	New	Construction Of Forensic Mortuary	12 June 2008	12 December 2009	R 26,593	R 16,272
Umvoti	Umzinyathi	Mortuary	New	Construction Of Forensic Mortuary	10 July 2008	24 January 2010	R 29,364	R 23,048
uMgungundlovu District Municipality	uMgungundlovu	Accommodation	Maintenance - Recurrent	Manage 168 Lease Agreements For KZN - Health(Office And Residential Accommodation)	01 April 2009	31 March 2010	R 350,011	R 48,944
uMgungundlovu District Municipality	uMgungundlovu	Medical equipment	New	Purchase And Install Medical Equipment For Various Institutions	01 April 2009	10 March 2010	R -	R -
eThekweni	Metros KZ		Upgrading	Programme Management	01 April 2010	31 March 2011	R 14,296	R 8,305
uMgungundlovu District Municipality	uMgungundlovu	Accommodation	Maintenance - Recurrent	Lift Maintenance	01 April 2010	31 March 2011	R 58	R -
uMgungundlovu District Municipality	uMgungundlovu	Accommodation	Maintenance - Recurrent	Lift Maintenance	01 April 2010	31 March 2011	R 856	R -
uMgungundlovu District Municipality	uMgungundlovu	Accommodation	Maintenance - Recurrent	Air Conditioning 36-Mohtn Contract	01 April 2010	31 March 2011	R 1,488	R -
uMgungundlovu District Municipality	uMgungundlovu	Accommodation	Maintenance - Recurrent	Pabx Maintenance Contact	01 April 2010	31 March 2011	R 99	R -
uMgungundlovu District Municipality	uMgungundlovu	Accommodation	Maintenance - Recurrent	Pabx Maintenance Contact	01 April 2010	31 March 2011	R 491	R -
uMgungundlovu District Municipality	uMgungundlovu	Accommodation	Maintenance - Recurrent	Pabx Maintenance Contact	10 April 2010	31 March 2011	R -	R -
uMgungundlovu District Municipality	uMgungundlovu	Accommodation	Maintenance - Recurrent	Application Of Rejuvenating Paints For Flat Roofs	01 July 2010	30 October 2010	R -	R -
uMgungundlovu District Municipality	uMgungundlovu	Accommodation	Replacement	Chiller Replacement	30 April 2011	31 August 2011	R 2,600	R -
eThekweni	Metros KZ	Hospital - Regional	New	Construction Of A HAART Unit At Mshiyeni Hospital	20 February 2006	26 March 2007	R 5,579	R 5,579
iLembe District Municipality	iLembe	CLINIC	New	Construction Of A New Small (K2) Clinic With Guard House	16 November 2006	15 February 2008	R 3,500	R 3,330
Indaka	Uthukela	CLINIC	New	Construction Of A New Clinic	16 November 2006	15 July 2007	R 2,007	R 2,007
uMhlathuze	uThungulu	CLINIC	Additions	Construction Of A New PMTCT Unit In Ngwelezane Hospital	30 January 2007	26 August 2007	R 2,565	R 2,533
eThekweni	Metros KZ	Hospital - Regional	Additions	Construction Of A HAART Unit In RK Khan Hospital	20 January 2006	08 November 2006	R 4,429	R 4,369
Ulundi	Zululand	CLINIC	Replacement	Construction Of Replacement Clinic With Counselling And Consulting Rooms	10 February 2006	22 March 2007	R 9,615	R 9,254



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					Target	Target	R 17,970,883	R 4,784,436
Nongoma	Zululand	Hospital - District	New	Construction Of A New PMTCT In Benedictine Hospital	10 February 2006	16 October 2006	R 6,121	R 5,721
eThekweni	Metros KZ	Clinic	New	Construction Of A New Clinic With Residences Using Light Steel Method	30 June 2012	30 June 2013	R 14,550	R 591
Umtshezi	Uthukela	CLINIC	New	Construction Of A Small K1 Clinic	23 January 2008	23 November 2008	R 8,520	R 392
Mthonjaneni	uThungulu	CLINIC	New	Construction Of A K2 Small Clinic With Consulting Rooms Only.	28 March 2007	27 May 2008	R 8,235	R 7,801
uPhongolo	Zululand	Clinic	Replacement	Construction Of A New Replacement Small K2 Clinic	25 July 2005	31 January 2006	R 1,402	R 1,364
Umhlabyalinalgana	Umkhanyakud e	Clinic	New	Construction Of A PMTCT In Manguzi Hospital	13 January 2006	30 June 2006	R 2,293	R 881
Umhlabyalinalgana	Umkhanyakud e	Clinic	New	Construction Of A New PMTCT Clinic At Mseleni Hospital	18 June 2009	11 November 2009	R 4,248	R 4,248
uPhongolo	Zululand	Hospital - District	New	Construction Of A HAART Unit In Itshelejoba Hospital	17 August 2006	17 August 2006	R 3,839	R 3,839
Umhlabyalinalgana	Umkhanyakud e	Clinic	Replacement	Construction Of Replacement Clinic	03 May 2006	04 April 2007	R 6,437	R 6,291
uPhongolo	Zululand	Clinic	New	Construction Of A Medium Size K3 Clinic	09 November 2005	08 August 2006	R 7,747	R 7,747
Umhlabyalinalgana	Umkhanyakud e	Clinic	New	Construction Of A New Clinic And Residences And Purchase Of Temp. Park homes	10 June 2009	10 May 2010	R 22,820	R 17,065
Maphumulo	iLembe	Clinic	New	Construction Of A New Clinic With Residences Using Light Steel Method	20 January 2012	31 August 2013	R 11,640	R 14
Msinga	Umzinyathi	Community Health Centre	New	Construction Of A New CHC With Residencies Using Light Steel Method	20 September 2012	15 March 2016	R 114,278	R 1,868
eThekweni	Metros KZ	Community Health Centre	New	Construction Of A New Health Centre	05 March 2007	19 November 2009	R 96,950	R 38,377
Msinga	Umzinyathi	Clinic	New	Construction Of A PMTCT In Church Of Scotland Hospital	16 January 2006	30 April 2007	R 4,197	R 3,998
		Accommodation	New	Construction Of A Children Home	02 May 2006	02 December 2006	R 1,853	R 1,770
Umlalazi	uThungulu	CLINIC	New	Construction Of A New Small Clinic	28 July 2006	25 October 2007	R 2,897	R 2,548
Umvoti	Umzinyathi	CLINIC	New	Construction Of A Sk1 Type Clinic(Treatment Rooms And Counselling Rooms)	05 July 2007	05 July 2008	R 7,600	R 3,149
Umzumbe	Ugu	Community Health Centre	New	Construction Of A New CHC	02 August 2006	02 December 2009	R 86,838	R 22,155
Emnambithi/Ladysmith	Uthukela	Hospital - District	New	Construction Of A New CHC	20 November 2006	23 September 2009	R 92,851	R 38,170
Nkandla	uThungulu	CLINIC	Additions	Construction Of A New Gateway Clinic For Ekhombe Hospital	14 September 2005	27 June 2006	R 2,873	R 2,873
		CLINIC	New	Construction Of A Clinic	01 September 2005	07 November 2007	R 3,647	R 3,647
Nkandla	uThungulu	CLINIC	New	Mpandleni Clinic	06 June 2006	27 November 2007	R 9,029	R 9,029

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					Target	Target	R 17,970,883	R 4,784,436
Umhlabuyalingana	Umkhanyakude	CLINIC	New	Construction Of a New Medium Size (K2)Clinic	02 February 2007	02 February 2008	R 11,765	R 11,400
Nkandla	uThungulu	Clinic	Additions	Construction Of Clinic Houses	24 July 2006	01 May 2007	R 2,148	R 1,958
KwaDukuza	iLembe	CLINIC	Additions	Stanger PMTCT Clinic	09 April 2009	31 October 2009	R 6,726	R 5,695
		Mobile clinic	New	Purchase Mobile Clinics.	01 July 2008	31 March 2009	R -	R -
uMshwathi	uMgungundlovu	Clinic	New	New Clinic	30 June 2012	31 July 2013	R 10,200	R 539
uMgungundlovu District Municipality	uMgungundlovu	Mortuary	New	New M6 Mortuary	14 May 2009	18 May 2010	R 74,000	R 51,671
Hibiscus Coast	Ugu	Mortuary	New	New M3 Mortuary	18 June 2008	17 January 2011	R 43,213	R 36,645
		Clinic	Maintenance - Recurrent	Facility Audits	01 April 2010	31 March 2011	R 30	R -
Jozini	Umkhanyakude	Clinic	Upgrading	Convert Open Hall To Offices	01 May 2003	30 July 2006	R -	R -
		Accommodation	Maintenance - Recurrent	Security Services	01 April 2010	31 March 2011	R 267	R -
Ubuhlebezwe	Sisonke	Clinic	New	New Facility	30 September 2013	30 September 2014	R 11,033	R 33
Mandeni	iLembe	Clinic	Renovations	Maintenance	31 July 2012	31 May 2013	R 5,916	R 452
uPhongolo	Zululand	Clinic	Renovations	R&R	13 May 2008	09 December 2008	R 3,748	R 3,486
Umlalazi	uThungulu	Hospital - District	Upgrading	Upgrade Wards & Construct New Link Passage	10 August 2005	10 November 2006	R 7,165	R 7,165
Umhlabuyalingana	Umkhanyakude	Hospital - District	Additions	New Female Ward & Alterations to Admin	15 January 2011	15 July 2012	R 21,295	R 1,102
Ulundi	Zululand	Hospital - District	New	Staff Housing	13 March 2001	12 September 2001	R 2,064	R 2,064
Jozini	Umkhanyakude	Clinic	Upgrading	Convert Old Jozini Complex into Offices	30 October 2010	20 October 2011	R 5,500	R 283
Jozini	Umkhanyakude	Hospital - District	Renovations	R&R To Theatre & CSSD	13 March 2001	12 September 2001	R 378	R 82
KwaDukuza	iLembe	Clinic	Renovations	Clinic Repairs And Renovations	30 April 2010	30 April 2011	R 3,600	R 358
Umvoti	Umzinyathi	Clinic	Upgrading	Upgrades And Additions	30 June 2013	30 June 2014	R 12,000	R 53
The Big Five False Bay	Umkhanyakude	Clinic	Replacement	Construct Clinic, Houses & Waiting Mother Accom	13 January 2001	28 February 2003	R 3,870	R 3,870
Umtshezi	Uthukela	Hospital - District	New	Construction Of New OPD/Casualty/Pharmacy	16 April 2012	17 September 2015	R 81,105	R 848
Hlabisa	Umkhanyakude	Clinic	Renovations	Maintenance For 2001/2002 Programme	04 June 2007	04 February 2008	R 919	R 919
Msunduzi	uMgungundlovu	Hospital - Regional	New	Construction of a HAART clinic	20 February 2006	04 September 2006	R 62	R -
uMhlathuze	uThungulu	Hospital - Central	Renovations	Business case	01 November 2010	30 November 2011	R 798	R -

