



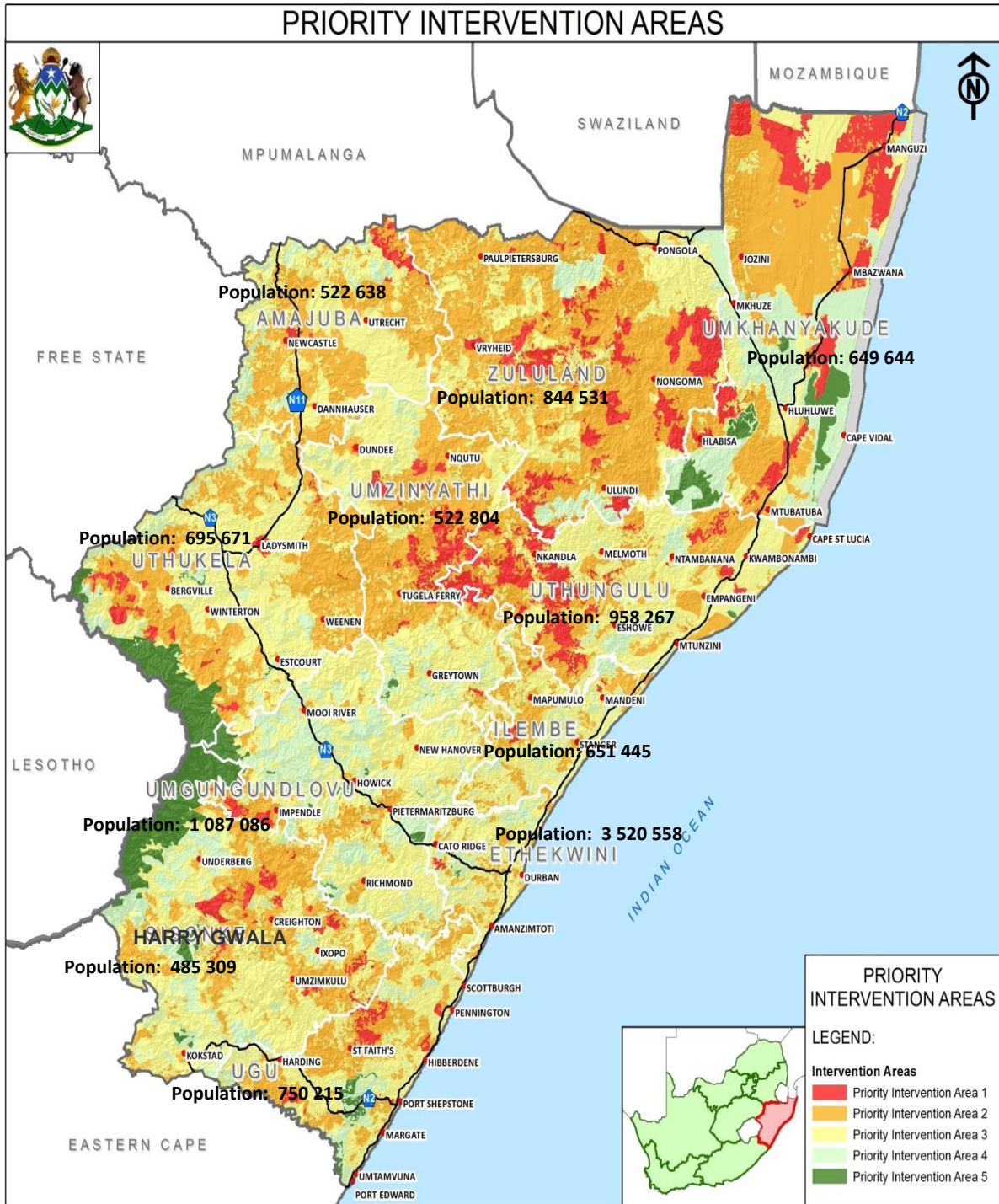
health

Department:
Health
PROVINCE OF KWAZULU-NATAL

2015/16
ANNUAL REPORT
V O T E 7

FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE

PROVINCE OF KWAZULU-NATAL



2015/16 ANNUAL REPORT

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**SUBMITTING THE 2015/16 ANNUAL REPORT (VOTE 7) TO THE
EXECUTIVE AUTHORITY**

Dr S.M. Dhlomo

MEC for Health

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 2015 to 31 March 2016.



Dr S.T. Mtshali
Accounting Officer
KwaZulu-Natal Department of Health
Date: 23/08/2016

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VOTE 7**

PART A: GENERAL INFORMATION

- Department's General Contact Information
- Abbreviations
- Foreword by the MEC for Health
- Report of the Accounting Officer
- Accounting Officer Statement of Responsibility and Confirmation of Accuracy of the Annual Report
- Strategic Overview
- Vision, Mission and Core Values
- Strategic Outcome Oriented Goals
- Legislative and Other Mandates
- Organisational Structure
- Entities Reporting to the MEC for Health

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DEPARTMENT'S GENERAL INFORMATION

Department: KwaZulu-Natal Department of Health

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Pietermaritzburg

3200

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Head Office: 191 Peter Kerchhoff Street

Physical Address: 191 Peter Kerchhoff Street (previous Chapel Street)

Pietermaritzburg

3201

Postal Address: Private Bag X9051

Pietermaritzburg

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Telephone: 033 – 341 7000 (switchboard)

Head Office: Capital Towers

Physical Address: 121 Chief Albert Luthuli Street (previous Commercial Road)

Pietermaritzburg

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Postal Address: Private Bag X9051

Pietermaritzburg

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Telephone: 033 – 846 7000 (switchboard)

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ABBREVIATIONS

| Abbreviation | Description |
|--------------|---|
| A | |
| AGSA | Auditor-General of South Africa |
| AIDS | Acquired Immune Deficiency Syndrome |
| ALOS | Average Length of Stay |
| ALS | Advanced Life Support |
| AMS | Air Mercy Services |
| ANC | Antenatal Care |
| API | Active Pharmaceutical Ingredient |
| APP | Annual Performance Plan |
| ART | Anti-Retroviral Therapy |
| ARV(s) | Anti-Retroviral(s) |
| ASSA | AIDS Committee of Actuarial Society of South Africa |
| B | |
| BAS | Basic Accounting System |
| BLS | Basic Life Support |
| C | |
| CARC | Cluster Audit and Risk Committee |
| CARMMA | Campaign on Accelerated Reduction of Maternal and child Mortality in Africa |
| CCG(s) | Community Care Giver(s) |
| CCMA | Commission for Conciliation, Mediation and Arbitration |
| CCMDD | Centralised Chronic Medicine Dispensing and Distribution |
| CEO(s) | Chief Executive Officer(s) |
| CHC(s) | Community Health Centre(s) |
| COC | Certificate of Compliance |
| COE | Compensation of Employees |
| COEC | College of Emergency Care |
| D | |
| DCST(s) | District Clinical Specialist Team(s) |
| DDG | Deputy Director-General |
| DDV | Diet Delivery Voucher |
| DHER(s) | District Health Expenditure Review(s) |
| DHIS | District Health Information System |
| DHP's | District Health Plans |
| DHS | District Health System |
| DOE | Department of Education |
| DoPW | Department of Public Works |
| DORA | Division of Revenue Act |
| DOT | Directly Observed Treatment |
| DPSA | Department of Public Service and Administration |

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| Abbreviation | Description |
|--------------|--|
| DR-TB | Drug Resistant Tuberculosis |
| DUT | Durban University of Technology |
| E | |
| ECA | Emergency Care Assistant |
| ECP | Emergency Care Practitioner |
| ECT | Emergency Care Technician |
| EDL | Essential Drug List |
| EDR | Electronic Register for Drug-Resistant TB |
| EMC | Emergency Medical Care |
| EMD | Emergency Medical Dispatcher |
| EMS | Emergency Medical Services |
| EMS P1 Calls | Emergency Medical Services Priority 1 calls |
| EOT | Extension of Time |
| EPWP | Expanded Public Works Programme |
| ESMOE | Essential Steps in Management of Obstetric Emergencies |
| ETBR | Electronic Tuberculosis Register |
| ETR.net | Electronic Register for TB |
| F | |
| FP | Family Planning |
| FPO | Forensic Pathology Officer |
| FPS | Forensic Pathology Services |
| FSMSGs | Food Service Monitoring Standards Grading System |
| G | |
| GHS | General Household Survey |
| GIS | Geographic Information System |
| GP(s) | General Practitioner(s) |
| G&S | Goods and Services |
| H | |
| HAST | HIV, AIDS, STI and TB |
| HCRW | Health Care Risk Waste |
| HCT | HIV Counselling and Testing |
| HIV | Human Immuno Virus |
| HPTDG | Health Professional Training Development Grant |
| HPV | Human Papilloma Virus |
| HR | Human Resources |
| HRMS | Human Resources Management Services |
| HRD | Human Resource Development |
| HTA's | High Transmission Areas |
| HWSETA | Health and Welfare Sector Education and Training Authority |
| I | |
| IA(s) | Implementing Agent(s) |

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| Abbreviation | Description |
|--------------|--|
| IALCH | Inkosi Albert Luthuli Central Hospital |
| ICRM | Ideal Clinic Realisation and Maintenance |
| ICT | Information Communication Technology |
| ICU | Intensive Care Unit |
| IDT | Independent Development Trust |
| IDMS | Infrastructure Delivery Management Programme |
| IFT | Inter Facility Transfer |
| ILS | Intermediate Life Support |
| IMLC(s) | Institutional Management and labour Committees |
| IMR | Infant Mortality Rate |
| IPC | Infection Prevention and Control |
| IPMP | Infrastructure Programme Management Plan |
| K | |
| KINC | KwaZulu-Natal Initiative on New-born Care |
| KZN | KwaZulu-Natal |
| KZNCN | KwaZulu-Natal College of Nursing |
| L | |
| LG | Local Government |
| LPA | Line Probe Assay |
| LTF | Loss To Follow Up |
| LTP | Long-Term Plan |
| M | |
| MaMMAS | Maternal Morbidity and Mortality Audit System |
| M&E | Monitoring and Evaluation |
| MDR-TB | Multi Drug Resistant Tuberculosis |
| MEC | Member of the Executive Council |
| Medsas | Medical Supply and Administration System |
| MMC | Medical Male Circumcision |
| MOP | Medical Ortho Prosthetics |
| MOU | Memorandum of Understanding |
| MPAT | Management Performance Assessment Tool |
| MTEF | Medium Term Expenditure Framework |
| MTSF | Medium Term Strategic Framework |
| N | |
| NCS | National Core Standards |
| NCD(s) | Non-Communicable Disease(s) |
| NDOH | National Department of Health |
| NDP | National Development Plan |
| NELS | Neonatal Experiential Learning Site |
| NECET | National Emergency Care Education and Training |
| NGO(s) | Non-Governmental Organisation(s) |

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| Abbreviation | Description |
|--------------|--|
| NHI | National Health Insurance |
| NHLS | National Health Laboratory Services |
| NHRD | National Health Research Database |
| NIMART | Nurse Initiated and Managed Antiretroviral Therapy |
| NTSG | National Tertiary Services Grant |
| O | |
| OES | Occupation Efficiency Service |
| OHH | Outreach Households |
| OPD | Out-Patient Department |
| OSS | Operation Sukuma Sakhe |
| OTP | Office of the Premier |
| P | |
| PA(s) | Performance Agreement(s) |
| PCR | Polymerase Chain Reaction |
| PCV | Pneumococcal Vaccine |
| PDE | Patient Day Equivalent |
| PDOH | Provincial Department of Health |
| PEP | Post Exposure Prophylaxis |
| PERSAL | Personnel and Salaries System |
| PGDP | Provincial Growth and Development Plan |
| PHC | Primary Health Care |
| PHSDSBC | Public Health and Social Development Sectoral Bargaining Council |
| PMDS | Performance Management and Development System |
| PMPU | Provincial Medicine Procurement Unit |
| PMTCT | Prevention of Mother to Child Transmission |
| PN | Professional Nurse |
| PPSD | Provincial Pharmaceutical Supply Depot |
| PTC | Pharmacy and Therapeutics Committee |
| PTS | Patient Transport Services |
| PPT | Planned Patient Transport |
| PSETA | Public Service Sector Education & Training Authority |
| PTB | Pulmonary Tuberculosis |
| PTC(s) | Pharmacy and Therapeutic Committee(s) |
| Q | |
| QIP(s) | Quality Improvement Plan(s) |
| R | |
| RAF | Road Accident Fund |
| S | |
| SA | South Africa |
| SANBS | South African National Blood Services |
| SANTA | South African National Tuberculosis Association |

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| Abbreviation | Description |
|--------------|---|
| SAPS | South African Police Services |
| SCM | Supply Chain Management |
| SCOPA | Standing Committee on Public Accounts |
| SDIP | Service Delivery Improvement Plan |
| SHS | School Health Services |
| SLA | Service Level Agreement |
| SMS | Senior Management Services |
| SOP(s) | Standard Operating Procedure(s) |
| Stats SA | Statistics South Africa |
| STI(s) | Sexually Transmitted Infection(s) |
| STP | Service Transformation Plan |
| T | |
| TB | Tuberculosis |
| TVET | Technical Vocational Educational and Training |
| U | |
| UHERB | UMgungundlovu Health Ethics Review Board |
| UKZN | University of KwaZulu-Natal |
| V | |
| VO | Variation Orders |
| VERM | Virtual Electronic Medical Record |
| W | |
| WBOT(s) | Ward Based Outreach Team(s) |
| WHO | World Health Organisation |
| WISN | Workload Indicators of Staffing Need |
| X | |
| XDR-TB | Extreme Drug Resistant Tuberculosis |

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1. FOREWORD BY THE MEC FOR HEALTH

The 2015/16 Annual Report gives a succinct overview of key performance outputs and outcomes against the allocated budget of R 33 969 992 billion for the 2015/16 financial year.

The development of health services is underpinned by the strategic vision of establishing an integrated, unified, accessible, affordable, equitable, efficient and cost effective health service which is responsive to the needs of all public health care users. Rights and access to quality healthcare for health care users across the spectrum of preventive, promotive, curative and rehabilitative healthcare in all sectors and communities has been paramount and central to service delivery during the year under review. Despite significant challenges, transformation of health services proceeded in line with national and provincial goals and objectives towards creating a better health for all.

South Africa has the dichotomy of first world conditions co-existing with third world conditions and a similar situation pertains to KZN. This dichotomy necessitates a balanced approach in the provisioning of health care. For that reason, the Department continued to invest in PHC re-engineering in order to address inequities in resource allocation and access that will ensure a sustainable balance between services at PHC level and hospital-based curative care. The escalating costs of healthcare and the high burden of disease, without concomitant resources, inexorably challenged service delivery and unless resource allocation are aligned with service demands it will become a choice between good health care and good book keeping.

The Department renders health services to an uninsured population of more than 9.3 million people that are dependent on public health services. Major strides were made over the past years towards ensuring a long and healthy life for all South Africans. Life expectancy continues to improve year on year, mainly ascribed to the large scale access to antiretroviral therapy in the Province resulting in improved survival rates of persons living with HIV. Statistics South Africa estimates show that life expectancy in KwaZulu-Natal improved from 56.9 years in 2014 to 57.7 years in 2015.


The maternal mortality ratio continues to decrease progressively since 2010/11 from 195 per 100 000 live births to 121.1 per 100 000 live births in the year under review. Over the same period, the mother to child transmission of HIV decreased from 6.8% to 1.2%. In the year under review, more than 2.6 million people were counselled and tested for HIV, and the Department surpassed the 1 million mark for clients on antiretroviral treatment making this the biggest antiretroviral programme in the country.

Although we have made great strides in improving health outcomes, we acknowledge that we need to remain focussed and harness lessons learned in the past to ensure that we keep on track towards attaining the 2030 health goals as set out in the National Development Plan. In the coming year, the Department will continue to focus on strengthening of the health system, reducing the burden of disease, improving human resources for health, improving universal access to health services, and improving the quality of health care.

I acknowledge all the diligent and devoted employees and social partners for their individual and collective contributions in a challenging working environment to improve the lives and wellbeing of the people in KwaZulu-Natal. No progress would have been possible if not for the selfless commitment of both leadership and service providers.

I endorse the 2014/15 Annual Report for submission.





Dr S.M. Dhlomo
MEC for Health: KwaZulu-Natal
Date: 24/08/2016

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2. REPORT OF THE ACCOUNTING OFFICER

Overview of Operations

The Department of Health remained committed to developing and implementing a sustainable, coordinated, integrated and comprehensive health care system through the primary health care approach, which is based on accessibility, equity, community participation, use of appropriate technology and inter-sectorial collaboration.

The 2015/16 financial year marks the first year of the new 5 years strategic planning cycle. The 2015-2019 Strategic Plan is aligned with the National Development Plan, the Medium Term Strategic Framework, the Provincial Growth and Development Strategy and Plan, legislative and policy mandates, and the burden of disease that determines needs and demands for health care in the Province.

In 2015/16 the focus of the Department was the strengthening of health systems and processes as enabling mechanisms for the implementation of quality health care services in response to the burden of disease and identified needs and demands in the Province. Improved health outcomes and inter-sectoral collaboration addressing the social determinants of health contributed to an increased life expectancy from 56.9 to 57.7 years in 2015 (Stats SA Mid-year Estimates 2015).

Details of the actual performance of the Department during 2015/16 are included in the Annual Report, highlighting the achievements and challenges. During this year, the Department:

- Managed 30 745 821 patients at PHC level, with 5 184 506 of these patients under the age of 5 years.
- Managed 6 055 409 patients at outpatient departments.
- Up-scaled implementation of the Ideal Clinic and Maintenance Programme, with 141 clinics achieving a score of more than 80% against the national core standards.
- Expanded community-based health services increasing the number of households visited from 103 852 to 617 610, and chronic medication being distributed to more than 155 697 patients at community distribution points.
- Tested 2 627 230 patients for HIV, performed 124 086 medical male circumcisions, and increased the number of patients on ART to 1 059 193.
- Screened 6 491 562 people for TB, reported a TB treatment success rate of 84.5%, and reduced the number of patients that died during TB treatment from 1 271 to 772.
- Reduced the maternal mortality in facility ratio from 124.9 to 121.1 per 100 000 live births.
- Reduced the mother to child HIV transmission rate to 1.2%.
- Reduced severe acute malnutrition under 5 years new cases from 7 329 to 6 136.
- Screened 7 706 460 patients for hypertension, 5 685 791 for diabetes and 1 135 000 for mental disorders.

Enabling Systems

The Department had 72 078 filled posts during the reporting period with a vacancy rate of 8.4% as at March 31, 2016. The filling of critical vacant posts has been delayed due to the inadequate Compensation of Employees budget, and challenges in recruiting and retaining skilled professionals in certain categories continued to pose a challenge to the Department. The first phase of implementing the “Decentralised Training in PHC Model” for health care professionals, in partnership with the University of KwaZulu-Natal (UKZN), commenced in the last quarter of 2015/16. Implementation of this Model will be a first in the country.

The revitalisation of infrastructure continues to play a vital role in improving the environment for patients using public health facilities. Although a number of infrastructure projects, especially building of new facilities, were put on hold as a result of budget constraints, a number of major projects were completed. During the reporting year, construction on the new Pixley Isaka Ka Seme Regional Hospital commenced at an estimated total cost of R 2.8 billion. The following major projects were completed: Addington Hospital F3 Theatre Upgrade; Church of Scotland Paediatric and TB Wards; Emmaus Hospital New Outpatient Department (OPD), Maternity, Casualty, Pharmacy & Gatehouse; G.J. Crookes Hospital New Casualty, Trauma and Admissions; Gamalake Community Health Centre (CHC) Phase 2; Greys Hospital Neonatal Intensive Care Unit (ICU) Phase 2; new Manxili Clinic; Mbongolwane Hospital New Pharmacy; new Muden Clinic; Murchison Hospital

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TB Wards; Ndumo Clinic Upgrade; Newcastle Hospital New Pharmacy; new Ngabayena Clinic; Phoenix Medico Legal Mortuary; and R.K Khan Hospital "P" Block.

With regard to the implementation of the financial management turnaround strategy, the Department was able to put sound financial management strategies in place to overturn the significant unauthorised expenditure to an acceptable level. The Department is also embarking on implementation of an improved Asset Management System and automated Supply Chain Management System.

Overview of Financial Results

Table 1: Departmental Receipts

| Departmental Receipts | 2015/16 | | | 2014/15 | | |
|--|----------------|-------------------------|--------------------------|----------------|-------------------------|--------------------------|
| | Estimate | Actual Amount Collected | (Over)/ Under Collection | Estimate | Actual Amount Collected | (Over)/ Under Collection |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Tax Receipts | | | | | | |
| Sale of goods and services other than capital assets | 255 372 | 213 372 | (11) | 220 512 | 250 237 | (29 725) |
| Fines, penalties and forfeits | 21 | 53 | (34) | 21 | 31 | (10) |
| Interest, dividends and rent on land | 135 | 49 | 89 | 217 | 143 | 74 |
| Sale of capital assets | 12 000 | | - | 10 000 | 14 009 | (4 009) |
| Financial transactions in assets and liabilities | 16 182 | 30 118 | (8 492) | 15 411 | 25 513 | (10 102) |
| Total | 283 710 | 243 592 | (8 448) | 246 161 | 289 933 | (43 772) |

Sale of goods and services, other than capital assets, collected R 213.371 million and under-collected at 92.2 per cent. Revenue collected against this category is in respect of among others, housing rent, parking fees, inspection fees, commission on Persal deductions and patient fees. This under-collection was largely due to low collection in respect of health patient fees, which was a result of financial difficulties experienced by the Road Accident Fund (RAF).

Interest, dividends and rent on land was collected at R 51 000, which was below the budget of R 217 000. The low revenue collection was attributable to interest on staff debts that was reversed due to interest that was incorrectly charged against officials/ employees who are still in service.

No collection was made for the period under review against Sale of capital assets. After robust engagement with Supply Chain Management (SCM) and fleet management, the Department did not auction any of its capital assets as these were still considered to be functional, and was part of the implementation of cost-cutting measures. Collection against this category is dependent on the holding of auction sales and on the condition of the asset being considered for disposal, which makes it difficult to accurately project those revenue collections.

To some extent, this under-collection was offset by significant over-collection in respect of fines, penalties and forfeits over-collected by R 33 000. This revenue resulted from domestic fines for parking transgressions such as parking in emergency and designated parking bays at various institutions.

Transaction in financial assets and liabilities was significantly over-collected by R 13.936 million or 86.1 per cent. This was due to higher than anticipated recovery of the previous years' expenditure and staff debts. Revenue collection against this category is difficult to project due to its uncertain nature.

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| Departmental Receipts | 2015/16 | | | 2014/15 | | |
|--|----------------|-------------------------|--------------------------|----------------|-------------------------|--------------------------|
| | Estimate | Actual Amount Collected | (Over)/ Under Collection | Estimate | Actual Amount Collected | (Over)/ Under Collection |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Tax Receipts | | | | | | |
| Sale of goods and services other than capital assets | 231 538 | 213 371 | 18 167 | 220 512 | 250 237 | (29 725) |
| Fines, penalties and forfeits | 21 | 54 | (33) | 21 | 31 | (10) |
| Interest, dividends and rent on land | 217 | 51 | 166 | 217 | 143 | 74 |
| Sale of capital assets | 10 000 | 0 | 10 000 | 10 000 | 14 009 | (4 009) |
| Financial transactions in assets and liabilities | 16 182 | 30 118 | (13 936) | 15 411 | 25 513 | (10 102) |
| Total | 257 958 | 243 594 | 14 004 | 246 161 | 289 933 | (43 772) |

The Department generates its revenue mainly from patients' fees which includes claims medical aid for service rendered, RAF for treatment patients injured from public roads and other health services rendered by hospitals for patients and other departments. It also generates revenue from using Departmental facilities and staff accommodation which includes boarding and parking fees.

During the last two financial years, the Department have seen substantial over collection against sale of goods and services as a result of concerted effort to ensure revenue recoveries and through provision of training to institutions. The set revenue target was over collected by R 43.772 million, the budget revenue collection for 2014/15 was R 246.161 million and the actual revenue collected was R 289.933 million. The main reason for over-collection was as a result of efforts placed with regards to RAF Accounts payments and an increase in financial transactions in assets and liabilities.

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 Fee Schedule as prescribed by the National Department of Health and reviewed annually. Boarding fees are treated as part of the housing allowance which is negotiated at the Bargaining Council.

Free Services

Free services rendered by the Department are in line with the Uniform Patient Fee Schedule and includes Primary Health Care (PHC) services at clinics and CHC's, old age pensioners, children under six years and pregnant women who are not members of a medical aid.

PROGRAMME EXPENDITURE

Table 2: Programme Expenditure

| Programme Name | 2015/16 | | | 2014/15 | | |
|----------------------------|---------------------|--------------------|---------------------------|---------------------|--------------------|---------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| ADMINISTRATION | | | | | | |
| Current payment | 647 148 | 722 304 | (75 156) | 584 985 | 678 837 | (93 852) |
| Transfers and subsidies | 6 651 | 5 689 | 962 | 4 814 | 6 643 | (1 829) |
| Payment for capital assets | 10 850 | 11 021 | (171) | 17 593 | 15 827 | 1 766 |

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| Programme Name | 2015/16 | | | 2014/15 | | |
|-------------------------------------|---------------------|--------------------|---------------------------|---------------------|--------------------|---------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Payment for financial assets | 107 607 | 107 608 | (1) | | 12 | (12) |
| Total | 772 256 | 846 622 | (74 366) | 607 392 | 701 319 | (93 927) |
| DISTRICT HEALTH SERVICES | | | | | | |
| Current payment | 15 470 534 | 15 589 077 | (118 543) | 14 129 294 | 14 126 593 | 2 701 |
| Transfers and subsidies | 416 887 | 363 631 | 53 256 | 394 183 | 413 439 | (19 256) |
| Payment for capital assets | 99 828 | 55 159 | 44 669 | 165 557 | 149 002 | 16 555 |
| Payment for financial assets | 2 | 29 | (27) | 21 | 21 | 0 |
| Total | 15 987 251 | 16 007 896 | (20 645) | 14 689 055 | 14 689 055 | 0 |
| EMERGENCY MEDICAL SERVICES | | | | | | |
| Current payment | 1 125 825 | 1 133 984 | (8 159) | 1 043 872 | 1 061 869 | (17 997) |
| Transfers and subsidies | 5 216 | 3 437 | 1 779 | 4 247 | 4 684 | (437) |
| Payment for capital assets | 43 337 | 36 957 | 6 380 | 19 623 | 1 189 | 18 434 |
| Payment for financial assets | - | - | - | 371 | 371 | 0 |
| Total | 1 174 378 | 1 174 378 | - | 1 068 113 | 1 068 113 | 0 |
| PROVINCIAL HOSPITAL SERVICES | | | | | | |
| Current payment | 9 051 054 | 9 047 148 | 3 906 | 8 627 112 | 8 627 112 | 0 |
| Transfers and subsidies | 116 194 | 134 412 | (18 218) | 64 651 | 135 168 | (70 517) |
| Payment for capital assets | 46 298 | 30 385 | 15 913 | 100,621 | 33,394 | 67,227 |
| Payment for financial assets | - | 2 419 | (2 419) | 5 | 5 | 0 |
| Total | 9 213 546 | 9 214 364 | (818) | 8 792 389 | 8 795 679 | (3 290) |
| CENTRAL HOSPITAL SERVICES | | | | | | |
| Current payment | 4 061 896 | 4 092 468 | (30 572) | 3 087 580 | 3 111 768 | (24 188) |
| Transfers and subsidies | 23 959 | 30 432 | (6 473) | 5 030 | 28 634 | (23 604) |
| Payment for capital assets | 2 746 | 2 029 | 717 | 21 000 | 995 | 20 005 |
| Payment for financial assets | - | 2 419 | (2 419) | 5 | 5 | 0 |
| Total | 4 088 601 | 4 124 929 | (36 328) | 3 113 610 | 3 141 397 | (27 787) |
| HEALTH SCIENCES AND TRAINING | | | | | | |
| Current payment | 781 531 | 773 468 | 8 063 | 778 359 | 778 344 | 15 |
| Transfers and subsidies | 273 909 | 285 248 | (11 339) | 223 433 | 238 202 | (14 769) |
| Payment for capital assets | 3 375 | 99 | 3 276 | 16 841 | 2 412 | 14 429 |
| Payment for financial assets | 7 | 7 | - | 7 | 6 | 1 |
| Total | 1 058 822 | 1 058 822 | - | 1 018 640 | 1 018 964 | (324) |
| HEALTH CARE SUPPORT SERVICES | | | | | | |
| Current payment | 135 485 | 165 637 | (30 152) | 147 448 | 147 452 | (4) |
| Transfers and subsidies | 303 | 244 | 59 | 589 | 1,302 | (713) |
| Payment for capital assets | 21 732 | 214 | 21 518 | 3 192 | 3 192 | 0 |
| Total | 157 520 | 166 095 | (8 575) | 151 229 | 151 946 | (717) |
| HEALTH FACILITIES MANAGEMENT | | | | | | |
| Current payment | 357 807 | 375 853 | (18 046) | 379 156 | 379 132 | 24 |
| Transfers and subsidies | 20 000 | 20 000 | - | 14 | 37 | (23) |

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| Programme Name | 2015/16 | | | 2014/15 | | |
|----------------------------|---------------------|--------------------|---------------------------|---------------------|--------------------|---------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Payment for capital assets | 1 139 811 | 1 121 765 | 18 046 | 1 299 867 | 1 299 868 | (1) |
| Total | 1 517 618 | 1 517 618 | - | 1 679 037 | 1 679 037 | 0 |
| Departmental Total | 33 969 992 | 34 110 724 | (140 732) | 31 119 465 | 31 245 510 | (126 045) |

Unauthorized Expenditure

The Department incurred unauthorized expenditure of R 127.693 million (Note 11) mainly attributable to the rollout of ARV medication, increase in fuel price, cost of medicines and the rand/ dollar exchange rate. Households were overspent as a result of the extensive number staff exits, increase in litigation cases against the Department and non-funding of the 1% increase of the Public sector wage agreement.

In order to reduce unauthorized expenditure, the Department will adhere to cost containment as per National Treasury Circular.

Public Private Partnership

The Department has a Public Private Partnership (PPP) agreement in place with Cowslip Investments (Pty) Ltd and Impilo Consortium for the delivery of non-clinical services at the Inkosi Albert Luthuli Central Hospital. Details of the PPP and the transactions relating thereto are disclosed under Note 35 of the financial statements.

Transfer/ New Activities

During the financial year the Department took over one Local Government clinic in the Umhlathuze Municipality.

Supply Chain Management

The Department incurred an irregular expenditure of R 708,803 million which is disclosed in note 31 to the financial statements. The amount irregular expenditure condoned in the current financial year for prior years amounted to R31, 363 million. The Department also incurred deviation to the value R 117 million.

Due to the qualified opinion on irregular expenditure for the 2013/14 financial year, the Department undertook an extensive exercise and further identified irregular expenditure together with the Auditor General findings to the value of R130. 197 million which was restated as a prior year correction to correct the opening balance.

Gifts and Donations

During this financial year an opening balance to the amount of R 12.487 million in respect of local and foreign donor funds was available to the Department. Due to the nature of only RDP funds being disclosed under the aid assistance (Note 4 to financial statements) a restatement of prior year amount to the financial statement was undertaken. Only R 2 million was RDP funds and this was underspent in 2013/14 financial year and was thus surrendered in respect of the National Treasury practice note. Donations to value of R 11.1 million were received and are reflected in Annexure 1H to the Financial Statement as is utilised in accordance with the donor request.

Events after Reporting Date

No event subsequent to balance sheet date occurred.

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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:

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 utilized the original approach, which had been accepted by the Auditor-General.

Disclosure of immovable assets

The disclosure of immovable assets is included under the annexure to the annual financial statements of the Provincial Department of Works in accordance with a Provincial Treasury directive.


Other Matters

The dispute between the Department and the National Health Laboratory Services (NHLS) over the outstanding debt owed by the Department for laboratory services has not been finalised. The contingent liability has been disclosed under Contingent Liabilities Annexure 3B. A task team has been appointed to develop and recommend a billing system as per the Ministers recommendation.

Approval

The Annual Performance Information set out on pages 53 to 169 and Annual Financial Statements set out on pages 234 to 383 are hereby approved by the Accounting Officer of the KwaZulu-Natal Department of Health.





Dr S.T. Mtshali
Accounting Officer
KwaZulu-Natal Department of Health
Date: 23/08/2016


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**ACCOUNTING OFFICER STATEMENT OF RESPONSIBILITY AND
CONFIRMATION OF ACCURACY OF THE ANNUAL REPORT**

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

- All information and amounts disclosed throughout the Annual Report are consistent.
- The Annual Report is complete, accurate and is free from any omissions.
- The Annual Report has been prepared in accordance with the guidelines on the Annual Report as issued by National Treasury.
- The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.
- The Accounting Officer is responsible for the preparation of the Annual Financial Statements and for the judgements made in this information.
- The Accounting Officer is responsible for establishing and implementing a system of Internal Control that has been designed to provide reasonable assurance as to the integrity and reliability of the Performance Information, the Human Resources Information and the Annual Financial Statements.
- The external auditors are engaged to express an independent opinion on the Annual Financial Statements.
- In my opinion, the Annual Report fairly reflects the operations, the performance information, the human resources information and the financial affairs of the Department for the financial year ended 31 March 2016.

Yours faithfully



Dr S.T. Mtshali
Accounting Officer
KwaZulu-Natal Department of Health
Date: 23/08/2016

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3. STRATEGIC OVERVIEW

Vision

Optimal health for all persons in KwaZulu-Natal

Mission

To develop and implement a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care approach through the District Health System, to ensure universal access to health care.

Core Values

- Trustworthiness, honesty and integrity
- Open communication, transparency and consultation
- Professionalism, accountability and commitment to excellence
- Loyalty and compassion
- Continuous learning, amenable to change and innovation

Legislative and Other Mandates

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 mandate, 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 users in health institutions

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- *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:* Provisions 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):* Provides for the 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):* Provides for the creation and administration of an institution responsible for the State's information technology systems

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- *KwaZulu-Natal Health Act 2009 (Act No 1 of 2009):* Provides the legal framework for the rendering of Provincial health services within framework of the National Health Act, 2003

Government Policy Frameworks that govern the Department

- The Sustainable Development Goals
- Twelve Outcomes of National Government
- National Development Plan
- Provincial Growth and Development Strategy and Plan
- Provincial Poverty Eradication Master Plan
- Negotiated Service Delivery Agreement for Health
- National Health Insurance White Paper
- Human Resources for Health Policies and Frameworks
- Provincial Strategic Goals and Objectives
- Infrastructure: KwaZulu-Natal Planning and Development Act, No 6 of 2008; Regulations Regarding Communicable Diseases 2008; Emergency Medical Services Regulations 2015; Construction Regulation 2014; and Space Planning Norms and Standards for Office Accommodation used By Organs of State 2005.

Organisational Structure

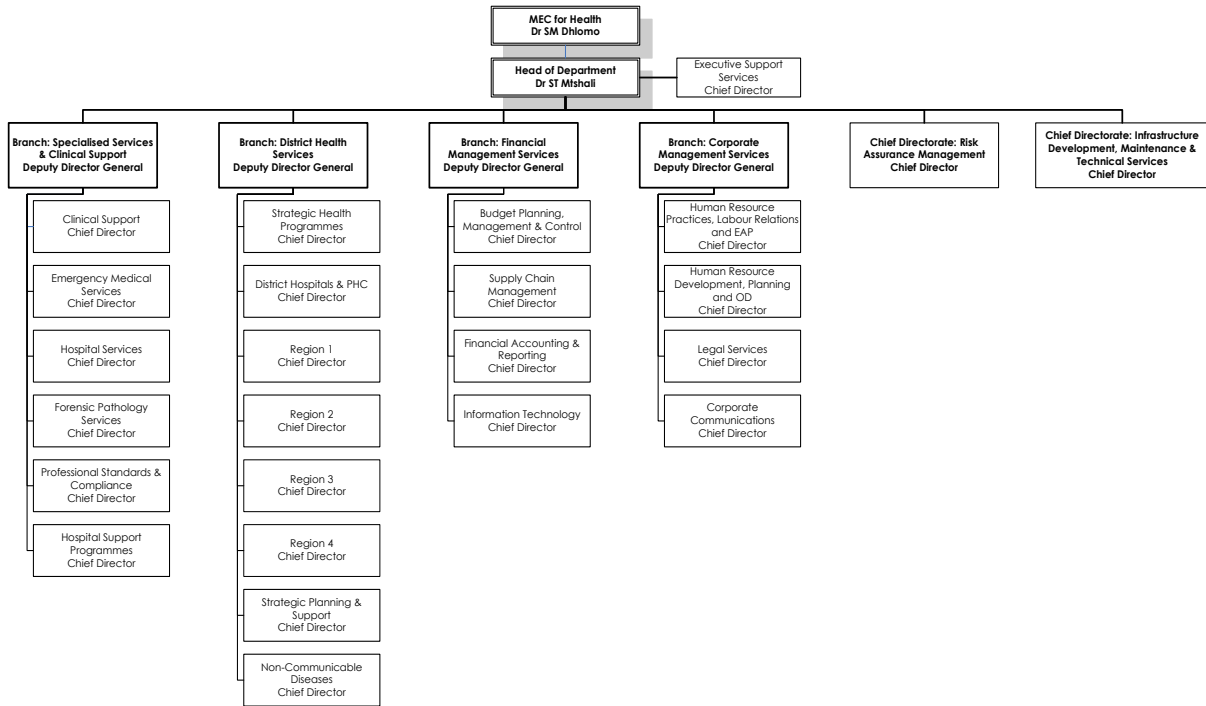
The macro organisational structure has been aligned with the mandates and core business of the Department to ensure effective leadership, oversight and support for all functions necessary that will enable optimal service delivery on all Departmental mandates as articulated in the National Health Act (Act No. 61 of 2003) and Amendments.

Figure 1 reflects the KZN Department of Health Senior Management Services approved structure (level 14 – 16) as at 31 March 2016. A decision was taken not to fill the four Regional Chief Director posts due to severe cost constraints, and service arrangements will be reconsidered during review of the macro structure to ensure effective leadership and oversight at all levels of care.

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Figure 1: Macro Organisational Structure



Entities Reporting to the MEC for Health

Table 3: Entities reporting to the MEC for Health

| Name of Entity | Legislative Mandate | Financial Relationship | Nature of Operations |
|--|--|---|--|
| The Provincial Pharmaceutical Supply Depot | Established in terms of the Public Finance Management Act, 1 of 1999 | The Head of Department is the Accounting Officer. | Trading Entity operating within the KwaZulu-Natal Department of Health. Responsible for the procurement and delivery of pharmaceuticals to health facilities |

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PART B: PERFORMANCE INFORMATION

- Auditor General Report on Predetermined Objectives
- Overview of Departmental Performance
- Programme 1: Administration
- Programme 2: District Health services
- Programme 3: Emergency Medical services
- Programme 4: Provincial (Regional) and Specialised Hospitals
- Programme 5: Central and Tertiary Hospitals
- Programme 6: Health Sciences and Training
- Programme 7: Health Care Support Services
- Programme 8: Health Facilities Management
- Transfer Payments
- Conditional Grants
- Donor Funds
- Capital Investment

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AUDITOR GENERAL REPORT ON PREDETERMINED OBJECTIVES

The Auditor-General of South Africa (AGSA) performs certain audit procedures on performance information to provide reasonable assurance in the form of an audit conclusion. The audit conclusion on performance against predetermined objectives is included under the heading “Report on other Legal and Regulatory Requirements” in the Report of the Auditor General.

Refer to Page 229 of the Report of the Auditor General published in Part E of this report.

4. OVERVIEW OF DEPARTMENTAL PERFORMANCE

Service Delivery Environment

According to mid-year population estimates, the KZN population increased from 10 694 434 in 2014 (2014 Mid-Year Estimates) to 10 919 077 in 2015 (2015 Mid-Year Estimates), and the uninsured population increased from an estimated 9 325 546 to 9 521 435 (General Household Survey). The majority of the population (60.8%) resides in eThekweni, Umgungundlovu and Uthungulu Districts, which are considered the economic hubs in the Province. When considering the population most likely to access public sector health care services (uninsured population), the highest proportion (26.7%) reside in eThekweni followed by Umgungundlovu (8.4%) and Uthungulu (7.7%).

Table 4 outlines the number of public health facilities in the Province during the reporting period.

Table 4: Public Health facilities

| District | PHC | | Hospitals | | | | | | |
|------------------|----------------------|-----------|---------------------|----------------|----------|----------|---------------------|-------------|----------|
| | Clinics ¹ | CHC's | District | Regional | Tertiary | Central | Tuberculosis | Psychiatric | Chronic |
| UGu | 54 | 2 | 3 | 1 | 0 | 0 | 1 | 0 | 0 |
| UMgungundlovu | 50 | 3 | 2 | 1 | 1 | 0 | 2 | 3 | 0 |
| Uthukela | 38 | 1 | 2 | 1 | 0 | 0 | 0 | 0 | 0 |
| UMzinyathi | 50 | 1 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| Amajuba | 25 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 0 |
| Zululand | 70 | 1 | 5 | 0 | 0 | 0 | 1 (+2) ² | 1 | 0 |
| Umkhanyakude | 57 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 |
| UThungulu | 61 | 1 | 6 | 1 | 1 | 0 | 0 | 0 | 0 |
| Ilembe | 34 | 2 | 3 | 1 | 0 | 0 | 0 | 0 | 0 |
| Harry Gwala | 39 | 1 | 4 | 0 | 0 | 0 | 1 | 1 | 0 |
| eThekweni | 111 | 8 | 3 (+1) ³ | 6 ⁴ | 0 | 1 | 3 ⁵ | 1 | 2 |
| KZN Total | 589 | 21 | 38 | 13 | 2 | 1 | 10 | 6 | 2 |

¹ Includes Provincial and Local Government clinics

² (2) State Aided Hospitals

³ McCords Hospital is classified as District Hospital but is rendering Specialist Eye Care Services. St Mary's (State Aided) has been added

⁴ King Edward VIII is classified as a Central Hospital – not rendering the appropriate package of services. For the year under review, the hospital is included under Regional Hospitals as per DHIS. Classification will be reviewed in 2016/17

⁵ FOSA TB Hospital closed down during 2015/16

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Comments on Table 4

- Catchment populations per clinic ranges between 4 500 and 36 600 with major service pressures in eThekweni, Umgungundlovu and Uthungulu Districts.
- Lower Umfolozi War Memorial Hospital (Uthungulu) and Newcastle Hospital (Amajuba), classified as Regional Hospitals, render Mother and Child services.
- King Dinuzulu Hospital (eThekweni), classified as Regional Hospital, renders predominantly District Hospital services (400 beds), limited tertiary services and Specialised TB and Psychiatric services.
- Ngwelezana Hospital (Uthungulu), classified as developing Tertiary Hospital, renders approximately 25% district, 42% regional and 33% tertiary services. There is no District or Regional Hospital in the UMhlatuze Municipality (Richards Bay area) which severely impacts on the development of tertiary services at Ngwelezana. Classification of the hospital will be reviewed.
- King Edward VIII Hospital (eThekweni), classified as Central Hospital, renders 50% regional and 50% tertiary services. The hospital is reported under Regional Hospitals in the DHIS as in this report. Classification of the hospital will be reviewed.
- St Aidens Hospital (eThekweni) is rendering very limited regional services with a very low bed utilisation rate. It is envisaged that the hospital will operate as an annexure to King Edward VIII Hospital in future. The package of services is under review.
- St Mary's Hospital (eThekweni) is a State Aided Hospital rendering critical services in eThekweni. Bed utilisation in the hospital is consistently more than 98%.
- Clairwood Hospital (eThekweni), classified as Chronic Hospital, renders mostly step-down services for eThekweni. The package of services is being reviewed.

Services delivered directly to the public

- *Community-based services:* Non-acute health services rendered at community and household level including health promotion/ education; screening and detection of health conditions; appropriate referral to health facilities; follow-up and support of patients on treatment; home-based care; school health services including implementation of health promoting schools; the management of MDR-TB patients at household level; and mental health and chronic care.

Ward-Based Outreach Teams (135), School Health Teams (124), TB Surveillance and Injection Teams, and Community Care Givers (10 473) have been deployed in communities as integral link between communities and health facilities. During the year under review, a total of 617 610 households were visited, Community Based Workers served 1 848 809 people, and Health Promoting Schools were increased to 297.

The Provincial Flagship Programme, Operation Sukuma Sakhe (OSS), with oversight from the Office of the Premier, provides the vehicle for inter-government integration at community level, which assist in integrating strategies to address the social determinants of health including (but not exclusive to) poverty eradication, provision of sanitation, water, electricity and waste removal in an integrated manner.

- *Primary Health Care (PHC) services:* Nurse driven health services provided at fixed facilities (clinics and CHCs) and mobile clinics. Services include PHC, maternal, child and women's health, services for communicable and non-communicable diseases and conditions, oral and dental health, environmental and port health, and nutrition. During 2015/16, a total of 30 745 821 patients were seen at clinics, CHCs and mobiles of which 16.9% were children under the age of 5 years.
- *Hospital services:* In and out-patient services rendered at District, Regional, Specialised, Tertiary and Central Hospitals. District Hospitals form part of the District Health System and include services at General Practitioner level with varying degrees of General Specialist services to improve access to these services in especially rural areas. Regional Hospitals render services at General Specialist level, and serve as referral for District Hospitals. All of these hospitals render a significant proportion level one services mainly due to location of hospitals. Specialised Hospitals provide acute and sub-acute care for psychiatric and TB patients. Tertiary and Central Hospitals provide highly specialised tertiary and quaternary services. During 2015/16, there were 717 386 inpatient separations and 5 781 146 patients were seen at outpatient departments.
- *Emergency Medical Services (EMS) and Patient Transport Services (PTS):* Services include emergency response, special operations, communication, aeromedical services, and patient transport services. Aeromedical services are provided

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by Air Mercy Services (AMS) using 1 fixed wing aircraft and 2 rotor wing aircraft (helicopters) based at Richard's Bay and King Shaka Airports. During 2015/16, there were 509 594 emergency cases and 208 628 inter-facility transfers. Aeromedical services responded to 1 285 cases.

- *Forensic Pathology Services:* Specialised Forensic Pathology Services are provided at 39 Medico-Legal Mortuaries.
- *Clinical Forensic Medicine:* Crisis Centres have been established in all District and Regional Hospitals within the Province to strengthen clinical medico-legal services with a focus on the management of survivors of violence (including rape and sexual assault).

Challenges and corrective steps taken

- *Incomplete community-based data:* The lack of an effective information system for community based data challenge appropriate analysis of value for money and impact of community based services on health services and health outcomes. Current data is incomplete and not linked with health facility catchment populations to inform trend analysis per catchment area and impact of outreach on specific communities. The Department is exploring different options to link community based data with the existing health information system (DHIS). Options, piloted in the NHI pilot districts, are being explored for rollout.
- *Inadequate budget:* The limited funding envelope limits expanding or scale up of services over all levels of care. Demand is exceeding availability of resources which impacts on service delivery, quality of services as well as output and outcome. The Department is in a process to rationalise hospital services, cognizant of demand and available resources. Re-prioritisation and active implementation of the savings plan have also been prioritised.
- *Hospital efficiencies:* Poor bed utilisation in especially District and Specialised Hospitals still remains a challenge. The Hospital Rationalisation Plan, with a focus on equitable distribution and optimal utilisation of resources, will address this.
- *Infrastructure:* Infrastructure demands remain extensive. The scale of demands versus funding envelope however results in a number of projects being put on hold. New facilities have been limited and stringent prioritisation implemented to ensure that pressure areas are being attended to. Ad hoc planning for infrastructure will be contained in the coming years to ensure compliance with long term plans.
- *Human resources for health:* Due to financial constraints and over-expenditure on Cost of employees, the filling of critical posts has been limited. This placed severe service pressures on service delivery at all levels of care. The Department commenced with consultations to inform the Essential Post List taking into consideration current budget constraints. A workload analysis commenced to determine specific pressure areas to inform prioritisation of posts.
- *Medical Legal Claims:* The escalating number of medico-legal claims remains a serious challenge. The Department is strengthening clinical governance as well as implementing various training programmes to improve clinical management and outcomes.

External developments that impacted on demand for services or service delivery

- *Population projections:* There remains an uncertainty about the accuracy of population information especially at sub-district and age-group level. This impact significantly on budget allocation as well as accurate analysis of data to project future trends to determine relevant resource allocation.
- *Increasing prevalence and co-morbidities of chronic diseases:* The escalating prevalence of chronic diseases/ conditions significantly increases service pressures at facility level without concomitant resources. Co-morbidities are more complex to treat and are more likely to require in-patient care. Diseases of lifestyle are amongst the top 10 conditions seen at health facilities, which underscore the importance of an integrated multi-sectoral response.
- *Socio-economic determinants of health:* Poverty and deprivation have a significant impact on health and can be intrinsically linked with malnutrition, HIV and TB. Drug and alcohol abuse is increasing rapidly in the Province and play a significant causative role in emergency cases and hospital admissions.
- *Medicine availability:* Regular stock outs due to unavailability of medicines procured through national tenders affect effective management of patients and compliance to treatment regimens.

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Service Delivery Improvement Plan

The Department did not publish an approved Service Delivery Improvement Plan for the reporting period, although there have been a number of quality improvement initiatives specifically targeted during the year. Patient satisfaction, as component of the Batho Pele Principles and Patient Charter, is one of the core focus areas of the National Core Standards including the Ideal Clinic Realisation and Maintenance initiative. Client satisfaction consistently forms part of facility Quality Improvement Plans following facility self-assessment to improve compliance with the National Core Standards. Focus of reporting in the section below will therefore focus on patient satisfaction in the required format.

According to data included in the District Health Information System (DHIS) it is evident that these surveys are still not prioritised at clinic level and strategies to address that will be fast tracked to improve performance. The main reason for patient dissatisfaction remains long waiting times, which is generally due to inadequate staff at facility level. The number of complaints received decreased slightly while the number of complaints resolved within 25 working days improved during the reporting year.

The Provincial Ombudsperson is providing the necessary leadership in the management, reporting and feedback following complaints. Close collaboration with facility management, Public Relations Officers, Quality Control and Clinical Managers ensures that complaints are managed at the appropriate levels.

Table 5: Main services and standards

| Main services | Beneficiaries | Current/ Actual standard of services | Desired standard of services | Actual achievement |
|-----------------------|---|--|---|---|
| Patient satisfaction | Public health beneficiaries and health care providers | Annual patient satisfaction surveys | Annual patient satisfaction surveys and feedback to health care users and staff | Annual patient satisfaction surveys conducted in 35% clinics and 69% hospitals |
| Complaints resolution | Public health beneficiaries and users | Patient complaints resolved within 25 working days | Complaints resolved within 25 working days | 93.6% of complaints received resolved within 25 working days. Complexities of some complaints resulted in extending the resolution period |

Table 6: Batho Pele arrangements with beneficiaries

| Current/ actual arrangements | Desired arrangements | Actual achievements |
|--|---|--|
| Consultation | | |
| <ol style="list-style-type: none"> 1. Consultation with stakeholders and service providers 2. Consultation and feedback to Clinic Committees and Hospital Boards | <ol style="list-style-type: none"> 1. Consultation with stakeholders and service providers 2. Consultation and feedback to Clinic Committees and Hospital Boards | <ol style="list-style-type: none"> 1. Active consultation with stakeholders and service providers in the 225 clinics targeted as Ideal Clinics. Other facilities consult during structured meetings as part of service delivery agenda 2. Regular consultation with established Clinic Committees and Hospital Boards |
| Access | | |
| <ol style="list-style-type: none"> 1. Adherence to official operating hours as per service board 2. Access to all health facilities 3. Adherence to signage requirements | <ol style="list-style-type: none"> 1. Adherence to official operating hours as per service board 2. Access to all health facilities 3. Adherence to signage requirements | <ol style="list-style-type: none"> 1. Partial adherence to official operating hours as per service board - not currently actively monitored and reported except in 225 clinics targeted as Ideal Clinics 2. Access to all health facilities 3. 45% of clinics and 100% hospitals compliant to signage requirements |
| Courtesy | | |
| <ol style="list-style-type: none"> 1. Structured complaints, compliments and suggestion system in place 2. Complaints resolved within 25 working days 3. Annual client satisfaction surveys conducted in all facilities 4. Verbal and written communication including pamphlets, brochures, posters and audio visual materials 5. Clinic Committee and Hospital Board | <ol style="list-style-type: none"> 1. Structured complaints, compliments and suggestion system in place 2. Complaints resolved within 25 working days 3. Annual client satisfaction surveys conducted in all facilities 4. Verbal and written communication including pamphlets, brochures, posters and audio visual materials 5. Clinic Committee and Hospital Board meetings | <ol style="list-style-type: none"> 1. Structured complaints, compliments and suggestion system in place and monitored by Quality Improvement Managers 2. 93.6% of complaints received have been resolved within 25 working days 3. Annual client satisfaction surveys were conducted in 35% of clinics and 69% of hospitals. Data are available from the DHIS. 4. Verbal and written communication, including notice boards, in all facilities |

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| Current/ actual arrangements | Desired arrangements | Actual achievements |
|---|---|--|
| meetings 6. Departmental Hotline for complaints 7. Patient Rights Charter displayed in all facilities 8. Relevant dress codes including identifying name badges 9. Queue marshals in facilities to reduce waiting times 10. Health Ombudsperson appointed 11. Batho Pele Change Agents 12. Patient satisfaction and complaints management monitored by Quality Assurance | 6. Departmental Hotline for complaints 7. Patient Rights Charter displayed in all facilities 8. Relevant dress codes including identifying name badges 9. Queue marshals established and functional in all facilities resulting in reduced waiting times 10. Health Ombudsperson appointed 11. Batho Pele Change Agents 12. Patient satisfaction and complaints management monitored by Quality Assurance | 5. Regular meetings with established Clinic Committees (380) and Hospital Boards (69) 6. Hotline information displayed on notice boards 7. Patient Rights Charter displayed in all sections of facilities 8. All staff wears relevant dress codes including identifying name badges 9. Queue marshals not functional in all facilities, and waiting time measurement not standardised for actual monitoring 10. Health Ombudsperson appointed 11. 100 Batho Pele Change Agents trained and functional 12. Patient satisfaction and complaints management managed by Quality Assurance in all facilities |
| Openness and Transparency | | |
| 1. Direct feedback and notice boards 2. Clinic Committee and Hospital Board feedback 3. Annual Provincial Consultative Health Forum meeting | 1. Direct feedback and notice boards 2. Clinic Committee and Hospital Board feedback 3. Annual Provincial Consultative Health Forum meeting | 1. Direct feedback and feedback placed on notice boards 2. Feedback during Clinic Committee and Hospital Board meetings in all facilities with established Committees/ Boards 3. Provincial Consultative Health Forum meeting held and attended by 500 delegates |
| Value for Money | | |
| 1. PHC expenditure within budget | 1. PHC expenditure within budget | 1. Over-expenditure of R 20.645 million |

Table 7: Service delivery information tool

| Current/ Actual information tools | Desired information tools | Actual achievements |
|---|---|--|
| 1. Direct feedback, notice boards and feedback through Clinic Committees and Hospital Boards 2. Verbal and written communication including pamphlets, brochures, posters and audio visual materials 3. Signage indicating names and location of facilities, hours of operation and package of services 4. Training booklet on Batho Pele | 1. Direct feedback, notice boards and feedback through Clinic Committees and Hospital Boards 2. Verbal and written communication including pamphlets, brochures, posters and audio visual materials 3. Signage indicating names and location of facilities, hours of operation and package of services 4. Training booklet on Batho Pele | 1. Notice boards in place in all facilities with displays of the Patient Rights Charter and Batho Pele Principles. Facility statistics displayed in administration buildings. Feedback through established Clinic Committees and Hospital Boards 2. Verbal and written communication available in all facilities 3. Partial compliance with signage standards 4. Training booklet on Batho Pele issued during training and orientation of staff |

Table 8: Complaints mechanism

| Current/actual complaints mechanism | Desired complaints mechanism | Actual achievements |
|---|--|--|
| 1. Health Ombudsperson | 1. More vigorous feedback to communities – active community involvement through Clinic Committees and Hospital Boards. | 1. Health Ombudsperson appointed |
| 1. Structured complaints, compliments and proposal mechanisms 2. Annual client satisfaction surveys 3. Health Ombudsperson managing complaint management including feedback | 1. Structured complaints, compliments and proposal mechanism 2. Annual client satisfaction surveys 3. Health Ombudsperson managing complaint management including feedback | 1. Structured complaints, compliments and proposal mechanism in place. Complaints and compliment boxes situated in all facilities within reach of health care users. Public Relation Officers and Quality Assurance Managers manage opening of boxes and follow up on resolution of complaints. 2. Annual client satisfaction surveys conducted in 35% clinics and 69 hospitals 3. Health Ombudsperson operational |

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Organisational Environment

The main purpose of the Department is to develop and implement a sustainable, coordinated, integrated and comprehensive health system encompassing promotive, preventive, curative, rehabilitative and supportive/palliative care. This is guided by the principles of accessibility, equity, community participation, appropriate technology, and inter-governmental/ inter-sectoral collaboration.

Table 9 : SMS Appointments, Resignations, Transfers and Retirements

| Appointment | Transfer-in | Retirement | Resignation | Contract Expired |
|--|---|---|---|--|
| 1. N Singh: Director Medical Technology (2 December 2015) | 1. A Ngcobo: Director Strategic Information Management (1 April 2015) | 1. DT Memela: Director Zululand District (9 March 2016) | 1. N W Sithole: Chief Director Emergency Medical Services (7 August 2015) | 1. Dr SM Zungu: Head of Department (5 November 2015) |
| 2. Dr A S Mndaweni: Deputy Director-- General District Health Services (21 January 2016) | 2. ZT Nxumalo: Director Special Investigations (30 September 2015) | | 2. Dr GBC Khawula: Chief Executive Officer Port Shepstone Hospital (19 February 2016) | 2. SGM Mnyango: Director Joint Management Team - Secretariat (28 November 2015) |
| 3. TC Mngqithi: Director Environmental Health (15 January 2016) | | | | 3. Prof VR Gumbi: Chief Executive Officer Prince Mshiyeni Memorial Hospital (4 April 2015) |

Source: PERSAL

Restructuring

The Departmental organisational structure is reviewed on an annual basis based on service delivery needs/ demands, operational requirements and improved models of functionality. Through a process of extensive consultation and workflow analysis the organisational design are investigated and if approved implemented through a process of organisational development.

A review of the macro structure of the Department in terms of purpose and function, level, responsibility, span of control and job requirement was conducted with the view to improve leadership and oversight and promote cohesion in service delivery. The review took into consideration the budget limitations as well as current service arrangements and output.

The review of facility organisational structures also commenced to align with reviewed classifications and service packages. WISN is used to guide minimum staffing norms although consideration is given to individual work flow analysis due to the mixture of package of services rendered in most of the KZN facilities. Complexing of hospitals, to ensure optimal functioning and utilisation of resources, require further consultation.

Strike action

During 2015/16, a total number of 12 working days were lost due to strike action at a total cost of R788 million. A total amount of R763 million was recovered.

Significant system failure

There were no significant system failures during the period under review.

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Key Policy Developments and Legislative Changes

Key Policy Developments

90-90-90 Strategy for HIV, AIDS and TB

The strategy makes provision for new global targets. Implementation plans have been developed to facility level and are being monitored on monthly bases. Targets include:

- *HIV and AIDS:* 90% of all people living with HIV know their HIV status; 90% of people with diagnosed HIV infection receive sustained ART; 90% of all people receiving ART have viral suppression.
- *TB:* 90% of high risk and vulnerable groups screened for TB - if no active TB, initiate preventative therapy for eligible persons; 90% of prevalent TB diagnosed and treated - if HIV co-infected, initiate ART; 90% of TB treated successfully - If drug-resistant, 75% success rate.

Massive TB screening in Cities

The Deputy President, Mr Cyril Ramaphosa, launched the campaign linked to new targets adopted by South Africa to underpin an enhanced national response on 24 March 2015. The Ministry of Health, working in partnership Johnson and Johnson with the USAID TB Care II South Africa, is leading this campaign. Although eThekweni was selected for the campaign in KZN, the Province rolled out the campaign to all districts for maximum impact.

Regimen change for MDR and XDR TB

The introduction of 3 new drugs i.e. Delamanid, Linezolid and Bedaquiline, used with current drugs, for the management of MDR-TB with adverse effects, pre-XDR-TB and XDR-TB. Initiation of the new regimen started at King Dinuzulu Hospital (Provincial Centre of Excellence) and Doris Goodwin Specialised TB Hospital which is supported by the Edendale internal medicine discipline. Use of the new regimen requires extended admission to manage patients.

Legislative changes

There are no legislative changes for the period under review.

Strategic Outcome Oriented Goals

The KZN Department of Health 2015-2019 Strategic Goals are:

1. Strengthen health system effectiveness
2. Reduce the burden of disease
3. Universal health coverage
4. Strengthen human resources for health
5. Improve quality of health care

STRATEGIC GOAL 1: STRENGTHEN HEALTH SYSTEM EFFECTIVENESS

Finalisation of the Provincial Long Term Plan (LTP)

The LTP, including Human Resources, Infrastructure, Information Communication Technology and Hospital Rationalisation Plans, is being consulted for finalisation. Funding constraints require review of previous proposals and other innovations/

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scenarios are being explored to make the plan more cost effective. The Plan will take into consideration requirements of other national plans and frameworks, including the National Development Plan.

Information Management

Consistent improvement in completeness and quality of data has been noted. A revised Audit Improvement Plan has been implemented addressing audit findings with a marked improvement in inconsistencies between source and system data. The development and implementation of the web-DHIS is ongoing in NHI districts (NDOH initiative), and will be rolled out to other districts in 2016/17 (National mandate). Options are being explored to improve community based data by linking it to the DHIS system. Information systems, developed in NHI districts, will be investigated for possible rollout.

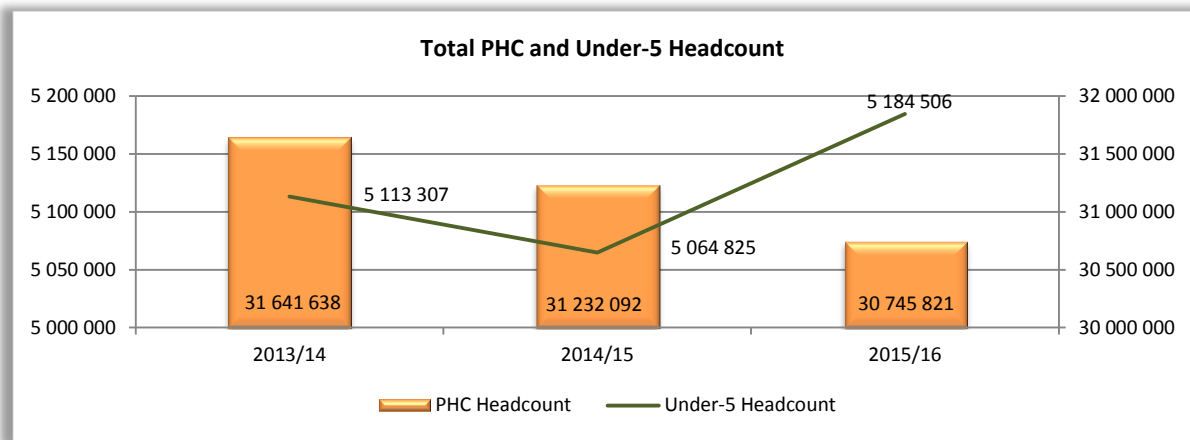
PHC Re-Engineering

Local Government clinics in all districts have been provincialised with the exception of eThekweni Metro where services are being rendered through a Service Level Agreement.

The Ideal Clinic Realisation and Maintenance initiative has been prioritised during 2015/16, and 225 clinics were targeted in the first phase rollout of the programme. Of the targeted clinics, 141 (62.2%) scored above 80% against the Ideal Clinic standards.

PHC headcount shows a decreasing trend since 2013/14 (31 641 638 to 30 745 821) which may be partly due to improved service delivery at community level with household contacts increasing from 40 092 to 617 610 in 2015/17 (Graph 1). Ward-Based Outreach Teams (135) and School Health Teams (214) have been deployed at community level to improve access to health services at household level. Recruitment and appointment of specialist staff for District Clinical Specialised Teams remains a challenge due to the limited pool of human resources and high turn-over rate.

Graph 1: PHC headcount

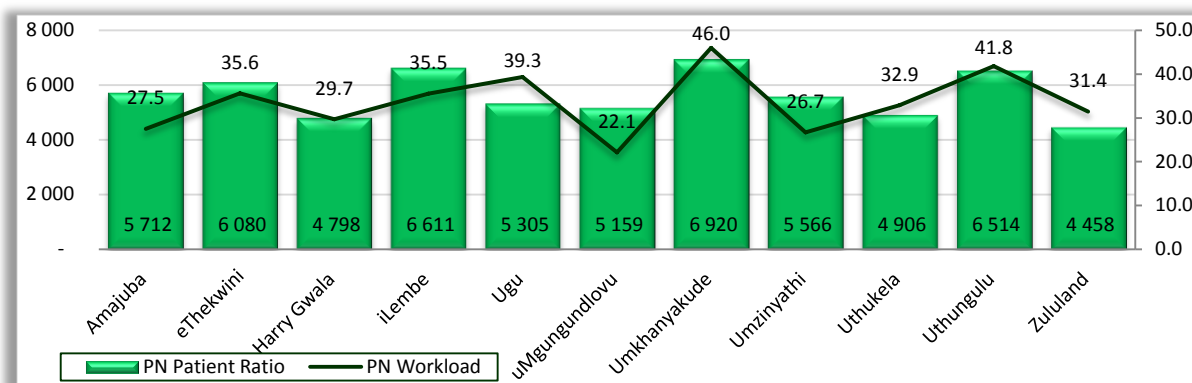


Source: DHIS

Inequities in allocation of staff are still evident when analysing workload at facility level (Graph 2). Compared to the norm of 35 patients per Professional Nurse (PN) per day, pressure areas are clearly illustrated in the graph below. This informs prioritisation in filling of posts taking into consideration the limited funding envelope for Cost of employees (CoE).

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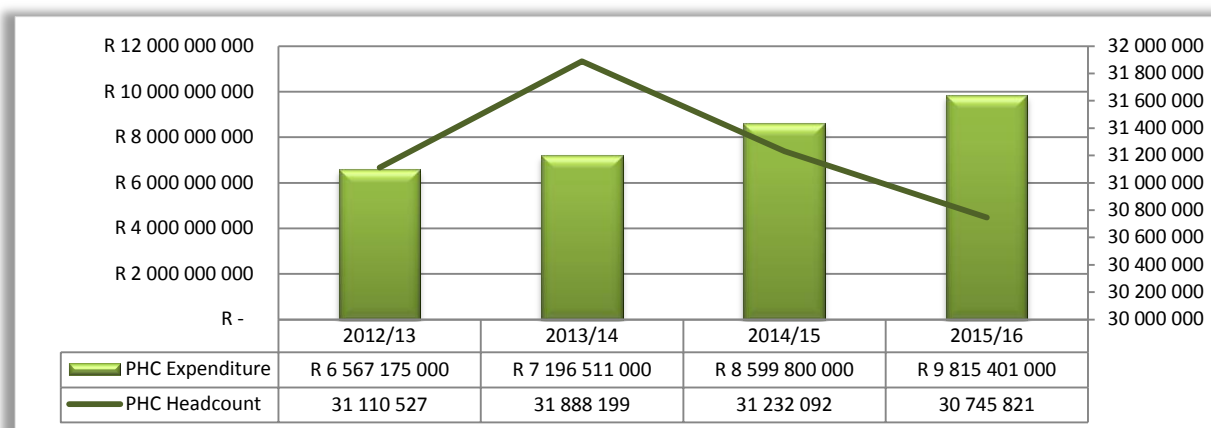
Graph 2: PHC clinic efficiencies



Source: DHER Report 2015/16

Expenditure per PHC headcount increased significantly year on year since 2012/13, while the PHC headcount shows a consistent decrease since 2013/14. The reason for the peak in 2013/14 is unclear although it is suspected that it might be data quality issues e.g. double counting of patients at clinic level. This is being investigated. The increase in actual Expenditure per headcount (33% or R3 248 million) has outstripped the decrease in headcounts (1.2% or 364 706 headcount drop). The considerable increase in the number of patients on ART, down referred to PHC, contributes to increased cost for pharmaceuticals at PHC level.

Graph 3: PHC expenditure versus PHC headcount



Source: DHIS and DHER Report 2015/16

Improving Hospital Efficiencies

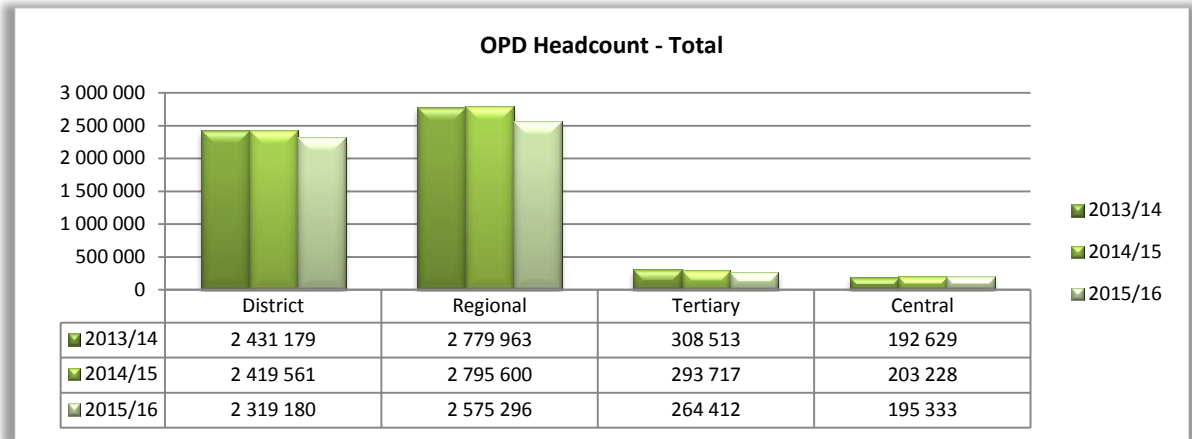
Efficiencies of especially District and Specialised Hospitals are below the expected norm. Bed utilisation rates for these hospitals range between 33.3% and 95.2% and the increased cost of inefficient utilisation of resources remains a concern. Nineteen (47.5%) District Hospitals and 8 (47%) Specialised Hospitals reported utilisation rates below 60%, and only 3 District and 3 Specialised Hospitals reported utilisation rates of more than 75%. The Hospital Rationalisation Plan, currently being consulted for finalisation will address these inefficiencies as part of optimisation of services and cost saving initiatives.

There is a consistent decrease in the patient footprint at outpatient departments at all levels of care (Graph 4). It is not yet clear if this can be attributed to improved management at lower levels of care, improved referral, or a shift in the disease burden which is being investigated. Admission rates per 1000 population shows a decrease at all levels of care between 2014/15 and 2015/16, except for psychiatric services which increased significantly (Table 10). Implementation of the mental health strategy has been prioritised to improve access to services.

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Graph 4: OPD headcount



Source: DHIS

Table 10: Admissions per 1000 population

| Hospitals | 2014/15 | 2015/16 |
|-------------------------|---------|---------|
| District | 33.5 | 32 |
| Regional | 28 | 27 |
| Specialised TB | 0.19 | 0.19 |
| Specialised Psychiatric | 0.37 | 1.17 |
| Tertiary | 2.30 | 2.10 |
| Central | 2.30 | 2.10 |

Source: DHIS and Stats SA

Private Licensing

There are currently 52 licensed private facilities in the Province making provision for 5 875 beds. A total of 52 approved facilities have not been developed (5 173 beds), which affected approval of other applications within the same catchment area. Approvals 5 years and older were requested to provide proof of funding and acquisition of a building site to review reasons for delays. A number of facilities withdrew their applications while others were given a grace period to start construction of facilities.

Forensic Pathology Services (FPS)

There are 39 mortuaries in the Province. The Department procured 20 mortuary pick-up vans and 4 disaster trucks to strengthen the existing fleet. According to data, 78.7% of post mortems were conducted for intentional and unintentional injury and 12.6% for natural causes. A turn-around strategy will be developed for this service to address service challenges.

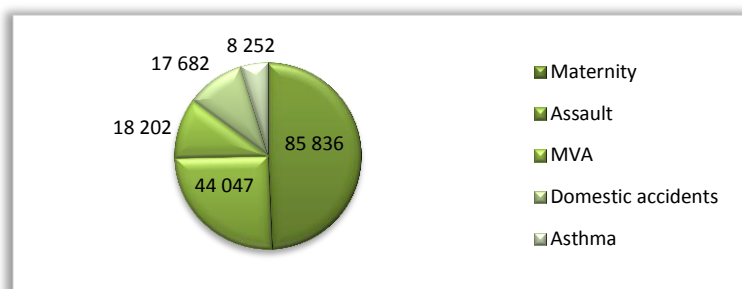
Emergency Medical Services (EMS)

During 2015/16, there were 194 operational ambulances out of the 290 scheduled operational ambulances. The aged fleet of ambulances increasing down time for repairs as well as inadequate staffing numbers all impacted negative on response times. Infrastructure challenges need to be resolved (ambulance bases) although the decrease in the infrastructure budget resulted in a significant number of projects being put on hold indefinitely. The Patient Transport Service (PTS) Hubs

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established in Uthungulu, UMgungundlovu and eThekweni improved PTS functionality significantly. Graph 5 indicates the top 5 emergencies during 2015/16, with maternity cases 49.3% of the total number of cases.

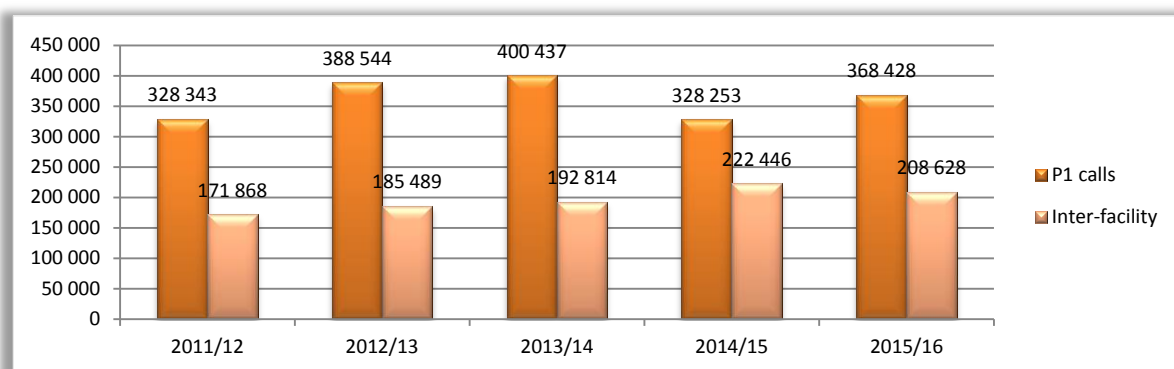
Graph 5: Top 5 emergencies



Source: EMS database

Response times show a consistent decrease since 2010/11. For that reason the EMS Model is under review and a turn-around strategy is being developed to improve efficiencies using innovative transformation in line with new reforms prescribed in the new EMS Regulations and National Emergency Care Education and Training (ECET) Policy. Graph 6 gives an overview of the trends in emergencies and inter-facility transport over the last 5 years.