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-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
Maphumulo	iLembe	Clinic	Replacement	Phase 08 Replace Existing Clinic	28 June 2006	31 March 2010	R 42	R 42
Mandeni	iLembe	Clinic	Renovations	Complete R&R	16 June 2005	13 November 2005	R 890	R 890
Umtshezi	Uthukela	Hospital - District	Rehabilitation	R&R Nurses Home & Wards	18 March 2009	17 September 2010	R 9,330	R 2,046
Umtshezi	Uthukela	Hospital - District	New	New Ward, X-Ray, Theatres & CSSD	15 September 2012	15 September 2016	R 129,000	R 6,115
uMhlathuze	uThungulu	Hospital - District	Upgrading	New Staff Residence And Upgrading Of Existing Staff Residence	27 January 2014	27 July 2017	R -	R -
eThekweni	Metros KZ	Mortuary	New	New Mortuary	30 November 2010	12 May 2012	R 78,000	R 5,478
Mtubatuba	Umkhanyakude	Mortuary	New	New Mortuary	30 September 2013	30 March 2015	R 30,000	R 45
eThekweni	Metros KZ	Hospital - District	Additions	Health Technology Equipment	01 December 2008	31 March 2009	R 150,800	R 42,542
uMhlathuze	uThungulu	Hospital - District	Upgrading	HEALTH TECHNOLOGY EQUIPMENT	30 June 2013	30 November 2014	R 22,332	R 21,158
Hlabisa	Umkhanyakude	Hospital - District	Upgrading	Health Technology Equipment	01 December 2008	31 March 2016	R 90,221	R 12,143
Umzimkhulu	Sisonke	Hospital - District	Upgrading	Health Technology Equipment	01 December 2008	31 March 2012	R 14,518	R 10,447
Umlabuyalini	Umkhanyakude	Hospital - District	New	NEW LIGHT STEEL CONSTRUCTION TB FACILITY	15 December 2008	31 December 2009	R 176	R 176
Msunduzi	uMgungundlovu	Hospital - District	Replacement	REPLACE PERIMETER FENCE	19 November 2008	29 May 2009	R 416	R 416
uMhlathuze	uThungulu	Hospital - District	Replacement	Replacement of six air handling units	01 October 2010	30 March 2013	R 1,306	R 1,306
uMhlathuze	uThungulu	Hospital - District	Additions	ALTERATION & ADDITION TO EXISTING HOSPITAL	01 September 2010	30 April 2014	R 304,357	R 22,341
uMhlathuze	uThungulu	Hospital - Central	Additions	New Lock-up garages	27 January 2010	27 July 2013	R -	R -
Abaqulusi	Zululand	Hospital - Central	Upgrading	Autoclave replacement	31 March 2011	31 July 2011	R -	R -
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	UPGRADING EXISTING LAUNDRY,KITCHEN,STAFF DINN	01 April 2014	30 September 2015	R 301	R 301
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Upgrade MV and LV electrical reticulation including generators, lighting protection to remaining building ,upgrade water reticulation and existing corridors	20 January 2011	30 November 2012	R 78,854	R 3,421
uMhlathuze	uThungulu	Hospital - Regional	Additions	NEW GASTROCOOPY SUITE,PRAYER ROOM,ARCHIVE,STORE	01 June 2013	31 July 2014	R -	R -
uMhlathuze	uThungulu	Hospital - Regional	Renovations	ALTS & RENOVATIONS TO EXISTING STAFF RESIDENCE	01 June 2012	31 July 2013	R -	R -
uMhlathuze	uThungulu	Hospital - Regional	Additions	NEW THEATRE COMPLEX,CSSD, AND STAFF/DOCTORS' FACILITY	01 October 2012	31 July 2015	R 173,752	R 3,435

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-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
uMhlatuze	uThungulu	Hospital - Regional	Upgrading	UPGRADE EXISTING THEATRES AND CSSD INCLUDING MEDICAL FACILITY	01 June 2014	31 July 2015	R 1,847	R 402
eThekwini	Metros KZ	Hospital - Specialised	Upgrading	New Psychiatric closed unit(Previously known as alterations and additions)	30 November 2010	15 December 2011	R 14,354	R 85
eThekwini	Metros KZ	Accommodation	Upgrading	CONVERSION OF EXISTING STAFF ACCOMMODATION INTO NEW	01 October 2008	31 March 2009	R 105	R 105
eThekwini	Metros KZ	Hospital - Specialised	Rehabilitation	Phased development: Upgrade Psychiatric Phase 1	03 August 2004	02 August 2006	R 23,067	R 22,937
eThekwini	Metros KZ	Hospital - District	Rehabilitation	ELECTRICAL AND MECHANICAL REHABILITATION	01 February 2013	20 June 2013	R 7,883	R -
eThekwini	Metros KZ	Hospital - Regional	Upgrading	Upgrade lifts-17	17 May 2010	29 October 2010	R 16,000	R -
eThekwini	Metros KZ	Hospital - District	Upgrading	Quality Assurance	01 April 2016	30 March 2017	R 8,000	R -
eThekwini	Metros KZ	Hospital - District	Upgrading	Health Technology Equipment	01 June 2016	30 March 2017	R 273,224	R -
eThekwini	Metros KZ	Hospital - District	New	Fencing of site	30 October 2010	28 February 2011	R 1,425	R -
eThekwini	Metros KZ	Accommodation	Upgrading	Organisational Development	31 March 2009	31 July 2015	R 10,000	R -
eThekwini	Metros KZ	Accommodation	Upgrading	Quality Assurance	01 October 2012	31 March 2013	R 8,000	R -
eThekwini	Metros KZ	Hospital - District	Upgrading	Health Technology Equipment	01 October 2015	01 April 2016	R 136,197	R -
eThekwini	Metros KZ	Hospital - District	Upgrading	Payment for Levies	29 August 2006	29 August 2015	R 1,347	R -
eThekwini	Metros KZ	Hospital - District	Upgrading	Minor civil works/bulk earthworks	06 June 2009	15 December 2009	R 11,212	R 796
Msunduzi	uMgungundlovu	Accommodation	Upgrading	Organisational Development	01 June 2010	30 March 2013	R 16,981	R -
Msunduzi	uMgungundlovu	Accommodation	Upgrading	Quality Assurance	01 June 2010	30 March 2013	R 9,700	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Health Technology Equipment	01 June 2010	30 March 2013	R 600,000	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Re-build greater Edendale Complex	01 March 2013	30 March 2017	R 2,755,085	R -
Hlabisa	Umkhanyakude	Accommodation	Upgrading	Organisational Development	01 April 2009	30 November 2013	R 25,295	R 18,223
Hlabisa	Umkhanyakude	Accommodation	Upgrading	Quality Assurance	01 June 2009	30 March 2012	R 1,887	R 887
Hlabisa	Umkhanyakude	Hospital - District	Additions	New Ph 2B Theatres, Wards, Radiology etc	30 September 2016	30 September 2018	R -	R -
Hlabisa	Umkhanyakude	Hospital - District	Additions	New Ph 2 A & 2B Outpatients & Pharmacy & Upgrade existing Theatres aka Construction of staff accommodation ,male and female wards, lab, CSSD and theater	30 September 2016	30 September 2018	R 46,832	R 43,723
Hlabisa	Umkhanyakude	Hospital - District	Additions	Modify kitchens to new Nurses homes	01 October 2010	30 September 2011	R -	R -
Hlabisa	Umkhanyakude	Hospital - District	Additions	Ph1 staff accommodation, temp laundry, admin office laboratories AKA Construction of nurses home, medical officer accommodation, recreational facilities and new male ward.	01 June 2009	01 March 2010	R 116,653	R 116,292

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					Target	Target	R 17,970,883	R 4,784,436
Hlabisa	Umkhanyakude	Hospital - District	Additions	Upgrade two existing theatres	01 September 2010	31 March 2011	R 185	R -
Hlabisa	Umkhanyakude	Hospital - District	Upgrading	Enabling works: Computer Literacy Centre	30 September 2010	31 March 2011	R -	R -
Hlabisa	Umkhanyakude	Hospital - District	Upgrading	Enabling Works: HIS Training Centre	01 April 2009	31 March 2010	R 5,000	R 1,188
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	Landscaping Ph 2	05 May 2011	31 March 2013	R 3,712	R -
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	Waste handling facility/Waste disposal	01 March 2011	31 March 2012	R 6,212	R 514
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	TB Surgical outpatients	01 February 2011	31 July 2012	R 35,687	R 470
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	Initial Planning	01 May 2008	31 March 2013	R 23,538	R 15,538
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	Redevelopment, Time & Cost Control	01 February 2004	30 June 2013	R 5,848	R 2,338
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	Organisational Development	31 March 2009	31 July 2015	R 50,040	R 26,682
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	Quality Assurance	31 March 2009	31 March 2011	R 868,031	R 867,809
eThekweni	Metros KZ	Accommodation	Upgrading	Enabling Works and decanting to temporary accommodation	01 July 2008	30 March 2010	R 8,500	R 8,500
eThekweni	Metros KZ	Hospital - Specialised	New	New TB Admin	18 March 2011	15 January 2012	R 5,855	R 42
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	New Covered Walkways	30 June 2012	23 April 2013	R 7,999	R 332
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	New TB complex	01 February 2011	01 February 2013	R 7,492	R 5,639
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	New main entrance & security	22 January 2010	18 October 2010	R 7,023	R 1,217
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	New workshops & mini laundry	15 August 2010	10 May 2011	R 25,272	R 1,934
eThekweni	Metros KZ	Hospital - Specialised	New	New Aircon to TB Multi storey	30 November 2010	30 June 2012	R 23,152	R 529
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	Upgrade Psychiatric closed unit(alterations and additions)	30 November 2010	11 December 2011	R -	R -
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	Upgrade Roads rehabilitation	01 July 2012	01 July 2013	R 13,942	R -
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	Refurbish Psychiatric Hospital Ph 2(Resulted to a new Building)	11 September 2011	13 August 2013	R 68,997	R -
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	DB for standby power to Star Wards	15 October 2010	15 November 2010	R 460	R -
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	Enabling work : Computer Literacy Centre	30 September 2009	31 March 2010	R 600	R -
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	Enabling work : HIS training centre	01 April 2009	31 March 2010	R 5,000	R 1,410
uMhlathuze	uThungulu	Hospital - District	Upgrading	Renovations to Nursery & Mothers lodge	21 June 2005	20 June 2006	R 12,214	R 11,909
uMhlathuze	uThungulu	Hospital - District	Upgrading	Enabling work : Computer Literacy Centre	01 September 2010	30 September 2010	R -	R -
uMhlathuze	uThungulu	Hospital - District	Upgrading	Enabling work :HIS Training Centre	01 June 2011	30 November 2011	R 1,260	R 1,260
Amajuba District Municipality	Amajuba	Accommodation	New	Organisational Development	30 June 2015	30 June 2020	R 18,003	R -
Amajuba District Municipality	Amajuba	Accommodation	Upgrading	Quality Assurance	30 June 2015	30 June 2020	R 12,000	R -
Amajuba District Municipality	Amajuba	Hospital - Specialised	New	Health Technology Equipment	30 April 2017	30 June 2020	R 286,000	R 105