Graph 6: Priority 1 calls versus inter facility transport



Source: EMS database

Pharmaceutical Services

The Department started with the implementation of an Early Warning System (Stock Visibility Solution) for medicine stock-outs to improve pro-active intervention. The current Direct Delivery Voucher (DDV) strategy is being strengthened and expanded through the establishment of the Provincial Medicine Procurement Unit (PMPU), which will later be augmented with the Cross-Docking methodology of distributing pharmaceutical supplies. These models will relieve pressure on the Depot and allow the Depot to hold stock of a select number of items as buffer stock to ensure uninterrupted availability of essential medicines and related supplies. Implementation of the Centralised Chronic Medicines Dispensing and Distribution (CCMDD) Model is progressing well and being rolled out to all districts.

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STRATEGIC GOAL 2: REDUCE THE BURDEN OF DISEASE

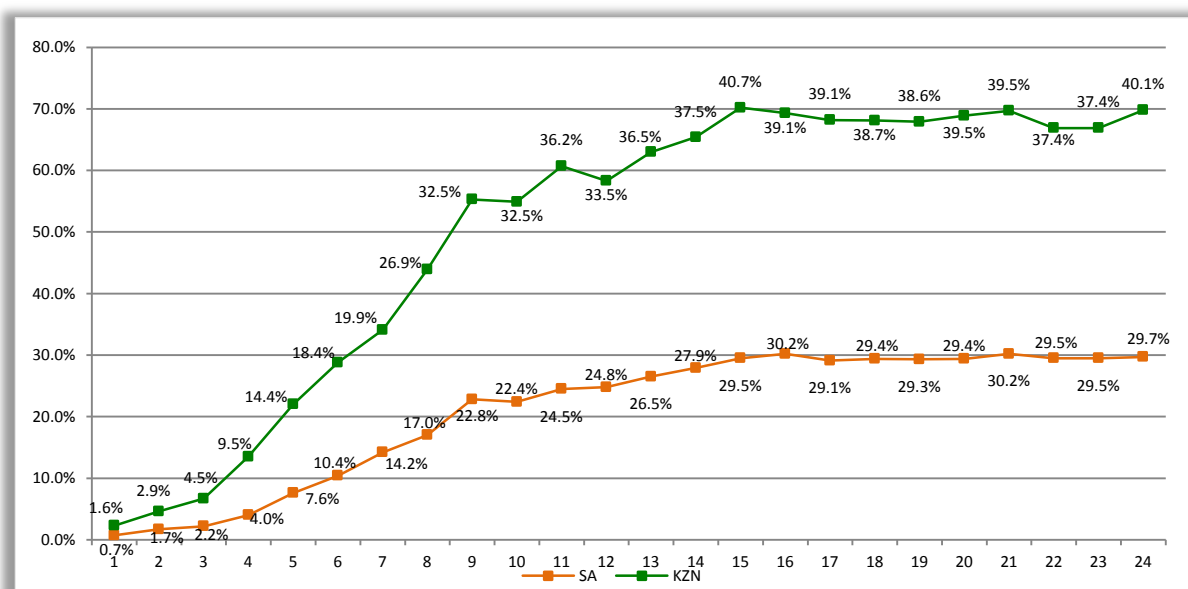
According to the Stats SA Mid-year Estimates (2015), the life expectancy for males increased from 51 to 57 years and for females increased from 53.3 to 58.4 years between 2006-2011 and 2011-2016.

The leading causes of mortality over the past 15 years remained TB and HIV with cardiovascular and other infectious diseases also ranking high. Lifestyle diseases are increasing and all efforts have been made to promote healthy lifestyles. Early detection and screening have been high on the agenda during the year.

HIV, AIDS and STIs

KZN reported the highest HIV prevalence among pregnant women in South Africa for the past 13 years (Graph 7). In 2013, two out of every five women attending antenatal care in public health clinics in KwaZulu-Natal were HIV positive. The high prevalence rate may be partly due to the declining mortality as a result of increased and early access to ante-retroviral therapy (ART).

Graph 7: HIV prevalence curve among antenatal women in KZN 1990 - 2013



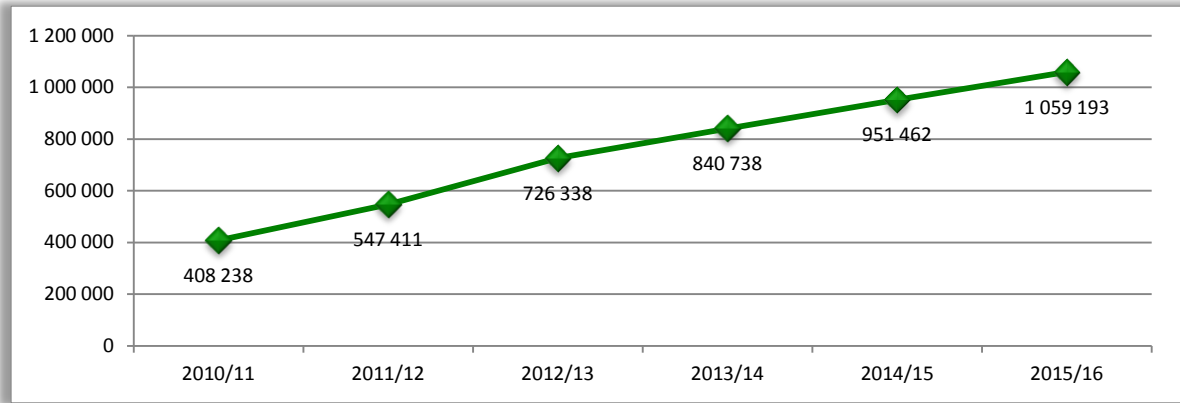
Source: 2013 National Antenatal Sentinel HIV Prevalence Survey SA

Between 2010/11 and 2015/16, the patients remaining on ART increased with 650 955, and passed the 1 million mark in 2015/16 (Graph 8). The Department started with the implementation of the 90-90-90 strategy for HIV, AIDS and TB in 2015/16, and a total of 2 627 230 people were counselled and tested for HIV and 572 363 medical male circumcisions were performed. The high number of teenage pregnancies remains a concern and numerous campaigns have been launched, under stewardship of the MEC for Health, as part of a prevention strategy.

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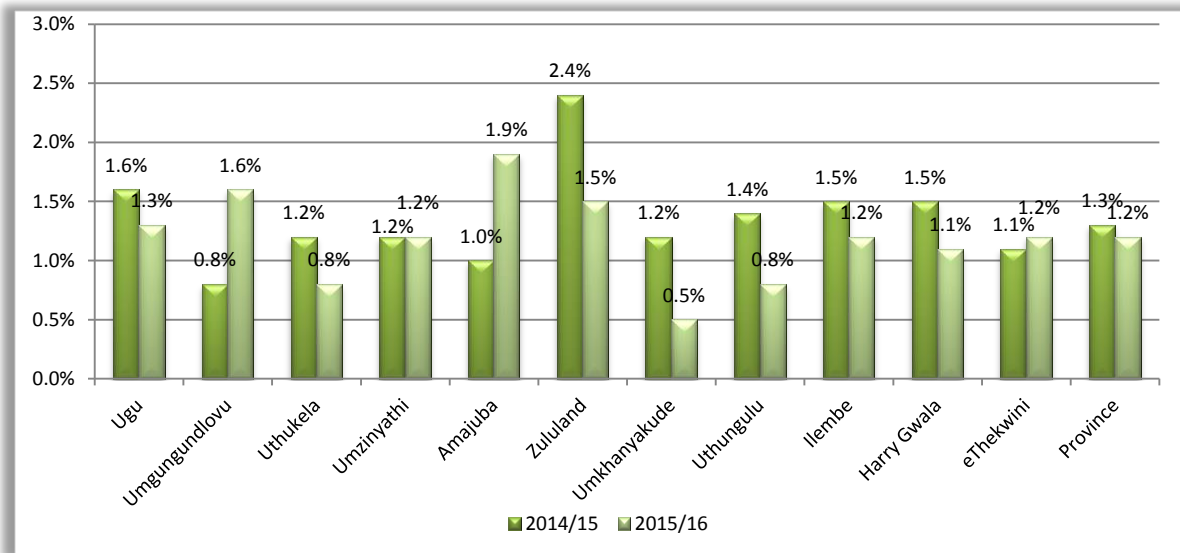
Graph 8: Clients remaining on ART



Source: DHIS

The mother to child transmission of HIV decreased year on year from 4% in 2011/12 to 1.2% in 2015/16 and remains one of the lowest in the country. 97.6% of eligible antenatal women have been initiated on ART during the reporting year increasing from 82.7% in 2014/15.

Graph 9: First PCR test positive around 6 weeks



Source: DHIS

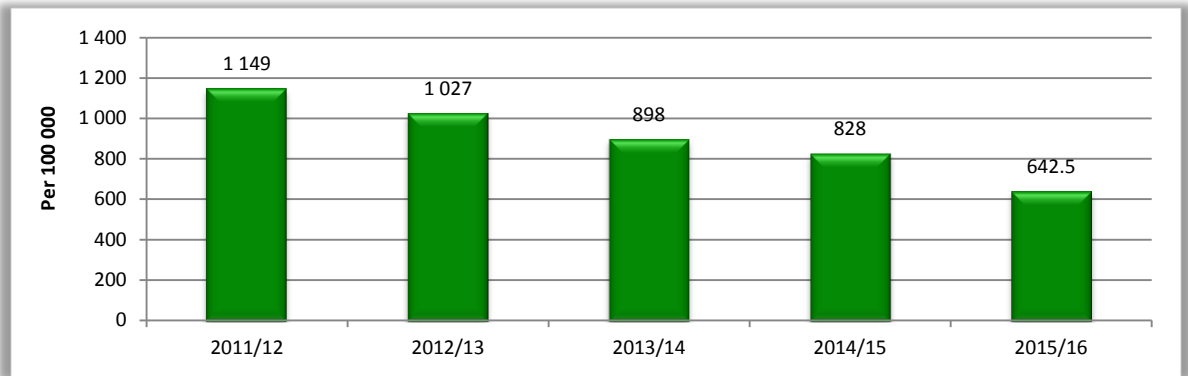
Tuberculosis

The Provincial TB incidence (Graph 10) and TB death rate (Graph 11) both show consistent decrease between 2011/12 and 2015/16. This is as a result of massive TB screening campaigns taking place in health facilities and communities as well as prompt diagnosis through GeneXpert. Through campaigns and prompt testing, people with TB are detected early before it is transmitted and before patients complicate which reduce chances of death. Drug-resistant TB is increasing with a current incidence of 26.8 cases per 100 000 population. This increase is ascribed to the prompt diagnosis by GeneXpert and LPA testing which takes less time compared to culture testing which was used previously. There are 19 DR-TB (Drug-Resistant Tuberculosis) management units in the Province.

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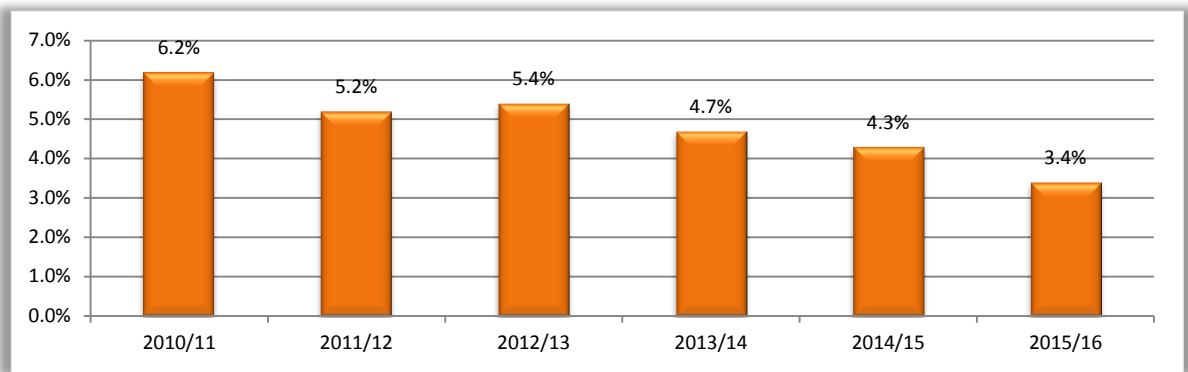
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Graph 10: TB incidence per 100 000 population



Source: TBR.Net

Graph 11: TB death rate



Source: TBR.Net

Maternal, Child and Women's Health

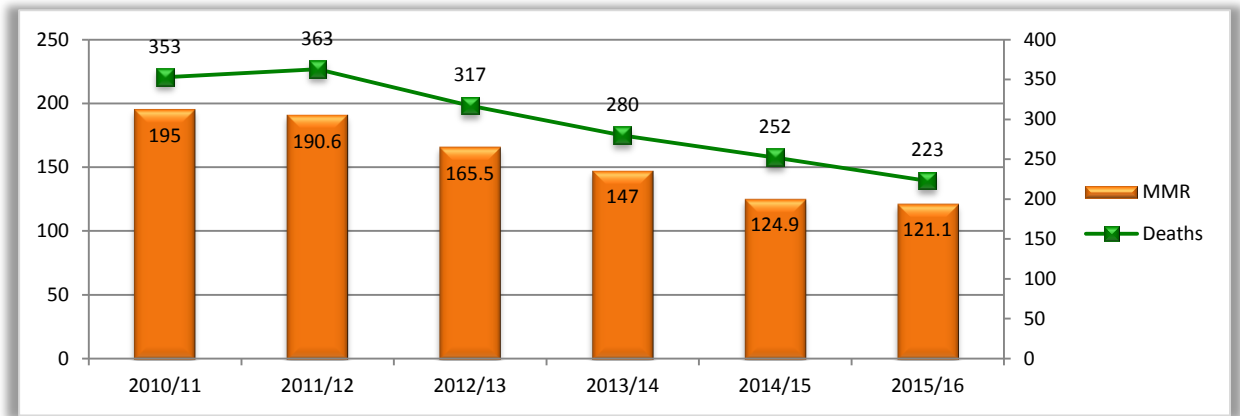
The maternal mortality in facility ratio shows a consistent decline since 2010/11 (Graphs 12 and 13). According to the Confidential Enquiries into Maternal Deaths, non-pregnancy related infections, mostly HIV, AIDS and TB, are still the leading contributing factors in maternal mortality. Late reporting of maternal deaths and inconsistency of data between the DHIS and MaMMAS (Maternal Morbidity and Mortality Audit System) remains a challenge. District Clinical Specialist Teams is assisting to ensure that all maternal deaths are reported within 3 days.

Antenatal care visits before 20 weeks increased from 57.3% to 64.8% in 2015/16. During the year under review the Department trained CCGs in all districts to do pregnancy tests at household level in an effort to improve pregnancy outcomes.

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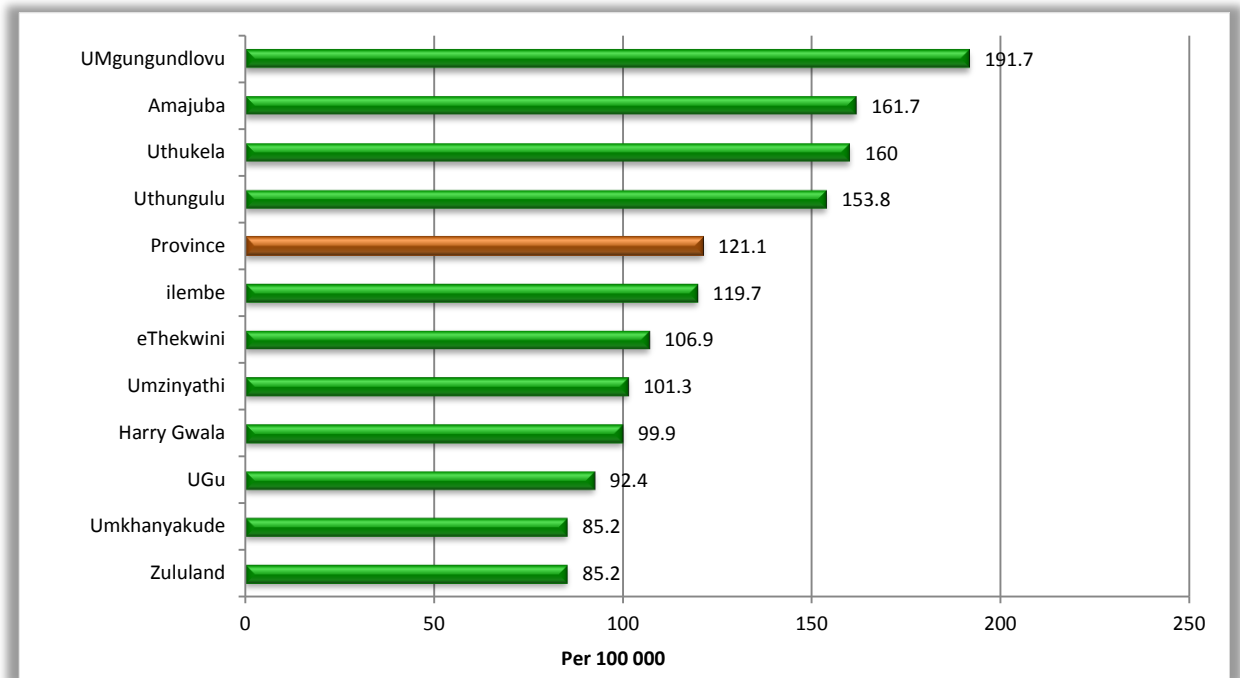
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Graph 12: Maternal mortality in facility ratio



Source: DHIS

Graph 13: Maternal mortality in facility ratio per district



Source: DHIS

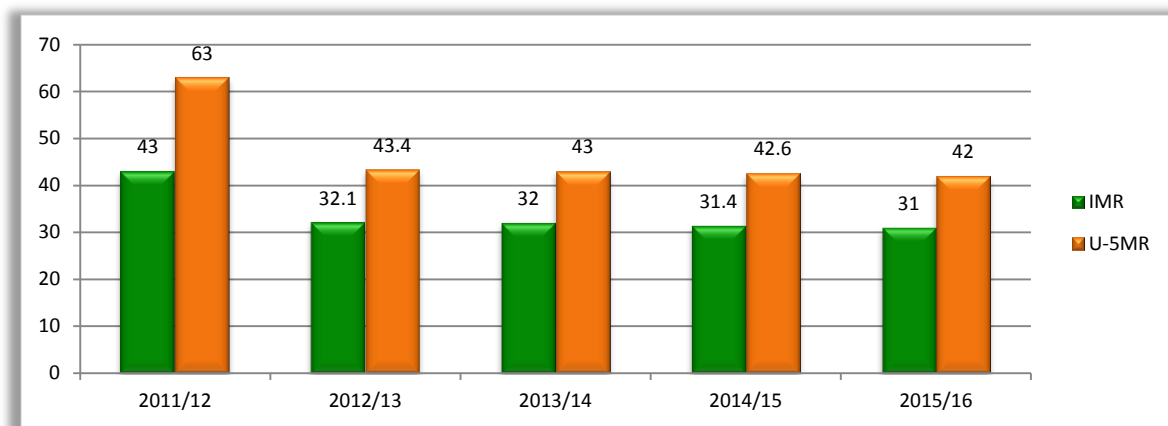
Child health

Between 2014/15 and 2015/16, diarrhoea with dehydration incidence decreased from 11.7/1000 to 10.4/1000; pneumonia incidence from 86.1/1000 to 74.5/1000; and severe acute malnutrition from 6.3/1000 to 5.3/1000. Infant and under-5 mortalities show a consistent decrease year on year since 2011/12 (Graph 13).

The main causes of child morbidity and mortality in KZN remain diarrhoea, pneumonia, malnutrition, HIV/AIDS, and neonatal causes. The non-availability of reliable community-based surveillance data to verify the impact of child health programmes remains a challenge

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Graph 14: Infant and Under-5 mortality



Source: Stats SA and RMS

Between 2014/15 and 2015/16, diarrhoea case fatality rate decreased from 3% to 2.2%; pneumonia case fatality rate remained stable at 2/2%; and severe acute malnutrition case fatality rate decreased from 10.4% to 7.7%. Intensified programmes including morbidity and mortality meetings and improved clinical management contributed to this positive outcome.

Table 11: Diarrhoea, Pneumonia and Severe Acute Malnutrition admissions and deaths

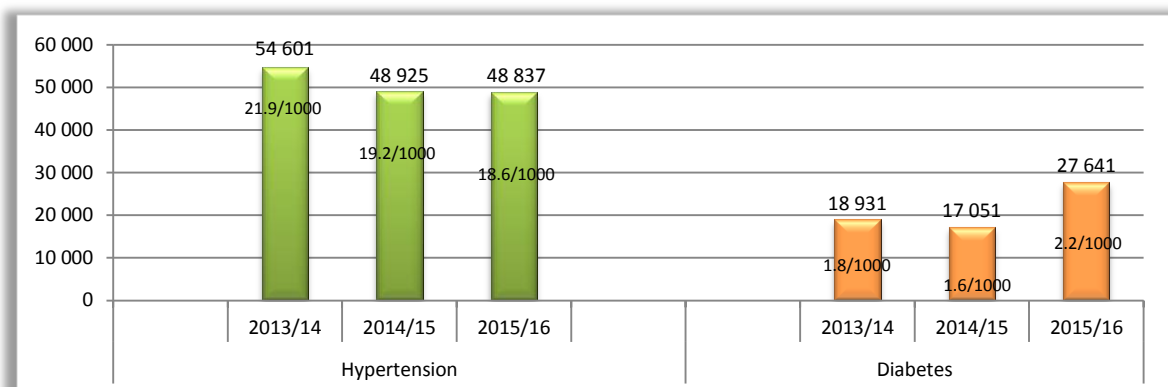
| | 2012/13 | | 2013/14 | | 2014/15 | | 2015/16 | |
|--------------------------|-----------|-------|-----------|-------|-----------|-------|-----------|-------|
| | Admission | Death | Admission | Death | Admission | Death | Admission | Death |
| Diarrhoea | 8 669 | 375 | 11 813 | 387 | 11 578 | 347 | 10 259 | 221 |
| Pneumonia | 7 945 | 206 | 9 489 | 304 | 11 011 | 300 | 11 215 | 308 |
| Sever Acute Malnutrition | 3 162 | 345 | 3 466 | 336 | 3 880 | 405 | 3 664 | 281 |

Source: DHIS

Non-Communicable Diseases

Hypertension, cancer, diabetes (type 2 most common) and concurrent diabetes and hypertension are the most common non-communicable diseases admitted in KZN public health hospitals. The most common cancers admitted are cancer of the cervix, breast and the oesophagus. Between 2010/11 and 2015/16, the diabetes incidence decreased from 3 to 2.2/ 1 000, and the hypertension incidence decreased from 29.8 to 18.6/ 1 000 (DHIS). During the reporting year, a total of 7 706 460 people were screened for hypertension, 5 685 791 for diabetes and 1 135 000 for mental disorders.

Graph 15: Hypertension and Diabetes new cases and incidence (DHIS)



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Malaria

Three districts (Umkhanyakude, Zululand and Uthungulu) are endemic to malaria in KZN, with approximately 2.5 million people (or ±22.7% of the total population in the Province) at risk of contracting the disease. The malaria incidence decreased from 1.08 in 2013/14 to 0.8 per 1 000 population at risk in 2015/16. Between 2000 and 2015, new malaria cases decreased from 41 786 to 502 and deaths from 340 to 5 (KZN Malaria database).

STRATEGIC GOAL 3: UNIVERSAL HEALTH COVERAGE

Infrastructure Development

As a result of an inadequate budget, a total of 44 projects had to be put on hold during the year under review.

The most significant projects completed during the year under reporting include:

- Dannhauser New Community Health Centre (R200 million).
- Church of Scotland - New (Replace) Paediatric ward with Male and Female TB wards (R42 million).
- Murchison Hospital General & T B Wards (R66 million).
- Newcastle Hospital - Construction of a new Pharmacy & Physio department (R12.5 million).
- Addington Hospital - Refurbishment and Rehabilitation of the Hospital Core Block (R185.5 million).
- Emmaus Hospital - New OPD, Casualty/Trauma Unit X-Ray and Related Facilities (R138 million).
- Lower Umfolozi War Memorial Hospital: Additions and Alterations to Existing Hospital (R426.7 million).
- The Newcastle Hospital (Amajuba Maintenance Programme) - Upgrade of Existing Streamline and Minor works (R7.3 million) - "Big Bang" NDOH Maintenance project.
- Madadeni Hospital (Amajuba Maintenance Programme (MadHspt)) - Maintenance and Upgrading of Existing Parking Facilities (R3.5 million). "Big Bang" NDOH Maintenance project.
- G J Crookes Hospital - New Core block: Completion contract of phase 2-4: Casualty, Trauma and Admissions (R138 million).

Major projects in construction

- New Mkhuphula and Msizini Clinics. Projects originally started through the Nanza Turn Key initiative in 2009/10 but had to be cancelled and is now being finalised through IDT.
- Mkhuphula (R11 million) - 89% completion. Contractor's poor performance is delaying the project.
- Msizini (R7.5 million) - 81% completion. Second contractor on site as the contract with the previous contractor was terminated. Ongoing labour disputes and unrest which is delaying the project.
- New Usuthu Clinic (R25.6 million) – 99% complete. The ceded contract has been terminated due to non-performance, and completion contract started on site on 10 February 2015.
- New Jozini Community Health Centre (R232.5 million) - 99% complete. The project is being held-up due to the municipality not being able to supply potable water to the institution.
- Ex- Boys Model School Major Repairs and Renovations (R46.3 million) – 55% at 79% of time. The Department has acquired the Old Boys Model School which is currently under renovation and will accommodate the SCM staff currently housed at Capital Towers. Progress on site has been extremely inconsistent, slow and not in line with the contract period.
- New Mpophomeni clinic (Completion contract) (R4.7 million) - 19% complete.
- Charles Johnson Memorial Hospital: Upgrade of Staff Residences (R13.2 million) - 15% complete.
- Natalia Office block: Phase 2 Electrical Upgrade (R11.3 million) - 2% complete.
- Benedictine Hospital: Nurse's Residences (R38.4 million) - 55% complete.
- Mbongolwane Hospital: R & R and additions to staff Accommodation (R17.6 million) - 99% complete. Contractor has cash flow challenges and he has applied the waiver of penalties to DoPW to complete the project.
- Inanda C CHC: Additions and Alterations to Administration Block (R 27.2 million) - site progress 97% against 187% time lapsed.
- King Edward VIII Hospital: Upgrade Family Clinic (R39 million) - 94% complete.

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- Ngwelezane Hospital: New 3-storey, 192 Bed Adult In-patient Surgical Accommodation incl. New Crisis Centre, Perimeter Fencing and Demolish Wards E, F, G, H and Relocate Crisis Centre Park home (R260 million) - 30% complete against time lapsed of 40%.
- Dr Pixley Ka Isaka Seme Memorial Hospital New 500 bed Regional hospital, new 500 bed Regional Hospital serving communities of Inanda, Ntuzuma and KwaMashu (R2.946 billion project) – This project put a strain on the budget as for the next three financial years it will attach ¼ to ½ of the budget. Construction slightly behind in month 12 of a 45-month contract. Time lapsed is 24%, Expenditure = 11% and Overall Physical Progress = 17%
- KZN Children's Hospital: Phase 3 – Strategic Project (R39 million of which the Department paid R20 million). Development is being done in phases and mainly through Donor funding. Phase 3 is 69% complete against 65% time (revised) lapsed.
- Madadeni Hospital Amajuba Maintenance Programme (MadHspt) - Various Buildings including Electrical installation (R69.7 million) - 41% complete against 62% time lapsed with 58% expenditure.
- Newcastle Hospital Amajuba Maintenance Programme (NwcHspt): Various buildings and Electrical installation (R63.8 million) - 18% complete against 62% time lapsed with 18% expenditure. The contractor is currently completing temporary walkway and the newly appointed electrical subcontractor is busy testing the previously work done to issue COCs.
- Stanger Hospital New Labour and Neo Natal Wards (R168.3 million) - 82% complete with 100% time lapsed.
- Edendale Hospital Convert steam reticulation to electric (R12.6 million) – 10% complete. Project was cancelled due to the liquidation of the Contractor. The Department of Public Works SCM processes delayed the project and the completion project was only advertised some two years later.

Generator programme

- Bethesda Hospital - Replace & install 1 x 300 kVA with larger unit
- Catherine Booth Hospital - Replace & install 1 x 200KVA with larger unit
- Charles Johnson Memorial - Replace and upgrade generator
- Church Of Scotland Hospital - Replace and upgrade generator
- Greytown hospital - Replace and upgrade generator
- Hlabisa Hospital - Replace and install 1 x 500 kVA with larger unit
- Mseleni Hospital - Replace 1 x 250 kVA Generator with larger unit

Lift programme

- Addington Hospital - Upgrade / replace 5 Otis Lifts, 2 Kone Lifts and 7 Schindler Lifts
- Eshowe Hospital-upgrade/replace 4 Otis Lifts
- Mayor's Walk CPS - Upgrade / replace 1 Hoist
- Northdale Hospital - Upgrade / replace 4 Otis Lifts
- R K Khan Hospital - Replacement of 4 lifts : Nurses Residents
- Stanger Hospital - Upgrade / replace 1 Otis Lifts and 1 Hoist
- Vryheid Hospital-upgrade/replace 2 Otis lifts
- Charles Johnson Memorial Hospital - Upgrade / replace 2 Schindler Lifts

National Health Insurance (NHI)

During 2015/16, a total of 68 community engagements were facilitated covering all districts. A total of 3 895 stakeholders participated in these consultations. The Legislature facilitated 15 engagements including engagements with the Health Portfolio Committee, COSATU and Alliance, and the Durban Chamber of Commerce and Industry. Table 11 highlights some of the major projects implemented in NHI sites during 2015/16. Roll out of these projects commenced in other districts.

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Table 12: NHI projects during 2015/16

| Project | UMgungundlovu | Umzinyathi | Amajuba | Total |
|---|---------------|------------|---------|---------|
| 1. Sites installed with Electronic Medical Record System | 54 | 47 | 28 | 129 |
| 2. Personnel trained | 278 | 109 | 131 | 518 |
| 3. Health Patient Registration System implemented | 55 | 47 | 29 | 381 |
| The system has been rolled out to eThekwini (98), Uthungulu (61), UGu (56) and UThukela (35). The NDOH donated the equipment for installation of the system in the non-NHI sites. Computers were distributed to eThekwini in 2015/16. | | | | |
| 4. Number of facilities implementing the Central Chronic Medication Dispensing and Distribution (CCMDD) | 27 | 55 | 26 | 108 |
| 5. Number of patients targets for CCMDD | 87 077 | 55 | 31 913 | 155 697 |
| Roll out of the project commenced in eThekwini, UGu and Uthungulu Districts. | | | | |

Source: NHI Report

The service delivery platform at PHC level was further strengthened through the following:

- A total of 41 Ward Based Outreach Teams have been appointed and are fully functional.
- 181 Phila Mntwana Centres were established and provided services to 67 720 children.
- 121 Pharmacy Assistants and 14 dental Assistants have been employed to render services at PHC level.
- A total of 1 787 CCGs conducted 2 492 029 household visits during the reporting period.
- A total of 15 319 farm workers were visited in the UMgungundlovu and Amajuba Districts through the Farm Worker Programme.
- School Health Teams provided services to 86 257 learners.
- A total of 80 General Practitioners are on contract to render services at PHC clinics.
- All Hospital Manager's posts are filled in the 3 pilot districts, and all District Manager and Financial Manager posts are filled.
- To strengthen management and governance, a total of 25 Managers have been enrolled in the Albertina Sisulu Executive Leadership Programme (ASELPH).
- During the year under review, R 2 421 256 710 was invested in health infrastructure upgrades in the 3 NHI pilot districts.

STRATEGIC GOAL 4: STRENGTHEN HUMAN RESOURCES FOR HEALTH

See information in Part D: Human Resources Oversight Report.

STRATEGIC GOAL 5: IMPROVED QUALITY OF HEALTH CARE

Quality Assurance

All facilities implement the National Core Standards (NCSs) although progress is slower than expected. Compliance with the targets for self-assessment and development of Quality Improvement Plans (QIPs) has been below the target and more vigilant oversight is necessary to improve that. Between 2014/15 and 2015/16 the complaints received increased from 7 562 to 8 749 and complaints resolved within 25 working days increased from 6 008 to 6 345. The Quality Assurance information system is not effective and reporting is erratic which negatively affected pro-active response to challenges. The Department will develop capacity in this programme to improve output.

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Alignment with the National Development Plan 2030

NDP 2030 Vision

A health system that works for everyone and produces positive health outcomes, and is accessible to all

1. Raised the life expectancy of South Africans to at least 70 years
2. Produced a generation of under-20s that is largely free of HIV
3. Reduced the burden of disease
4. Achieved an infant mortality rate of less than 20 deaths per thousand live births, including an under-5 Mortality rate of less than 30 per thousand
5. Achieved a significant shift in equity, efficiency and quality of health service provision
6. Achieved universal coverage
7. Significantly reduced the social determinants of disease and adverse ecological factors

NDP 2030 Priorities

1. Average male and female life expectancy at birth increased to 70 years
2. Tuberculosis (TB) prevention and cure progressively improved
3. Maternal, infant and child mortality reduced
4. Prevalence of Non-Communicable Diseases reduced by 28%
5. Injury, accidents and violence reduced by 50% from 2010 levels
6. Health systems reforms completed
7. Primary health Care (PHC) teams deployed to provide care to families and communities
8. Universal Health Coverage (UHC) achieved
9. Posts filled with skilled, committed and competent individuals

KZN Strategic Goals are aligned with the NDP Priorities as indicated below

Goal 2: Reduce the burden of disease

Goal 1: Strengthen health system effectiveness

Goal 5: Improved quality of health care

Goal 3: Universal health coverage

Goal 4: Strengthen human resources for health

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5. PROGRAMME 1: ADMINISTRATION

Programme Purpose

To conduct the strategic management and overall administration of the Department of Health

There are no changes to the Programme 1 structure.

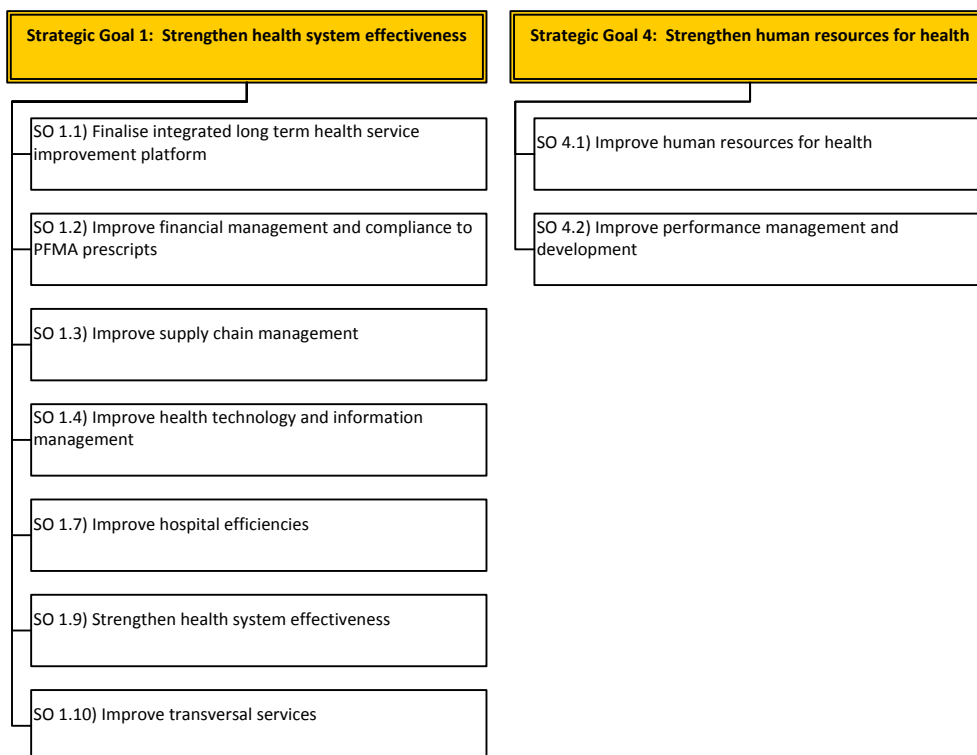
Sub-Programme 1.1: Office of the Member of the Executive Council (MEC)

Render advisory, secretarial and office support services. This sub-programme also renders secretarial support, administrative, public relations/ communication and parliamentary support

Sub-Programme 1.2: Office of the Head of Department (all Head Office Components)

Policy formulation, overall management and administration support of the Department and the respective regions and institutions within the Department

STRATEGIC GOALS AND OBJECTIVES



SO 1.1: Finalise integrated long term health service improvement platform

The Provincial Long Term Plan (LTP) has not been finalised. Financial constraints necessitate reconsideration of previously approved transformation especially related to Hospital Services, Information and Communication Technology, Infrastructure and Human Resources. Current vertical consultations and processes i.e. finalisation of the Hospital Rationalisation Plan, review of organisational structures, finalisation of the Infrastructure 10 Year Plan, and the Information Communication Technology Plan will be factored into the LTP before finalisation. The Human Resources Long Term Plan will be finalised once the service delivery plan has been finalised.

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SO 1.4: Improve health technology and information management

The Information Communication Technology (ICT) Governance Framework and Strategy has been approved which will inform the final input for the Provincial LTP. Additional funding will be allocated in the 2016/17 MTEF to improve bandwidth access to all facilities.

Information systems are being strengthened to improve data completeness and quality, which will improve evidence-based planning and decision-making. Due to budget constraints expansion of telemedicine has been delayed. This will be factored into the Provincial LTP. The National Department of Health delayed implementation of the web-based DHIS that was targeted for 2015/16. According to national communication the system will be rolled out in 2016/17.

SO 1.9: Strengthen health system effectiveness

The Communication Strategy is in final draft and will be finalised in 2016/17. The strategy will make provision for both internal and external communication and will include community consultation on service delivery.

SO 4.1: Improve human resources for health

Organisational structures are still under review pending approval of reviewed designation of facilities and package of services per level of care. Review of the structures will also take into consideration requirements for the service delivery platform for the decentralised Training in a PHC Model to ensure that adequate provision is being made for alignment with the training platform. Structures for Emergency Medical Services and Forensic Pathology Services will be reviewed once the reviewed service models have been finalised and approved.

SO 4.2: Improve performance management and development

Targets for the signing of Performance Agreements have not been achieved with reasons for deviation included in the table below. The Department commenced with a process to align Performance agreements with the Annual Performance Plan and improving oversight to ensure compliance with requirements for signing of agreements.

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STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 13: Programme Performance Indicators

| APP 2015/16: Table 21, Pages 65 – 73 | | | | | | | |
|---|--|---------------------------------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 1.2: Improve financial management and compliance to prescriptions | | | | | | | |
| 1.2.1) Annual unqualified audit opinion for financial statements and performance information from 2015/16 onwards | 1. Audit opinion from Auditor-General | Annual Report | Qualification | Unqualified opinion | Qualified opinion | Not achieved | See Auditor-General's Report |
| Strategic Objective 1.4: Improve health technology and information management | | | | | | | |
| 1.4.4) Ensure broadband access to 100% public health facilities by March 2018 | 2. Percentage of hospitals with broadband access | IT database – Internet rollout report | 3% | 90% | 9.7% | (89.2%) | The target did not consider the requirement of 2 Mbps connectivity which is reflected in the actual performance (51.3% hospitals have broadband access). The target was therefore unrealistic and based on incorrect baseline data. The target will be reviewed in line with baseline data and available funding envelope. Due to delays in finalising the revised quotes with SITA, quotes for 24 hospitals were received in January 2016. |
| | <i>Total number of Hospitals with minimum 2 Mbps connectivity</i> | | - | 64 | 7 | | |
| | <i>Total number of hospitals</i> | DHIS | - | 72 | 72 | | |
| | 3. Percentage of fixed PHC facilities with broadband access | IT database – Internet rollout report | 44.5%* ⁶ | 45 | 5.1% | (88.7%) | |
| | <i>Number of PHC facilities that have access to at least 512 Kbps connectivity</i> | | 267 | 241 | 31 | | |
| | <i>Total number of fixed PHC facilities</i> | DHIS | 600* | 535 | 607 | | |

⁶ (*) Denotes updated data since publishing of the 2014/15 Annual Report – this is relevant throughout the report

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Table 14: Provincial Strategic Objectives and Targets

| APP 2015/16: Table 22, Pages 66 - 73 | | | | | | | | |
|--|---|-------------------------------|--------------------|----------------------------|--|---------------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Finance and Supply Chain Management | | | | | | | | |
| Strategic Objective 1.2: Improve financial management | | | | | | | | |
| 1.2.2) Maintain financial efficiency by ensuring under/ over expenditure within 1% of the annual allocated budget throughout the reporting cycle | 1. Percentage over/ under expenditure | BAS Reports | Quarterly % | 0.4% | Expenditure within 1% of annual allocated budget | 0.4% | 60% | Performance above target viewed as a positive result, ascribed to intensified and continuous monitoring of expenditure. |
| | <i>Total expenditure</i> | BAS | R'000 | 31 245 510 | 33 446 247 | 34 110 724 | | |
| | <i>Allocated budget</i> | BAS | R'000 | 31 119 465 | 33 115 097 | 33 969 992 | | |
| Strategic Objective 1.3: Improve Supply Chain Management | | | | | | | | |
| 1.3.1) Costed annual Procurement Plan for minor and major assets by the end of April in each reporting year | 2. Annual Procurement Plan | Procurement Plan | Annual Categorical | Yes | Yes | Not achieved | (Not achieved) | Excel spreadsheets from districts/facilities were used to capture procurement plans – not collated in composite Procurement Plan. |
| | 3. Number of registered sites performing monthly asset reconciliation reports | Asset reconciliation reports | Quarterly No | New indicator | All registered sites | 0 | (Not achieved) | Monthly asset reconciliations are done at Head Office due to lack of capacity, skill and network challenges at facility level. |
| Human Resources Management Services | | | | | | | | |
| Strategic Objective 4.1: Improve human resources for health | | | | | | | | |
| 4.1.1) Long Term Human Resources (HR) Plan costed and approved by March 2016 and implemented and monitored thereafter | 4. Long Term Human Resource Plan | Long Term Human Resource Plan | Annual Categorical | Plan not finalised | Approved Long Term HR Plan | Trend analysis has been drafted | (Not achieved) | Lack of standardised HR norms and delays in the finalisation of the Long Term Plan (LTP) delayed finalisation of the HR Long Term Plan in line with the requirements of the LTP. |

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| APP 2015/16: Table 22, Pages 66 - 73 | | | | | | | | | |
|---|--|---|-----------------------|----------------------------|---|----------------------------|--|---|-------------------|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation | |
| 4.1.2) Finalise 610 organisational structures by March 2020 | 5. Number of organisational structures finalised | Organisational structures | Quarterly No | New indicator | 537 ⁷ | 459 | (14.5%) | The finalisation of organisational structures has been delayed due to delays in finalisation of approved service packages per level of care/ facility. The National WISN normative guidelines for PHC clinics and CHC's have been finalised and Gazetted in late 2015/16 (Phase I). PHC staffing allocation will be benchmarked against the National WISN normative guide during 2016/17. | |
| 4.1.3) Implement the Community Based Training in a PHC Model in collaboration with the University of KwaZulu-Natal with Phase 1 pilot commencing in 2016/17 | 6. Community Based Training in a PHC Model | Business Plan/ Training Model | Annual Categorical | Draft Business Plan | Approved Business plan and training Model | Approved Business Plan | 0% | No deviation | |
| 4.1.9) Provide sufficient staff with appropriate skills per occupational group within the framework of Provincial staffing norms by March 2020 | 7. Medical Officers per 100,000 people | Manually Calculated | Quarterly No | 28.5 | 33.9 | 28.84 | (14.9%) | Recruitment and retention remains a challenge especially in rural areas, exacerbated by limited CoE budget for filling of posts as per Treasury Circular No 2 of 2015 re Cost Cutting Measures. | |
| | <i>Number of Medical Officers posts filled</i> | <i>Persal</i> | <i>No</i> | <i>3 012</i> | <i>3 633</i> | <i>3124</i> | | | |
| | <i>Total population</i> | <i>Stats SA</i> | <i>No</i> | <i>10 571 313</i> | <i>10 688 313</i> | <i>10688 168</i> | | | |
| | 8. Professional Nurses per 100,000 people | Manually Calculated | Quarterly No | 137.7 | 141.3 | 161.3 | 14.2% | Performance above target viewed as a positive result. Filling of essential vacant posts to improve service delivery. | |
| | | <i>Number of Professional Nurses posts filled</i> | <i>Persal</i> | <i>No</i> | <i>14 556</i> | <i>15 101</i> | | | <i>17 475</i> |
| | | <i>Total population</i> | <i>Stats SA</i> | <i>No</i> | <i>10 571 313</i> | <i>10 688 168</i> | | | <i>10 688 168</i> |
| | 9. Pharmacists per 100,000 people | Manually Calculated | Quarterly No | 7.4 | 7.2 | 7.7 | 6.9% | Performance above target viewed as a positive result. Filling of essential vacant posts to improve service delivery. | |
| | | <i>Number of Pharmacists posts filled</i> | <i>Persal</i> | <i>No</i> | <i>782</i> | <i>773</i> | | | <i>833</i> |
| | | <i>Total population</i> | <i>Stats SA</i> | <i>No</i> | <i>10 571 313</i> | <i>10 688 168</i> | | | <i>10 688 168</i> |

⁷ According to HRMS Strategy: Head office(1), Regional (1), PHC Clinics (513), and CHC's (22)

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| APP 2015/16: Table 22, Pages 66 - 73 | | | | | | | | |
|---|--|--------------------------------------|-----------------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 4.2: Improve Performance Management and Development | | | | | | | | |
| 4.2.1) All personnel comply with performance management requirements from March 2015 onwards | 10. Number of Hospital Managers who have signed Performance Agreements (PAs) | PMDS database/ Signed PAs | Annual No | 37 | 72 | 56 | (22.2%) | Signing of Performance Agreements remains a challenge with one of the compounding factors being inadequate oversight arrangements to ensure compliance with requirements. This has been prioritised for the next financial year. |
| | 11. Number of District Managers who have signed PAs | PMDS database/ Signed PAs | Annual No | 11 | 11 | 12 | 0% | |
| | 12. Percentage of Head Office Managers (Level 13 and above) who have signed PAs | PMDS database/ Signed PAs | Annual % | 78% | 100% | 67.8% | (32.2%) | |
| | <i>Head Office Managers (level 13 and above) who signed Pas in reporting cycle</i> | <i>PMDS database/ Signed PAs</i> | <i>No</i> | <i>39</i> | <i>-</i> | <i>40</i> | | |
| | <i>Number of Head Office Managers (level 13 and above)</i> | <i>Persal</i> | <i>No</i> | <i>50</i> | <i>-</i> | <i>59</i> | | |
| Planning, Monitoring and Evaluation | | | | | | | | |
| Strategic Objective 1.1: Finalise integrated long term health service improvement platform | | | | | | | | |
| 1.1.1) Long Term Plan approved by March 2016 and implemented and monitored thereafter | 13. Provincial Long Term Plan | Approved Long Term Plan | Annual Categorical | Draft Long Term Plan | Long term Approved | 75% complete | (Not achieved) | Due to extensive consultation processes to inform transformation, as well as complexities in rationalisation of the service delivery platform taking into consideration the limited funding envelope, finalisation of the LTP has been delayed. Consultation is continuing and the Plan is expected to be submitted for adoption and approval in 2016/17. |
| Information Management | | | | | | | | |
| Strategic Objective 1.4: Improve health technology and information management | | | | | | | | |

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| APP 2015/16: Table 22, Pages 66 - 73 | | | | | | | | |
|---|--|-----------------------------------|--------------------|--------------------------------|--------------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 1.4.5) M&E Framework revised and approved by March 2016 | 14. Approved revised M&E Framework | Approved revised M&E Framework | Annual Categorical | Revised draft of M&E Framework | Approved Revised M&E Framework | First draft completed | (Not achieved) | Extensive consultation delayed finalisation. The reviewed framework is expected to be submitted for adoption and approval in 2016/17. |
| 1.4.3) Improve performance data integrity by ensuring a 100% submission rate from March 2018 onwards | 15. Data submission rate | Data Management | Quarterly % | New indicator | 95% | 81% | (14.7%) | The function to monitor facility submission rate is not available at provincial level. Systems will be put in place to ensure reporting from districts on facility submission rates. |
| | <i>Number of facilities submitting complete performance data according to timeframes</i> | <i>Completeness report</i> | <i>No</i> | - | 577 | 9 Districts | | |
| | <i>Number of facilities</i> | <i>DHIS</i> | <i>No</i> | - | 607 | 11 Districts | | |
| 1.4.6) Reduce performance data error rate to 2% (or less) by March 2020 | 16. Audit error rate (PHC clinics and CHC's) | Data Management Audit reports | Quarterly % | New indicator | 15% | 5.2% | 65.3% | The Department views performance below the target as a positive result. Results are based on Treasury audit findings in the 2 nd and 3 rd quarters of 2015/16 to ensure independent audit findings. Ongoing district and facility support from the Provincial Data Management Directorate and the implementation of audit improvement tools contributed to the positive outcome. |
| | <i>Sum of variance between data collection tools and DHIS during audit at PHC and CHC facilities</i> | <i>Audit Reports</i> | <i>No</i> | - | - | 21 783 | | |
| | <i>Reported PHC/CHC data on DHIS</i> | <i>DHIS</i> | <i>No</i> | - | - | 22 928 | | |
| | 17. Audit error rate (Hospitals) | Data Management Audit Reports | Quarterly % | New indicator | 15% | 12.4% | 17.3% | |
| | <i>Sum of variance during audit at Hospitals</i> | <i>Audit Reports</i> | <i>No</i> | - | - | 113 | | |
| <i>Reported Hospital data on DHIS</i> | <i>DHIS</i> | <i>No</i> | - | - | 129 | | | |
| 1.4.7) Functional Health Information Committees in 100% public health hospitals from March 2018 onwards | 18. Percentage of public health hospitals with functional health information committees | District quarterly reports | Annual % | New indicator | 60% | 97% | 61.7% | Performance above target viewed as a positive result attributed to improved compliance with the Data Management Policy and Guidelines. |
| | <i>Number of public health hospitals with a functional health information committee</i> | <i>District quarterly reports</i> | <i>No</i> | - | 43 | 70 | | |
| | <i>Number of public health hospitals</i> | <i>DHIS</i> | <i>No</i> | - | 72 ⁸ | 72 | | |

⁸ Excludes State Aided Hospitals

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| APP 2015/16: Table 22, Pages 66 - 73 | | | | | | | | |
|--|--|-----------------------------------|--------------------|----------------------------|------------------------------------|-----------------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 1.4.8) Establish 4 Regional Level 1 Health Ethics Review Boards by March 2018 | 19. Number of level 1 Health Ethics Review Boards established (cumulative) | Appointment letters | Annual Categorical | 0 | 2 | 0 | (Not achieved) | The Head of Department advised against an additional Review Board and recommended strengthening of the existing Review Board in Umgungundlovu (Umgungundlovu Health Ethics Review Board). This has been done. |
| Corporate Communication | | | | | | | | |
| Strategic Objective 1.9: Strengthen health system effectiveness | | | | | | | | |
| 1.9.3) Stakeholder analysis conducted by March 2016 | 20. Stakeholder analysis | Stakeholder analysis | Annual Categorical | New indicator | Stakeholder analysis conducted | Not conducted | Not achieved | Although there are a number of partnerships, an official Stakeholder Analysis has not been done. |
| 1.9.4) Internal and external interactive communication platforms established by March 2016 | 21. Social media platforms | Social Media | Annual Categorical | New indicator | Social media platforms established | Established | Achieved | No deviation. |
| | 22. Number of corporate events conducted | Communication database | Annual No | 52 | 24 | 49 ⁹ | 104.2% | The Department views performance above target as a positive result. |
| Information Communication Technology (ICT) | | | | | | | | |
| Strategic Objective 1.4: Improve health technology and information management | | | | | | | | |
| 1.4.9) Establish the ICT Governance Framework by March 2016 | 23. ICT Governance Policy and Framework | ICT Governance Policy & Framework | Annual Categorical | New indicator | Developed and implemented | Approved ICT Governance Framework | (Not achieved) | The ICT Framework will be implemented once the ICT Strategy has been finalised – expected in early 2016/17. |
| 1.4.1) Connectivity established at 100% public health facilities by March 2018 | 24. Percentage of public health facilities with stable bandwidth connectivity | Connectivity Report | Quarterly % | 3% | 60% | 5.6% | (90.7%) | Composite indicator (Indicators 2 and 3). The indicator has been misinterpreted when targets were set (not taking into account the bandwidth requirements). This indicator will be removed in the next financial year. |
| | <i>Total number of public health facilities with stable bandwidth connectivity</i> | <i>Connectivity</i> | <i>No</i> | <i>18</i> | <i>372</i> | <i>38</i> | | |
| | <i>Total number of public health facilities</i> | <i>DHIS</i> | <i>No</i> | <i>607</i> | <i>607¹⁰</i> | <i>679</i> | | |

⁹ Includes corporate and health events

¹⁰ Indicators 24, 27, 28 and 33: Denominator includes all facilities (clinics, CHC's and Hospitals) – The number of facilities (denominator) is reviewed annually taking into consideration closed down or newly commissioned facilities

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| APP 2015/16: Table 22, Pages 66 - 73 | | | | | | | | |
|--|--|--------------------------------------|--------------------|----------------------------|-------------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 1.4.10) Install ICT backup solution by March 2020 | 25. ICT backup solution installed | Backup solution | Annual Categorical | New indicator | ICT backup solution installed | 0% | (Not achieved) | Delays in submission of a proposal for an ICT backup solution by SITA. |
| | 26. ICT security Infrastructure | ICT security system | Annual Categorical | New indicator | ICT security system installed | 0% | (Not achieved) | The security system will be implemented within the approved ICT Governance Framework. |
| 1.4.2) Web-based health information system established in 90% public health facilities by March 2020 (National 700 clinic Project) | 27. Percentage of public health facilities with a web-based health information system | Web-based reports | Quarterly % | 6% ¹¹ | 35% | 0% | (100%) | NDOH project delayed. According to the NDOH the project will be rolled out in 2016/17 according to the NDOH Project Plan. |
| | <i>Number of public health facilities submitting data on the web-based health information system</i> | <i>Web-based reports</i> | <i>No</i> | 36 | 212 | 0 | | |
| | <i>Number of public health facilities</i> | <i>DHIS</i> | <i>No</i> | 607 | 607 | 607 | | |
| 1.4.11) Implement an enterprise content management system in all public health facilities by March 2020 | 28. Percentage of public health facilities with an Enterprise Content Management system | Enterprise Content Management System | Annual % | New indicator | 30% | 0% | (100%) | Planning, in collaboration with SITA, commenced in 2015/16. Included in the 2016/17 ICT strategy. |
| | <i>Public health facilities with an enterprise content management system</i> | <i>Facility system</i> | <i>No</i> | - | 182 | 0 | | |
| | <i>Number of public health facilities</i> | <i>DHIS</i> | <i>No</i> | - | 607 | 607 | | |
| 1.4.12) Expand telemedicine to 68 functional sites by March 2018 | 29. Number of functional Tele-Medicine sites | Telemedicine Register | Annual No | 41 | 58 | 34 | (41.4%) | The performance below expectation is mainly due to delays in SCM tender processes. |
| Specialized Services and Clinical Support | | | | | | | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |

¹¹ This is a NDOH project

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| APP 2015/16: Table 22, Pages 66 - 73 | | | | | | | | |
|---|--|--|--------------------|----------------------------|-------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 1.7.2) Develop and implement the approved Hospital Rationalisation Plan by March 2016 | 30. Hospital Rationalisation Plan | Approved Hospital Rationalisation Plan | Annual Categorical | New indicator | Implement approved plan | Plan not finalised | (Not achieved) | Extensive consultation processes commenced in 2015/16 to inform finalisation of the plan. Due to the complexities of transformation within the limited funding envelope and demand for clinical services, the process could not be concluded within the expected timeframe. It is expected that the plan will be finalised for adoption and approval in 2016/17. |
| Strategic Objective 1.10: Improve transversal services | | | | | | | | |
| 1.10.1) 100% Public health hospitals score more than 75% on the Food Service Monitoring Standards Grading System (FSMSGs) by March 2020 | 31. Proportion of public health facilities that scored more than 75% on the Food Service Monitoring Standards Grading System | Food Services Grading Register | Quarterly % | 64% | 69.4% | 43.8% | (36.9%) | Immature systems and processes to monitor food services which will be addressed in the next financial year. |
| | <i>Facilities that score more than 75% on the FSMSGs</i> | <i>Grading Register</i> | <i>No</i> | 46 | 50 | 32 | | |
| | <i>Public Health Hospitals total</i> | <i>DHIS calculates</i> | <i>No</i> | 72 | 72 | 73 | | |
| | 32. Number of public health facilities compliant with 2 priority Food Safety Standards | Food Service database | Quarterly No | 43 | 55 | 29 | (47.3%) | |
| Security Services | | | | | | | | |
| Strategic Objective 1.10: Improve transversal services | | | | | | | | |
| 1.10.2) 100% Public health facilities comply with security policy requirements by March 2020 | 33. Percentage public health facilities with access control at the gate | Facility Security Audit Results | Quarterly % | 100% | 75% | 57% | (24%) | Immature systems and processes to ensure effective monitoring and reporting on security. This will be addressed for the next MTEF. |
| | <i>Public health facilities with access control at the gate</i> | <i>Security audit results/Minutes</i> | <i>No</i> | 672 | 465 | 343 | | |
| | <i>Total public health facilities</i> | <i>DHIS calculates</i> | <i>No</i> | 672 | 607 | 607 | | |

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STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

Information Communication Technology (ICT)

- Implement the approved ICT Strategy prioritising identified ICT demands.

Supply Chain Management

- Implement the Central Electronic Procurement Plan Database to improve verification, update and consolidation of Procurement Plans in a Provincial Annual Procurement Plan.

Human Resources for Health

- Finalise the Human Resources Long Term Plan, as component of the Provincial Long Term Plan, to inform transformation, appropriate and equitable placement of skilled resources, appropriate training and development as per identified needs, and efficient use of existing resources.
- Finalise review of organisational structures through consultation and use of the WISN norms and standards in line with transformation of the service delivery platform.
- Finalise the Essential Post List to guide strategic appointment of critical staff within the funding envelope and taking into consideration service gaps in support of the Decentralised Training in a PHC Model implemented in partnership with UKZN.
- Improve compliance with EPMDS prescripts including timeous signing of Performance Agreements and alignment of Performance Agreements with the APP.

Planning, Monitoring and Evaluation

- Fast track consultations to finalise the Provincial Long Term Plan.
- Rollout of the web-based information system to improve data quality (National Health mandate).
- Strengthen monitoring and reporting at all levels of care to inform evidence-based planning and decision-making.
- Conduct an evaluation of the implementation of National Health Insurance in UMgungundlovu, Umzinyathi and Amajuba. Recommendations will inform rollout of initiatives to improve universal access to health services.

Specialised Services and Clinical Support

- Fast track consultations to finalise the Hospital Rationalisation Plan to improve utilisation of scarce resources, access to clinical services, hospital efficiencies and value for money.

CHANGES TO PLANNED TARGETS

No performance targets were changed during 2015/16.

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LINKING PERFORMANCE WITH BUDGET

Table 15: Summary of expenditure for Programme 1

| Programme Name | 2015/16 | | | 2014/15 | | |
|-----------------------|---------------------|--------------------|---------------------------|---------------------|--------------------|---------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| 1.1 Office of the MEC | 18 189 | 18 455 | (266) | 16 772 | 16 818 | (46) |
| 1.2 Management | 754 067 | 828 167 | (74 100) | 590 620 | 684 501 | (93 881) |
| Total | 772 256 | 846 622 | (74 366) | 607 392 | 701 319 | (93 927) |

Source: 2015/16 Annual Financial Statements

Administration was over-spent by 9.6 per cent.

Over-expenditure against Goods and services was mainly due to the higher than expected costs relating to audit fees and forensic investigations (R75.032 million) and payment of medico-legal claims.

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6. PROGRAMME 2: DISTRICT HEALTH SERVICES

PROGRAMME DESCRIPTION

There are no changes to the structure of Programme 2.

Programme Purpose

To render Primary Health Care and District Hospital Services

Sub-Programmes

Sub-Programme 2.1: District Management

Planning and administration of health services; manage personnel and financial administration; co-ordination and management of Day Hospital Organisation and Community Health Services rendered by Local Authorities and Non-Governmental Organisations within the Metro; determine working methods and procedures and exercising district control

Sub-Programme 2.2: Community Health Clinics

Render a nurse driven Primary Health Care service at clinic level including visiting points, mobile and local authority clinics

Sub-Programme 2.3: Community Health Centres

Render primary health services with full-time Medical Officers in respect of mother and child, health promotion, geriatrics, occupational therapy, physiotherapy, and psychiatry

Sub-Programme 2.4: Community-Based Service

Render a community-based health service at non-health facilities in respect of home-based care, abuse victims, mental and chronic care, school health, etc.

Sub-Programme 2.5: Other Community Services

Render environmental, port health and part-time district surgeon services, etc.

Programme 2.6: HIV and AIDS

Render a Primary Health Care service in respect of HIV and AIDS campaigns and special projects

Sub-Programme 2.7: Nutrition

Render nutrition services aimed at specific target groups and combines direct and indirect nutrition interventions to address malnutrition

Sub-Programme 2.8: Coroner Services

Render forensic and medico legal services to establish the circumstances and causes of unnatural death

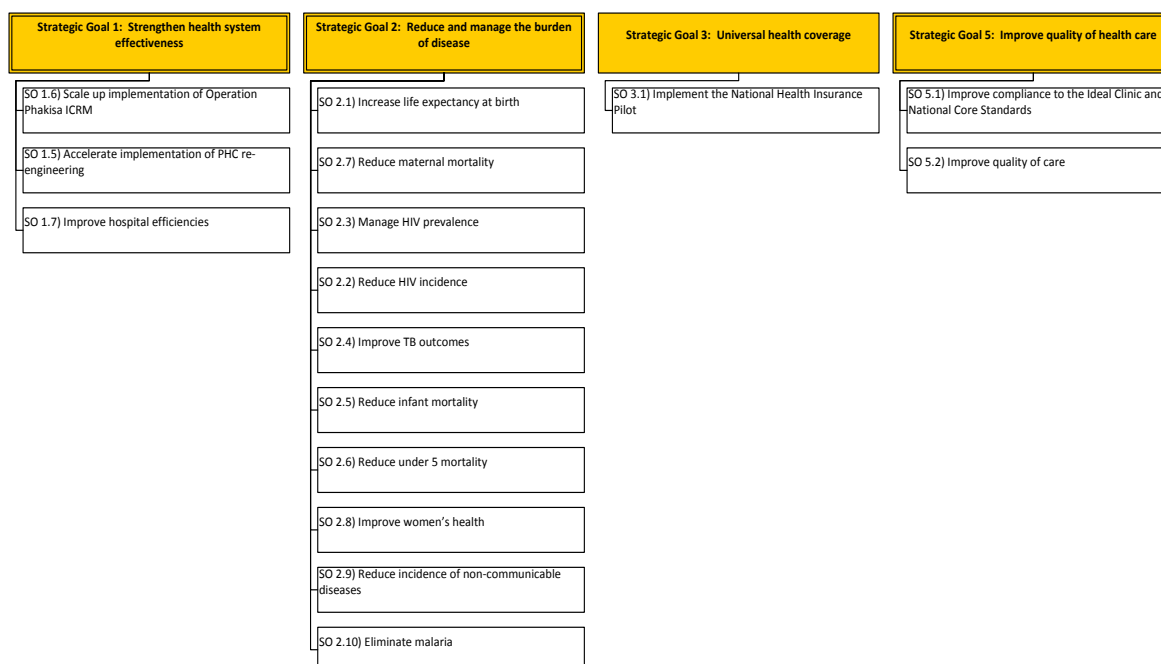
Sub-Programme 2.9: District Hospitals

Render hospital services at General Practitioner level

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STRATEGIC GOALS AND OBJECTIVES



STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

SO 1.5: Accelerate implementation of PHC re-engineering

The slight year on year decrease in the PHC headcount needs to be investigated as it cannot be linked with improved community based outreach at this stage. Data quality will be monitored to rule that out as one of the reasons for existing trends.

The Department focused on implementation of the Ideal Clinic initiative and community-based services during 2015/16 hence better than expected performance in the number of facilities complying with the Ideal Clinic standards. The increase in the number of registered households (from 103 852 to 617 610) is evidence of improved reach at community level. The community-based data system however needs to be strengthened.

Recruitment and retention of clinical specialists for the District Clinical Specialist Teams remains a challenge as none of the districts have complete teams. In spite of that, technical support is provided at district and facility levels.

The Department was able to expand Ward Based, School Health and TB Outreach Teams as part of the community based programmes, which contributed towards the improved performance in screening, detection and follow up of patients.

School health coverage is very low compared with the increase in the number of School Health Teams. The use of teams to participate in other initiatives will be monitored to ensure that adequate time and resources are spent in school health activities.

SO 1.7: Improve hospital efficiencies

The delay in completion of the Hospital Rationalisation Plan has a significant impact on hospital efficiencies including allocation of resources, implementation of the required package of services, appropriate classification based on service packages, bed allocation and utilisation, cost, and various other efficiency markers. See Hospital Rationalisation Plan under Programme 4, Page (126).

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The poor bed utilisation is a concern. During the year under review, bed utilisation rates ranged between 33.4% and 95.2% with 19 hospitals under 60%; 14 between 61% - 75%; and 5 over 75%. Reallocation of beds to improve efficiency forms part of the rationalisation plan and are being prioritised.

Vacancy rates and the inability to fill critical posts as a result of the inadequate budget remains a concern as it has a direct impact on service delivery. The Department is attending to identified gaps through implementation of innovation strategies and close monitoring of service delivery.

SO 2.2: Reduce HIV incidence

The establishment of adherence clubs in communities and down referral of patients on treatment to mobile clinics and High Transmission Areas (HTAs) increased adherence to treatment. The number of HTAs increased from 212 to 255.

The Society for Family Health has developed a condom distribution app which will be piloted in the Province starting with 1 000 condom distribution sites (all primary distribution sites and selected secondary distribution sites) to assist in improving condom distribution and curb condom dumping.

Health counselling and testing outreach campaigns have been undertaken across the province and implementation of Provider Initiated Counselling and Testing (PICT) actively pursued to reach targets. Hlola Manje Zivikele campaigns have been conducted in all districts supported by media mobilisation campaigns 'Test for HIV at least once a year' through local radio stations, and the First things First' campaigns to ensure sustained and accelerated counselling and testing.

SO 2.4: Improve TB outcomes

The Department intensified active case finding to improve management and outcome of all cases. Fast tracked TB-MDR decentralisation to improve timeous follow up of clients especially at eThekweni where the death rate is the highest.

Massive TB screening campaigns have been conducted since March 2015 to reduce the TB incidence. The campaigns focus on screening of clients in health facilities as well as community screening. As a result, 2 081 042 (34%) people are screened for TB at health facilities per quarter. Parliamentarians, public figures and ambassadors also use their sphere of influence to promote TB screening.

The TB information system presented with numerous problems during the year under review. This negatively affected data completeness, quality and reporting. Other options will have to be explored to address the challenge.

SO 2.5: Reduce infant mortality

Early neonatal death is still a major challenge in the Province. The neonatal death rate from 0-7days is high and contributes 50% of under-1 and under-5 deaths. The main causes of death for this age group are birth asphyxia due to mismanagement of all stages of labour and prematurity. Strengthening of family planning, integration of maternal health programmes, administration of steroids for premature labour, and timeous implementation of KwaZulu-Natal Initiative on New-Born Care (KINC), Kangaroo Mother Care (KMC), Neonatal Experiential Learning Sites (NELS) and Help Babies Breath has been prioritised to reduce mortality.

SO 2.6: Reduce under-5 mortality

Education from Outreach Programmes, implementation of Phila Mntwana Centres and Child Health Weeks contributed towards reducing diarrhoea. Most pneumonia cases are precipitated by asthma and TB, which supports the TB drive to ensure that children under 5 years are screened and initiated on treatment. All children with lower respiratory tract infections are undergoing TB diagnostic procedures to check for underlying TB.

SO 2.7: Reduce maternal mortality

The year on year reduction of maternal deaths are noted. To further reduce maternal mortality, the Department implemented the National Committee for the Confidential Enquiries into Maternal Deaths (NCCEMD) recommendations. One of the key recommendations, to increase focus on and effectiveness of perinatal/ maternal mortality meetings has been actively supported by the MEC by attending some meetings at facilities and districts. Late

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reporting of maternal deaths remains a challenge resulting in discrepancies between deaths reported through the DHIS and MaMMAS (Maternal Morbidity and Mortality Audit System). District Clinical Specialist Teams have been engaged to assist in assuring that facilities report deaths within 3 days as per protocol.

To further improve antenatal visits before 20 weeks, the Department rolled out pregnancy testing by CCGs at household level to all districts. Orientation of CCGs on how to do testing is ongoing. To improve postnatal follow up, pregnant women and new mothers are linked to CCG's to ensure follow up and support. This programme is still in infancy and will be further rolled out in the next MTEF.

SO 2.9: Reduce incidence of non-communicable diseases

The Department prioritised screening and early detection of non-communicable diseases with specific focus on hypertension, diabetes and mental health. Although there are still missed opportunities i.e. patients visiting health facilities, screening numbers shows a positive trend.

The implementation of the Mental Health Strategy is slow in spite of the increasing demand for services. The human resource gap, specific to Specialists, is a grave concern as it severely impact on access to clinical services. There is a significant surplus of medium-long term beds in Specialised Hospitals although only approximately 73% of medium-long term admissions that should be taking place are taking place. This is due to the average length of stay being twice as long as required mainly due to the lack of a formal de-institutionalisation programme and the necessary community infrastructure to accommodate chronic mental health care users in the community. Acute inpatient services are currently grossly inadequate due to inadequate bed provision as well as the lack of skilled human resource to manage patients effectively. The restructuring of psychiatric services are being prioritised.

The organisational structure for the McCords Eye Care Hospital has not been finalised which impacts on the full commissioning of the hospital. Due to inadequate human resources, the target for cataract surgery was not reached.

SO 5.1: Improve compliance to the ideal clinic and national core standards

Quality assurance output including patient satisfaction, compliance with National Core Standard (NCS) targets, and complaints management at both PHC and District Hospital level was below expectation. Due to inadequate oversight and ineffective information and monitoring systems and processes, the scheduling of patient satisfaction surveys was not managed effectively resulting in the majority of facilities not conducting surveys during the reporting year. Facility self-assessments against the NCSs were well below target, which impede the development and implementation of quality improvement plans and hence delayed compliance with the NCSs. Although complaints resolution show improved management it is still below target.

Concerted efforts will be made to capacitate the Quality Assurance programme and develop more efficient information and reporting systems to improve this important programme. Implementation of the new Service Delivery Improvement Plan will provide the vehicle for this intervention.