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							R	R
-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
Amajuba District Municipality	Amajuba	Hospital - Specialised	New	New Psychiatric Hospital	31 January 2015	31 December 2017	R 925,000	R 1,658
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Upgrade Wards C & D	01 June 2005	05 June 2006	R 6,186	R 6,186
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	New Trauma & Casualty	16 March 2006	15 July 2007	R 21,588	R 21,405
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Alterations to existing Mortuary	13 November 2011	28 February 2013	R 570	R 570
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	IT Cabling and Equipment	01 October 2010	30 March 2011	R 597	R 597
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Construct 2 New Wards (Demolish Wards A & B)	03 September 2010	30 September 2012	R 22,019	R 454
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Additions and Alterations to existing OPD	01 April 2014	30 June 2015	R 5	R 5
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Upgrade existing boiler house	10 October 2010	30 March 2011	R -	R -
uMhlathuze	uThungulu	Hospital - District	Upgrading	Installation of Lightning Protection to remaining buildings	04 September 2008	03 March 2009	R 2,519	R 18
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Alterations and Renovations to Workshop and Transport Offices	01 May 2013	28 February 2014	R 87	R 87
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Alterations and Renovations to Nurses college	01 May 2014	28 February 2015	R -	R -
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	New Gate House and upgrading of Entrance Road	01 May 2014	28 February 2015	R -	R -
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Upgrade Roads, Parking, Street & Site Lighting, Sewer and Stormwater Reticulation	01 May 2014	28 February 2015	R 28	R 28
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Demolish Redundant Structures	01 May 2014	30 September 2014	R 1	R 1
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Therapy Department	14 November 2010	11 October 2011	R 10,082	R -
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Re-instate existing 1500kl low level & 500kl hl level water reservoirs	14 October 2010	31 May 2011	R 5,500	R 218
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Enabling work : Computer Literacy Centre	01 April 2011	30 March 2012	R -	R -
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Enabling work : HIS training centre	01 April 2011	30 March 2012	R 1,188	R 1,188
uMhlathuze	uThungulu	Accommodation	Upgrading	Organisational Development	01 March 2009	30 March 2013	R 25,600	R 11,385
uMhlathuze	uThungulu	Accommodation	Upgrading	Quality Assurance	01 March 2009	30 March 2011	R 434,838	R 433,905
Umzimkhulu	Sisonke	Accommodation	Upgrading	Organisational Development	01 March 2009	31 October 2012	R 22,260	R 14,771
Umzimkhulu	Sisonke	Accommodation	Upgrading	Quality Assurance	01 March 2009	31 March 2012	R 1,187	R 377
Umzimkhulu	Sisonke	Hospital - District	Upgrading	Phase 2 Medical wards & Mortuary and Doctors flats	06 June 2006	01 August 2007	R 22,269	R 22,104
Umzimkhulu	Sisonke	Hospital - District	Upgrading	Phase 3B : Admin, Kitchen, Audio, ARV, Staff Accommodation	01 September 2010	30 March 2015	R 110,000	R 555
eThekweni	Metros KZ	Hospital - District	Upgrading	Site signage	01 September 2013	30 January 2014	R 2,500	R -
Umzimkhulu	Sisonke	Hospital - District	Upgrading	Fencing to Sewerage works	30 October 2010	30 March 2011	R 500	R -
Umzimkhulu	Sisonke	Hospital - District	Upgrading	Investigation and upgrading of existing sewerage works	30 November 2010	30 March 2011	R 3,892	R 165

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							R	R
-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
		Clinic	Upgrading	Programme Management fees`	01 April 2010	31 March 2011	R 2,500	R -
uMgungundlovu District Municipality	uMgungundlovu	Accommodation	Upgrading	Renovate Existing Registry: -1 West Wing	30 October 2010	30 June 2011	R 2,557	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Replacement and upgrade of operation theatre block air conditioning air handling	01 August 2010	30 June 2012	R 1,546	R 1,165
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Major air conditioning replacement	01 August 2010	30 June 2012	R 2,844	R 2,781
		Clinic	Upgrading	Furniture and Equipment for new facilities	01 April 2009	31 March 2010	R -	R -
Umtshezi	Uthukela	Clinic	Renovations	Rectification of sewer problem	28 October 2009	15 January 2010	R 352	R 188
Jozini	Umkhanyakude	Clinic	Renovations	Maintenance	26 October 2006	26 April 2007	R 1,904	R 1,904
Jozini	Umkhanyakude	Clinic	Renovations	Maintenance	08 June 2006	05 December 2006	R 794	R 794
Umlalazi	uThungulu	Clinic	Renovations	Maintenance	08 June 2006	06 September 2006	R 470	R 470
Ulundi	Zululand	Clinic	Renovations	New Clinic construction	26 January 2000	29 May 2003	R 2,920	R 2,920
Jozini	Umkhanyakude	Clinic	Additions	New Bethesda hospital gateway clinic	09 February 2005	04 October 2006	R 6,092	R 5,711
Hlabisa	Umkhanyakude	Clinic	Renovations	Repairs and renovations	16 January 1997	16 June 1997	R 362	R 326
Umhlabuyalini	Umkhanyakude	Clinic	Renovations	Repairs and renovations	13 October 2005	05 July 2006	R 1,272	R 1,272
Nongoma	Zululand	Clinic	Renovations	Ensure adequate water supply ,repair septic tank, paint clinic	08 May 2006	16 October 2006	R 1,434	R 1,434
Maphumulo	iLembe	Clinic	Renovations	Completion of repairs and renovations	14 October 2003	26 July 2004	R 71	R 71
Nkandla	uThungulu	Clinic	Renovations	Maintenance	12 October 2006	19 March 2007	R 1,875	R 1,497
Hlabisa	Umkhanyakude	Clinic	Renovations	upgrade, repairs and renovation	04 April 1997	03 June 1997	R 158	R 158
Mthonjaneni	uThungulu	Clinic	New	New Clinic construction	31 January 2001	25 September 2003	R 3,076	R 3,076
Nongoma	Zululand	Clinic	New	New Clinic construction	11 July 2005	05 June 2006	R 3,143	R 3,143
Umhlabuyalini	Umkhanyakude	Clinic	Renovations	Maintenance	01 November 2006	11 October 2007	R 2,314	R 2,187
Umlalazi	uThungulu	Clinic	Renovations	Maintenance	30 March 2007	26 October 2007	R 1,894	R 1,894
Nongoma	Zululand	Clinic	Renovations	Upgrade and additions to the existing clinic	14 August 2000	24 September 2001	R 151	R 151
Umhlabuyalini	Umkhanyakude	Clinic	Renovations	Repairs and renovations	04 October 2006	04 March 2007	R 1,054	R 1,054
Ulundi	Zululand	Clinic	Renovations	Repairs and Renovations	23 February 2006	26 September 2006	R 1,406	R 1,314
Umlalazi	uThungulu	Clinic	Renovations	Repairs and Renovations	16 May 2005	19 May 2006	R 564	R 564
Umlalazi	uThungulu	Clinic	Renovations	Maintenance	05 February 2006	08 November 2006	R 227	R 227
Ingwe	Sisonke	Clinic	Renovations	Repairs and renovations	02 May 2001	02 October 2001	R 260	R 260
Hibiscus Coast	Ugu	Clinic	New	New Clinic construction	19 April 2006	19 February 2007	R 4,988	R 4,988

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							R	R
					Target	Target	17,970,883	4,784,436
Msunduzi	uMgungundlovu	Clinic	Upgrading	Completion of extension to stores and building	09 June 2005	23 March 2006	R 1,382	R 1,382
Umdoni	Ugu	Clinic	New	New Clinic construction	22 February 2006	19 December 2007	R 6,700	R 6,580
Umhlabuyalini	Umkhanyakude	Clinic	Renovations	Repairs & Renovations	30 October 2010	30 August 2011	R 4,128	R 49
Abaqulusi	Zululand	Clinic	Renovations	Clinic Maintenance and Upgrade Programme 2006/7 Phase 1	15 June 2009	11 May 2010	R 4,705	R 2,165
Ntambanana	uThungulu	Clinic	New	New Facility	25 May 2006	21 March 2007	R 4,870	R 4,870
eThekweni	Metros KZ	Clinic	Renovations	Upgrade generator set	30 June 2010	30 September 2010	R 24	R 24
		Clinic	Upgrading	Electricity connection	15 April 2010	30 September 2010	R 1,502	R 932
uMhlathuze	uThungulu	Clinic	Renovations	High level water tank, Soak away	29 October 2008	20 May 2009	R 430	R 430
uMhlathuze	uThungulu	Clinic	Renovations	Paving & pathways	13 February 2009	20 May 2009	R 474	R 474
Dannhauser	Amajuba	Clinic	Renovations	Maintenance	31 October 2010	31 March 2011	R 950	R 139
uMhlathuze	uThungulu	Clinic	Renovations	Paving & pathways, access road	13 October 2008	20 June 2009	R 1,031	R 335
uMhlathuze	uThungulu	Clinic	Renovations	High water level tank, sundry internal items	15 March 2009	20 June 2009	R 509	R 458
Msinga	Umzinyathi	Clinic	New	Construction Of A Small Clinic,B2 Residential Accommodation And Guard House Using Moladi	15 March 2010	30 November 2010	R 9,468	R 1,806
Msinga	Umzinyathi	Clinic	New	Construction Of A Small Clinic,B2 Residential Accommodation And Guard House Using Moladi	15 February 2010	30 November 2010	R 9,468	R 753
Msinga	Umzinyathi	Clinic	New	Construction Of A Small Clinic,B2 Residential Accommodation And Guard House Using Moladi	14 October 2009	30 March 2010	R 10,318	R 4,118
Msinga	Umzinyathi	Clinic	New	Construction Of A Small Clinic,B2 Residential Accommodation And Guard House Using Moladi	15 July 2010	30 March 2011	R 10,468	R 2,487
Jozini	Umkhanyakude	Clinic	Renovations	Maintenance	15 August 2007	30 October 2008	R 2,280	R 2,153
Ulundi	Zululand	Clinic	New	New Facility	07 May 2007	07 May 2008	R 6,154	R 5,650
Newcastle	Amajuba	Clinic	Renovations	Maintenance	07 November 2007	11 January 2009	R 2,283	R 2,021
Kwa Sani	Sisonke	Clinic	Upgrading	Construct new access to the clinic	30 November 2010	30 May 2011	R 1,000	R -
Msunduzi	uMgungundlovu	Community Health Centre	Upgrading	Electrical installation for essential generator supply	30 October 2010	28 February 2011	R 19	R 19
Msunduzi	uMgungundlovu	Community Health Centre	Renovations	Covered waiting area	20 July 2010	20 November 2010	R 400	R -
eThekweni	Metros KZ	Community Health Centre	Renovations	Upgrade electrical	01 May 2009	31 March 2015	R 500	R -