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Table 16: (DHS1) District Health Services – 2015/16

| Health District | Facility Type | Number of facilities | Total PHC headcount 2015/16 | Per Capita Utilisation 2015/16 | District Population (DHIS 2015) |
|-----------------|--|----------------------|-----------------------------|--------------------------------|---------------------------------|
| UGu | Mobiles | 17 | 2 541 861 | 3.4 | 750 215 |
| | Fixed Clinics (including LG/satellite) | 54 | | | |
| | CHCs (including LG) | 2 | | | |
| | Total Fixed Clinics | 56 | | | |
| | District Hospitals | 3 | | | |
| UMgungundlovu | Mobiles | 17 | 2 992 921 | 2.7 | 1 087 086 |
| | Fixed Clinics (including LG/satellite) | 50 | | | |
| | CHCs (including LG) | 3 | | | |
| | Total Fixed Clinics | 53 | | | |
| | District Hospitals | 2 | | | |
| UThukela | Mobiles | 14 | 1 837 583 | 2.6 | 695 671 |
| | Fixed Clinics (including LG/satellite) | 38 | | | |
| | CHCs (including LG) | 1 | | | |
| | Total Fixed Clinics | 39 | | | |
| | District Hospitals | 2 | | | |
| Umzinyathi | Mobiles | 12 | 1 631 642 | 3.1 | 522 804 |
| | Fixed Clinics (including LG/satellite) | 50 | | | |
| | CHCs (including LG) | 1 | | | |
| | Total Fixed Clinics | 51 | | | |
| | District Hospitals | 4 | | | |
| Amajuba | Mobiles | 8 | 1 197 090 | 2.3 | 522 638 |
| | Fixed Clinics (including LG/satellite) | 25 | | | |
| | CHCs (including LG) | 1 | | | |
| | Total Fixed Clinics | 26 | | | |
| | District Hospitals | 1 | | | |
| Zululand | Mobiles | 19 ¹² | 2 232 098 | 2.6 | 844 531 |
| | Fixed Clinics (including LG/satellite) | 70 | | | |
| | CHCs (including LG) | 1 | | | |
| | Total Fixed Clinics | 71 | | | |
| | District Hospitals | 5 | | | |
| Umkhanyakude | Mobiles | 18 ¹³ | 2 253 400 | 3.5 | 649 644 |
| | Fixed Clinics (including LG/satellite) | 57 | | | |
| | CHCs (including LG) | 0 | | | |
| | Total Fixed Clinics | 57 | | | |
| | District Hospitals | 5 | | | |
| Uthungulu | Mobiles | 21 ¹⁴ | 2 742 739 | 2.9 | 958 267 |
| | Fixed Clinics (including LG/satellite) | 61 | | | |
| | CHCs (including LG) | 1 | | | |
| | Total Fixed Clinics | 62 | | | |
| | District Hospitals | | | | |

¹²Including 2 state-aided mobiles

¹³Including 1 state-aided mobile

¹⁴Includes 2 health posts and 2 state-aided mobiles

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| Health District | Facility Type | Number of facilities | Total PHC headcount 2015/16 | Per Capita Utilisation 2015/16 | District Population (DHIS 2015) |
|-----------------|---|----------------------|-----------------------------|--------------------------------|---------------------------------|
| | District Hospitals | 6 | | | |
| Ilembe | Mobiles | 11 | 2 059 710 | 3.1 | 651 445 |
| | Fixed Clinics (including LG/satellite) | 34 | | | |
| | CHCs (including LG) | 2 | | | |
| | Total Fixed Clinics | 36 | | | |
| | District Hospitals | 3 | | | |
| Harry Gwala | Mobiles | 13 | 1 409 304 | 3.0 | 485 309 |
| | Fixed Clinics (including LG/satellite) | 39 | | | |
| | CHCs (including LG) | 1 | | | |
| | Total Fixed Clinics | 40 | | | |
| | District Hospitals | 4 | | | |
| eThekweni | Mobiles | 36 | 9 847 473 | 2.8 | 3 520 558 |
| | Fixed Clinics (including LG/satellite) | 111 | | | |
| | CHCs (including LG) | 8 | | | |
| | Total Fixed Clinics | 119 | | | |
| | District Hospitals | 2 | | | |
| Province | Mobiles | 179 | 30 745 821 | 2.9 | 10 688 168 |
| | Fixed Clinics (including LG/satellite) | 588 | | | |
| | CHCs (including LG) | 20 | | | |
| | Total Fixed Clinics | 608 | | | |
| | District Hospitals | 37 | | | |

Source: DHIS; Stats SA Mid-Year Estimate

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STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Primary Health Care

Table 17: (DHS2) Situation Analysis Indicators

| APP 2015/16: Table 28 Pages 86 – 89 | | | | | | | | | | | | | |
|--|------|-----------------------|----------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| Indicators | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umzinyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | Ilembe 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
| 1. Number of districts piloting NHI interventions | No | 3 | - | 1 | - | 1 | 1 | - | - | - | - | - | - |
| 2. Established NHI Consultation Forums | No | 1 ¹⁵ | - | - | - | - | - | - | - | - | - | - | - |
| 3. Percentage of fixed PHC facilities scoring above 80% on the Ideal Clinic Dashboard | % | 62.6% | 22.7% | 60% | 66.6% | 100% | 100% | 58.5% | 95.4% | 59% | 50% | 83.0% | 38.7% |
| <i>Number of fixed PHC facilities scoring above 80% on the Ideal Clinic Dashboard</i> | No | 141 | 5 | 12 | 10 | 18 | 10 | 24 | 21 | 13 | 6 | 10 | 12 |
| <i>Number of fixed PHC facilities that assessment using the Ideal Clinic Dashboard to date in the financial year</i> | No | 225 | 22 | 20 | 15 | 18 | 10 | 41 | 22 | 22 | 12 | 12 | 31 |
| 4. Patient experience of care survey rate (fixed PHC facilities) | % | 33.5% | 16% | 3.6% | 46% | 35% | 42% | 31% | 33.5% | 24.2% | 100% | 30% | 12.6% |
| <i>Total number of fixed PHC facilities conducted a patient of care survey to date in the current financial year S</i> | No | 204 | 9 | 2 | 18 | 18 | 11 | 17 | 50 | 15 | 36 | 12 | 15 |

¹⁵ There is a provincial forum established for all 3 districts and provincial support structures to unblock blockages

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APP 2015/16: Table 28 Pages 86 – 89

| Indicators | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umzinyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | llembe 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
|---|------|-----------------------|----------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| Total number PHC facilities | No | 608 | 56 | 53 | 39 | 51 | 26 | 71 | 57 | 62 | 36 | 40 | 119 |
| 5. Patient experience of care rate at PHC fixed facilities | % | 86% | 94% | 95% | 99% | 91% | 84% | 88% | 89% | 85% | 92% | 90% | 80% |
| Sum of patient experience of care survey scores (in %) of all PHC facilities that conducted a patient experience of care survey to date in the current financial year | No | 9 080 | 159 | 95 | 677 | 502 | 252 | 330 | 996 | 308 | 866 | 767 | 4 118 |
| Sum of patients participating in the Patient Satisfaction Survey | No | 10 583 | 170 | 100 | 687 | 565 | 300 | 374 | 1 125 | 351 | 945 | 851 | 5 117 |
| 6. Outreach Households (OHH) registration visit coverage (annualised) | % | 25.1% | 15.4% | 5.6% | 39.9% | 54.1% | 10.1% | 4.5% | 70.2% | 40.8% | 59.9% | 56.2% | 7.4% |
| OHH registration visit | No | 617 610 | 27 598 | 15 385 | 58 713 | 61 415 | 11 247 | 71 411 | 89 934 | 82 781 | 94 509 | 63 057 | 71 560 |
| Number of households in the population ¹⁶ | No | 2 549 433 | 179 440 | 272 666 | 147 286 | 113 469 | 110 963 | 157 748 | 128 195 | 202 976 | 157 695 | 112 282 | 966 713 |
| 7. Number of districts with district clinical specialist teams | No | 0 ¹⁷ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. PHC utilisation rate - annualised | No | 2.9 | 3.4 | 2.7 | 2.6 | 3.1 | 2.3 | 2.6 | 3.5 | 2.9 | 3.1 | 3.0 | 2.8 |
| PHC headcount total | No | 30 745 821 | 2 541 861 | 2 992 921 | 1 837 583 | 1 631 642 | 1 197 090 | 2 232 098 | 2 253 400 | 2 959 710 | 2 059 710 | 1 409 304 | 9 847 473 |

¹⁶ Households based on Census 2011 data

¹⁷ All districts have DCSTs – none with full staffing requirements due to high turnover rate and difficulty in recruiting medical specialists

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| Indicators | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umzinyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | Ilembe 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
|--|------|-----------------------|----------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| <i>Population Total</i> | No | 10 688 165 | 750 215 | 1 087 086 | 695 671 | 522 804 | 522 638 | 844 531 | 649 644 | 958 267 | 651 445 | 485 309 | 3 520 555 |
| 9. Complaint resolution rate | % | 80.6% | 74.8% | 77.9% | 57.3% | 57.8% | 76.2% | 72.0% | 89.0% | 85.3% | 80.6% | 72.7% | 83.1% |
| <i>Complaint resolved</i> | No | 3 970 | 336 | 325 | 67 | 67 | 91 | 190 | 714 | 500 | 340 | 112 | 1 228 |
| <i>Complaint received</i> | No | 4 925 | 449 | 417 | 117 | 116 | 121 | 264 | 802 | 586 | 422 | 154 | 1 477 |
| 10. Complaint resolution within 25 working days rate | % | 94.1% | 94.9% | 93.5% | 88.0% | 114.9% | 90.1% | 96.3% | 90.1% | 94.0% | 87.6% | 95.5% | 97.1% |
| <i>Complaint resolved within 25 working days</i> | No | 3 735 | 319 | 304 | 59 | 77 | 82 | 183 | 643 | 470 | 298 | 107 | 1 193 |
| <i>Total number complaints resolved</i> | No | 3 970 | 336 | 325 | 67 | 67 | 91 | 190 | 714 | 500 | 340 | 112 | 1 228 |

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Table 18: Programme Performance Indicators

| APP 2015/16: Table 30, Pages 91 – 95 | | | | | | | | |
|--|--|--|--------------------|----------------------------|-------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 3.1: Implement the National Health Insurance Pilot | | | | | | | | |
| 3.1.1) Improve universal access to health services through implementation of the NHI pilot in 3 districts | 1. Number of districts piloting NHI interventions | Documented evidence | Annual No | New indicator | 3 | 3 | 0% | No deviation |
| | 2. Established NHI Consultation Forum | Documented evidence | Annual Categorical | New indicator | Established | 1 established | 0% | No deviation |
| Strategic Objective 1.6: Scale up implementation of Operation Phakisa ICRM | | | | | | | | |
| 1.6.1) 100% Provincial fixed PHC facilities score above 80% on the Ideal Clinic Dashboard by March 2020 | 3. Percentage of fixed PHC facilities scoring above 80% on the Ideal Clinic Dashboard | Ideal Clinic Dashboard | Quarterly % | New indicator | 20% | 62.6% | 213% | The Ideal Clinic Programme is being implemented using a phased approach with the objective to cover 100% of clinics and CHCs by 2020. The better than expected performance is attributed to the focus on a smaller sample of facilities (225) as opposed to the total number of clinics and CHCs to improve compliance with the Ideal Clinic standards. |
| | <i>Number of fixed PHC facilities scoring above 80% on the ideal clinic dashboard</i> | <i>Documented evidence of assessment outcome</i> | <i>No</i> | <i>-</i> | <i>119</i> | <i>141</i> | | |
| | <i>Number of fixed PHC facilities that conducted an assessment using the ideal clinic dashboard to date in the financial year</i> | <i>Documented evidence of assessment</i> | <i>No</i> | <i>-</i> | <i>594¹⁸</i> | <i>225</i> | | |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.5) Sustain a 100% patient experience of care survey rate in all public health facilities from March 2016 | 4. Patient experience of care survey rate (fixed PHC facilities) | PEC Survey | Quarterly % | 71.5% | 100% | 33.5% | (66.5%) | Inadequate oversight and scheduling of Patient Satisfaction Surveys at facility level remains a challenge. Participation of Quality Assurance Managers in regular peer reviews of targeted Ideal Clinics further jeopardised performance. |
| | <i>Total number of fixed PHC facilities that conducted a patient experience of care survey to date in the current financial year</i> | <i>PEC evidence</i> | <i>No</i> | <i>429</i> | <i>594</i> | <i>204</i> | | |
| | <i>Total number of fixed PHC facilities</i> | <i>DHIS calculates</i> | <i>No</i> | <i>600</i> | <i>594</i> | <i>608</i> | | |

¹⁸Excludes NGO's and State-Aided facilities

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|---|--|-------------------------|----------------|----------------------------|---|--|--|---|
| 5.1.1) Sustain a patient experience of care rate of 95% (or more) at all public health facilities by March 2020 | 5. Patient experience of care rate at PHC facilities | PEC results | Annual % | 88% | 75% | 86% | 14.6% | Performance above target is a positive result, partly subscribed to intensified focus on implementation of the Ideal Clinic Standards which target patient satisfaction. |
| | <i>Sum of patient experience of care survey scores (in %) of all PHC facilities that conducted a patient experience of care survey to date in the current financial year</i> | PEC reports | No | 11 124 | 3 450 | 9 080 | | |
| | <i>Sum of patients participating in the Patient Experience of Care Survey</i> | PSS Reports | No | 12 609 | 4 600 | 10 583 | | |
| Strategic Objective 1.5: Accelerate implementation of PHC re-engineering | | | | | | | | |
| 1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage with at least 15% per annum | 6. Outreach household registration visit coverage (annualised) | DHIS | Quarterly % | 4.1% | 60% | 25.1% | (59.5%) | The denominator used for target setting was incorrect. That has since been corrected for the 2016/17 MTEF. The significant increase in coverage compared with 2014/15 (512%) and increase of 513 758 registered households can be ascribed to an increase in active Ward Based Outreach Teams and improved capturing of community-based data. |
| | <i>Outreach household registration visit</i> | DHIS/Tick register WBOT | No | 103 852 | 68 097 | 617 610 | | |
| | <i>Households in the population</i> | District Records | No | 2 539 430 | 113 495 | 2 549 433 | | |
| 1.5.5) Maintain 4 complete district clinical specialist teams and the remaining 7 teams with all nursing posts filled from March 2018 onwards | 7. Number of districts with District Clinical Specialist Teams | Documented evidence | Quarterly No | 0 Complete District Teams | 2 Complete District Teams and remaining 9 Districts Teams with all nursing posts filled | 0 Complete District Teams 11 Districts with teams with all nursing posts filled | (100%) | The recruitment and retention of team members remains a challenge especially pertaining to clinical specialists. Incomplete teams continue to render specialist services and recruitment is ongoing. |
| 1.5.3) Increase the PHC utilisation rate to 3.1 visits per person per year by March 2020 | 8. PHC utilisation rate (annualised) | DHIS | Quarterly No | 2.9 | 3 | 2.9 | (3.3%) | Whilst the Department strive to maximise access to services it also seeks to decongest facilities through introduction of community-based services including the introduction of CCDM which allows patients to access chronic treatment at community level. More than 155 697 patients enrolled during 2015/16. A significant number of PHC patients still access |
| | <i>PHC headcount total</i> | DHIS/PHC tick register | No | 31 232 092 | 32 234 839 | 30 745 821 ¹⁹ | | |
| | <i>Population total</i> | DHIS/ Stats SA | Population | 10 571 313 | 10 688 165 | 10 688 165 | | |

¹⁹ This includes clinics, CHC's, mobiles, reproductive and specialised clinics

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|---|--|----------------------------|----------------|----------------------------|------------------------|----------------------------|--|---|
| | | | | | | | | PHC services at hospital level which impact on the total PHC headcount. The introduction of the ROR (Reduction of Registers) initiative is expected to eliminate over/ under reporting. |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards | 9. Complaint resolution rate | DHIS | Quarterly % | 77.3% | 80% | 80.6% | 0.75% | The Department considers the variance within an acceptable deviation range. |
| | <i>Complaint resolved</i> | <i>Complaints Register</i> | <i>No</i> | 3 690 | 3 520 | 3 970 | | |
| | <i>Complaint received</i> | <i>Complaints Register</i> | <i>No</i> | 4 774 | 4 400 | 4 925 | | |
| 5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities from March 2018 onwards | 10. Complaint resolution within 25 working days rate | DHIS | Quarterly % | 90.7% | 90% | 94.1% | 4.5% | Performance above target viewed as a positive result. Implementation of the new Complaints Policy is considered one of the contributing factors for improved performance. |
| | <i>Complaint resolved within 25 working days</i> | <i>Complaint register</i> | <i>No</i> | 3 348 | 3 168 | 3 735 | | |
| | <i>Complaint resolved</i> | <i>Complaint register</i> | <i>No</i> | 3 690 | 3 520 | 3 970 | | |

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Table 19: Provincial Strategic Objectives, Indicators and Targets

| APP 2015/16: Table 31, Pages 94 – 95 | | | | | | | | |
|--|--|-------------------------------|----------------|----------------------------|------------------------|----------------------------|---|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement for 2015/16 | Comment on Deviation |
| Strategic Objective 2.1: Increase life expectancy at birth | | | | | | | | |
| 2.1.1) Increase the total life expectancy to 60.5 years by March 2020 | 1. Life expectancy at birth - Total | Stats SA mid-year estimates | Annual Years | 62.5 years | 58.6 years | 57.7 years ²⁰ | (1.5%) | The Department considers the deviation within an acceptable deviation range. Life expectancy is influenced by a number of variables including social determinants of health e.g. poverty and deprivation, access to basic services, etc. |
| 2.1.2) Increase the life expectancy of males to 58.4 years by March 2020 | 2. Life expectancy at birth - Male | Stats SA mid-year estimates | Annual Years | 60.5 years | 56.4 years | 57 years | 1.1% | |
| 2.1.3) Increase the life expectancy of females to 62.7 years by March 2020 | 3. Life expectancy at birth - Female | Stats SA mid-year estimates | Annual Years | 64.3 years | 60.7 years | 58.4 years | (3.8%) | |
| Strategic Objective 1.5: Accelerate implementation of PHC re-engineering | | | | | | | | |
| 1.5.4) Increase the PHC utilisation rate under 5 years to 4.8 visits per child by March 2020 | 4. PHC utilisation rate under 5 years (annualised) | DHIS | Quarterly No | 4.4 | 4.5 | 4.5 | 0% | No deviation |
| | <i>PHC headcount under 5 years</i> | <i>DHIS/PHC tick register</i> | <i>No</i> | <i>5 064 825</i> | <i>5 213 487</i> | <i>5 184 506</i> | | |
| | <i>Population under 5 years</i> | <i>DHIS/Stats SA</i> | <i>No</i> | <i>1 164 382</i> | <i>1 154 059</i> | <i>1 154 061</i> | | |
| 1.5.6) Increase the expenditure per PHC headcount to R 326 by March 2018 | 5. Expenditure per PHC headcount | DHIS/ BAS | Quarterly R | R 275 | R 300 | R 319 | 6.3% | The higher than expected expenditure (R19) is considered within an acceptable deviation range taking into consideration the high number of ART patients down referred to PHC facilities, which increased the medication cost at PHC level. |
| | <i>Total expenditure PHC (Sub-Programme 2.2-2.7)</i> | <i>BAS</i> | <i>R'000</i> | <i>8 599 800</i> | <i>9 675 023</i> | <i>9 815 401</i> | | |
| | <i>PHC headcount total</i> | <i>DHIS calculates</i> | <i>No</i> | <i>31 232 092</i> | <i>32 234 839</i> | <i>30 745 821</i> | | |

²⁰ Source for all life expectancy indicators from Stats SA 2015 mid-year estimates

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement for 2015/16 | Comment on Deviation |
|--|--|----------------------------|------------------------------|----------------------------|------------------------|----------------------------|---|---|
| 1.5.7) Increase School Health Teams to 260 by March 2020 | 6. Number of School Health Teams (cumulative) | District Records/ Persal | Quarterly No (cumulative) | 170 | 206 | 214 | 3.7% | Performance better than expected mainly as a result of filling of posts advertised in 2014/15 and improved utilisation of existing resources e.g. vehicles that enables teams to function optimally. |
| 1.5.2) Increase the number of ward based outreach teams in the 169 wards worst affected by poverty to 169 by March 2020 as part of the Poverty Eradication Master Plan | 7. Number of Ward Based Outreach Teams in the 169 wards worst affected by poverty (cumulative) | District Records/ Persal | Quarterly No (cumulative) | New indicator | 20 | 135 | 575% | Performance above target viewed as a positive result. Current Ward Based Teams cover more than 1 ward depending on the location and number of wards in the catchment population. |
| 1.5.8) Increase the accredited Health Promoting Schools to 380 by March 2020 | 8. Number of accredited Health Promoting Schools (cumulative) | Health Promotion database | Quarterly No (cumulative) | 278 | 319 | 297 | (6.8%) | The Department views the deviation (-5 schools) within an acceptable deviation range. Accreditation of schools is dependent on a variety of factors that cause unintended delays in accreditation e.g. infrastructure challenges at schools, etc. |
| Strategic Objective 5.2: Improve quality of care | | | | | | | | |
| 5.2.4) Improve efficiencies in dental health by reducing the dental extraction to restoration ratio to less than 12 by March 2020 | 9. Dental extraction to restoration ratio | DHIS | Quarterly No | 19:1 | 15:1 | 19.6:1 | (30.6%) | Patients are still presenting too late at facilities for tooth restoration. |
| | <i>Tooth extraction</i> | <i>DHIS/ Tick register</i> | <i>No</i> | <i>559 020</i> | <i>583 951</i> | <i>548 034</i> | | |
| | <i>Tooth restoration</i> | <i>DHIS/ Tick register</i> | <i>No</i> | <i>29 444</i> | <i>38 930</i> | <i>27 957</i> | | |

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HIV, AIDS, STI and TB Control

STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS & ACTUAL ACHIEVEMENTS

Table 20: (HIV1) Situation Analysis Indicators

| APP 2015/16: Table 41, Pages 117 – 120 | | | | | | | | | | | | | |
|--|-----------|-----------------------|-------------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| Indicator | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umzinyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | Ilembe 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
| 1. Total clients remaining on ART | No | 1 059 193 | 76 414 | 117 623 | 63 318 | 49 497 | 48 522 | 85 939 | 71 510 | 98 906 | 59 354 | 46 656 | 341 751 |
| 2. Client tested for HIV (including ANC) | No | 2 627 230 | 230 867 | 289 492 | 129 382 | 188 569 | 141 189 | 194 170 | 117 811 | 185 181 | 144 066 | 144 702 | 861 801 |
| 3. TB symptom 5yrs and older screened rate | % | 25.3% | 24.4% | 24.6% | 19.3% | 33.0% | 83.6% | 23.5% | 20.0% | 21.9% | 24.0% | 30.0% | 29.0% |
| <i>Client 5 years and older screened for TB symptoms</i> | <i>No</i> | <i>6 491 562</i> | <i>519 606</i> | <i>618 254</i> | <i>291 596</i> | <i>437 327</i> | <i>832 230</i> | <i>431 026</i> | <i>366 787</i> | <i>487 865</i> | <i>407 986</i> | <i>339 451</i> | <i>175 9494</i> |
| <i>PHC headcount 5 years and older</i> | <i>No</i> | <i>25 561 315</i> | <i>2 124 643</i> | <i>2 508 838</i> | <i>1 505 812</i> | <i>1 311 979</i> | <i>994 815</i> | <i>1 833 923</i> | <i>1 830 503</i> | <i>2 227 302</i> | <i>1 695 700</i> | <i>1 130 974</i> | <i>8 396 826</i> |
| 4. Male condom distribution coverage (annualised) | No | 54.5 | 54.3 | 73.1 | 61.6 | 136.3 | 55.9 | 72.6 | 49.1 | 38.3 | 40.5 | 78.5 | 39.2 |
| <i>Male condoms distributed</i> | <i>No</i> | <i>184 431 641</i> | <i>11 804 023</i> | <i>26 311 875</i> | <i>12 355 017</i> | <i>19 045 407</i> | <i>9 057 802</i> | <i>17 852 683</i> | <i>8 931 913</i> | <i>10 095 127</i> | <i>8 526 402</i> | <i>10 804 815</i> | <i>49 646 5175</i> |
| <i>Population 15 years and older male</i> | <i>No</i> | <i>3 370 509</i> | <i>216 466</i> | <i>358 185</i> | <i>199 829</i> | <i>139 055</i> | <i>161 175</i> | <i>244 623</i> | <i>181 018</i> | <i>262 180</i> | <i>209 313</i> | <i>136 858</i> | <i>1 261 807</i> |
| 5. Female condom distribution rate (annualised) | No | 1.5 | 2.4 | 2.3 | 1.3 | 1.1 | 0.4 | 2.1 | 1.4 | 1.3 | 1.3 | 1.1 | 1.3 |

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APP 2015/16: Table 41, Pages 117 – 120

| Indicator | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umzinyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | llembe 2015/16 | Harry Gwala 2015/16 | eThekwini 2015/16 |
|---|------|-----------------------|----------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| <i>Female condoms distributed</i> | No | 5 770 644 | 660 068 | 942 862 | 325 611 | 218 210 | 76 199 | 644 794 | 306 501 | 438 256 | 315 361 | 192 427 | 1 650 355 |
| <i>Population 15 years and older female</i> | No | 3 892 659 | 269 530 | 407 303 | 255 539 | 197 218 | 186 880 | 298 649 | 224 686 | 341 759 | 246 013 | 169 954 | 1 295 128 |
| 6. Medical male circumcision performed | No | 124 086 | 14 614 | 14 127 | 7 650 | 10 736 | 6332 | 9 827 | 6 431 | 13 426 | 7 344 | 4 954 | 28 645 |
| 7. TB new client treatment success rate | % | 84.5% | 86.3% | 87.7% | 85.6% | 88.5% | 87.3% | 86.7% | 91.9% | 97.4% | 91.3% | 82% | 77.8% |
| <i>TB client successfully completed treatment</i> | No | 19 313 | 2 542 | 1 796 | 1 075 | 714 | 683 | 1 041 | 1 191 | 1 718 | 1 001 | 753 | 6 799 |
| <i>TB client start on treatment</i> | No | 22 853 | 2 946 | 2 048 | 1 256 | 807 | 782 | 1 201 | 1 296 | 1 764 | 1 096 | 918 | 8 739 |
| 8. TB client lost to follow up rate | % | 4% | 3.8% | 4.5% | 1.4% | 3.2% | 4.2% | 4.2% | 0.2% | 0.3% | 3% | 5.2% | 5.6% |
| <i>TB client lost to follow up</i> | No | 918 | 112 | 92 | 17 | 26 | 33 | 50 | 2 | 6 | 33 | 48 | 490 |
| <i>TB client start on treatment</i> | No | 22 853 | 2 946 | 2 048 | 1 256 | 807 | 782 | 1 201 | 1 296 | 1 764 | 1 096 | 918 | 8 739 |
| 9. TB death rate | % | 3.4% | 3% | 3.6% | 4.3% | 6.8% | 5.5% | 4.7% | 1.7% | 0.6% | 3.2% | 5.3% | 2.9% |
| <i>TB client death during treatment</i> | No | 772 | 89 | 73 | 54 | 55 | 43 | 57 | 22 | 11 | 35 | 49 | 253 |
| <i>TB client on treatment</i> | No | 22 853 | 2 946 | 2 048 | 1 256 | 807 | 782 | 1 201 | 1 296 | 1 764 | 1 096 | 918 | 8 739 |

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| Indicator | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umzinyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | Ilembu 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
|---|-----------|-----------------------|----------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| 10. TB MDR confirmed treatment initiation rate | % | 100% | 100% | 100% | 0% (New site) | 100% | 0% (New site) | 100% | 100% | 100% | 0% (New site) | 100% | 100% |
| <i>TB MDR confirmed client start on treatment</i> | <i>No</i> | <i>3 906</i> | <i>347</i> | <i>358</i> | <i>0</i> | <i>107</i> | <i>0</i> | <i>348</i> | <i>320</i> | <i>422</i> | <i>0</i> | <i>180</i> | <i>1 824</i> |
| <i>TB MDR confirmed client</i> | <i>No</i> | <i>3 906</i> | <i>347</i> | <i>358</i> | <i>0</i> | <i>107</i> | <i>0</i> | <i>348</i> | <i>320</i> | <i>422</i> | <i>0</i> | <i>180</i> | <i>1 824</i> |
| 11. TB MDR treatment success rate | % | 58% | 61% | 60% | 0% (New site) | 63.5% | 0% (New site) | 59.8% | 63.7% | 56.8% | 0% (New site) | 60% | 55.9% |
| <i>TB MDR client successfully completed treatment</i> | <i>No</i> | <i>2 267</i> | <i>212</i> | <i>215</i> | <i>0</i> | <i>69</i> | <i>0</i> | <i>198</i> | <i>204</i> | <i>240</i> | <i>0</i> | <i>180</i> | <i>1 021</i> |
| <i>TB MDR confirmed client start on treatment</i> | <i>No</i> | <i>3 906</i> | <i>347</i> | <i>358</i> | <i>0</i> | <i>107</i> | <i>0</i> | <i>348</i> | <i>320</i> | <i>422</i> | <i>0</i> | <i>180</i> | <i>1 824</i> |

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Table 21: Programme Performance Indicators

| APP 2015/16: Table 43, Pages 122 – 127 | | | | | | | | |
|--|--|---------------------------------|-----------------|----------------------------|-----------------------------------|-----------------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 2.3: Manage HIV prevalence | | | | | | | | |
| 2.3.2) Increase the number of patients on ART to 1 450 000 (cumulative) by March 2018 | 1. Total clients remaining on ART | DHIS/ ART Register | Quarterly No | 951 462 cumulative | 1 276 200 ²¹ | 1 059 193 | (17.0%) | Sub-optimal tracking and linkage of eligible patients to care after the Policy change for initiation of patients on ART with CD4 count 500 and below, which required substantial resources that were not planned for due to timing of policy implementation. Slower than expected progress in PHC Nurses initiating children on ART. |
| Strategic Objective 2.2: Reduce HIV Incidence | | | | | | | | |
| 2.2.2) Test 9 million people for HIV by March 2020 (cumulative) | 2. Client tested for HIV (including ANC) | DHIS | Quarterly No | New indicator | 2 067 065 4 134 130 cumulative | 2 627 230 6 761 360 cumulative | 27.0% | Performance above target viewed as a positive result. The better than expected results is attributed to scaling up of integrated HIV testing programmes in all health facilities, screening during community outreach events, and improved reporting by NGOs partners. |
| Strategic Objective 2.4: Improve TB outcomes | | | | | | | | |
| 2.4.5) Increase the TB screening rate for people 5 years and older to at least 70% by March 2020 | 3. TB symptom 5yrs and older screened rate | ETR.Net | Quarterly % | New indicator | 20% | 25.3% | 26.5% | The better than expected performance can be ascribed to intensified focus on TB prevention and screening in health facilities as part of the 90-90-90 Strategy implementation. Reporting at facility level improved with reviewed TB data flow to allow for the capturing of TB screening data in the new ROR Tool at facility level. |
| | <i>Client 5 years and older screened for TB symptoms</i> | <i>DHIS/ Tick Register</i> | <i>No</i> | <i>-</i> | <i>6 417 887</i> | <i>6 491 562</i> | | |
| | <i>PHC headcount 5 years and older</i> | <i>DHIS/ Stats SA Estimates</i> | <i>No</i> | <i>-</i> | <i>32 089 437</i> | <i>25 561 315²²</i> | | |

²¹ The MTEF targets have been aligned with the projected targets in the Provincial draft DORA Business Plan (HIV/AIDS Grant). The final DORA Business Plan was not available before finalisation of the APP

²² Aligns with the same criteria as the PHC Headcount i.e. includes clinics, CHCs, mobiles, reproductive and special clinics only

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|--|---|------------------------------------|------------------------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective 2.2: Reduce HIV Incidence | | | | | | | | |
| 2.2.3) Increase the male condom distribution rate to 60.8 condoms per male per year by March 2018 | 4. Male condom distribution coverage (annualised) | DHIS | Quarterly No | 58.9 | 62.9 ²³ | 54.5 | (13.3%) | The lower than expected output is mainly due to delays with approval of a new contract for the procurement of condom distributors. Coverage is expected to increase in 2016/17 as condom distributors is expected to be appointed at district level. |
| | <i>Male condoms distributed</i> | <i>DHIS/ Distribution evidence</i> | No | 196 002 188 | 212 000 000 | 184 431 641 | | |
| | <i>Population 15 years and older male</i> | <i>DHIS/ Stats SA estimates</i> | No | 3 314 204 | 3 370 509 | 3 370 509 | | |
| 2.2.4) Increase the female condom distribution rate to 0.9 condoms per female per year by March 2018 | 5. Female condom distribution rate (annualised) | DHIS | Quarterly No | 1.5 | 0.9 ²⁴ | 1.5 | 66.6% | The target, based on a reduced number of distributed female condoms, was not realistic. Cost of additional condoms covered by the reduced number of male condoms distributed in the reporting year. |
| | <i>Female condoms distributed</i> | <i>DHIS/ Distribution evidence</i> | No | 5 600 766 | 3 500 000 | 5 770 644 | | |
| | <i>Population 15 years and older female</i> | <i>DHIS/ Stats SA estimates</i> | No | 3 835 859 | 3 892 659 | 3 892 659 | | |
| 2.2.5) Increase the medical male circumcisions to 3,021,714 by March 2018 | 6. Medical male circumcision performed | MMC Register/ DHIS calculates | Quarterly No (cumulative) | 448 276 | 631 374 ²⁵ | 572 363 | (9.3%) | SCM delays in the procurement of disposable packs influenced performance negatively. ²⁶ |
| Strategic Objective 2.4: Improve TB outcomes | | | | | | | | |

²³ Both male and female condom distribution (indicators 4 & 5) remain constant over the MTEF (decreasing the ratio) which is not consistent with strategy to increase condom distribution. This has been discussed with the HIV/AIDS Unit. The Unit indicated that the number of condoms to be distributed will NOT change

²⁴ Unrealistic target discussed with the HAST Unit – on their request the target was not changed

²⁵ The targets seem unrealistic taking into consideration current performance and available resources – the HIV/AIDS Programme indicated that the intended strategies will increase the number of procedures significantly therefore keeping the target

²⁶ MMC uptake was adversely influenced by negative media reports and high staff turnover of HCW trained on MMC. A technical working group was appointed to address negative media coverage

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|---|---|---------------------|----------------|--------------------------------|------------------------|----------------------------|--|--|
| 2.4.1) Increase the TB new client treatment success rate to 90% (or more) by March 2020 | 7. TB new client treatment success rate | ETR.Net | Quarterly % | 85.3% | 85% | 84.5% | (0.6%) | The Department considers the variance within an acceptable deviation range. |
| | <i>TB client successfully completed treatment</i> | <i>TB register</i> | <i>No</i> | <i>26 533</i> | <i>27 149</i> | <i>19 313</i> | | |
| | <i>TB client start on treatment</i> | <i>TB Register</i> | <i>No</i> | <i>31 080</i> | <i>31 940</i> | <i>22 853</i> | | |
| 2.4.6) Decrease the TB client lost to follow up to 2.5% (or less) by March 2020 | 8. TB client lost to follow up rate | ETR.Net | Quarterly % | 4.1% ²⁷ | 3.9% | 4% | (2.6%) | The Department considers the variance within an acceptable deviation range. The number of TB tracing teams decreased year-on-year which is placing additional pressure on current tracing resources. |
| | <i>TB client lost to follow up</i> | <i>TB Register</i> | <i>No</i> | <i>1 288</i> | <i>1 530</i> | <i>918</i> | | |
| | <i>TB client start on treatment</i> | <i>TB Register</i> | <i>No</i> | <i>31 080</i> | <i>38 255</i> | <i>22 853</i> | | |
| 2.4.3) Decrease the TB death rate to 2% by March 2020 | 9. TB death rate | ETR.Net | Annual % | 4.3% | 4% | 3.4% | 15% | The Department considers performance as a positive result, and views the variance within an acceptable deviation range. |
| | <i>TB client death during treatment</i> | <i>TB Register</i> | <i>No</i> | <i>1 271</i> | <i>1 277</i> | <i>772</i> | | |
| | <i>TB client on treatment</i> | <i>TB Register</i> | <i>No</i> | <i>29 646</i> | <i>31 940</i> | <i>22 853</i> | | |
| 2.4.7) Improve Drug Resistant TB outcomes by ensuring that 90% (or more) diagnosed MDR/XDR-TB patients are initiated on treatment by March 2020 | 10. TB MDR confirmed treatment initiation rate | ETR.Net | Annual % | Not available from NHLS | 60% | 100% | 66.7% | The better than expected performance is as a result of improved clinical management and compliance with TB MDR policies and guidelines. Although NHLS system failure remains a challenge, the Department started using patient ID numbers in facilities to capture TB MDR confirmed clients through the MDR reporting system. |
| | <i>TB MDR confirmed client start on treatment</i> | <i>MDR Register</i> | <i>No</i> | <i>3 927</i> | <i>750</i> | <i>3 906</i> | | |
| | <i>TB MDR confirmed client</i> | <i>MDR Register</i> | <i>No</i> | <i>Not available from NHLS</i> | <i>1 250</i> | <i>3 906</i> | | |
| 2.4.4) Increase the MDR-TB treatment success | 11. TB MDR treatment success rate | ETR.Net | Annual % | New indicator | 60.9% | 58% | (4.8%) | The lower than expected performance can be attributed to inadequate TB Tracing Teams to |

²⁷Previously reported as "TB Defaulter Rate"

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|-------------------------------------|---|---------------------|----------------|----------------------------|------------------------|----------------------------|--|---|
| rate to 75% (or more) by March 2020 | <i>TB MDR client successfully completed treatment</i> | <i>MDR Register</i> | <i>No</i> | - | 450 | 2 267 | | cover all communities for follow up of the increasing number of patients initiated on treatment. This resulted in clients being lost to follow up and clients not completing treatment. |
| | <i>TB MDR confirmed client start on treatment</i> | <i>MDR Register</i> | <i>No</i> | - | 750 | 3 906 | | |

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Table 22: Provincial Strategic Objectives and Targets

| APP 2015/16: Table 44, Pages 125 – 127 | | | | | | | | |
|---|--|---------------------|----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 2.4: Improve TB outcomes | | | | | | | | |
| 2.4.8) Maintain the MDR-TB six month interim outcome at 85% (or more) from March 2018 onwards | 1. TB MDR six month interim outcome | EDR Web | Annual % | 14% | 75% | 18% | (76%) | <p>The target was based on manual calculation of the indicator hence steep expected increase.</p> <p>The actual performance is suspected to be significantly under-reported as the EDR.Web patient information system for reporting DR-TB is still in the early stages of implementation. Data in the system is calculated based on the monthly culture results per patient captured in the system.</p> <p>The system's algorithm only considers cultures taken between the 27th and 30th of the month after which it closes. Most of the results are therefore not considered for the interim phase and calculated on outcome.</p> <p>System developers (contracted by the NDOH) are in the process to revise the system to collect all results on time including weekends and holidays, which is not currently captured. In addition, a high number of patients do not comply with appointment dates, resulting in a turn-around-time of more than 6 weeks.</p> |
| | <i>Number of patients with a negative culture at 6 months who started treatment for 9 months</i> | <i>EDR register</i> | <i>No</i> | <i>216</i> | <i>2 400</i> | <i>350</i> | | |
| | <i>Total patients who started treatment in the same period</i> | <i>EDR register</i> | <i>No</i> | <i>1 559</i> | <i>3 200</i> | <i>1 964</i> | | |
| 2.4.7) Improve Drug Resistant TB outcomes by ensuring that 90% (or more) diagnosed MDR/XDR-TB patients are initiated on treatment by March 2020 | 2. Number of patients that started XDR-TB treatment | EDR Web | Annual No | 130 | 400 | 165 | (58.75%) | <p>The target was based on incorrect projections for XDR-TB.</p> <p>The actual performance is in line with previous year's performance. The 2016/17 MTEF targets have been adjusted in line with actual performance.</p> |
| 2.4.9) Increase the XDR-TB six month interim | 3. XDR-TB six month interim outcome | EDR Web | Annual % | 2.5% | 60% | 5% | (91.6%) | The actual performance is suspected to be under-reported due to the ETR.net |

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|--|---|--|--------------------------|----------------------------|------------------------|----------------------------|--|---|
| outcome to 80% by March 2020 | <i>Number of clients with a negative culture at six months who has had started treatment for 9 months</i> | EDR register | No | 3 | 120 | 7 | | Information system only making provision for a 30 day window period for evaluation of cases. The turn-around-time for sputum is greater than 6 weeks for cultivated cultures, which is impacting on evaluated cases captured within the window period. The NDOH is revising the ETR.net system and timelines. |
| | <i>Total of patients who started treatment in the same period</i> | EDR register | No | 120 | 200 | 142 | | |
| 2.4.2) Reduce the TB incidence to 400 (or less) per 100 000 by March 2020 | 4. TB incidence (per 100 000 population) | ETR.Net | Annual No per 100,000 | 828/ 100 000 | 700/ 100 000 | 642.5/ 100 000 | 8.21% | Performance above target viewed as a positive result. The decrease in the number of TB cases is a Global trend. |
| | <i>New confirmed TB cases</i> | ETR.Net/ TB Register | No | 87 518 | 74 817 | 68 678 | | |
| | <i>Total population in KZN</i> | DHIS/Stats SA | Population | 10 571 312 | 10 688 165 | 10 688 165 | | |
| Strategic Objective 2.2: Reduce HIV Incidence | | | | | | | | |
| 2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020 (ASSA2008 estimates) | 5. HIV incidence | ASSA2008 estimates (not collected by the Department) | Annual % | 1.01% | 1.01% | 1.01% | 0% | No deviation |
| 2.2.6) Decrease the STI incidence to 56.5/ 1000 by March 2018 | 6. STI treated new episode incidence (annualised) | DHIS | Quarterly No per 1000 | 61.7/ 1 000 | 60/ 1000 | 57.4/ 1 000 | 4.3% | Performance above target viewed as a positive result. Scaling up of HIV/AIDS prevention initiatives inadvertently have a positive impact on STI prevention outcomes. |
| | <i>STI treated new episode</i> | DHIS/Tick register PHC/casualty | No | 442 568 | 435 790 | 418 758 | | |
| | <i>Population 15 years and older</i> | DHIS/Stats SA | Population | 7 150 063 | 7 263 166 | 7 263 166 | | |
| 2.2.7) Increase the HIV testing coverage to 65% | 7. HIV testing coverage (annualised) | DHIS calculates | Quarterly % | 35.6% | 59.4% | 38% | (36%) | The lower than expected performance can be ascribed to missed opportunities at facility |

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|--|--|---|-------------------|--|------------------------|--|--|--|
| by March 2018 | <i>HIV test client 15-49 years</i> | <i>DHIS/Tick register PHC & Counsellor</i> | <i>No</i> | <i>2 005 550</i> | <i>3 384 862</i> | <i>1 893 689</i> | | level mainly due to high workloads in some facilities and inadequate HIV/AIDS counsellors at facility level. Implementation of the 90-90-90 strategy re-prioritised HIV testing which is expected to increase coverage. |
| | <i>Population 15-49 years</i> | <i>DHIS/Stats SA</i> | <i>Population</i> | <i>5 619 285</i> | <i>5 697 177</i> | <i>5 697 177</i> | | |
| 2.3.1) Reduce the HIV prevalence among 15-24 year old pregnant women to 25% by March 2020 | 8. HIV prevalence among 15 to 24 year old pregnant women | HIV prevalence survey (NDOH) – data not routinely collected | Annual % | 2014/15 Prevalence Survey not yet released | 25.7% | 2015 National HIV Prevalence Survey not yet released | Not applicable | The National 2015 HIV Prevalence Survey has not yet been released – release expected in October 2016. |
| Strategic Objective 2.4: Improve TB outcomes | | | | | | | | |
| 2.4.10) Maintain a 90% (or more) TB AFB sputum result turn-around time of under 48 hours from March 2018 onwards | 9. TB AFB sputum result turn-around time under 48 hours rate | ETR.Net calculates | Quarterly % | 82.3% | 85% | 83% | (2.4%) | Extended turn-around time in clinics without connectivity. The improved performance compared to 2014/15 is viewed as a positive result. |
| | <i>TB AFB sputum result received within 48 hours</i> | <i>TB register</i> | <i>No</i> | <i>574 268</i> | <i>337 908</i> | <i>297 181</i> | | |
| | <i>TB AFB sputum sample sent</i> | <i>TB Register</i> | <i>No</i> | <i>697 722</i> | <i>397 539</i> | <i>358 027</i> | | |
| 2.4.11) Maintain TB (new pulmonary) cure rate of 85% from March 2016 onwards | 10. TB (new pulmonary) cure rate | ETR.Net calculates | Quarterly % | 83.7% | 85% | 79.8% | (6.1%) | There are still a high number of un-evaluated cases in eThekweni, partly due to patients accessing services from outside the eThekweni catchment population, which complicates effective follow up. Challenges with the TB Information System also negatively impact on data completeness. System challenges are being addressed by system developers contracted by the NDOH. |
| | <i>TB (new pulmonary) client cured</i> | <i>TB register</i> | <i>No</i> | <i>26 002</i> | <i>27 149</i> | <i>18 249</i> | | |
| | <i>TB (new pulmonary) client initiated on treatment</i> | <i>TB Register</i> | <i>No</i> | <i>31 080</i> | <i>31 940</i> | <i>22 853</i> | | |

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VOTE 7

Maternal, Child & Women's Health and Nutrition

STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 23: (MCWH1) Situation Analysis Indicators

| APP 2015/16: Table 47, Pages 134 – 138 | | | | | | | | | | | | | | |
|--|------|-----------------------|----------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|--|
| Indicator | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umzinyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | Ilembu 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 | |
| 1. Antenatal 1st visit before 20 weeks rate | % | 64.8% | 65.8% | 68.7% | 61.3% | 68.4% | 58.5% | 67.0% | 66.4% | 63.1% | 65.9% | 64.6% | 63.8% | |
| <i>Antenatal 1st visit before 20 weeks</i> | No | 135 367 | 9 098 | 11 911 | 8 091 | 8 449 | 5 408 | 12 180 | 10 604 | 12 900 | 8 225 | 6 460 | 42 041 | |
| <i>Antenatal 1st visit total</i> | No | 208 903 | 13 826 | 17 328 | 13 206 | 12 360 | 9 200 | 18 182 | 15 972 | 20 442 | 12 482 | 10 007 | 65 898 | |
| 2. Mother postnatal visit within 6 days rate | % | 69.8% | 63.6% | 65.1% | 77.0% | 76.4% | 71.9% | 59.1% | 79.8% | 67.7% | 74.2% | 72.8% | 69.5% | |
| <i>Mother postnatal visit within 6 days after delivery</i> | No | 129 873 | 8 309 | 11 534 | 9 261 | 8 258 | 6 289 | 9 135 | 11 293 | 12 857 | 7 719 | 5 858 | 39 360 | |
| <i>Delivery in facility total</i> | No | 186 063 | 13 070 | 17 722 | 12 032 | 10 804 | 8 745 | 15 465 | 14 158 | 18 983 | 10 398 | 8 050 | 56 636 | |
| 3. Antenatal client initiated on ART rate | % | 97.6% | 98.3% | 97.2% | 98.6% | 95.5% | 92.6% | 99.3% | 98.8% | 99.3% | 100% | 93.4% | 97.4% | |
| <i>Antenatal client initiated on ART</i> | No | 43 733 | 2 928 | 3 859 | 2 465 | 1 965 | 1 875 | 3 827 | 3 194 | 4 206 | 2 701 | 1 703 | 15 009 | |
| <i>Antenatal client eligible for ART</i> | No | 44 786 | 2 979 | 3 970 | 2 499 | 2 058 | 2 024 | 3 855 | 3 232 | 4 237 | 2 702 | 1 823 | 15 408 | |
| 4. Infant 1st PCR test positive around 6 weeks rate | % | 1.2% | 1.3% | 1.6% | 0.8% | 1.2% | 1.9% | 1.5% | 0.5% | 0.8% | 1.2% | 1.1% | 1.2% | |
| <i>Infant 1st PCR test positive around 6 weeks</i> | No | 521 | 44 | 49 | 21 | 29 | 40 | 58 | 15 | 49 | 27 | 29 | 160 | |
| <i>Infant 1st PCR test around 6 weeks</i> | No | 44 400 | 3 426 | 3 118 | 2 672 | 2 502 | 2 082 | 3 781 | 2 822 | 5 849 | 2 198 | 2 616 | 13 334 | |
| 5. Immunisation coverage under 1 year (annualised) | % | 85.0% | 82.9% | 72.9% | 84.7% | 92.2% | 80.9% | 78.1% | 87.5% | 81.5% | 77.6% | 68.5% | 97.6% | |
| <i>Immunised fully under 1 year new</i> | No | 191 946 | 14 255 | 15 272 | 14 000 | 12 021 | 9 957 | 16 111 | 14 571 | 18 991 | 10 761 | 8 798 | 57 209 | |

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| Indicator | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umzimyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | llembe 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
|--|------|-----------------------|----------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| <i>Population under 1 year</i> | No | 227 216 | 17 535 | 20 925 | 16 705 | 13 362 | 12 204 | 20 712 | 16 930 | 23 324 | 14 077 | 12 799 | 58 825 |
| 6. Measles 2nd dose coverage (annualised) | % | 82.6% | 84.9% | 69.4% | 82.5% | 95.2% | 87.2% | 72.6% | 82.3% | 88.9% | 75.1% | 75.2% | 87.1% |
| <i>Measles 2nd dose</i> | No | 189 035 | 15 138 | 14 772 | 13 608 | 12 511 | 10 463 | 14 899 | 13 915 | 21 077 | 10 427 | 9 542 | 52 683 |
| <i>Population 1 year</i> | No | 227 216 | 17 535 | 20 925 | 16 705 | 13 362 | 12 204 | 20 712 | 16 930 | 23 324 | 14 077 | 12 799 | 58 825 |
| 7. DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate | % | -6.8% | -12.2% | -2.6% | -7.1% | -38.2% | -16.1% | -29% | -18.7% | -16.5% | 6.1% | -18.8% | 8.0% |
| <i>DTaP-IPV/Hib 3 to Measles1st dose drop-out</i> | No | -12 964 | -1 667 | -406 | -1 013 | -3 729 | -1 485 | -477 | -2 533 | -3 182 | 720 | -1 603 | 2 411 |
| <i>DTaP-IPV/Hib 3rd dose</i> | No | 191 939 | 13 681 | 15 410 | 14 299 | 9 754 | 9 213 | 16 414 | 13 547 | 19 266 | 11 796 | 8 546 | 60 013 |
| 8. Child under 5 years diarrhoea case fatality rate | % | 2.2% | 2.3% | 1.8% | 1.8% | 2.0% | 1.3% | 3.0% | 1.6% | 1.9% | 2.4% | 2.5% | 2.3% |
| <i>Child under 5 years with diarrhoea death</i> | No | 221 | 17 | 16 | 14 | 14 | 6 | 34 | 12 | 21 | 12 | 13 | 62 |
| <i>Child under 5 years with diarrhoea admitted</i> | No | 10 259 | 729 | 893 | 757 | 686 | 469 | 1 124 | 771 | 1 122 | 496 | 529 | 2 683 |
| 9. Child under 5 years pneumonia case fatality rate | % | 2.7% | 2.6% | 2.5% | 2.9% | 3.1% | 1.5% | 3.8% | 1.9% | 5.6% | 1.8% | 2.4% | 2.5% |
| <i>Child under 5 years pneumonia death</i> | No | 308 | 32 | 33 | 19 | 21 | 8 | 31 | 13 | 43 | 11 | 11 | 86 |
| <i>Child under 5 years pneumonia admitted</i> | No | 11 215 | 1 209 | 1 306 | 654 | 686 | 539 | 814 | 673 | 763 | 619 | 456 | 3 496 |
| 10. Child under 5 years severe acute malnutrition case fatality rate | % | 7.7% | 9.4% | 6.1% | 8.9% | 8.7% | 6.5% | 7.8% | 7.9% | 8.4% | 7.7% | 8.2% | 6.4% |
| <i>Child under 5 years severe acute malnutrition death</i> | No | 281 | 32 | 17 | 22 | 24 | 12 | 22 | 24 | 33 | 25 | 17 | 53 |
| <i>Child under 5 years severe acute malnutrition admitted</i> | No | 3 664 | 340 | 278 | 247 | 277 | 184 | 283 | 304 | 393 | 324 | 207 | 827 |

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| Indicator | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umzimyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | lilembe 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
|--|------|-----------------------|----------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|--------------------|------------------------|----------------------|
| 11. School Grade R learners screening coverage (annualised) | % | 5.9% | 13.3% | 5.5% | 0.4% | 1.0% | 0% | 1.7% | 11.97% | 8.1% | 5.4% | 17.0% | 3.4% |
| <i>School Grade R learners screened</i> | No | 10 841 | 1 932 | 816 | 62 | 137 | 0 | 327 | 1 977 | 1 717 | 627 | 1 888 | 1 358 |
| <i>School Grade R learners - total</i> | No | 183 965 | 14 496 | 14 933 | 13 847 | 13 148 | 7 976 | 19 598 | 16 509 | 21 253 | 11 583 | 11 090 | 39 532 |
| 12. School Grade 1 learners screening coverage (annualised) | % | 22.1% | 19.3% | 20.6% | 24.8% | 18.4% | 16.3% | 38.7% | 21.7% | 23.5% | 30.0% | 48.8% | 9.2% |
| <i>School Grade 1 learners screened</i> | No | 59 253 | 3 965 | 3 818 | 4 983 | 3 560 | 1 927 | 10 063 | 5 319 | 65 456 | 5 027 | 7 521 | 5 956 |
| <i>School Grade 1 learners - total</i> | No | 268 182 | 20 389 | 22 333 | 20 108 | 19 196 | 11 834 | 25 974 | 24 284 | 27 856 | 16 733 | 14 960 | 64 513 |
| 13. School Grade 8 learners screening coverage (annualised) | % | 10.2% | 11.5% | 9.1% | 12.3% | 6.8% | 3.3% | 13.8% | 9.4% | 10.7% | 12.4% | 23.4% | 6.7% |
| <i>School Grade 8 learners screened</i> | No | 22 660 | 2 047 | 1 820 | 1 979 | 1 022 | 368 | 3 183 | 1 625 | 2 339 | 1 726 | 2 835 | 3 718 |
| <i>School Grade 8 learners - total</i> | No | 222 596 | 17 802 | 18 889 | 16 123 | 14 873 | 11 071 | 23 186 | 17 210 | 21 901 | 13 967 | 12 071 | 55 503 |
| 14. Couple year protection rate (annualised) | % | 52.0% | 52.3% | 62.8% | 53.6% | 85.2% | 50.8% | 58.0% | 46.3% | 37.8% | 40.9% | 60.4% | 47.6% |
| <i>Contraceptive years dispensed²⁸</i> | No | 1 555 481 | 107 979 | 196 881 | 106 543 | 127 921 | 76 070 | 138 921 | 83 565 | 103 674 | 77 973 | 82 457 | 453 496 |
| <i>Population 15-49 years females</i> | No | 292 747 | 201 776 | 308 505 | 193 467 | 148 333 | 144 257 | 234 441 | 176 167 | 261 763 | 186 243 | 131 736 | 943 956 |
| 15. Cervical cancer screening coverage (annualised) | % | 72.7% | 73.4% | 71.4% | 82.7% | 109.2% | 57.5% | 80.6% | 72.2% | 68.5% | 79.0% | 73.4% | 67.0% |
| <i>Cervical cancer screening in woman 30 years and older</i> | No | 171 150 | 11 420 | 18 232 | 12 148 | 11 774 | 6 201 | 12 722 | 8 839 | 13 558 | 11 589 | 6 641 | 58 026 |
| <i>Population 30 years and older female/10</i> | No | 234 228 | 15 465 | 25 386 | 14 616 | 10 724 | 10 722 | 15 668 | 12 177 | 19 686 | 14 557 | 9 000 | 86 225 |

²⁸ Contraceptive years total (Oral pill cycles / 13) + (Medroxyprogesterone injection / 4) + (Norethisterone Enanthate injection / 6) + (IUCD x 4) + (Subdermal implant x3) + Male condoms distributed / 200) + (Female condoms distributed / 200) + (Male sterilisation x 20) + (Female sterilisation x 10)

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| Indicator | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umzimyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | llembe 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
|---|----------------|-----------------------|----------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| 16. Human papilloma virus vaccine 1st dose coverage | % | 64.5% | 66.4% | 68.5% | 68.5% | 55.4% | 63.9% | 67.3% | 74.1% | 60.3% | 68.6% | 62.2% | 59.6% |
| <i>Girls 9 years and older that received HPV 1st dose</i> | No | 41 943 | 4 879 | 3 113 | 4 878 | 1 960 | 2 671 | 5 228 | 5 564 | 1 219 | 1 967 | 2 039 | 8 425 |
| <i>Grade 4 girl learners ≥ 9 years</i> | No | 65 033 | 7 351 | 4 541 | 7 118 | 3 538 | 4 180 | 7 773 | 7 507 | 2 023 | 4 541 | 3 279 | 14 140 |
| 17. Vitamin A dose 12-59 months coverage (annualised) | % | 63.8% | 58.0% | 65.0% | 83.6% | 71.2% | 52.7% | 54.6% | 62.4% | 54.5% | 74.3% | 64.2% | 67.9% |
| <i>Vitamin A dose 12 - 59 months</i> | No | 1 179 912 | 84 966 | 96 820 | 109 553 | 74 483 | 49 349 | 89 089 | 84 992 | 105 065 | 81 795 | 64 060 | 339 750 |
| <i>Population 12-59 months (multiplied by 2)</i> | Population | 1 853 702 | 146 914 | 172 942 | 131 216 | 104 906 | 93 254 | 162 864 | 136 512 | 193 100 | 110 040 | 99 536 | 502 418 |
| 18. Maternal mortality in facility ratio (annualised) | No per 100 000 | 121.1 / 100 000 | 92.4 / 100 000 | 191.7 / 100 000 | 160.0 / 100 000 | 101.3 / 100 000 | 161.7 / 100 000 | 85.2 / 100 000 | 85.2 / 100 000 | 153.8 / 100 000 | 119.7 / 100 000 | 99.9 / 100 000 | 106.9 / 100 000 |
| <i>Maternal death in facility</i> | No | 223 | 12 | 33 | 19 | 11 | 14 | 13 | 12 | 29 | 12 | 8 | 60 |
| <i>Live birth in facility</i> | No | 184 184 | 12 993 | 17 212 | 11 872 | 10 855 | 8 660 | 15 262 | 14 088 | 18 851 | 10 281 | 8 009 | 56 101 |
| 19. Inpatient early neonatal death rate | No per 1000 | 10.6/1000 | 8.7/1000 | 10.2/1000 | 8.3/1000 | 11.9/1000 | 10.4/1000 | 7.3/1000 | 7.3/1000 | 13.9/1000 | 11.6/1000 | 10.8/1000 | 11.7/1000 |
| <i>Inpatient death early neonatal (0-7 days)</i> | No | 1 950 | 113 | 177 | 99 | 130 | 90 | 111 | 103 | 263 | 120 | 87 | 657 |
| <i>Live birth in facility</i> | No | 184 184 | 12 993 | 17 212 | 11 872 | 10 855 | 8 660 | 15 262 | 14 088 | 18 851 | 10 281 | 8 009 | 56 101 |

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Table 24: Programme Performance Indicators

| APP 2015/16: Table 49, Pages 140 - 144 | | | | | | | | |
|---|--|--------------------------------|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 2.7: Reduce maternal mortality | | | | | | | | |
| 2.7.4) Increase the antenatal 1 st visit before 20 weeks rate to 65% by March 2018 | 1. Antenatal 1st visit before 20 weeks rate | DHIS | Quarterly % | 57.3% | 60% | 64.8% | 8% | Performance above target viewed as a positive result. The Department continues to increase community-based services which positively impacts on patient health seeking behaviour. |
| | <i>Antenatal 1st visit before 20 weeks</i> | <i>DHIS/ Tick register PHC</i> | <i>No</i> | <i>133 761</i> | <i>139 012</i> | <i>135 367</i> | | |
| | <i>Antenatal 1st visit total</i> | <i>DHIS calculates</i> | <i>No</i> | <i>233 593</i> | <i>231 686</i> | <i>208 903</i> | | |
| 2.7.5) Increase the postnatal visit within 6 days rate to 90% by March 2018 | 2. Mother postnatal visit within 6 days rate | DHIS | Quarterly % | 66.4% | 74.4% | 69.8% | (6.18%) | The initiative to connect mothers with CCGs for follow-up after being discharged is expected to improve postnatal visits. |
| | <i>Mother postnatal visit within 6 days after delivery</i> | <i>DHIS/ Tick register PHC</i> | <i>No</i> | <i>135 375</i> | <i>151 711</i> | <i>129 873</i> | | |
| | <i>Delivery in facility total</i> | <i>DHIS/ Delivery register</i> | <i>No</i> | <i>203 741</i> | <i>203 910</i> | <i>186 063</i> | | |
| 2.7.6) Initiate 98% eligible antenatal clients on ART by March 2018 | 3. Antenatal client initiated on ART rate | DHIS | Annual % | 82.7% | 95% | 97.6% | 2.7% | The better than expected performance is due to accelerated implementation of the 90-90-90 strategy for HIV/AIDS and TB supported by active monitoring of the 90-90-90 District Implementation Plans. |
| | <i>Antenatal client initiated on ART</i> | <i>DHIS/ ART Register</i> | <i>No</i> | <i>55 761</i> | <i>62 482</i> | <i>43 733</i> | | |
| | <i>Antenatal client eligible for ART</i> | <i>ART Register</i> | <i>No</i> | <i>58 598</i> | <i>65 771</i> | <i>44 786</i> | | |
| Strategic Objective 2.5: Reduce infant mortality | | | | | | | | |
| 2.5.2) Reduce the mother to child transmission of HIV to less than 0.5% by March 2020 | 4. Infant 1st PCR test positive around 6 weeks rate | DHIS | Quarterly % | 1.3% | Less than 1% | 1.2% | (20%) | Change of indicator to "PCR test positive around 10 weeks" mid-year (NDOH directive) influenced capturing of the indicator negatively. This has been corrected. |
| | <i>Infant 1st PCR test positive around 6 weeks</i> | <i>DHIS/ Tick register PHC</i> | <i>No</i> | <i>1 003</i> | <i>905</i> | <i>521</i> | | |

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|--|---|------------------------------------|----------------|----------------------------|------------------------|----------------------------|--|--|
| | <i>Infant 1st PCR test around 6 weeks</i> | <i>DHIS/ Tick register PHC</i> | No | 76 653 | 90 535 | 44 400 | | |
| Strategic Objective 2.6: Reduce under 5 mortality | | | | | | | | |
| 2.6.3) Maintain immunisation coverage of 90% (or more) from March 2016 onwards | 5. Immunisation coverage under 1 year (annualised) | DHIS | Quarterly % | 89.9% | 90% | 85.0% | (5.6%) | The introduction of new vaccines in the immunisation regimen i.e. BCG, and stock-out of vaccines in the 4 th quarter contributed to the lower than expected performance. |
| | <i>Immunised fully under 1 year new</i> | <i>DHIS/ Tick register PHC</i> | No | 207 670 | 204 494 | 191 946 | | |
| | <i>Population under 1 year</i> | <i>DHIS/ Stats SA</i> | No | 232 450 | 227 216 | 227 216 | | |
| 2.6.4) Maintain the measles 2 nd dose coverage of 90% (or more) from March 2017 onwards | 6. Measles 2nd dose coverage (annualised) | DHIS | Quarterly % | 86.3% | 85% | 82.6% | (2.82%) | Stock-out of subcutaneous needles with the introduction of the new measles vaccine impacted negatively on performance. |
| | <i>Measles 2nd dose</i> | <i>DHIS/ Tick register PHC</i> | No | 200 353 | 193 133 | 189 035 | | |
| | <i>Population 1 year</i> | <i>DHIS/ Stats SA</i> | No | 232 450 | 227 216 | 227 216 | | |
| 2.6.5) Reduce the measles drop-out rate to 5% by March 2018 | 7. DTaP-IPV/Hib 3 - Measles 1st dose drop-out rate (annualised) | DHIS | Quarterly % | 3% | 7% | -6.8% | 197.1% | The immunisation schedule changed in the third quarter of 2015/16. Measles 1 st dose changed from 9 to 6 months and Pentavalent were phased out and replaced by Hexavalent. Tools were not adjusted in time to ensure accurate reporting of the changed schedule, which resulted in data inaccuracies. This has since been addressed. |
| | <i>DTaP-IPV/Hib 3 to Measles1st dose drop-out</i> | <i>DHIS/ Tick register PHC</i> | No | 6 586 | 15 941 | -12 964 | | |
| | <i>DTaP-IPV/Hib 3rd dose</i> | <i>DHIS/ Stats SA</i> | No | 218 581 | 227 736 | 191 939 | | |
| 2.6.6) Reduce the under-5 diarrhoea case fatality rate to less than 2% by March 2020 | 8. Child under 5 years diarrhoea case fatality rate | DHIS | Quarterly % | 3.0% | 3.2% | 2.2% | 31.25% | Performance below the target is a positive result. The decrease in the number of diarrhoea deaths in facilities is attributed to improved management at PHC level; early admission of |
| | <i>Child under 5 years with diarrhoea death</i> | <i>DHIS/ Tick Register</i> | No | 347 | 329 | 221 | | |

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|--|--|----------------------------|----------------|----------------------------|------------------------|----------------------------|--|---|
| | <i>Child under 5 years with diarrhoea admitted</i> | <i>Admission records</i> | <i>No</i> | 11 578 | 10 224 | 10 259 | | sick children; compliance with treatment protocols; improved clinical management; and daily ward rounds by clinicians to monitor clinical management. |
| 2.6.7) Reduce the under-5 pneumonia case fatality rate to less than 1.5% by March 2020 | 9. Child under 5 years pneumonia case fatality rate | DHIS | Quarterly % | 2.7% | 2.4% | 2.7% | (12.5%) | Pneumonia, one of the co-morbidities of HIV/AIDS, is still a challenge due to the high HIV prevalence rate in the Province. Late presentation at the health facility and poor referrals, combined with the late review of admitted children has impacted negatively on performance. Several initiatives are being piloted at the different levels of care. Gains made in 2014/15 (reduction from 3.2% to 2.7%) have been sustained. |
| | <i>Child under 5 years pneumonia death</i> | <i>DHIS/ Tick Register</i> | <i>No</i> | 300 | 227 | 308 | | |
| | <i>Child under 5 years pneumonia admitted</i> | <i>Admission records</i> | <i>No</i> | 11 011 | 9 500 | 11 215 | | |
| 2.6.8) Reduce the under-5 severe acute malnutrition case fatality rate to 6% by March 2020 | 10. Child under 5 years severe acute malnutrition case fatality rate | DHIS | Quarterly % | 10.4% | 8% | 7.7% | 3.75% | Performance below target viewed as a positive result. Intensified activities to improve the prevention, early detection and improved management of malnutrition were robustly monitored to ensure improved outcomes. |
| | <i>Child under 5 years severe acute malnutrition death</i> | <i>DHIS/ Tick Register</i> | <i>No</i> | 405 | 256 | 281 | | |
| | <i>Child under 5 years severe acute malnutrition admitted</i> | <i>Admission records</i> | <i>No</i> | 3 880 | 3 200 | 3 664 | | |
| Strategic Objective 1.5: Accelerate implementation of PHC re-engineering | | | | | | | | |
| 1.5.9) Increase school health screening coverage with at least 10% per annum | 11. School Grade R learners screening coverage (annualised) | DHIS | Quarterly % | New indicator | 40% ²⁹ | 5.9% | (85.25%) | This was a new indicator with no baseline data to determine an accurate target. School Health Teams, compared with the number of schools/learners, was inadequate to achieve the set target. Coverage was further compromised by non-availability of dedicated transport. |
| | <i>School Grade R learners screened</i> | <i>DHIS/ SHS Records</i> | <i>No</i> | - | - | 10 841 | | |
| | <i>School Grade R learners - total</i> | <i>DoE database</i> | <i>No</i> | - | - | 183 965 | | |

²⁹Indicators 11, 12 and 13: Updated 2015/16 data for the number of enrolled Grade R learners (denominator) from the Department of Basic Education was not available before submission of the 2015/16 APP. Indicator 11: No baseline data was available to estimate MTEF targets and targets therefore based on minimum screening coverage. All three indicators will be reviewed once updated data is available

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation | |
|---|--|---|--------------------------|----------------------------|------------------------|----------------------------|--|---|----------------|
| | 12. School Grade 1 learners screening coverage (annualised) | DHIS | Quarterly % | New indicator | 55% | 22.1% | (59.8%) | This was a new indicator with no baseline data to determine an accurate target. School Health Teams compared with the number of schools/ learners, was inadequate to achieve the set target. Coverage was further compromised by non-availability of dedicated transport. | |
| | <i>School Grade 1 learners screened</i> | <i>DHIS/ SHS Records</i> | <i>No</i> | <i>-</i> | <i>148 500</i> | <i>59 253</i> | | | |
| | <i>School Grade 1 learners - total</i> | <i>DoE database</i> | <i>No</i> | <i>-</i> | <i>270 000</i> | <i>268 182</i> | | | |
| | 13. School Grade 8 learners screening coverage (annualised) | DHIS | Quarterly % | New indicator | 40% | 10.2% | (74.5%) | This was a new indicator with no baseline data to determine an accurate target. School Health Teams compared with the number of schools/ learners, was inadequate to achieve the set target. Coverage was further compromised by non-availability of dedicated transport. | |
| | | <i>School Grade 8 learners screened</i> | <i>DHIS/ SHS Records</i> | <i>No</i> | <i>-</i> | <i>90 000</i> | | | <i>22 660</i> |
| | | <i>School Grade 8 learners - total</i> | <i>DoE database</i> | <i>No</i> | <i>-</i> | <i>225 000</i> | | | <i>222 596</i> |
| Strategic Objective 2.8: Improve women's health | | | | | | | | | |
| 2.8.1) Increase the couple year protection rate to 75% by March 2020 | 14. Couple year protection rate (annualised) | DHIS | Quarterly % | 57.8% | 55% | 52.0% | (5.45%) | Contraceptive uptake is still surrounded by controversy and community dialogues have been scaled up to improve uptake. There is still a training gap especially with regards to insertion of the Intra Uterine Device and provision of Implanon. Training is ongoing. | |
| | <i>Contraceptive years dispensed³⁰</i> | <i>DHIS calculates</i> | <i>No</i> | <i>1 677 645</i> | <i>1 611 360</i> | <i>1 555 481</i> | | | |
| | <i>Population 15-49 years females</i> | <i>DHIS/ Stats SA</i> | <i>No</i> | <i>2 896 655</i> | <i>2 929 745</i> | <i>2 929 747</i> | | | |
| 2.8.2) Maintain the cervical cancer screening coverage of 75% (or more) | 15. Cervical cancer screening coverage (annualised) | DHIS | Quarterly % | 70.3% | 75% | 72.7% | (3.06%) | Pap smears are not routinely done in all PHC facilities, especially smaller clinics. There is a training gap to improve competency levels to improve adequacy rate of Pap smears – this is being addressed. It is however encouraging that the screening coverage increased since 2014/15. | |
| | <i>Cervical cancer screening in woman 30 years and older</i> | <i>DHIS/ Tick register PHC/ Hospital register</i> | <i>No</i> | <i>161 707</i> | <i>175 671</i> | <i>171 150</i> | | | |
| | <i>Population 30 years and older female/10</i> | <i>DHIS/ Stats SA</i> | <i>No</i> | <i>228 913</i> | <i>234 228</i> | <i>234 228</i> | | | |

³⁰ Contraceptive years total (Oral pill cycles / 13) + (Medroxyprogesterone injection / 4) + (Norethisterone Enanthate injection / 6) + (IUCD x 4) + (Subdermal implant x3) + Male condoms distributed / 200) + (Female condoms distributed / 200) + (Male sterilisation x 20) + (Female sterilisation x 10)

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APP 2015/16: Table 49, Pages 140 - 144

| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|---|---|--|--------------------------|----------------------------|------------------------|----------------------------|--|---|
| 2.8.3) Maintain 90% (or more) HPV vaccine 1 st dose coverage from March 2018 onwards | 16. Human papilloma virus vaccine 1st dose coverage | DHIS | Annual % | 86% | 85% | 64.5% | (24.1%) | The target was set based on the national definition provided by the National Department of Health (Grade 4 girl learners ≥9 years), which is different from the DHIS definition used to report actual performance (Grade 4 learners). When actual performance is calculated using the APP definition, the denominator value changed to 52 702 and actual coverage change to 79.5% (variation of 6.5%). Inadequate School Health Teams, compared with the number of schools, remained a challenge that impacted negatively on achievement of the target. |
| | <i>Girls 9 years and older that received HPV 1st dose</i> | <i>DHIS/ Tick Register school health</i> | No | <i>86 779</i> | <i>72 250</i> | <i>41 943</i> | | |
| | <i>Grade 4 girl learners ≥ 9 years</i> | <i>DHIS/ DOE enrolment</i> | No | <i>100 505</i> | <i>85 000</i> | <i>65 033</i> | | |
| Strategic Objective 2.6: Reduce under 5 mortality | | | | | | | | |
| 2.6.9) Increase the Vit A dose 12-59 month coverage to 70% by March 2018 | 17. Vitamin A dose 12-59 months coverage (annualised) | DHIS | Quarterly % | 54.5% | 60% | 63.7% | 6.2% | Performance above target is viewed as a positive result. Intensified monitoring and support to improve performance yielded positive results. |
| | <i>Vitamin A dose 12 - 59 months</i> | <i>DHIS/ Tick register PHC</i> | No | <i>1 014 315</i> | <i>1 072 060</i> | <i>1 179 912</i> | | |
| | <i>Population 12-59 months (multiplied by 2)</i> | <i>DHIS/ Stats SA</i> | <i>Population</i> | <i>1 864 456</i> | <i>1 786 768</i> | <i>1 853 702</i> | | |
| Strategic Objective 2.7: Reduce maternal mortality | | | | | | | | |
| 2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020 | 18. Maternal mortality in facility ratio (annualised) | DHIS | Annual Ratio per 100,000 | 124.9/100 000 | 120/100 000 | 121.1/100 000 | (0.9%) | The Department considers the variation within an acceptable deviation range. The number of maternal deaths decreased with 11.5% between 2014/15 and 2015/16, and the number of deaths is 7.9% lower than the target. The number of maternal deaths attributed to HIV / AIDS has reduced due the high update of ANC ART programme. Obstetric haemorrhaging has increased and is related to the high caesarean section rate. |
| | <i>Maternal death in facility</i> | <i>DHIS/ Midnight census</i> | No | <i>252</i> | <i>242</i> | <i>223</i> | | |
| | <i>Live birth in facility</i> | <i>DHIS/Delivery register</i> | No | <i>201 797</i> | <i>202 473</i> | <i>184 184</i> | | |

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|--|--|-------------------------------|-----------------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective 2.5: Reduce infant mortality | | | | | | | | |
| 2.5.3) Reduce the early neonatal death rate to less than 8/ 1000 by March 2020 | 19. Inpatient early neonatal death rate | DHIS | Annual No per 1000 | 11.1/ 1000 | 9.7/ 1000 | 10.6/ 1000 | (9.2%) | Prematurity is considered a high risk and influence the death rate. The decrease of deaths between 2014/15 and 2015/16 (700 or 26.4%) is considered positive progress towards reducing early neonatal deaths. |
| | <i>Inpatient death early neonatal (0-7 days)</i> | <i>DHIS/Midnight census</i> | <i>No</i> | <i>2 650</i> | <i>1 873</i> | <i>1 950</i> | | |
| | <i>Live birth in facility</i> | <i>DHIS/Delivery register</i> | <i>No</i> | <i>239 424</i> | <i>193 134</i> | <i>184 184</i> | | |

Table 25: Provincial Strategic Objectives and Targets

APP 2015/16: Table 50, Pages 145 – 146

| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|--|--------------------------|--|---------------------------|----------------------------|--------------------------|----------------------------|--|---|
| Strategic Objective 2.5: Reduce infant mortality | | | | | | | | |
| 2.5.1) Reduce the infant mortality rate to 29 per 1000 live births by March 2020 | 1. Infant mortality rate | ASSA2008 (2011) StatsSA and RMS ³¹ (2012 onwards) | Annual No per 1000 pop | 32/ 1000 | 30.5/ 1000 ³² | 31/ 1000 | (1.6%) | The Department considers deviation within an acceptable deviation range. The failure to register births has had a direct influence in the increase of mortality. The actual number of infant deaths has decreased. |
| Strategic Objective 2.6: Reduce under 5 mortality | | | | | | | | |

³¹ Rapid Mortality Surveillance

³² Indicators 1 and 2: Not routinely collected by the Department. Uses Stats SA and RMS data as estimates for reporting purposes

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APP 2015/16: Table 50, Pages 145 – 146

| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|--|--|---|---------------------------|----------------------------|------------------------|----------------------------|--|---|
| 2.6.1) Reduce the under 5 mortality rate to 40 per 1000 live births by March 2020 | 2. Under 5 mortality rate | ASSA2008 (2011) Stats SA and RMS (2012 onwards) | Annual No per 1000 pop | 43/1000 | 42/1000 | 42/1000 | 0% | No deviation |
| 2.6.10) Reduce under-5 diarrhoea with dehydration incidence to 10.9 per 1000 by March 2018 | 3. Child under 5 years diarrhoea with dehydration incidence (annualised) | DHIS | Annual No per 1000 | 11.7 / 1000 | 12.9/ 1000 | 10.4/ 1000 | 19.3% | Performance below target viewed as a positive result. Social determinants and immunisation coverage are influencing factors in the incidence of diarrhoeal infections. The increase in breastfeeding has resulted in a decline in the diarrhoea cases. |
| | <i>Child under 5 years diarrhoea with dehydration new</i> | PHC Tick Register | No | 13 617 | 14 887 | 11 993 | | |
| | <i>Population under 5 years</i> | DHIS/ Stats SA | No | 1 164 682 | 1 154 059 | 1 154 059 | | |
| 2.6.11) Reduce the under-5 pneumonia incidence to 86 per 1000 by March 2018 | 4. Child under 5 years pneumonia incidence (annualised) | DHIS | Annual No per 1000 | 86.1/ 1000 | 88.9/ 1000 | 74.5/ 1000 | 16.2% | Immunisation coverage, improved management of HIV/AIDS and integrated programmes to address the social determinants of health through Operation Sukuma Sakhe and Poverty Eradication Master Plan are influencing factors in the marked decrease in pneumonia incidence. |
| | <i>Child under 5 years with pneumonia new</i> | PHC Tick Register | No | 99 938 | 99 138 | 85 715 | | |
| | <i>Population under 5 years</i> | DHIS/ Stats SA | No | 1 164 682 | 1 154 059 | 1 154 059 | | |
| 2.6.2) Reduce severe acute malnutrition incidence under 5 years to 4.6 per 1000 by March 2020 | 5. Child under 5 years severe acute malnutrition incidence (annualised) | DHIS | Annual No per 1000 | 6.3/ 1000 | 5.5/ 1000 | 5.3/ 1000 | 3.6% | The decrease in the number of new severe acute malnutrition cases is attributed to intensified activities to scale up prevention programmes; and early detection and improved management of malnutrition. Implementation of the integrated Poverty Eradication Master Plan through the Office of the Premier also contributed by addressing the social determinants of health including poverty. |
| | <i>Child under 5 years with severe acute malnutrition new</i> | DHIS/ Tick register PHC | No | 7 329 | 6 347 | 6 136 | | |
| | <i>Population under 5 years</i> | DHIS/ Stats SA | No | 1 164 682 | 1 154 059 | 1 154 059 | | |
| 2.6.12) Reduce the child under 1 year mortality in facility rate to less than 5.5% by March 2020 | 6. Child under 1 year mortality in facility rate (annualised) | DHIS | Annual % | 7.2% | 6.5% | 7.4% | (13.8%) | The impact of HIV remains one of the leading causes of child deaths. The number of children who died in facilities decreased with 11.1% since 2014/15, which is |
| | <i>Inpatient death under 1 year</i> | DHIS calculates | No | 3 802 | 3 354 | 3 381 | | |

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| APP 2015/16: Table 50, Pages 145 – 146 | | | | | | | | |
|---|--|------------------------|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| | <i>Inpatient separations under 1 year</i> | <i>DHIS calculates</i> | <i>No</i> | <i>52 193</i> | <i>51 608</i> | <i>45 780</i> | | considered positive progress. |
| 2.6.13) Reduce the inpatient death under-5 rate to less than 4.5% by March 2020 | 7. Inpatient death under 5 year rate | DHIS | Annual % | 5.7% | 5.5% | 5.1% | 7.27% | The better than expected performance is attributed to improved compliance with treatment protocols and clinical management of children admitted in facilities. |
| | <i>Inpatient death under 5 years</i> | <i>DHIS calculates</i> | <i>No</i> | <i>4 787</i> | <i>4 446</i> | <i>4 009</i> | | |
| | <i>Inpatient separations under 5 years</i> | <i>DHIS calculates</i> | <i>No</i> | <i>82 731</i> | <i>80 836</i> | <i>77 563</i> | | |

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Disease Prevention and Control

STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 26: (DCP1) Situation Analysis Indicators

| APP 2015/16: Table 53, Pages 152 – 153 | | | | | | | | | | | | | |
|--|---------------------------|-----------------------|------------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| Indicator | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umzinyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | Ilembu 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
| 1. Clients screened for hypertension – 25 years and older | No | 7 706 460 | 616 183 | 588 394 | 543 579 | 369 005 | 192 961 | 685 262 | 505 290 | 862 536 | 680 282 | 445 586 | 2 217 382 |
| 2. Clients screened for diabetes – 5 years and older | No | 5 685 791 | 540 651 | 395 866 | 405 934 | 255 083 | 148 752 | 646 504 | 387 380 | 748 038 | 401 275 | 305 003 | 1 451 305 |
| 3. Percentage of people screened for mental disorders | % | 3.63% | 9.6% | 1.5% | 6.6% | 0.7% | 6.9% | 0.9% | 0.2% | 0.9% | 3.2% | 10.6% | 3.6% |
| <i>PHC Client screened for mental disorders</i> | <i>No</i> | <i>1 135 000</i> | <i>245 777</i> | <i>45 995</i> | <i>122 882</i> | <i>11 700</i> | <i>83 765</i> | <i>15 549</i> | <i>4 990</i> | <i>24 783</i> | <i>66 797</i> | <i>150 485</i> | <i>3 62 277</i> |
| <i>PHC headcount total</i> | <i>No</i> | <i>30 745 821</i> | <i>2 541 861</i> | <i>2 992 921</i> | <i>1 837 583</i> | <i>1 631 642</i> | <i>1 197 090</i> | <i>2 232 098</i> | <i>2 253 400</i> | <i>2 742 739</i> | <i>2 059 710</i> | <i>1 409 304</i> | <i>9 847 473</i> |
| 4. Percentage of people treated for mental disorders - new | % | 1.9% | 1.1% | 3.2% | 2.5% | 2.1% | 0.13% | 3.0% | 3.3% | 0.7% | 0.2% | 0.2% | 3.5% |
| <i>Client treated for mental disorders at PHC level</i> | <i>No</i> | <i>21 852</i> | <i>2 795</i> | <i>1 470</i> | <i>3 144</i> | <i>246</i> | <i>111</i> | <i>474</i> | <i>167</i> | <i>183</i> | <i>181</i> | <i>265</i> | <i>12 816</i> |
| <i>Clients screened for mental disorders at PHC level</i> | <i>No</i> | <i>1 135 000</i> | <i>245 777</i> | <i>45 995</i> | <i>122 882</i> | <i>11 700</i> | <i>83 765</i> | <i>15 549</i> | <i>4 990</i> | <i>24 783</i> | <i>66 797</i> | <i>150 485</i> | <i>3 62 277</i> |
| 5. Cataract surgery rate (annualised) | No per 1mil uninsured pop | 588.7/ 1mil | 1 097/ 1mil | 1 176.2/ 1mil | 356/ 1mil | 394.8/ 1mil | 357.6/ 1mil | 89.6/ 1mil | 834.9/ 1mil | 995.6/ 1mil | 554.5/ 1mil | 645.1/ 1mil | 370/ 1mil |
| <i>Cataract surgery total</i> | <i>No</i> | <i>5 487</i> | <i>718</i> | <i>1 115</i> | <i>216</i> | <i>180</i> | <i>163</i> | <i>66</i> | <i>473</i> | <i>832</i> | <i>315</i> | <i>273</i> | <i>1 136</i> |

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APP 2015/16: Table 53, Pages 152 – 153

| Indicator | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umzinyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | Ilembu 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
|--|------|-----------------------|----------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| Population uninsured | No | 9 320 082 | 654 187 | 947 939 | 606 625 | 455 885 | 455 740 | 736 431 | 566 490 | 835 609 | 568 060 | 423 189 | 3 069 927 |
| 6. Malaria case fatality rate | % | 1% | - | - | - | - | - | - | - | - | - | - | - |
| Deaths from malaria | No | 5 | - | - | - | - | - | - | - | - | - | - | - |
| Total number of Malaria cases reported | No | 502 | - | - | - | - | - | - | - | - | - | - | - |

- Indicator 5: "Cataract surgery total" refers to those cataract surgeries that occur within the Department of Health. All private cataract surgeries have been excluded
- Indicator 6: District specific data was unavailable for inclusion before submission to the AGSA

Table 27: Programme Performance Indicators

| APP 2015/16: Table 55, Pages 155 – 156 | | | | | | | | | |
|---|---|---------------------------|-----------------|----------------------------|----------------------------------|----------------------------|--|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation | |
| Strategic Objective 2.9: Reduce incidence of non-communicable diseases | | | | | | | | | |
| 2.9.4) Screen at least 95 000 people for hypertension by March 2020 | 1. Clients screened for hypertension – 25 years and older | DHIS PHC Tick Register | Quarterly No | New indicator | Establish baseline ³³ | 7 706 460 | No deviation | As this is a new performance indicator without baseline data to determine a SMART target for the 2015/16 financial year. 2015/16 performance will be used as baseline for next MTEF targets. | |

³³Concerns have been raised with the National Department of Health re data collection system for indicators 1, 2, 3 and 4 (national customised indicators). Essentially all patients that are screened at community and facility level should be included in the indicators and the current system is not accommodating this. It is not possible to set targets for the MTEF as no baselines are available and it is impossible to estimate numbers without any trend data. The Provincial Treasury is in agreement with establishing baselines for the first year of new indicators

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APP 2015/16: Table 55, Pages 155 – 156

| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|--|--|--------------------------------|---|----------------------------|-------------------------|-------------------------------|--|--|
| 2.9.5) Screen at least 70 000 people for diabetes by March 2020 | 2. Clients screened for diabetes – 5 years and older | DHIS PHC Tick Register | Quarterly No | New indicator | Establish baseline | 5 685 791 | No deviation | As this is a new performance indicator without baseline data to determine a SMART target for the 2015/16 financial year. 2015/16 performance will be used as baseline for next MTEF targets. |
| 2.9.6) Increase the number of people screened for mental disorders with at least 20% per annum | 3. Percentage of people screened for mental disorders | DHIS | Quarterly % | New indicator | Establish baseline | 3.63% | No deviation | As this is a new performance indicator without baseline data to determine a SMART target for the 2015/16 financial year. 2015/16 performance will be used as baseline for next MTEF targets. |
| | <i>PHC Client screened for mental disorders</i> | <i>PHC Tick Register</i> | <i>No</i> | <i>-</i> | | <i>1 135 000</i> | | |
| | <i>PHC headcount total</i> | <i>DHIS/ PHC Tick Register</i> | <i>No</i> | <i>-</i> | | <i>30 745 821</i> | | |
| 2.9.7) Improve access to treatment for mental health care users by treating 100% eligible patients by March 2020 | 4. Percentage of people treated for mental disorders - new | DHIS | Quarterly % | New indicator | Establish baseline | 2.0% | No deviation | As this is a new performance indicator without baseline data to determine a target for the 2015/16 financial year. 2015/16 performance will be used as baseline for next MTEF targets. |
| | <i>Client treated for mental disorders at PHC level</i> | <i>PHC Tick Register</i> | <i>No</i> | <i>-</i> | <i>-</i> | <i>21 852</i> | | |
| | <i>Clients screened for mental disorders at PHC level</i> | <i>PHC Tick Register</i> | <i>No</i> | <i>-</i> | <i>-</i> | <i>1 135 000</i> | | |
| 2.9.9) Increase the number of cataract surgeries to 13 341 by March 2018 | 5. Cataract surgery rate (annualised) | DHIS | Quarterly No per 1mil uninsured population | 870.9/ 1mil uninsured pop | 930/ 1mil uninsured pop | 588.7/ 1mil uninsured pop | (36.3%) | The staff establishment of McCords Provincial Eye Care Hospital has not yet been approved therefore delaying appointment of staff to ensure full commissioning of the hospital. This negatively affected expected performance. |
| | <i>Cataract surgery total</i> | <i>DHIS/ Theatre register</i> | <i>No</i> | <i>8 037</i> | <i>8 895</i> | <i>5 487³⁴</i> | | |
| | <i>Population uninsured</i> | <i>DHIS/ Stats SA</i> | <i>No</i> | <i>9 228 755</i> | <i>9 566 487</i> | <i>9 320 082³⁵</i> | | |
| Strategic Objective 2.10: Eliminate malaria | | | | | | | | |

³⁴This includes cataract surgery performed in provincial hospitals only. No private facility data has been included

³⁵An uninsured population figure of 87.2% was used to determine the denominator

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| APP 2015/16: Table 55, Pages 155 – 156 | | | | | | | | |
|---|--|--|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 2.10.2) Reduce malaria case fatality rate to less than 0.5% by March 2016 and onwards | 6. Malaria case fatality rate | Malaria Information System/ DHIS | Quarterly / % | 1.05% | <0.5% | 1% | (100%) | The above target performance was influenced by cross boarder cases treated in the Province e.g. patients from Mozambique. |
| | Deaths from malaria | <i>Malaria register/ Tick sheets PHC</i> | No | 7 | 2 | 5 | | |
| | Total number of Malaria cases reported | <i>Malaria register/ Tick sheets PHC</i> | No | 664 | 510 | 502 | | |
| Strategic Objective 2.9): Reduce incidence of non-communicable diseases | | | | | | | | |
| 2.9.8) Establish 11 district mental health teams by March 2020 | 7. Number of district mental health teams established (cumulative) | Letters of appointment | Annual No | 0 | 4 | 0 | (100%) | Posts could not be filled as planned due to in-year cost containment measures introduced by Provincial Treasury i.e. Treasury i.e. Treasury Circular No 2 of 2015 dated 28 October 2015. |

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Table 28: Provincial Strategic Objectives and Targets

| APP 2015/16: Table 56, Page 157 | | | | | | | | |
|---|--|--|---------------------------------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 2.10: Eliminate malaria | | | | | | | | |
| 2.10.1) Zero new local malaria cases by March 2020 | 1. Malaria incidence per 1000 population at risk | Malaria register | Annual Per 1000 population at risk | 1.03/ 1000 | <1/ 1000 | 0.8 / 1000 | 20% | Scaled up prevention programmes in high risk areas contributed to better than expected performance. |
| | <i>Number of malaria cases (new)</i> | <i>Malaria register/ Tick register PHC</i> | <i>No</i> | <i>664</i> | <i><649</i> | <i>502</i> | | |
| | <i>Population Umkhanyakude</i> | <i>DHIS/ Stats SA</i> | <i>Population</i> | <i>643 759</i> | <i>649 645</i> | <i>649 645</i> | | |
| Strategic Objective 2.9: Reduce incidence of non-communicable diseases | | | | | | | | |
| 2.9.1) Decrease the hypertension incidence by at least 10% per annum | 2. Hypertension incidence (annualised) | DHIS | Quarterly No per 1000 | 19.2/ 1000 | 18.9/ 1000 | 18.6/ 1000 | 1.58% | The Department considers the deviation within an acceptable deviation range. |
| | <i>Hypertension client treatment new</i> | <i>DHIS/ PHC tick registers</i> | <i>No</i> | <i>48 925</i> | <i>48 140</i> | <i>48 837</i> | | |
| | <i>Population 40 years and older</i> | <i>DHIS/ Stats SA</i> | <i>Population</i> | <i>2 547 122</i> | <i>2 547 127</i> | <i>2 547 127</i> | | |
| 2.9.2) Decrease the diabetes incidence by at least 10% per annum | 3. Diabetes incidence (annualised) | DHIS | Quarterly No per 1000 | 1.6/ 1000 | 1.5/ 1000 | 2.2/ 1000 | (46.6%) | The increase in the number of new cases treated is a direct result of intensified screening at PHC level. |
| | <i>Diabetes client treatment new</i> | <i>DHIS/ PHC tick registers</i> | <i>No</i> | <i>17 051</i> | <i>16 032</i> | <i>27 641</i> | | |
| | <i>Population total</i> | <i>DHIS/ Stats SA</i> | <i>Population</i> | <i>10 571 313</i> | <i>10 688 165</i> | <i>10 688 165</i> | | |
| 2.9.10) Improve access to rehabilitation services at all levels of care | 4. Number of clients accessing rehabilitation services | DHIS | Quarterly No | 749 468 | 862 718 | 865 771 | 0.35% | The Department considers the deviation within an acceptable deviation range. |

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District Hospitals

STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 29: (DHS6) Situation Analysis Indicators

| APP 2015/16: Table 35, Pages 101 – 105 | | | | | | | | | | | | | |
|---|------|-----------------------|----------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| Indicators | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umzinyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | Ilembu 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
| 1. National core standards self-assessment rate | % | 73.4% | 100% | 0% | 100% | 75% | 0% | 40% | 100% | 50% | 100% | 75% | 100% |
| <i>Number of District Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | No | 28 | 3 | 0 | 2 | 3 | 0 | 2 | 5 | 3 | 3 | 3 | 4 |
| <i>District Hospitals total</i> | No | 38 | 3 | 2 | 2 | 4 | 1 | 5 | 5 | 6 | 3 | 4 | 3 ³⁶ |
| 2. Quality improvement plan after self-assessment rate | % | 50% | 66% | 50% | 100% | 0% | 0% | 133% | 0% | 75% | 100% | 0% | 0% |
| <i>Number of District Hospitals that developed a quality improvement plan to date in the current financial year</i> | No | 14 | 2 | 1 | 1 | 0 | 0 | 4 | 0 | 3 | 2 | 0 | 0 |

³⁶Includes McCords Hospital, classified as a District Hospital but functioning as a Specialised Eye Care Hospital from 1st February 2015; St Mary's Hospital has been included although it is a state-aided hospital

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APP 2015/16: Table 35, Pages 101 – 105

| Indicators | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umkhaya 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | Ilembe 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
|--|------|-----------------------|----------------|--------------------------|---------------------|--------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| <i>Number of District Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | No | 28 | 3 | 2 | 2 | 4 | 1 | 3 | 2 | 4 | 2 | 2 | 1 |
| 3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards | % | 3.5% | 0% | 0% | 0% | 0% | 0% | 0% | 20% | 0% | 0% | 0% | 0% |
| <i>Total number of District Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards</i> | No | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 ³⁷ | 0 | 0 | 0 | 0 |
| <i>Number of District Hospitals that conducted national core standards self-assessment to date in the current financial year</i> | No | 28 | 3 | 0 | 2 | 3 | 0 | 2 | 5 | 3 | 2 | 3 | 4 |
| 4. Patient experience of care survey rate | % | 79% | 100% | 50% | 50% | 100% | 100% | 100% | 100% | 50% | 100% | 75% | 33.3% |

³⁷ Bethesda Hospital

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APP 2015/16: Table 35, Pages 101 – 105

| Indicators | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umkhanyakude 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | UMkhanyakude 2015/16 | Uthungulu 2015/16 | Ilembe 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
|---|------|-----------------------|----------------|--------------------------|---------------------|-------------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| Total number of District Hospitals that conducted a patient experience of care (PEC) survey to date in the current financial year | No | 30 | 3 | 1 | 1 | 4 | 1 | 5 | 5 | 3 | 3 | 3 | 1 |
| Total number of District Hospitals | No | 38 | 3 | 2 | 2 | 4 | 1 | 5 | 5 | 6 | 3 | 4 | 3 ³⁸ |
| 5. Patient experience of care rate | % | 80.6% | 86.8% | 86.4% | 84.7% | 86.5% | 87.6% | 83.8% | 71.2% | 85.1% | 81.9% | 95.6% | 83.1% |
| Sum of patient experience of care survey scores (in %) of all District Hospitals that conducted a patient experience of care survey to date in the current financial year | No | 142 020 | 12 977 | 6 620 | 18 772 | 1 906 | 1 261 | 34 337 | 42 124 | 299 | 262 | 1 501 | 445 |
| Sum of patients participating in the Patient Satisfaction Survey | No | 176 097 | 19 920 | 7 655 | 22 154 | 22 013 | 1 438 | 40 991 | 59 149 | 351 | 321 | 1 570 | 535 |
| 6. Average length of stay - total | Days | 5.8 | 5.8 | 5.4 | 5.5 | 6.2 | 4.5 | 5.8 | 5.9 | 6.7 | 6.5 | 5.0 | 5.4 |
| In-patient days - total | No | 1 891 030 | 195 195 | 167 881 | 104 093 | 229 065 | 11 300 | 289 969 | 250 141 | 207 474 | 79 080 | 164 602 | 192 230 |
| Day patients | No | 12 636 | 295 | 1 885 | 302 | 274 | 492 | 1 301 | 221 | 256 | 477 | 849 | 2 684 |
| Inpatient separations | No | 331 820 | 33 974 | 31 277 | 19 024 | 37 309 | 2 625 | 50 460 | 43 008 | 31 454 | 12 363 | 33 330 | 36 996 |

³⁸This includes McCords Hospital

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APP 2015/16: Table 35, Pages 101 – 105

| Indicators | Type | Provincial 2015/16 | UGu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | Umrizinyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | Umkhanyakude 2015/16 | Uthungulu 2015/16 | Ilembe 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
|--|-------|-----------------------|----------------|--------------------------|---------------------|-------------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|-----------------------|
| 7. Inpatient bed utilisation rate - total | % | 60.2% | 66.3% | 80.5% | 61.7% | 54.4% | 60.8% | 62.7% | 56.0% | 46.6% | 56.9% | 63.6% | 68.5% |
| <i>In-patient days - total</i> | No | 1 891 030 | 195 195 | 167 881 | 104 093 | 229 065 | 11 300 | 289 969 | 250 141 | 207 474 | 79 080 | 164 602 | 192 230 |
| <i>Day patients</i> | No | 12 636 | 295 | 1 885 | 302 | 274 | 492 | 1 301 | 221 | 256 | 477 | 849 | 2 684 |
| <i>Inpatient bed days available</i> | No | 3 116 370 | 294 555 | 207 685 | 168 995 | 421 210 | 18 980 | 450 775 | 443 475 | 430 700 | 139 430 | 260 975 | 279 590 |
| 8. Expenditure per patient day equivalent | R | R 2 116 ³⁹ | - | - | - | - | - | - | - | - | - | - | - |
| <i>Expenditure total</i> | R'000 | 5 726 246 | - | - | - | - | - | - | - | - | - | - | - |
| <i>Patient day equivalent</i> | No | 2 705 625 | 281 993 | 269 071 | 152 289 | 315 170 | 27 748 | 410 556 | 345 035 | 329 052 | 100 570 | 231 903 | 242 237 ⁴⁰ |
| 9. Complaints resolution rate | % | 80.8% | 87.0% | 60.6% | 68.7% | 57.4% | 48.5% | 71.1% | 101.0% | 73.1% | 83.3% | 85.9% | 90.0% |
| <i>Complaints resolved</i> | No | 2 050 | 341 | 94 | 68 | 89 | 32 | 150 | 310 | 223 | 110 | 226 | 407 |
| <i>Complaints received</i> | No | 2 537 | 392 | 155 | 99 | 155 | 66 | 210 | 307 | 305 | 132 | 263 | 452 |
| 10. Complaint resolution within 25 working days rate | % | 89.8% | 99.1% | 81.9% | 39.7% | 36.0% | 100% | 96.7% | 77.4% | 96.4% | 100% | 98.7% | 98.8% |
| <i>Complaints resolved within 25 working days</i> | No | 1 841 | 338 | 77 | 27 | 32 | 32 | 145 | 240 | 215 | 110 | 223 | 402 |
| <i>Complaints resolved</i> | No | 2 050 | 341 | 94 | 68 | 89 | 32 | 150 | 310 | 223 | 110 | 226 | 407 |

³⁹ District hospital expenditure not available in time for submission of Annual report to the AGSA

⁴⁰ St Mary's Marianhill data not included as expenditure is via State Aided funding

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Table 30: Programme Performance Indicators

| APP 2015/16: Table 37, Pages 107 – 110 | | | | | | | | |
|---|--|---|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.3) 100% Public health hospitals conduct annual national core standard self-assessments by March 2016 | 1. National core standards self-assessment rate | DHIS | Quarterly % | 44.7% | 100% ⁴¹ | 73.4% | (26.6%) | Performance below the target is mainly attributed to inadequate oversight and support to ensure annual self-assessments against the National Core Standards. This will be prioritised for the 2016/17 MTEF. |
| | <i>Number of District Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>NCS Assessment records</i> | <i>No</i> | 17 | 37 | 28 | | |
| | <i>District Hospitals total</i> | <i>DHIS calculates</i> | <i>No</i> | 38 | 37 | 38 ⁴² | | |
| 5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on national core standard assessment outcomes by March 2016 | 2. Quality improvement plan after self-assessment rate | DHIS | Quarterly % | Data not available | 100% | 50% | (50%) | Inadequate oversight and support to monitor the development and implementation of Quality Improvement Plans is still a challenge. This will be prioritised for the 2016/17 MTEF. |
| | <i>Number of District Hospitals that developed a quality improvement plan to date in the current financial year</i> | <i>DHIS/QIP evidence</i> | <i>No</i> | - | 37 | 14 | | |
| | <i>Number of District Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>DHIS/NCS self-assessment records</i> | <i>No</i> | - | 37 | 28 | | |
| 5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standard by March 2020 | 3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards | DHIS | Quarterly % | 0% | 14% | 3.5% | (75%) | Slower than expected progress in resolving gaps including: Clinical Support e.g. medical technology and systems to monitor efficiency of care. Operational Management e.g. management of assets and consumables and information and records. |
| | <i>Total number of District Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards</i> | <i>DHIS/ NCS assessment records</i> | <i>No</i> | 0 | 5 | 1 | | |

⁴¹ Indicators 1 and 2: The significant increase in the target for the MTEF is based on the Provincial requirement that ALL facilities must implement the National Core Standards, conduct annual assessments and develop Quality Improvement Plans to address the identified gaps

⁴² McCords Hospital has been included. It is classified as a District Hospital although from 1st February 2015 it has been providing specialized eye services. St Mary's Marianhill Hospital has been excluded as it does not fall under the direct control of the Province.

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|---|--|------------------------------|----------------|----------------------------|------------------------|----------------------------|--|---|
| | <i>Number of District Hospitals that conducted national core standards self-assessment to date in the current financial year</i> | DHIS/ NCS assessment results | No | 0 | 37 | 28 | | Facilities and Infrastructure e.g. requirements for safe and secure physical infrastructure (buildings, plant and machinery, equipment). |
| 5.1.5) Sustain a 100% patient experience of care survey rate in all public health facilities from March 2016 | 4. Patient experience of care survey rate | PEC survey results | Quarterly % | Data not available | 100% | 79% | (21%) | Inadequate oversight and scheduling of Patient Satisfaction Surveys is still a challenge that will be addressed in the next financial year. |
| | <i>Total number of District Hospitals that conducted a patient experience of care (PEC) survey to date in the current financial year</i> | PEC evidence | No | - | 37 | 30 | | |
| | <i>Total number of District Hospitals</i> | DHIS | No | - | 37 | 38 | | |
| 5.1.1) Sustain a patient experience of care rate of 95% (or more) at all public health facilities by March 2020 | 5. Patient experience of care rate | PEC results | Quarterly/ % | 75% | 90% | 80.6% | (10.4%) | The target was set using an incorrect numerator and denominator. This was subsequently corrected and updated for reporting and future planning. Patient waiting times remained a challenge which is being addressed as part of the filling of critical posts, implementation of the National Core Standards and Quality Improvement Plans. |
| | <i>Sum of patient experience of care survey scores (in %) of all District Hospitals that conducted a patient experience of care survey to date in the current financial year</i> | PEC evidence | No | 5 222 | 33 ⁴³ | 142 020 | | |
| | <i>Sum of patients participating in the Patient Experience of Care Survey</i> | PEC evidence | No | 6 974 | 37 | 176 097 | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |
| 1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days | 6. Average length of stay - total | DHIS | Quarterly Days | 5.8 Days | 5.8 Days | 5.8 Days | 0% | No deviation |
| | <i>In-patient days - total</i> | Midnight census | No | 1 972 507 | 2 049 076 | 1 891 030 | | |
| | <i>Day patients</i> | Midnight census | No | 11 392 | 11 865 | 12 636 | | |

⁴³ According to the National Department of Health the system calculates different levels of satisfaction. The current system used by the Quality Assurance Component does not make provision for this – it is therefore not possible to estimate MTEF targets for the numerator – this will be based on data from national system. The Provincial target of 95% satisfaction by March 2020 is however binding irrespective of raw data

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|---|--|----------------------------|----------------|----------------------------|------------------------|----------------------------|--|--|
| (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020 | <i>Inpatient separations</i> | <i>DHIS calculates</i> | <i>No</i> | 339 195 | 348 922 | 331 820 | | |
| 1.7.1) Maintain a bed utilisation rate of 75% (or more) | 7. Inpatient bed utilisation rate - total | DHIS | Quarterly % | 62.8% | 64.7% | 60.2% | (6.9%) | This is a demand-driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of patients that will be admitted. Trends begin to show a gradual decrease in inpatient days and increase in day patients. |
| | <i>In-patient days - total</i> | <i>Midnight census</i> | <i>No</i> | 1 972 507 | 2 049 076 | 1 891 030 | | |
| | <i>Day patients</i> | <i>Midnight census</i> | <i>No</i> | 11 392 | 11 865 | 12 636 | | |
| | <i>Inpatient bed days available</i> | <i>Management</i> | <i>No</i> | 339 195 | 3 173 310 | 3 116 370 | | |
| 1.7.4) Maintain expenditure per PDE within the provincial norms | 8. Expenditure per patient day equivalent | BAS/DHIS | Quarterly R | R 2 032 | R 1 871 | R 2 116 | 13% | Increased expenditure is due to high medical inflation; increase in blood and blood products; increase in NHLS costs; increase property related costs such as water and electricity; security services; and cleaning services. |
| | <i>Expenditure total</i> | <i>BAS</i> | <i>R'000</i> | 5 685 230 | 5 492 090 | 5 726 246 | | |
| | <i>Patient day equivalent</i> | <i>DHIS calculates</i> | <i>No</i> | 2 803 295 | 2 935 044 | 2 705 625 | | |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards | 9. Complaints resolution rate | DHIS | Quarterly % | 70.5% | 75% ⁴⁴ | 80.8% | 7.7% | The better than expected performance is mainly ascribed to improved management of complaints at facility level. |
| | <i>Complaints resolved</i> | <i>Complaints Register</i> | <i>No</i> | 1 864 | 2 100 | 2 050 | | |
| | <i>Complaints received</i> | <i>Complaints Register</i> | <i>No</i> | 2 643 | 2 800 | 2 537 | | |
| 5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities | 10. Complaint resolution within 25 working days rate | DHIS | Quarterly % | 92.1% | 85% | 89.8% | 5.6% | The better than expected performance is mainly ascribed to improved management of complaints at facility level. |
| | <i>Complaints resolved within 25 working days</i> | <i>Complaints Register</i> | <i>No</i> | 1 716 | 1 785 | 1 841 | | |

⁴⁴Indicators 9 and 10: It is very difficult to predict the denominator for this indicator as patient complaints is not predictable – the intention is to resolve all complaints within 25 working days

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|-------------------------------|----------------------------|----------------------------|----------------|----------------------------|------------------------|----------------------------|--|----------------------|
| from March 2018 onwards | <i>Complaints resolved</i> | <i>Complaints Register</i> | <i>No</i> | 1 864 | 2 100 | 2 050 | | |

Table 31: Provincial Strategic Objectives and Targets

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|---|---|--------------------------|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective 2.7: Reduce maternal mortality | | | | | | | | |
| 2.7.2) Improve maternal health outcomes by establishing 11 District Caesarean Section Centres by March 2018 | 1. Number of fully functional District Caesarean Section Centres (cumulative) | Hospital records | Annual No | New indicator | 5 ⁴⁵ | 0 | (100%) | The Department is awaiting National Guidelines for the establishment of Caesarean Section Centres. |
| 2.7.3) Reduce caesarean section rate to 25% (District), 37% (Regional), 60% (Tertiary), and 60% (Central) by March 2020 | 2. Delivery by caesarean section rate | DHIS calculates | Quarterly % | 27.8% | 26.7% | 28.8% | (7.9%) | The implementation of the minimum standards for safe caesarean section has been implemented to reduce the rate in all hospitals, and morbidity and mortality meetings are conducted to ensure appropriate criteria are utilised. The increase in obstetric haemorrhage increases the need for caesarean sections. |
| | <i>Delivery by caesarean section</i> | <i>Delivery register</i> | <i>No</i> | 24 762 | 24 331 | 23 958 | | |
| | <i>Delivery in facility total</i> | <i>Delivery register</i> | <i>No</i> | 89 014 | 91 127 | 83 219 | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |

⁴⁵ The number of Centres will be determined by national criteria (not yet finalised) and needs in the Province – target will be reviewed in 2015/16 based on approved criteria and need

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| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|--|-----------------------------------|-------------------------|-----------------|----------------------------|------------------------|----------------------------|--|---|
| 1.7.5) Reduce the unreferral outpatient department (OPD) headcounts with at least 7% per annum | 1. OPD headcount- total | DHIS/ OPD tick register | Quarterly No | 2 419 561 | 2 385 926 | 2 319 180 | 2.8% | This is a demand-driven indicator which means it is not possible for the Department to predict with 100% accuracy the number of patients that will visit the outpatient department. Trends begin to show a gradual decrease in the outpatient headcount. |
| | 2. OPD headcount not referred new | DHIS/ OPD tick register | Quarterly No | 526 271 | 454 101 | 448 763 | 1.2% | The decrease in unreferral OPD cases is a positive result, mainly attributed to improved management of patients at PHC level, improved compliance with referral criteria, as well as patients entering the health system at the appropriate level of care i.e. PHC level. |

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STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

Quality Assurance

- Strengthen Quality Assurance leadership and capacity to improve performance outcomes at all levels of care including the conducting of patient satisfaction surveys and use of survey results to improve patient satisfaction; complaints management at facility level; implementation of National Core Standards including self-assessments and development of quality improvement plans; and improved compliance to National Core Standards.

Primary Health Care

- Refine community-based information and reporting systems and processes.
- Strengthen school health services through appropriate use of resources.

HIV, AIDS and TB

- Stringent implementation and monitoring of the 90-90-90 strategy for HIV/AIDS and TB including early screening, detection, referral, treatment and compliance with treatment regimens to improve outcomes including.
- Explore options to improve the TB information system in line with the ICT Strategy.

Maternal, Child and Women's Health

- Strengthen integrated community-based services to improve education and health promotion; antenatal visits before 20 weeks, postnatal follow-up within 6 days, immunisation, and community-based Integrated Management of Childhood Illnesses (IMCI).
- Continue with integrated strategies to further improve outcomes of severe acute malnutrition.

Non-Communicable Diseases

- Under-detection of chronic diseases is possible and prevention and early detection/ screening programmes will be up-scaled.
- Implementation of the Mental Health Strategy will be prioritised based on the increased demand.

District Hospitals

- Finalisation and implementation of the Hospital Rationalisation Plan to improve hospital efficiencies and value for money.
- Bed occupancy rates will be monitored closely as part of the rationalisation process. Bed allocation will be reviewed as part of the Hospital Rationalisation Plan.

CHANGES TO PLANNED TARGETS

No performance targets were changed during 2015/16.

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LINKING PERFORMANCE WITH BUDGET

Table 32: Summary of expenditure for Programme 2

| Sub-Programme | 2015/16 | | | 2014/15 | | |
|------------------------------|---------------------|--------------------|---------------------------|---------------------|--------------------|---------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| 2.1 District Management | 249 786 | 249 161 | 625 | 231 894 | 230 638 | 1 256 |
| 2.2 Community Health Clinics | 3 591 849 | 3 501 113 | 90 736 | 3 098 023 | 3 072 879 | 25 144 |
| 2.3 Community Health Centres | 1 365 808 | 1 365 808 | - | 1 204 350 | 1 208 867 | (4 517) |
| 2.4 Community Based Services | 16 289 | 16 289 | - | 2 580 | 2 580 | - |
| 2.5 Other Community Services | 1 101 276 | 1 104 071 | (2 795) | 1 009 927 | 1 013 481 | (3 554) |
| 2.6 HIV and AIDS | 3 813 094 | 3 813 719 | (625) | 3 257 992 | 3 258 231 | (239) |
| 2.7 Nutrition | 43 820 | 43 820 | - | 43 763 | 43 763 | - |
| 2.8 Coroner Services | 173 157 | 172 140 | 1 017 | 163 279 | 163 386 | (107) |
| 2.9 District Hospitals | 5 643 172 | 5 741 775 | (98 603) | 5 677 247 | 5 695 230 | (17 983) |
| Total | 15 998 251 | 16 007 896 | (9 645) | 14 689 055 | 14 689 055 | - |

Source: Annual Financial Statements

The Programme 2 budget was over spent by 0.06 per cent.

Compensation of employees over-spent by R 94 551 million (R 82 650 million for District Hospitals) which negatively influenced the filling of critical vacant posts. This impacted negatively on service delivery and the rendering of the full package of services.

Over-expenditure of R 23 774 million was recorded against Goods and services and R 75 420 million against Laboratory services.

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7. PROGRAMME 3: EMERGENCY MEDICAL SERVICES

PROGRAMME DESCRIPTION

The previous structure included Sub-Programme 3.3: Disaster Management which is a Municipal mandate.

Programme Purpose

To render pre-hospital Emergency Medical Services including Inter-hospital Transfers and Planned Patient Transport

Sub-Programmes

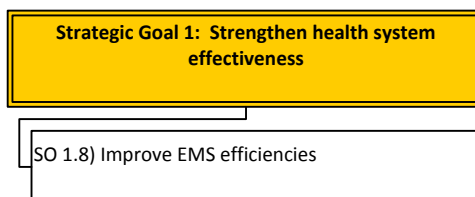
Sub-Programme 3.1: Emergency Medical Services

Render Emergency Medical Services including Ambulance Services, Special Operations, and Communication and Air Ambulance services.

Sub-Programme 3.2: Planned Patient Transport (PPT)

Render Planned Patient Transport including Local Outpatient Transport (within the boundaries of a given town or local area) and Inter-City/Town Outpatient Transport (Into referral centres).

STRATEGIC GOALS AND OBJECTIVES



SO 1.8: Improve EMS efficiencies

The EMS reviewed Model has not been finalised. An EMS Indaba is planned for early 2016/17 to finalise the EMS Model and turn-around strategy for approval and implementation. The Model and strategy will take into cognisance the reforms prescribed in the new EMS Regulations that will be circulated in early 2016/17 for comment before approval and the new National Emergency Care Education and Training (NECET) Policy that will be submitted to the National Health Council for approval in early 2016/17.

There is no improvement in response times for either rural or urban P1 calls with reasons submitted under reasons for variance in the tables below.

The current ambulance per population ratio is 36 452 per 10 000 including 290 operational ambulances (212 emergency, 40 obstetric, and 38 inter-facility). Due to the challenges indicated in reasons for variance, the schedule is however not consistent with the average number of ambulances decreasing to 194 in 2015/16. In 2015/16, obstetric ambulances attended to 65 463 patients (23 395 obstetric and 4479 neonatal). Of these cases, 43% were attended to within 60 minutes.

A large proportion of the current fleet of ambulances exceeds the norm of 250 000 km which increases repair time and reduces daily operational vehicles. Of the current fleet, 187 (36%) ambulances; 59 (27%) Patient Transport Service (PTS) buses; and 55 (33%) support vehicles exceeded the norm.

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Of the 12 Communication Centres currently operational 6 are computerized and 6 paper-based which further challenge operations.

EMS is currently operating with 8 staff per ambulance against the national norm of 10 per ambulance. A total of 2 696 staff are employed at operational level, including 1 678 (63.4%) Basic Life Support; 862 (32.6%) Intermediate Life Support; 23 (0.9%) Emergency Care Technicians; 76 (2.9%) Advanced Life Support; and 8 (0.3%) Emergency Care Practitioners.

Patient transport services provide services for non-emergency referrals between facilities for indigent persons with no other means of transport. It is however estimated that approximately 50% of inter-facility transportation is emergency inter-facility transport and not planned patient transport. This puts pressure on resources and contributes to poor response times for emergency cases.

A PTS hub system has been introduced in Uthungulu (Empangeni), eThekweni (Durban), UMgungundlovu (Pietermaritzburg), and UThukela (Ladysmith) to improve coordination and efficiency. The Department is also phasing in the use of PTS vehicles with 3 stretcher carrying capacity.

Aeromedical services continue to provide vital support to the Department and attended to 1 285 cases in 2015/16. Most cases were attended to in Umkhanyakude (346), Uthungulu (340) and Zululand (289 cases).

The College of Emergency Care (CoEC) mainly conducts Intermediate Life Support and Emergency Care Technician training, District Training Programmes, Emergency Medical Dispatcher (EMD) and defensive driver training. A training migration plan is in development stage in line with the National Emergency Care Education and Training (NECET) Policy.

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STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 33: (EMS1) Situation Analysis Indicators

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| Quarterly Indicators | Source | Type | Province 2015/16 | Ugu 2015/16 | UMgungundlovu 2015/16 | UThukela 2015/16 | UMzinyathi 2015/16 | Amajuba 2015/16 | Zululand 2015/16 | UMkhanyakude 2015/16 | UThungulu 2015/16 | iLembe 2015/16 | Harry Gwala 2015/16 | eThekweni 2015/16 |
|--|----------------------|------|---------------------|----------------|--------------------------|---------------------|-----------------------|--------------------|---------------------|-------------------------|----------------------|-------------------|------------------------|----------------------|
| 1. EMS P1 urban response under 15 minutes rate | EMS register | % | 5% | 2% | 4% | 6% | 35% | 75% | N/A | N/A | 27% | 5% | N/A | 3% |
| No P1 urban calls with response times under 15 minutes | EMS callout register | No | 7 896 | 324 | 675 | 310 | 404 | 2 188 | - | - | 238 | 284 | - | 3 473 |
| All P1 urban call outs | EMS callout register | No | 162 760 | 13 283 | 18 069 | 5 337 | 1 154 | 2 917 | - | - | 868 | 5439 | - | 115 693 |
| 2. EMS P1 rural response under 40 minutes rate | EMS register | % | 32% | 11% | 11% | 15% | 26% | 77% | 52% | 22% | 30% | 20% | 38% | 21% |
| No P1 rural calls with response times under 40 minutes | EMS callout register | No | 66 543 | 1 563 | 1 459 | 3 841 | 5 914 | 16 443 | 13 141 | 2 701 | 8 846 | 3 187 | 9 373 | 75 |
| All P1 rural call outs | EMS callout register | No | 205 668 | 14 705 | 13 606 | 25 276 | 22 698 | 21 223 | 25 202 | 12 302 | 29 679 | 15 888 | 24 730 | 359 |
| 3. EMS inter-facility transfer rate | EMS register | % | 41% | 48% | 46% | 37% | 11% | 32% | 35% | 53% | 45% | 26% | 32% | 51% |
| EMS inter-facility transfer | EMS register | No | 208 628 | 20 072 | 23 504 | 16 452 | 2 968 | 10 753 | 12 636 | 15 386 | 19 874 | 12 339 | 10 157 | 64 487 |
| EMS clients total | EMS register | No | 509 594 | 41 573 | 50 596 | 44 021 | 25 821 | 33 404 | 35 802 | 28 815 | 44 042 | 46 568 | 31 618 | 127 334 |

Source: EMS Register and Database

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Table 34: Programme Performance Indicators

| APP 2015/16: Table 63, Page 167 | | | | | | | | |
|---|--|---------------------------------------|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 1.8: Improve EMS efficiencies | | | | | | | | |
| 1.8.4) Improve P1 urban response times of under 15 minutes to 25% by March 2020 | 1. EMS P1 urban response under 15 minutes rate | EMS register | Quarterly % | 5% | 6.5% | 5% | (23.1%) | <p>The following challenges remains: Inadequate resources including base infrastructure, EMS customised wash bays and sluice facilities, human resources particularly intermediate and advanced life support.</p> <p>The limited number of ambulances not separately allocated for rural/urban cases which results in delays to respond to emergency calls.</p> <p>Shortage of service providers for fleet maintenance increases ambulance down time further impacting on daily operational ambulances.</p> <p>High accident rates.</p> <p>Higher percentage rural terrain contributes to poor response times and increased vehicle wear and tear.</p> |
| | <i>EMS P1 urban response under 15 minutes</i> | <i>EMS callout register</i> | <i>No</i> | <i>8 542</i> | <i>12 677</i> | <i>7 896</i> | | |
| | <i>EMS P1 urban calls</i> | <i>EMS callout register</i> | <i>No</i> | <i>166 854</i> | <i>192 619</i> | <i>162 760</i> | | |
| 1.8.5) Improve P1 rural response times of under 40 minutes to 45% by March 2020 | 2. EMS P1 rural response under 40 minutes rate | EMS register | Quarterly % | 32% | 33% | 32% | (3%) | <p>Shortage of service providers for fleet maintenance increases ambulance down time further impacting on daily operational ambulances.</p> <p>High accident rates.</p> <p>Higher percentage rural terrain contributes to poor response times and increased vehicle wear and tear.</p> |
| | <i>EMS P1 rural response under 40 minutes</i> | <i>EMS callout register</i> | <i>No</i> | <i>71 399</i> | <i>71 802</i> | <i>66 543</i> | | |
| | <i>EMS P1 rural calls</i> | <i>EMS callout register</i> | <i>No</i> | <i>224 560</i> | <i>217 229</i> | <i>205 668</i> | | |
| 1.8.6) Increase the inter-facility transfer rate to 50% by March 2020 | 3. EMS inter-facility transfer rate | EMS inter-facility register/ database | Quarterly % | 39% | 37% | 41% | 10.8% | Performance above target viewed as a positive result, mainly ascribed to an increase in patient transport vehicles. |
| | <i>EMS inter-facility transfer</i> | <i>EMS register</i> | <i>No</i> | <i>222 446</i> | <i>230 000</i> | <i>208 628</i> | | |
| | <i>EMS clients total</i> | <i>EMS register</i> | <i>No</i> | <i>564 529</i> | <i>620 000</i> | <i>509 594</i> | | |

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Table 35: Provincial Strategic Objectives and Targets

| APP 2015/16: Table 64, Pages 168 - 169 | | | | | | | | |
|---|---|---|--------------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 1.8: Improve EMS efficiencies | | | | | | | | |
| 1.8.1) Evidence-based EMS Model approved and implemented by March 2016 | 1. Revised EMS Model | Approved EMS Model | Annual Categorical | New indicator | EMS Model approved | EMS Model not approved | Not achieved | Approval of Model delayed due to longer than expected consultation processes and benchmarking with other provinces to inform the revised Model. Consultation is continuing. |
| 1.8.7) Increase the number of obstetric ambulances to 72 by March 2020 | 2. Number of obstetric ambulances – cumulative | Handover documents | Quarterly No | 26 | 32 | 40 | 11.1% | Performance above target viewed as a positive result. Mainly ascribed to allocation of ambulances purchased in 2014/15. |
| 1.8.8) Increase the number of inter-facility ambulances to 72 by March 2020 | 3. Number of IFT ambulances – cumulative | Handover documents | Quarterly No | 32 | 40 | 38 | (5%) | Delay in procurement of ambulances. |
| 1.8.2) Increase the average number of daily operational ambulances to 550 by March 2020 | 4. Average number of daily operational ambulances | EMS daily Operations reports/ EMS database | Quarterly No | 192 | 356 | 187 | (47.5%) | High accident rate and shortage of service providers for fleet maintenance increases down time of ambulances. A shortage of operational staff. EMS currently operating with 8 staff per ambulance compared with the national norm of 10 staff per ambulance. |
| 1.8.3) Rationalise 4 clustered communication centres by March 2018 | 5. Number of clustered Communications Centres established and operational | Infrastructure project report/ EMS database | Quarterly No | New indicator | 2 (Region 2) | 0 | (100%) | Delays in the rewarding of the contract for the Pietermaritzburg Emergency Management Centre. |
| 1.8.9) Increase purpose built wash bays with sluice facilities to 45 by March 2020 | 6. Number of purpose built wash bays with sluice facilities | Infrastructure project report/ EMS database | Quarterly No | New indicator | 9 | 3 | (66.7%) | The wash-bay with sluice room facilities, medical gas storage, waste trap and medical waste storage is in the design phase at Infrastructure Development. |
| 1.8.10) Increase EMS revenue collection to at least R22 million by March 2020 | 7. Revenue generated | BAS | Quarterly R | R 3 324 968 | R 17 million | R 3 633 659 | (78.6%) | Inadequate systems and processes to regulate revenue collection. The Department commenced with review of the Revenue Enhancement strategy. |

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APP 2015/16: Table 64, Pages 168 - 169

| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
|--|--|---------------------------------|-----------------|--|--------------------------------|--|--|---|
| 1.8.11) Increase the number of bases with access to internet to 75 by March 2020 | 8. Number of bases with access to computers and intranet/ e-mail | IT roll-out report/ IT database | Quarterly No | 49 (with access to a computer) 20 (with access to email and intranet) | 48 (with access to a computer) | 50 (with access to a computer) 23 (with access to email and intranet) | 4.2% | Performance above target viewed as a positive result. The Department considers the deviation within an acceptable deviation range. |

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STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

Finalise and implement the reviewed EMS Model and turn-around strategy within the EMS Regulations and NCET Policy frameworks to improve EMS systems, processes, efficiencies, outputs and outcomes.

Monthly Provincial performance meetings between communications, operations, fleet and supply chain components will be conducted to review performance and to ensure pro-active responses to address deviation from targets and challenges.

Management capacity will be enhanced within communications centres specific to Priority 1 performance.

Rollout of the web-based information system (DHIS) and standardise the reporting and monitoring system to allow regular analysis of performance.

Improve access to the employee assistance programme.

CHANGES TO PLANNED TARGETS

No performance targets were changed during 2015/16.

LINKING PERFORMANCE WITH BUDGET

Table 36: Summary of expenditure for Programme 3

| Sub-Programmes | 2015/16 | | | 2014/15 | | |
|-------------------------------|---------------------|--------------------|---------------------------|---------------------|--------------------|---------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| 3.1 Emergency Transport | 1 106 709 | 1 106 709 | - | 1 026 983 | 1 026 983 | - |
| 3.2 Planned Patient Transport | 67 669 | 67 669 | - | 41 130 | 41 130 | - |
| Total | 1 174 378 | 1 174 378 | - | 1 068 113 | 1 068 113 | - |

Source: Annual Financial Statements

There was no under- or over-expenditure recorded for Programme 3.

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8. PROGRAMME 4: REGIONAL AND SPECIALISED HOSPITALS

PROGRAMME DESCRIPTION

Programme Purpose

There are no changes to the Programme 4 structure.

Deliver hospital services, which are accessible, appropriate, and effective and provide general specialist services, including a specialized rehabilitation service, as well as a platform for training health professionals and research.

Sub-Programmes

Sub-Programme 4.1: General (Regional) Hospitals

Render hospital services at a general specialist level and a platform for training of health workers and research.

Sub-Programme 4.2: Specialised Tuberculosis Hospitals

Convert present Tuberculosis hospitals into strategically placed centres of excellence in which a small percentage of patients may undergo hospitalisation under conditions, which allow for isolation during the intensive phase of treatment, as well as the application of the standardized multi-drug resistant (MDR) protocols.

Sub-Programme 4.3: Specialised Psychiatric/ Mental Health Hospitals

Render a specialist psychiatric hospital service for people with mental illness and intellectual disability and provide a platform for the training of health workers and research.

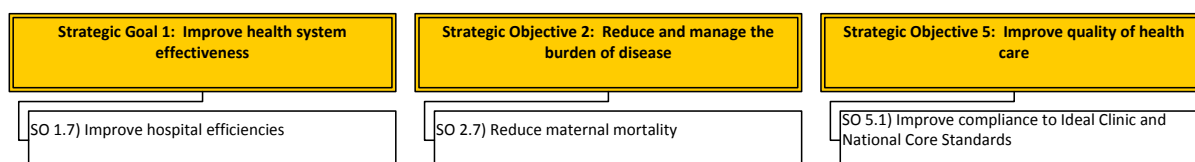
Sub-Programme 4.4: Chronic Medical Hospitals

Provide medium to long term care to patients who require rehabilitation and/or a minimum degree of active medical care but cannot be sent home. These patients are often unable to access ambulatory care at our services or their socio-economic or family circumstances do not allow for them to be cared for at home.

Sub-Programme 4.5: Oral and Dental Training Centre

Render an affordable and comprehensive oral health service and training, based on the primary health care approach.

STRATEGIC GOALS AND OBJECTIVES



SO 1.7: Improve hospital efficiencies

Consultation commenced to inform the Hospital Rationalisation Plan that will provide the framework for affordable, efficient and high quality hospital services within a resource constraint environment. Considerable further quantitative modelling on various scenarios is still required to determine the specific cost implications taking into account the limited funding envelope. Consultations commenced in November 2014 with various clinical specialists across all disciplines in Regional, Specialised, Tertiary and Central Hospitals to determine the key service delivery gaps and pressures across all service delivery platforms. The purpose was to provide all specialities and sub-specialities the opportunity to debate feasible options to optimise service delivery. The following key deliverables will be used to monitor progress.

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| Key Deliverables | Activities |
|--|---|
| <ul style="list-style-type: none"> • Hospital service delivery gaps and infrastructure requirements • Re-classification of hospitals, finalisation of package of services per level of care, and review of bed allocation per clinical speciality • Finalise organisational structures • Finalise governance framework | <ul style="list-style-type: none"> • Audit of current service package per level of care • Audit available equipment per hospital • Develop a Complexing Policy and Framework to guide transformation and optimisation of resources |
| <ul style="list-style-type: none"> • Implementation of the reviewed referral policy • Implementation of an orientation and induction programme for hospital management | <ul style="list-style-type: none"> • Finalise and align organisation structures with approved package of services and approved HR norms • Finalise a Policy Framework for the management of Regional, Specialised, Tertiary and central Hospitals • Centralise coordination of clinical outreach programmes to optimise mentoring, support and development |
| <ul style="list-style-type: none"> • Review policy framework for Hospital Boards | <ul style="list-style-type: none"> • Phased implementation of bed management bureaus • Develop a Hospital Management Handbook • Finalise a strategy for succession planning for hospital management |
| <ul style="list-style-type: none"> • Implementation of a hospital information and reporting system | <ul style="list-style-type: none"> • Implement a structured orientation and induction programme for Hospital Boards • Develop a plan for electronic patient record and patient management system in line with the ICT Strategy |

Gatekeeping to reduce the cost of bloods and blood products as well as high NHLS costs was prioritised in 2015/16, with significant cost savings reported in a number of hospitals.

SO 5.1: Improve compliance to the ideal clinic and national core standards

Implementation of the National Core Standards is continuing although results are not satisfying. Self-assessments and the development of quality improvement plans need to be improved to improve compliance to standards. Quality assurance capacity must be strengthened to provide the necessary leadership, oversight and support in the development of sustained quality improvement programmes.

Annual patient satisfaction surveys have not been conducted by all hospitals during the year under review which is a concern as patient satisfaction is of paramount importance in the rendering of services. This, as well as effective management of complaints, will be targeted in the next MTEF.

The quality assurance monitoring and reporting system is not effective and will be reviewed to ensure more accurate data and reporting. This will also improve audit outcomes.

SO 4.1: Improve human resources for health

Filling of vacant posts has been a serious challenge during 2015/16 as a result of the inadequate Compensation of Employee (CoE) budget. The high vacancy rates for Medical Specialists (27.7%), Radiographers (12.5%); Pharmacists (10.5) and Professional Nurses (10.4%) remains a concern as it directly impacts on the rendering of the level 2 package of services. Recruitment and retention of critical skills, with a turnover rate of 7.4%, also remains a challenge as it further jeopardises the skills pool, service delivery and ultimately health outcomes.

Inequities in the distribution of human resources is however evident when analysing filled posts and workloads in individual hospitals. Organisational structures are not aligned with the service delivery platform, package of services, patient footprint or demand for services. Review of all organisational structures will commence in 2016/17 once the service package has been finalised.

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Regional Hospitals

STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 37: Programme Performance Indicators

| APP 2015/16: Table 70, Pages 180 – 183 | | | | | | | | |
|---|--|---|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.3) 100% Public health hospitals conduct annual national core standard self-assessments by March 2016 | 1. National core standards self-assessment rate | QA database | Quarterly % | 76.9% | 100% | 53.8% | (46.2%) | Performance below the target is mainly attributed to inadequate oversight to ensure annual self-assessments against the National Core Standards. This has been prioritised for the 2016/17 MTEF. |
| | <i>Number of Regional Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>QA database/ Self-assessment reports</i> | <i>No</i> | <i>10</i> | <i>13</i> | <i>7</i> | | |
| | <i>Regional Hospitals total</i> | <i>DHIS calculates</i> | <i>No</i> | <i>13</i> | <i>13</i> | <i>13</i> | | |
| 5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on national core standard assessment outcomes by March 2016 | 2. Quality improvement plan after self-assessment rate | DHIS | Quarterly % | 76.9% | 100% | 61.5% | (38.5%) | Inadequate oversight and support to monitor the development and implementation of Quality Improvement Plans still a challenge. This will be prioritised for the 2016/17 MTEF. |
| | <i>Number of Regional Hospitals that developed a quality improvement plans to date in the current financial year</i> | <i>Quality Improvement Plans</i> | <i>No</i> | <i>10</i> | <i>13</i> | <i>8</i> | | |
| | <i>Number of Regional Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>Assessment Records</i> | <i>No</i> | <i>13</i> | <i>13</i> | <i>13</i> | | |
| 5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020 | 3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards | DHIS | Quarterly % | 0% | 23% | 0% | (100%) | Slower than expected progress in addressing challenges to comply with National Core Standards especially equipment and infrastructure. |
| | <i>Total number of Regional Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards</i> | <i>Assessment Records</i> | <i>No</i> | <i>0</i> | <i>3</i> | <i>0</i> | | |

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| APP 2015/16: Table 70, Pages 180 – 183 | | | | | | | | |
|---|--|------------------------------|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| | <i>Number of Regional Hospitals that conducted national core standards self-assessment to date in the current financial year</i> | <i>Assessment Records</i> | <i>No</i> | 5 ⁴⁶ | 13 | 13 | | |
| 5.1.5) Sustain a 100% patient experience of care survey rate in all public health facilities from March 2016 | 4. Patient experience of care survey rate | DHIS – NCS Module | Quarterly % | 100% | 100% | 61.5% | (38.5%) | Inadequate scheduling of Patient Satisfaction Surveys at facility level remains a challenge that will be addressed as part of implementation of the National Core Standards. |
| | <i>Total number of Regional Hospitals that conducted a patient experience of care (PEC) survey to date in the current financial year</i> | <i>PEC Survey</i> | <i>No</i> | 13 | 13 | 8 | | |
| | <i>Total number of Regional Hospitals</i> | <i>DHIS calculates</i> | <i>No</i> | 13 | 13 | 13 | | |
| 5.1.1) Sustain a patient experience of care rate of 95% (or more) at all public health facilities by March 2020 | 5. Patient experience of care rate | DHIS - NCS Module | Quarterly % | Not available | 85.4% | 78% | (8.6%) | Patient waiting times is still a challenge due to patient demand and available resources. |
| | <i>Sum of patient experience of care survey scores (in %) of all Regional Hospitals that conducted a patient experience of care survey to date in the current financial year</i> | <i>PEC results</i> | <i>No</i> | - | 1 217 | 21 941 | | |
| | <i>Sum of patients participating in the Patient Experience of Care Survey</i> | <i>PEC results</i> | <i>No</i> | - | 1 424 | 28 204 | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |
| 1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020 | 6. Average length of stay - total | DHIS | Quarterly Days | 6.1 Days | 6.1 Days | 6.3 Days | (3.3%) | The burden of disease and late reporting of patients to health facilities result in increased hospital stay in order to stabilise patients before discharge. |
| | <i>Inpatient days-total</i> | <i>DHIS/ Midnight Census</i> | <i>No</i> | 1 903 406 | 1 949 612 | 1 899 919 | | |
| | <i>Day Patients</i> | <i>DHIS/ Midnight Census</i> | <i>No</i> | 47 986 | 50 148 | 49 528 | | |
| | <i>Inpatient Separations total</i> | <i>DHIS calculates</i> | <i>No</i> | 316 900 | 326 010 | 305 850 | | |

⁴⁶ Refers to self-assessments – no hospitals were externally assessed by the Office of Standard compliance

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| APP 2015/16: Table 70, Pages 180 – 183 | | | | | | | | |
|---|--|------------------------------|----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 1.7.1) Maintain a bed utilisation rate of 75% (or more) | 7. Inpatient bed utilisation rate - total | DHIS | Quarterly % | 74.5% | 76.1% | 74.7% | (1.8%) | Gradual year on year reduction of inpatient days and increase in day patients. |
| | <i>Inpatient days-total</i> | <i>DHIS/ Midnight Census</i> | <i>No</i> | <i>1 903 406</i> | <i>1 949 612</i> | <i>1 899 919</i> | | |
| | <i>Day Patients</i> | <i>DHIS/ Midnight Census</i> | <i>No</i> | <i>47 986</i> | <i>50 148</i> | <i>49 528</i> | | |
| | <i>Inpatient bed days available</i> | <i>DHIS</i> | <i>No</i> | <i>2 588 033</i> | <i>2 594 785</i> | <i>2 583 419</i> | | |
| 1.7.4) Maintain expenditure per PDE within the provincial norms | 8. Expenditure per patient day equivalent | BAS/DHIS | Quarterly R | R 2 368 | R 2 225 | R3 170 | 42.4% | Increase in cost per PDE is mainly due to the increased cost of medication and blood products. |
| | <i>Expenditure total</i> | <i>BAS</i> | <i>R'000</i> | <i>7 049 696</i> | <i>6 881 905</i> | <i>8 296 822</i> | | |
| | <i>Patient day equivalents</i> | <i>DHIS calculates</i> | <i>No</i> | <i>2 977 332</i> | <i>3 092 628</i> | <i>2 921 942</i> | | |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards | 9. Complaint resolution rate | DHIS | Quarterly % | 77.7% | 80% | 80% | 0% | No deviation |
| | <i>Complaint resolved</i> | <i>Complaints Register</i> | <i>No</i> | <i>1 133</i> | <i>1 071</i> | <i>1 006</i> | | |
| | <i>Complaint received</i> | <i>Complaints Register</i> | <i>No</i> | <i>1 458</i> | <i>1 347</i> | <i>1 259</i> | | |
| 5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2018 and onwards | 10. Complaint resolution within 25 working days rate | DHIS | Quarterly % | 95% | 95% | 98% | 3.2% | The better than expected performance is due to improved management of complaints at facility level. |
| | <i>Complaint resolved within 25 working days</i> | <i>Complaints register</i> | <i>No</i> | <i>1 076</i> | <i>1 051</i> | <i>986</i> | | |
| | <i>Complaint resolved</i> | <i>Complaints register</i> | <i>No</i> | <i>1 133</i> | <i>1 071</i> | <i>1 006</i> | | |

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Table 38: Provincial Strategic Objectives and Targets

| APP 2015/16: Table 71, Page 184 | | | | | | | | |
|---|--|----------------------------------|-----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 2.7: Reduce maternal mortality | | | | | | | | |
| 2.7.3) Reduce the caesarean section rate to 25% (District), 37% (Regional), 60% (Tertiary), and 60% (Central) by March 2020 | 1. Delivery by caesarean section rate | DHIS | Quarterly % | 39.2% | 39% | 41.7% | (6.9%) | Complexity of cases at regional level as well as the high HIV prevalence increases demand for caesarean sections. |
| | <i>Delivery by caesarean section</i> | <i>Theatre Delivery Register</i> | <i>No</i> | <i>31 082</i> | <i>29 113</i> | <i>29 551</i> | | |
| | <i>Delivery in facility total</i> | <i>Delivery Register</i> | <i>No</i> | <i>79 386</i> | <i>74 650</i> | <i>70 882</i> | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |
| 1.7.5) Reduce the unreferral outpatient department (OPD) headcounts with at least 7% per annum | 2. OPD headcount - total | <i>DHIS/ OPD tick register</i> | Quarterly No | 2 795 600 | 2 792 300 | 2 575 296 | 7.8% | This is a demand driven indicator which makes it difficult to predict with 100% accuracy. The Department views performance below the target as a positive result – in line with decongestion of hospital services through improved management of patients at lower levels of care. |
| | 3. OPD headcount new case not referred | <i>DHIS/ OPD tick register</i> | Quarterly No | 222 443 | 208 393 | 182 998 | 12.2% | Performance below target viewed as a positive result. This is in line with efforts to improve management of patients at lower levels of care to decongest level 2 hospitals. |

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Specialised Tuberculosis Hospitals

STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 39: Provincial Strategic Objectives and Targets

| APP 2015/16: Table 75, Pages 188 – 191 | | | | | | | | |
|--|--|---|----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.3) 100% Public health hospitals conduct annual national core standards self-assessments by March 2016 | 1. National core standards self-assessment rate | DHIS | Quarterly % | 60% | 100% | 40% | (60%) | Performance below the target is mainly attributed to inadequate oversight to ensure annual self-assessments against the National Core Standards. This has been prioritised for the 2016/17 MTEF. |
| | <i>Number of Specialised TB Hospitals that conducted national core standards self-assessment to date in the current financial year</i> | <i>QA database/ Self-assessment reports</i> | <i>No</i> | <i>6</i> | <i>10</i> | <i>4</i> | | |
| | <i>Specialised TB Hospitals total</i> | <i>DHIS calculates</i> | <i>No</i> | <i>10</i> | <i>10</i> | <i>10</i> | | |
| 5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on national core standards assessment outcomes by March 2016 | 2. Quality improvement plan after self-assessment rate | QA database | Quarterly % | New indicator | 100% | 20% | (80%) | Inadequate oversight and support to monitor the development and implementation of Quality Improvement Plans still a challenge. This will be prioritised for the 2016/17 MTEF. |
| | <i>Number of Specialised TB Hospitals that developed a quality improvement plan to date in the current financial year</i> | <i>Quality Improvement Plans</i> | <i>No</i> | <i>-</i> | <i>10</i> | <i>2</i> | | |
| | <i>Number of Specialised TB Hospitals that conducted national core standards self-assessments to date in the current financial year</i> | <i>Assessment Records</i> | <i>No</i> | <i>-</i> | <i>10</i> | <i>10</i> | | |
| 5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020 | 3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards | DHIS | Quarterly % | 0% | 20% | 0% | (100%) | Slower than expected progress in addressing challenges to comply with National Core Standards especially infrastructure deficiencies to comply with Infection Prevention & Control requirements. |
| | <i>Total number of Specialised TB Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards</i> | <i>Assessment Records</i> | <i>No</i> | <i>0</i> | <i>2</i> | <i>0</i> | | |
| | <i>Number of Specialised TB Hospitals that conducted national core standards self-assessment to date in the current financial year</i> | <i>Assessment Records</i> | <i>No</i> | <i>10</i> | <i>10</i> | <i>10</i> | | |

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| APP 2015/16: Table 75, Pages 188 – 191 | | | | | | | | |
|---|--|-----------------------|----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 5.1.5) Sustain a 100% patient experience of care survey rate in all public health facilities from March 2016 | 4. Patient experience of care survey rate | DHIS | Quarterly % | New indicator | 100% | 30% | (70%) | Inadequate scheduling of Patient Satisfaction Surveys at facility level remains a challenge that will be addressed as part of the Ideal Clinic programme. |
| | <i>Total number of Specialised TB Hospitals that conducted a patient experience of care (PEC) survey to date in the current financial year</i> | PEC surveys | No | - | 10 | 3 | | |
| | <i>Total number of Specialised TB Hospitals</i> | DHIS | No | - | 10 | 10 | | |
| 5.1.1) Sustain a patient experience of care rate of 95% (or more) at all public health facilities by March 2020 | 5. Patient experience of care rate | DHIS | Quarterly % | New indicator | 76% | 81% | 6.5% | Performance above target viewed as a positive result, mainly ascribed to increased focus on patient satisfaction including reducing waiting times. |
| | <i>Sum of patient experience of care survey scores (in %) of all Specialised TB Hospitals that conducted a patient experience of care survey to date in the current financial year</i> | PEC survey | No | - | 421 | 5 187 | | |
| | <i>Sum of patients participating in the Patient Experience of care Survey</i> | PEC survey | No | - | 555 | 6 397 | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |
| 1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020 | 6. Average length of stay – total | DHIS | Quarterly Days | 16.5 Days | 15.7 Days | 17.2 Days | 9.6% | New regimen for the management of MDR/XDR-TB patients requires extended hospital admission for in-patient management before discharge. |
| | <i>Inpatient days-total</i> | DHIS/ Midnight Census | No | 411 283 | 380 767 | 331 547 | | |
| | <i>Day Patients</i> | DHIS/ Midnight Census | No | 536 | 531 | 733 | | |
| | <i>Inpatient separations total</i> | DHIS calculates | No | 24 961 | 24 238 | 19 307 | | |
| 1.7.1) Maintain a bed utilisation rate of 75% (or more) | 7. Inpatient bed utilisation rate – total | DHIS | Quarterly % | 57% | 52.5% | 56.2% | 7% | Performance above target viewed as a positive result, and mainly ascribed to compliance with referral policies. |
| | <i>Inpatient days-total</i> | DHIS/ Midnight Census | No | 411 283 | 380 767 | 331 547 | | |
| | <i>Day Patients</i> | DHIS/ Midnight Census | No | 536 | 531 | 733 | | |
| | <i>Inpatient bed days available</i> | DHIS | No | 722 396 | 725 620 | 591 152 | | |

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| APP 2015/16: Table 75, Pages 188 – 191 | | | | | | | | |
|---|---|----------------------------|-----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 1.7.4) Maintain expenditure per PDE within the provincial norms | 8. Expenditure per patient day equivalent (PDE) ⁴⁷ | BAS/DHIS | Quarterly R | R 1300 | R 1 542 | R1 613 | 4.6% | The Department considers the deviation of R71 within an acceptable deviation range. |
| | <i>Total expenditure TB Hospitals</i> | BAS | R'000 | 673 274 | 746 111 | 734 142 | | |
| | <i>Patient day equivalents</i> | DHIS calculates | No | 518 023 | 483 871 | 426 465 | | |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards | 9. Complaint resolution rate | DHIS | Quarterly % | 30% | 50% | 19.1% | (61.8%) | The significant increase in the number of patient complaints is being investigated. The Quality Assurance Manager post is vacant which contributed to the poor response to complaints received. |
| | <i>Complaint resolved</i> | <i>Complaints Register</i> | No | 103 | 137 | 137 | | |
| | <i>Complaint received</i> | <i>Complaints Register</i> | No | 345 | 274 | 716 | | |
| 5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2018 and onwards | 10. Complaint resolution within 25 working days rate | DHIS | Quarterly % | 98.1% | 70% | 93.4% | 33.4% | Due to nature of complaints it was possible to perform better than expected. |
| | <i>Complaint resolved within 25 working days</i> | <i>Complaints Register</i> | No | 101 | 96 | 128 | | |
| | <i>Complaint resolved</i> | <i>Complaints Register</i> | No | 103 | 137 | 137 | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |
| 1.7.5) Reduce the unreferral OPD headcounts with at least 7% per annum | 11. OPD headcount – total | DHIS/ OPD tick register | Quarterly No | 294 629 | 300 106 | 255 718 | 9.4% | Improved community-based outreach services for the management of TB, in line with the aim to decongest hospitals. |
| | 12. OPD headcount new case not referred | DHIS/ OPD tick register | Quarterly No | 54 505 | 35 363 | 30 637 | 12% | Performance below target viewed as a positive result. This point to patients accessing care at the appropriate level. |

⁴⁷ For planning purposes, NHLS costs for GeneXpert and NPI's have been included in the projected budget figures

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VOTE 7

Specialised Psychiatric Hospitals

STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 40: Provincial Strategic Objectives and Targets

| APP 2015/16: Table 78, Pages 194 – 197 | | | | | | | | |
|---|---|---|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.3) 100% Public health hospitals conduct annual national core standard self-assessments by March 2016 | 1. National core standards self-assessment rate | DHIS | Quarterly % | 83% | 100% | 66.6% | (33.4%) | Performance below the target is mainly attributed to inadequate oversight to ensure annual self-assessment against the National Core Standards. This has been prioritised for the 2016/17 MTEF. |
| | <i>Number of Specialised Psych Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>QA database/ Self-assessment reports</i> | <i>No</i> | <i>5</i> | <i>6</i> | <i>4</i> | | |
| | <i>Specialised Psych Hospitals total</i> | <i>DHIS calculates</i> | <i>No</i> | <i>6</i> | <i>6</i> | <i>6</i> | | |
| 5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on national core standard assessment outcomes by March 2016 | 2. Quality improvement plan after self-assessment rate | QA database | Quarterly % | New indicator | 100% | 66.6% | (33.4%) | Inadequate oversight and support to monitor the development and implementation of Quality Improvement Plans is still a challenge. This has been prioritised for the 2016/17 MTEF. |
| | <i>Number of Specialised Psych Hospitals that developed a quality improvement plan to date in the current financial year</i> | <i>Quality Improvement Plans</i> | <i>No</i> | <i>-</i> | <i>6</i> | <i>4</i> | | |
| | <i>Number of Specialised Psych Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>Assessment Records</i> | <i>No</i> | <i>-</i> | <i>6</i> | <i>6</i> | | |
| 5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standard by March 2020 | 3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards | DHIS | Quarterly % | 0% | 17% | 0% | (100%) | Slower than expected progress in addressing identified challenges, particularly relevant to infrastructure limitations to comply with specifications for Psychiatric Institutions. |
| | <i>Total number of Specialised Psych Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards</i> | <i>Assessment records</i> | <i>No</i> | <i>0</i> | <i>1</i> | <i>0</i> | | |
| | <i>Number of Specialised Psych Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>Assessment Records</i> | <i>No</i> | <i>6</i> | <i>6</i> | <i>6</i> | | |

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| APP 2015/16: Table 78, Pages 194 – 197 | | | | | | | | |
|---|---|-----------------------|----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 5.1.5) Sustain a 100% patient experience of care survey rate in all public health facilities from March 2016 | 4. Patient experience of care survey rate | DHIS | Quarterly % | New indicator | 100% | 66.6% | (33.4%) | Inadequate scheduling of Patient Satisfaction Surveys at facility level remains a challenge that will be addressed as part of the implementation of National Core Standards. |
| | <i>Total number of Specialised Psychiatric Hospitals that conducted a patient experience of care (PEC) survey to date in the current financial year</i> | PEC survey | No | - | 6 | 4 | | |
| | <i>Total number of Specialised Psychiatric Hospitals</i> | DHIS | No | - | 6 | 6 | | |
| 5.1.1) Sustain a patient experience of care rate of 95% (or more) at all public health facilities by March 2020 | 5. Patient experience of care rate | DHIS | Quarterly % | New indicator | 78% | 91% | 16.6% | Performance above target viewed as a positive result, partly due to focus on implementation of the National Core Standards that prioritise patient satisfaction. |
| | <i>Sum of patient experience of care survey scores (in %) of all Specialised Psychiatric Hospitals that conducted a patient experience of care survey to date in the current financial year</i> | PEC Survey results | No | - | 152 | 3 599 | | |
| | <i>Sum of patients participating in the Patient Experience of Care Survey</i> | PEC Survey results | No | - | 195 | 3 936 | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |
| 1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020 | 6. Average length of stay – total | DHIS | Quarterly Days | 305.8 Days | 274 Days | 296.8 Days | (8.3%) | Large number of chronic long term psychiatric patients in Umgeni Hospital increased the average length of stay. |
| | <i>Inpatient days-total</i> | DHIS/ Midnight Census | No | 627 724 | 640 995 | 621 164 | | |
| | <i>Day Patients</i> | DHIS/ Midnight Census | No | 2 | 0 | 0 | | |
| | <i>Inpatient separations total</i> | DHIS calculates | No | 2 053 | 2 337 | 2 093 | | |
| 1.7.1) Maintain a bed utilisation rate of 75% (or more) | 7. Inpatient bed utilisation rate – total | DHIS | Quarterly % | 70.4% | 71.5% | 67.5% | (5.6%) | Due to placement of Specialised Hospitals (mostly in UMGungundlovu and eThekweni), a significant number of patients are admitted at District or Regional Hospitals, which reduced the BUR in Specialised Hospitals. |
| | <i>Inpatient days-total</i> | DHIS/ Midnight Census | No | 627 724 | 640 995 | 621 164 | | |
| | <i>Day Patients</i> | DHIS/ Midnight Census | No | 2 | 0 | 0 | | |

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| APP 2015/16: Table 78, Pages 194 – 197 | | | | | | | | |
|---|--|----------------------------|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| | <i>Inpatient bed days available</i> | <i>DHIS</i> | <i>No</i> | <i>891 573</i> | <i>895 649</i> | <i>920 540</i> | | |
| 1.7.4) Maintain expenditure per PDE within the provincial norms | 8. Expenditure per patient day equivalent (PDE) | BAS/ DHIS | Quarterly R | R 1 189 | R 1 237 | R 1 257 | 1.6% | The Department considers the deviation of R20 within an acceptable deviation range. |
| | <i>Total expenditure Psychiatric Hospitals</i> | <i>BAS</i> | <i>R'000</i> | <i>753 353</i> | <i>797 229</i> | <i>788 178</i> | | |
| | <i>Patient day equivalents</i> | <i>DHIS calculates</i> | <i>No</i> | <i>633 444</i> | <i>644 484</i> | <i>626 751</i> | | |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards | 9. Complaint resolution rate | DHIS | Quarterly % | 93.6% | 95% | 93.8% | (1.3%) | The Department considers the deviation within an acceptable deviation range. |
| | <i>Complaint resolved</i> | <i>Complaints Register</i> | <i>No</i> | <i>59</i> | <i>58</i> | <i>60</i> | | |
| | <i>Complaint received</i> | <i>Complaints Register</i> | <i>No</i> | <i>63</i> | <i>61</i> | <i>64</i> | | |
| 5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2018 and onwards | 10. Complaint resolution within 25 working days rate | DHIS | Quarterly % | 62.7% | 81% | 83.3% | 2.8% | Performance above target viewed as a positive result. Mainly contributed to improved management of complaints at facility level. |
| | <i>Complaint resolved within 25 days</i> | <i>Complaints register</i> | <i>No</i> | <i>37</i> | <i>47</i> | <i>50</i> | | |
| | <i>Complaint resolved</i> | <i>Complaints register</i> | <i>No</i> | <i>59</i> | <i>58</i> | <i>60</i> | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |
| 1.7.5) Reduce the unreferral OPD headcounts with at least 7% per annum | 11. OPD headcount – total | DHIS/ OPD tick register | Quarterly No | 17 020 | 17 671 | 16 220 | 8.2% | Improved management at PHC level decreased referred cases. |
| | 12. OPD headcount new case not referred | DHIS/ OPD tick register | Quarterly No | 1 032 | 665 | 1 587 | (138.7%) | Accessing services at the wrong level of care is still a challenge, further exacerbated by the location of hospitals. |

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Chronic/ Sub-Acute Hospitals

STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 41: Provincial Strategic Objectives and Targets

| APP 2015/16: Table 80, Pages 200 – 203 | | | | | | | | |
|---|---|----------------------------------|----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.3) 100% Public health hospitals conduct annual national core standard self-assessments by March 2016 | 1. National core standards self-assessment rate | DHIS | Quarterly % | 100% | 100% | 50% | (50%) | Performance below the target is mainly attributed to inadequate oversight to ensure annual self-assessments against the National Core Standards. This has been prioritised for the 2016/17 MTEF. |
| | <i>Number of Chronic/Sub-Acute Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>Self-assessment reports</i> | <i>No</i> | 2 | 2 | 1 | | |
| | <i>Chronic/ Sub-Acute Hospitals total</i> | <i>DHIS calculates</i> | <i>No</i> | 2 | 2 | 2 | | |
| 5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on national core standard assessment outcomes by March 2016 | 2. Quality improvement plan after self-assessment rate | QA database | Quarterly % | 0% | 100% | 0% | (100%) | Inadequate oversight and support to monitor the development and implementation of Quality Improvement Plans still a challenge. This will be prioritised for the 2016/17 MTEF. |
| | <i>Number of Chronic/Sub-Acute Hospitals that developed a quality improvement plan to date in the current financial year</i> | <i>Quality Improvement Plans</i> | <i>No</i> | 0 | 2 | 0 | | |
| | <i>Number of Chronic/Sub-Acute Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>Assessment Records</i> | <i>No</i> | 2 | 2 | 2 | | |
| 5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020 | 3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards | DHIS | Quarterly % | 0% | 0% | 0% | 0% | No deviation |
| | <i>Total number of Chronic/Sub-Acute Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards</i> | <i>Assessment records</i> | <i>No</i> | 0 | 0 | 0 | | |
| | <i>Number of Chronic/Sub-acute Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>Assessment Records</i> | <i>No</i> | 2 | 2 | 2 | | |

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| APP 2015/16: Table 80, Pages 200 – 203 | | | | | | | | |
|---|--|-----------------------|----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 5.1.5) Sustain a 100% patient experience of care survey rate in all public health facilities from March 2016 | 4. Patient experience of care survey rate | DHIS | Quarterly % | New indicator | 100% | 100% | 0% | No deviation |
| | <i>Total number of Chronic/ Long-Term Hospitals that conducted a patient experience of care (PEC) survey to date in the current financial year</i> | PEC Survey | No | - | 2 | 2 | | |
| | <i>Total number of Chronic/ Long Term Hospitals</i> | DHIS | No | - | 2 | 2 | | |
| 5.1.1) Sustain a patient experience of care rate of 95% (or more) at all public health facilities by March 2020 | 5. Patient experience of care rate | DHIS | Quarterly % | New indicator | 60% | 59.7% | 0.5% | The Department considers the deviation within an acceptable deviation range. |
| | <i>Sum of patient experience of care survey scores (in %) of all Chronic/ Long-Term Hospitals that conducted a patient experience of care survey to date in the current financial year</i> | PEC Survey results | No | - | - | 1 156 | | |
| | <i>Sum of patients participating in the Patient Experience of Care Survey</i> | PEC Survey results | No | - | - | 1 937 | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |
| 1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020 | 6. Average length of stay – total | DHIS | Quarterly Days | 30.5 Days | 36.9 Days | 38.7 Days | (4.9%) | Hillcrest Hospital is a chronic long term hospital which increases the ALOS significantly. |
| | <i>Inpatient days-total</i> | DHIS/ Midnight Census | No | 108 954 | 116 441 | 105 247 | | |
| | <i>Day Patients</i> | DHIS/ Midnight Census | No | 0 | 0 | 0 | | |
| | <i>Inpatient separations total</i> | DHIS calculates | No | 3 577 | 3 135 | 2 720 | | |
| 1.7.1) Maintain a bed utilisation rate of 75% (or more) | 7. Inpatient bed utilisation rate – total | DHIS | Quarterly % | 56.9% | 61.8% | 55.2% | (10.7%) | Clairwood Hospital is currently functioning as a Step-Down Hospital. Due to infrastructure constraints the hospital are not being utilised optimally. |
| | <i>Inpatient days-total</i> | DHIS/ Midnight Census | No | 108 954 | 116 441 | 105 247 | | |
| | <i>Day Patients</i> | DHIS/ Midnight Census | No | 0 | 0 | 0 | | |
| | <i>Inpatient bed days available</i> | DHIS | No | 191 625 | 188 340 | 190 733 | | |

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| APP 2015/16: Table 80, Pages 200 – 203 | | | | | | | | |
|---|--|----------------------------|-----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 1.7.4) Maintain expenditure per PDE within the provincial norms | 8. Expenditure per patient day equivalent (PDE) | BAS/DHIS | Quarterly R | R 1 409 | R 1 928 | R 2 299 | 19.2% | The decrease in inpatients increased the cost per PDE. |
| | <i>Total expenditure – Chronic Hospitals</i> | BAS | <i>R'000</i> | <i>301 941</i> | <i>331 496</i> | <i>361 110</i> | | |
| | <i>Patient day equivalent</i> | <i>DHIS calculates</i> | <i>No</i> | <i>166 243</i> | <i>171 953</i> | <i>157 033</i> | | |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards | 9. Complaint resolution rate | DHIS | Quarterly % | 81% | 88% | 94.9% | 7.8% | The better than expected performance can be attributed to improved management of complaints at facility level. |
| | <i>Complaint resolved</i> | <i>Complaints Register</i> | <i>No</i> | <i>84</i> | <i>110</i> | <i>94</i> | | |
| | <i>Complaint received</i> | <i>Complaints Register</i> | <i>No</i> | <i>104</i> | <i>125</i> | <i>99</i> | | |
| 5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2018 and onwards | 10. Complaint resolution within 25 working days rate | DHIS | Quarterly % | 98.8% | 99% | 100% | 1% | The Department considers the deviation within an acceptable deviation range. |
| | <i>Complaint resolved within 25 days</i> | <i>Complaints Register</i> | <i>No</i> | <i>83</i> | <i>109</i> | <i>94</i> | | |
| | <i>Complaint resolved</i> | <i>Complaints Register</i> | <i>No</i> | <i>84</i> | <i>110</i> | <i>94</i> | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |
| 1.7.5) Reduce the unreferral OPD headcounts with at least 7% per annum | 11. OPD headcount – total | DHIS/OPD tick register | Quarterly No | 171 451 | 183 143 | 154 990 | 15.4% | Target over-estimated taking into consideration that Clairwood Hospital is currently functioning as a step-down facility and Hillcrest as a long term facility.. |
| | 12. OPD headcount new cases not referred | DHIS/OPD tick register | Quarterly No | 65 964 | 94 359 | 51 071 | 45.9% | The Department views performance below target as a positive result – with patients accessing care at the appropriate level of care. |

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STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

Finalisation and implementation of the Hospital Rationalisation Plan to ensure optimisation of scarce resources, improve equity and efficiency and health outcomes. Allocation of beds will be reviewed as part of the rationalisation process to improve efficiencies.