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-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
uMhlathuze	uThungulu	Community Health Centre	Renovations	Electrical upgrade and repairs	30 October 2008	31 March 2009	R 55	R 55
uMhlathuze	uThungulu	Community Health Centre	Upgrading	Generators	01 July 2010	01 July 2011	R -	R -
Ingwe	Sisonke	Community Health Centre	Renovations	Flats x 10 + site works & upgrade electricity AKA New residential units	30 April 2010	30 October 2011	R 4,305	R 26
uMshwathi	uMgungundlovu	Hospital - District	Additions	New Admin Block	30 October 2010	30 May 2011	R 11,085	R 28
Jozini	Umkhanyakude	Hospital - District	Renovations	R & R to Female ward	04 August 2005	30 July 2006	R 3,727	R 2,699
Umlalazi	uThungulu	Hospital - District	New	MDR Wards - Light Steel Framework	01 May 2009	31 March 2012	R 14,270	R 3,873
Newcastle	Amajuba	Hospital - District	Upgrading	New Operating Theatre Complex, CSSD, Maternity Complex, Laundry	01 July 2005	30 November 2007	R 34,937	R 34,652
Nkandla	uThungulu	Hospital - District	Upgrading	Construct access road to mortuary	12 February 2007	12 June 2007	R 1,026	R 922
Nkandla	uThungulu	Hospital - District	Upgrading	Refurbish Mothers in-waiting room	18 May 1997	21 February 2001	R 1,085	R -
Umtshezi	Uthukela	Hospital - District	Upgrading	Seclusion rooms in Ward 5, additions & alterations	18 September 2009	05 January 2010	R 1,091	R 420
Jozini	Umkhanyakude	Hospital - District	Upgrading	Kitchen & Ablution facilities at Mafeke Camp	25 July 2006	25 October 2006	R -	R -
KwaDukuza	iLembe	Clinic	Additions	Construction of a PMTCT at KwaDukuza Using Light Steel Framework Method	09 April 2009	31 October 2009	R -	R -
Mthonjaneni	uThungulu	Hospital - District	Upgrading	Additions & redesign to maternity	31 August 2010	01 March 2014	R 5,000	R -
Umlabuyaligana	Umkhanyakude	Hospital - District	Upgrading	Operating Theatre	29 January 2003	09 October 2003	R 15,846	R 15,541
Umlabuyaligana	Umkhanyakude	Hospital - District	Upgrading	Urgent repairs to kitchen floor	28 May 2001	04 November 2001	R -	R -
Umlabuyaligana	Umkhanyakude	Hospital - District	Upgrading	New 3-Bedroom House with furniture & equipment (plastic shutter)	22 September 2009	22 December 2009	R -	R -
Umlabuyaligana	Umkhanyakude	Hospital - District	Additions	New MDR Wards	12 January 2009	16 September 2010	R 10,865	R 10,865
Umlabuyaligana	Umkhanyakude	Hospital - District	Additions	Isolation ward - 4 beds	30 November 2009	28 February 2010	R 8,577	R -
Umlalazi	uThungulu	Hospital - District	Renovations	Construction of new bulk water storage reservoir, booster pump	09 February 2006	09 June 2006	R 1,430	R 1,430
Umlalazi	uThungulu	Hospital - District	Renovations	Tarring of Roads	31 May 2006	30 October 2007	R 1,456	R 1,456
Umlalazi	uThungulu	Hospital - District	Renovations	Secure Parking	20 April 2006	19 October 2006	R 688	R 688
Umlalazi	uThungulu	Hospital - District	Renovations	Upgrading of Male and Female Paediatric Ward	07 November 1997	03 January 2001	R 1,207	R 1,207
Jozini	Umkhanyakude	Hospital - District	Upgrading	Extend Kitchen and Ward	27 February 2001	18 June 2002	R -	R -
Umlabuyaligana	Umkhanyakude	Hospital - District	Upgrading	New laboratory and housing ,	15 November 2010	15 May 2012	R 3,393	R 2,319

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					Target	Target	R 17,970,883	R 4,784,436
Umhlabuyalini	Umkhanyakude	Hospital - District	Upgrading	Renovate ward b23,b28,extend air strip fence and gatehouse	17 July 1997	10 November 2001	R -	R -
Umhlabuyalini	Umkhanyakude	Hospital - District	Upgrading	R & R to 9 new staff houses	01 June 2008	30 August 2009	R -	R -
Umhlabuyalini	Umkhanyakude	Hospital - District	Upgrading	Earth platform	01 August 2006	01 June 2007	R -	R -
Hibiscus Coast	Ugu	Hospital - District	Upgrading	Admin block - Equipment	01 May 2009	31 March 2010		R -
eMadlangeni	Amajuba	Hospital - District	Upgrading	Upgrade generator set	01 July 2010	30 September 2010	R 300	R -
Nkandla	uThungulu	Hospital - District	Upgrading	3 New staff houses	03 April 2003	16 February 2004	R 17,949	R 17,949
Nkandla	uThungulu	Hospital - District	Upgrading	Covered walkway btw OPD, Paeds & upgrade roads	15 July 2005	12 November 2005	R 500	R 500
Maphumulo	iLembe	Hospital - District	Additions	new nurses accommodation and renov to old	20 February 2003	16 August 2006	R 7,066	R 7,066
eThekweni	Metros KZ	Hospital - District	Upgrading	Upgrade of lifts	25 May 2009	15 December 2009	R 1,135	R 640
eThekweni	Metros KZ	Hospital - District	Upgrading	Embankment investigation	30 June 2010	30 August 2011	R 41	R 41
eThekweni	Metros KZ	Hospital - District	Upgrading	Replace roofs to wards A1.B1,AND B2	27 February 2006	15 November 2006	R 12,593	R 11,378
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Nurses Home, Call system	01 February 2009	10 November 2009	R 5,802	R 4,436
eThekweni	Metros KZ	Hospital - Regional	Renovations	Convert 1st floor into an isolation ward	01 May 2009	31 March 2011	R 8,308	R -
Hibiscus Coast	Ugu	Hospital - Regional	Upgrading	Repair roofing to kitchen and laundry area/Urgent structural evaluation of roofing to kitchen and adjacent area.	31 August 2011	01 March 2012	R 3,900	R 87
Hibiscus Coast	Ugu	Hospital - Regional	Upgrading	Upgrading of all lifts/includes two lifts projects currently underway	20 December 2009	21 December 2010	R 3,390	R -
Hibiscus Coast	Ugu	Hospital - Regional	Upgrading	Installation of medical gas point at Neonatal care	01 August 2010	30 September 2010	R 70	R 70
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Upgrade of lifts	25 May 2009	15 December 2009	R 8,975	R 4,237
Msunduzi	uMgungundlovu	Hospital - Central	Upgrading	Lodger facilities for mothers and oncology patients	09 November 2006	09 October 2007	R 7,650	R 7,277
		Hospital - Specialised	Upgrading	Electrical installation for essential generator supply	01 April 2009	30 November 2010	R 153	
		Hospital - Specialised	Renovations	Upgrade generator set	01 July 2011	30 June 2012	R 2,100	R 35
		Sanitation	Renovations	Internal painting and repair roof leaks	30 October 2010	28 February 2011	R -	R -
Nongoma	Zululand	Training College	New	2 x 3 Bedroom Residential Units and Office Block	01 May 2009	31 March 2010		R -
Newcastle	Amajuba	Training College	New	2 x 3 Bedroom Residential Units, Demonstration Room & Office Block	01 May 2011	31 March 2012		R -
uMgungundlovu District Municipality	uMgungundlovu	Ambulance base	Renovations	Construction of a large EMRS station	31 May 2013	30 September 2014	R 20,000	R -
Umzinyathi District Municipality	Umzinyathi	Ambulance base	Upgrading	Construction of a large EMRS station	31 May 2013	30 September 2014	R 20,000	R -
Umzinyathi District	Umzinyathi	Ambulance base	Upgrading	Construction of a large EMRS station	31 May 2013	30 September	R 20,000	R -

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-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
Municipality						2014		
Umdoni	Ugu	Ambulance base	Upgrading	Guard Hut & tarring of parking	30 September 2010	31 March 2011	R 1,000	R -
Msunduzi	uMgungundlovu	Accommodation	Maintenance - Recurrent	Major Service Air-conditioning	30 October 2010	15 December 2010	R 10	R 10
uMhlathuze	uThungulu	Ambulance base	Upgrading	Renovations	01 July 2010	30 June 2012	R 500	R -
Msunduzi	uMgungundlovu	Accommodation	Renovations	Repairs and renovations on 5th floor(holding fund)	01 June 2010	30 September 2010	R -	R -
Msunduzi	uMgungundlovu	Accommodation	Maintenance - Recurrent	Provide adequate storage facilities for medical gas bottles and domestic waste	31 July 2010	15 December 2010	R 1,200	R -
Msunduzi	uMgungundlovu	Accommodation	Renovations	Renovate existing Registry: -1 West Wing	30 September 2009	31 March 2011	R -	R -
uMgungundlovu District Municipality	uMgungundlovu	Accommodation	New	Conversion of Atrium to MEC Finance Office	01 May 2009	31 March 2010	R -	R -
Msunduzi	uMgungundlovu	Accommodation	Maintenance - Recurrent	Facilities Routine maintenance	01 April 2010	31 March 2011	R 153,532	R -
uMgungundlovu District Municipality	uMgungundlovu	Accommodation	Maintenance - Recurrent	PABX: Call centre software	01 July 2010	30 June 2012		R -
Msunduzi	uMgungundlovu	Medical equipment	Upgrading	Essential Health Technology Equipment Programme	01 May 2009	31 March 2014	R 259,000	R -
Msunduzi	uMgungundlovu		New	Programme Management fees	01 April 2010	31 March 2011	R 4,693	R -
Msunduzi	uMgungundlovu		New	PROGRAMME MANAGEMENT	01 April 2009	31 March 2010		R -
Umzimkhulu	Sisonke	Hospital - District	Upgrading	Update multiyear plan previously completed	30 November 2009	30 March 2010	R 5,385	R -
Umzimkhulu	Sisonke	Hospital - District	Upgrading	Enabling works: Computer Literacy Centre	01 August 2010	30 March 2011	R 500	R -
Umzimkhulu	Sisonke	Hospital - District	Upgrading	Enabling works: HIS Training Centre	19 February 2009	15 July 2009	R 5,000	R 3,880
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Health Technology Equipment	01 April 2010	30 March 2014	R 257,320	R 74,305
uMhlathuze	uThungulu	Accommodation	Upgrading	Quality Assurance	01 April 2010	31 March 2011	R 434,127	R 433,905
uMhlathuze	uThungulu	Accommodation	Upgrading	Organisational Development	01 April 2010	31 March 2012	R 37,100	R 22,799
eThekweni	Metros KZ	Ambulance base	Upgrading	Phase 2 upgrading of a facility	31 July 2010	15 December 2010		R -
Msunduzi	uMgungundlovu	Hospital - Specialised	Upgrading	Structural repairs to monumental buildings	05 September 2006	02 March 2007	R 884	R 884
Ulundi	Zululand	Accommodation	Renovations	Supply plumbing material	15 June 2009	30 June 2009	R 8	R 8
Ulundi	Zululand	Hospital - Specialised	Additions	Supply & fit Vinly tiles			R 26	R 26
eThekweni	Metros KZ	Clinic	Additions	Removal of ESKOM Pole	01 August 2009	10 February 2010	R 28	R 24
Hlabisa	Umkhanyakude	Clinic	New	Construct New Clinic	13 September	08 September	R 21	R 21

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					Target	Target	R 17,970,883	R 4,784,436
					2000	2001		
iLembe District Municipality	iLembe	Community Health Centre	Renovations	Repair/Refurbish: Phase 2	06 December 2005	06 August 2006	R 115	R 81
Maphumulo	iLembe	Hospital - District	Additions	2 New 3 Bedroom Doc House	02 September 2006	12 March 2007	R 33	R 33
eThekweni	Metros KZ	Clinic	Renovations	Repairs & Renovations	10 October 2006	19 April 2007	R 103	R 103
Maphumulo	iLembe	Hospital - District	Additions	New Theatres & CSSD	26 March 2005	29 November 2006	R 1,262	R 1,262
uMhlathuze	uThungulu	Clinic	Renovations	Clinic Maintenance & Repairs	30 January 2008	17 November 2008	R -	R -
		Community Health Centre	Upgrading	Design & Documentation For Six Stand Mortuary	20 May 2010	20 May 2011	R 558	R 558
Umlalazi	uThungulu	Clinic	New	New Clinic:K1,R2*3,R3*1,Guard House			R 121	R 121
eDumbe	Zululand	Civil work	Maintenance - Recurrent	Radio Repeater	01 April 2010	31 March 2011	R 2,474	R -
Emnambithi/Ladysmith	Uthukela	Clinic	Renovations	Completion Of Outstanding Work- Repairs and renovations	29 October 2008	22 July 2009	R 967	R 817
Umlalazi	uThungulu	Hospital - District	Renovations	Repairs to Roof & Cupboards at Nurses Accommodation	14 August 2001	23 December 2001	R 1	R 1
uMgungundlovu District Municipality	uMgungundlovu	Ambulance base	Upgrading	Repairs and renovation of a former education collage to be converted to ERMS and military Training base	28 February 2011	17 April 2011	R 3,200	R -
Msunduzi	uMgungundlovu	Accommodation	New	Revise Standard Plans For Clinics	20 May 2010	20 May 2011	R -	R -
		Clinic	New	Phase 8:New Clinic			R 20	R 20
		Mortuary	Upgrading	upgrade existing SAPS mortuary			R 100	R 100
Umkhathuzeni	Sisonke	Hospital - District	Renovations	MYC Update Multi Year Plan previously completed	20 September 2009	20 March 2010	R 37	R 37
Umlalazi	uThungulu	Hospital - District	Renovations	External R&R: Completion of cont(renovation of the exterior of the hospital)	14 November 2006	13 May 2007	R 2	R 2
Msunduzi	uMgungundlovu	Hospital - District	New	Erect new public toilets	26 February 2004	26 August 2004	R 31	R 31
Umkhanyakudene	Umkhanyakudene	Clinic	Additions	Construct clinic, houses, gatehouse & waiting moth	22 December 2001	20 April 2006	R 77	R 77
KwaDukuza	iLembe	Hospital - Regional	Renovations	Repacement of W/Shops & Ablutions for Department			R 5	R 5
Hibiscus Coast	Ugu	Clinic	Upgrading	Major upgrade, additions,M2,GH, VIP	02 February 2002	30 March 2004	R 55	R 55
Jozini	Umkhanyakudene	Clinic	Renovations	R&R	22 January 2007	24 September 2008	R 3,055	R 2,552
uMhlathuze	uThungulu	Hospital - Central	Renovations	EMERGENCY REPAIRS TO TOILETS	04 April 2001	01 October 2001	R -	R -
Msunduzi	uMgungundlovu	Hospital - District	Replacement	Replace damaged roof sheeting in corridors	24 August 2008	24 February 2009	R 890	R 883
eThekweni	Metros KZ	Clinic	Renovations	Repairs and renovations to waiting area	10 November 2008	10 November 2009	R -	R -
Newcastle	Amajuba	Clinic	Upgrading	Clinic maintenance programme	10 October	09	R	R

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					Target	Target	R 17,970,883	R 4,784,436
					2008	November 2009	2,740	2,668
eThekweni	Metros KZ	Community Health Centre	Rehabilitation	Extension of patient waiting area (Rehabilitation of Community Health Centre)	31 October 2012	30 April 2014	R 25,000	R 3,773
Nkandla	uThungulu	Clinic	Renovations	Complete Repairs and Renovations	13 October 2005	10 July 2006	R 29	R 29
Newcastle	Amajuba	Hospital - Regional	Upgrading	The Replacement of the OPD Vinal Sheeting and floor upgrade	05 January 2010	15 July 2010	R 996	R 170
Nongoma	Zululand	Accommodation	Replacement	EMRS unit Existing Stores to be Converted to n	05 June 2007	05 December 2007	R 2,078	R 2,078
eThekweni	Metros KZ	Hospital - Regional	Renovations	Repairs to N & S block roofs (Repairs and Renovations to N.I and POPD Block)	01 February 2011	30 July 2011	R 29,100	R -
		Community Health Centre	Upgrading	Design & Documentation of Standard CHC	01 April 2010	31 March 2011	R 1,687	R 203
Nongoma	Zululand	Clinic	New	Construct New Clinic	30 June 2012	30 June 2013	R 12,817	R 1,182
Nongoma	Zululand	Clinic	New	Construct New Clinic	30 April 2008	25 April 2009	R 15,634	
Umlalazi	uThungulu	Clinic	Renovations	Maintenance for 2001/2002	23 February 2007	23 August 2007	R 71	R 71
eThekweni	Metros KZ	Hospital - District	Renovations	Renovations of TB Hospital	30 April 2012	01 May 2013		
Mfolozi	uThungulu	Clinic	Rehabilitation	Clin Mait & Upgrade Programme 2006/2007	03 June 2011	29 November 2012	R 15,673	R 861
Jozini	Umkhanyakude	Clinic	Renovations	Fencing, water tanks and floor tiles	03 August 2010	27 September 2011		
Msinga	Umyinyathi	Hospital - District	Additions	Lodged Mothers, Primary Health Care and Extensions	21 May 2009	21 July 2010		
eThekweni	Metros KZ	Hospital - District	Additions	CCTV Camera	00 January 1900		R 42	R -
uMhlathuze	uThungulu	Hospital - Central	Additions	New perimeter palisade fencing	10 October 2006	10 October 2007	R -	R -
uMhlathuze	uThungulu	Hospital - Central	Additions	Detailed survey of the existing buildings and			R -	R -
uMhlathuze	uThungulu	Hospital - District	Upgrading	Emergency completion of outstanding work; ward E			R 16	R 16
uMhlathuze	uThungulu	Accommodation	Disposal	Demolish & re-erect three bed roomed house	22 March 2006	17 December 2006	R 51	R 51
Jozini	Umkhanyakude	Clinic	Renovations	Repairs and Renovations - electrical	15 November 2001	23 October 2003	R 47	R 47
Maphumulo	iLembe	Hospital - District	Additions	New Roadway, casualty and laundry (phase 2)			R 40	R 40
Umlabuyalini	Umkhanyakude	Hospital - District	Rehabilitation	Review Multi Year Plan			R -	R -
Umzimkhulu	Sisonke	Hospital - District	Upgrading	Refurbishment of radiology department	01 February 2010	30 May 2010	R 2,201	R 2,201
eThekweni	Metros KZ	Hospital - District	Additions	Storage facility at new level one	01 February 2010	31 May 2010	R 89	R -
uMhlathuze	uThungulu	Hospital - District	Upgrading	Refurbishment of radiology department	01 February 2010	31 May 2010	R 3,762	R 3,762
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Refurbishment of radiology department	01 February 2010	31 May 2010	R 2,587	R 2,527
Hlabisa	Umkhanyakude	Hospital - District	Upgrading	Minor Works at the existing OPD and Pharmacy	01 September 2010	31 March 2011	R -	R -
Ubuhlebezwe	Sisonke	Hospital - District	Upgrading	5 year multiyear plan	00 January 1900		R 63	R -

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-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
Ingwe	Sisonke	Hospital - District	Additions	Alterations to access roads and erect new fence (Completion contract)	30 April 2011	30 October 2011	R 100	R -
uMhlathuze	uThungulu	Hospital - District	Additions	Convert existing Psychiatric Wards into an Out-patient Psychiatric Clinic	27 July 2010	30 January 2012	R 2,505	R -
eDumbe	Zululand	Community Health Centre	Additions	Erect staff carports, porch for pharmacy delivery area, and porch for ambulance delivery bay	18 November 2009	28 March 2010	R 357	R 145
		Clinic	Upgrading	investigation in to proposed sites			R 9	R 9
Hlabisa	Umkhanyakude	Clinic	Additions	Clinic Maintenance	31 October 2007	01 November 2009		
Mfolozi	uThungulu	Clinic	Additions	Perimeter fencing, double vehicle gates & pedestrian	27 April 2009	24 September 2009	R 294	R 230
Msunduzi	uMgungundlovu	Hospital - Regional	Renovations	Repairs to storm damage	30 September 2010	30 April 2011	R -	R -
Newcastle	Amajuba	Clinic	Renovations	REPAIRS AND RENOVATIONS	05 June 2011	05 June 2012	R 5,000	R 645
		Clinic	Maintenance - Recurrent	PROFFESIONAL FEES: METATOR	01 April 2009	31 March 2011	R 8,400	R 4,313
Ulundi	Zululand	Hospital - Specialised	Renovations	Attend to storm damage	31 July 2010	28 February 2011	R 200	R -
Ulundi	Zululand	Clinic	Additions	PROJECT 2:INSTALLATION OF NEW HIGH LEVEL SECTIONAL	27 February 2009	27 June 2009	R 364	R 364
KwaDukuza	iLembe	Hospital - Regional	Additions	NEW WARD BLOCK,PAEDIATRIC WARD, UPGRADING WARD BLOCK A	22 June 2004	04 October 2004	R 22,588	R 22,588
Ulundi	Zululand	Hospital - District	Additions	CONSTRUCTION OF NEW PATHOLOGY LABORATORY	25 September 2010	23 May 2011		
Nkandla	uThungulu	Hospital - District	Renovations	Storm damage to staff houses	30 August 2009	28 February 2010	R 471	R 230
Msunduzi	uMgungundlovu	Hospital - Central	Upgrading	Upgrade of lifts	10 July 2009	24 July 2010	R 8,840	R 119
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Repairs to fire damage to HAART Clinic	30 September 2010	16 November 2010	R 421	
Nongoma	Zululand	Hospital - District	Upgrading	REVIEW OF MULTI YEAR PLAN	01 April 2010	15 January 2011	R 1,555	R 80
Nkandla	uThungulu	Clinic	New	CONSTRUCT CLINIC, HOUSES, WAITING MOTHERS ACCOM. &	13 January 2001	13 August 2003	R 3,545	R 3,545
uMshwathi	uMgungundlovu	Hospital - District	Upgrading	4175 UPGRADE TARRED ROADS			R 28	R 28
Umzimkhulu	Sisonke	Hospital - District	Upgrading	Phase 3A New pharmacy, stores, maintenance, laboratory, laundry	12 December 2008	15 September 2012	R 51,330	R 12,777
Msinga	Umzinyathi	Clinic	Additions	Construction of a new PMTCT/Tugela ferry-clinic	16 January 2006	30 April 2007	R 5,095	R 5,095
Msunduzi	uMgungundlovu	Clinic	New	New HAART clinic	20 February 2006	04 September 2006	R 2,676	R 2,676
eThekweni	Metros KZ	Ambulance base	Upgrading	Upgrading of ERMS Training collage	31 July 2010	15 December 2010	R 1,400	R 131