Monthly morbidity and mortality meetings will be prioritised to improve clinical outcomes and reduce medico-legal claims.

Quality assurance capacity will be strengthened to improve oversight for implementation of the National Core Standards, self-assessments and development of quality improvement plans to improve compliance, scheduling of annual client satisfaction surveys and using results to improve client satisfaction, and effective management of complaints.

Human resource gaps and high vacancy rates in certain specialities will be prioritised in the Essential Post List to ensure optimal service delivery across all disciplines and to ensure the necessary outreach and support to District Hospitals.

CHANGES TO PLANNED TARGETS

No performance targets were changes during 2015/16.

LINKING PERFORMANCE WITH BUDGET

Table 42: Summary of expenditure for Programme 4

| Sub-Programmes | 2015/16 | | | 2014/15 | | |
|-----------------------------------|---------------------|--------------------|---------------------------|---------------------|--------------------|---------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| 4.1 General (Regional) Hospitals | 7 303 055 | 7 311 976 | (8 921) | 7 049 035 | 7 049 697 | (662) |
| 4.2 Tuberculosis Hospitals | 744 036 | 734 142 | 9 894 | 671 094 | 673 273 | (2 179) |
| 4.3 Psychiatric/ Mental Hospitals | 788 178 | 788 178 | - | 753 494 | 753 353 | 141 |
| 4.4 Chronic Medical Hospitals | 359 380 | 361 110 | (1 730) | 301 413 | 301 941 | (528) |
| 4.5 Dental Training Hospitals | 18 897 | 18 958 | (61) | 17 353 | 17 415 | (62) |
| Total | 9 213 546 | 9 214 364 | (818) | 8 792 389 | 8 795 679 | (3 290) |

Source: Annual Financial Statements

Programme 4 over-spent by 8.8 per cent mainly due to pressures in Transfers and subsidies to: Households due to the excessive costs of medico-legal litigation (R16.227 million); staff exit costs that were significantly higher than anticipated (R5.656 million); pressures of NHLS fee-for-service payments (R11.567 million), medical supplies due to exchange rate pressures (R9.302 million); and stationery and printing costs (R6.026 million) because of the more expensive new contract entered into in 2015/16.

These pressures were partly mitigated by under-spending due to deferred payments of over R46 million to 2016/17 to minimise over-spending against agency and support/outsourced services, medicines and property payments.

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9. PROGRAMME 5: TERTIARY AND CENTRAL HOSPITALS

PROGRAMME DESCRIPTION

Programme Purpose

There are no changes to the structure of Programme 5.

To provide tertiary health services and creates a platform for the training of health workers.

Sub-Programmes

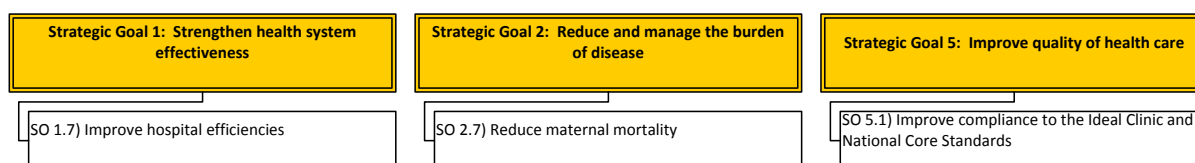
Sub-Programme 5.1: Central Hospitals

Render highly specialised medical health and quaternary services on a national basis and serve as platform for the training of health workers and research.

Sub-Programme 5.2: Tertiary Hospitals

To provide tertiary health services and creates a platform for the training of Specialist health professional.

STRATEGIC GOALS AND OBJECTIVES



SO 1.7: Improve hospital efficiencies

Consultation, to inform the Hospital Revitalisation Plan, commenced in November 2014 including specialists from all specialities and sub-specialities in Regional, Specialised, Tertiary and Central Hospitals - See Programme 4, Page 126.

Implementation of the first phase of the Decentralised Training in a PHC Model commenced in the Uthungulu District in partnership with UKZN. This will strengthen the service delivery and training platforms in preparation for the return of more than 300 students, currently studying medicine in Cuba, for their 18 month training in the Province. Through this programme, student intake will be increased year on year thereby increasing supply of scarce skills.

SO 5.1: Improve compliance to the ideal clinic and national core standards

Implementation of the National Core Standards must be scaled up in Regional, Specialised and Tertiary Hospitals to improve compliance with standards. Self-assessments and development of quality improvement plans is lagging behind resulting in lower than expected output. Oversight needs to be improved to ensure the necessary leadership and support for quality assurance at facility level.

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Central Hospital

STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 43: Programme Performance Indicators – Inkosi Albert Luthuli Central Hospital

| APP 2015/16: Table 86, Pages 214 – 218 | | | | | | | | |
|---|---|----------------------------------|----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.3) 100% Public health hospitals conduct annual national core standard self-assessments by March 2016 | 1. National core standards self-assessment rate | DHIS | Quarterly % | 0% | 100% | 100% | 0% | No deviation Assessment done by the Office of Standard Compliance. |
| | <i>Number of Central Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>Self-assessment records</i> | <i>No</i> | <i>0</i> | <i>1</i> | <i>1</i> | | |
| | <i>Total number of Central Hospitals</i> | <i>DHIS calculates</i> | <i>No</i> | <i>1</i> | <i>1</i> | <i>1</i> | | |
| 5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on NCS assessment outcomes by March 2016 | 2. Quality improvement plan after self-assessment rate | QA database | Quarterly % | New indicator | 100% | 100% | 0% | No deviation |
| | <i>Number of Central Hospitals that developed a quality improvement plan to date in the current financial year</i> | <i>Quality Improvement Plans</i> | <i>No</i> | <i>-</i> | <i>1</i> | <i>1</i> | | |
| | <i>Number of Central Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>Self-assessment records</i> | <i>No</i> | <i>-</i> | <i>1</i> | <i>1</i> | | |
| 5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020 | 3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards | DHIS | Quarterly % | 100% | 100% | 100% | 0% | No deviation |
| | <i>Total number of Central Hospitals that are compliant to all extreme measures and at least 90% of vital measures of national core standards</i> | <i>Assessment records</i> | <i>No</i> | <i>1</i> | <i>1</i> | <i>1</i> | | |
| | <i>Number of Central Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>Assessment records</i> | <i>No</i> | <i>1</i> | <i>1</i> | <i>1</i> | | |

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| APP 2015/16: Table 86, Pages 214 – 218 | | | | | | | | |
|---|---|-----------------------|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 5.1.5) Sustain a 100% patient experience of care survey rate in all public health facilities from March 2016 | 4. Patient experience of care survey rate | DHIS | Quarterly % | 100% | 100% | 100% | 0% | No deviation |
| | <i>Total number of Central Hospitals that conducted a patient experience of care (PEC) survey to date in the current financial year</i> | PEC Survey Evidence | No | 1 | 1 | 1 | | |
| | <i>Total number of Central Hospitals</i> | DHIS | No | 1 | 1 | 1 | | |
| 5.1.1) Sustain a patient experience of care rate of 95% (or more) at all public health facilities by March 2020 | 5. Patient experience of care rate | PEC results/ response | Quarterly % | Not available | 94% | 92% | (2.1%) | Patient waiting times is still a challenge mainly due to the demand for specialist services versus available resources. |
| | <i>Sum of patient experience of care survey scores (in %) of all Central hospitals that conducted a patient experience of care survey to date in the current financial year</i> | PEC Survey results | No | - | 15 | 21 734 | | |
| | <i>Sum of patients participating in the Patient Experience of Care Survey</i> | PEC Survey results | No | - | 16 | 23 187 | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |
| 1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020 | 6. Average length of stay - total | DHIS | Quarterly Days | 8.4 Days | 8.5 Days | 8.6 Days | (1.2%) | The Department considers the deviation within acceptable deviation range. The high ALOS is due to the complexities of highly specialised clinical management of patients at this level of care. |
| | <i>Inpatient days-total</i> | DHIS/ Midnight Census | No | 206 116 | 215 034 | 203 522 | | |
| | <i>Day Patients</i> | DHIS/ Midnight Census | No | 1 587 | 1 568 | 1 602 | | |
| | <i>Inpatient separations</i> | DHIS calculates | No | 24 583 | 25 404 | 23 756 | | |
| 1.7.1) Maintain a bed utilisation rate of 75% (or more) | 7. Inpatient bed utilisation rate - total | DHIS | Quarterly % | 67% | 70% | 66.2% | (5.4%) | Services were curtailed due to floor repairs in some wards. |
| | <i>Inpatient days-total</i> | DHIS/ Midnight Census | No | 206 116 | 215 034 | 203 522 | | |
| | <i>Day Patients</i> | DHIS/ Midnight Census | No | 1 587 | 1 568 | 1 602 | | |

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| APP 2015/16: Table 86, Pages 214 – 218 | | | | | | | | |
|---|--|----------------------------|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| | <i>Inpatient bed days available</i> | <i>DHIS calculates</i> | <i>No</i> | <i>308 790</i> | <i>307 938</i> | <i>308 824</i> | | |
| 1.7.4) Maintain expenditure per PDE within the provincial norms | 8. Expenditure per patient day equivalent | BAS/ DHIS | Quarterly R | R 3 288 | R 7 651 | R7 701 | 0.6% | The deviation is considered within an acceptable deviation range. |
| | <i>Total expenditure Central Hospital</i> | <i>BAS</i> | <i>R'000</i> | <i>908 448</i> | <i>2 154 298</i> | <i>2 087 907</i> | | |
| | <i>Patient day equivalents</i> | <i>DHIS calculates</i> | <i>No</i> | <i>276 275</i> | <i>281 558</i> | <i>271 090</i> | | |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards | 9. Complaint resolution rate | DHIS | Quarterly % | 67.4 | 80% | 99.2% | 24% | Performance above target is a positive result, mainly ascribed to improved management of complaints at facility level. |
| | <i>Complaint resolved</i> | <i>Complaints Register</i> | <i>No</i> | <i>31</i> | <i>41</i> | <i>119</i> | | |
| | <i>Complaint received</i> | <i>Complaints Register</i> | <i>No</i> | <i>46</i> | <i>51</i> | <i>120</i> | | |
| 5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2018 and onwards | 10. Complaint resolution within 25 working days rate | DHIS | Quarterly % | 100% | 100% | 96.6% | (3.4%) | Complaints related to clinical services required in-depth investigations that often exceeds 25 working days. |
| | <i>Complaint resolved within 25 working days</i> | <i>Complaints register</i> | <i>No</i> | <i>31</i> | <i>41</i> | <i>115</i> | | |
| | <i>Complaint resolved</i> | <i>Complaints register</i> | <i>No</i> | <i>31</i> | <i>41</i> | <i>119</i> | | |

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Table 44: Provincial Strategic Objectives and Targets

| APP 2015/16: Table 87, Page 218 | | | | | | | | |
|---|---------------------------------------|--------------------------|-----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 2.7: Reduce maternal mortality | | | | | | | | |
| 2.7.3) Reduce the caesarean section rate to 25% (District), 37% (Regional), 60% (Tertiary), and 60% (Central) by March 2020 | 1. Delivery by caesarean section rate | DHIS | Quarterly % | 80.5% | 74.8% | 72.2% | 3.5% | Performance below target viewed as a positive result. Lower caesarean section rate is attributed to improved compliance with clinical protocols as well as improved clinical management at lower levels of care before referral. |
| | <i>Delivery by caesarean section</i> | <i>Theatre Register</i> | <i>No</i> | <i>400</i> | <i>386</i> | <i>301</i> | | |
| | <i>Delivery in facility total</i> | <i>Delivery Register</i> | <i>No</i> | <i>497</i> | <i>516</i> | <i>417</i> | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |
| 1.7.6) Appropriate referral as per referral criteria | 2. OPD headcount – total | DHIS/ Tick Register OPD | Quarterly No | 203 228 | 199 553 | 195 333 | 2.1% | This indicator is demand driven and therefore difficult to estimate with 100% accuracy. A reduction in OPD headcount may point to patients receiving the appropriate management at lower levels of care. |

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Tertiary Hospitals

STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 45: Programme Performance Indicators – Greys and Ngwelezana Hospitals

| APP 2015/16: Table 89, 223 | | | | | | | | |
|---|---|----------------------------------|----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.3) 100% Public health hospitals conduct annual national core standard self-assessments by March 2016 | 1. National core standards self-assessment rate | DHIS | Quarterly % | 0% | 100% | 100% | 0% | No deviation |
| | <i>Number of Tertiary Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>Self-Assessment records</i> | <i>No</i> | <i>0</i> | <i>2</i> | <i>2</i> | | |
| | <i>Total number of Tertiary Hospitals</i> | <i>DHIS calculates</i> | <i>No</i> | <i>2</i> | <i>2</i> | <i>2</i> | | |
| 5.1.4) 100% Public health hospitals develop and implement Quality Improvement Plans based on national core standard assessment outcomes by March 2016 | 2. Quality improvement plan after self-assessment rate | QA database | Quarterly % | New indicator | 100% | 100% | 0% | No deviation |
| | <i>Number of Tertiary Hospitals that developed a quality improvement plan to date in the current financial year</i> | <i>Quality Improvement Plans</i> | <i>No</i> | <i>-</i> | <i>2</i> | <i>2</i> | | |
| | <i>Number of Tertiary Hospitals that conducted national core standard self-assessment to date in the current financial year</i> | <i>Self-assessment reports</i> | <i>No</i> | <i>-</i> | <i>2</i> | <i>2</i> | | |
| 5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the national core standards by March 2020 | 3. Percentage of hospitals compliant with all extreme and vital measures of the national core standards | DHIS | Quarterly % | 0% | 50% | 0% | (100%) | Slower than expected progress in resolving gaps including: Clinical Support including medical technology and systems to monitor efficiency of care. Operational Management including management of assets and consumables and information and records. Facilities and Infrastructure including requirements for safe and secure physical infrastructure (buildings, plant and machinery, equipment). |
| | <i>Total number of Tertiary Hospitals compliant to all extreme measures and at least 90% of vital measures of national core standards</i> | <i>Assessment records</i> | <i>No</i> | <i>0</i> | <i>1</i> | <i>0</i> | | |
| | <i>Number of Tertiary Hospitals that conducted national core standard self-assessments</i> | <i>Assessment records</i> | | <i>0</i> | <i>2</i> | <i>2</i> | | |

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| APP 2015/16: Table 89, 223 | | | | | | | | |
|---|--|------------------------------|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 5.1.5) Sustain a 100% patient experience of care survey rate in all public health facilities from March 2016 | 4. Patient experience of care survey rate | DHIS | Quarterly % | Not available | 100% | 100% | 0% | No deviation |
| | <i>Total number of Tertiary Hospitals that conducted a patient experience of care (PEC) survey to date in the current financial year</i> | <i>PEC evidence</i> | <i>No</i> | - | 2 | 2 | | |
| | <i>Total number of Tertiary Hospitals</i> | <i>DHIS</i> | <i>No</i> | - | 2 | 2 | | |
| 5.1.1) Sustain a patient experience of care rate of 95% (or more) at all public health facilities by March 2020 | 5. Patient experience of care rate | DHIS | Quarterly % | Not available | 90% | 93.9% | 4.3% | Performance above target mainly as a result of implementation of National Core Standards including Patient Rights in accordance with Batho Pele Principles and the Patient Rights Charter. |
| | <i>Sum of patient experience of care survey scores (in %) of all Tertiary Hospitals that conducted a patient experience of care survey to date in the current financial year</i> | <i>PEC Survey results</i> | <i>No</i> | - | 408 | 11 147 | | |
| | <i>Sum of patients participating in the Patient Experience of Care Survey</i> | <i>PEC Survey results</i> | <i>No</i> | - | 453 | 11 867 | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |
| 1.7.3) Improve hospital efficiencies by reducing the average length of stay to less than 5 days (District & Regional), 15 days (TB), 280 days (Psych), 35 days (Chronic), 7.6 days (Tertiary), and 6.5 days (Central) by March 2020 | 6. Average length of stay - total | DHIS | Quarterly Days | 9.6 Days | 9.6 Days | 9.3 Days | 3.1% | The decrease in ALOS is considered a positive result, ascribed to the reduction in inpatient days and increase in day patients. Improved management at lower levels of care and compliance with clinical admission criteria will continue to have a positive impact on up-referral of patients for admission. |
| | <i>Inpatient days-total</i> | <i>DHIS/ Midnight Census</i> | <i>No</i> | 297 816 | 308 096 | 262 345 | | |
| | <i>Day Patients</i> | <i>DHIS/ Midnight Census</i> | <i>No</i> | 9 781 | 9 084 | 12 100 | | |
| | <i>Inpatient separations total</i> | <i>DHIS calculates</i> | <i>No</i> | 31 668 | 32 385 | 28 840 | | |
| 1.7.1) Maintain a bed utilisation rate of 75% (or more) | 7. Inpatient bed utilisation rate - total | DHIS | Quarterly % | 83.4% | 84% | 77.8% | (7.4%) | Gradual decrease in inpatient days and increase in the number of day patients. Improved management of patients at lower levels of care may reduce demand for services at this level of care. |
| | <i>Inpatient days-total</i> | <i>DHIS/ Midnight Census</i> | <i>No</i> | 297 816 | 308 096 | 262 345 | | |
| | <i>Day Patients</i> | <i>DHIS/ Midnight Census</i> | <i>No</i> | 9 781 | 9 084 | 12 100 | | |

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| APP 2015/16: Table 89, 223 | | | | | | | | |
|---|--|----------------------------|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| | <i>Inpatient bed days available</i> | <i>DHIS calculates</i> | <i>No</i> | <i>363 053</i> | <i>371 935</i> | <i>345 145</i> | | |
| 1.7.4) Maintain expenditure per PDE within the provincial norms | 8. Expenditure per patient day equivalent | BAS/ DHIS | Quarterly R | R 5 383 | R 4 377 | R 4 645 | 6.1% | The increase in cost is mainly attributed to the higher than average inflation on medicines and medical supplies and increased costs of blood supplies and blood products. |
| | <i>Expenditure – Total Tertiary Hospital</i> | <i>BAS</i> | <i>R'000</i> | <i>2 232 949</i> | <i>1 830 668</i> | <i>3 140 082</i> | | |
| | <i>Patient day equivalents</i> | <i>DHIS calculates</i> | <i>No</i> | <i>414 797</i> | <i>418 239</i> | <i>675 872</i> | | |
| Strategic Objective 5.1: Improve compliance to the ideal Clinic and National Core Standards | | | | | | | | |
| 5.1.6) Sustain a complaint resolution rate of 90% (or more) in all public health facilities from March 2018 onwards | 9. Complaint resolution rate | DHIS | Quarterly % | 79.9% | 78% | 83.4 % | 6.92% | Performance above target viewed as a positive result, mainly as a result of improved management of complaints received at facility level. |
| | <i>Complaint resolved</i> | <i>Complaints Register</i> | <i>No</i> | <i>251</i> | <i>255</i> | <i>256</i> | | |
| | <i>Complaint received</i> | <i>Complaints register</i> | <i>No</i> | <i>314</i> | <i>325</i> | <i>307</i> | | |
| 5.1.7) Sustain a 85% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2018 and onwards | 10. Complaint resolution within 25 working days rate | DHIS | Quarterly % | 98% | 100% | 98% | (2%) | Complaints related to clinical services required in-depth investigations that often exceeds 25 working days. |
| | <i>Complaint resolved within 25 working days</i> | <i>Complaints Register</i> | <i>No</i> | <i>246</i> | <i>255</i> | <i>251</i> | | |
| | <i>Complaint resolved</i> | <i>Complaints Register</i> | <i>No</i> | <i>251</i> | <i>255</i> | <i>256</i> | | |

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Table 46: Provincial Strategic Objectives and Targets

| APP 2015/16: Table 90, Pages 223 - 224 | | | | | | | | |
|---|---|--------------------------|----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 2.7: Reduce maternal mortality | | | | | | | | |
| 2.7.3) Reduce the caesarean section rate to 25% (District), 37% (Regional), 60% (Tertiary), and 60% (Central) by March 2020 | 1. Delivery by caesarean section rate | DHIS | Quarterly % | 73.6% | 68% | 73.1% | (7.5%) | Management of high risk cases at tertiary level increase the need for caesarean sections in line with clinical protocols and guidelines. |
| | <i>Delivery by caesarean section</i> | <i>Theatre Register</i> | <i>No</i> | 759 | 889 | 797 | | |
| | <i>Delivery in facility total</i> | <i>Delivery Register</i> | <i>No</i> | 1 031 | 1 314 | 1 090 | | |
| Strategic Objective 1.7: Improve hospital efficiencies | | | | | | | | |
| 1.7.5) Reduce the unreferral OPD headcounts with at least 7% per annum | 2. OPD headcount – total | DHIS/ Tick Register OPD | Quarterly No | 293 717 | 288 134 | 264 412 | 8.2% | The decrease in OPD headcount is directly related to improved clinical management of patients at lower levels of care, resulting in a reduction of referred cases to tertiary level. |
| | 3. OPD headcount new cases not referred | DHIS/ Tick Register OPD | Quarterly No | 28 815 | 30 272 | 21 345 | 29.5% | Performance considered a positive result as it supports the intention of patients entering the health system at the appropriate level of care e.g. PHC level. This supports more efficient lower levels of care, as is evident in the reduced OPD headcount. |

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STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

Quality assurance capacity will be strengthened to improve compliance with implementation of the National Core Standards including self-assessments, development of quality improvement plans, and management of complaints. Regular morbidity and mortality meetings will be actively pursued to ensure improved clinical management and improved health outcomes.

Finalisation and implementation of the Hospital Rationalisation Plan will be prioritised to ensure improved access to clinical services, equitable distribution of resources aligned with the required service package, and improved efficiencies and quality.

Reprioritisation and filling of critical posts as informed by pressure areas and service gaps. Innovative strategies will be explored to ensure effective utilisation of resources. The Essential Post List will be finalised taking into consideration service gaps and demands for service delivery.

Clinical governance will be improved to improve clinical outcomes and reduce medico-legal claims.

Implementation of an appropriate hospital information system will be prioritised to improve routine monitoring and reporting of essential performance information (per clinical discipline) and to improve audit outcomes. This will be aligned with the ICT Strategy and Plan.

CHANGES TO PLANNED TARGETS

No performance targets were changed during 2015/16.

LINKING PERFORMANCE WITH BUDGET

Table 47: Summary of expenditure for Programme 5

| Sub-Programmes | 2015/16 | | | 2014/15 | | |
|-----------------------------------|---------------------|--------------------|---------------------------|---------------------|--------------------|---------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| 5.1 Central Hospitals | 2 063 323 | 2 087 907 | (24 584) | 910 044 | 908 448 | 1 596 |
| 5.2 Provincial Tertiary Hospitals | 2 025 278 | 2 037 022 | (11 744) | 2 203 566 | 2 232 949 | (29 383) |
| Total | 4 088 601 | 4 124 929 | (36 328) | 3 113 610 | 3 141 397 | (27 787) |

Source: Annual Financial Statements

Central Hospitals was over-spent by 1.19 per cent and Tertiary Hospitals by 0.58 per cent, mainly due to:

- Pressures against Compensation of employees due to the filling of critical vacant posts - mainly specialists who have been guaranteed placement on completion of their studies;
- Various OSDs, annual wage agreements and related carry-through costs;
- Over-spending against Agency and support/ outsourced services due to outstanding commitments from 2014/15 and NHLS fee-for-service pressures;
- Pressures against Transfers and subsidies to: Households due to high staff exit costs and litigation claims (R6.475 million).

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10. PROGRAMME 6: HEALTH SCIENCES AND TRAINING

PROGRAMME DESCRIPTION

Render training and development opportunities for actual and potential employees of the Department of Health

There are no changes to the structure of Programme 6.

Sub-Programme 6.1: Nurse Training College

Train nurses at undergraduate and post-basic level. Target group includes actual and potential employees

Sub-Programme 6.2: EMS Training College

Train rescue and ambulance personnel. Target group includes actual and potential employees

Sub-Programme 6.3: Bursaries

Provision of bursaries for health science training programmes at under- and postgraduate levels, targeting actual and potential employees

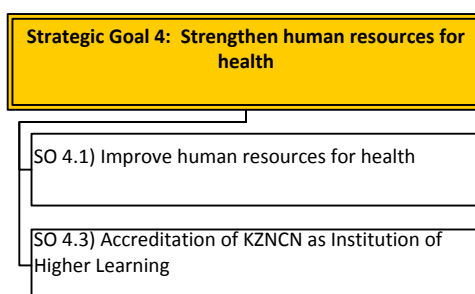
Sub-Programme 6.4: PHC Training

Provision of PHC related training for personnel, provided by the regions

Sub-Programme 6.5: Training (Other)

Provision of skills development programmes for all occupational categories in the Department. Target group includes actual and potential employees.

STRATEGIC GOALS AND OBJECTIVES



SO 4.3: Accreditation of KZNCN as Institution of Higher Education

Implementation of the KZNCN Improvement Plan towards accreditation is ongoing. Training curricula is being reviewed in line with requirements.

SO 4.1: Improve human resources for health

Identified competence gaps are being addressed through skills programmes and learnerships as well as through distance and part-time learning. The scarce competencies are addressed through the bursary programme for pre-service employees

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who are studying toward Health Sciences qualifications. Clinical competencies are regarded as core competences and not yet freely available internally and externally. Internally, the Nursing College is supplying approximately 1 400 qualified nurses (all categories) annually to address the scarce competence gaps. Human Resource Development (HRD) and Human Resource Planning (HRP) are not integrated at Head Office level which results in HRD initiatives not being in line with the HR Plan. Skills development budget allocated for training and development of staff is not adequate as approximately 65% is utilised for pre-service training.

The KZN College of Emergency Care (CoEC) is responsible for EMS training and development to ensure adequately skilled human resources to ensure efficiency of EMS. The College offers formal training programmes accredited by the Health Professional Council of South Africa (HPCSA) which allows for professional registration. The CoEC offers training programmes for Emergency Care Training (ECT); Intermediate Life Support (ILS) programmes; ECT programme; as well as in-service and development programmes.

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STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 48: Programme Performance Indicators

| APP 2015/16: Table 98, Page 236 | | | | | | | | |
|---|---|------------------|----------------|----------------------------|--------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 4.1: Improve human resources for health | | | | | | | | |
| 4.1.4) Allocate 569 bursaries for first year medicine students between 2015/16 and 2019/20 | 1. Number of bursaries awarded for first year medicine students | Bursary Register | Annual No | New indicator | 154 (54 RSA + 100 Cuban) | 57 | (63%) | Due to CoE budget constraints the number of bursaries was reduced in-year to increase funding for the filling of critical posts. |
| 4.1.5) Allocate 2 000 bursaries for first year nursing students between 2015/16 and 2019/20 | 2. Number of bursaries awarded for first year nursing students | Bursary Register | Annual No | New indicator | 450 | 90 | (80%) | Intake of students had to be reduced in-year based on CoE budget constraints. A total of 149 learners were registered for 1st year of the R425 (4 year) programme. Of these 90 were bursaries, 8 in-service and 51 Mpumalanga learners. |

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Table 49: Provincial Strategic Objectives and Targets

| APP 2015/16: Table 99, Pages 236 – 237 | | | | | | | | |
|--|---|---------------------------|--------------------|----------------------------|----------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 4.3: Accreditation of KZNCN as Institution of Higher Education | | | | | | | | |
| 4.3.1) KZNCN accredited as institution of Higher Education by March 2017 | 1. KZNCN accredited as Institution of Higher Education | Accreditation Certificate | Annual Categorical | New indicator | Implement improvement Plan | Not achieved | Not achieved | The National Policy for Public Nursing Colleges has not been finalised. The KZNCN however commenced with the implementation of an improvement plan in line with requirements for accreditation. This plan will be reviewed once the National Policy has been finalised. |
| Strategic Objective 4.1: Improve human resources for health | | | | | | | | |
| 4.1.11) Increase enrolment of Advanced Midwives by at least 10% per annum | 2. Number of Advanced Midwives graduating per annum | KZNCN Database | Annual No | 146 | 110 | 29 | (73.6%) | Unrealistic target was set not taking into consideration the discontinuation of the UKZN training Programme. |
| 4.1.12) Improve access for people with disabilities by training 1 100 service providers in sign language by March 2020 | 3. Number of employees trained in sign language (cumulative) | Annual Training Report | Annual No | New indicator | 220 | 213 | (3.2%) | The Department considers the deviation of 7 employees within an acceptable deviation range taking into account service pressures to release employees for training. |
| 4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (based on need per category) | 4. Number of new students enrolled in Mid-Level Worker training courses | Student Records | Annual No | New indicator | 100 | 140 | 40% | Performance above the target is due to the number of new students that commenced training in April 2016. |
| 4.1.8) Increase the number of MOP's who successfully completed the degree course at DUT to 90 (cumulative) by March 2020 | 5. Number of MOPs that successfully completed the degree course at DUT | Student Records DUT | Annual No | New indicator | 30 | 0 | (100%) | The target did not take into consideration the duration of training before graduating. Students commenced with the 4-year training programme with graduation in 2017. |

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| APP 2015/16: Table 99, Pages 236 – 237 | | | | | | | | |
|--|---|------------------------|----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (based on need per category) | 6. Number of new Pharmacy Assistants enrolled in training courses | Annual Training Report | Annual No | 372 | 50 | 208 | 316% | 6 Pharmacy Assistants on the In-Service Bursary Programme. 202 Learners enrolled for the Pharmacist Assistant Basic course 323 Learners completed the Pharmacist Assistant Post Basic Course |
| | 7. Number of new Clinical Associates enrolled in training courses | Annual Training Report | Annual No | New indicator | 150 | 140 | (6.7%) | Reduced the number of students mid-year due to the limited CoE budget to allow filling of critical posts at service delivery level. |
| Strategic Objective 4.1: Improve human resources for health | | | | | | | | |
| 4.1.7) Improve the EMS skills pool by increasing the number of EMS personnel trained in ILS and ECT | 8. Number of Intermediate Life Support graduates per annum | EMS College register | Annual No | 54 | 72 | 41 | (43.1%) | A total of 24 students that commenced training in the fourth quarter will graduate in the first quarter of 2016/17. |
| | 9. Number of Emergency Care Technician graduates per annum | EMS College register | Annual No | 17 | 19 | 13 | (31.6%) | The total intake of students was 20 of which 13 were successful and graduated. |

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STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

Targets for bursaries will be reviewed based on identified skills gaps and informed by the funding envelope. A strategy to ensure adequate provision for the absorption and placement of graduates will be prioritised within the Human Resources Plan.

Post basic courses will be informed by service gaps identified in the Human Resource Development Plan in line with the funding envelope. Partnerships with Institutions of Higher Learning will be strengthened to ensure targeted training intakes in line with resource needs in the Department.

To improve College output, the new NCET Policy will be implemented to ensure accreditation as HEI in 2020; curriculums will be reviewed for accreditation and implementation; a Migration Plan will be developed to make provision for existing staff without the required qualifications as prescribed in the new EMS Regulations; new courses aligned with new reforms will be implemented in direct response to identified skills needs.

Implementation of a management and mentoring training programme will be implemented to improve management skills and capacity at operational level.

CHANGES TO PLANNED TARGETS

No changes were made to performance targets during 2015/16.

LINKING PERFORMANCE WITH BUDGET

Table 50: Summary of expenditure for Programme 6

| Sub-Programmes | 2015/16 | | | 2014/15 | | |
|----------------------------------|---------------------|--------------------|---------------------------|---------------------|--------------------|---------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| 6.1 Nursing Training Colleges | 279 398 | 277 502 | 1 896 | 275 991 | 276 195 | (204) |
| 6.2 EMS Training Colleges | 5 298 | 5 326 | (28) | 5 048 | 5 048 | - |
| 6.3 Bursaries | 280 683 | 280 604 | 79 | 243 405 | 243 405 | - |
| 6.4 Primary Health Care Training | 40 900 | 41 069 | (169) | 41 872 | 41 957 | (85) |
| 6.5 Training Other | 452 543 | 454 321 | (1 778) | 452 324 | 452 359 | (35) |
| Total | 1 058 822 | 1 058 822 | - | 1 018 640 | 1 018 964 | (324) |

Source: Annual Financial Statements

Programme 6 over-spent by 0.39 per cent.

Over-expenditure against EMS training Colleges relates to the commissioning of the new training college at McCords Hospital and increased capacity and resources to comply with training norms and standards.

Over-expenditure against Training Other relates to provision for the medical internship period to two years and the OSD for doctors. The 2015/16 MTEF increase provided for the carry-through costs of the various wage agreements. Allocation for this Sub-Programme also includes Compensation of Employees (CoE) for all categories of health professional interns and non-medical interns, normal skills development training including management training, Adult Education and Training, Artisan development, Compulsory Induction Programme, Sign Language Training, training in customer care, embracing diversity, supervisory skills, and financial literacy.

The fluctuating trend in *Goods and services* is attributed to the travelling costs related to the Cuban Doctors' programme.

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Expenditure against *Transfers and subsidies to: Households* relates to the Department's decision to implement intensive training programmes through bursaries to address the shortage of skilled personnel in the health fields. The bursary programme did not expand in 2015/16 due to budget pressures. Pressure of almost R10 million against Transfers and subsidies to: Households resulting from the increased intake (15) in the Cuban Doctors' programme, as well as exchange rate pressures. Expenditure also related to Pharmacy and Radiography students sent to India as part of Manipal Programme. Other bursary related activities included specialisation in trauma, mammography, and ultrasonography.

Expenditure against *Machinery and equipment* relates to provision of additional equipment at the various training campuses.

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11. PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

PROGRAMME PURPOSE

To render support services required by the Department to realise its aims.

There are no changes to the structure of Programme 7.

Sub-Programme 7.1: Laundry Services

Render laundry services to hospitals, care and rehabilitation centres and certain local authorities.

Sub-Programme 7.2: Engineering Services

Render a maintenance service to equipment and engineering installations, and minor maintenance to buildings.

Sub-Programme 7.3: Forensic Services

Render specialised forensic and medico-legal services in order to establish the circumstances and causes surrounding unnatural death.

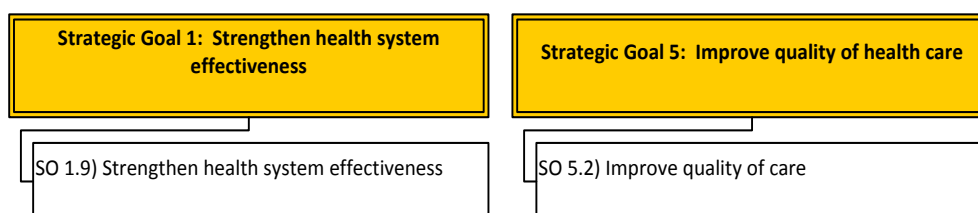
Sub-Programme 7.4: Orthotic and Prosthetic Services

Render specialised orthotic and prosthetic services.

Sub-Programme 7.5: Pharmaceutical Service (Medicine Trading Account)

Render Pharmaceutical services to the Department. Manage the supply of pharmaceuticals and medical sundries to hospitals, Community Health Centres and local authorities via the Medicine Trading Account.

STRATEGIC GOALS AND OBJECTIVES



SO 1.9: Strengthen health system effectiveness

Consultation to inform the Forensic Rationalisation Plan commenced in 2015/16. The reviewed plan will be finalised in 2016/17 for implementation.

SO 5.2: Improve quality of care

Pharmaceutical services under-performed in reducing the tracer medicine stock out rates due to the reasons explained under deviations. Arrangements for the re-distribution of medicines between facilities assisted in managing stock availability and compliance to treatment regimes.

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To improve medicine availability at facility level, the Department commenced with the development of a Provincial Medicine Procurement Unit (PMPU) in 2015/16. The Centralised Chronic Medicine Dispensing and Distribution (CCMDD) initiative has been expanded beyond the 3 NHI pilot districts, with 108 facilities implementing the programme and 155 697 patients enrolled in the programme. Expansion of the programme will decongest facilities and reduce waiting times.

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STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 51: Provincial Strategic Objectives and Targets

| APP 2015/16: Table 105, Pages 249 – 250 | | | | | | | | |
|---|---|-----------------------------|--------------------|----------------------------|-----------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 1.9: Strengthen health system effectiveness | | | | | | | | |
| 1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2018 onwards | 1. Percentage of facilities reporting clean linen stock outs | Laundry register | Quarterly % | New indicator | 30% | 18% | 40% | Strengthening of supervision and support resulting in improved management of linen at facility level. |
| | <i>Number of facilities reporting clean linen stock out</i> | <i>Laundry register</i> | No | - | 22 | 13 | | |
| | <i>Facilities total</i> | <i>DHIS calculates</i> | No | - | 72 | 72 | | |
| 1.9.5) Implement the approved Forensic Pathology Rationalisation Plan by March 2016 | 2. Forensic Pathology Rationalisation Plan | Rationalisation Plan | Annual Categorical | New indicator | Plan approved & implemented | Plan not approved | (100%) | Extensive consultation, including benchmarking from other provinces, and an in-depth review of existing mortuaries including efficiencies commenced in 2015/16 to inform the Rationalisation Plan. A draft discussion document has been developed for further consultation with all stakeholders, including organised labour, before finalisation of the plan for approval. The Plan is expected to be finalised in 2016/17. |
| 1.9.1) Increase the number of operational Orthotic Centres to 11 by March 2020 | 3. Number of operational Orthotic Centres - cumulative | Operational Centres reports | Annual No | New indicator | 2 | 2 ⁴⁸ | 0% | No deviation |
| Strategic Objective 5.2: Improve quality of care | | | | | | | | |
| 5.2.1) Increase the percentage pharmacies that comply with the SA Pharmacy Council Standards (A or B grading) to 100% by March 2020 | 4. Percentage of Pharmacies that obtained A and B grading on inspection | Grading Certificates | Quarterly % | 83% | 90% | 97% | 7.8% | Improved compliance with Pharmacy Regulations. |
| | <i>Pharmacies with A or B Grading</i> | <i>Grading Certificates</i> | No | 78 | 80 | 84 | | |
| | <i>Number of pharmacies</i> | <i>Pharmacy records</i> | No | 94 | 89 | 87 | | |

⁴⁸ Operational Centres in Wentworth and Pietermaritzburg

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| APP 2015/16: Table 105, Pages 249 – 250 | | | | | | | | |
|--|--|---------------------------------------|--------------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| 5.2.2) PPSD compliant with good Wholesaling Practice Regulations by March 2016 | 5. PPSD compliant with good Wholesaling Practice Regulations | License from Medicine Control Council | Annual Categorical | Not compliant | Compliant | Not compliant | (100%) | The infrastructural refurbishments could not be effected during this reporting period due to delays. |
| 5.2.3) Decrease medicine stock-out rates to less than 1% in all health facilities and PPSD by March 2020 | 6. Tracer medicine stock-out rate (PPSD) | DQPR | Quarterly % | 6.4% | 4% | 17.4% | (335%) | General worldwide shortage of medicines due to the following as confirmed by the NDOH: Difficulty with sourcing of active pharmaceutical ingredients (APIs) and other raw materials. Unforeseen delays in the formulation and packaging of medicines. and Unanticipated increases in demand for particular medicines. |
| | <i>Number of tracer medicine out of stock</i> | <i>Pharmacy records</i> | <i>No</i> | <i>34</i> | <i>-</i> | <i>96</i> | | |
| | <i>Total number of tracer medicine expected to be in stock</i> | <i>Pharmacy records</i> | <i>No</i> | <i>530</i> | <i>-</i> | <i>552</i> | | |
| | 7. Tracer medicine stock-out rate (Institutions) | Pharmacy records | Quarterly % | 2.96% | <1% | 4.4% ⁴⁹ | (340%) | |
| | <i>Number of tracer medicines stock out in bulk store</i> | <i>Pharmacy records</i> | <i>No</i> | <i>1 551</i> | <i>-</i> | <i>1 555</i> | | |
| | <i>Number of tracer medicines expected to be stocked in the bulk store</i> | <i>Pharmacy records</i> | <i>No</i> | <i>52 416</i> | <i>-</i> | <i>50 832</i> | | |

⁴⁹ 343/ 7 734 (3%) in hospitals and CHCs and 1 212/ 43 098 (2.8%) in clinics

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STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

Finalise the Forensic Pathology Rationalisation Plan.

High stock out rates: Ensure the availability of medicines by strengthening SCM practices through establishing of a Provincial Medicine Procurement Unit (PMPU). PMPU will manage and support the expansion of the range of products to be procured and distributed through the Direct Delivery Strategy (DDS). PMPU will focus on expanded DDS, Centralised Chronic Medicine Dispensing and Distribution, and Cross Docking. The goals are to:

- Improve stock availability and order management visibility.
- Improve medicine availability at PHC level.
- Decongest and improve capacity with the PMPU Logistics and Warehouse facility.
- Improve supplier performance and overall medicine availability.

Through implementation of the PMPU, the following will be improved:

- Reduced stock outs - improved product availability to patients (better availability from supplier inventory).
- Reduced expiries and damages - suppliers take the liability.
- Reduced cost to serve – current costs of 8% can be reduced to 3-4%.
- Improved supplier forecast and orders – better collaboration with suppliers.
- Reduced over ordering from facilities and smoothed demand – PMPU checks and approves orders from facilities based on historical consumption.
- Improved supply chain visibility at facilities, depot and suppliers – accurate reports on availability and approved orders.
- Timeous payment of suppliers – controlled, transparent documentation.
- Minimise stock leakages pilferage, theft & corruption.
- Improves logistics systems – more efficient supply.

CHANGES TO PLANNED TARGETS

No changes were made to performance targets during 2015/16.

LINKING PERFORMANCE WITH BUDGET

Table 52: Summary of expenditure for Programme 7

| Sub-Programme | 2015/16 | | | 2014/15 | | |
|--------------------------------------|---------------------|--------------------|---------------------------|---------------------|--------------------|---------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| 7.1 Medicine Trading Account | - | - | - | - | 6 | (6) |
| 7.2 Laundry Services | 112 512 | 134 153 | (21 641) | 125 320 | 125 704 | (384) |
| 7.3 Orthotic and Prosthetic Services | 34 008 | 31 942 | 2 066 | 25 909 | 26 236 | (327) |
| Total | 146 520 | 166 095 | (19 575) | 151 229 | 151 946 | (717) |

Source: Annual Financial Statements

The Provincial Pharmaceutical Supply Depot (PPSD) has shown a net trading loss of R 84.2 million for the period ended 31 March 2016 as compared the previous year net profit of R 9.4 million (net loss of R 93.6 million or 998.7 per cent). The net trading loss is mostly attributed to a reduction of the levy charged by the PPSD to health facilities (R 180 million) which

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resulted into significantly low trading revenue for PPSD in the period under review. Inventory purchase prices increased significantly during the period under review attributed to substantial price increases on National contracts.

The main factors contributing to the increase in trading activities were:

- The continually increasing distribution of inventories due to constant and steep increase in the ARV programme, which were charged directly to institutions.
- The number of patients treated increased during the year under review largely due to the increase in patients on ART due to the increase in the CD4 count threshold for initiation of ART.

Over-expenditure in Laundry Services: Over-expenditure against Goods and services for outsourcing of laundry services due to unplanned maintenance required as a result of the breakdown of laundry machines, including those at the Dundee Regional Laundry and KwaZulu Central Laundry; and the purchase of critical linen supplies.

Orthotic and Prosthetic Services: Under-expenditure on Compensation of employees due to the shortage of suitably qualified orthotic and prosthetic staff; and Payment for capital assets (Machinery and equipment) as a result of enforced savings to cover excess critical linen supply costs.

Laundry vehicles were not purchased with procurement deferred to 2016/17.

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12. PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

PROGRAMME PURPOSE

Provision of new health facilities and the refurbishment, upgrading and maintenance of existing facilities

There are no changes to the structure of Programme 8.

Sub-Programme 8.1: Community Health Facilities

Construction of new facilities and refurbishment, upgrading and maintenance of existing Community Health Centres, Primary Health Care clinics and facilities

Sub-Programme 8.2: Emergency Medical Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing EMS facilities

Sub-Programme 8.3: District Hospitals

Construction of new facilities and refurbishment, upgrading and maintenance of existing District Hospitals

Sub-Programme 8.4: Provincial (Regional) Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing Provincial/ Regional Hospitals and Specialised Hospitals

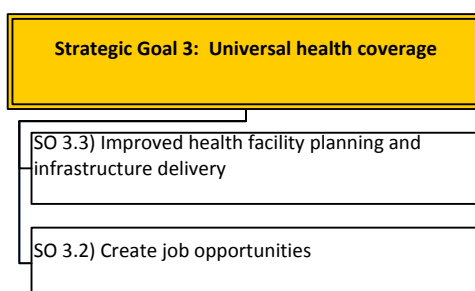
Sub-Programme 8.5: Central Hospital Services

Construction of new facilities and refurbishment, upgrading and maintenance of existing Tertiary and Central Hospitals

Sub-Programme 8.6: Other Facilities

Construction of new facilities and refurbishment, upgrading and maintenance of other health facilities including forensic pathology facilities and nursing colleges and schools

STRATEGIC GOALS AND OBJECTIVES



SO 3.3: Improve health facility planning and infrastructure delivery

The total number of projects planned for 2015/16 increased from 275 to 389 mainly due to an increase in emergency projects and Implementing Agents (IA) failure to close out projects - most of which were delayed for a number of years due to the IAs poor management of contractors and consultants. Delayed payments for these projects became due in the

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2015/16 financial year further reducing available funding for essential projects. Out of these projects, 94 are in the planning stage, 5 in the tender stage, 100 in construction, and 132 are complete and in the maintenance period and 27 has been closed. Seven Generator projects are in construction and 8 Lift projects have been completed which include new and replacements lifts.

The shortfall in funding has led to the curtailment of 44 critical infrastructure projects, including the Edendale Regional and the Dr John Dube District Hospitals. Projects are being re-prioritised to ensure that critical projects essential for improved service delivery is prioritised in the medium and long-term plans.

The infrastructure asset base of the Department has grown significantly while the infrastructure budgets are decreasing at the same time. The Department is still on a low Physical Asset Management Maturity Level with some institutions on the awareness level and some on the innocence level. This means that a number of people still view maintenance as an expense whereas it is an investment.

The Department commenced with the planning for development of Maintenance Hubs (in the concept phase) to create centres of excellence. Maintenance Hubs will house highly skilled maintenance personnel (field engineers, artisans, etc.), and planning for the retraining and skilling of Departmental staff for redeployment in the Maintenance Hubs commenced. The eThekweni Metro, with the highest number of facilities, will be used as pilot site before rollout.

The Department has 153 projects on the Acquisition Plan that includes Donation Projects, Projects which are under Ingonyama Trust Land, Municipal Transfer, Property Registration and Transfer, Purchase and Transfer, Rectification Transfer and Vesting Property. The major acquisitions include the four leased SANTA Hospitals within UMgungundlovu and eThekweni Districts. The Department entered into a lease agreement with SANTA in 2006 with an option to purchase. All four SANTA hospitals are in a poor physical condition and require major upgrades and renovations which cannot be undertaken until the hospitals have been purchased and transferred to the Department. The estimated purchase cost for the hospitals is R 41 541mil.

There are 66 Local Government clinics that must be transferred and acquired by either purchase or donation to the Department, and 29 clinics under Ingonyama Trust Land to be leased on a 40 years term.

The Department has 105 leases made up of 51 office accommodation and 56 residential accommodation leases, with a total budget allocation of R 78 808 636. As part of cost cutting, the Department started a process to reduce the number of rentals for offices and residential accommodation in order to reduce the ever-increasing expenditure on rentals. The Department cancel 4 PHC office leases and relocated staff to state owned facilities. The procurement of McCords Hospital, St Aidans Hospital and Rosary Clinic also saved rental cost.

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STRATEGIC OBJECTIVES, PERFORMANCE INDICATORS, TARGETS AND ACTUAL ACHIEVEMENTS

Table 53: Customised Performance Indicators

| APP 2015/16: Table 115, Page 262 | | | | | | | | |
|--|---|-------------------------------|-----------------|----------------------------|------------------------|----------------------------|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 3.3: Improved health facility planning and infrastructure delivery | | | | | | | | |
| 3.3.5) Major and minor refurbishment completed at 37 health facilities by March 2018 | 1. Number of health facilities that have undergone major and minor refurbishment | IRM, PMIS and monthly reports | Quarterly No | New indicator | 21 | 96 | 357.1% | Only major refurbishment was included in the target, and actual performance includes both major and minor refurbishment. |
| 3.3.6) Annual SLA signed with the Department of Public Works to accelerate infrastructure delivery | 2. Establish service level agreements (SLAs) with Departments of Public Works (and any other implementing agents) | SLA's | Annual No | New indicator | 1 | 1 | 0% | No deviation |

Table 54: Provincial Strategic Objectives and Targets

| APP 2015/16: Table 116, Pages 263 - 264 | | | | | | | | |
|---|--|--------------------------------|-----------------|----------------------------|------------------------|----------------------------|--|---|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation |
| Strategic Objective 3.2: Create job opportunities | | | | | | | | |
| 3.2.1) Create 11 800 jobs through the Expanded Public Works Programme (EPWP) by March 2020 (cumulative) | 1. Number of jobs created through the EPWP | IRS and EPWP Quarterly reports | Quarterly No | 4 982 | 2 000 | 2 084 | 2.4% | Performance above target viewed as a positive result. |
| Strategic Objective 3.3: Improved health facility planning and infrastructure delivery | | | | | | | | |

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| APP 2015/16: Table 116, Pages 263 - 264 | | | | | | | | | |
|--|--|-------------------------------|----------------|----------------------------|------------------------|----------------------------|--|--|--|
| Strategic Objective Statement | Performance Indicator | Data Source | Frequency Type | Actual Achievement 2014/15 | Planned Target 2015/16 | Actual Achievement 2015/16 | Deviation from Planned Target to Actual Achievement during 2015/16 | Comment on Deviation | |
| 3.3.1) Commission 28 new projects by March 2020 | 2. Number of new clinical projects with completed construction | IRM, PMIS and monthly reports | Quarterly No | 10 | 8 | 4 | (50%) | Targets were mixed with Upgrades. | |
| | 3. Number of new clinical projects where commissioning is complete | IRM, PMIS and monthly reports | Quarterly No | 28 | 10 | 15 | 50% | Performance above target viewed as a positive result. Effective management of projects. | |
| 3,3.2) Complete 35 upgrading & renovation projects by March 2018 | 4. Number of upgrading and renovation projects with completed construction | IRM, PMIS and monthly reports | Quarterly No | 51 | 21 | 27 | 28.6% | Performance above target viewed as a positive result. Carry-over projects resulted in exceeded target. | |
| 3.3.3) 100% of maintenance budget spent annually | 5. Percentage of maintenance budget spent | IRM, PMIS and monthly reports | Quarterly % | 102% | 100% | 108.28% | (8.3%) | The Department considers the deviation within an acceptable deviation range, noting escalations and emergency repairs. | |
| | <i>Maintenance budget spent</i> | BAS | R'000 | 233 207 | - | 196 250 000 | | | |
| | <i>Maintenance budget</i> | BAS | R'000 | 211 595 | - | 212 495 624 | | | |
| 3.3.4) Health Facilities Revitalisation Grant 85% of total annual budget by March 2018 | 6. Health Facilities Revitalisation Grant expenditure as percentage of total annual budget | IRM, PMIS and monthly reports | Quarterly % | 100% | 83% | 100.18% | 20.7% | The target was incorrect as it is expected that 100% of the Revitalisation Grant is utilised. BAS was closed early and not all payments were captured in time. | |
| | <i>Hospital revitalisation expenditure</i> | BAS | R'000 | 1 362 469 | 1 090 432 | 1 229 775 000 | | | |
| | <i>Infrastructure budget</i> | BAS | R'000 | 1 362 469 | 1 287 471 | 1 231 973 365 | | | |

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STRATEGIES TO OVERCOME AREAS OF UNDER-PERFORMANCE

No material under-performance identified for Health Facilities Management.

CHANGES TO PLANNED TARGETS

No changes were made to performance targets during 2015/16.

LINKING PERFORMANCE WITH BUDGET

Table 55: Summary of expenditure for Programme 8

| Sub-Programmes | 2015/16 | | | 2014/15 | | |
|---------------------------------------|---------------------|--------------------|---------------------------|---------------------|--------------------|---------------------------|
| | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure | Final Appropriation | Actual Expenditure | (Over)/ Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| 8.1 Community Health Facilities | 184 965 | 184 965 | - | 443 561 | 443 562 | - |
| 8.2 District Hospital Services | 207 502 | 207 502 | - | 476 654 | 476 652 | - |
| 8.3 Emergency Medical Rescue Services | - | - | - | - | - | - |
| 8.4 Provincial Hospital Services | 848 813 | 848 813 | - | 500 231 | 500 231 | - |
| 8.5 Central Hospital Services | 29 896 | 29 896 | - | 18 685 | 18 685 | - |
| 8.6 Other Facilities | 246 442 | 246 442 | - | 239 906 | 239 906 | - |
| Total | 1 517 618 | 1 517 618 | - | 1 679 037 | 1 679 037 | - |

Source: Annual Financial Statements

During the year under review, R 220 432 671 was allocated to Maintenance (Head Office and Districts) for maintenance of facilities including day to day maintenance as well as servicing of equipment. 98 per cent of the Maintenance budget was spent with Zululand (120%), Ilembe (119%), Umkhanyakude (106%), UGu (103%), UThukela (101%), and Uthungulu (100%).

A budget of R 148 025 000 has been provided to support institutions for the commissioning of 13 Clinics, 8 CHCs, 22 Hospital projects, 2 Nursing Colleges, 1 Forensic Mortuary and 1 Laundry. R 21 911 000 was claimed for reimbursement and R 17 672 000 was paid. R 4 239 000 was not paid due to late submission of claim, exceeding the number of items approved and claiming for items not on the approved list.

A budget of R 22 270 000 has been provided to IDT for the purchase of furniture and equipment for 2 CHCs and 3 hospital projects - R 14 397 000 has been claimed by IDT and paid.

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13. TRANSFER PAYMENTS

Table 56: Transfer payments to Public Entities

| Name of Public Entity | Services rendered by Public Entity | Amount transferred to Public Entity | Amount spent by Public Entity | Achievements of the Public Entity |
|--|------------------------------------|-------------------------------------|-------------------------------|-----------------------------------|
| Department does not have Public entities | | | | |

TRANSFER PAYMENTS TO ALL ORGANISATIONS OTHER THAN PUBLIC ENTITIES

Table 57: Transfer payments made for the period 1 April 2015 to 31 March 2016

| Name of transferee | Type of organisation | Purpose for which the funds were used | Did the Department comply with s38(1)(j) of the PFMA | Amount transferred R'000 | Amount spent by the Entity | Reasons for funds unspent by the Entity |
|----------------------|-----------------------------|---|--|--------------------------|----------------------------|--|
| Department of Health | eThekweni Municipal clinics | To subsidise the provision of PHC personal health services at Municipal clinics | Yes | R 129 600 | R 129 600 | Payments made on a claim back basis as per SLA |

Table 58: Transfer payments budgeted for the period 1 April 2015 to 31 March 2016 with no transfer payments made

| Name of transferee | Type of organisation | Purpose for which the funds were to be used | Amount budgeted for R'000 | Amount transferred R'000 | Reasons why funds were not transferred |
|----------------------|----------------------|---|---------------------------|--------------------------|--|
| Department of Health | eThekweni | To subsidise the provision of PHC personal health services at Municipal clinics | R 205 250 | R 129 600 | Delays in finalising of the SLA |

14. CONDITIONAL GRANTS

Table 59: National Tertiary Services Grant (NTSG)

| Name of the Grant | National Tertiary Services Grant |
|--------------------------------------|---|
| Department who transferred the Grant | National Department of Health (Vote 16). |
| Purpose of the Grant | <ul style="list-style-type: none"> Ensure provision of tertiary hospital services for all South Africans. To compensate tertiary facilities for additional costs associated with the provision of tertiary services. |
| Expected outputs of the Grant | Provision of designated central and national tertiary services (T1, T2 and T3) in 4 hospitals/ complexes as agreed between the Provincial and National Departments of Health. |
| Actual outputs achieved | <ul style="list-style-type: none"> The tertiary package of services, as specified in the KZN NTSG SLA, is provided as follows: IALCH (100%), Greys (80%), Ngwelezana (33%) and King Edward VIII (50%). The decrease in NTSG allocations resulted in the package of tertiary services being sustained with no commissioning of new services. The following Specialist Doctors, Nurses and Allied Health Professional have been appointed: <ul style="list-style-type: none"> IALCH: Specialists (26) and Senior Medical Manager (1) Greys: Head of Clinical Units (4); Specialists (5); and Specialist Nurses (18) in 6 clinical disciplines. King Edward VIII: Specialists (1); and Specialist Nursing (6) in 3 clinical disciplines. Ngwelezana: Specialists (1); and Head Clinical Units (2). The CoE and G&S budget for outreach programmes supported the provision of sustainable clinical care at outlying Regional Hospitals. Outreach programmes were provided by multidisciplinary teams which enhanced the clinical skills of professionals and improved access, appropriate referrals and reduces patient waiting times to specialised services and at Regional and selected District Hospitals. |

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| Name of the Grant | National Tertiary Services Grant |
|--|--|
| | <ul style="list-style-type: none"> In reach and in-service training programmes were conducted at IALCH, Greys, KEH VIII and Ngwelezana due to inadequate specialists to travel to outside venues. Telemedicine has been used mainly for academic teaching and case discussions. |
| Amount per amended DORA (R'000) | R 1 530 246 |
| Amount received (R'000) | R 1 530 246 |
| Reasons if amount as per DORA was not received | N/A |
| Amount spent by the Department (R'000) | R 1 530 246 |
| Reasons for the funds unspent by the entity | N/A |
| Reasons for deviations on performance | N/A |
| Measures taken to improve performance | N/A |
| Monitoring mechanism by the receiving Department | <ul style="list-style-type: none"> A Tertiary Services Programme Manager is responsible for monitoring Tertiary Service performance. Performance indicators in Hospital Business Plans were developed with relevant stakeholders and aligned with Conditional Grants – Schedule 4, DORA and PFMA prescripts. National and Provincial Strategic priorities for the delivery of Tertiary Services have been integrated into the activities of the NTSG Service Delivery Plan. The Provincial Budget Office and Programme Manager conducted monthly expenditure reviews. Benefiting hospitals and Governance/ Management Structures monitor NTSG by conducting monthly expenditure and performance reviews and submit quarterly reports to the Programme Manager, as well as District and Provincial finance management components. Reports were submitted to the Deputy Director General (DDG) Specialized Services and Clinical Support, Chief Financial Officer (CFO), Head of Department (HOD) and National department of Health (NDOH) in accordance with the DORA reporting framework. Site visits and managing by walk-about were conducted quarterly and ad hoc. Clinical audits are conducted monthly in each hospital by multidisciplinary teams and quarterly quality indicators were reported to the Programme Manager. Quality Improvement Plans (QIP) has been monitored by the Quality Management Teams in each hospital. |

Table 60: Comprehensive HIV and AIDS Grant

| Name of the Grant | Comprehensive HIV / AIDS Grant | | |
|--|--|--------------------------|----------------------------|
| Department who transferred the Grant | National Department of Health (Vote 16). | | |
| Purpose of the Grant | <ul style="list-style-type: none"> To enable the health sector to develop an effective response to HIV and AIDS including universal access to HIV Counselling and Testing (HCT). To support the implementation of the National Operational Plan for comprehensive HIV and Aids treatment and care. To subsidise in-part funding for the antiretroviral treatment programme. | | |
| Expected outputs of the Grant and actual achievements | Indicators | Expected Outcomes | Actual Achievements |
| | Number of fixed public health facilities offering ART services | 632 | 725 |
| | Number of new patients that started on ART | 237,646 | 213 093 |
| | Total number of patients on ART remaining in care | 1 276 200 | 1 059 193 |
| | Number of beneficiaries served by home-based caregivers | 1 099 080 | 1 848 809 |
| | Number of active home-based carers receiving stipends | 10 621 | 9 618 |
| | Number of male and female condoms distributed | 215 500 000 | 190 202 285 |
| | Number of High Transmission Areas (HTA) intervention sites | 213 | 270 |
| | Number of Antenatal Care (ANC) clients initiated on life-long ART | 60 000 | 43 733 |
| | Number of babies Polymerase Chain Reaction (PCR) tested at 6 weeks | 60 000 | 44 400 |
| | Number of HIV positive clients screened for TB | 310 060 | 337 065 |
| | Number of HIV positive patients that started on IPT | 217 040 | 133 574 |
| | Number of active lay counsellors on stipends | 2 199 | 2 147 |
| Number of clients pre-test counselled on HIV testing (including antenatal) | N/A | N/A | |

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| Name of the Grant | Comprehensive HIV / AIDS Grant | | |
|--|--|-----------|-----------|
| | Number of clients tested for HIV (including antenatal) | 2 107 816 | 2 627 796 |
| | Number of health facilities offering MMC services | 90 | 268 |
| | Medical Male Circumcision performed | 470 814 | 126 443 |
| | Sexual assault cases offered ARV prophylaxis | 6 800 | 5 024 |
| | Step Down Care facilities/units | 4 | 4 |
| | Doctors and professional nurses trained on HIV/AIDS, STIs, TB and chronic diseases | 420 | 7 770 |
| Amount per amended DORA | R 3 812 972 | | |
| Amount received (R'000) | R 3 812 972 | | |
| Reasons if amount as per DORA was not received | N/A | | |
| Amount spent by the Department (R'000) | R 3 813 455 | | |
| Reasons for the funds unspent by the entity | N/A | | |
| Reasons for deviations on performance | <ul style="list-style-type: none"> • The targeted number of male medical circumcisions were not met due to: <ul style="list-style-type: none"> – Unavailability of transport to take clients to MMC camps. – Shortage of doctors for MMC Roving Teams. | | |
| Measures taken to improve performance | <ul style="list-style-type: none"> • MMCs conducted by contracting General Practitioners. • Vehicles to transport clients to MMC camps have been ordered and delivered. | | |
| Monitoring mechanism by the receiving Department | <ul style="list-style-type: none"> • Quarterly provincial reviews on the HIV/AIDS Conditional Grant as well as performance information. • Facility visits are conducted to ensure that challenges at facility level are being addressed timeously. | | |

Table 61: Health Professional Training and Development Grant (HPTDG)

| Name of the Grant | Health Professional Training And Development |
|--|--|
| Department who transferred the Grant | National Department of Health (Vote 16). |
| Purpose of the Grant | <ul style="list-style-type: none"> • Support provinces to fund service costs associated with training of health science trainees on the public service platform. • Co-funding of the National Human Resource Plan for Health in expanding undergraduate medical education. |
| Expected outputs of the Grant | Increase in Trained Health Professionals. |
| Actual outputs achieved | COE spent on 410 Registrars as per target set in HPTDG Business Plan. |
| Amount per amended DORA R'000 | R 299 513 |
| Amount received (R'000) | R 299 513 |
| Reasons if amount as per DORA was not received | N/A |
| Amount spent by the Department (R'000) | R 299 513 |
| Reasons for the funds unspent by the entity | N/A |
| Reasons for deviations on performance | N/A |
| Measures taken to improve performance | N/A |
| Monitoring mechanism by the receiving Department | <ul style="list-style-type: none"> • Quarterly monitoring of the performance indicators by the Tertiary Services Programme Manager and Provincial Human Resource representative. • Monthly liaison between the Programme Manager and relevant managers to rectify financial journals. • Reports were submitted to the DDG Specialised Services and Clinical Support, CFO, HOD and NDOH in accordance with the DORA reporting framework. |

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Table 62: NHI Grant: UMgungundlovu District

| Name of the Grant | National Health Insurance – UMgungundlovu District |
|--|--|
| Department who transferred the Grant | National Department of Health (Vote 16). |
| Purpose of the Grant | <ul style="list-style-type: none"> • Test innovations in health service delivery for implementation of NHI. • Undertake health system strengthening activities in identified areas. • Assess the effectiveness of interventions and activities undertaken in the district. |
| Expected outputs of the Grant | <ul style="list-style-type: none"> • Strengthened district capacity for monitoring and evaluation, including research/ impact assessment reports of selected interventions. • Strengthened coordination and integration of existing Ward-Based Outreach Teams within pilot districts. • Strengthened Supply Chain Management. • Strengthened monitoring and evaluation of direct delivery of chronic medication to patients. |
| Actual outputs achieved | <ul style="list-style-type: none"> • NHI Project Manager appointed - Resigned in November 2015. • Training of Operational and Programme Managers (100) on community development through the University of Pretoria. Monthly contact sessions and examinations conducted as per agreed programme. Graduation ceremony in May 2016. • Procuring of equipment for Digital Pen Pilot Project in Umshwati PHC clinics: Not completed and roll over requested. • Digital Pens for CCG and WBOTs Project in Umshwati procured: Not completed and roll over requested. • Installation of Queuing System in various PHC facilities. Service provider installed queuing system hardware and software in 5 clinics and hardware only in 8 clinics. Lack of computers hampered completion of this project. Not completed and roll over requested. • 84 Ward Based Profiles and Plans completed. Service Provider profiled all 84 wards and provided reports as per specifications. • 14 WBOTs and Child Mortality reports and plans completed. Service provider completed assessments and plans as per specifications. <p>Challenges:</p> <ul style="list-style-type: none"> • Network Connectivity: Telkom contract has been signed at a provincial level. District is sourcing funds for funding of this project through a submission to shift NHI funds in the current budget. • Delays in the provision of cell phones for the Digital Pen Project. • Delays in provision of computers for completion of queuing system installation. Negotiation with national to source required computers. • Delays in filling of the Project Manager post. The successful candidate will commence service in August 2016. |
| Amount per amended DORA | R 7 200 |
| Amount received (R'000) | R 7 200 |
| Reasons if amount as per DORA was not received | N/A |
| Amount spent by the Department | R 6 542 349 (Commitments R 1 577 693) |
| Reasons for the funds unspent by the Entity | <ul style="list-style-type: none"> • SCM delays |
| Reasons for deviations on performance | <ul style="list-style-type: none"> • SCM delays |
| Measures taken to improve performance | <ul style="list-style-type: none"> • Regular follow up with SCM through Provincial Office to ensure timeous delivery |
| Monitoring mechanism by the receiving Department | <ul style="list-style-type: none"> • Identifying Project leaders to manage projects. • Constant monitoring of SCM processes to address bottlenecks. • Employment of NHI Project Manager. • Monthly and quarterly monitoring of progress through reporting processes. • Developing remedial action plans for slow moving processes. |

Table 63: NHI Grant: Umzinyathi District

| Name of the Grant | National Health Insurance- Umzinyathi District |
|--------------------------------------|--|
| Department who transferred the Grant | National Department of Health (Vote 16). |
| Purpose of the Grant | <ul style="list-style-type: none"> • Test innovations in health service delivery for implementation of NHI. • Undertake health system strengthening activities in identified areas. • Assess the effectiveness of interventions and activities undertaken in the district. |
| Expected outputs of the Grant | <ul style="list-style-type: none"> • Strengthened district capacity for monitoring and evaluation, including research/ impact assessment reports of selected interventions. • Strengthened coordination and integration of existing Ward-Based Outreach Teams within pilot districts. • Strengthened Supply Chain Management. • Strengthened monitoring and evaluation of direct delivery of chronic medication to patients. |

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| Name of the Grant | National Health Insurance- Umzinyathi District |
|--|---|
| Actual outputs achieved | <ul style="list-style-type: none"> • Procurement of basic Medical Equipment for Clinics and Hospitals. • Research conducted by KPMG on supervision and effectiveness of clinics and wards. • Appointment of 11 Ward Based Outreach Teams (WBOTs). • Appointment of 21 School Health Teams (SHTs). • Contracting of 23 General Practitioners at clinics. • Appointment of District Clinical Specialist Team members. • Procurement of Mobile Square Caravans for use in communities. • Capacity building of Operations Managers and other staff at PHC level. • Strengthening of PHC through interventions and innovations by rolling out the following systems: <ul style="list-style-type: none"> – VSAT: Telephone management system using wireless connection at clinics. – Telkom SA: FastNet connectivity at clinics to access VPN. – VEMR: Patient registration system. – HPRS: National mandate for registration of patients - interface with VEMR. – Rx Solution: Pharmaceuticals management system. – Referral System: CCG used to refer patients. – Ground Breakers: Initiative of using peer group cadres to influence positive youth behaviour towards sexual and reproductive health, family planning, use of condoms, nutrition, substance abuse, and motivating peers for circumcision, HIV testing, STI & TB checking. – Leadership and development training programmes. – Training of Operations Managers and other staff in computer literacy and basic functioning of PCs. – Procurement of 50 Notebooks to be loaded with HPRS/VEMR for registration of patients at household level. Notebooks connected on internet via FastNet connectivity to access network at household level and will also be able to enrol pregnant women on Mom-Connect at household level. <p>Challenges:</p> <ul style="list-style-type: none"> • Lengthy SCM processes above district delegation of R 200 000. • Lack of feedback from Head Office SCM on NHI Grant requisitions including execution of: <ul style="list-style-type: none"> – ZNB9456/2015-H: Request for proposal to conduct a community survey to determine community opinion in relation to services rendered by Ward Based Outreach Teams and establishing norms and standards for WBOTs and SHTs. <i>SCM indicated that the proposal must be re-submitted for the third time.</i> – Connectivity of all PHC facilities to VPN) for internet access. <i>HOD approved connectivity and roll out will begin on 10 August 2016.</i> – C0657293: Order to deliver financial book and SCM prescript printing manual for all PHC facilities in the District. Delayed delivery of half of order of 80 manuals on 11/ 04/ 2016. <i>Manuals have been received in full and paid.</i> • Due to the above, a roll over to 2016/17 was requested in order to finalise the orders. |
| Amount per amended DORA R'000 | R 7 204 |
| Amount received (R'000) | R 7 204 |
| Reasons if amount as per DORA was not received | N/A |
| Amount spent by the Department (R'000) | R 2 951 260 (Commitments R 4 125 000) |
| Reasons for the funds unspent by the Entity | <ul style="list-style-type: none"> • SCM delays |
| Reasons for deviations on performance | <ul style="list-style-type: none"> • SCM delays |
| Measures taken to improve performance | <ul style="list-style-type: none"> • Regular follow up with SCM through the Provincial Office |
| Monitoring mechanism by the receiving Department | <ul style="list-style-type: none"> • Weekly turnaround time spreadsheet presented by SCM for progress reporting. • Provincial NHI Steering Committee is monitoring the procurement process for NHI at SCM Head Office. • Monthly performance on NHI Grant is tabled to District Manager to highlight bottlenecks for resolving. • Bi-Monthly National visits for progress reporting. • Monthly reports submitted to Province and National. |

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Table 64: Health Facility Revitalisation Grant

| Name of the Grant | Health Facility Revitalisation Grant |
|--|---|
| Department who transferred the Grant | National Department of Health (Vote 16). |
| Purpose of the Grant | <ul style="list-style-type: none"> • To help accelerate construction, maintenance, upgrading and rehabilitation of new and existing infrastructure in health including health technology, organisational development systems and quality assurance. • To enhance capacity to deliver health infrastructure. |
| Expected outputs of the Grant | <ul style="list-style-type: none"> • Number of health facilities planned, designed, constructed, equipped, operationalised and maintained. |
| Actual outputs achieved | As per Dora Report |
| Amount per amended DORA (R'000) | R1 229 775 |
| Amount received (R'000) | R 1 229 775 |
| Reasons if amount as per DORA was not received | N/A |
| Amount spent by the Department (R'000) | R 1 231 997 |
| Reasons for the funds unspent by the Entity | Budget was fully spent |
| Reasons for deviations on performance | Provide reasons for over-expenditure |
| Measures taken to improve performance | N/A |
| Monitoring mechanism by the receiving Department | Monthly reports and meetings with Implementing Agents. |

Table 65: Social Sector EPWP Incentive Grant to Provinces

| Name of the Grant | Social Sector EPWP Incentive Grant for Provinces |
|--|--|
| Department who transferred the Grant | National Department of Public Works (Vote 7). |
| Purpose of the Grant | To incentivise provincial social sector departments identified in the 2013 Social Sector EPWP Log-frame to increase job creation by focusing on the strengthening and expansion of social service programmes that have employment potential |
| Expected outputs of the Grant | People employed and receiving income through the EPWP |
| Actual outputs achieved | As per DORA Report |
| Amount per amended DORA (R'000) | R 13 000 |
| Amount received (R'000) | R 13 000 |
| Reasons if amount as per DORA was not received | N/A |
| Amount spent by the Department (R'000) | R 13 000 |
| Reasons for the funds unspent by the Entity | N/A |
| Reasons for deviations on performance | N/A |
| Measures taken to improve performance | The tracking and reporting of services delivered has improved since the implementation of the EPWP Projects with introduction of the Grant. The Grant has assisted by increasing the number of CCGs where there was a shortage. |
| Monitoring mechanism by the receiving Department | <ul style="list-style-type: none"> • Monthly submissions of the financial and non-financial data to NDPW have improved. • The Province has ensured that 2 staff members were trained on the EPWP reporting system. • Monitoring of CCG's is done by the Provincial Manager. |

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Table 66: Expanded Public Works Integrated Grant to Provinces

| Name of the Grant | EPW Integrated Grant to Province |
|--|---|
| Department who transferred the Grant | National Department of Public Works (Vote 7). |
| Purpose of the Grant | To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in road maintenance and maintenance of buildings in compliance with the EPWP guidelines. |
| Expected outputs of the Grant | Increased number of people employed and receiving income through EPWP. |
| Actual outputs achieved | As per DORA Report |
| Amount per amended DORA (R'000) | R 3 682 |
| Amount received (R'000) | R 3 682 |
| Reasons if amount as per DORA was not received | N/A |
| Amount spent by the Department (R'000) | R3 682 |
| Reasons for the funds unspent by the Entity | N/A |
| Reasons for deviations on performance | N/A |
| Measures taken to improve performance | N/A |
| Monitoring mechanism by the receiving Department | Monthly reports from Institutions, Districts and IRM reports. |

15. DONOR FUNDS RECEIVED

Table 67: Donor funds received

| Name of Donor | Astra Zeneca (Astra Zeneca Pharm) |
|--|---|
| Full amount of the funding | R 196 000 |
| Period of the commitment | Not specified. |
| Purpose of the funding | Drug Trials. |
| Expected outputs | Drug Trials. |
| Actual outputs achieved | The project is still in progress. |
| Amount carried over (R'000) | R 29 000 |
| Amount spent by the Department (R'000) | R0 |
| Reasons for the funds unspent | The project is still in progress. |
| Monitoring mechanism by the Donor | Not specified. |
| Name of Donor | Atlantic Philanthropies |
| Full amount of the funding | R 9 429 000 |
| Period of the commitment | Two years (further extension received). |
| Purpose of the funding | To strengthen the institutional capacity of the KwaZulu-Natal College of Nursing to enhance training and research capacity. |
| Expected outputs | Position the KwaZulu-Natal College of Nursing in the Higher Education landscape by the year 2016/2017 in respect of education, training and research; quality improvement; and leadership and governance. |
| Actual outputs achieved | Feasibility study conducted for the policy and procedure development and accreditation of new qualifications. |
| Amount carried over (R'000) | R 7 557 |
| Amount spent by the Department (R'000) | R 110 |

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| Name of Donor | Astra Zeneca (Astra Zeneca Pharm) |
|--|--|
| Reasons for the funds unspent | Due to continued delays experienced with the tender process, this donation could not be spent in 2015/16. Roll over requested for continuation of project. |
| Monitoring mechanism by the Donor | Progress reports. |
| Name of donor | Conforth Investments |
| Full amount of the funding | R 151 000 |
| Period of the commitment | Not specified. |
| Purpose of the funding | Improvement of the infection control unit in ward A4. |
| Expected outputs | Installation of access control doors and purchasing of furniture in the Haematology Department. |
| Actual outputs achieved | Installations of 2 access control doors and additional seating for patients in ward A4 west. |
| Amount carried over (R'000) | R 32 |
| Amount spent by the Department (R'000) | Nil |
| Reasons for the funds unspent | Awaiting further action from Donor on the utilisation of the remaining balance. |
| Monitoring mechanism by the Donor | None. |
| Name of Donor | Dept of Local Government & Traditional Affairs |
| Full amount of the funding | R 228 000 |
| Period of the commitment | Not specified. |
| Purpose of the funding | Purchase of EMS vehicles and medical equipment. |
| Expected outputs | Emergency and Rescue equipment for EMS vehicles. |
| Actual outputs achieved | Purchased emergency and rescue equipment. |
| Amount carried over (R'000) | R 3 |
| Amount spent by the Department (R'000) | R 0 |
| Reasons for the funds unspent | Funds were spent but not correctly reflected. |
| Monitoring mechanism by the Donor | None. |
| Name of donor | Impumumelelo Trust Innovation |
| Full amount of the funding | R 24 000 |
| Period of the commitment | Not specified. |
| Purpose of the funding | Training programmes for HIV and AIDS. |
| Expected outputs | Prize money to be spent on HIV/ADIS related project. |
| Actual outputs achieved | None. |
| Amount carried over (R'000) | R 24 |
| Amount spent by the Department (R'000) | R 0 |
| Reasons for the funds unspent | Still in the planning phase. |
| Monitoring mechanism by the Donor | None. |
| Name of donor | MASEA AWARDS |
| Full amount of the funding | R 125 000 |
| Period of the commitment | Not Specified. |
| Purpose of the funding | Annual Service Excellence Awards 2013/14. |
| Expected outputs | Awardees receive funding as prize money. |
| Actual outputs achieved | N/A |
| Amount carried over (R'000) | R 125 000 |
| Amount spent by the Department (R'000) | R 61 |

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| Name of Donor | Astra Zeneca (Astra Zeneca Pharm) |
|-----------------------------------|-----------------------------------|
| Reasons for the funds unspent | Funding is still being paid out. |
| Monitoring mechanism by the Donor | None |

16. CAPITAL INVESTMENT

CAPITAL INVESTMENT, MAINTENANCE AND ASSET MANAGEMENT PLAN

Table 68: Capital investment, maintenance and asset management plan

| Infrastructure Projects | 2014/15 | | | 2015/16 | | |
|---|-------------------------|--------------------|---------------------------|-------------------------|--------------------|---------------------------|
| | Financial Appropriation | Actual Expenditure | (Over)/ Under Expenditure | Financial Appropriation | Actual Expenditure | (Over)/ Under Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| New and replacement assets | 527 131 | 399 227 | - | 359 420 | 395 253 | 35 833 |
| Existing infrastructure assets | 986 316 | 1 064 305 | (77 989) | 1 273 435 | 13 846 | 1 259 589 |
| Upgrades and additions | 481 643 | 552 793 | (71 150) | 709 245 | 633 454 | 75 791 |
| Rehabilitation, renovations & refurbishment | 187 471 | 178 927 | 8 544 | 261 000 | 271 158 | (10 158) |
| Maintenance and repairs | 317 202 | 332 585 | (15 383) | 303 190 | 354 977 | (51 787) |
| Infrastructure transfer | - | 20 000 | (20 000) | - | - | - |
| Current | - | - | - | - | - | - |
| Capital | - | 20 000 | (20 000) | - | - | - |
| Total | 1 513 447 | 1 483 532 | 29 915 | 1 632 855 | 1 654 842 | (21 987) |

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PART C: GOVERNANCE

- Risk Management
- Fraud and Corruption
- Minimising Conflict of Interest
- Code of Conduct
- Health, Safety and Environmental Issues
- Health Portfolio Committee
- SCOPA Resolutions
- Internal Control Unit
- Internal Audit Committees
- Audit Committee Report

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Introduction

The Department remains committed in its efforts to maintain high standards of governance through governance structures to ensure effective service delivery and utilisation of resources. Overall accountability rests with the Accounting Officer on an administrative level and the MEC for Health on a political level.

Legislative oversight is provided by:

- The Executive Council (Cabinet).
- The Provincial Legislature.
- Standing Committee on Public Accounts (SCOPA).
- The Finance Portfolio Committee.
- The Health Portfolio Committee.
- The Provincial Health Council.
- Cluster Audit and Risk Committee (CARC).

During the reporting period, the Department has cooperated with all Oversight Committees and responded to all questions emanating from its deliberations with these Committees.

The Provincial Health Council Technical meeting was convened on 22 March 2016 to discuss matters of interest.

Eight (8) District Health Councils have been established. District Health Councils have not yet been established in eThekweni, UThukela and Umzinyathi.

The MEC for Health convened a successful Provincial Consultative Health Forum on 5 March 2015 attended by 500 delegates. The Forum Report has been escalated to the National Department of Health, and resolutions will be implemented and feedback provided to stakeholders to ensure transparency.

There are 69 established Hospital Boards and 380 Clinic Committees. Recruitment of suitable candidates, especially in rural areas, and the high turn-over rate of members remain a challenge and impacts on the functionality of Boards and Committees.

The Department established the Office of the Ombuds in the Office of the HOD as prescribed by the KZN Health Act, 2009 (Act No. 1 of 2009). The role played by the Ombuds in resolving complaints is critical in reducing the increased number of litigation cases against the Department.

On 31 March 2015, the Department launched the rollout of the National Complaints Management Protocol which advances the Patient Right Charter. Public health facilities will in future use this protocol as guide to resolve complaints, which should strengthen control measures and contribute positively towards compliance with Batho Pele Principles.

Risk Management

The Departmental Audit and Risk Management Unit comprises of three components, namely Audit and Internal Control, Risk Management and Departmental Investigations.

The Department has adopted a common and integrated approach to the management of risk to ensure that knowledge and experience is shared and risk management becomes embedded in the daily activities and the way the Department functions. This approach of effective risk management has reduced uncertainty and has given more confidence in reducing threats and pursuing opportunities, thus enabling officials in the Department to be more decisive in pursuing the Vision, Mission and Goals of the Department, whilst taking into account the risk appetite of the Department.

The Department has an approved Risk Management Policy and management has been proactive in the management of strategic risks, with all managers being tasked with the mitigation of identified risks that impact of the operations of the Department.

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In order to be effective, an organisation's risk management plan requires the development and maintenance of an ongoing process that enables the identification, analysis, evaluation, and treatment of risks that may impact the organisation. This process enables the prioritisation of actions to reduce the risks to an acceptable level. What results from this risk management process is a substantial amount of risk management information that needs to be managed in such a way that it can be found and applied quickly and efficiently.

The Department has revised its Risk Register with current risks and has developed and implemented action plans to address these risks. The Risk Register has been updated to include core business risks as well as risks pertaining to the clinical environment. It is important to highlight that the Risk Register is a live document that continues to be updated with new or emerging risks.

Fraud and Corruption

The Department has an established Special Investigations Unit, under Risk Management Assurance Services, that deals with fraud prevention activities and handles incidents reported that warrants investigative processes.

The Department has an approved Fraud Prevention Plan, which recognises basic fraud prevention initiatives and provides guidelines in prevention, detection and investigation of fraud. The plan is based on the Fraud Prevention Policy and Investigation Policy and it detail the Department's basic Fraud Prevention Strategy.

The Department, through awareness campaigns, encourages all employees to be vigilant and to report fraudulent activities via the following avenues:

- Anti-corruption Hotline: fraudline@kznhealth.gov.za.
- Fax: 033 346 6434
- Call Centre: 0800 005133

Employees are also encouraged to use the National Anti-Corruption Hotline: 0800 701 701

In 2015/16, thirty eight (38) cases of fraud, corruption and misconduct were investigated; seventeen (17) matters were dealt with by Labour Relations for disciplinary hearings; eleven (11) employees were found guilty and sanctioned; and ten (10) employees resigned during the hearing processes.

Minimising Conflict of Interest

In addition to the requirement to declare interests, the Department has established a Financial Misconduct Committee (FMC) to deal with issues of conflict of interest. The FMC investigates and makes recommendations on reported cases of conflict of interest. The recommendations include having the implicated officials disciplined and/or recovering losses incurred.

Code of Conduct

The Code of Conduct promotes a high standard of professional standards in the workplace, encourages public servants to behave ethically and ensures acceptable behaviour. Breach of the code of conduct is immediately addressed in terms of the formal and informal disciplinary code and procedures.

Health Safety and Environmental Issues

Established Health and Safety Committees ensure that problem areas are brought to the attention of management to ensure timely intervention. The provision of a healthy workplace is one of the core focus area in the Department with specific focus on infection prevention and control. This includes preventive measures to prevent the spread of TB in crowded facilities and measures to ensure the safety of staff in their working environment.

The Health Care Risk Waste (HCRW) Management Policy was promulgated and is being implemented. The management structures at Provincial and District levels have been revised, and HCRW has been included in the job descriptions of District Environmental Health Managers.

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Waste Management Officers has been appointed at all public hospitals and CHC's. These Officers have been trained using the accredited HCRW training programme. Rapid assessments of compliance to legislation have been completed and need analysis plans have been developed to address identified gaps.

A standard design for facility waste storage areas have been developed (within the framework of legal norms and standards) and based on the volumes of waste generated per facility.

Portfolio Committee

The Health Portfolio Committee exercises oversight over Departmental performance, and five (5) meetings were held during the 2015/16 financial year as indicated below.

- 28 July 2015
- 4 August 2015
- 1 September 2015
- 13 October 2015
- 8 March 2016

The Department responded to the resolutions of the Committee at all times, and where improvement plans or status updates/ reports were required to address reported matters, these were compiled and submitted to the Committee.

Scopa Resolutions

Two (2) SCOPA meetings were held in 2015/16 financial year as indicated below.

- 31 July 2015
- 10 February 2016

A summary of SCOPA Resolutions is included in the table below.

| Resolution Number | Subject | Details | Response by the Department | Resolved (Yes/ No) |
|-------------------|--|---|----------------------------|--------------------|
| 123/2015 | Movable Tangible Assets and Minor Assets | <ol style="list-style-type: none"> 1. Progress made in updating and adjusting the Hardcat Asset Management system to ensure that there is an accurate and complete Fixed Asset Register. 2. The plan to address weaknesses with regards to Asset Disposals. 3. Progress towards a complete, compliant Fixed Asset Register. | Report submitted to SCOPA | Yes |
| 124/2015 | Completeness of Irregular Expenditure Register | <ol style="list-style-type: none"> 1. That the Accounting Officer reports by 31 January 2016 on progress in ensuring that SCM procurement processes are followed and procurement legislation is adhered to. 2. That the Accounting Officer presents a progress report on the plan to ratify all Bid Specifications that have not been/were not approved. | Report submitted to SCOPA | Yes |
| 125/2015 | Capital Commitments | <ol style="list-style-type: none"> 1. That the Accounting Officer, by 28 February 2016, provides a progress report on measures implemented to ensure that the Department maintains complete and accurate records of capital commitments. | Report submitted to SCOPA | Yes |
| 126/2015 | Compensation of Employees: Commuted Overtime | <ol style="list-style-type: none"> 1. That the Accounting Officer reports by 31 January 2016 on the plan to recover monies paid to employees who did not qualify for overtime payment. 2. That the Accounting Officer provides a report by 31 January 2016 on the policy on overtime pay for staff on maternity leave that has been requested from the National Department of Health. | Report submitted to SCOPA | Yes |
| 127/2015 | NHLS - Significant Uncertainties | <ol style="list-style-type: none"> 1. That the Accounting Officer reports by 31 January 2016 on any settlements claimed by NHLS for actual services | Report submitted to SCOPA | Yes |

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| Resolution Number | Subject | Details | Response by the Department | Resolved (Yes/ No) |
|-------------------|---|---|----------------------------|--------------------|
| | | rendered and the outstanding amount thereof. | | |
| 128/2015 | Medical Litigation | 1. That the Accounting Officer reports by 31 January 2016 on the Department's plan to reduce medical litigation and its attendant costs. | Report submitted to SCOPA | Yes |
| 129/2015 | Investigations of officials (SCM) | 1. That the Accounting Officer reports by 31 January 2016 on the quantification of any losses suffered as a result of irregularities, setting out what steps have been taken to recover such losses by way of civil proceedings. 2. That the Department report by 31 January 2016 on the quantum of the recoverable amount/s in respect of the investigation relating to unauthorised remunerative work outside the Public Service totalling R82.1 million, as well as the time frame for recovery. | Report submitted to SCOPA | Yes |
| 150/2015 | Transversal - Irregular Expenditure, Non-compliance to SCM processes (point 5 i-iv) | 1. That the Accounting Officers of the departments and the Accounting Authorities of the public entities who incurred irregular expenditure report by 30 April 2016 on: i. What disciplinary steps have been taken for financial misconduct against those officials responsible for the irregular expenditure. ii. Recovery of money from those responsible in cases where it has been determined in consultation with Provincial Treasury that further investigation and disciplinary action is required. iii. If no disciplinary steps can be taken, the Accounting Officer or Accounting Authority must provide reasons for this. 2. Measures being put in place to ensure that irregular expenditure is properly disclosed in the Annual Financial Statements and not left to the Auditor-General to detect during the audit process. | Report submitted to SCOPA | Yes |
| 151/2015 | 2014/15 Fruitless & Wasteful Expenditure | 1. The reasons for the fruitless and wasteful expenditure being incurred in the 2014/15 financial year. 2. Action taken against those officials responsible for incurring the fruitless and wasteful expenditure. 3. Recovery of money from those responsible. 4. Measures put in place to ensure that fruitless and wasteful expenditure does not occur in future. | Report submitted to SCOPA | Yes |
| 153/2015 | Transversal - Funded vacant posts not filled within 12 months | That the Accounting Officers of the relevant departments report by 31 January 2016 on the following: 1. A list of vacant senior management posts in their respective departments. 2. Action taken in the departments and public entities to address the findings of the Auditor-General with regard to the filling of vacancies in senior management positions. 3. Implementation of the directive from the National Minister of Finance that vacant funded posts in departments which have been vacant for more than 12 months must be frozen, which key vacancies will be affected by this directive and the impact of this on service delivery in the departments. 4. That the Portfolio Committees be requested to monitor filling of all vacant funded posts in departments, especially key and senior management positions. | Report submitted to SCOPA | Yes |
| 154/2015 | Transversal - Material Misstatements & Omissions: AFS | 1. That in compliance with Section 40(1) (b) of the Public Finance Management Act, Accounting Officers be requested to ensure that financial statements are prepared regularly during the financial year and that due diligence is exercised to ensure that the financial statements are correct in all respects and that the financial statements are submitted to Internal Audit | Report submitted to SCOPA | Yes |

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| Resolution Number | Subject | Details | Response by the Department | Resolved (Yes/ No) |
|-------------------|---|---|----------------------------|--------------------|
| | | and the Provincial Audit and Risk Committee timeously. 2. That all Accounting Officers report by 31 January 2016 on action taken to resolve this audit issue. | | |
| 155/2015 | Transversal - SCM: Failure by Suppliers to disclose employment with state | <p>1. That the Accounting Officers of the Departments of Education, Health, Human Settlements, Transport and Sport and Recreation report by 31 January 2016 on:-</p> <p>(i) The reasons for the failure to perform the necessary verification resulting in the audit findings.</p> <p>(ii) The steps taken to ensure that the audit findings are addressed.</p> <p>(iii) The action taken against those officials responsible for the audit findings.</p> <p>(iv) The disciplinary steps taken against the bidder(s) who were awarded bids but who failed to disclose that they were employed by the state or who did not have authority to perform outside remunerative work.</p> <p>2. That the Accounting Officers of all Departments report by 31 January 2016 on measures taken to ensure that:</p> <p>(i) The required verification is performed at all times.</p> <p>(ii) Bidders who fail to make the necessary declaration are disqualified.</p> <p>(iii) Disciplinary action is taken against a bidder who fails to declare that they are employed by the state or to submit proof of authority to perform outside remunerative work.</p> | Report submitted to SCOPA | Yes |
| 156/2015 | Transversal - Assets Register | <p>That the Accounting Officers of the relevant departments report by 31 January 2016 on:</p> <p>1. Departmental Asset Management Policy which will address weaknesses identified by the Auditor-General.</p> <p>2. The completeness of the departments' fixed Asset Register.</p> <p>3. Identify what action will be taken against those who do not comply with the policy.</p> | Report submitted to SCOPA | Yes |
| 157/2015 | Transversal - Performance Agreements | <p>That the MECs of departments be requested to report by 31 January 2016 on:</p> <p>1. Whether the Accounting Officers and Senior Managers in their departments have all signed performance agreements and if not, the reasons for non-compliance in this regard.</p> <p>2. Whether performance agreements clearly set out the consequences for non-performance and under-performance on responsibilities set out in the agreements and financial mismanagement and the sanctions which will be imposed in the event of non-performance, under-performance or financial mismanagement.</p> <p>3. Whether performance agreement include as a key performance indicator the general responsibilities of the Accounting Officers and Senior Managers to prevent unauthorised expenditure, irregular expenditure or fruitless and wasteful expenditure, and if not, the reasons for this exclusion.</p> | Report submitted to SCOPA | Yes |
| 159/2015 | Transversal - Department of Health (Vote 7): 2014/2015 Unauthorised Expenditure of R127 693 000 | 1. Unauthorised Expenditure incurred in the 2014/15 financial year. | Discussion at SCOPA | Yes |

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Prior Modifications to Audit Reports

Include a discussion on mechanisms put in place by the Accounting Officer to resolve the matters reported by the AGSA in the previous financial year, including all matters in the audit report and those noted as important in the management report. The discussion should be limited to all matters that gave rise to a qualification, disclaimer, adverse opinion and matters of non-compliance only.

| Nature of qualification, disclaimer, adverse opinion and matters of non-compliance | Financial year in which it first arose | Progress made in clearing/ resolving the matter |
|--|---|--|
| 1. Movable Tangible Capital Assets and Minor Assets | Qualified - 2008/09 to date | <ul style="list-style-type: none"> • Improvement Plans have been developed • Monitoring of implemented actions |
| 2. Irregular Expenditure | Unqualified - 2009/10 Qualified - 2010/11 Qualified - 2011/12 Qualified - 2012/13 Unqualified - 2013/14 Qualified - 2014/15 Qualified - 2015/16 | <ul style="list-style-type: none"> • Improvement Plans have been developed • Monitoring of implemented actions |
| Compensation of Employees - Commuted Overtime Allowance | Qualified - 2014/15 Qualified - 2015/16 | <ul style="list-style-type: none"> • Improvement Plans have been developed • Monitoring of implemented actions |

Internal Control Unit

The Audit and Internal Control Component, which comprises of two sub-components namely Audit Management and Internal Control, has been responsible for the management of all audits undertaken by the Auditor-General and the KwaZulu-Natal Provincial Treasury's Internal Audit Unit, the undertaking of compliance audits, internal control assessments, responding to the resolutions of the portfolio committees and SCOPA as well as undertaking ad-hoc audit related assignments as requested by the Head of Department.

Audit and Internal Control has been responsible for ensuring that all audit queries/findings as identified by the Office of the Auditor-General and the Internal Audit Unit of the KwaZulu-Natal Provincial Treasury are analysed, co-ordinated and responded as well as create and maintain a working relationship with both the Office of the Auditor-General and the Internal Audit Unit of the KwaZulu-Natal Provincial Treasury. The component is also responsible for the compilation of the Audit Improvement Plan/s, the implementation and monitoring of the actions/mitigation strategies as well as the reporting thereof to the various oversight committees, to the National Department of Health as well as to both the Provincial and National Treasury.

Further, the Component has been responsible for the undertaking of internal control assessments as well providing management at Head Office, Districts and Institutions with information concerning the various internal control weaknesses/risk areas that prevail in the Department as well as developing strategies and actions to ensure that the identified control weaknesses/risks are mitigated through the development and implementation of audit improvement plans / action plans.

Further to the above, the Component is also responsible for the drafting of reports to the Standing Committee on Public Accounts (SCOPA) and the Cluster Audit and Risk Committee (CARC) relative to the reports of the Auditor-General and that of the KwaZulu-Natal Provincial Treasury's Internal Audit Unit. The Component has been responsible for the co-ordination, formulation and finalisation of all responses to resolutions of SCOPA, the Finance Portfolio Committee and the Health Portfolio Committee.

Three (3) CARC meetings were held during the reporting period as indicated below:

- 26 May 2015
- 7 December 2015
- 17 March 2016

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Internal Audit and Risk Committee

The Department does not have an Internal Audit Unit, as this is a shared service with the KZN Provincial Treasury. Further, the Department participates in the Cluster Audit Committee which was appointed by the MEC for Finance.

In this regard, the Department has presented itself to the Committee for the four (4) quarters of reporting in the 2015/16 financial year.

AUDIT COMMITTEE REPORT

1. Objective and Responsibility of the Audit and Risk Committee

The Provincial Audit and Risk Committee (PARC) is the shared audit and risk committee for the provincial departments, and is further sub-divided into three Cluster Audit and Risk Committees (CARC's) that provide oversight of key functions to the KZN Provincial Government Departments. The Department of Health is served by the Social Cluster Audit & Risk Committee.

The PARC is primarily responsible for reviewing the following:

- (a) The effectiveness of the internal control systems;
- (b) The activities of the internal audit function, including its annual work programme, co-ordination with the external auditors, the reports of significant investigations and the responses of management to specific recommendations
- (c) The risks associated with the Department's operations covered in the scope of internal and external audits;
- (d) The adequacy, reliability and accuracy of the financial and performance information provided to management and other users of such information;
- (e) Any accounting and auditing concerns identified as a result of internal and external audits;
- (f) The effectiveness of strategies, policies and procedures to prevent and detect fraud and corruption and
- (g) The institution's compliance with legal and regulatory provisions.

The Committee reports that it has discharged all of its responsibilities in compliance with the Public Finance Management Act, No.1 of 1999 (PFMA), Treasury Regulations 3.1, including all other related prescripts, that it has adopted appropriate formal terms of reference contained in its Audit and Risk Committee Charter. The Committee is pleased to present its report for the financial year ended 31 March 2016.

2. Audit Committee Members and Attendance

The PARC was appointed on 23 February 2015. During the financial year under review, certain terms and conditions of the members' appointment were amended and the contracts of five members were renewed effective from the 30th of October 2015.

The table below outlines the PARC and Social CARC meetings held and attendance thereof by members during the reporting period.

| | Name of Member | # PARC Meetings Attended | Social CARC Meetings Attended | Special Meetings |
|----|--|--------------------------|-------------------------------|------------------|
| 1. | Mr P Christianson (Acting Chairman of Social CARC) | 3 | 4 | 2 |
| 2. | Mr D O'Connor | 3 | 4 | 2 |
| 3. | Ms T Njozela | 2 | 4 | 2 |
| 4. | Mr S Simelane (Acting Chairman of PARC) | 3 | N/A | N/A |
| 5. | Mr V Ramphal | 3 | N/A | N/A |

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3. The Effectiveness of Internal Control

The Committee has reviewed the reports of the Internal Auditors, the Audit Report on the Annual Financial Statements and Management Report of the Auditor General of South Africa (AGSA) and has noted with concern, the weaknesses in controls around the following areas:

- Movable tangible capital assets and minor assets
- Compensation of employees
- Payables
- Significant uncertainties
- Expenditure Management - Irregular Expenditure
- Procurement and Contract Management
- Transfer of funds and conditional grants
- Records Management
- Asset Management
- Performance Information
- Subsistence and Travelling Expenditure
- IT Strategy

4. Risk Management

The Committee has, as defined in its Charter, adequately provided oversight on management's processes of identifying and monitoring business risks. For the period under review, the Committee's responsibilities have been focused, among other things, on the quarterly review of the Department's risk register and progress made by the Department with regard to implementation of risk mitigation plans. The Department has constantly been advised about best practices to consider in order to improve the management of key business risks and opportunities.

As at the end of this financial year, the Department's risk register status was as follows:

| | Risk Grouping | | | | | Total |
|----------------------------------|---------------|-------|----------|-------|---------------|-------|
| | Critical | Major | Moderate | Minor | Insignificant | |
| Number of risks identified | 30 | 19 | 29 | 14 | 0 | 92 |
| Number action Plans Identified | 95 | 50 | 55 | 10 | 0 | 210 |
| Number of action plans completed | 82 | 0 | 0 | 0 | 0 | 82 |

The Committee is very concerned about the slow progress made by the Department in addressing its risks. The Committee has also been concerned about the Department's failure to review and update its risk register on a regular basis. The Department is, therefore, urged to treat the risk register as a dynamic document which should be reviewed and updated continuously to include emerging risks, and risk that has materialized. Furthermore, the Department was urged to improve its risk management systems and procedures to ensure the linkage to Department's business strategy (encompassing its vision, mission and objectives), its operational imperatives and philosophies, policies plans and initiatives with positive impact on service delivery.

5. Forensics Investigations

During the period under review, the Committee noted that there were six (6) forensic investigations, all relating to alleged procurement irregularities and mismanagement of funds, which the Department has referred to the Provincial Internal Audit Services for investigation. Four (4) of these investigations are finalised and two (2) are in-progress.

The Department and the Provincial Internal Audit Service are urged to promptly finalize the outstanding investigations, and work together to implement recommendations from the finalised investigations.

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6. Quality of In-Year Management and Monthly/Quarterly Reports

The Committee was satisfied with the content and quality of quarterly reports in respect of in year management and quarterly performance reports submitted in terms of the PFMA and the Division of Revenue Act prepared and issued by the Accounting Officer of the Department during the year under view.

Based on the reports of the Internal Auditors and the Auditor General, the Committee notes with concern the deficiencies identified in the usefulness and reliability of reported performance information due to the failure of the Department to implement adequate systems to collect, collate, verify and retain performance related data. The management of the Department has been urged to implement the appropriate improvement strategies in order to address the identified shortcomings with immediate effect.

7. Evaluation of Financial Statements

The Committee has:

- Reviewed and discussed the Annual Financial Statements with the Accounting Officer, Auditor General and Internal Audit;
- Reviewed the Auditor General's Audit Report;
- Reviewed the Department's processes for compliance with legal and regulatory provisions, and concerns have been noted around reliability of performance information, procurement and contract management, failure to pay suppliers within 30 days and failure to prevent irregular expenditure as a result of non-compliance with supply chain management prescripts.
- Reviewed the conclusion on the reliability of performance information resulting from the audit of the Department. We note with concern that the significantly important targets were not reliable when compared to the source information or evidence provided. There were also concerns raised concerning the lack of evidence in support of the reported performance information. Performance information indicators were not verifiable due to a lack of proper systems and processes at a clinic level.

8. Internal Audit

In line with the PFMA and the King III Report on Corporate Governance, the Internal Audit Function is required to provide the Audit & Risk Committee, as well as Management, with reasonable assurance on the adequacy and effectiveness of internal controls. This is primarily achieved through the implementation of a risk based Internal Audit Plan. The Committee has, through the CARC monitoring processes, considered internal audit reports at its quarterly meetings detailing the assessment of the adequacy and effectiveness of controls designed to mitigate the risks associated with operational and strategic activities of the Department. The Committee also considered the appropriateness of the corrective actions proposed by management to improve the control environment.

The Committee has noted with concern, imposed financial and other limitations place upon Internal Audit during the year under review. During the forthcoming financial year, the Committee will again continuously monitor the progress made by the Internal Audit Function in resolving any potential budgetary or operational difficulties in order to ensure that it fulfils its mandate and continues to add value to the Department.

9. Auditor-General's Report

The Committee has monitored the implementation of corrective action plans to address the audit issues raised by the Auditor General in the prior financial year. Furthermore, the Committee has met with the Auditor General of South Africa to discuss and evaluate the major issues that emanated from the current regulatory audit.

The Committee will ensure that corrective actions in respect of the detailed findings emanating from the current regulatory audit continue to be monitored on a quarterly basis through the CARC processes.

The Committee notes the Auditor General's qualified opinion on the Annual Financial Statements, and proposes that the Audited Annual Financial Statements be accepted and read together with the report of the Auditor General.

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10. Appreciation

The Committee wishes to express its appreciation to the Management of the Department, the Auditor General of South Africa, and the Provincial Internal Audit Services for the co-operation and support they have provided to enable us to compile this report.

A rectangular box containing a handwritten signature in black ink on a light blue background. The signature is stylized and appears to be 'S. Simelane'.

Mr S. Simelane
Acting Chairman: Provincial Audit and Risk Committee
11 August 2016

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PART D: HUMAN RESOURCES OVERSIGHT REPORT

- Human Resources for Health Overview
- Personnel Related Expenditure
- Employment and Vacancies
- Filling of SMS Posts
- Job Evaluation
- Employment Changes
- Employment Equity
- Signing of Performance Agreements
- Performance Rewards
- Foreign Workers
- Leave Utilisation
- HIV,AIDS and Health Promotion
- Labour Relations
- Skills Development
- Injury on Duty
- Utilisation of Consultants
- Severance Packages

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Human Resources for Health Overview

There are 72 278 employees in the Department of which 91.8% are employed on a permanent basis and the rest on contract (including interns, community service personnel and student/pupil nurses).

- *Gender:* 72% female and 28% male;
- *Race:* 86% Black; 2% White, 2% Coloured and 10% Indian;
- *Senior Management:* 39% of senior management positions held by females;
- *Disability:* 401 (0.55% of workforce) persons are classified as disabled;
- *Age profile:* 5% under 25 years; 45% aged 25 to 40 years; 38% aged 41 to 55 years; 8% aged 56 to 60 years; and 4% aged 61 to 65 years.

Turnover rate (Table 86, Page 211): The turnover rate increased from 4.6% (2014) to 7.4% in 2015/16, with the highest turnover rates recorded for Allied Health Workers followed by Medical Practitioners.

Vacancy rate (Table 75, Page 206): The vacancy rate is 10.6% with the highest vacancy rate for Medical Specialists (27.7%). High vacancy rates remain a serious concern, and due to over expenditure of R 167 216 million on Compensation of employees during 2015/16, the majority of vacant critical posts could not be filled. The impact on service delivery has been articulated in findings of a study that was conducted in KZN public health hospitals in 2014-2015. Results show that the failure to provide the complete package of services at the different levels of care was due to the lack of appropriate human resources in 49% cases in District Hospitals, 59% cases in Regional Hospitals, and 72% cases in Tertiary/Central Hospitals. The other reason for failure to provide the appropriate package of services was the lack of appropriate equipment.

Personnel per 100 000 population: The Department has 28.5 Medical Officers per 100 000 population; 137.7 Professional Nurses per 100 000 population and 7.4 Pharmacist per 100 000 population. It is still a challenge to attract and retain Medical Officers (turnover rate of 18.1%) in especially more rural areas. It is anticipated that the placement of bursary holders and medical officers that participated in the Cuban training programme will ease pressures, provided adequate allocation of budget for Compensation of employees.

Human Resource Planning: Various human resource (HR) trends have been drafted to inform the Provincial Long Term Plan (LTP). Medium and long term projections will be finalised once the service delivery platform with related HR needs have been confirmed.

Organisational Structures: 459 Organisational structures have been reviewed and finalised. Review of the remaining structures has been delayed due to delays in the finalisation of reviewed packages of services at hospital level. National WISN normative guidelines for PHC (clinics and CHCs) have been gazetted and the Province commenced with benchmarking PHC and CHC staffing allocations with the normative guide. The biggest challenge remains the adequate budget for Compensation of employees to fund the approved post structure.

Management Performance: The Management Performance Assessment Tool (MPAT) improvement plans (MPAT 1.4) were developed in consultation with Managers and submitted to the Office of the Premier (OTP). Progress on the improvement plans are monitored quarterly.

Medical Officer Training: There are currently 765 medical students in the Cuban training programme, and 904 South African bursary holders. A further 57 bursaries were awarded for first year medical students in 2015/16.

Nurse Training: Four year programme (R425): A total of 378 1st year learners were registered in 2015/16. Of these, 326 are bursary holders, 27 in-service and 95 Mpumalanga learners. Intake numbers had to be reduced due to funding constraints. Post Basic Midwifery & Neonatal Nursing Science (R212): A total of 29 nurses successfully completed the course in the 4th quarter of 2015/16 and will graduate in October 2016.

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Learnerships and Internship: Twelve Human Resource Management graduates commenced their internship programme in March 2016; 115 Health and Welfare Sector Education and Training Authority (HWSETA) funded graduates have been placed in various health establishments receiving a monthly stipend of R 5 000; 30 Technical Vocational Educational and Training (TVET) learners commenced their 18 month HWSETA funded work integrated learning programme receiving a monthly stipend of R 2 500; 116 TVET learners with technical qualifications have commenced their 18 months Artisan Development Programme, and 30 of these learners will enter into a Public Service Sector Education & Training Authority (PSETA) funded apprenticeship for the next 3 to 5 years. Learners receive a monthly stipend of R 2 000; The Department has entered into a Memorandum of Agreement with Africa Mayibuye Leadership PTY (LTD) for the funding of 900 TVET learners placed in various health institutions. Learners will receive a monthly stipend of R 1 800 for a period of 18 months; 50 TVET learners, placed at Prince Mshiyeni Memorial Hospital, receive a monthly stipend of R 1 500 for the next eighteen months funded under the agreement entered with LNM Rise PTY LTD; 146 TVET learners have signed with Libalele Enterprise receiving a monthly stipend of R 1 500; and 370 non-funded TVET learners are placed in various health establishments.

Other Training: 140 Lay Counsellors have been enrolled for the Health Promotion Programme through UKZN; 6 Pharmacy Assistants are in the In-Service Bursary Programme; and 178 employees (nurses, admission clerks and public relations officers) have completed training in sign language. The challenge will be to absorb these students upon successful completion of their studies taking into consideration the current funding envelope.

Diversity Management: The Department engaged with the UMGungundlovu TVET to develop learnerships targeting people with disabilities to increase the skills pool for people with disabilities.

Labour Relations: The Department is actively involved in the collective bargaining at Public Health and Social Development Sectoral Bargaining Council (PHSDSBC), Provincial Chamber and Provincial Labour Relations Forum, and monitors the activities of Institutional Management and labour Committees (IMLCs). Labour Relations Officials from district offices and hospitals completed a course on Presiding and Investigation facilitated by Commission for Conciliation, Mediation and Arbitration (CCMA) to improve case management.

Chief Executive Officer (CEO) Posts: 14 CEO posts were vacant as at 31 March 2016.

Registrar Training: 298 Registrars were on the programme as at the end of March 2016. Out of the 298 on the programme 15 were supposed to have exited the programme with 8 awaiting to be transferred into posts and 7 that had not accepted job offers and had to be terminated off the system.

Mid-Level Worker Training: 27 Clinical Associates completed training in 2015, 41 will complete training in November 2016, and 147 will complete training in 2017 and 2018. 42 Occupational Therapy Technicians completed training in May 2015; and 100 Health Promoters were in training as at the 31 March 2016.

KwaZulu-Natal College of Nursing: The KwaZulu-Natal College of Nursing is currently in the process of preparing for accreditation and the New Nursing Qualification curriculum is being developed

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Personnel Related Expenditure

The following tables summarise the final audited personnel related expenditure by programme and salary band, and provide an indication of the:

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

Table 69: (3.1.1) Personnel expenditure by programme for the period 1 April 2015 and March 2016

| Programme | Total expenditure (R'000) | Personnel expenditure (R'000) | Training expenditure (R'000) | Professional and special services expenditure (R'000) | Personnel expenditure as a % of total expenditure (R'000) | Average personnel cost per employee (R'000) |
|--|---------------------------|-------------------------------|------------------------------|---|---|---|
| (P1) Administration | 846 623 | 326 812 | 0 | 0 | 38.6 | 5 |
| (P2) District health services | 16 007 896 | 10 476 825 | 0 | 0 | 65.4 | 145 |
| (P3) Emergency medical services | 1 174 379 | 822 312 | 0 | 0 | 70 | 11 |
| (P4) Provincial hospital services | 9 214 365 | 6 989 677 | 0 | 0 | 75.9 | 97 |
| (P5) Central hospital services | 4 124 929 | 2 331 335 | 0 | 0 | 56.5 | 32 |
| (P6) Health sciences & training | 1 058 822 | 721 247 | 0 | 0 | 68.1 | 10 |
| (P7) Health care support services | 166 094 | 90 967 | 0 | 0 | 54.8 | 1 |
| (P8) Health facilities management | 1 517 619 | 33 986 | 0 | 0 | 2.2 | 1 |
| Medvas expenditure | 36 808 | 29 997 | 0 | 0 | 81.5 | 0 |
| Total as on Financial Systems (BAS) | 34 147 533 | 21 823 158 | 0 | 0 | 63.9 | 303 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Table 70: (3.1.2) Personnel cost by salary band for the period 1 April 2015 and March 2016

| Salary band ⁵⁰ | Personnel expenditure (R'000) | % of total personnel cost | No. of employees | Average personnel cost per employee (R'000) |
|--|-------------------------------|---------------------------|------------------|---|
| Lower skilled (Levels 1-2) | 688 383 | 3.2 | 5264 | 130 772 |
| Skilled (Levels 3-5) | 6 061 583 | 27.8 | 33577 | 180 528 |
| Highly skilled production (Levels 6-8) | 4 336 082 | 19.9 | 14514 | 298 752 |
| Highly skilled supervision (Levels 9-12) | 7 375 881 | 33.8 | 13058 | 564 855 |
| Senior management (Levels 13-16) | 1 433 560 | 6.6 | 956 | 1 499 540 |
| Contract (Levels 1-2) | 81 567 | 0.4 | 1886 | 43 249 |
| Contract (Levels 3-5) | 32 353 | 0.1 | 312 | 103 696 |
| Contract (Levels 6-8) | 209 479 | 1 | 777 | 269 600 |
| Contract (Levels 9-12) | 1 086 316 | 5 | 1654 | 656 781 |
| Contract (Levels 13-16) | 132 720 | 0.6 | 80 | 1 659 000 |
| Periodical Remuneration | 38 190 | 0.2 | 678 | 56 327 |
| Abnormal Appointment | 233 749 | 1.1 | 12769 | 18 306 |
| TOTAL | 21709863 | 99.5 | 85525 | 253842 |

Source: Vulindlela Annual Report Data as at 22.04.2016

⁵⁰ Includes permanent and temporary employees

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The following tables provide a summary per programme and salary band 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 71: (3.1.3) Salaries, Overtime, Home owners Allowance and Medical Aid programme for the period 1 April 2015 and March 2016

| Programme | Salaries | | Overtime | | Home Owners Allowance | | Medical Aid | |
|------------------|-------------------|------------------------------------|------------------|------------------------------------|-----------------------|---|----------------|---------------------------------------|
| | Amount (R'000) | Salaries as a % of personnel costs | Amount (R'000) | Overtime as a % of personnel costs | Amount (R'000) | Home Owners Allowance as a % of personnel costs | Amount (R'000) | Medical Aid as a % of personnel costs |
| Programme 1 | 257 644 | 75 | 2 830 | 0.8 | 7 430 | 2.2 | 11 332 | 3.3 |
| Programme 2 | 7 450 812 | 70.6 | 240 268 | 2.3 | 421 245 | 4 | 319 266 | 3 |
| Programme 3 | 500 722 | 61.6 | 81 413 | 10 | 38 146 | 4.7 | 44 877 | 5.5 |
| Programme 4 | 4 796 513 | 74.3 | 430 829 | 6.7 | 216 805 | 3.4 | 237 193 | 3.7 |
| Programme 5 | 1 577 876 | 56.4 | 159 512 | 5.7 | 82 053 | 2.9 | 94 706 | 3.4 |
| Programme 6 | 544 391 | 74.8 | 94 958 | 13 | 6 074 | 0.8 | 7 572 | 1 |
| Programme 7 | 61 531 | 68.9 | 1 712 | 1.9 | 5 677 | 6.4 | 7 111 | 8 |
| Programme 8 | 21 208 | 95.6 | 0 | 0 | 25 | 0.1 | 77 | 0.3 |
| Persal Agencies | 3 878 | 78.9 | 214 | 4.4 | 66 | 1.3 | 115 | 2.3 |
| Trading Accounts | 19 086 | 63.8 | 0 | 0 | 1 320 | 4.4 | 1 461 | 4.9 |
| Total | 15 233 661 | 69.8 | 1 011 736 | 4.6 | 778 841 | 3.6 | 723 710 | 3.3 |

Source: Vulindlela Annual Report Data as at 22.04.2016.

Table 72: (3.1.4) Salaries, Overtime, Home owners Allowance and Medical Aid programme for the period 1 April 2015 and March 2016

| Programme | Salaries | | Overtime | | Home Owners Allowance | | Medical Aid | |
|--|----------------|------------------------------------|----------------|------------------------------------|-----------------------|---|----------------|---------------------------------------|
| | Amount (R'000) | Salaries as a % of personnel costs | Amount (R'000) | Overtime as a % of personnel costs | Amount (R'000) | Home Owners Allowance as a % of personnel costs | Amount (R'000) | Medical Aid as a % of personnel costs |
| Lower skilled (Levels 1-2) | 465 578 | 67.6 | 288 | 0 | 65 144 | 9.5 | 37 155 | 5.4 |
| Skilled (Levels 3-5) | 4 148 362 | 68 | 68 191 | 1.1 | 416 475 | 6.8 | 376 748 | 6.2 |
| Highly skilled production (Levels 6-8) | 3 045 427 | 69.8 | 43 784 | 1 | 173 881 | 4 | 198 164 | 4.5 |
| Highly skilled supervision (Levels 9-12) | 5 297 128 | 71.4 | 330 336 | 4.5 | 116 371 | 1.6 | 157 517 | 2.1 |
| Senior management (Levels 13-16) | 918 130 | 63.7 | 294 166 | 20.4 | 3 071 | 0.2 | 9 107 | 0.6 |
| Contract (Levels 1-2) | 80 972 | 98.8 | 32 | 0 | 93 | 0.1 | 11 | 0 |
| Contract (Levels 3-5) | 29 403 | 90 | 5 | 0 | 655 | 2 | 133 | 0.4 |
| Contract (Levels 6-8) | 180 225 | 85.6 | 2 252 | 1.1 | 2 240 | 1.1 | 1 351 | 0.6 |
| Contract (Levels 9-12) | 753 878 | 69.3 | 243 524 | 22.4 | 713 | 0.1 | 1 191 | 0.1 |
| Contract (Levels 13-16) | 86 696 | 65.1 | 29 156 | 21.9 | 196 | 0.1 | 504 | 0.4 |
| Periodical Remuneration | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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| Programme | Salaries | | Overtime | | Home Owners Allowance | | Medical Aid | |
|----------------------|-------------------|------------------------------------|------------------|------------------------------------|-----------------------|---|----------------|---------------------------------------|
| | Amount (R'000) | Salaries as a % of personnel costs | Amount (R'000) | Overtime as a % of personnel costs | Amount (R'000) | Home Owners Allowance as a % of personnel costs | Amount (R'000) | Medical Aid as a % of personnel costs |
| Abnormal Appointment | 227 862 | 97.4 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 15 233 661 | 69.8 | 1 011 734 | 4.6 | 778 839 | 3.6 | 781 881 | 3.6 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Employment and Vacancies

The tables in this section summarise the position with regard to employment and vacancies including the number of posts on the establishment, the number of employees, the vacancy rate, and whether there are any staff additional to the approved establishment. This information is presented in terms of three key variables namely:

- Programmes
- Salary Bands
- Critical Occupations

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

Table 73 (3.2.1.): Employment and vacancies by programme as on 31 March 2016

| Programme ⁵¹ | Number of posts on approved establishment | Number of posts filled | Vacancy rate % | Number of employees additional to the establishment |
|-----------------------------------|---|------------------------|----------------|---|
| (P1) Administration | 903 | 794 | 12.1 | 29 |
| (P2) District Health Services | 40 479 | 36 972 | 8.7 | 5 |
| (P3) Emergency Medical Services | 3 315 | 3 056 | 7.8 | 0 |
| (P4) Provincial Hospital Services | 22 671 | 20 938 | 7.6 | 3 |
| (P5) Central Hospital | 6 965 | 6 445 | 7.5 | 0 |
| (P6) Health Sciences & Training | 3 690 | 3 299 | 10.6 | 301 |
| (P7) Health Care Support | 506 | 456 | 9.9 | 0 |
| (P8) Health Facilities Management | 9 | 6 | 33.3 | 1 |
| Persal agencies | 11 | 9 | 18.2 | 0 |
| Trading account | 120 | 103 | 14.2 | 0 |
| TOTAL | 78 669 | 72 078 | 8.4 | 339 |

Source: Vulindlela Annual Report Data as at 22.04.2016

⁵¹ Includes permanent and temporary staff within specific Programmes

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Table 74 (3.2.2.): Employment and vacancies by salary band as on 31 March 2016

| Salary band ⁵² | Number of posts on approved establishment | Number of posts filled | Vacancy rate % ⁵³ | Number of employees additional to establishment |
|--|---|------------------------|------------------------------|---|
| Lower skilled (Levels 1-2) | 5 739 | 5 269 | 8.2 | 0 |
| Skilled (Levels 3-5) | 36 223 | 33 576 | 7.3 | 0 |
| Highly skilled production (Levels 6-8) | 15 739 | 14 513 | 7.8 | 0 |
| Highly skilled supervision (Levels 9-12) | 15 155 | 13 055 | 13.9 | 2 |
| Senior management (Levels 13-16) ⁵⁴ | 1 104 | 956 | 13.4 | 1 |
| Contract (Levels 1-2) | 1 886 | 1 886 | 0 | 294 |
| Contract (Levels 3-5) | 312 | 312 | 0 | 15 |
| Contract (Levels 6-8) | 777 | 777 | 0 | 11 |
| Contract (Levels 9-12) | 1 654 | 1 654 | 0 | 14 |
| Contract (Levels 13-16) | 80 | 80 | 0 | 2 |
| TOTAL | 78 669 | 72 078 | 8.4 | 339 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Table 75 (3.2.3.): Employment and vacancies by critical occupation as on 31 March 2016

| Critical occupations ⁵⁵ | Number of posts on approved establishment | Number of posts filled | Vacancy rate % | Number of employees additional to establishment |
|---|---|------------------------|----------------|---|
| Artisans in the building metal machinery etc. | 456 | 403 | 11.6 | 0 |
| Ambulance and related workers | 3 111 | 2 859 | 8.1 | 2 |
| Dental practitioners | 173 | 151 | 12.7 | 10 |
| Dieticians and nutritionists | 243 | 219 | 9.9 | 0 |
| Emergency services related | 51 | 49 | 3.9 | 0 |
| Engineers and related professionals | 60 | 42 | 30 | 3 |
| Environmental health | 103 | 96 | 6.8 | 7 |
| Medical practitioners | 3 923 | 3 611 | 8 | 0 |
| Medical research and related professionals | 71 | 62 | 12.7 | 0 |
| Medical specialists | 1 022 | 739 | 27.7 | 0 |
| Occupational therapy | 259 | 221 | 14.7 | 0 |
| Optometrists and opticians | 76 | 71 | 6.6 | 0 |
| Oral hygiene | 44 | 42 | 4.5 | 4 |
| Pharmacists | 924 | 827 | 10.5 | 0 |
| Physiotherapy | 363 | 328 | 9.6 | 0 |
| Professional nurse | 18 641 | 16 708 | 10.4 | 0 |
| Psychologists and vocational counsellors | 133 | 107 | 19.5 | 0 |
| Radiography | 704 | 616 | 12.5 | 0 |
| Speech therapy and audiology | 201 | 177 | 11.9 | 0 |
| TOTAL | 30 558 | 27 328 | 10.6 | 26 |

⁵² Includes permanent and temporary employees

⁵³ It must be noted that the vacancy rate is influenced by the abolishing of unfunded posts on Persal

⁵⁴ Includes OSD employees whose salary notches fall within the SMS band and are categorised by Vulindlela as SMS however they are not covered by the SMS Handbook

⁵⁵ Includes permanent and temporary employees

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Notes for Table 3.2.3

Critical occupations are defined as occupations or sub-categories within an occupation:

- In which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available or they are available but do not meet the applicable employment criteria;
- For which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;
- Where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
- In respect of which a Department experiences a high degree of difficulty to recruit or retain the services of employees.

Filling of SMS Posts

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

Table 76 (3.3.1): SMS post information as on 31 March 2016

| SMS level | Total number of funded SMS posts | Total number of SMS posts filled | % of SMS posts filled | Total number of SMS posts vacant | % of SMS posts vacant |
|-------------------------------|----------------------------------|----------------------------------|-----------------------|----------------------------------|-----------------------|
| Head of Department | 1 | 1 | 100% | 0 | 0% |
| Salary level 16 ⁵⁶ | 1 | 1 | 100% | 0 | 0% |
| Salary level 15 | 6 | 5 | 83.3% | 1 | 16.7% |
| Salary level 14 | 21 | 11 | 52.4% | 10 | 47.6% |
| Salary level 13 | 81 | 71 | 87.7% | 10 | 12.3% |
| Total | 110 | 89 | 80.9% | 21 | 19.1% |

Source: Persal Report Data as at 25.04.2016

Table 77 (3.3.2): SMS post information as on 30 September 2015

| SMS level | Total number of funded SMS posts | Total number of SMS posts filled | % of SMS posts filled | Total number of SMS posts vacant | % of SMS posts vacant |
|-------------------------------|----------------------------------|----------------------------------|-----------------------|----------------------------------|-----------------------|
| Head of Department | 1 | 1 | 100% | 0 | 0% |
| Salary level 16 ⁵⁷ | 1 | 1 | 100% | 0 | 0% |
| Salary level 15 | 6 | 2 | 33.3% | 4 | 66.7% |
| Salary level 14 | 21 | 13 | 61.9% | 8 | 38.1% |
| Salary level 13 | 80 | 66 | 82.5% | 14 | 17.5% |
| Total | 109 | 83 | 76.1% | 26 | 23.9% |

Source: Persal Report

⁵⁶ MEC's Post

⁵⁷ MEC's Post

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Table 78 (3.3.3): Advertising and filling of SMS posts for the period 1 April 2015 and 31 March 2016

| SMS Level | Total number of funded SMS posts | Total number of SMS posts Filled | % of SMS posts filled | Total number of SMS posts vacant | % of SMS posts vacant |
|--------------------|----------------------------------|----------------------------------|-----------------------|----------------------------------|-----------------------|
| Head of Department | 1 | 1 | 100% | 0 | 0% |
| Salary Level 16 | 1 | 0 | 0% | 0 | 0% |
| Salary Level 15 | 6 | 4 | 66.7% | 1 | 16.7% |
| Salary Level 14 | 21 | 1 | 4.8% | 10 | 47.6% |
| Salary Level 13 | 81 | 12 | 14.8% | 10 | 12.3% |
| Total | 110 | 18⁵⁸ | 16.4% | 21 | 19.1% |

Source: Persal report 31.03.2016

Table 79 (3.3.4): Reasons for not having complied with the filling of funded vacant SMS posts – Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2015 and 31 March 2016

| Reasons for vacancies not advertised within 6 months |
|---|
| Critical funded SMS posts were advertised within 6 months |

| Reasons for vacancies not filled within 6 months |
|---|
| No suitable candidates were found for the post/s, including the process of headhunting. |
| Moratorium on the filling of posts by the Provincial Treasury. |
| Insufficient funds to fill posts due to projected over-expenditure. |
| Cost cutting measures in place by the Provincial Treasury to keep the Department within allocated budget. |
| The verification and competency testing processes adds to the time taken to fill SMS posts. |

Notes

In terms of Public Service Regulations Chapter 1, Part VIII C, 1A, 3, all Departments must indicate good cause or reason for not having complied with the filling of SMS posts within the prescribed timeframes.

Table 80 (3.3.5): Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2015 and 31 March 2016

| Disciplinary steps taken |
|--|
| Reasons for vacancies not advertised within six months |
| Disciplinary steps were not taken as officials were not negligent in the advertising of posts. |

| Disciplinary steps taken |
|--|
| Reasons for vacancies not filled within six months |
| Disciplinary steps were not taken as officials were not negligent in the filling of posts. |

⁵⁸ Note the 18 posts were filled within the 12 months period

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Notes

In terms of Public Service Regulations Chapter 1, Part VII C, 1A, 2, Departments must indicate good cause or reason for not having complied with the filling of SMS posts within the prescribed timeframes. In the event of non-compliance with the regulation, the relevant executive authority or Head of Department must take appropriate disciplinary steps in terms of section 16A(1) or (2) of the Public Service Act.

Job Evaluations

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. 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 81 (3.4.1): Job Evaluation by Salary band for the period 1 April 2015 and 31 March 2016

| Salary band | Number of posts on approved establishment | Number of jobs evaluated | % of posts evaluated by salary bands | Posts upgraded | | Posts downgraded | |
|--|---|--------------------------|--------------------------------------|----------------|----------------------|------------------|----------------------|
| | | | | Number | % of posts evaluated | Number | % of posts evaluated |
| Lower skilled (Levels 1-2) | 5 739 | 0 | 0 | 3 | 0 | 0 | 0 |
| Skilled (Levels 3-5) | 36 223 | 105 | 0.3 | 0 | 0 | 39 | 37.1 |
| Highly skilled production (Levels 6-8) | 15 739 | 3 | 0 | 1 | 33.3 | 5 | 166.7 |
| Highly skilled supervision (Levels 9-12) | 15 155 | 4 | 0 | 1 | 25 | 0 | 0 |
| Senior management service Band A | 706 | 0 | 0 | 0 | 0 | 0 | 0 |
| Senior management service Band B | 137 | 0 | 0 | 0 | 0 | 0 | 0 |
| Senior management service Band C | 229 | 0 | 0 | 0 | 0 | 0 | 0 |
| Senior management service Band D | 32 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract (Levels 1-2) | 1 886 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract (Level 3-5) | 312 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract (Levels 6-8) | 777 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract (Levels 9-12) | 1 654 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract (Band A) | 64 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract (Band B) | 11 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract (Band C) | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| Contract (Band D) | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 78 669 | 112 | 0.1 | 5 | 4.5 | 44 | 39.3 |

Source: Vulindlela Annual Report Data as at 22.04.2016

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 upgraded posts could also be vacant.

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Table 82 (3.4.2): Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2015 to 31 March 2016

| Gender | African | Asian | Coloured | White | Total |
|------------------------------------|---------|-------|----------|-------|-------|
| Female | 0 | 0 | 0 | 0 | 0 |
| Male | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 |
| Employees with a disability | | | | | 0 |

Source: Vulindlela Annual Report Data as at 22.04.2016

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

Table 83 (3.4.3): Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2015 to 31 March 2016

| Occupation | Number of employees | Job evaluation level | Remuneration level | Reason for deviation |
|--|---------------------|----------------------|--------------------|----------------------|
| Total number of employees whose salaries exceeded the level determined by job evaluation in 2015/16 | | | | 0 |
| Percentage of total employed | | | | 0 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Table 84 (3.4.4): Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2015 and March 2016

| | |
|---|------|
| Total number of Employees whose salaries exceeded the grades determined by job evaluation | None |
|---|------|

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 and critical occupations.

Table 85 (3.5.1): Annual turnover rates by salary band for the period 1 April 2015 and 31 March 2016

| Salary band ⁵⁹⁶⁰ | Number of employees at beginning of period 1 April 2015 | Appointments and transfers into the Department | Terminations and transfers out of the Department | Turnover rate |
|--|---|--|--|---------------|
| Lower skilled (Levels 1-2) | 5 485 | 451 | 539 | 9.8 |
| Skilled (Levels 3-5) | 33 370 | 1 781 | 1 332 | 4 |
| Highly skilled production (Levels 6-8) | 14 366 | 353 | 1 072 | 7.5 |
| Highly skilled supervision (Levels 9-12) | 12 944 | 398 | 1 095 | 8.5 |
| Senior Management Service Band A | 508 | 13 | 58 | 11.4 |
| Senior Management Service Band B | 79 | 1 | 6 | 7.6 |
| Senior Management Service Band C | 190 | 4 | 7 | 3.7 |
| Senior Management Service Band D | 19 | 0 | 1 | 5.3 |
| Contract (Levels 1-2), Permanent | 2039 | 605 | 321 | 15.7 |
| Contract (Levels 3-5), Permanent | 169 | 181 | 32 | 18.9 |

⁵⁹ Includes permanent and temporary staff per salary band

⁶⁰ Please note that the actual number of SMS employees is 89 however the above figures include OSD employees whose salary notches fall within the SMS band and Vulindlela categorises them accordingly - these employees are not covered by the SMS Handbook and are not SMS employees

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| Salary band ⁵⁹⁶⁰ | Number of employees at beginning of period 1 April 2015 | Appointments and transfers into the Department | Terminations and transfers out of the Department | Turnover rate |
|-----------------------------------|---|--|--|---------------|
| Contract (Levels 6-8), Permanent | 772 | 485 | 333 | 43.1 |
| Contract (Levels 9-12), Permanent | 1614 | 695 | 457 | 28.3 |
| Contract (Band A), Permanent | 63 | 9 | 14 | 22.2 |
| Contract (Band B), Permanent | 8 | 2 | 0 | 0 |
| Contract (Band C), Permanent | 5 | 1 | 2 | 40 |
| Contract (Band D), Permanent | 1 | 0 | 0 | 0 |
| TOTAL | 71632 | 4979 | 5269 | 7.4 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Notes for Table 3.5.2:

Critical occupations are defined as occupations or sub-categories within an occupation:

- In which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available or they are available but do not meet the applicable employment criteria;
- For which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;
- Where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
- In respect of which a department experiences a high degree of difficulty to recruit or retain the services of employees.

Table 86 (3.5.2): Annual turnover rates by critical occupation for the period 1 April 2015 to 31 March 2016

| Critical Occupation ⁶¹ | Number of employees at beginning of the period 1 April 2015 | Appointments and transfers into the Department | Terminations and transfers out of the Department | Turnover rate |
|---|---|--|--|---------------|
| All Artisans in the building metal machinery etc. | 380 | 16 | 22 | 5.8 |
| Ambulance and related workers | 2 901 | 75 | 117 | 4 |
| Dental practitioners | 154 | 40 | 36 | 23.4 |
| Dieticians and nutritionists | 209 | 41 | 34 | 16.3 |
| Emergency services related | 41 | 10 | 3 | 7.3 |
| Engineers and related professionals | 88 | 7 | 5 | 5.7 |
| Environmental health | 97 | 23 | 24 | 24.7 |
| Medical practitioners | 3 479 | 721 | 631 | 18.1 |
| Medical research and related professionals | 44 | 25 | 7 | 15.9 |
| Medical specialists | 737 | 39 | 73 | 9.9 |
| Occupational therapy | 228 | 59 | 69 | 30.3 |
| Optometrists and opticians | 64 | 8 | 2 | 3.1 |
| Oral hygiene | 35 | 9 | 0 | 0 |
| Pharmacists | 786 | 184 | 146 | 18.6 |
| Physiotherapy | 326 | 71 | 73 | 22.4 |
| Professional nurse | 16 407 | 534 | 1 249 | 7.6 |
| Psychologists and vocational counsellors | 109 | 20 | 30 | 27.5 |
| Radiography | 600 | 104 | 95 | 15.8 |
| Speech therapy and audiology | 167 | 65 | 59 | 35.3 |

⁶¹ Includes permanent and temporary staff per critical occupation category

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| Critical Occupation ⁶¹ | Number of employees at beginning of the period 1 April 2015 | Appointments and transfers into the Department | Terminations and transfers out of the Department | Turnover rate |
|-----------------------------------|---|--|--|---------------|
| TOTAL | 26 852 | 2 051 | 2 675 | 10 |

Source: Vulindlela Annual Report Data as at 22.04.2016

The table below identifies the major reasons why staff left the Department.