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-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	Survey, Report and Specifications	18 December 2010	26 March 2011	R -	R -
eThekweni	Metros KZ	Hospital - Central	Upgrading	FEES	01 April 2010	31 March 2011	R 15,897	R 15,897
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Upgrade KwaHlengabantu Step-down Clinic	23 August 2010	23 March 2013	R 1,121	R -
Msunduzi	uMgungundlovu	Hospital - District	Upgrading	2x TB Wards at Doris Goodwin	30 April 2011	30 October 2012	R -	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Upgrade existing roads	01 October 2010	25 March 2011	R 2,325	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Water tower removal and build new	01 November 2010	30 April 2011	R 6,954	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Sewerage repair	01 September 2010	31 March 2011	R 4,500	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Upgrade lifts	15 November 2009	22 July 2011	R 14,079	R 17
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Implementation of a new CDC Clinic and ARV facility	15 January 2011	30 July 2012	R 43,625	R 2,572
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Upgrade existing Accident & Emergency Unit	31 January 2011	30 May 2011	R 8,000	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Services to Imbali Ward	30 October 2010	30 January 2011	R 1,000	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Upgrade Psychiatric Ward	30 September 2010	30 April 2011	R 4,500	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Upgrade Out Patient Department	01 October 2010	30 May 2011	R 8,000	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Creation of Blood Bank Facility on site	30 October 2010	30 January 2011	R -	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Structural repairs and sunshields	00 January 1900		R 398	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Convert Boilers to electricity	30 January 2010	30 May 2011	R -	R -
uMhlathuze	uThungulu	Hospital - Regional	New	Business case			R 750	R -
Hlabisa	Umkhanyakudde	Hospital - District	Upgrading	PACS/ RIS Enabling work	01 September 2010	30 March 2011	R 500	R -
Hlabisa	Umkhanyakudde	Hospital - District	Upgrading	IT Cabling and Equipment	01 September 2010	30 March 2011	R 595	R 595
eThekweni	Metros KZ	Hospital - Central	Upgrading	Substation upgrade	01 February 2011	30 May 2011	R -	R -
eThekweni	Metros KZ	Hospital - District	Upgrading	Refurbish Water Tower	01 February 2011	30 November 2011	R -	R -
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	TB Multistory Safety Measures	26 March 2010	26 May 2010	R 203	R -
eThekweni	Metros KZ	Hospital - District	Upgrading	Electrical Final Co-ordination	01 February 2013	13 June 2013	R 3,688	R -
eThekweni	Metros KZ	Hospital - District	Upgrading	Enabling Works / Decommissioning Park homes	01 May 2011	30 September 2011	R 1,500	R -
eThekweni	Metros KZ	Hospital - District	Upgrading	Blood Bank in Level 1	01 March 2011	30 May 2011	R -	R -
eThekweni	Metros KZ	Hospital - District	Upgrading	Recommissioning of Star Wards	01 October 2010	30 December 2010	R 1,500	R -

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					Target	Target	R 17,970,883	R 4,784,436
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	TB Multistory tiling to ablutions	15 January 2011	30 May 2011	R -	R -
eThekweni	Metros KZ	Hospital - District	Upgrading	Final maintenance projects	15 January 2013	31 July 2013	R 6,000	R -
eThekweni	Metros KZ	Hospital - District	Upgrading	PACS/ RIS Enabling work	01 April 2010	30 March 2011	R 500	R -
eThekweni	Metros KZ	Hospital - District	Upgrading	IT Cabling and Equipment	01 April 2010	30 March 2011	R 1,545	R 595
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Partitioning of male and female psychiatric patients and completion of 2nd seclusion	01 October 2010	31 March 2011	R 1,500	R -
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Final phase of upgrades to existing staff residence: fire escape, ventilation, improve sanitary conditions	01 March 2011	31 July 2012	R 20,300	R -
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Demolish of old pediatric outpatients department	01 October 2010	31 March 2012	R 1,500	R -
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Renovation to 20 wards kitchens in all blocks	01 October 2010	31 March 2011	R 1,100	R -
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Upgrade of Accident and Emergency department including upgrades to Orthopaedic Services satellite Centre	15 April 2010	07 June 2010	R 22,936	R -
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Health Technology Equipment	15 April 2010	07 June 2010	R 9,000	R -
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Appoint Consultants for preliminary investigation	01 October 2010	31 March 2011	R 2,572	R -
Amajuba District Municipality	Amajuba	Hospital - Regional	Additions	Fencing of site	30 October 2010	28 February 2011	R 1,000	R -
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Design of Theatre Blocks and remaining infrastructure	01 April 2010	30 March 2011	R -	R -
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Construct Isolation wards- 6 beds	29 January 2010	15 December 2010	R 12,433	R 4,509
uMhlathuze	uThungulu	Hospital - Regional	Upgrading	Picture Archiving and Radiography Information System enabling work	01 October 2010	30 March 2011	R -	R -
Umkhathuzi	Sisonke	Hospital - District	Upgrading	Upgrade Access road	24 February 2010	23 August 2010	R 13,114	R 969
Umkhathuzi	Sisonke	Hospital - District	Upgrading	PACS/ RIS Enabling work	01 October 2010	30 March 2011	R 500	R -
Umkhathuzi	Sisonke	Hospital - District	Upgrading	IT Cabling and Equipment	01 October 2010	30 March 2011	R 1,616	R 616
Msunduzi	uMgungundlovu	Hospital - District	Upgrading	Master Plan	01 February 2011	30 April 2013	R -	R -
uMhlathuze	uThungulu	Hospital - Specialised	Upgrading	Converting existing Psychiatric wards into Outpatient Psychiatric Clinic	01 October 2010	01 October 2011	R 8,891	R -
Jozini	Umkhanyakude	Clinic	Renovations	Clinic maintenance, upgrading and Additions	30 October 2010	30 June 2011	R 4,500	R 60
Msunduzi	uMgungundlovu	Training College	Renovations	Extensive renovations and additions to existing building	01 September 2011	01 September 2013	R 40,000	R -
Hibiscus Coast	Ugu	Hospital - District	Upgrading	Replace existing Sewer Screening facility	30 November 2010	30 May 2011	R 1,200	R -
Endumeni	Umkhanyakude	Sanitation	Renovations	200KG Washer Extractor, Roll Ironer & Tunnel Washer	30 October 2010	28 February 2011	R -	R -
uMhlathuze	uThungulu	Clinic	Renovations	Phase 2: Three Bed roomed House	20 June 2011	17 December 2011	R 820	R -



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-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
Dannhauser	Amajuba	Community Health Centre	New	CONSTRUCTION OF A NEW CHC WITH RESIDENCIES USING LIGHT STEEL METHOD	30 September 2012	30 September 2015	R 84,747	R -
eThekweni	Metros KZ	Hospital - Specialised	Upgrading	Generator Installation	20 October 2010	20 February 2011	R -	R -
eThekweni	Metros KZ	Hospital - Specialised	Renovations	Completion of Fire Protection System	01 December 2010	30 April 2011	R 530	R -
eThekweni	Metros KZ	Medical equipment	Upgrading	New Hanger for Air Mercy Services	30 April 2012	30 September 2012	R 10,000	R -
		Accommodation	Upgrading	Accommodation for MEC, 9th Floor	13 April 2010	12 July 2010	R 430	R -
Ndwedwe	iLembe	Clinic	Additions	Additions and Upgrading to the Clinic and construction of Nurses Residents	30 April 2011	15 December 2011	R 800	R -
Mandeni	iLembe	Clinic	Additions	Construction of Nurses Residents	30 May 2012	30 May 2013	R 5,000	R -
Mandeni	iLembe	Community Health Centre	Additions	Multi Year Plans - New Service Ward Block	30 October 2011	31 March 2012	R 3,000	R -
Ndwedwe	iLembe	Community Health Centre	Additions	Construction of a new TB Clinic	26 January 2014	10 June 2015	R 9,000	
Maphumulo	iLembe	Hospital - District	Additions	Construction of OPD With X-Ray, Admin Block Pharmacy ,neonatal and Physiotherapy	30 October 2012	30 October 2014	R 40,000	
Maphumulo	iLembe	Hospital - District	Upgrading	Upgrading of Female TB Ward Duty room	26 January 2012	10 June 2013	R 5,000	
Maphumulo	iLembe	Hospital - District	Additions	New Maternity and Paediatric Ward	18 January 2011	30 May 2012	R 9,000	
Ndwedwe	iLembe	Hospital - District	Upgrading	Upgrading Existing Male Ward, Paediatric Ward and Maternity Ward	18 January 2013	15 February 2014	R 15,000	
eThekweni	Metros KZ	Community Health Centre	Renovations	Reconstruction of roof of the patient waiting area damaged by storms.	15 January 2011	15 June 2011	R 300	R -
eThekweni	Metros KZ	Hospital - Specialised	Additions	Urgent construction of ARV Clinic, Visitors Room and Waste Storage	01 December 2010	30 August 2011	R 800	R -
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Air-cooling of The Entire Hospital (1 of 4 chillers to be replaced)	30 April 2011	31 August 2011	R -	R -
eThekweni	Metros KZ	Hospital - District	Additions	Construction of a Mental Health Care Unit	30 November 2010	31 March 2011	R 300	
eThekweni	Metros KZ	Hospital - District	Renovations	Repairs and Renovations - TB Ward	18 January 2013	19 January 2014	R 4,000	R -
eThekweni	Metros KZ	Hospital - Specialised	Renovations	Renovations to OPD	01 December 2010	30 May 2011	R 500	R -
Msunduzi	uMgungundlovu	Hospital - Specialised	New	New Clinic	01 April 2012	01 April 2013	R 11,000	
Hibiscus Coast	Ugu	Hospital - Specialised	Renovations	Replacement of roof sheeting for Ward (4,5,6,7,10 & 11 Kit room & workshop, storeroom & chapel, residential accommodation Block A	20 September 2010	31 March 2011	R 1,200	
Umdoni	Ugu	Hospital - District	Upgrading	Upgrade of existing lift installation	15 January 2011	15 August 2011	R 600	