Table 87 (3.5.3): Reasons why staff left the Department for the period 1 April 2015 and 31 March 2016

| Termination type ⁶² | Number | % of total resignations |
|--|-------------|-------------------------|
| Death | 370 | 0.5 |
| Resignation | 2531 | 3.5 |
| Expiry of contract | 1042 | 1.5 |
| Transfers | 27 | 0 |
| Discharged due to ill health | 30 | 0 |
| Dismissal-misconduct | 112 | 0.2 |
| Retirement | 852 | 1.2 |
| Other | 5 | 0 |
| TOTAL | 4969 | 6.9 |
| Total number of employees who left as a % of the total employment | | 6.9 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Table 88 (3.5.4): Promotions by critical occupation for the period 1 April 2015 and 31 March 2016

| Occupation | Employees as at 1 April 2015 | 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 |
|---|------------------------------|------------------------------------|---|---|--|
| All artisans in the building metal machinery etc. | 380 | 5 | 1.3 | 229 | 60.3 |
| Ambulance and related workers | 2 901 | 18 | 0.6 | 1 921 | 66.2 |
| Dental practitioners | 154 | 0 | 0 | 66 | 42.9 |
| Dieticians and nutritionists | 209 | 3 | 1.4 | 91 | 43.5 |
| Emergency services related | 41 | 0 | 0 | 25 | 61 |
| Engineering sciences related | 2 | 0 | 0 | 1 | 50 |
| Engineers and related professionals | 88 | 6 | 6.8 | 20 | 22.7 |
| Environmental health | 97 | 0 | 0 | 60 | 61.9 |
| Medical practitioners | 3 479 | 97 | 2.8 | 888 | 25.5 |
| Medical research and related professionals | 44 | 0 | 0 | 9 | 20.5 |
| Medical specialists | 737 | 38 | 5.2 | 254 | 34.5 |
| Occupational therapy | 228 | 4 | 1.8 | 88 | 38.6 |
| Optometrists and opticians | 64 | 1 | 1.6 | 23 | 35.9 |
| Oral hygiene | 35 | 0 | 0 | 28 | 80 |
| Pharmacists | 786 | 33 | 4.2 | 318 | 40.5 |
| Physiotherapy | 326 | 3 | 0.9 | 165 | 50.6 |
| Professional nurse | 16 407 | 338 | 2.1 | 6163 | 37.6 |
| Psychologists and vocational counsellors | 109 | 1 | 0.9 | 39 | 35.8 |

⁶² Includes permanent and temporary staff per critical occupation category

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| Occupation | Employees as at 1 April 2015 | Promotions to another salary level | Salary level promotions as a % of employees by occupation | Progressions to another notch within a salary level | Notch progressions as a % of employees by occupation |
|------------------------------|------------------------------|------------------------------------|---|---|--|
| Radiography | 600 | 15 | 2.5 | 314 | 52.3 |
| Speech therapy and audiology | 167 | 3 | 1.8 | 46 | 27.5 |
| TOTAL | 26 854 | 565 | 2.1 | 10 748 | 40 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Table 89 (3.5.5): Promotions by salary band for the period 1 April 2015 and 31 March 2016

| Salary band ⁶³ | Employees on 1 April 2015 | 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) | 5 485 | 18 | 0.3 | 2 609 | 47.6 |
| Skilled (Levels 3-5) | 33 370 | 329 | 1 | 17 715 | 53.1 |
| Highly skilled production (Levels 6-8) | 14 366 | 257 | 1.8 | 6 024 | 41.9 |
| Highly skilled supervision (Levels 9-12) | 12 944 | 438 | 3.4 | 5 861 | 45.3 |
| Senior management (Levels 13-16) ⁶⁴ | 796 | 77 | 9.7 | 697 | 87.6 |
| Contract (Levels 1-2) | 2 039 | 0 | 0 | 37 | 1.8 |
| Contract (Levels 3-5) | 169 | 0 | 0 | 32 | 18.9 |
| Contract (Levels 6-8) | 772 | 11 | 1.4 | 17 | 2.2 |
| Contract (Levels 9-12) | 1 614 | 15 | 0.9 | 103 | 6.4 |
| Contract (Levels 13-16) | 77 | 2 | 2.6 | 55 | 71.4 |
| TOTAL | 71 632 | 1 147 | 1.6 | 33 150 | 46.3 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Employment Equity

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

Table 90 (3.6.1): Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2016

| Occupational categories (SASCO) | Male | | | | Female | | | | Total |
|---|---------|----------|--------|-------|---------|----------|--------|-------|--------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Legislators, senior officials and managers, Permanent | 43 | 1 | 10 | 3 | 40 | 5 | 13 | 3 | 118 |
| Professionals, Permanent | 1 710 | 55 | 857 | 428 | 2 413 | 125 | 1 355 | 481 | 7 424 |
| Professionals, Temporary | 233 | 1 | 156 | 63 | 76 | 2 | 74 | 37 | 642 |
| Technicians and associate professionals, Permanent | 3 838 | 47 | 395 | 27 | 18 131 | 453 | 1 973 | 379 | 25 243 |
| Technicians and associate professionals, Temporary | 0 | 0 | 1 | 0 | 3 | 0 | 4 | 8 | 16 |
| Clerks, Permanent | 2 568 | 46 | 376 | 28 | 4 291 | 119 | 467 | 139 | 8 034 |
| Service and sales workers, Permanent | 4 496 | 39 | 484 | 18 | 15 291 | 153 | 440 | 55 | 20 976 |

⁶³ Includes permanent and temporary staff per salary band

⁶⁴ Please note that the actual number of SMS employees is 89 however the above figures include OSD employees whose salary notches fall within the SMS band and Vulindlela categorises them accordingly however - these employees are not covered by the SMS Handbook and are not SMS employees

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| Occupational categories (SASCO) | Male | | | | Female | | | | Total |
|---|---------------|------------|--------------|------------|---------------|------------|--------------|--------------|---------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Craft and related trades workers, Permanent | 362 | 28 | 63 | 58 | 28 | 0 | 0 | 0 | 539 |
| Plant and machine operators and assemblers, Permanent | 563 | 11 | 62 | 3 | 160 | 5 | 10 | 1 | 815 |
| Elementary occupations, Permanent | 2 509 | 37 | 237 | 25 | 5 178 | 57 | 198 | 30 | 8 271 |
| Total | 16 322 | 265 | 2 641 | 653 | 45 611 | 919 | 4 534 | 1 133 | 72 078 |
| Employees with disabilities | 166 | 5 | 49 | 7 | 140 | 2 | 22 | 10 | 401 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Table 91 (3.6.2): Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2016

| Occupational Bands | Male | | | | Female | | | | Total |
|--|---------------|------------|--------------|------------|---------------|------------|--------------|--------------|---------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Top Management, Permanent | 33 | 6 | 70 | 48 | 11 | 1 | 44 | 13 | 226 |
| Senior Management, Permanent | 162 | 2 | 182 | 74 | 93 | 11 | 145 | 52 | 721 |
| Senior Management, Temporary | 0 | 0 | 3 | 1 | 1 | 0 | 2 | 2 | 9 |
| Professionally qualified and experienced specialists and mid-management, Permanent | 1 574 | 45 | 578 | 140 | 8 007 | 266 | 1649 | 342 | 12 601 |
| Professionally qualified and experienced specialists and mid-management, Temporary | 196 | 1 | 89 | 37 | 53 | 1 | 53 | 24 | 454 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent | 2 671 | 72 | 762 | 74 | 8 993 | 298 | 1234 | 279 | 14 383 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary | 30 | 0 | 39 | 12 | 21 | 1 | 15 | 12 | 130 |
| Semi-skilled and discretionary decision making, Permanent | 8 924 | 92 | 533 | 38 | 22 923 | 220 | 727 | 87 | 33 544 |
| Semi-skilled and discretionary decision making, Temporary | 3 | 0 | 12 | 6 | 3 | 0 | 5 | 3 | 32 |
| Unskilled and defined decision making, Permanent | 1 644 | 18 | 95 | 11 | 3 339 | 31 | 89 | 9 | 5 236 |
| Unskilled and defined decision making, Temporary | 4 | 0 | 14 | 7 | 1 | 0 | 3 | 4 | 33 |
| Contract (Top Management), Permanent | 1 | 0 | 0 | 3 | 0 | 0 | 1 | 0 | 5 |
| Contract (Senior Management), Permanent | 38 | 1 | 7 | 18 | 6 | 1 | 0 | 4 | 75 |
| Contract (Professionally qualified), Permanent | 347 | 19 | 203 | 177 | 413 | 31 | 263 | 201 | 1 654 |
| Contract (Skilled technical), Permanent | 143 | 1 | 29 | 5 | 354 | 19 | 134 | 92 | 777 |
| Contract (Semi-skilled), Permanent | 69 | 1 | 5 | 1 | 209 | 3 | 19 | 5 | 312 |
| Contract (Unskilled), Permanent | 483 | 7 | 20 | 1 | 1 184 | 36 | 151 | 4 | 1 886 |
| Total | 16 322 | 265 | 2 641 | 653 | 45 611 | 919 | 4 534 | 1 133 | 72 078 |

Source: Vulindlela Annual Report Data as at 22.04.2016

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Table 92 (3.6.3): Recruitment for the period 1 April 2015 to 31 March 2016

| Occupational Bands | Male | | | | Female | | | | Total |
|--|--------------|-----------|------------|------------|--------------|-----------|------------|------------|--------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Top Management, Permanent | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 4 |
| Senior Management, Permanent | 2 | 0 | 4 | 2 | 3 | 1 | 1 | 1 | 14 |
| Professionally qualified and experienced specialists and mid-management, Permanent | 66 | 1 | 19 | 11 | 193 | 7 | 49 | 18 | 364 |
| Professionally qualified and experienced specialists and mid-management, Temporary | 13 | 1 | 13 | 2 | 2 | 0 | 0 | 3 | 34 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent | 73 | 1 | 3 | 0 | 236 | 5 | 17 | 8 | 343 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary | 2 | 0 | 1 | 1 | 3 | 0 | 3 | 0 | 10 |
| Semi-skilled and discretionary decision making, Permanent | 510 | 3 | 16 | 2 | 1 218 | 9 | 19 | 2 | 1 779 |
| Semi-skilled and discretionary decision making, Temporary | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 |
| Unskilled and defined decision making, Permanent | 196 | 2 | 5 | 0 | 244 | 0 | 0 | 1 | 448 |
| Unskilled and defined decision making, Temporary | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 3 |
| Contract (Top Management), Perm | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Contract (Senior Management), Permanent | 7 | 0 | 1 | 1 | 1 | 0 | 0 | 1 | 11 |
| Contract (Professionally qualified), Permanent | 122 | 10 | 73 | 84 | 171 | 16 | 109 | 110 | 695 |
| Contract (Skilled technical), Permanent | 66 | 1 | 24 | 5 | 181 | 7 | 113 | 88 | 485 |
| Contract (Semi-skilled), Permanent | 41 | 0 | 1 | 0 | 127 | 2 | 5 | 5 | 181 |
| Contract (Unskilled), Permanent | 161 | 1 | 8 | 0 | 390 | 7 | 36 | 2 | 605 |
| Total | 1 262 | 20 | 169 | 110 | 2 770 | 54 | 353 | 241 | 4 979 |
| Employees with disabilities | 16 | 0 | 2 | 0 | 12 | 0 | 1 | 0 | 31 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Table 93 (3.6.4): Promotions for the period 1 April 2015 to 31 March 2016

| Occupational Bands | Male | | | | Female | | | | Total |
|--|---------|----------|--------|-------|---------|----------|--------|-------|-------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Top Management, Permanent | 15 | 3 | 35 | 33 | 4 | 1 | 24 | 9 | 124 |
| Senior Management, Permanent | 122 | 5 | 175 | 66 | 75 | 11 | 142 | 49 | 645 |
| Senior Management, Temporary | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 1 | 5 |
| Professionally qualified and experienced specialists and mid-management, Permanent | 654 | 29 | 292 | 61 | 3 926 | 128 | 944 | 193 | 6 227 |
| Professionally qualified and experienced specialists and mid-management, Temporary | 35 | 0 | 7 | 2 | 8 | 0 | 13 | 7 | 72 |

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| Occupational Bands | Male | | | | Female | | | | Total |
|--|--------------|------------|--------------|------------|---------------|------------|--------------|------------|---------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent | 1 134 | 39 | 436 | 49 | 3 730 | 133 | 602 | 142 | 6 265 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary | 3 | 0 | 2 | 0 | 7 | 0 | 0 | 4 | 16 |
| Semi-skilled and discretionary decision making, Permanent | 5 321 | 51 | 311 | 25 | 11 754 | 131 | 411 | 39 | 18 043 |
| Semi-skilled and discretionary decision making, Temporary | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Unskilled and defined decision making, Permanent | 678 | 10 | 57 | 8 | 1 795 | 19 | 53 | 6 | 2 626 |
| Unskilled and defined decision making, Temporary | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Contract (Top Management), Permanent | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Contract (Senior Management), Permanent | 27 | 1 | 0 | 21 | 3 | 0 | 0 | 4 | 56 |
| Contract (Professionally qualified), Permanent | 27 | 0 | 17 | 11 | 20 | 2 | 28 | 13 | 118 |
| Contract (Skilled technical), Permanent | 11 | 0 | 0 | 0 | 14 | 0 | 3 | 0 | 28 |
| Contract (Semi-skilled), Permanent | 5 | 0 | 0 | 0 | 16 | 1 | 10 | 0 | 32 |
| Contract (Unskilled), Permanent | 15 | 0 | 0 | 0 | 22 | 0 | 0 | 0 | 37 |
| Total | 8 050 | 138 | 1 333 | 277 | 21 374 | 426 | 2 231 | 468 | 34 297 |
| Employees with disabilities | 102 | 3 | 29 | 6 | 89 | 2 | 12 | 7 | 250 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Table 94 (3.6.5): Terminations for the period 1 April 2015 to 31 March 2016

| Occupational Bands | Male | | | | Female | | | | Total |
|--|---------|----------|--------|-------|---------|----------|--------|-------|-------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Top Management, Permanent | 1 | 0 | 2 | 3 | 2 | 0 | 0 | 0 | 8 |
| Senior Management, Permanent | 15 | 1 | 17 | 8 | 1 | 0 | 16 | 6 | 64 |
| Professionally qualified and experienced specialists and mid-management, Permanent | 144 | 7 | 44 | 13 | 637 | 25 | 88 | 39 | 997 |
| Professionally qualified and experienced specialists and mid-management, Temporary | 43 | 0 | 15 | 12 | 12 | 0 | 9 | 7 | 98 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Permanent | 195 | 6 | 28 | 9 | 638 | 43 | 78 | 40 | 1 037 |
| Skilled technical and academically qualified workers, junior management, supervisors, foremen, Temporary | 12 | 0 | 4 | 4 | 8 | 0 | 3 | 4 | 35 |
| Semi-skilled and discretionary decision making, Permanent | 438 | 5 | 25 | 6 | 791 | 24 | 24 | 11 | 1 324 |

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| Occupational Bands | Male | | | | Female | | | | Total |
|---|--------------|-----------|------------|------------|--------------|------------|------------|------------|--------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Semi-skilled and discretionary decision making, Temporary | 2 | 0 | 1 | 3 | 0 | 0 | 1 | 1 | 8 |
| Unskilled and defined decision making, Permanent | 77 | 3 | 5 | 1 | 142 | 2 | 2 | 0 | 232 |
| Unskilled and defined decision making, Temporary | 1 | 0 | 3 | 1 | 0 | 0 | 1 | 1 | 7 |
| Contract (Top Management), Permanent | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |
| Contract (Senior Management), Permanent | 6 | 1 | 1 | 4 | 1 | 1 | 0 | 0 | 14 |
| Contract (Professionally qualified), Permanent | 70 | 6 | 44 | 62 | 104 | 8 | 82 | 81 | 457 |
| Contract (Skilled technical), Permanent | 34 | 0 | 8 | 5 | 112 | 13 | 80 | 81 | 333 |
| Contract (Semi-skilled), Permanent | 13 | 0 | 1 | 0 | 17 | 0 | 1 | 0 | 32 |
| Contract (Unskilled), Permanent | 120 | 1 | 3 | 0 | 168 | 7 | 22 | 0 | 321 |
| Total | 1 172 | 30 | 201 | 132 | 2 633 | 123 | 407 | 271 | 4 969 |
| Employees with disabilities | 9 | 1 | 1 | 1 | 8 | 0 | 0 | 0 | 20 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Table 95 (3.6.6): Disciplinary action⁶⁵ for the period 1 April 2015 to 31 March 2016

| Disciplinary action | Male | | | | Female | | | | Total |
|---------------------------|-----------|-----------|-----------|-----------|-----------|----------|-----------|-----------|------------|
| | African | Coloured | Indian | White | African | Coloured | Indian | White | |
| Dismissal | 36 | 01 | 03 | 01 | 18 | 0 | 02 | 01 | 62 |
| Final written warning | 14 | 0 | 06 | 01 | 03 | 0 | 0 | 0 | 24 |
| No outcome | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Suspended without payment | 18 | 0 | 01 | 0 | 16 | 0 | 03 | 0 | 38 |
| Written warning | 03 | 0 | 0 | 0 | 04 | 0 | 0 | 0 | 07 |
| Total | 71 | 01 | 10 | 02 | 41 | 0 | 05 | 01 | 131 |

Source: Departmental Report on Disciplinary Cases

Table 96 (3.6.7): Skills development for the period 1 April 2015 to 31 March 2016

| Occupational categories | Male | | | | | Female | | | | | Total |
|--|---------|----------|--------|-------|------------|---------|----------|--------|-------|--------------|-------|
| | African | Coloured | Indian | White | Total Male | African | Coloured | Indian | White | Total Female | |
| Clerical Support Workers | 373 | 9 | 26 | 41 | 449 | 634 | 12 | 19 | 23 | 688 | 1 137 |
| Elementary Occupations | 215 | 39 | 39 | 12 | 305 | 142 | 16 | 21 | 0 | 179 | 484 |
| Managers | 126 | 4 | 44 | 25 | 199 | 172 | 9 | 17 | 34 | 232 | 431 |
| Plant And Machine Operators And Assemblers | 24 | 11 | 10 | 9 | 54 | 20 | 0 | 3 | 0 | 23 | 77 |

⁶⁵ Only includes formal disciplinary action

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| Occupational categories | Male | | | | | Female | | | | | Total |
|---|--------------|-----------|------------|------------|--------------|--------------|------------|------------|------------|--------------|--------------|
| | African | Coloured | Indian | White | Total Male | African | Coloured | Indian | White | Total Female | |
| Professionals | 1 236 | 23 | 59 | 67 | 1 385 | 3 530 | 117 | 307 | 130 | 4 084 | 5 469 |
| Service And Sales Workers | 100 | 1 | 7 | 25 | 133 | 219 | 1 | 7 | 26 | 253 | 386 |
| Skilled Agricultural, Forestry, Fishery, Craft And Related Trades Workers | 20 | 3 | 0 | 2 | 25 | 7 | 1 | 0 | 0 | 8 | 33 |
| Technicians And Associate Professionals | 385 | 5 | 27 | 30 | 447 | 1 360 | 16 | 31 | 37 | 1 444 | 1 891 |
| Grand Total | 2 479 | 95 | 212 | 211 | 2 997 | 6 084 | 172 | 405 | 250 | 6 911 | 9 908 |

Source: 2015/16 Annual Training Report

Signing of Performance Agreements by SMS Members

All members of the SMS must conclude and sign performance agreements within specific timeframes. Information regarding the signing of performance agreements by SMS members, the reason for not complying within the prescribed timeframes and disciplinary steps taken is prescribed here.

Table 97 (3.7.1): Signing of Performance Agreements by SMS members as on 31 May 2015

| SMS level | Total number of funded SMS posts | Total number of SMS members | Total number of signed Performance Agreements | Signed Performance Agreements as % of total number of SMS members |
|-------------------------------|----------------------------------|-----------------------------|---|---|
| Head of Department | 1 | 1 | 1 | 100.00% |
| Salary level 16 ⁶⁶ | 1 | 1 | 1 | 100.00% |
| Salary level 15 | 6 | 1 | 0 ⁶⁷ | 0.00% |
| Salary level 14 | 21 | 14 | 4 ⁶⁸ | 28.57% |
| Salary level 13 | 80 | 63 | 39 | 61.90% |
| Total | 109 | 80 | 45⁶⁹ | 56.25% |

Source: Deputy Director: EPMDS

Notes

In the event of National or Provincial election occurring within the first three months of a financial year all members of the SMS must conclude and sign their performance agreements for that financial year within three months following the month in which the elections took place. For example if elections took place in April, the reporting date in the heading of the table above should change to 31 July 2015.

Table 98 (3.7.2): Reasons for not having concluded Performance Agreements for all SMS members as on 31 May 2016

| Reasons |
|---|
| Performance agreements that were not concluded were for the following reasons: <ul style="list-style-type: none"> • Newly appointed Managers • Non compliance • Re-structuring within the Department |

Source: Deputy Director: EPMDS

⁶⁶ Level 16 post is occupied by the MEC- performance agreements are managed by the Office of the Premier

⁶⁷ Performance Agreement signed 15 June 2015

⁶⁸ Acting CFO Performance Agreement signed 29 October 2015

⁶⁹ Over and above the 45 Managers that have complied, 1 Manager was appointed after 31 May 2015 and complied with the 2 months of appointment to complete his performance agreement

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Notes

The reporting date in the heading of this table should be aligned with that of Table 3.7.1

Table 99 (3.7.3): Disciplinary steps taken against SMS members for not having concluded Performance Agreements as on 31 May 2015

| Disciplinary steps taken |
|---|
| Disciplinary letters have been prepared to be issued to the non-complying Managers. |

Source: Deputy Director: EPMSD

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, disability, salary bands and critical occupations.

Table 100 (3.8.1): Performance rewards by race, gender, and disability for the period 1 April 2015 to 31 March 2016

| Race and Gender | Beneficiary Profile | | | Cost | |
|-----------------------------|-------------------------|---------------------|-------------------------|--------------|-------------------------------|
| | Number of beneficiaries | Number of employees | % of total within group | Cost (R'000) | Average cost per employee (R) |
| African, Female | 1 | 45 471 | 0 | 13 | 12 947 |
| African, Male | 2 | 16 156 | 0 | 15 | 7 384 |
| Asian, Female | 0 | 4 512 | 0 | 0 | 0 |
| Asian, Male | 0 | 2 592 | 0 | 0 | 0 |
| Coloured, Female | 0 | 917 | 0 | 0 | 0 |
| Coloured, Male | 0 | 260 | 0 | 0 | 0 |
| Total Blacks, Female | 1 | 50 900 | 0 | 13 | 12 947 |
| Total Blacks, Male | 2 | 19 008 | 0 | 15 | 7 384 |
| White, Female | 0 | 1 123 | 0 | 0 | 0 |
| White, Male | 0 | 646 | 0 | 0 | 0 |
| Employees with a disability | 0 | 401 | 0 | 0 | 0 |
| Total | 3 | 72 078 | 0 | 28 | 9 239 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Table 101 (3.8.2): Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2015 to 31 March 2016

| Salary bands | Beneficiary Profile | | | Cost | | |
|--|-------------------------|---------------------|--------------------------------|--------------------|-------------------------------|--|
| | Number of beneficiaries | Number of employees | % of total within salary bands | Total Cost (R'000) | Average cost per employee (R) | Total cost as a % of the total personnel expenditure |
| Lower skilled (Levels 1-2) | 0 | 5 264 | 0.000% | 0 | 0 | 0.00% |
| Skilled (Levels 3-5) | 1 | 33 577 | 0.003% | 7 | 7 000 | 0.12% |
| Highly skilled production (Levels 6-8) | 1 | 14 514 | 0.007% | 13 | 13 000 | 0.30% |
| Highly skilled supervision (Levels 9-12) | 1 | 13 058 | 0.008% | 8 | 8 000 | 0.11% |
| Contract (Levels 1-2) | 0 | 1 886 | 0.000% | 0 | 0 | 0.00% |

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| Salary bands | Beneficiary Profile | | | Cost | | |
|-------------------------|-------------------------|---------------------|--------------------------------|--------------------|-------------------------------|--|
| | Number of beneficiaries | Number of employees | % of total within salary bands | Total Cost (R'000) | Average cost per employee (R) | Total cost as a % of the total personnel expenditure |
| Contract (Levels 3-5) | 0 | 312 | 0.000% | 0 | 0 | 0.00% |
| Contract (Levels 6-8) | 0 | 777 | 0.000% | 0 | 0 | 0.00% |
| Contract (Levels 9-12) | 0 | 1 654 | 0.000% | 0 | 0 | 0.00% |
| Periodical Remuneration | 0 | 678 | 0.000% | 0 | 0 | 0.00% |
| Abnormal Appointment | 0 | 12 769 | 0.000% | 0 | 0 | 0.00% |
| Total | 3⁷⁰ | 84 489 | 0.004% | 28 | 9 333 | 0.05% |

Source: Vulindlela Annual Report Data as at 22.04.2016

Table 102 (3.8.3): Performance Rewards by critical occupations for the period 1 April 2015 to 31 March 2016

| Critical Occupations | Beneficiary Profile | | | Cost | |
|---|-------------------------|---------------------|------------------------------|--------------------|-------------------------------|
| | Number of beneficiaries | Number of employees | % of total within occupation | Total Cost (R'000) | Average cost per employee (R) |
| All artisans in the building metal machinery etc. | 0 | 403 | 0 | 0 | 0 |
| Ambulance and related workers | 0 | 2 859 | 0 | 0 | 0 |
| Dental practitioners | 0 | 151 | 0 | 0 | 0 |
| Dieticians and nutritionists | 0 | 219 | 0 | 0 | 0 |
| Economists | 0 | 13 | 0 | 0 | 0 |
| Emergency services related | 0 | 49 | 0 | 0 | 0 |
| Engineers and related professionals | 0 | 42 | 0 | 0 | 0 |
| Environmental health | 0 | 96 | 0 | 0 | 0 |
| Medical practitioners | 0 | 3 610 | 0 | 0 | 0 |
| Medical research and related professionals | 0 | 62 | 0 | 0 | 0 |
| Medical specialists | 0 | 738 | 0 | 0 | 0 |
| Medical technicians/technologists | 0 | 139 | 0 | 0 | 0 |
| Occupational therapy | 0 | 221 | 0 | 0 | 0 |
| Optometrists and opticians | 0 | 71 | 0 | 0 | 0 |
| Oral hygiene | 0 | 42 | 0 | 0 | 0 |
| Pharmacists | 0 | 827 | 0 | 0 | 0 |
| Physiotherapy | 0 | 328 | 0 | 0 | 0 |
| Professional nurse | 0 | 16 706 | 0 | 0 | 0 |
| Psychologists and vocational counsellors | 0 | 107 | 0 | 0 | 0 |
| Radiography | 0 | 616 | 0 | 0 | 0 |
| Speech therapy and audiology | 0 | 177 | 0 | 0 | 0 |
| TOTAL | 0 | 27 476 | 0 | 0 | 0 |

Source: Vulindlela Annual Report Data as at 22.04.2016

⁷⁰ Due to financial constraints performance bonuses are not paid in the Department. In terms of the information on performance rewards granted, all three employees indicated in the table were transferred into the Department and the Department of Health had to pay the performance bonuses on behalf of the releasing Departments as they no longer had access to the employee salary records on Persal

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Notes for Table 3.8.3

Critical occupations are defined as occupations or sub-categories within an occupation:

- In which there is a scarcity of qualified and experienced persons currently or anticipated in the future, either because such skilled persons are not available or they are available but do not meet the applicable employment criteria;
- For which persons require advanced knowledge in a specified subject area or science or learning field and such knowledge is acquired by a prolonged course or study and/or specialised instruction;
- Where the inherent nature of the occupation requires consistent exercise of discretion and is predominantly intellectual in nature; and
- In respect of which a Department experiences a high degree of difficulty to recruit or retain the services of employees.

Table 103 (3.8.4): Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2015 and 31 March 2016

| Salary band | Beneficiary Profile | | | Total Cost (R'000) | Average cost per employee (R) | Total cost as a % of the total personnel expenditure |
|-------------|-------------------------|---------------------|------------------------|--------------------|-------------------------------|--|
| | Number of beneficiaries | Number of employees | % of total within band | | | |
| Band A | 0 | 682 | 0 | 0 | 0 | 0 |
| Band B | 0 | 123 | 0 | 0 | 0 | 0 |
| Band C | 0 | 203 | 0 | 0 | 0 | 0 |
| Band D | 0 | 28 | 0 | 0 | 0 | 0 |
| Total | 0 | 1 036 ⁷¹ | 0 | 0 | 0 | 0 |

Source: Vulindlela Annual Report Data as at 22.04.2016

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 104 (3.9.1): Foreign Workers by salary band for the period 1 April 2015 to 31 March 2016

| Salary Band | 1 April 2015 | | 31 March 2016 | | Change | |
|--|--------------|------------|---------------|------------|-----------|-------------------|
| | Number | % of total | Number | % of total | Number | % change of Total |
| Lower skilled (Levels 1-2) | 2 | 0.3 | 2 | 0.3 | 0 | 0 |
| Skilled (Levels 3-5) | 6 | 0.9 | 8 | 1.2 | 2 | 5.6 |
| Highly skilled production (Levels 6-8) | 16 | 2.5 | 17 | 2.5 | 1 | 2.8 |
| Highly skilled supervision (Levels 9-12) | 156 | 24.4 | 143 | 21.2 | -13 | -36.1 |
| Senior management (Levels 13-16) ⁷² | 88 | 13.8 | 104 | 15.4 | 16 | 44.4 |
| Contract (Levels 3-5) | 4 | 0.6 | 3 | 0.4 | -1 | -2.8 |
| Contract (Levels 6-8) | 25 | 3.9 | 39 | 5.8 | 14 | 38.9 |
| Contract (Levels 9-12) | 282 | 44.1 | 296 | 43.8 | 14 | 38.9 |
| Contract (Levels 13-16) | 59 | 9.2 | 60 | 8.9 | 1 | 2.8 |
| Periodical Remuneration | 2 | 0.3 | 3 | 0.4 | 1 | 2.8 |
| Abnormal Appointment | 0 | 0 | 1 | 0.1 | 1 | 2.8 |
| TOTAL | 640 | 100 | 676 | 100 | 36 | 100 |

⁷¹ Please note that the actual number of SMS employees is 89 however the above figures include OSD employees whose salary notches fall within the SMS band and Vulindlela categorises them accordingly - these OSD employees are not covered by the SMS Handbook and are not SMS employees

⁷² Please note that the actual number of SMS employees is 89 however the above figures include OSD employees whose salary notches fall within the SMS band and Vulindlela categorises them accordingly - these OSD employees are not covered by the SMS Handbook and are not SMS employees

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Table 105 (3.9.2): Foreign Workers by major occupation for the period 1 April 2015 to 31 March 2016

| Major Occupation | 1 April 2015 | | 31 March 2016 | | Change | |
|---|--------------|------------|---------------|------------|-----------|-------------------|
| | Number | % of total | Number | % of total | Number | % change of Total |
| Administrative office workers | 6 | 0.9 | 7 | 1 | 1 | 2.8 |
| Craft and related trades workers | 1 | 0.2 | 1 | 0.1 | 0 | 0 |
| Elementary occupations | 2 | 0.3 | 2 | 0.3 | 0 | 0 |
| Professionals and managers | 626 | 97.8 | 660 | 97.6 | 34 | 94.4 |
| Social natural technical and medical sciences and support | 5 | 0.8 | 6 | 0.9 | 1 | 2.8 |
| Total | 640 | 100 | 676 | 100 | 36 | 100 |

Source: Vulindlela Annual Report Data as at 22.04.2016.

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 and disability leave. In both cases, the estimated cost of the leave is provided.

Table 106 (3.10.1): Sick leave for the period 1 January 2015 to 31 December 2015

| Salary Band | Total days | % days with medical certification ⁷³ | Number of Employees using sick leave | % of total employees using sick leave | Average days per employee | Estimated Cost (R'000) | Total number of days with medical certification |
|--|----------------|---|--------------------------------------|---------------------------------------|---------------------------|------------------------|---|
| Lower skilled (Levels 1-2) | 20 632 | 86 | 3 028 | 5.8 | 7 | 9 126 | 17 739 |
| Skilled (Levels 3-5) | 173 309 | 85 | 24 381 | 46.7 | 7 | 107 892 | 147 235 |
| Highly skilled production (Levels 6-8) | 86 616 | 83.9 | 11 723 | 22.5 | 7 | 88 817 | 72 690 |
| Highly skilled supervision (Levels 9-12) | 74 646 | 82.5 | 10 106 | 19.4 | 7 | 141 367 | 61 619 |
| Senior management (Levels 13-16) | 3 414 | 71.8 | 548 | 1 | 6 | 12 751 | 2 452 |
| Contract (Levels 1-2) | 3 908 | 71 | 980 | 1.9 | 4 | 777 | 2 774 |
| Contract (Levels 3-5) | 269 | 63.9 | 75 | 0.1 | 4 | 110 | 172 |
| Contract (Levels 6-8) | 3 103 | 70.4 | 492 | 0.9 | 6 | 2 681 | 2 185 |
| Contract (Levels 9-12) | 3 761 | 63.7 | 823 | 1.6 | 5 | 6 502 | 2 395 |
| Contract (Levels 13-16) | 257 | 73.5 | 39 | 0.1 | 7 | 905 | 189 |
| Total | 369 915 | 83.7 | 52 195 | 100 | 7 | 370 928 | 309 450 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Table 107 (3.10.2): Disability leave (temporary and permanent) for the period 1 January 2015 to 31 December 2015

| Salary Band | Total days | % days with medical certification | Number of Employees using disability leave | % of total employees using disability leave | Average days per employee | Estimated Cost (R'000) |
|--------------------------------------|------------|-----------------------------------|--|---|---------------------------|------------------------|
| Lower skilled (Levels 1-2) | 7 242 | 100 | 287 | 8.5 | 25 | 3 265 |
| Skilled (Levels 3-5) | 38 373 | 99.5 | 1706 | 50.6 | 22 | 23 901 |
| Highly skilled production (Levels 6- | 17 797 | 99.6 | 758 | 22.5 | 23 | 18 026 |

⁷³ Days with medical certification refers to days taken in excess of 2 days

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| Salary Band | Total days | % days with medical certification | Number of Employees using disability leave | % of total employees using disability leave | Average days per employee | Estimated Cost (R'000) |
|--|---------------|-----------------------------------|--|---|---------------------------|------------------------|
| 8) | | | | | | |
| Highly skilled supervision (Levels 9-12) | 15 605 | 99.4 | 595 | 17.6 | 26 | 29 738 |
| Senior management (Levels 13-16) | 191 | 100 | 12 | 0.4 | 16 | 712 |
| Contract (Levels 1-2) | 13 | 100 | 1 | 0 | 13 | 2 |
| Contract (Levels 6-8) | 50 | 100 | 7 | 0.2 | 7 | 48 |
| Contract (Levels 9-12) | 122 | 100 | 7 | 0.2 | 17 | 175 |
| Contract (Levels 13-16) | 8 | 100 | 1 | 0 | 8 | 30 |
| TOTAL | 79 401 | 99.6 | 3374 | 100 | 24 | 75 897 |

Source: Vulindlela Annual Report Data as at 22.04.2016

The table below 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 108 (3.10.3): Annual leave for the period 1 January 2015 to 31 December 2015

| Salary bands | Total days taken | Number of employees using annual leave | Average per employee |
|--|---------------------|--|----------------------|
| Lower skilled (Levels 1-2) | 111 392.29 | 4 927 | 23 |
| Skilled (Levels 3-5) | 738 558.96 | 33 088 | 22 |
| Highly skilled production (Levels 6-8) | 354 347.83 | 15 065 | 24 |
| Highly skilled supervision (Levels 9-12) | 309 511.29 | 13 297 | 23 |
| Senior management (Levels 13-16) | 24 734.34 | 1 027 | 24 |
| Contract (Levels 1-2) | 33 775.92 | 1 754 | 19 |
| Contract (Levels 3-5) | 2 902 | 176 | 16 |
| Contract (Levels 6-8) | 10 947.27 | 642 | 17 |
| Contract (Levels 9-12) | 21 944.4 | 1 372 | 16 |
| Contract (Levels 13-16) | 1 584.25 | 84 | 19 |
| Total | 1 609 698.55 | 71 432 | 23 |

Source: Vulindlela Annual Report Data as at 22.04.2016

Table 109 (3.10.4): Capped leave for the period 1 January 2015 to 31 December 2015

| Salary bands | Total days of capped leave taken | Number of employees using capped leave | Average number of days taken per employee | Average capped leave per employee as on 31 December 2015 |
|--|----------------------------------|--|---|--|
| Lower skilled (Levels 1-2) | 352 | 50 | 7 | 27 |
| Skilled (Levels 3-5) | 1 765 | 239 | 7 | 46 |
| Highly skilled production (Levels 6-8) | 1 680 | 287 | 6 | 52 |
| Highly skilled supervision (Levels 9-12) | 1 649 | 250 | 7 | 60 |
| Senior management (Levels 13-16) | 140 | 21 | 7 | 40 |
| Total | 5 586 | 847 | 7 | 50 |

Source: Vulindlela Annual Report Data as at 22.04.2016

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

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Table 110 (3.10.5): Leave pay-outs for the period 1 April 2015 to 31 March 2016

| Reason | Total Amount (R'000) | Number of Employees | Average payment per employee |
|--|----------------------|---------------------|------------------------------|
| Leave pay out for 2015/16 due to non-utilisation of leave for the previous cycle | 114 | 4 | 28 500 |
| Capped leave pay-outs on termination of service for 2015/16 | 125 508 | 3 670 | 34 198 |
| Current leave pay-out on termination of service for 2015/16 | 31 567 | 1 880 | 16 791 |
| Total | 157 189 | 5 554 | 28 302 |

Source: Vulindlela Annual Report Data as at 22.04.2016

HIV, AIDS and Health Promotion Programmes

Table 111 (3.11.1): Steps taken to reduce the risk of occupational exposure

| Units/categories of employees identified to be at high risk of contracting HIV & related diseases (if any) | Key steps taken to reduce the risk |
|--|---|
| Nurses | Empowerment Hepatitis B immunizations, HIV Counselling and Testing (HCT) |
| Doctors | Occupational Post Exposure Prophylaxis |
| General assistants | Use of Personal Protective Clothing |
| All other employees | |
| Sexually active | Baseline assessments |
| Long distance relationship | Screening of High risk employees twice per year |
| Married couples –not staying together–for some other reasons e.g. employment/ on separation | Health education |
| Drugs/ Alcohol abusers | Conducting wellness activities in institutions, for health promotion |
| Vulnerable groups e.g. on divorce process/ widow/ widower/ elderly | Incidents/100 reporting and investigations |
| Employees at risk of being raped e.g. night shift staff/ staff in wards where prisoners are admitted | Monitor implementation of COID Act regarding occupational diseases and injuries |
| Single parents-staying alone | Follow up on compensation of affected employees and provide feedback to employees |
| Front desk/ receptionists/ Clerks/ OPD/ Casualty/ Crisis Centre/ CDC & Medical Maternity Ward employees | Monitor implementation of OHS Act |
| Tracer & injection teams / Family Health Teams/ CCG's/ School Health Teams | Follow up on appointment & functional Institutional Safety Committees |
| Staff diagnosed with chronic diseases e.g. HIV/ Diabetes / Cancer | Provision of EAP services and referrals accordingly |

Source: Director: Employee Health & Wellness: 04.05.2016

Table 112 (3.11.2): Details of health promotion and HIV and AIDS Programmes

| Question | Yes | No | Details, if yes |
|--|-----|----|---|
| 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? | Yes | | Mr D.D. Dumisa Director: Employee Health and Wellness (EHW) |
| Does the Department have a dedicated Unit or has it designated specific staff members to promote the health and well-being of your employees? | Yes | | Composition of EHW Units: Occupational Health Nurses, Safety Officers and EAPs in health institutions. Compensation budget for staff: R 41 519 030 |

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| Question | Yes | No | Details, if yes |
|---|-----|----|--|
| Has the Department introduced an Employee Assistance or Health Promotion Programme for your employees? | Yes | | HIV/AIDS management (prevention, treatment, giving care and support); HIV/AIDS workshops; Healthy lifestyle programme; and counselling |
| Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of chapter 1 of the Public Service Regulations, 2001? | Yes | | <p>Employee Health and Wellness Committee</p> <p>Designated Senior Manager(s): EHW Mr D.D. Dumisa</p> <p>Members of Committee</p> <ol style="list-style-type: none"> 1. M Killeen 2. V van der Westhuizen 3. N Mgaga 4. ZM Ndwandwe 5. B Thusi 6. L Hutchinson 7. NP Fihlela 8. N Hlongwa 9. P Barnes 10. DR Mhlanga 11. PS Mabaso (Gamede) 12. MA Mbuthuma 13. N Sotondoshe 14. S Mchunu <p>Members represent all 11 Districts in the Department and include Head Office Programme Managers</p> |
| 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? | Yes | | Management of HIV/AIDS in the Workplace |
| Has the Department introduced measures to protect HIV-positive employees or those perceived to be HIV –positive from discrimination? | Yes | | Human rights workshops; Policy on HIV/AIDS; and Confidentiality emphasis including GEMS initiatives |
| Does the Department encourage its employees to undergo Voluntary Counselling and Testing? | Yes | | Results for 2015/16 financial year; 1 923 staff pre-test counselled; 1 827 staff tested; and 108 tested positive |
| Has the Department developed measures/ indications to monitor and evaluate the impact of its health promotion programme? | Yes | | <p>Number of clients with Fluid Splashes and those with Needle Stick Injuries offered ART treatment</p> <p>Number eligible staff initiated on ART</p> <p>Induction and Orientation to new staff conducted on Occupational Health and Safety</p> <p>MDR TB Defaulter rate - Staff</p> <p>Number of minor incidents</p> <p>Number Mock-Evacuation Drills conducted</p> <p>Number new HIV positive staff with confirmed TB</p> <p>Number staff diagnosed with MDR TB</p> <p>Number staff diagnosed with TB - new</p> <p>Number staff diagnosed with XDR TB</p> <p>Number staff initiated on TB treatment</p> <p>Number staff pre-test counselled</p> <p>Number TB diagnosed staff tested for HIV</p> <p>Number TB staff with a DOTS supporter</p> <p>Number TB suspects - Staff</p> <p>Number TB suspects positive - Staff</p> <p>Number TB/HIV co-infected staff initiated on ART</p> <p>Total HIV positive staff seen in the Occupational Health Clinic</p> <p>Total Needle Stick Injuries - New</p> <p>Total number of ART treatment staff non-adherent to ART treatment</p> <p>Total number of cases other than Needle Stick Injuries</p> |

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| Question | Yes | No | Details, if yes |
|----------|-----|----|---|
| | | | Total number of cases sero-converted |
| | | | Total number of staff given ART prophylaxis for Needle Stick Injuries |
| | | | Total registered eligible staff receiving ART treatment |
| | | | Total staff medically eligible for ART treatment on a waiting list |
| | | | Total staff on ART treatment |
| | | | Total staff who die before receiving treatment |
| | | | Total staff who died while on ART Treatment |

Source: Director: Employee Health and Wellness: 04.05.2016

Labour Relations

The following collective agreements were entered into with Trade Unions within the Department.

Table 113 (3.12.1): Collective agreements for the period 1 April 2015 to 31 March 2016

| | |
|---------------------------------------|------|
| Total Number of Collective Agreements | None |
|---------------------------------------|------|

Source: Director: Labour Relations

The following table summarizes the outcome of disciplinary hearings conducted within the department for the year under review.

Table 114 (3.12.2): Misconduct and disciplinary hearings finalised for the period 1 April 2015 to 31 March 2016

| Outcomes of disciplinary hearings | Number | % of total |
|-----------------------------------|------------|-------------|
| Correctional counselling | 01 | 0.74% |
| Verbal warning | 02 | 1.47% |
| Written warning | 07 | 5.15% |
| Final written warning | 24 | 17.65% |
| Suspended without pay | 38 | 27.94% |
| Fine | 0 | 0% |
| Demotion | 01 | 0.74% |
| Dismissal | 61 | 44.85% |
| Not guilty | 02 | 1.47% |
| Case withdrawn | 0 | 0% |
| Total | 136 | 100% |

Source: Departmental Report on Misconduct Cases

Table 115 (3.12.3): Types of misconduct addressed at disciplinary hearings for the period 1 April 2015 and 31 March 2016

| Type of misconduct | Number | % of total |
|--------------------------------|------------|-------------|
| Fraud and Corruption | 72 | 17.69% |
| Insubordination | 23 | 5.65% |
| Absenteeism | 56 | 13.76% |
| Sexual Harassment | 4 | 0.98% |
| Under the influence of Alcohol | 9 | 2.21% |
| Other | 243 | 59.70% |
| Total | 407 | 100% |

Source: Departmental Report on Misconduct Cases

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Table 116 (3.12.4): Grievances logged for the period 1 April 2015 to 31 March 2016

| Grievances | Number | % of Total |
|--|------------|-------------|
| Number of grievances resolved | 170 | 36.25% |
| Number of grievances not resolved | 299 | 63.75% |
| Total number of grievances lodged | 469 | 100% |

Source: Aggregation of Two Departmental Reports to Public Service Commission

Table 117 (3.12.5): Disputes logged with Councils for the period 1 April 2015 to 31 March 2016

| Disputes | Number | % of Total |
|--|-----------|------------|
| Number of disputes upheld | 16 | 21.62% |
| Number of disputes dismissed | 12 | 16.22% |
| Total number of disputes lodged | 74 | |
| Outstanding/ Pending | 46 | 62.16% |
| Total Number of disputes | 74 | 100% |

Source: Departmental Report on Disputes Cases to PHSDSBC

Table 118 (3.12.6): Strike actions for the period 1 April 2015 to 31 March 2016

| Total number of person working days lost | |
|--|-------|
| Total number of persons working days lost | 12 |
| Total cost of working days lost (R'000) | R 788 |
| Amount recovered as a result of no work no pay (R'000) | R 763 |

Source: Departmental Report on Strikes

Table 119 (3.12.7): Precautionary suspensions for the period 1 April 2015 to 31 March 2016

| Number of people suspended | |
|--|---------|
| Number of people suspended | 77 |
| Number of people whose suspension exceeded 30 days | 72 |
| Average number of days suspended | 118 |
| Cost of suspensions (R'000) | R 6 936 |

Source: Departmental Report on Suspension

Skills Development

This section highlights the efforts of the department with regard to skills development.

Table 120 (3.13.1): Training needs identified for the period 1 April 2015 to 31 March 2016

| Occupational category | Gender | Number of employees as at 1 April 2015 | 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 | 899 | | 389 | 17 | 406 |
| | Male | 832 | | 270 | 7 | 277 |

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| Occupational category | Gender | Number of employees as at 1 April 2015 | Training needs identified at start of reporting period | | | |
|---|---------------|--|--|---|-------------------------|---------------|
| | | | Learnerships | Skills Programmes & other short courses | Other forms of training | Total |
| Professionals | Female | 20 404 | | 4 211 | 1 085 | 5 296 |
| | Male | 3 995 | | 1 338 | 501 | 1 839 |
| Technicians and associate professionals | Female | 14 482 | | 1 297 | 590 | 1 887 |
| | Male | 4 629 | | 702 | 290 | 992 |
| Clerks | Female | 3 988 | | 965 | 113 | 1 078 |
| | Male | 2 547 | | 594 | 81 | 675 |
| Service and sales workers | Female | 8 739 | | 1 326 | 461 | 1 787 |
| | Male | 3 205 | | 542 | 183 | 725 |
| Skilled agriculture and fishery workers, Craft and related trades workers | Female | 20 | | 1 | 16 | 17 |
| | Male | 422 | | 34 | 58 | 92 |
| Plant and machine operators and assemblers | Female | 379 | | 49 | 2 | 51 |
| | Male | 744 | | 171 | 20 | 191 |
| Elementary occupations | Female | 916 | | 104 | 52 | 156 |
| | Male | 864 | | 123 | 197 | 320 |
| Sub Total | Female | 49 827 | | 8 342 | 2 336 | 1 895 |
| | Male | 17 238 | | 13 582 | 4 435 | 9 234 |
| Total | | 67 065⁷⁴ | | 21 924 | 6 771 | 11 129 |

Source: 2015/16 Workplace Skills Plan

Table 121 (3.13.2): Training provided for the period 1 April 2015 to 31 March 2016

| Occupational Category | Gender | Number of employees as at 1 April 2015 | Training provided within the reporting period | | | |
|---|--------|--|---|---|-------------------------|-------|
| | | | Learnerships | Skills Programmes & other short courses | Other forms of training | Total |
| Legislators, senior officials and managers | Female | 899 | 0 | 465 | 223 | 688 |
| | Male | 832 | 0 | 340 | 109 | 449 |
| Professionals | Female | 20 404 | 0 | 176 | 3 | 179 |
| | Male | 3 995 | 0 | 297 | 8 | 305 |
| Technicians and associate professionals | Female | 14 482 | 0 | 212 | 20 | 232 |
| | Male | 4 629 | 0 | 186 | 13 | 199 |
| Clerks | Female | 3 988 | 0 | 21 | 2 | 23 |
| | Male | 2 547 | 0 | 53 | 1 | 54 |
| Service and sales workers | Female | 8 739 | 2 | 2 460 | 1622 | 4 084 |
| | Male | 3 205 | 0 | 533 | 852 | 1 385 |
| Skilled agriculture and fishery workers, Craft and related trades workers | Female | 20 | 0 | 195 | 58 | 253 |
| | Male | 422 | 0 | 122 | 11 | 133 |
| Plant and machine operators and assemblers | Female | 379 | 0 | 5 | 3 | 8 |
| | Male | 744 | 0 | 19 | 6 | 25 |
| Elementary occupations | Female | 916 | 0 | 978 | 466 | 1 444 |

⁷⁴ The total number of employees reflected above excludes contract workers and interns

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| Occupational Category | Gender | Number of employees as at 1 April 2015 | Training provided within the reporting period | | | |
|-----------------------|--------|--|---|---|-------------------------|-------|
| | | | Learnerships | Skills Programmes & other short courses | Other forms of training | Total |
| | Male | 864 | 0 | 216 | 231 | 447 |
| Sub Total | Female | 49 827 | 2 | 4 512 | 2 397 | 6 911 |
| | Male | 17 238 | 0 | 1 766 | 1 231 | 2 997 |
| Total | | 67 065 ⁷⁵ | 2 | 6 278 | 3 628 | 9 908 |

Source: 2015/16 Annual Training Report

Injury on Duty

Table 3.14.1 provide basic information on injury on duty.

Table 122 (3.14.1): Injury on duty for the period 1 April 2015 to 31 March 2016

| Nature of injury on duty | Number | % of total |
|---------------------------------------|--------|------------|
| Required basic medical attention only | 662 | 66.94% |
| Temporary total disablement | 325 | 32.86% |
| Permanent disablement | 1 | 0.10% |
| Fatal | 1 | 0.10% |
| Total | 989 | 100% |

Source: Deputy Director: Conditions of Service: 12.05.2016

Utilisation of Consultants

The following tables relate information on the utilisation of Consultants in the Department.

NB. Note that although Consultants use human resources for the discharge of their functions, they are not regarded as employees. The Public Service Act, 1994, as amended, defines an employee in terms of Section 8: Composition of Public Service:

- (1) The public service shall consist of persons who are employed:
- (a) In posts on the establishment of departments; and
 - (b) Additional to the establishment of departments.

Consultants are not appointed under 1(a) or (b) and are therefore not regarded as employees. Consultants sign contracts to render services with the Department via SCM/Legal services and are paid via Finance. The information to populate the information related to Consultants was provided by the Supply Chain Management (SCM) Chief Directorate on 11/05/2016 and populated by HRMS onto the relevant tables on behalf of SCM.

In terms of the Public Service Regulations "Consultant" means a natural or juristic person or a partnership who or which provides in terms of a specific contract on an ad hoc basis any of the following professional services to a department against remuneration received from any source:

- The rendering of expert advice;
- The drafting of proposals for the execution of specific tasks; and
- The execution of a specific task which is of a technical or intellectual nature, but excludes an employee of a department.

⁷⁵ The total number of employees reflected above excludes contract workers and interns

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Table 123: (3.15.1a): Report on Consultant appointments using appropriated funds for the period 1 April 2015 and 31 March 2016

| Project Title | Total number of Consultants that worked on project | Duration – Work days | Contract value in Rand |
|-------------------|--|-------------------------------|------------------------|
| Assets Management | 1 | October 2015 to 31 March 2016 | R 361 152.00 |

Source: SCM: Mr Themba Radebe: Director: Assets Management: Telephonically to Mr. Maharaj on 11.05.2016

Table 1241 (3.15.1b): Report on Consultant appointments using appropriated funds for the period 1 April 2015 and 31 March 2016

| Total number of projects | Total individual Consultants | Total duration – Work days | Total contract value in Rand |
|--------------------------|------------------------------|-------------------------------|------------------------------|
| 1 | 1 | October 2015 to 31 March 2016 | R361 152.00 |
| TOTAL | | | R 361 152.00 |

Source: SCM: Mr Themba Radebe: Director: Assets Management: Telephonically to Mr. Maharaj on 11.05.2016

Table 125 (3.15.2): Analysis of Consultant appointments using appropriated funds, in terms of historically disadvantaged individuals (HDIs) for the period 1 April 2015 and 31 March 2016

| Project title | Percentage ownership by HDI groups | Percentage management by HDI groups | Number of Consultants from HDI groups that worked on the project |
|-------------------|------------------------------------|-------------------------------------|--|
| Assets Management | 0% | 0% | 0 |

Source: SCM: Mr Themba Radebe: Director: Assets Management: Telephonically to Mr. Maharaj on 11.05.2016

Table 126 (3.15.3a): Report on Consultant appointments using Donor Funds for the period 1 April 2015 and 31 March 2016

| Project Title | Total number of Consultants that worked on project | Duration – Work days | Donor and Contract value in Rand |
|-------------------------|--|----------------------|----------------------------------|
| Table is not applicable | - | - | - |

Source: SCM: Mr Themba Radebe: Director: Assets Management: Telephonically to Mr. Maharaj on 11.05.2016

Table 127 (3.15.3b): Report on Consultant appointments using Donor Funds for the period 1 April 2015 and 31 March 2016

| Total number of projects | Total individual Consultants | Total duration – Work days | Total contract value in Rand |
|--------------------------|------------------------------|----------------------------|------------------------------|
| Table is not applicable | - | - | - |

Source: SCM: Mr Themba Radebe: Director: Assets Management: Telephonically to Mr. Maharaj on 11.05.2016

Table 128 (3.15.4): Analysis of Consultant appointments using Donor funds, in terms of historically disadvantaged individuals (HDIs) for the period 1 April 2015 and 31 March 2016

| Project title | Percentage ownership by HDI groups | Percentage management by HDI groups | Number of Consultants from HDI groups that worked on the project |
|-------------------------|------------------------------------|-------------------------------------|--|
| Table is not applicable | - | - | - |

Source: SCM: Mr Themba Radebe: Director: Assets Management: Telephonically to Mr. Maharaj on 11.05.2016

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Severance Packages

Table 129 (3.16.1): Granting of employee initiated severance packages for the period 1 April 2015 and 31 March 2016

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

Source: Deputy Director: Conditions of Service: 26.04.2016

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PART E: FINANCIAL INFORMATION

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ANNUAL FINANCIAL STATEMENTS

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- Appropriation Statement
- Notes to the Appropriation Statement
- Statement of Financial Performance
- Statement of Financial Position
- Statement of Changes in Net Assets
- Cash Flow Statement
- Notes to the Annual Financial Statements (including Accounting Policies)
- Annexures

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 financial statements of the Department of Health set out on pages 234 to 325, which comprise the appropriation statement, the statement of financial position as at 31 March 2016, the statement of financial performance, statement of changes in net assets, and cash flow statement for the year then ended, as well as the notes, comprising a summary of significant accounting policies and other explanatory information.

Accounting officer's responsibility for the financial statements

2. The accounting officer is responsible for the preparation and fair presentation of these financial statements in accordance with the Modified Cash Standard (MCS) prescribed by the National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act No. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa, 2015 (Act No. 1 of 2015) (DoRA), and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor-general's responsibility

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

Basis for qualified opinion

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Movable tangible capital assets and minor assets

6. I was unable to obtain sufficient appropriate audit evidence that management had properly valued and fully accounted for movable tangible capital assets and minor assets disclosed in note 31 to the financial statements. This was due to the department not effectively implementing and maintaining adequate systems for asset management. I was unable to confirm these assets by alternative means. Consequently, I was unable to determine whether any adjustment relating to movable tangible assets stated at R2,84 billion (2015: R2,29 billion) and minor assets stated at R665 million (2015: R450,91 million) in note 31 to the financial statements was necessary.

Irregular expenditure

7. The department did not disclose all irregular expenditure due to non-adherence to procurement legislation because of breakdowns in internal controls over supply chain management. In addition, adequate control measures were not implemented over the management and utilisation of the HIV/Aids and National Tertiary Services conditional grants in the 2014-15 financial year, which resulted in irregular expenditure not being disclosed fully in the financial statements. My opinion on the current period's financial statements is also modified because of the possible effect of this matter on the comparability of the current period's figures. Consequently, I was unable to determine the full extent of the irregular expenditure stated at R4,10 billion (2015: R3,17 billion) in note 26 to the financial statements as it was impracticable to do so.

Compensation of employees - Commuted overtime allowance

8. I was unable to obtain sufficient appropriate audit evidence for commuted overtime allowances of R875 million (2015: R854 million) disclosed in note 4 to the financial statements. This was because the commuted overtime worked was not supported by reliable evidence for payment of services rendered as well as contracts. I was unable to confirm this allowance by alternative means. Consequently, I was unable to determine whether any adjustment to commuted overtime allowances, included in note 4 to the financial statements and irregular expenditure disclosed in note 26 to the financial statements, was necessary.

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 2016 and its financial performance and cash flows for the year then ended, in accordance with the MCS and the requirements of the PFMA and DoRA.

Emphasis of matters

10. I draw attention to the matters below.

Significant uncertainties

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11. The department is the defendant in lawsuits relating to medical negligence and claims against the state totalling R10,06 billion, as disclosed on note 20 to the financial statements. The department is also disputing the R2,79 billion payable to the National Health Laboratory Services. The ultimate outcome of these matters cannot presently be determined and no provision for any liability that may result was made in the financial statements.

Payables

12. With reference to note 22 to the financial statements, payables which exceeded the payment term of 30 days as required by treasury regulation 8.2.3 amount to R171,91 million. This amount, in turn, exceeded the voted funds to be surrendered of R6,39 million as per the statement of financial position by R165,52 million. The amount of R165,52 million would therefore have constituted unauthorised expenditure had the amounts due been paid in a timely manner.

Additional matter

13. I draw attention to the matter below.

Unaudited supplementary schedules

14. The supplementary information set out on pages 326 to 356 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion thereon.

Report on other legal and regulatory requirements

15. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report, compliance with legislation and internal control. The objective of my tests was to identify reportable findings as described under each subheading, but not to gather evidence to express assurance on these matters. Accordingly, I do not express an opinion or conclusion on these matters.

Predetermined objectives

16. I performed procedures to obtain evidence about the usefulness and reliability of the reported performance information for programme 2: District health services on pages 65 to 116 as well as programme 5: Central and tertiary hospitals on pages 141 to 150 presented in the annual performance report of the department for the year ended 31 March 2016.
17. I evaluated the usefulness of the reported performance information to determine whether it was presented in accordance with the National Treasury's annual reporting principles and whether the reported performance was consistent with the planned programmes. I further performed tests to determine whether indicators and targets were well defined, verifiable, specific, measurable, time bound and relevant, as required by the National Treasury's *Framework for managing programme performance information* (FMPPi).

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

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

District health services

Usefulness of reported performance information

Measurability of indicators

Performance indicators not verifiable

20. The processes and systems that produced the indicator should be verifiable, as required by the FMPPI. A total of 21% of indicators were not verifiable. This was due to a lack of proper systems and processes at clinic level.

Reliability of reported performance information

21. The FMPPI requires auditees to have appropriate systems to collect, collate, verify and store performance information to ensure reliable reporting of actual achievements against planned objectives, indicators and targets. I was unable to obtain the information and explanations I considered necessary to satisfy myself as to the reliability of the reported performance information. This was due to the fact that the department could not provide sufficient appropriate evidence in support of the reported performance information and the department's records not permitting the application of alternative audit procedures.

Central and tertiary hospitals

Reliability of reported performance information

22. The FMPPI requires auditees to have appropriate systems to collect, collate, verify and store performance information to ensure reliable reporting of actual achievements against planned objectives, indicators and targets. Adequate and reliable corroborating evidence could not be provided for the reported achievements against planned targets of 25% of the indicators. This was due to the fact that the department could not provide sufficient appropriate evidence in support of the reported performance information and the department's records not permitting the application of alternative audit procedures.

Additional matter

23. I draw attention to the following matter.

Achievement of planned targets

24. The annual performance report on pages 53 to 169 presents information on the achievement of the planned targets for the year. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information for the selected programmes reported in paragraphs 20 to 22 of this report.

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Compliance with legislation

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

Budgets

26. Effective steps were not taken to prevent unauthorised expenditure of R147,12 million, as disclosed in note 10 of the financial statements, in contravention of section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1.

Annual financial statements

27. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework, as required by section 40(1)(a) of the PFMA. Material misstatements of movable tangible capital assets and minor assets, commuted overtime allowances, and irregular expenditure identified by the auditors in the financial statements were not adequately corrected and supporting records could not be provided subsequently, which resulted in the financial statements receiving a qualified audit opinion.

Procurement and contract management

28. Goods and services with a transaction value below R500 000 were procured without obtaining the required price quotations, as required by treasury regulation 16 A 6.1.

29. Invitations for competitive bidding were not always advertised in at least the government tender bulletin, as required by treasury regulation 16 A 6.3(c).

30. Contracts were awarded to and quotations accepted from suppliers whose tax matters had not been declared by the South African Revenue Services to be in order, as required by treasury regulation 16 A 9.1(d) and the Preferential Procurement Regulations (PPR), 2011.

31. Sufficient appropriate audit evidence could not be obtained that contracts were awarded to suppliers based on preferential points that were allocated and calculated in accordance with the requirements of the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000) and the PPR.

32. Persons in service of the department whose close family members, partners or associates had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by treasury regulation 16 A 8.4.

Expenditure management

33. Effective steps were not taken to prevent irregular expenditure as disclosed in note 26 of the financial statements, in contravention of section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The full extent of the irregular expenditure could not be quantified as indicated in the basis for qualification paragraph.

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34. Effective steps were not taken to prevent fruitless and wasteful expenditure of R5,12 million as disclosed in note 27 of the financial statements, in contravention of section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1.

Transfer of funds and conditional grants

35. Appropriate measures were not maintained to ensure that transfers and subsidies to entities were applied for their intended purposes, as required by treasury regulation 8.4.1.
36. The HIV/Aids conditional grant was not spent in accordance with the applicable grant framework, in contravention of section 17(1) of DoRA.

Internal control

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

Leadership

38. Leadership, due to their lack of effective oversight and monitoring, did not ensure the consistent implementation of policies and procedures, implementation and monitoring of action plans and related internal controls by delegated officials in respect of performance management, procurement and contract management, asset management and management of commuted overtime to achieve reliable and credible financial, performance and compliance reporting.

Financial and performance management

39. Management, due to their slow response, failed to implement a proper asset management system as well as a proper record keeping system to ensure that complete, relevant and accurate information is accessible and available to support irregular expenditure, commuted overtime allowances and performance reporting.

Other reports

40. I draw attention to the following engagements that could potentially have an impact on the department's financial, performance and compliance-related matters. These engagements are either in progress or have been completed.

Performance audits

41. A performance audit on the management of pharmaceuticals was conducted at the national and provincial departments of health. The objective was to determine whether patients received prescribed pharmaceuticals on time. The outcomes of this performance audit will be included in a transversal report to be tabled in Parliament.

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Investigations

42. The provincial treasury internal audit unit, at the request of the department, conducted six investigations covering the period 1 April 2015 to 31 March 2016. These investigations related to irregularities around deviation from work and variation orders in respect of projects managed by the department and alleged fraud and corruption in the appointment and termination of service providers. Four of the investigations had been completed and two were still in progress.
43. Independent consulting firms, at the request of the department, are performing investigations covering the period 1 April 2015 to 31 March 2016. These investigations are based on allegations of incorrect awarding of certain contracts, accusations of theft, employees performing unauthorised remunerative work outside the public service, misappropriation of inventory and the manner in which staff were promoted within the department. Fifty-seven investigations had been completed and 42 were still in progress at the date of this report.

Auditor-General

Pietermaritzburg

29 July 2016



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

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APPROPRIATION STATEMENT For year ended 31 March 2016

| APPROPRIATION PER PROGRAMME | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| Voted funds and Direct charges | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| PROGRAMME | | | | | | | | | |
| 1 ADMINISTRATION | 768 148 | - | 4 108 | 772 256 | 846 622 | -74 366 | 109.6% | 607 392 | 701 319 |
| 2 DISTRICT HEALTH SERVICES | 15 969 171 | - | 29 080 | 15 998 251 | 16 007 896 | -9 645 | 100.1% | 14 689 055 | 14 689 055 |
| 3 EMERGENCY MEDICAL SERVICES | 1 185 636 | - | -11 258 | 1 174 378 | 1 174 378 | - | 100.0% | 1 068 113 | 1 068 113 |
| 4 PROVINCIAL HOSPITAL SERVICES | 9 213 546 | - | - | 9 213 546 | 9 214 364 | -818 | 100.0% | 8 792 389 | 8 795 679 |
| 5 CENTRAL HOSPITAL SERVICES | 4 088 601 | - | - | 4 088 601 | 4 124 929 | -36 328 | 100.9% | 3 113 610 | 3 141 397 |
| 6 HEALTH SCIENCES AND TRAINING | 1 055 250 | - | 3 572 | 1 058 822 | 1 058 822 | - | 100.0% | 1 018 640 | 1 018 964 |
| 7 HEALTH CARE SUPPORT SERVICES | 138 288 | - | 8 232 | 146 520 | 166 095 | -19 575 | 113.4% | 151 229 | 151 946 |
| 8 HEALTH FACILITIES MANAGEMENT | 1 551 352 | - | -33 734 | 1 517 618 | 1 517 618 | - | 100.0% | 1 679 037 | 1 679 037 |
| Programme sub total | 33 969 992 | - | - | 33 969 992 | 34 110 724 | -140 732 | 100.4% | 31 119 465 | 31 245 510 |
| Statutory Appropriation | - | - | - | - | - | - | - | - | - |
| TOTAL | 33 969 992 | - | - | 33 969 992 | 34 110 724 | -140 732 | 100.4% | 31 119 465 | 31 245 510 |
| Reconciliation with Statement of Financial Performance | | | | | | | | | |
| Add: | | | | | | | | | |
| Departmental receipts | | | | 243 594 | | | | 289 933 | |
| NRF Receipts | | | | - | | | | - | |
| Aid assistance | | | | - | | | | - | |
| Actual amounts per Statement of Financial Performance (Total Revenue) | | | | 34 213 586 | | | | 31 409 398 | |
| Add: | | | | | | | | | |
| Aid assistance | | | | | | | | - | |
| Prior year unauthorised expenditure approved without funding | | | | | | | | | - |
| Actual amounts per Statement of Financial Performance Expenditure | | | | | 34 110 724 | | | | 31 245 510 |

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| APPROPRIATION PER ECONOMIC CLASSIFICATION | | | | | | | | | |
|---|---------------------------|----------------------|----------|------------------------|-----------------------|-----------------|---|------------------------|-----------------------|
| | 2015/16 | | | | | | 2014/15 | | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 31 631 280 | - | - | 31 631 280 | 31 899 939 | -268 659 | 100.8% | 28 777 806 | 28 911 107 |
| Compensation of employees | 21 625 944 | - | - | 21 625 944 | 21 793 160 | -167 216 | 100.8% | 20 014 422 | 20 014 422 |
| Salaries and wages | 18 943 714 | - | -249 | 18 943 465 | 19 014 828 | - 71 363 | 100.4% | 17 561 552 | 17 563 141 |
| Social contributions | 2 682 230 | - | 249 | 2 682 479 | 2 778 332 | -95 853 | 103.6% | 2 452 870 | 2 451 281 |
| Goods and services | 10 005 170 | - | - | 10 005 170 | 10 105 233 | -100 063 | 101.0% | 8 763 094 | 8 895 999 |
| Administrative fees | 8 | - | 3 045 | 3 053 | 3 729 | -676 | 122.1% | 103 | 101 |
| Advertising | 32 463 | - | 17 | 32 480 | 27 239 | 5 241 | 83.9% | 14 721 | 14 512 |
| Minor assets | 50 492 | - | -211 | 50 281 | 39 593 | 10 688 | 78.7% | 47 676 | 45 534 |
| Audit costs: External | 10 000 | - | 3 607 | 13 607 | 88 639 | -75 032 | 651.4% | 31 252 | 122 572 |
| Bursaries: Employees | 2 276 | - | 222 | 2 498 | 2 498 | - | 100.0% | 3 732 | 3 729 |
| Catering: Departmental activities | 2 052 | - | 336 | 2 388 | 3 929 | -1 541 | 164.5% | 3 087 | 3 011 |
| Communication (G&S) | 102 011 | - | -2 912 | 99 099 | 98 598 | 501 | 99.5% | 100 250 | 98 623 |
| Computer services | 181 739 | - | -2 324 | 179 415 | 150 913 | 28 502 | 84.1% | 137 203 | 133 802 |
| Consultants: Business and advisory services | 37 708 | - | 7 197 | 44 905 | 76 761 | -31 856 | 170.9% | 54 207 | 52 910 |
| Infrastructure and planning services | - | - | - | - | - | - | - | 811 | 812 |
| Laboratory services | 1 208 400 | - | 72 635 | 1 281 035 | 1 356 455 | -75 420 | 105.9% | 907 326 | 913 128 |
| Scientific and technological services | - | - | - | - | - | - | - | 9 | 9 |
| Legal services | 8 690 | - | 8 939 | 17 629 | 17 805 | -176 | 101.0% | 12 161 | 12 016 |
| Contractors | 140 030 | - | 2 424 | 142 454 | 144 987 | -2 533 | 101.8% | 141 810 | 140 231 |
| Agency and support / outsourced services | 1 064 013 | - | 46 787 | 1 110 800 | 1 106 045 | 4 755 | 99.6% | 1 007 671 | 1 034 094 |
| Entertainment | 4 | - | 2 | 6 | 2 | 4 | 33.3% | 772 | 772 |
| Fleet services (including government motor transport) | 276 506 | - | 14 916 | 291 422 | 290 149 | 1 273 | 99.6% | 274 862 | 292 846 |
| Inventory: Clothing material and accessories | 22 231 | - | -767 | 21 464 | 21 402 | 62 | 99.7% | 8 002 | 11 282 |

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| APPROPRIATION PER ECONOMIC CLASSIFICATION | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Inventory: Farming supplies | - | - | 3 | 3 | 12 | -9 | 400.0% | 7 | 5 |
| Inventory: Food and food supplies | 124 302 | - | -5 500 | 118 802 | 118 788 | 14 | 100.0% | 120 138 | 120 101 |
| Inventory: Fuel, oil and gas | 120 817 | - | -2 651 | 118 166 | 117 920 | 246 | 99.8% | 121 698 | 124 613 |
| Inventory: Learner and teacher support material | 123 | - | 59 | 182 | 182 | - | 100.0% | 56 | 56 |
| Inventory: Materials and supplies | 12 281 | - | 913 | 13 194 | 19 167 | -5 973 | 145.3% | 10 853 | 10 873 |
| Inventory: Medical supplies | 1 516 286 | - | - 11 739 | 1 504 547 | 1 479 150 | 25 397 | 98.3% | 1 483 380 | 1 481 378 |
| Inventory: Medicine | 3 028 478 | - | -92 302 | 2 936 176 | 2 895 380 | 40 796 | 98.6% | 2 393 480 | 2 392 761 |
| Medsas inventory interface | - | - | - | - | - | - | - | 3 | 3 |
| Inventory: Other supplies | 375 | - | 1 543 | 1 918 | 1 963 | -45 | 102.3% | 2 301 | 2 299 |
| Consumable supplies | 264 068 | - | 48 | 264 116 | 287 530 | -23 414 | 108.9% | 267 440 | 262 226 |
| Consumable: Stationery, printing and office supplies | 79 055 | - | 21 823 | 100 878 | 94 591 | 6 287 | 93.8% | 77 114 | 74 214 |
| Operating leases | 166 820 | - | -12 919 | 153 901 | 153 493 | 408 | 99.7% | 139 297 | 139 070 |
| Property payments | 1 342 877 | - | -55 035 | 1 287 842 | 1 293 152 | -5 310 | 100.4% | 1 174 241 | 1 175 658 |
| Transport provided: Departmental activity | 86 490 | - | -5 371 | 81 119 | 81 119 | - | 100.0% | 75 866 | 75 872 |
| Travel and subsistence | 77 298 | - | 7 680 | 84 978 | 79 975 | 5 003 | 94.1% | 76 413 | 76 962 |
| Training and development | 12 228 | - | 195 | 12 423 | 13 253 | -830 | 106.7% | 16 373 | 16 625 |
| Operating payments | 27 830 | - | 371 | 28 201 | 36 639 | -8 438 | 129.9% | 53 981 | 57 635 |
| Venues and facilities | 7 215 | - | -1 033 | 6 182 | 4 169 | 2 013 | 67.4% | 3 596 | 4 464 |
| Rental and hiring | 4 | - | 2 | 6 | 6 | - | 100.0% | 1 202 | 1 200 |
| Interest and rent on land | 166 | - | - | 166 | 1 546 | -1 380 | 931.3% | 290 | 686 |
| Interest (Incl. interest on unitary payments (PPP)) | 166 | - | - | 166 | 1 546 | -1 380 | 931.3% | 290 | 686 |

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| APPROPRIATION PER ECONOMIC CLASSIFICATION | | | | | | | | | |
|---|------------------------|-------------------|----------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Transfers and subsidies | 843 119 | - | 20 000 | 863 119 | 843 093 | 20 026 | 97.7% | 696 961 | 828 109 |
| Provinces and municipalities | 211 540 | - | - | 211 540 | 133 330 | 78 210 | 63.0% | 157 672 | 122 636 |
| Provinces | 6 290 | - | - | 6 290 | 3 730 | 2 560 | 59.3% | 4 341 | 5 232 |
| Provincial Revenue Funds | 90 | - | - | 90 | 28 | 62 | 31.1% | - | - |
| Provincial agencies and funds | 6 200 | - | - | 6 200 | 3 702 | 2 498 | 59.7% | 4 341 | 5 232 |
| Municipalities | 205 250 | - | - | 205 250 | 129 600 | 75 650 | 63.1% | 153 331 | 117 404 |
| Municipal bank accounts | 205 250 | - | - | 205 250 | 129 600 | 75 650 | 63.1% | 153 331 | 117 404 |
| Departmental agencies and accounts | 19 046 | - | - | 19 046 | 19 009 | 37 | 99.8% | 15 837 | 15 895 |
| Departmental agencies (non-business entities) | 19 046 | - | - | 19 046 | 19 009 | 37 | 99.8% | 15 837 | 15 895 |
| Higher education institutions | - | - | - | - | - | - | - | - | 16 |
| Foreign governments and international organisations | - | - | - | - | - | - | - | - | 66 |
| Public corporations and private enterprises | - | - | - | - | 10 | -10 | - | - | - |
| Private enterprises | - | - | - | - | 10 | -10 | - | - | - |
| Other transfers to private enterprises | - | - | - | - | 10 | -10 | - | - | - |
| Non-profit institutions | 197 039 | - | 20 000 | 217 039 | 213 402 | 3 637 | 98.3% | 230 638 | 222 050 |
| Households | 415 494 | - | - | 415 494 | 477 342 | -61 848 | 114.9% | 292 814 | 467 446 |
| Social benefits | 93 460 | - | - | 93 460 | 124 175 | -30 715 | 132.9% | 74 978 | 143 800 |
| Other transfers to households | 322 034 | - | - | 322 034 | 353 167 | -31 133 | 109.7% | 217 836 | 323 646 |
| Payments for capital assets | 1 387 977 | - | -20 000 | 1 367 977 | 1 257 629 | 110 348 | 91.9% | 1 644 294 | 1 505 879 |
| Buildings and other fixed structures | 1 097 558 | - | -39 792 | 1 057 766 | 1 052 053 | 5 713 | 99.5% | 1 206 506 | 1 206 505 |
| Buildings | 1 097 010 | - | -44 072 | 1 052 938 | 1 047 225 | 5 713 | 99.5% | 1 206 506 | 1 206 295 |
| Other fixed structures | 548 | - | 4 280 | 4 828 | 4 828 | - | 100.0% | - | 210 |
| Machinery and equipment | 290 419 | - | 19 792 | 310 211 | 205 576 | 104 635 | 66.3% | 437 788 | 299 374 |

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| APPROPRIATION PER ECONOMIC CLASSIFICATION | | | | | | | | | |
|---|------------------------|-------------------|----------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | |
| Transport equipment | 113 830 | - | -14 080 | 99 750 | 77 809 | 21 941 | 78.0% | 144 787 | 122 384 |
| Other machinery and equipment | 176 589 | - | 33 872 | 210 461 | 127 767 | 82 694 | 60.7% | 293 001 | 176 990 |
| Payment for financial assets | 107 616 | - | - | 107 616 | 110 063 | 2 447 | 102.3% | 404 | 415 |
| | 33 969 992 | - | - | 33 969 992 | 34 110 724 | -140 732 | 100.4% | 31 119 465 | 31 245 510 |

PROGRAMME 1: ADMINISTRATION

| | 2015/16 | | | | | | | 2014/15 | |
|---------------------|------------------------|-------------------|--------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub-Programme | | | | | | | | | |
| 1 OFFICE OF THE MEC | 18 189 | - | - | 18 189 | 18 455 | -266 | 101.5% | 16 772 | 16 818 |
| 2 MANAGEMENT | 749 959 | - | 4 108 | 754 067 | 828 167 | -74 100 | 109.8% | 590 620 | 684 501 |
| | 768 148 | - | 4 108 | 772 256 | 846 622 | -74 366 | 109.6% | 607 392 | 701 319 |

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PROGRAMME 1: ADMINISTRATION

| | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|--------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 645 790 | - | 1 358 | 647 148 | 722 304 | -75 156 | 111.6% | 584 985 | 678 837 |
| Compensation of employees | 326 673 | - | - | 326 673 | 326 812 | -139 1 | 100.0% | 292 983 | 292 983 |
| Salaries and wages | 285 945 | - | - | 285 945 | 284 612 | 333 -1 | 99.5% | 255 541 | 255 527 |
| Social contributions | 40 728 | - | - | 40 728 | 42 200 | 472 -1 | 103.6% | 37 442 | 37 456 |
| Goods and services | 319 117 | - | 1 358 | 320 475 | 395 388 | 913 -74 | 123.4% | 292 002 | 385 799 |
| Administrative fees | - | - | 474 -1 | 474 | 600 | -126 | 126.6% | - | - |
| Advertising | 4 020 | - | 712 | 2 308 | 2 308 | - | 100.0% | 3 503 | 3 504 |
| Minor assets | 240 | - | 201 3 | 441 | -1 532 | 973 -75 | (347.4%) | 416 | 416 |
| Audit costs: External | 10 000 | - | 607 | 13 607 | 88 639 | 032 | 651.4% | 31 245 | 122 566 |
| Bursaries: Employees | - | - | 60 | 60 | 60 | - | 100.0% | - | -2 |
| Catering: Departmental activities | 600 | - | 20 -2 | 620 | 578 | 42 | 93.2% | 501 | 500 |
| Communication (G&S) | 13 399 | - | 388 | 11 011 | 10 963 | 48 | 99.6% | 10 959 | 10 581 |
| Computer services | 175 808 | - | - | 175 808 | 147 306 | 28 502 | 83.8% | 133 465 | 133 465 |
| Consultants: Business and advisory services | 30 035 | - | 8 990 | 39 025 | 69 494 | -30 469 | 178.1% | 33 044 | 33 043 |
| Laboratory services | - | - | 47 | 47 | 47 | - | 100.0% | 25 | 25 |
| Legal services | 2 000 | - | -385 | 1 615 | 1 614 | 1 | 99.9% | 504 | 504 |
| Contractors | 992 | - | -740 -3 | 252 | 710 | -458 | 281.7% | 1 499 | 1 507 |
| Agency and support / outsourced services | 9 600 | - | 164 | 6 436 | 6 436 | - | 100.0% | 7 756 | 7 756 |
| Entertainment | 4 | - | 2 | 6 | 2 | 4 | 33.3% | 2 | 2 |
| Fleet services (including government motor transport) | 4 500 | - | 1 398 | 5 898 | 5 757 | 141 | 97.6% | 5 324 | 5 324 |
| Inventory: Clothing material and accessories | 100 | - | -358 | -258 | -258 | - | 100.0% | 9 | 3 415 |
| Inventory: Food and food supplies | 74 | - | 10 | 84 | 55 | 29 | 65.5% | 18 | 18 |

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PROGRAMME 1: ADMINISTRATION

| | 2015/16 | | | | | | | 2014/15 | |
|--|------------------------|-------------------|----------|---------------------|--------------------|------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| | | | -1 | | | | | | |
| Inventory: Fuel, oil and gas | - | - | 836 | -1 836 | -1 836 | - | 100.0% | 6 | 6 |
| Inventory: Learner and teacher support material | - | - | 12 | 12 | 12 | - | 100.0% | - | - |
| Inventory: Materials and supplies | 25 | - | -17 | 8 | 681 | -673 | 8512.5% | 9 | 9 |
| Inventory: Medical supplies | 50 | - | 672 | 722 | 722 | - | 100.0% | - | -1 684 |
| Inventory: Medicine | - | - | -7 | -7 | -7 | - | 100.0% | - | 318 |
| | | | -2 | | | 1 | | | |
| Consumable supplies | 630 | - | 909 | -2 279 | -3 511 | 232 | 154.1% | 520 | -6 517 |
| Consumable: Stationery, printing and office supplies | 4 800 | - | 154 | 7 954 | 7 912 | 42 | 99.5% | 5 865 | 8 149 |
| Operating leases | 5 580 | - | -336 | 5 244 | 5 095 | 149 | 97.2% | 5 006 | 5 012 |
| | | | -4 | | | | | | |
| Property payments | 31 260 | - | 473 | 26 787 | 26 669 | 118 | 99.6% | 24 075 | 25 844 |
| | | | 3 | | | | | | |
| Travel and subsistence | 16 000 | - | 118 | 19 118 | 19 481 | -363 | 101.9% | 18 032 | 18 047 |
| | | | -2 | | | | | | |
| Training and development | 2 400 | - | 332 | 68 | 68 | - | 100.0% | 2 592 | 2 591 |
| Operating payments | 5 000 | - | -902 | 4 098 | 4 092 | 6 | 99.9% | 3 971 | 7 745 |
| | | | 1 | | | | | | |
| Venues and facilities | 2 000 | - | 151 | 3 151 | 3 230 | -79 | 102.5% | 2 922 | 2 922 |
| Rental and hiring | - | - | 1 | 1 | 1 | - | 100.0% | 734 | 733 |
| Interest and rent on land | - | - | - | - | 104 | -104 | - | - | 55 |
| Interest (Incl. interest on unitary payments (PPP)) | - | - | - | - | 104 | -104 | - | - | 55 |
| Transfers and subsidies | 6 651 | - | - | 6 651 | 5 689 | 962 | 85.5% | 4 814 | 6 643 |
| Provinces and municipalities | 3 100 | - | - | 3 100 | 2 525 | 575 | 81.5% | 1 813 | 2 661 |
| Provinces | 3 100 | - | - | 3 100 | 2 525 | 575 | 81.5% | 1 813 | 2 661 |
| Provincial agencies and funds | 3 100 | - | - | 3 100 | 2 525 | 575 | 81.5% | 1 813 | 2 661 |
| Departmental agencies and accounts | 1 | - | - | 1 | - | 1 | - | 1 | - |
| Departmental agencies (non-business entities) | 1 | - | - | 1 | - | 1 | - | 1 | - |
| Foreign governments and international organisations | - | - | - | - | - | - | - | - | 66 |