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-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
Mpofana	uMgungundlovu	Community Health Centre	Additions	Construction of a shelters Pathways and install ramps. New Dispensary dispatching room	01 November 2011	05 June 2012	R 700	R -
Mpofana	uMgungundlovu	Community Health Centre	Upgrading	Sewerage to be linked to Municipality drainage	30 November 2011	30 September 2012	R 300	R -
Msunduzi	uMgungundlovu	Community Health Centre	Upgrading	Upgrade of Generator	31 July 2010	30 November 2010	R 500	R -
Msunduzi	uMgungundlovu	Hospital - Specialised	Renovations	Renewal or upgrading of main sewer line	30 June 2010	30 May 2011	R 600	R -
Msunduzi	uMgungundlovu	Hospital - Specialised	Renovations	Renovate to kitchen interior	30 November 2010	30 May 2011	R 600	R -
Msunduzi	uMgungundlovu	Hospital - District	Renovations	Underpinning of staff residents	30 November 2010	30 May 2011	R 1,000	R -
Msunduzi	uMgungundlovu	Hospital - Specialised	Renovations	Renovate kitchen and dining area	30 November 2010	30 April 2011	R -	R -
Msunduzi	uMgungundlovu	Hospital - Specialised	Renovations	Repairs and Renovations of Roof, Ceiling, Floor and Walls -Ward B	30 November 2010	30 April 2011	R 500	R -
Msunduzi	uMgungundlovu	Hospital - Specialised	Upgrading	Widening of doors, installation of heating system, upgrading of ablution facilities and installation of smoke detector system - Saamstap Ward	31 July 2010	28 February 2011	R 800	R -
Msunduzi	uMgungundlovu	Hospital - Specialised	Upgrading	Replacement of water reticulation system	31 July 2011	15 April 2012	R 5,000	R -
Msunduzi	uMgungundlovu	Hospital - Specialised	Upgrading	Renewal or upgrading of main sewer line	15 January 2010	31 July 2011	R 2,000	R -
Msunduzi	uMgungundlovu	Hospital - Regional	Upgrading	Conversion of M5 Ward into New NICU Facilities	30 May 2010	30 March 2011	R 6,000	R -
Umzimkhulu	Sisonke	Community Health Centre	New	Construct New CHC, using Light Steel Framework	30 June 2011	15 December 2012	R 80,000	R -
Umzimkhulu	Sisonke	Clinic	Upgrading	Completion of new Clinic inherited from Eastern Cape (Connection of electricity, flooring and plumbing)	30 November 2010	31 January 2011	R 500	R -
Umzimkhulu	Sisonke	Clinic	Upgrading	Completion of new Clinic inherited from Eastern Cape (Completion of floors, roof, ceiling, plumbing, yard and guard house)	15 February 2011	15 July 2011	R 1,500	R -
Umzimkhulu	Sisonke	Clinic	Upgrading	Completion of new Clinic inherited from Eastern Cape (Addition of consulting rooms, waiting area and new staff house)	30 April 2011	30 March 2012	R 3,000	R -
Ingwe	Sisonke	Community Health Centre	Renovations	Repair thatched houses (Roofing and cracks)	30 November 2010	30 April 2011	R 450	R -
Umzimkhulu	Sisonke	Hospital - District	Additions	New observation ward and seclusion ward	30 May 2012	30 May 2013	R 6,000	R -
Umzimkhulu	Sisonke	Hospital - District	Additions	New Forensic Ward	30 May 2011	30 May 2012	R 3,500	R -
Umzimkhulu	Sisonke	Hospital - District	Upgrading	Installation of heating and cooling system in all wards	15 January 2011	15 September 2011	R 1,000	R -

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					Target	Target	R 17,970,883	R 4,784,436
eMadlangeni	Amajuba	Hospital - District	Additions	New VCT, PMTCT and ART	01 July 2011	02 July 2012	R 5,500	
eMadlangeni	Amajuba	Hospital - District	Upgrading	Sewerage system upgrade	01 April 2011	01 December 2011	R 3,500	
Newcastle	Amajuba	Hospital - Regional	Renovations	Refurbish roofs, lift motor rooms and storage tanks	01 November 2011	05 June 2012	R 8,500	R -
Newcastle	Amajuba	Hospital - Regional	Additions	Construction of new VCT & ART	30 November 2011	30 September 2012	R 5,200	R -
Msinga	Umzinyathi	Hospital - District	Renovations	Autoclave replacement	30 November 2010	31 January 2011	R 200	
Msinga	Umzinyathi	Hospital - District	Additions	Construction of new Seclusion Rooms	15 January 2011	15 August 2011	R 900	
Msinga	Umzinyathi	Hospital - District	Additions	New Seclusion Rooms	15 January 2011	15 August 2011	R 625	R -
Ulundi	Zululand	Hospital - District	Additions	Construction of new Pathology Laboratory	20 June 2010	15 June 2011		
Nongoma	Zululand	Hospital - District	Renovations	Reroofing of Paeds and Maternity Wards, 2xMpumalanga Flats and Male Nurses Residents	15 January 2011	31 July 2012	R 3,000	R -
Ulundi	Zululand	Hospital - Specialised	Upgrading	Major assessment	31 July 2010	28 February 2011	R 800	R -
Abaqulusi	Zululand	Hospital - District	Additions	New Seclusion ward	15 January 2011	15 November 2011	R 2,000	R -
Ulundi	Zululand	Hospital - Specialised	Upgrading	Major assessment	30 August 2010	30 April 2011	R 110	R -
Jozini	Umkhanyakude	Hospital - District	Upgrading	Replace fence with Palisade fencing	15 January 2010	15 June 2010	R 600	R -
Jozini	Umkhanyakude	Hospital - District	Upgrading	Upgrade and additions to existing Mortuary	15 October 2010	31 March 2011	R 750	R -
Jozini	Umkhanyakude	Hospital - District	Upgrading	Upgrade Paeds Ward	05 April 2011	08 October 2011	R 1,200	R -
Jozini	Umkhanyakude	Hospital - District	Upgrading	Total upgrade of water supply and reticulation	15 January 2011	15 July 2011	R 2,700	R -
Jozini	Umkhanyakude	Hospital - District	Renovations	Renovations to existing maternity , Female Ward and Paediatric ward	31 July 2011	28 March 2012	R 2,980	R -
Umlalazi	uThungulu	Clinic	Additions	Guard house with ablutions facility, develop access road, water supply and electricity connection	31 July 2011	15 December 2011	R 1,541	
Umlalazi	uThungulu	Hospital - District	Renovations	Replace emergency generators	31 July 2010	30 October 2010	R 1,500	
Umlalazi	uThungulu	Hospital - District	Renovations	Construction of a new pharmacy	15 January 2011	15 January 2012	R 15,000	R -
Umlalazi	uThungulu	Hospital - District	Renovations	Water proofing of all flat roofs	10 September 2010	15 January 2011	R 600	
Umlalazi	uThungulu	Hospital - District	Upgrading	Additional water storage	29 November 2010	28 March 2011	R 383	
Umlalazi	uThungulu	Hospital - District	Upgrading	Upgrade to 72hr water storage	30 October 2010	30 April 2011	R 1,200	
Umlalazi	uThungulu	Hospital - District	Renovations	Replace old galvanized pipes and hydrant	01 April 2011	01 April 2012	R 1,250	
Umlalazi	uThungulu	Hospital -	Renovations	Replace old galvanized pipes	01 April	31 March	R	

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					Target	Target	R 17,970,883	R 4,784,436
		District			2011	2013	1,200	
Umlalazi	uThungulu	Hospital - District	Upgrading	Upgrading of ring waterman and galvanized pipes	30 October 2010	28 February 2011	R 1,922	R -
Newcastle	Amajuba	Hospital - Regional	Additions	Construction of a new Pharmacy and Physio department	31 July 2012	31 March 2014	R 25,000	R -
Okhahlamba	Uthukela	Hospital - District	Additions	Construction of a new theatre CSSD	31 October 2012	31 October 2013	R 18,000	
Umzimkhulu	Sisonke	Hospital - District	Upgrading	Installation of water supply	15 April 2011	15 July 2011	R 546	R -
Jozini	Umkhanyakud e	Hospital - District	Upgrading	Upgrade to and new ablutions	20 June 2011	15 November 2011	R -	R -
Umhlabayal in gana	Umkhanyakud e	Hospital - District	Upgrading	Construction of a new pharmacy	15 October 2011	15 October 2012	R 9,000	R -
Endumeni	Umzinyathi	Accommodati on	Renovations	Repairs and renovations to two houses and carports	30 June 2010	30 October 2010	R -	R -
Newcastle	Amajuba	Sanitation	Renovations	Replacement of air compressors	30 October 2010	28 February 2011	R 700	R -
Newcastle	Amajuba	Mortuary	Upgrading	Stainless steel racking, trolley and refrigeration installation	30 June 2010	30 October 2010		
eThekwini	Metros KZ	Hospital - Regional	Renovations	Replacement of goods hoist	30 April 2011	30 June 2011	R -	
Newcastle	Amajuba	Hospital - Regional	Renovations	Air Conditioner plant room alteration and exhaust hot air	31 July 2010	30 October 2010		
Msinga	Umzinyathi	Hospital - Specialised	Upgrading	Survey, report and spec ,Multi year plan	30 September 2010	15 December 2010	R 200	
Msinga	Umzinyathi	Hospital - Specialised	Additions	MDR & XDR TB Ward 6& 7 extract system	01 August 2012	01 August 2013	R -	
Ulundi	Zululand	Hospital - Specialised	Renovations	Medical Gas System	30 September 2010	30 November 2010	R -	
Ulundi	Zululand	Hospital - District	Renovations	Autoclave replacement	30 October 2010	28 February 2011	R 200	R -
Umhlabayal in gana	Umkhanyakud e	Hospital - District	Renovations	Autoclave replacement	30 October 2010	15 December 2010	R 200	R -
Umhlabayal in gana	Umkhanyakud e	Hospital - District	Additions	Mortuary refrigerated container	30 September 2010	15 December 2010	R 320	R -
Sisonke District Municipality	Sisonke	Mortuary	Renovations	Replace body storage cabinets	10 September 2010	15 January 2011	R 300	R -
eThekwini	Metros KZ	Community Health Centre	Upgrading	Medical gas installation	30 April 2011	31 August 2011	R 300	R -
Nquthu	Umzinyathi	Hospital - Regional	Renovations	Upgrade accident and emergency unit	30 May 2011	30 May 2012	R 17,000	R -
Nquthu	Umzinyathi	Hospital - District	Additions	New Seclusion Rooms	15 January 2011	15 August 2011	R 900	R -
eThekwini	Metros KZ	Ambulance base	Additions	Additions and upgrade of Wentworth Base for District office + support (Oldham House)	01 April 2011	31 March 2013	R -	R -
eThekwini	Metros KZ	Ambulance base	Renovations	Renovation to a Burnt Building	30 October 2010	31 March 2011	R 600	R -
Hibiscus Coast	Ugu	Community Health Centre	Additions	Phase 2- HAST (including ARV) Unit, Admin, Child Health, CSSD, Special Clinics, Lab & Stores	30 June 2012	30 June 2013	R 10,000	
		Accommodati on	Upgrading	Real Estates - Acquisition of properties	01 April 2010	31 March 2011	R 27,452	

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					Target	Target	R 17,970,883	R 4,784,436
eThekweni	Metros KZ	Training College	Renovations	Renovations and Additions to Existing building	30 April 2011	30 April 2012	R 6,000	
Jozini	Umkhanyakude	Hospital - District	Upgrading	Reconfigure High Care Unit	31 March 2011	30 June 2011	R 300	R -
Ulundi	Zululand	Hospital - District	Renovations	Attend to water supply problem	30 October 2010	30 June 2011	R 5,676	R -
eThekweni	Metros KZ	Hospital - District	Renovations	Storm damage repairs to Residence, Laboratory, and Maternity Ward	15 January 2011	31 July 2012	R 800	R -
eThekweni	Metros KZ	Hospital - Specialised	Renovations	Complete renovations of the Hospital	01 November 2010	30 April 2011	R 600	
eThekweni	Metros KZ	Sanitation	Renovations	Appointment of structural Engineer to investigate stability of the building	30 June 2010	30 October 2010	R 200	R -
		Medical equipment	Additions	New PHC Facilities: Furniture	18 September 2008	16 April 2010	R 5,000	R -
		Mortuary	Upgrading	Replace body storage cabinets	30 October 2010	15 December 2010	R 300	R -
Msinga	Umzinyathi	Hospital - District	Upgrading	Erect new Palisade fence	30 September 2010	15 December 2010	R 300	
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Demolish and replace F1 & F2 Wards.	30 January 2011	30 January 2012	R 2,000	R -
Jozini	Umkhanyakude	Hospital - District	Additions	Supply furniture for the new 48-Bed Female Ward	31 July 2010	30 October 2010	R 500	R -
Jozini	Umkhanyakude	Hospital - District	Upgrading	Supply furniture for the Maternity Ward and OPD	31 July 2010	30 October 2010	R 200	R -
eDumbe	Zululand	Clinic	Renovations	Renovations to nurses Residence damaged by storm	30 November 2010	31 March 2011	R 350	R -
eThekweni	Metros KZ	Mortuary	New	Procurement of a refrigerated container with a body storage capacity of 24	30 September 2010	30 November 2010	R 295	R -
Msunduzi	uMgungundlovu	Clinic	Renovations	2006/07 Renovate and Upgrade Clinic	29 October 2008	28 September 2009	R 1,371	R 1,171
Umdoni	Ugu	Hospital - District	Renovations	Phase1 casualty, trauma and admissions (Completion of terminated contract)(Stores)	30 September 2010	13 March 2011	R 3,650	R -
uMuziwabantu	Ugu	Hospital - District	Additions	New equipment and furniture for Pharmacy, Casualty, Physiotherapy, Audiology, Dental	02 August 2010	30 November 2010	R 500	R -
Hibiscus Coast	Ugu	Hospital - Regional	Upgrading	Conversion of A Ward to 15 bedded Psychiatric Unit	30 June 2011	30 June 2012	R 2,500	R -
Ugu District Municipality	Ugu	Ambulance base	New	Construction of a large EMRS station	01 June 2013	01 October 2014	R 20,000	R -
iLembe District Municipality	iLembe	Clinic	New	Clearance of Bush and Survey of site for the replacement clinic	01 November 2010	28 February 2011	R 250	R -
Imbabazane	Uthukela	Clinic	Renovations	R and R and Minor new works	03 April 2007	19 August 2008	R 67	R -
Okhahlamba	Uthukela	Clinic	Additions	New Seclusion Room	15 January 2011	15 June 2011	R 900	R -
Emnambithi/Ladysmith	Uthukela	Hospital - Regional	Additions	New Neonatal Nursery	22 September 2010	22 February 2011	R 1,500	R -
Nquthu	Umzinyathi	Clinic	New	Construction of a New Medium (SK2) Clinic with Consulting Rooms	01 June 2007	29 July 2008	R 8,786	R 8,435
Msinga	Umzinyathi	Hospital - District	Upgrading	Additions to the existing clinic to provide 2 additional consulting rooms, dispensary, 2 additional offices and patients toilets	15 January 2011	01 December 2011	R 5,500	R -

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-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
Newcastle	Amajuba	Clinic	Renovations	Clinic Maintenance	23 February 2007	23 August 2007	R 1,215	R 1,215
Dannhauser	Amajuba	Clinic	Upgrading	Clinic upgrade programme, additional guardhouse and toilet	12 November 2008	01 September 2009	R 1,099	R 1,094
Newcastle	Amajuba	Hospital - Regional	Additions	Stainless Steel Racking, Trolley and refrigeration installation to Mortuary	30 July 2011	30 January 2012	R 400	R -
Amajuba District Municipality	Amajuba	Hospital - Regional	New	New District Regional & TB Hospital	31 January 2017	30 June 2020		R -
Abaqulusi	Zululand	Clinic	New	Construction of a small Clinic, B2 Residential Accommodation and Guard House	01 June 2012	01 June 2013	R 11,000	R -
Abaqulusi	Zululand	Clinic	New	Construction of a small Clinic, B2 Residential Accommodation and Guard House	01 June 2011	01 June 2012	R 11,000	R -
Zululand District Municipality	Zululand	Ambulance base	New	Construction of a large EMRS station	02 June 2013	02 October 2014	R 20,000	R -
Nongoma	Zululand	Hospital - District	Additions	Construction of New Theatre and CSSD	31 July 2013	31 July 2014	R 10,241	R -
uPhongolo	Zululand	Hospital - District	Additions	Supply Furniture and Equipment for new OPD	30 October 2010	28 February 2011	R 156	R -
Ulundi	Zululand	Hospital - Specialised	New	Electrical Upgrade and repairs	30 August 2009	10 January 2010	R 286	R 286
Ulundi	Zululand	Hospital - Specialised	Upgrading	Replace GenSet	31 July 2010	25 February 2011	R 100	R -
Jozini	Umkhanyakude	Clinic	New	Construction of a new clinic, guard house and repairs and renovations	03 August 2011	27 January 2013	R 15,791	R 328
		Clinic	New	Furniture & remaining fees for handed-over projects	01 April 2010	30 June 2010	R 222	R -
			New	Operating Theatre Air-conditioning	31 January 2010	30 April 2011	R 2,000	R -
Nquthu	Umzinyathi	Training College	Replacement	Additions to Existing Building for Nursing College	01 April 2011	01 April 2012	R 12,000	R -
uMgungundlovu District Municipality	uMgungundlovu		Maintenance - Recurrent	Maintenance of Atrium	30 April 2010	31 March 2011	R 42	R -
eThekweni	Metros KZ	Hospital - Regional	Upgrading	Construct New PPSD	01 April 2011	31 March 2013	R 40,000	R -
			Maintenance - Recurrent	Facilities Routine Maintenance (balance undeclared)	21 April 2010	31 March 2011	R -	R -
		Accommodation	Upgrading	Hospital revitalisation Grant Management	21 April 2010	31 March 2011	R 12,858	R 8,305
		Hospital - District	Upgrading	Programme Management fees	21 April 2010	31 March 2011	R 3,950	R 3,561
eThekweni	Metros KZ	Community Health Centre	Additions	Additions and Alterations to administration block (and multi year plan)	01 May 2010	01 November 2013	R 31,982	R 1,382
eThekweni	Metros KZ	Hospital - Regional	Renovations	Repairs and Renovations On The Burnt Down Psych Ward- Ward 04	30 October 2010	30 June 2011	R 1,000	R -
eThekweni	Metros KZ	Hospital - Regional	New	New Regional & Tertiary Hospital	01 October 2010	31 March 2011	R -	R -
eThekweni	Metros KZ	Hospital - District	New	Piling	30 October 2010	30 August 2011	R 53,698	R -
Msunduzi	uMgungundlovu	Hospital - Specialised	Renovations	Structural repairs to monumental buildings	05 September	05 September	R 4,000	R -

**KWAZULU-NATAL DEPARTMENT OF HEALTH – VOTE 7**

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**INFRASTRUCTURE PLAN 2010/11**

MUNICIPALITY NAME	DISTRICT	TYPE OF INFRASTRUCTURE	NATURE OF INVESTMENT	PROJECT DETAILS	START DATE	COMPLETION DATE	TOTAL PROJECT BUDGET OVER MULTIPLE FINANCIAL YEARS	TOTAL PROJECT EXPENDITURE TO DATE FROM PREVIOUS YEARS
-	-	-	-	-	Target	Target	R 17,970,883	R 4,784,436
					2012	2013		
Msunduzi	uMgungundlovu	Community Health Centre	Renovations	Security gates, Int and ext R and R, Fittings and various	15 November 2006	15 November 2007	R 4,572	R 3,954
Indaka	Uthukela	Clinic	Upgrading	Clinic Upgrading, construction of 3 new houses, Completion of terminated contract	30 November 2010	30 June 2011	R -	R -
Nkandla	uThungulu	Clinic	Renovations	Clinic maintenance and upgrading	09 March 2007	30 August 2012	R 75	R -
Nkandla	uThungulu	Clinic	Renovations	Repair and renovation	27 March 2007	25 January 2008	R 34	
Umlalazi	uThungulu	Hospital - District	Additions	Provision Of Four (4) X Three (3) Bedroom Houses Incl. Upgrade	22 November 2006	23 August 2007	R 8,310	R 7,815
Umlalazi	uThungulu	Hospital - District	New	Autoclaves for milk room	30 October 2010	15 December 2010	R -	R -
Nkandla	uThungulu	Hospital - District	New	Construction of a new pharmacy	15 September 2011	15 September 2012	R 9,000	R -
Msunduzi	uMgungundlovu	Hospital - Specialised	Renovations	Replacement or Renovations to Roof - Admin Block, North Park, Uitsag Wards, Hillside Wards, Occupational Therapy and Pharmacy	30 January 2011	31 July 2012	R 40,400	R -
Umlalazi	uThungulu	Clinic	New	New phase 9 clinic	11 January 2007	10 March 2009	R 110	R -
Emnambithi/Ladysmith	Uthukela	Clinic	New	Gateway clinic			R 25	R -
		Clinic	New	Payments iro all delayed retention monies	01 March 2010	01 April 2011	R 639	R -
eThekweni	Metros KZ	Hospital - Specialised	New	Security services	01 October 2010	01 January 2011	R 300	R -
Imbabazane	Uthukela	Sanitation	Upgrading	Upgrade Sewer	30 October 2010	31 March 2011	R 400	R -