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PROGRAMME 1: ADMINISTRATION

| | 2015/16 | | | | | | | 2014/15 | |
|-------------------------------------|------------------------|-------------------|--------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Households | 3 550 | - | - | 3 550 | 3 164 | 386 | 89.1% | 3 000 | 3 916 |
| Social benefits | 3 000 | - | - | 3 000 | 2 464 | 536 | 82.1% | 3 000 | 3 862 |
| Other transfers to households | 550 | - | - | 550 | 700 | -150 | 127.3% | - | 54 |
| Payments for capital assets | 8 100 | - | 2 750 | 10 850 | 11 021 | -171 | 101.6% | 17 593 | 15 827 |
| Machinery and equipment | 8 100 | - | 2 750 | 10 850 | 11 021 | -171 | 101.6% | 17 593 | 15 827 |
| Transport equipment | 3 000 | - | -1 200 | 1 800 | 3 408 | -1 608 | 189.3% | 2 254 | 1 274 |
| Other machinery and equipment | 5 100 | - | 3 950 | 9 050 | 7 613 | 1 437 | 84.1% | 15 339 | 14 553 |
| Payment for financial assets | 107 607 | - | - | 107 607 | 107 608 | -1 | 100.0% | - | 12 |
| | 768 148 | - | 4 108 | 772 256 | 846 622 | -74 366 | 109.6% | 607 392 | 701 319 |

2015/16 ANNUAL REPORT VOTE 7

SUB-PROGRAMME: 1.1: OFFICE OF THE MEC

| | 2015/16 | | | | | | | 2014/15 | |
|-------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|-------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 17 089 | - | - | 17 089 | 17 730 | -641 | 103.8% | 15 856 | 15 856 |
| Compensation of employees | 11 620 | - | - | 11 620 | 12 366 | -746 | 106.4% | 11 051 | 11 051 |
| Goods and services | 5 469 | - | - | 5 469 | 5 364 | 105 | 98.1% | 4 805 | 4 804 |
| Interest and rent on land | - | - | - | - | - | - | - | - | 1 |
| Transfers and subsidies | - | - | - | - | - | - | - | 7 | 53 |
| Provinces and municipalities | - | - | - | - | - | - | - | 7 | 7 |
| Households | - | - | - | - | - | - | - | - | 46 |
| Payments for capital assets | 1 100 | - | - | 1 100 | 724 | 376 | 65.8% | 909 | 909 |
| Machinery and equipment | 1 100 | - | - | 1 100 | 724 | 376 | 65.8% | 909 | 909 |
| Payment for financial assets | - | - | - | - | 1 | -1 | - | - | - |
| Total | 18 189 | - | - | 18 189 | 18 455 | -266 | 101.5% | 16 772 | 16 818 |

2015/16 ANNUAL REPORT VOTE 7

SUB-PROGRAMME: 1.2: MANAGEMENT

| | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|--------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 628 701 | - | 1 358 | 630 059 | 704 574 | -74 515 | 111.8% | 569 129 | 662 981 |
| Compensation of employees | 315 053 | - | - | 315 053 | 314 446 | 607 | 99.8% | 281 932 | 281 932 |
| Goods and services | 313 648 | - | 1 358 | 315 006 | 390 024 | -75 018 | 123.8% | 287 197 | 380 995 |
| Interest and rent on land | - | - | - | - | 104 | -104 | - | - | 54 |
| Transfers and subsidies | 6 651 | - | - | 6 651 | 5 689 | 962 | 85.5% | 4 807 | 6 590 |
| Provinces and municipalities | 3 100 | - | - | 3 100 | 2 525 | 575 | 81.5% | 1 806 | 2 654 |
| Departmental agencies and accounts | 1 | - | - | 1 | - | 1 | - | 1 | - |
| Foreign governments and international organisations | - | - | - | - | - | - | - | - | 66 |
| Households | 3 550 | - | - | 3 550 | 3 164 | 386 | 89.1% | 3 000 | 3 870 |
| Payments for capital assets | 7 000 | - | 2 750 | 9 750 | 10 297 | -547 | 105.6% | 16 684 | 14 918 |
| Machinery and equipment | 7 000 | - | 2 750 | 9 750 | 10 297 | -547 | 105.6% | 16 684 | 14 918 |
| Payment for financial assets | 107 607 | - | - | 107 607 | 107 607 | - | 100.0% | - | 12 |
| Total | 749 959 | - | 4 108 | 754 067 | 828 167 | -74 100 | 109.8% | 590 620 | 684 501 |

2015/16 ANNUAL REPORT VOTE 7

PROGRAMME 2: DISTRICT HEALTH SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|----------------------------|------------------------|-------------------|---------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub programme | | | | | | | | | |
| 1 DISTRICT MANAGEMENT | 250 041 | - | -255 | 249 786 | 249 161 | 625 | 99.7% | 231 894 | 230 638 |
| 2 COMMUNITY HEALTH CLINICS | 3 547 112 | - | 44 737 | 3 591 849 | 3 501 113 | 90 736 | 97.5% | 3 098 023 | 3 072 879 |
| 3 COMMUNITY HEALTH CENTRES | 1 388 550 | - | -22 742 | 1 365 808 | 1 365 808 | - | 100.0% | 1 204 350 | 1 208 867 |
| 4 COMMUNITY BASED SERVICES | 13 000 | - | 3 289 | 16 289 | 16 289 | - | 100.0% | 2 580 | 2 580 |
| 5 OTHER COMMUNITY SERVICES | 1 101 276 | - | - | 1 101 276 | 1 104 071 | -2 795 | 100.3% | 1 009 927 | 1 013 481 |
| 6 HIV AND AIDS | 3 813 094 | - | - | 3 813 094 | 3 813 719 | -625 | 100.0% | 3 257 992 | 3 258 231 |
| 7 NUTRITION | 39 769 | - | 4 051 | 43 820 | 43 820 | - | 100.0% | 43 763 | 43 763 |
| 8 CORONER SERVICES | 173 157 | - | - | 173 157 | 172 140 | 1 017 | 99.4% | 163 279 | 163 386 |
| 9 DISTRICT HOSPITALS | 5 643 172 | - | - | 5 643 172 | 5 741 775 | -98 603 | 101.7% | 5 677 247 | 5 695 230 |
| | 15 969 171 | - | 29 080 | 15 998 251 | 16 007 896 | -9 645 | 100.1% | 14 689 055 | 14 689 055 |

2015/16 ANNUAL REPORT VOTE 7

| PROGRAMME 2: DISTRICT HEALTH SERVICES | | | | | | | | | |
|---|------------------------|-------------------|--------------|---------------------|--------------------|-----------------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 15 467 255 | - | 3 279 | 15 470 534 | 15 589 077 | -118 543 | 100.8% | 14 129 294 | 14 126 593 |
| Compensation of employees | 10 382 275 | - | - | 10 382 275 | 10 476 826 | -94 551 | 100.9% | 9 743 255 | 9 743 254 |
| Salaries and wages | 9 071 401 | - | - | 9 071 401 | 9 117 861 | -46 460 | 100.5% | 8 511 180 | 8 514 193 |
| Social contributions | 1 310 874 | - | - | 1 310 874 | 1 358 965 | -48 091 | 103.7% | 1 232 075 | 1 229 061 |
| Goods and services | 5 084 841 | - | 3 279 | 5 088 120 | 5 111 894 | -23 774 | 100.5% | 4 385 909 | 4 383 193 |
| Administrative fees | 7 | - | 261 | 268 | 818 | -550 | 305.2% | 2 | - |
| Advertising | 25 366 | - | 1 038 | 26 404 | 21 163 | 5 241 | 80.2% | 6 948 | 6 750 |
| Minor assets | 33 000 | - | -2 906 | 30 094 | 23 132 | 6 962 | 76.9% | 26 501 | 25 913 |
| Audit costs: External | - | - | - | - | - | - | - | - | -1 |
| Catering: Departmental activities | 1 241 | - | -13 | 1 228 | 2 862 | -1 634 | 233.1% | 1 549 | 1 473 |
| Communication (G&S) | 52 283 | - | 896 | 53 179 | 52 806 | 373 | 99.3% | 55 101 | 53 851 |
| Computer services | 5 705 | - | -2 453 | 3 252 | 3 252 | - | 100.0% | 3 494 | 93 |
| Consultants: Business and advisory services | 6 762 | - | -2 235 | 4 527 | 4 487 | 40 | 99.1% | 6 368 | 5 071 |
| Laboratory services | 838 900 | - | 47 745 | 886 645 | 962 065 | -75 420 | 108.5% | 816 363 | 822 165 |
| Legal services | 2 354 | - | 3 382 | 5 736 | 5 913 | -177 | 103.1% | 3 609 | 3 602 |
| Contractors | 26 379 | - | -330 | 26 049 | 25 376 | 673 | 97.4% | 24 979 | 25 005 |
| Agency and support / outsourced services | 107 606 | - | -7 282 | 100 324 | 95 569 | 4 755 | 95.3% | 111 314 | 111 322 |
| Fleet services (including government motor transport) | 91 836 | - | 933 | 92 769 | 91 734 | 1 035 | 98.9% | 95 010 | 94 997 |
| Inventory: Clothing material and accessories | 4 948 | - | 2 287 | 7 235 | 7 173 | 62 | 99.1% | 3 614 | 3 489 |
| Inventory: Farming supplies | - | - | 3 | 3 | 12 | -9 | 400.0% | 7 | 4 |
| Inventory: Food and food supplies | 70 208 | - | 639 | 70 847 | 70 862 | -15 | 100.0% | 70 797 | 70 810 |
| Inventory: Fuel, oil and gas | 33 827 | - | 425 | 34 252 | 34 088 | 164 | 99.5% | 38 326 | 38 355 |
| Inventory: Materials and supplies | 4 653 | - | 1 664 | 6 317 | 9 362 | -3 045 | 148.2% | 4 008 | 4 023 |

2015/16 ANNUAL REPORT VOTE 7

| PROGRAMME 2: DISTRICT HEALTH SERVICES | | | | | | | | | |
|--|------------------------|-------------------|----------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Inventory: Medical supplies | 479 443 | - | -6 934 | 472 509 | 440 167 | 32 342 | 93.2% | 453 872 | 453 814 |
| Inventory: Medicine | 2 360 514 | - | -11 858 | 2 348 656 | 2 348 656 | - | 100.0% | 1 842 964 | 1 843 424 |
| Inventory: Other supplies | 330 | - | - | 330 | 375 | -45 | 113.6% | 446 | 446 |
| Consumable supplies | 115 392 | - | 307 | 115 699 | 114 296 | 1 403 | 98.8% | 116 226 | 118 063 |
| Consumable: Stationery, printing and office supplies | 47 975 | - | 9 022 | 56 997 | 50 752 | 6 245 | 89.0% | 41 666 | 36 479 |
| Operating leases | 54 193 | - | -7 663 | 46 530 | 46 271 | 259 | 99.4% | 42 135 | 42 099 |
| Property payments | 682 359 | - | -28 892 | 653 467 | 653 581 | -114 | 100.0% | 578 178 | 577 925 |
| Transport provided: Departmental activity | 1 105 | - | 170 | 1 275 | 1 275 | - | 100.0% | 978 | 979 |
| Travel and subsistence | 22 976 | - | 3 551 | 26 527 | 28 841 | -2 314 | 108.7% | 25 695 | 26 097 |
| Training and development | 1 897 | - | 1 287 | 3 184 | 4 014 | -830 | 126.1% | 2 866 | 3 141 |
| Operating payments | 13 357 | - | -106 | 13 251 | 12 426 | 825 | 93.8% | 12 297 | 12 340 |
| Venues and facilities | 224 | - | 340 | 564 | 564 | - | 100.0% | 303 | 1 171 |
| Rental and hiring | 1 | - | 1 | 2 | 2 | - | 100.0% | 293 | 293 |
| Interest and rent on land | 139 | - | - | 139 | 357 | -218 | 256.8% | 130 | 146 |
| Interest (Incl. interest on unitary payments (PPP)) | 139 | - | - | 139 | 357 | -218 | 256.8% | 130 | 146 |
| Transfers and subsidies | 416 887 | - | - | 416 887 | 363 631 | 53 256 | 87.2% | 394 183 | 413 439 |
| Provinces and municipalities | 205 250 | - | - | 205 250 | 129 600 | 75 650 | 63.1% | 153 775 | 117 889 |
| Provinces | - | - | - | - | - | - | - | 484 | 485 |
| Provincial agencies and funds | - | - | - | - | - | - | - | 484 | 485 |
| Municipalities | 205 250 | - | - | 205 250 | 129 600 | 75 650 | 63.1% | 153 291 | 117 404 |
| Municipal bank accounts | 205 250 | - | - | 205 250 | 129 600 | 75 650 | 63.1% | 153 291 | 117 404 |
| Departmental agencies and accounts | 35 | - | - | 35 | 48 | -13 | 137.1% | 6 | 10 |
| Departmental agencies (non-business entities) | 35 | - | - | 35 | 48 | -13 | 137.1% | 6 | 10 |
| Non-profit institutions | 165 157 | - | - | 165 157 | 165 147 | 10 | 100.0% | 202 102 | 190 404 |

**2015/16 ANNUAL REPORT
VOTE 7**

| PROGRAMME 2: DISTRICT HEALTH SERVICES | | | | | | | | | |
|---------------------------------------|------------------------|-------------------|---------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | 2015/16 | | | | | | | 2014/15 | |
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Households | 46 445 | - | - | 46 445 | 68 836 | -22 391 | 148.2% | 38 300 | 105 136 |
| Social benefits | 45 311 | - | - | 45 311 | 67 262 | -21 951 | 148.4% | 38 300 | 73 711 |
| Other transfers to households | 1 134 | - | - | 1 134 | 1 574 | -440 | 138.8% | - | 31 425 |
| Payments for capital assets | 85 027 | - | 25 801 | 110 828 | 55 159 | 55 669 | 49.8% | 165 557 | 149 002 |
| Buildings and other fixed structures | - | - | - | - | - | - | - | - | 210 |
| Other fixed structures | - | - | - | - | - | - | - | - | 210 |
| Machinery and equipment | 85 027 | - | 25 801 | 110 828 | 55 159 | 55 669 | 49.8% | 165 557 | 148 792 |
| Transport equipment | 47 944 | - | 4 974 | 52 918 | 34 867 | 18 051 | 65.9% | 107 147 | 106 720 |
| Other machinery and equipment | 37 083 | - | 20 827 | 57 910 | 20 292 | 37 618 | 35.0% | 58 410 | 42 072 |
| Payment for financial assets | 2 | - | - | 2 | 29 | -27 | 1450.0% | 21 | 21 |
| | 15 969 171 | - | 29 080 | 15 998 251 | 16 007 896 | -9 645 | 100.1% | 14 689 055 | 14 689 055 |

2015/16 ANNUAL REPORT VOTE 7

SUB-PROGRAMME: 2.1: DISTRICT MANAGEMENT

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|-------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 241 256 | - | -255 | 241 001 | 242 963 | -1 962 | 100.8% | 215 200 | 212 465 |
| Compensation of employees | 191 177 | - | - | 191 177 | 193 021 | -1 844 | 101.0% | 164 036 | 163 996 |
| Goods and services | 50 076 | - | -255 | 49 821 | 49 925 | -104 | 100.2% | 51 160 | 48 462 |
| Interest and rent on land | 3 | - | - | 3 | 17 | -14 | 566.7% | 4 | 7 |
| Transfers and subsidies | 446 | - | - | 446 | 411 | 35 | 92.2% | 1 294 | 1 458 |
| Provinces and municipalities | - | - | - | - | - | - | - | 94 | 91 |
| Households | 446 | - | - | 446 | 411 | 35 | 92.2% | 1 200 | 1 367 |
| Payments for capital assets | 8 339 | - | - | 8 339 | 5 787 | 2 552 | 69.4% | 15 400 | 16 715 |
| Machinery and equipment | 8 339 | - | - | 8 339 | 5 787 | 2 552 | 69.4% | 15 400 | 16 715 |
| Total | 250 041 | - | -255 | 249 786 | 249 161 | 625 | 99.7% | 231 894 | 230 638 |

2015/16 ANNUAL REPORT VOTE 7

SUB-PROGRAMME: 2.2: COMMUNITY HEALTH CLINICS

| | 2015/16 | | | | | | | 2014/15 | |
|-------------------------------------|------------------------|-------------------|---------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 3 346 936 | - | 18 936 | 3 365 872 | 3 381 710 | -15 838 | 100.5% | 2 935 547 | 2 935 555 |
| Compensation of employees | 2 170 000 | - | - | 2 170 000 | 2 170 975 | -975 | 100.0% | 1 935 454 | 1 935 455 |
| Goods and services | 1 176 936 | - | 18 936 | 1 195 872 | 1 210 673 | -14 801 | 101.2% | 1 000 093 | 1 000 093 |
| Interest and rent on land | - | - | - | - | 62 | -62 | - | - | 7 |
| Transfers and subsidies | 184 353 | - | - | 184 353 | 110 646 | 73 707 | 60.0% | 146 860 | 121 704 |
| Provinces and municipalities | 145 250 | - | - | 145 250 | 69 600 | 75 650 | 47.9% | 106 304 | 77 467 |
| Departmental agencies and accounts | - | - | - | - | 4 | -4 | - | - | - |
| Non-profit institutions | 28 103 | - | - | 28 103 | 26 600 | 1 503 | 94.7% | 30 556 | 25 152 |
| Households | 11 000 | - | - | 11 000 | 14 442 | -3 442 | 131.3% | 10 000 | 19 085 |
| Payments for capital assets | 15 823 | - | 25 801 | 41 624 | 8 757 | 32 867 | 21.0% | 15 614 | 15 618 |
| Machinery and equipment | 15 823 | - | 25 801 | 41 624 | 8 757 | 32 867 | 21.0% | 15 614 | 15 618 |
| Payment for financial assets | - | - | - | - | - | - | - | 2 | 2 |
| Total | 3 547 112 | - | 44 737 | 3 591 849 | 3 501 113 | 90 736 | 97.5% | 3 098 023 | 3 072 879 |

2015/16 ANNUAL REPORT VOTE 7

SUB-PROGRAMME: 2.3: COMMUNITY HEALTH CENTRES

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|----------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 1 376 346 | - | -22 742 | 1 353 604 | 1 356 616 | -3 012 | 100.2% | 1 191 186 | 1 191 186 |
| Compensation of employees | 1 014 969 | - | - | 1 014 969 | 1 019 465 | -4 496 | 100.4% | 885 568 | 885 568 |
| Goods and services | 361 364 | - | -22 742 | 338 622 | 337 118 | 1 504 | 99.6% | 305 594 | 305 594 |
| Interest and rent on land | 13 | - | - | 13 | 33 | -20 | 253.8% | 24 | 24 |
| Transfers and subsidies | 5 187 | - | - | 5 187 | 5 754 | -567 | 110.9% | 2 824 | 7 345 |
| Provinces and municipalities | - | - | - | - | - | - | - | 24 | 24 |
| Departmental agencies and accounts | 1 | - | - | 1 | 6 | -5 | 600.0% | - | 5 |
| Households | 5 186 | - | - | 5 186 | 5 748 | -562 | 110.8% | 2 800 | 7 316 |
| Payments for capital assets | 7 017 | - | - | 7 017 | 3 438 | 3 579 | 49.0% | 10 340 | 10 336 |
| Machinery and equipment | 7 017 | - | - | 7 017 | 3 438 | 3 579 | 49.0% | 10 340 | 10 336 |
| Total | 1 388 550 | - | -22 742 | 1 365 808 | 1 365 808 | - | 100.0% | 1 204 350 | 1 208 867 |

SUB-PROGRAMME: 2.4: COMMUNITY BASED SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|---------------------------|------------------------|-------------------|--------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 13 000 | - | 3 289 | 16 289 | 16 289 | - | 100.0% | 2 580 | 2 580 |
| Compensation of employees | 12 000 | - | - | 12 000 | 13 000 | -1 000 | 108.3% | 2 052 | 2 052 |
| Goods and services | 1 000 | - | 3 289 | 4 289 | 3 289 | 1 000 | 76.7% | 528 | 528 |
| Total | 13 000 | - | 3 289 | 16 289 | 16 289 | - | 100.0% | 2 580 | 2 580 |

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SUB-PROGRAMME: 2.5: OTHER COMMUNITY SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 1 080 831 | - | - | 1 080 831 | 1 082 028 | -1 197 | 100.1% | 1 001 227 | 1 001 227 |
| Compensation of employees | 1 042 138 | - | - | 1 042 138 | 1 046 805 | -4 667 | 100.4% | 954 954 | 954 955 |
| Goods and services | 38 693 | - | - | 38 693 | 35 222 | 3 471 | 91.0% | 46 273 | 46 272 |
| Interest and rent on land | - | - | - | - | 1 | -1 | - | - | - |
| Transfers and subsidies | 2 904 | - | - | 2 904 | 7 555 | -4 651 | 260.2% | 4 451 | 8 004 |
| Provinces and municipalities | - | - | - | - | - | - | - | 51 | 51 |
| Households | 2 904 | - | - | 2 904 | 7 555 | -4 651 | 260.2% | 4 400 | 7 953 |
| Payments for capital assets | 17 541 | - | - | 17 541 | 14 488 | 3 053 | 82.6% | 4 249 | 4 250 |
| Machinery and equipment | 17 541 | - | - | 17 541 | 14 488 | 3 053 | 82.6% | 4 249 | 4 250 |
| Total | 1 101 276 | - | - | 1 101 276 | 1 104 071 | -2 795 | 100.3% | 1 009 927 | 1 013 481 |

2015/16 ANNUAL REPORT VOTE 7

SUB-PROGRAMME: 2.6: HIV AND AIDS

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 3 719 287 | - | - | 3 719 287 | 3 732 519 | -13 232 | 100.4% | 3 126 922 | 3 132 242 |
| Compensation of employees | 1 667 600 | - | - | 1 667 600 | 1 666 969 | 631 | 100.0% | 1 506 602 | 1 506 630 |
| Goods and services | 2 051 687 | - | - | 2 051 687 | 2 065 550 | -13 863 | 100.7% | 1 620 320 | 1 625 611 |
| Interest and rent on land | - | - | - | - | - | - | - | - | 1 |
| Transfers and subsidies | 77 647 | - | - | 77 647 | 78 464 | -817 | 101.1% | 65 042 | 59 959 |
| Provinces and municipalities | 60 000 | - | - | 60 000 | 60 000 | - | 100.0% | 47 050 | 40 001 |
| Non-profit institutions | 12 607 | - | - | 12 607 | 13 790 | -1 183 | 109.4% | 14 292 | 14 291 |
| Households | 5 040 | - | - | 5 040 | 4 674 | 366 | 92.7% | 3 700 | 5 667 |
| Payments for capital assets | 16 160 | - | - | 16 160 | 2 736 | 13 424 | 16.9% | 66 028 | 66 030 |
| Machinery and equipment | 16 160 | - | - | 16 160 | 2 736 | 13 424 | 16.9% | 66 028 | 66 030 |
| Total | 3 813 094 | - | - | 3 813 094 | 3 813 719 | -625 | 100.0% | 3 257 992 | 3 258 231 |

SUB-PROGRAMME: 2.7: NUTRITION

| | 2015/16 | | | | | | | 2014/15 | |
|-------------------------|------------------------|-------------------|--------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 39 769 | - | 4 051 | 43 820 | 43 820 | - | 100.0% | 43 763 | 43 763 |
| Goods and services | 39 769 | - | 4 051 | 43 820 | 43 820 | - | 100.0% | 43 763 | 43 763 |
| Total | 39 769 | - | 4 051 | 43 820 | 43 820 | - | 100.0% | 43 763 | 43 763 |

2015/16 ANNUAL REPORT VOTE 7

SUB-PROGRAMME: 2.8: CORONER SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 166 011 | - | - | 166 011 | 166 651 | -640 | 100.4% | 156 932 | 156 927 |
| Compensation of employees | 138 707 | - | - | 138 707 | 138 257 | 450 | 99.7% | 128 952 | 128 950 |
| Goods and services | 27 303 | - | - | 27 303 | 28 382 | -1 079 | 104.0% | 27 980 | 27 972 |
| Interest and rent on land | 1 | - | - | 1 | 12 | -11 | 1200.0% | - | 5 |
| Transfers and subsidies | 234 | - | - | 234 | 260 | -26 | 111.1% | 229 | 340 |
| Provinces and municipalities | - | - | - | - | - | - | - | 29 | 30 |
| Households | 234 | - | - | 234 | 260 | -26 | 111.1% | 200 | 310 |
| Payments for capital assets | 6 912 | - | - | 6 912 | 5 229 | 1 683 | 75.7% | 6 118 | 6 119 |
| Machinery and equipment | 6 912 | - | - | 6 912 | 5 229 | 1 683 | 75.7% | 6 118 | 6 119 |
| Total | 173 157 | - | - | 173 157 | 172 140 | 1 017 | 99.4% | 163 279 | 163 386 |

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SUB-PROGRAMME: 2.9: DISTRICT HOSPITALS

| | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 5 483 819 | - | - | 5 483 819 | 5 566 481 | -82 662 | 101.5% | 5 455 937 | 5 450 648 |
| Compensation of employees | 4 145 684 | - | - | 4 145 684 | 4 228 334 | -82 650 | 102.0% | 4 165 637 | 4 165 648 |
| Goods and services | 1 338 013 | - | - | 1 338 013 | 1 337 915 | 98 | 100.0% | 1 290 198 | 1 284 898 |
| Interest and rent on land | 122 | - | - | 122 | 232 | -110 | 190.2% | 102 | 102 |
| Transfers and subsidies | 146 116 | - | - | 146 116 | 160 541 | -14 425 | 109.9% | 173 483 | 214 629 |
| Provinces and municipalities | - | - | - | - | - | - | - | 223 | 225 |
| Departmental agencies and accounts | 34 | - | - | 34 | 38 | -4 | 111.8% | 6 | 5 |
| Non-profit institutions | 124 447 | - | - | 124 447 | 124 757 | -310 | 100.2% | 157 254 | 150 961 |
| Households | 21 635 | - | - | 21 635 | 35 746 | -14 111 | 165.2% | 16 000 | 63 438 |
| Payments for capital assets | 13 235 | - | - | 13 235 | 14 724 | -1 489 | 111.3% | 47 808 | 29 934 |
| Buildings and other fixed structures | - | - | - | - | - | - | - | - | 210 |
| Machinery and equipment | 13 235 | - | - | 13 235 | 14 724 | -1 489 | 111.3% | 47 808 | 29 724 |
| Payment for financial assets | 2 | - | - | 2 | 29 | -27 | 1450.0% | 19 | 19 |
| Total | 5 643 172 | - | - | 5 643 172 | 5 741 775 | -98 603 | 101.7% | 5 677 247 | 5 695 230 |

2015/16 ANNUAL REPORT VOTE 7

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|----------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub-Programme | | | | | | | | | |
| 1 EMERGENCY SERVICES | 1 123 127 | - | -16 418 | 1 106 709 | 1 106 709 | - | 100.0% | 1 026 983 | 1 026 983 |
| 2 PLANNED PATIENT TRANSPORT | 62 509 | - | 5 160 | 67 669 | 67 669 | - | 100.0% | 41 130 | 41 130 |
| | 1 185 636 | - | -11 258 | 1 174 378 | 1 174 378 | - | 100.0% | 1 068 113 | 1 068 113 |

2015/16 ANNUAL REPORT VOTE 7

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|--------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 1 120 120 | - | 5 705 | 1 125 825 | 1 133 984 | -8 159 | 100.7% | 1 043 872 | 1 061 869 |
| Compensation of employees | 814 187 | - | - | 814 187 | 822 311 | -8 124 | 101.0% | 768 178 | 768 178 |
| Salaries and wages | 698 195 | - | - | 698 195 | 696 517 | 1 678 | 99.8% | 658 969 | 658 964 |
| Social contributions | 115 992 | - | - | 115 992 | 125 794 | -9 802 | 108.5% | 109 209 | 109 214 |
| Goods and services | 305 933 | - | 5 705 | 311 638 | 311 638 | - | 100.0% | 275 677 | 293 675 |
| Advertising | 100 | - | -88 | 12 | 12 | - | 100.0% | 50 | 52 |
| Minor assets | 900 | - | -544 | 356 | 356 | - | 100.0% | 421 | 424 |
| Catering: Departmental activities | - | - | - | - | - | - | - | 78 | 77 |
| Communication (G&S) | 8 585 | - | 149 | 8 734 | 8 734 | - | 100.0% | 8 105 | 8 107 |
| Computer services | - | - | - | - | - | - | - | 45 | 45 |
| Consultants: Business and advisory services | - | - | 2 | 2 | 2 | - | 100.0% | 11 | 11 |
| Legal services | 27 | - | 50 | 77 | 77 | - | 100.0% | 152 | 151 |
| Contractors | 1 300 | - | 1 215 | 2 515 | 2 515 | - | 100.0% | 899 | 901 |
| Agency and support / outsourced services | 534 | - | 8 | 542 | 542 | - | 100.0% | 694 | 696 |
| Fleet services (including government motor transport) | 156 831 | - | 11 829 | 168 660 | 168 660 | - | 100.0% | 151 447 | 169 437 |
| Inventory: Clothing material and accessories | 12 100 | - | -4 386 | 7 714 | 7 714 | - | 100.0% | 293 | 292 |
| Inventory: Farming supplies | - | - | - | - | - | - | - | - | 1 |
| Inventory: Fuel, oil and gas | 274 | - | 1 945 | 2 219 | 2 219 | - | 100.0% | 3 350 | 3 350 |
| Inventory: Materials and supplies | 47 | - | 6 | 53 | 53 | - | 100.0% | 91 | 91 |
| Inventory: Medical supplies | 10 724 | - | 985 | 11 709 | 11 709 | - | 100.0% | 11 088 | 11 086 |
| Inventory: Medicine | 500 | - | -352 | 148 | 148 | - | 100.0% | 335 | 335 |
| Consumable supplies | 1 500 | - | 422 | 1 922 | 1 922 | - | 100.0% | 1 007 | 1 009 |

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PROGRAMME 3: EMERGENCY MEDICAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|--|------------------------|-------------------|----------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Consumable: Stationery, printing and office supplies | 591 | - | 1 501 | 2 092 | 2 092 | - | 100.0% | 2 950 | 2 948 |
| Operating leases | 1 917 | - | -302 | 1 615 | 1 615 | - | 100.0% | 1 441 | 1 441 |
| Property payments | 19 877 | - | -257 | 19 620 | 19 620 | - | 100.0% | 17 341 | 17 341 |
| Transport provided: Departmental activity | 85 342 | - | -5 586 | 79 756 | 79 756 | - | 100.0% | 71 283 | 71 283 |
| Travel and subsistence | 4 050 | - | -372 | 3 678 | 3 678 | - | 100.0% | 4 500 | 4 503 |
| Training and development | - | - | 8 | 8 | 8 | - | 100.0% | - | - |
| Operating payments | 734 | - | -528 | 206 | 206 | - | 100.0% | 96 | 94 |
| Interest and rent on land | - | - | - | - | 35 | -35 | - | 17 | 16 |
| Interest (Incl. interest on unitary payments (PPP)) | - | - | - | - | 35 | -35 | - | 17 | 16 |
| Transfers and subsidies | 5 216 | - | - | 5 216 | 3 437 | 1 779 | 65.9% | 4 247 | 4 684 |
| Provinces and municipalities | 3 190 | - | - | 3 190 | 1 177 | 2 013 | 36.9% | 1 947 | 1 947 |
| Provinces | 3 190 | - | - | 3 190 | 1 177 | 2 013 | 36.9% | 1 907 | 1 947 |
| Provincial Revenue Funds | 90 | - | - | 90 | - | 90 | - | - | - |
| Provincial agencies and funds | 3 100 | - | - | 3 100 | 1 177 | 1 923 | 38.0% | 1 907 | 1 947 |
| Municipalities | - | - | - | - | - | - | - | 40 | - |
| Municipal bank accounts | - | - | - | - | - | - | - | 40 | - |
| Departmental agencies and accounts | 1 | - | - | 1 | 2 | -1 | 200.0% | - | 2 |
| Departmental agencies (non-business entities) | 1 | - | - | 1 | 2 | -1 | 200.0% | - | 2 |
| Households | 2 025 | - | - | 2 025 | 2 258 | -233 | 111.5% | 2 300 | 2 735 |
| Social benefits | 750 | - | - | 750 | 1 733 | -983 | 231.1% | 2 186 | 2 098 |
| Other transfers to households | 1 275 | - | - | 1 275 | 525 | 750 | 41.2% | 114 | 637 |
| Payments for capital assets | 60 300 | - | -16 963 | 43 337 | 36 957 | 6 380 | 85.3% | 19 623 | 1 189 |
| Machinery and equipment | 60 300 | - | -16 963 | 43 337 | 36 957 | 6 380 | 85.3% | 19 623 | 1 189 |

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PROGRAMME 3: EMERGENCY MEDICAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|-------------------------------------|------------------------|-------------------|----------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Transport equipment | 55 000 | - | -16 663 | 38 337 | 35 871 | 2 466 | 93.6% | 18 683 | 250 |
| Other machinery and equipment | 5 300 | - | -300 | 5 000 | 1 086 | 3 914 | 21.7% | 940 | 939 |
| Payment for financial assets | - | - | - | - | - | - | - | 371 | 371 |
| | 1 185 636 | - | -11 258 | 1 174 378 | 1 174 378 | - | 100.0% | 1 068 113 | 1 068 113 |

SUB-PROGRAMME: 3.1: EMERGENCY SERVICES

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|-------------------------------------|------------------------|-------------------|----------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 1 073 151 | - | -9 930 | 1 063 221 | 1 066 449 | -3 228 | 100.3% | 1 002 814 | 1 020 810 |
| Compensation of employees | 779 062 | - | - | 779 062 | 782 255 | -3 193 | 100.4% | 732 291 | 732 291 |
| Goods and services | 294 089 | - | -9 930 | 284 159 | 284 159 | - | 100.0% | 270 506 | 288 503 |
| Interest and rent on land | - | - | - | - | 35 | -35 | - | 17 | 16 |
| Transfers and subsidies | 4 976 | - | - | 4 976 | 3 303 | 1 673 | 66.4% | 4 175 | 4 613 |
| Provinces and municipalities | 3 100 | - | - | 3 100 | 1 177 | 1 923 | 38.0% | 1 947 | 1 947 |
| Departmental agencies and accounts | 1 | - | - | 1 | 2 | -1 | 200.0% | - | 2 |
| Households | 1 875 | - | - | 1 875 | 2 124 | -249 | 113.3% | 2 228 | 2 664 |
| Payments for capital assets | 45 000 | - | -6 488 | 38 512 | 36 957 | 1 555 | 96.0% | 19 623 | 1 189 |
| Machinery and equipment | 45 000 | - | -6 488 | 38 512 | 36 957 | 1 555 | 96.0% | 19 623 | 1 189 |
| Payment for financial assets | - | - | - | - | - | - | - | 371 | 371 |
| Total | 1 123 127 | - | -16 418 | 1 106 709 | 1 106 709 | - | 100.0% | 1 026 983 | 1 026 983 |

2015/16 ANNUAL REPORT VOTE 7

SUB-PROGRAMME: 3.2: PLANNED PATIENT TRANSPORT

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|--------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 46 969 | - | 15 635 | 62 604 | 67 535 | -4 931 | 107.9% | 41 058 | 41 059 |
| Compensation of employees | 35 125 | - | - | 35 125 | 40 056 | -4 931 | 114.0% | 35 887 | 35 887 |
| Goods and services | 11 844 | - | 15 635 | 27 479 | 27 479 | - | 100.0% | 5 171 | 5 172 |
| Transfers and subsidies | 240 | - | - | 240 | 134 | 106 | 55.8% | 72 | 71 |
| Provinces and municipalities | 90 | - | - | 90 | - | 90 | - | - | - |
| Households | 150 | - | - | 150 | 134 | 16 | 89.3% | 72 | 71 |
| Payments for capital assets | 15 300 | - | -10 475 | 4 825 | - | 4 825 | - | - | - |
| Machinery and equipment | 15 300 | - | -10 475 | 4 825 | - | 4 825 | - | - | - |
| Total | 62 509 | - | 5 160 | 67 669 | 67 669 | - | 100.0% | 41 130 | 41 130 |

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

| Sub-Programme | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|----------|---------------------|--------------------|-------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| 1 GENERAL (REGIONAL) HOSPITALS | 7 281 397 | - | 21 658 | 7 303 055 | 7 311 976 | -8 921 | 100.1% | 7 049 035 | 7 049 697 |
| 2 TUBERCULOSIS HOSPITALS | 764 772 | - | -20 736 | 744 036 | 734 142 | 9 894 | 98.7% | 671 094 | 673 273 |
| 3 PSYCHIATRIC-MENTAL HOSPITALS | 793 223 | - | -5 045 | 788 178 | 788 178 | - | 100.0% | 753 494 | 753 353 |
| 4 SUB-ACUTE, STEP-DOWN AND CHRONIC MEDICAL HOSPITALS | 355 257 | - | 4 123 | 359 380 | 361 110 | -1 730 | 100.5% | 301 413 | 301 941 |
| 5 DENTAL TRAINING HOSPITAL | 18 897 | - | - | 18 897 | 18 958 | -61 | 100.3% | 17 353 | 17 415 |
| Total | 9 213 546 | - | - | 9 213 546 | 9 214 364 | -818 | 100.0% | 8 792 389 | 8 795 679 |

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PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|----------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 9 064 962 | - | -13 908 | 9 051 054 | 9 047 148 | 3 906 | 100.0% | 8 627 112 | 8 627 112 |
| Compensation of employees | 6 988 789 | - | - | 6 988 789 | 6 989 676 | -887 | 100.0% | 6 725 939 | 6 725 939 |
| Salaries and wages | 6 104 964 | - | - | 6 104 964 | 6 093 608 | 11 356 | 99.8% | 5 901 075 | 5 900 726 |
| Social contributions | 883 825 | - | - | 883 825 | 896 068 | -12 243 | 101.4% | 824 864 | 825 213 |
| Goods and services | 2 076 146 | - | -13 908 | 2 062 238 | 2 056 552 | 5 686 | 99.7% | 1 901 030 | 1 901 030 |
| Administrative fees | 1 | - | 1 927 | 1 928 | 1 928 | - | 100.0% | - | - |
| Advertising | 2 061 | - | 477 | 2 538 | 2 538 | - | 100.0% | 2 917 | 2 915 |
| Minor assets | 5 056 | - | 751 | 5 807 | 5 667 | 140 | 97.6% | 7 159 | 7 099 |
| Audit costs: External | - | - | - | - | - | - | - | 7 | 7 |
| Catering: Departmental activities | 153 | - | -30 | 123 | 72 | 51 | 58.5% | 52 | 51 |
| Communication (G&S) | 21 398 | - | -1 798 | 19 600 | 19 520 | 80 | 99.6% | 21 964 | 21 963 |
| Computer services | - | - | 6 | 6 | 6 | - | 100.0% | 165 | 165 |
| Consultants: Business and advisory services | 91 | - | 48 | 139 | 139 | - | 100.0% | 944 | 944 |
| Laboratory services | 274 500 | - | 11 567 | 286 067 | 286 067 | - | 100.0% | 90 938 | 90 938 |
| Legal services | 3 512 | - | 5 064 | 8 576 | 8 576 | - | 100.0% | 7 046 | 7 044 |
| Contractors | 23 400 | - | -875 | 22 525 | 22 525 | - | 100.0% | 13 431 | 13 492 |
| Agency and support / outsourced services | 155 944 | - | -16 584 | 139 360 | 139 360 | - | 100.0% | 151 777 | 151 776 |
| Fleet services (including government motor transport) | 16 909 | - | -579 | 16 330 | 16 330 | - | 100.0% | 16 460 | 16 465 |
| Inventory: Clothing material and accessories | 4 133 | - | -379 | 3 754 | 3 754 | - | 100.0% | 1 689 | 1 688 |
| Inventory: Food and food supplies | 45 777 | - | -5 454 | 40 323 | 40 323 | - | 100.0% | 44 320 | 44 320 |
| Inventory: Fuel, oil and gas | 52 531 | - | -4 682 | 47 849 | 47 849 | - | 100.0% | 53 763 | 53 764 |
| Inventory: Learner and teacher support material | - | - | - | - | - | - | - | 2 | 2 |

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PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Inventory: Materials and supplies | 3 295 | - | 385 | 3 680 | 3 680 | - | 100.0% | 2 201 | 2 204 |
| Inventory: Medical supplies | 507 529 | - | 10 279 | 517 808 | 518 935 | -1 127 | 100.2% | 569 010 | 569 026 |
| Inventory: Medicine | 442 924 | - | -8 227 | 434 697 | 428 158 | 6 539 | 98.5% | 413 253 | 413 208 |
| Inventory: Other supplies | 45 | - | -45 | - | - | - | - | - | - |
| Consumable supplies | 80 024 | - | 1 696 | 81 720 | 81 720 | - | 100.0% | 88 690 | 88 697 |
| Consumable: Stationery, printing and office supplies | 21 843 | - | 6 027 | 27 870 | 27 870 | - | 100.0% | 21 581 | 21 585 |
| Operating leases | 11 401 | - | -632 | 10 769 | 10 769 | - | 100.0% | 9 549 | 9 533 |
| Property payments | 393 947 | - | -14 901 | 379 046 | 379 043 | 3 | 100.0% | 372 871 | 372 865 |
| Transport provided: Departmental activity | 43 | - | 31 | 74 | 74 | - | 100.0% | 14 | 14 |
| Travel and subsistence | 4 250 | - | 311 | 4 561 | 4 561 | - | 100.0% | 5 141 | 5 156 |
| Training and development | - | - | - | - | - | - | - | 48 | 48 |
| Operating payments | 5 376 | - | 1 709 | 7 085 | 7 085 | - | 100.0% | 5 997 | 6 020 |
| Rental and hiring | 3 | - | - | 3 | 3 | - | 100.0% | 41 | 41 |
| Interest and rent on land | 27 | - | - | 27 | 920 | -893 | 3407.4% | 143 | 143 |
| Interest (Incl. interest on unitary payments (PPP)) | 27 | - | - | 27 | 920 | -893 | 3407.4% | 143 | 143 |
| Transfers and subsidies | 116 194 | - | - | 116 194 | 134 412 | -18 218 | 115.7% | 64 651 | 135 168 |
| Provinces and municipalities | - | - | - | - | - | - | - | 79 | 78 |
| Provinces | - | - | - | - | - | - | - | 79 | 78 |
| Provincial agencies and funds | - | - | - | - | - | - | - | 79 | 78 |
| Departmental agencies and accounts | 92 | - | - | 92 | 44 | 48 | 47.8% | 36 | 64 |
| Departmental agencies (non-business entities) | 92 | - | - | 92 | 44 | 48 | 47.8% | 36 | 64 |
| Public corporations and private enterprises | - | - | - | - | 10 | -10 | - | - | - |
| Private enterprises | - | - | - | - | 10 | -10 | - | - | - |

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PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|--|------------------------|-------------------|---------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Other transfers to private enterprises | - | - | - | - | 10 | -10 | - | - | - |
| Non-profit institutions | 31 882 | - | - | 31 882 | 28 255 | 3 627 | 88.6% | 28 536 | 31 646 |
| Households | 84 220 | - | - | 84 220 | 106 103 | -21 883 | 126.0% | 36 000 | 103 380 |
| Social benefits | 31 812 | - | - | 31 812 | 37 468 | -5 656 | 117.8% | 23 928 | 54 012 |
| Other transfers to households | 52 408 | - | - | 52 408 | 68 635 | -16 227 | 131.0% | 12 072 | 49 368 |
| Payments for capital assets | 32 390 | - | 13 908 | 46 298 | 30 385 | 15 913 | 65.6% | 100 621 | 33 394 |
| Machinery and equipment | 32 390 | - | 13 908 | 46 298 | 30 385 | 15 913 | 65.6% | 100 621 | 33 394 |
| Transport equipment | 3 646 | - | -1 191 | 2 455 | 2 929 | -474 | 119.3% | 9 455 | 6 617 |
| Other machinery and equipment | 28 744 | - | 15 099 | 43 843 | 27 456 | 16 387 | 62.6% | 91 166 | 26 777 |
| Payment for financial assets | - | - | - | - | 2 419 | -2 419 | - | 5 | 5 |
| | 9 213 546 | - | - | 9 213 546 | 9 214 364 | -818 | 100.0% | 8 792 389 | 8 795 679 |

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SUB-PROGRAMME: 4.1: GENERAL (REGIONAL) HOSPITALS

| | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|---------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 7 174 474 | - | 7 750 | 7 182 224 | 7 183 200 | -976 | 100.0% | 6 929 294 | 6 929 295 |
| Compensation of employees | 5 508 631 | - | 2 407 | 5 511 038 | 5 511 038 | - | 100.0% | 5 377 794 | 5 377 795 |
| Goods and services | 1 665 843 | - | 5 343 | 1 671 186 | 1 671 291 | -105 | 100.0% | 1 551 370 | 1 551 370 |
| Interest and rent on land | - | - | - | - | 871 | -871 | - | 130 | 130 |
| Transfers and subsidies | 78 916 | - | - | 78 916 | 99 152 | -20 236 | 125.6% | 28 085 | 91 333 |
| Provinces and municipalities | - | - | - | - | - | - | - | 49 | 51 |
| Departmental agencies and accounts | 63 | - | - | 63 | 25 | 38 | 39.7% | 36 | 52 |
| Public corporations and private enterprises | - | - | - | - | 10 | -10 | - | - | - |
| Households | 78 853 | - | - | 78 853 | 99 117 | -20 264 | 125.7% | 28 000 | 91 230 |
| Payments for capital assets | 28 007 | - | 13 908 | 41 915 | 27 205 | 14 710 | 64.9% | 91 651 | 29 064 |
| Machinery and equipment | 28 007 | - | 13 908 | 41 915 | 27 205 | 14 710 | 64.9% | 91 651 | 29 064 |
| Payment for financial assets | - | - | - | - | 2 419 | -2 419 | - | 5 | 5 |
| Total | 7 281 397 | - | 21 658 | 7 303 055 | 7 311 976 | -8 921 | 100.1% | 7 049 035 | 7 049 697 |

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SUB-PROGRAMME: 4.2: TUBERCULOSIS HOSPITALS

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|----------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 730 121 | - | -20 736 | 709 385 | 702 855 | 6 530 | 99.1% | 637 751 | 637 751 |
| Compensation of employees | 510 902 | - | -7 756 | 503 146 | 503 146 | - | 100.0% | 461 256 | 461 256 |
| Goods and services | 219 200 | - | -12 980 | 206 220 | 199 681 | 6 539 | 96.8% | 176 495 | 176 495 |
| Interest and rent on land | 19 | - | - | 19 | 28 | -9 | 147.4% | - | - |
| Transfers and subsidies | 33 151 | - | - | 33 151 | 29 899 | 3 252 | 90.2% | 29 543 | 34 394 |
| Provinces and municipalities | - | - | - | - | - | - | - | 7 | 6 |
| Departmental agencies and accounts | 9 | - | - | 9 | 1 | 8 | 11.1% | - | 8 |
| Non-profit institutions | 31 882 | - | - | 31 882 | 28 255 | 3 627 | 88.6% | 28 536 | 31 646 |
| Households | 1 260 | - | - | 1 260 | 1 643 | -383 | 130.4% | 1 000 | 2 734 |
| Payments for capital assets | 1 500 | - | - | 1 500 | 1 388 | 112 | 92.5% | 3 800 | 1 128 |
| Machinery and equipment | 1 500 | - | - | 1 500 | 1 388 | 112 | 92.5% | 3 800 | 1 128 |
| Total | 764 772 | - | -20 736 | 744 036 | 734 142 | 9 894 | 98.7% | 671 094 | 673 273 |

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SUB-PROGRAMME: 4.3: PSYCHIATRIC-MENTAL HOSPITALS

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|---------------|---------------------|--------------------|-------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 788 117 | - | -5 045 | 783 072 | 782 992 | 80 | 100.0% | 743 473 | 743 472 |
| Compensation of employees | 658 655 | - | 4 536 | 663 191 | 663 191 | - | 100.0% | 621 564 | 621 563 |
| Goods and services | 129 462 | - | -9 581 | 119 881 | 119 801 | 80 | 99.9% | 121 909 | 121 909 |
| Transfers and subsidies | 3 223 | - | - | 3 223 | 3 558 | -335 | 110.4% | 6 021 | 7 866 |
| Provinces and municipalities | - | - | - | - | - | - | - | 21 | 20 |
| Departmental agencies and accounts | 20 | - | - | 20 | 18 | 2 | 90.0% | - | 4 |
| Households | 3 203 | - | - | 3 203 | 3 540 | -337 | 110.5% | 6 000 | 7 842 |
| Payments for capital assets | 1 883 | - | - | 1 883 | 1 628 | 255 | 86.5% | 4 000 | 2 015 |
| Machinery and equipment | 1 883 | - | - | 1 883 | 1 628 | 255 | 86.5% | 4 000 | 2 015 |
| Total | 793 223 | - | -5 045 | 788 178 | 788 178 | - | 100.0% | 753 494 | 753 353 |

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SUB-PROGRAMME: 4.4: SUB-ACUTE, STEP-DOWN AND CHRONIC MEDICAL HOSPITALS

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|--------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 353 390 | - | 4 123 | 357 513 | 359 412 | -1 899 | 100.5% | 299 241 | 299 241 |
| Compensation of employees | 292 981 | - | 813 | 293 794 | 294 798 | -1 004 | 100.3% | 249 113 | 249 113 |
| Goods and services | 60 401 | - | 3 310 | 63 711 | 64 593 | -882 | 101.4% | 50 115 | 50 115 |
| Interest and rent on land | 8 | - | - | 8 | 21 | -13 | 262.5% | 13 | 13 |
| Transfers and subsidies | 867 | - | - | 867 | 1 534 | -667 | 176.9% | 1 002 | 1 533 |
| Provinces and municipalities | - | - | - | - | - | - | - | 2 | 1 |
| Households | 867 | - | - | 867 | 1 534 | -667 | 176.9% | 1 000 | 1 532 |
| Payments for capital assets | 1 000 | - | - | 1 000 | 164 | 836 | 16.4% | 1 170 | 1 167 |
| Machinery and equipment | 1 000 | - | - | 1 000 | 164 | 836 | 16.4% | 1 170 | 1 167 |
| Total | 355 257 | - | 4 123 | 359 380 | 361 110 | -1 730 | 100.5% | 301 413 | 301 941 |

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SUB-PROGRAMME: 4.5: DENTAL TRAINING HOSPITAL

| Economic classification | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|-------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 18 860 | - | - | 18 860 | 18 689 | 171 | 99.1% | 17 353 | 17 353 |
| Compensation of employees | 17 620 | - | - | 17 620 | 17 503 | 117 | 99.3% | 16 212 | 16 212 |
| Goods and services | 1 240 | - | - | 1 240 | 1 186 | 54 | 95.6% | 1 141 | 1 141 |
| Transfers and subsidies | 37 | - | - | 37 | 269 | -232 | 727.0% | - | 42 |
| Households | 37 | - | - | 37 | 269 | -232 | 727.0% | - | 42 |
| Payments for capital assets | - | - | - | - | - | - | - | - | 20 |
| Machinery and equipment | - | - | - | - | - | - | - | - | 20 |
| Total | 18 897 | - | - | 18 897 | 18 958 | -61 | 100.3% | 17 353 | 17 415 |

PROGRAMME 5: CENTRAL HOSPITAL SERVICES

| Sub-Programme | 2015/16 | | | | | | | 2014/15 | |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| 1 CENTRAL HOSPITAL SERVICES | 2 063 323 | - | - | 2 063 323 | 2 087 907 | -24 584 | 101.2% | 910 044 | 908 448 |
| 2 PROVINCIAL TERTIARY HOSPITAL SERVICES | 2 025 278 | - | - | 2 025 278 | 2 037 022 | -11 744 | 100.6% | 2 203 566 | 2 232 949 |
| Total | 4 088 601 | - | - | 4 088 601 | 4 124 929 | -36 328 | 100.9% | 3 113 610 | 3 141 397 |

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PROGRAMME 5: CENTRAL HOSPITAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 4 061 896 | - | - | 4 061 896 | 4 092 468 | -30 572 | 100.8% | 3 087 580 | 3 111 768 |
| Compensation of employees | 2 266 728 | - | - | 2 266 728 | 2 331 335 | -64 607 | 102.9% | 1 653 359 | 1 653 359 |
| Salaries and wages | 1 988 281 | - | - | 1 988 281 | 2 028 900 | -40 619 | 102.0% | 1 453 555 | 1 452 465 |
| Social contributions | 278 447 | - | - | 278 447 | 302 435 | -23 988 | 108.6% | 199 804 | 200 894 |
| Goods and services | 1 795 168 | - | - | 1 795 168 | 1 761 005 | 34 163 | 98.1% | 1 434 221 | 1 458 083 |
| Administrative fees | - | - | 9 | 9 | 9 | - | 100.0% | - | - |
| Advertising | 782 | - | 73 | 855 | 855 | - | 100.0% | 640 | 639 |
| Minor assets | 617 | - | -286 | 331 | 331 | - | 100.0% | 1 894 | 397 |
| Catering: Departmental activities | 13 | - | -9 | 4 | 4 | - | 100.0% | 10 | 10 |
| Communication (G&S) | 5 063 | - | 463 | 5 526 | 5 526 | - | 100.0% | 3 466 | 3 467 |
| Laboratory services | 92 000 | - | 16 276 | 108 276 | 108 276 | - | 100.0% | - | - |
| Legal services | 797 | - | 759 | 1 556 | 1 556 | - | 100.0% | 850 | 715 |
| Contractors | 10 531 | - | 507 | 11 038 | 11 038 | - | 100.0% | 10 519 | 8 773 |
| Agency and support / outsourced services | 790 319 | - | 73 797 | 864 116 | 864 116 | - | 100.0% | 735 809 | 762 223 |
| Fleet services (including government motor transport) | 856 | - | 84 | 940 | 940 | - | 100.0% | 751 | 754 |
| Inventory: Clothing material and accessories | 400 | - | 1 642 | 2 042 | 2 042 | - | 100.0% | 313 | 314 |
| Inventory: Food and food supplies | 8 243 | - | -695 | 7 548 | 7 548 | - | 100.0% | 5 003 | 4 953 |
| Inventory: Fuel, oil and gas | 32 351 | - | 452 | 32 803 | 32 803 | - | 100.0% | 22 453 | 25 361 |
| Inventory: Materials and supplies | 493 | - | -336 | 157 | 279 | -122 | 177.7% | 690 | 690 |
| Inventory: Medical supplies | 502 533 | - | -18 068 | 484 465 | 484 465 | - | 100.0% | 441 089 | 440 813 |
| Inventory: Medicine | 224 540 | - | -71 858 | 152 682 | 118 397 | 34 285 | 77.5% | 136 928 | 135 476 |
| Inventory: Other supplies | - | - | 1 420 | 1 420 | 1 420 | - | 100.0% | 652 | 652 |

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PROGRAMME 5: CENTRAL HOSPITAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Consumable supplies | 29 947 | - | -3 353 | 26 594 | 26 594 | - | 100.0% | 19 017 | 18 987 |
| Consumable: Stationery, printing and office supplies | 2 908 | - | 799 | 3 707 | 3 707 | - | 100.0% | 2 934 | 2 933 |
| Operating leases | 550 | - | 409 | 959 | 959 | - | 100.0% | 544 | 324 |
| Property payments | 90 275 | - | -1 547 | 88 728 | 88 728 | - | 100.0% | 48 602 | 48 602 |
| Transport provided: Departmental activity | - | - | 14 | 14 | 14 | - | 100.0% | 1 | 1 |
| Travel and subsistence | 665 | - | -234 | 431 | 431 | - | 100.0% | 694 | 820 |
| Training and development | - | - | - | - | - | - | - | 77 | 78 |
| Operating payments | 1 285 | - | -318 | 967 | 967 | - | 100.0% | 1 285 | 1 101 |
| Interest and rent on land | - | - | - | - | 128 | -128 | - | - | 326 |
| Interest (Incl. interest on unitary payments (PPP)) | - | - | - | - | 128 | -128 | - | - | 326 |
| Transfers and subsidies | 23 959 | - | - | 23 959 | 30 432 | -6 473 | 127.0% | 5 030 | 28 634 |
| Provinces and municipalities | - | - | - | - | - | - | - | 4 | 8 |
| Provinces | - | - | - | - | - | - | - | 4 | 8 |
| Provincial agencies and funds | - | - | - | - | - | - | - | 4 | 8 |
| Departmental agencies and accounts | 54 | - | - | 54 | 52 | 2 | 96.3% | 26 | 51 |
| Departmental agencies (non-business entities) | 54 | - | - | 54 | 52 | 2 | 96.3% | 26 | 51 |
| Households | 23 905 | - | - | 23 905 | 30 380 | -6 475 | 127.1% | 5 000 | 28 575 |
| Social benefits | 10 270 | - | - | 10 270 | 11 372 | -1 102 | 110.7% | 5 000 | 6 492 |
| Other transfers to households | 13 635 | - | - | 13 635 | 19 008 | -5 373 | 139.4% | - | 22 083 |
| Payments for capital assets | 2 746 | - | - | 2 746 | 2 029 | 717 | 73.9% | 21 000 | 995 |
| Machinery and equipment | 2 746 | - | - | 2 746 | 2 029 | 717 | 73.9% | 21 000 | 995 |
| Transport equipment | 240 | - | - | 240 | 598 | -358 | 249.2% | - | 289 |
| Other machinery and equipment | 2 506 | - | - | 2 506 | 1 431 | 1 075 | 57.1% | 21 000 | 706 |
| | 4 088 601 | - | - | 4 088 601 | 4 124 929 | -36 328 | 100.9% | 3 113 610 | 3 141 397 |

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SUB-PROGRAMME: 5.1: CENTRAL HOSPITAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 2 060 696 | - | - | 2 060 696 | 2 081 027 | -20 331 | 101.0% | 909 344 | 907 092 |
| Compensation of employees | 891 000 | - | - | 891 000 | 911 144 | -20 144 | 102.3% | 313 950 | 313 950 |
| Goods and services | 1 169 696 | - | - | 1 169 696 | 1 169 883 | -187 | 100.0% | 595 394 | 593 142 |
| Transfers and subsidies | 2 627 | - | - | 2 627 | 6 880 | -4 253 | 261.9% | 700 | 1 356 |
| Departmental agencies and accounts | 25 | - | - | 25 | 52 | -27 | 208.0% | - | - |
| Households | 2 602 | - | - | 2 602 | 6 828 | -4 226 | 262.4% | 700 | 1 356 |
| Total | 2 063 323 | - | - | 2 063 323 | 2 087 907 | -24 584 | 101.2% | 910 044 | 908 448 |

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SUB-PROGRAMME: 5.2: PROVINCIAL TERTIARY HOSPITAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 2 001 200 | - | - | 2 001 200 | 2 011 441 | -10 241 | 100.5% | 2 178 236 | 2 204 676 |
| Compensation of employees | 1 375 728 | - | - | 1 375 728 | 1 420 191 | -44 463 | 103.2% | 1 339 409 | 1 339 409 |
| Goods and services | 625 472 | - | - | 625 472 | 591 122 | 34 350 | 94.5% | 838 827 | 864 941 |
| Interest and rent on land | - | - | - | - | 128 | -128 | - | - | 326 |
| Transfers and subsidies | 21 332 | - | - | 21 332 | 23 552 | -2 220 | 110.4% | 4 330 | 27 278 |
| Provinces and municipalities | - | - | - | - | - | - | - | 4 | 8 |
| Departmental agencies and accounts | 29 | - | - | 29 | - | 29 | - | 26 | 51 |
| Households | 21 303 | - | - | 21 303 | 23 552 | -2 249 | 110.6% | 4 300 | 27 219 |
| Payments for capital assets | 2 746 | - | - | 2 746 | 2 029 | 717 | 73.9% | 21 000 | 995 |
| Machinery and equipment | 2 746 | - | - | 2 746 | 2 029 | 717 | 73.9% | 21 000 | 995 |
| Total | 2 025 278 | - | - | 2 025 278 | 2 037 022 | -11 744 | 100.6% | 2 203 566 | 2 232 949 |

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PROGRAMME 6: HEALTH SCIENCES AND TRAINING

| | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------|------------------------|-------------------|--------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub-Programme | | | | | | | | | |
| 1 NURSING TRAINING COLLEGES | 280 341 | - | -943 | 279 398 | 277 502 | 1 896 | 99.3% | 275 991 | 276 195 |
| 2 EMS TRAINING COLLEGES | 4 575 | - | 723 | 5 298 | 5 326 | -28 | 100.5% | 5 048 | 5 048 |
| 3 BURSARIES | 283 379 | - | -2 696 | 280 683 | 280 604 | 79 | 100.0% | 243 405 | 243 405 |
| 4 PRIMARY HEALTH CARE TRAINING | 40 913 | - | -13 | 40 900 | 41 069 | -169 | 100.4% | 41 872 | 41 957 |
| 5 TRAINING OTHER | 446 042 | - | 6 501 | 452 543 | 454 321 | -1 778 | 100.4% | 452 324 | 452 359 |
| | 1 055 250 | - | 3 572 | 1 058 822 | 1 058 822 | - | 100.0% | 1 018 640 | 1 018 964 |

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PROGRAMME 6: HEALTH SCIENCES AND TRAINING

| | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|--------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 777 965 | - | 3 566 | 781 531 | 773 468 | 8 063 | 99.0% | 778 359 | 778 344 |
| Compensation of employees | 719 538 | - | - | 719 538 | 721 247 | -1 709 | 100.2% | 722 026 | 722 027 |
| Salaries and wages | 684 422 | - | -249 | 684 173 | 685 882 | -1 709 | 100.2% | 687 370 | 687 353 |
| Social contributions | 35 116 | - | 249 | 35 365 | 35 365 | - | 100.0% | 34 656 | 34 674 |
| Goods and services | 58 427 | - | 3 566 | 61 993 | 52 219 | 9 774 | 84.2% | 56 333 | 56 317 |
| Administrative fees | - | - | 371 | 371 | 371 | - | 100.0% | 101 | 101 |
| Advertising | 74 | - | 2 | 76 | 76 | - | 100.0% | 584 | 573 |
| Minor assets | 514 | - | -306 | 208 | 206 | 2 | 99.0% | - | - |
| Bursaries: Employees | 2 276 | - | 162 | 2 438 | 2 438 | - | 100.0% | 3 732 | 3 731 |
| Catering: Departmental activities | 45 | - | 368 | 413 | 413 | - | 100.0% | 897 | 900 |
| Communication (G&S) | 855 | - | -158 | 697 | 697 | - | 100.0% | 234 | 233 |
| Computer services | 83 | - | 55 | 138 | 138 | - | 100.0% | 34 | 34 |
| Consultants: Business and advisory services | 219 | - | -166 | 53 | 53 | - | 100.0% | - | - |
| Scientific and technological services | - | - | - | - | - | - | - | 9 | 9 |
| Legal services | - | - | 69 | 69 | 69 | - | 100.0% | - | - |
| Contractors | - | - | 2 | 2 | 2 | - | 100.0% | 61 | 60 |
| Agency and support / outsourced services | 10 | - | 12 | 22 | 22 | - | 100.0% | - | - |
| Entertainment | - | - | - | - | - | - | - | 770 | 770 |
| Fleet services (including government motor transport) | 1 999 | - | 362 | 2 361 | 2 361 | - | 100.0% | 1 549 | 1 550 |
| Inventory: Clothing material and accessories | - | - | 128 | 128 | 128 | - | 100.0% | - | - |
| Inventory: Fuel, oil and gas | 112 | - | 14 | 126 | 126 | - | 100.0% | 44 | 24 |
| Inventory: Learner and teacher support material | 23 | - | 147 | 170 | 170 | - | 100.0% | 54 | 54 |

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PROGRAMME 6: HEALTH SCIENCES AND TRAINING

| | 2015/16 | | | | | | | 2014/15 | |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Inventory: Materials and supplies | 1 | - | 33 | 34 | 34 | - | 100.0% | 290 | 290 |
| Inventory: Medical supplies | 45 | - | 94 | 139 | 139 | - | 100.0% | 123 | 123 |
| Medsas inventory interface | - | - | - | - | - | - | - | 3 | 3 |
| Inventory: Other supplies | - | - | - | - | - | - | - | 1 203 | 1 201 |
| Consumable supplies | 1 417 | - | -41 | 1 376 | 1 376 | - | 100.0% | 847 | 848 |
| Consumable: Stationery, printing and office supplies | 787 | - | 1 262 | 2 049 | 2 049 | - | 100.0% | 1 922 | 1 923 |
| Operating leases | 1 542 | - | -140 | 1 402 | 1 402 | - | 100.0% | 4 827 | 4 867 |
| Property payments | 6 443 | - | 887 | 7 330 | 7 330 | - | 100.0% | 1 410 | 1 415 |
| Transport provided: Departmental activity | - | - | - | - | - | - | - | 3 590 | 3 595 |
| Travel and subsistence | 28 878 | - | 1 146 | 30 024 | 22 344 | 7 680 | 74.4% | 22 042 | 22 029 |
| Training and development | 7 931 | - | 1 220 | 9 151 | 9 151 | - | 100.0% | 10 789 | 10 766 |
| Operating payments | 182 | - | 567 | 749 | 749 | - | 100.0% | 847 | 847 |
| Venues and facilities | 4 991 | - | -2 524 | 2 467 | 375 | 2 092 | 15.2% | 371 | 371 |
| Interest and rent on land | - | - | - | - | 2 | -2 | - | - | - |
| Interest (Incl. interest on unitary payments (PPP)) | - | - | - | - | 2 | -2 | - | - | - |
| Transfers and subsidies | 273 909 | - | - | 273 909 | 285 248 | -11 339 | 104.1% | 223 433 | 238 202 |
| Provinces and municipalities | - | - | - | - | 28 | -28 | - | 15 | 15 |
| Provinces | - | - | - | - | 28 | -28 | - | 15 | 15 |
| Provincial Revenue Funds | - | - | - | - | 28 | -28 | - | - | - |
| Provincial agencies and funds | - | - | - | - | - | - | - | 15 | 15 |
| Departmental agencies and accounts | 18 863 | - | - | 18 863 | 18 863 | - | 100.0% | 15 768 | 15 768 |
| Departmental agencies (non-business entities) | 18 863 | - | - | 18 863 | 18 863 | - | 100.0% | 15 768 | 15 768 |
| Higher education institutions | - | - | - | - | - | - | - | - | 16 |

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PROGRAMME 6: HEALTH SCIENCES AND TRAINING

| | 2015/16 | | | | | | | 2014/15 | |
|-------------------------------------|------------------------|-------------------|--------------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Households | 255 046 | - | - | 255 046 | 266 357 | -11 311 | 104.4% | 207 650 | 222 403 |
| Social benefits | 2 014 | - | - | 2 014 | 3 632 | -1 618 | 180.3% | 2 000 | 2 324 |
| Other transfers to households | 253 032 | - | - | 253 032 | 262 725 | -9 693 | 103.8% | 205 650 | 220 079 |
| Payments for capital assets | 3 369 | - | 6 | 3 375 | 99 | 3 276 | 2.9% | 16 841 | 2 412 |
| Machinery and equipment | 3 369 | - | 6 | 3 375 | 99 | 3 276 | 2.9% | 16 841 | 2 412 |
| Transport equipment | 2 000 | - | - | 2 000 | - | 2 000 | - | 2 203 | 2 189 |
| Other machinery and equipment | 1 369 | - | 6 | 1 375 | 99 | 1 276 | 7.2% | 14 638 | 223 |
| Payment for financial assets | 7 | - | - | 7 | 7 | - | 100.0% | 7 | 6 |
| | 1 055 250 | - | 3 572 | 1 058 822 | 1 058 822 | - | 100.0% | 1 018 640 | 1 018 964 |

2015/16 ANNUAL REPORT VOTE 7

SUB-PROGRAMME: 6.1: NURSING TRAINING COLLEGES

| | 2015/16 | | | | | | | 2014/15 | |
|-------------------------------------|------------------------|-------------------|-------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 275 286 | - | -943 | 274 343 | 274 345 | -2 | 100.0% | 271 778 | 271 778 |
| Compensation of employees | 261 781 | - | -2 524 | 259 257 | 259 257 | - | 100.0% | 256 663 | 256 663 |
| Goods and services | 13 505 | - | 1 581 | 15 086 | 15 086 | - | 100.0% | 15 115 | 15 115 |
| Interest and rent on land | - | - | - | - | 2 | -2 | - | - | - |
| Transfers and subsidies | 1 705 | - | - | 1 705 | 3 085 | -1 380 | 180.9% | 1 806 | 2 011 |
| Provinces and municipalities | - | - | - | - | - | - | - | 6 | 6 |
| Households | 1 705 | - | - | 1 705 | 3 085 | -1 380 | 180.9% | 1 800 | 2 005 |
| Payments for capital assets | 3 350 | - | - | 3 350 | 72 | 3 278 | 2.1% | 2 402 | 2 402 |
| Machinery and equipment | 3 350 | - | - | 3 350 | 72 | 3 278 | 2.1% | 2 402 | 2 402 |
| Payment for financial assets | - | - | - | - | - | - | - | 5 | 4 |
| Total | 280 341 | - | -943 | 279 398 | 277 502 | 1 896 | 99.3% | 275 991 | 276 195 |

2015/16 ANNUAL REPORT VOTE 7

SUB-PROGRAMME: 6.2: EMS TRAINING COLLEGES

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 4 556 | - | 717 | 5 273 | 5 273 | - | 100.0% | 5 029 | 5 029 |
| Compensation of employees | 2 778 | - | 99 | 2 877 | 2 877 | - | 100.0% | 2 797 | 2 797 |
| Goods and services | 1 778 | - | 618 | 2 396 | 2 396 | - | 100.0% | 2 232 | 2 232 |
| Transfers and subsidies | - | - | - | - | 28 | -28 | - | 9 | 9 |
| Provinces and municipalities | - | - | - | - | 28 | -28 | - | 9 | 9 |
| Payments for capital assets | 19 | - | 6 | 25 | 25 | - | 100.0% | 10 | 10 |
| Machinery and equipment | 19 | - | 6 | 25 | 25 | - | 100.0% | 10 | 10 |
| Total | 4 575 | - | 723 | 5 298 | 5 326 | -28 | 100.5% | 5 048 | 5 048 |

2015/16 ANNUAL REPORT VOTE 7

SUB-PROGRAMME: 6.3: BURSARIES

| | 2015/16 | | | | | | | 2014/15 | |
|-------------------------------------|------------------------|-------------------|---------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 30 340 | - | -2 696 | 27 644 | 17 870 | 9 774 | 64.6% | 23 326 | 23 310 |
| Goods and services | 30 340 | - | -2 696 | 27 644 | 17 870 | 9 774 | 64.6% | 23 326 | 23 310 |
| Transfers and subsidies | 253 032 | - | - | 253 032 | 262 725 | -9 693 | 103.8% | 205 650 | 220 095 |
| Higher education institutions | - | - | - | - | - | - | - | - | 16 |
| Households | 253 032 | - | - | 253 032 | 262 725 | -9 693 | 103.8% | 205 650 | 220 079 |
| Payments for capital assets | - | - | - | - | 2 | -2 | - | 14 429 | - |
| Machinery and equipment | - | - | - | - | 2 | -2 | - | 14 429 | - |
| Payment for financial assets | 7 | - | - | 7 | 7 | - | 100.0% | - | - |
| Total | 283 379 | - | -2 696 | 280 683 | 280 604 | 79 | 100.0% | 243 405 | 243 405 |

SUB-PROGRAMME: 6.4: PRIMARY HEALTH CARE TRAINING

| | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------|------------------------|-------------------|------------|---------------------|--------------------|-------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 40 713 | - | -13 | 40 700 | 40 700 | - | 100.0% | 41 672 | 41 673 |
| Compensation of employees | 36 167 | - | 103 | 36 270 | 36 270 | - | 100.0% | 37 349 | 37 350 |
| Goods and services | 4 546 | - | -116 | 4 430 | 4 430 | - | 100.0% | 4 323 | 4 323 |
| Transfers and subsidies | 200 | - | - | 200 | 369 | -169 | 184.5% | 200 | 284 |
| Households | 200 | - | - | 200 | 369 | -169 | 184.5% | 200 | 284 |
| Total | 40 913 | - | -13 | 40 900 | 41 069 | -169 | 100.4% | 41 872 | 41 957 |

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SUB-PROGRAMME: 6.5: TRAINING OTHER

| | 2015/16 | | | | | | | 2014/15 | |
|-------------------------------------|------------------------|-------------------|--------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 427 070 | - | 6 501 | 433 571 | 435 280 | -1 709 | 100.4% | 436 554 | 436 554 |
| Compensation of employees | 418 812 | - | 2 322 | 421 134 | 422 843 | -1 709 | 100.4% | 425 217 | 425 217 |
| Goods and services | 8 258 | - | 4 179 | 12 437 | 12 437 | - | 100.0% | 11 337 | 11 337 |
| Transfers and subsidies | 18 972 | - | - | 18 972 | 19 041 | -69 | 100.4% | 15 768 | 15 803 |
| Departmental agencies and accounts | 18 863 | - | - | 18 863 | 18 863 | - | 100.0% | 15 768 | 15 768 |
| Households | 109 | - | - | 109 | 178 | -69 | 163.3% | - | 35 |
| Payment for financial assets | - | - | - | - | - | - | - | 2 | 2 |
| Total | 446 042 | - | 6 501 | 452 543 | 454 321 | -1 778 | 100.4% | 452 324 | 452 359 |

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|--------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub-Programme | | | | | | | | | |
| 1 MEDICINE TRADING ACCOUNT | - | - | - | - | - | - | - | - | 6 |
| 2 LAUNDRY SERVICES | 104 280 | - | 8 232 | 112 512 | 134 153 | -21 641 | 119.2% | 125 320 | 125 704 |
| 3 ORTHOTIC AND PROSTHETIC SERVICES | 34 008 | - | - | 34 008 | 31 942 | 2 066 | 93.9% | 25 909 | 26 236 |
| | 138 288 | - | 8 232 | 146 520 | 166 095 | -19 575 | 113.4% | 151 229 | 151 946 |

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PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|---|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 135 485 | - | - | 135 485 | 165 637 | -30 152 | 122.3% | 147 448 | 147 452 |
| Compensation of employees | 94 149 | - | - | 94 149 | 90 967 | 3 182 | 96.6% | 84 524 | 84 524 |
| Salaries and wages | 77 680 | - | - | 77 680 | 74 205 | 3 475 | 95.5% | 70 110 | 70 109 |
| Social contributions | 16 469 | - | - | 16 469 | 16 762 | -293 | 101.8% | 14 414 | 14 415 |
| Goods and services | 41 336 | - | - | 41 336 | 74 670 | -33 334 | 180.6% | 62 924 | 62 928 |
| Administrative fees | - | - | 1 | 1 | 1 | - | 100.0% | - | - |
| Advertising | 60 | - | -1 | 59 | 59 | - | 100.0% | 79 | 79 |
| Minor assets | 300 | - | -18 | 282 | 117 | 165 | 41.5% | 31 | 31 |
| Communication (G&S) | 428 | - | -129 | 299 | 299 | - | 100.0% | 417 | 417 |
| Consultants: Business and advisory services | - | - | -4 | -4 | -4 | - | 100.0% | 7 | 7 |
| Contractors | - | - | 508 | 508 | 508 | - | 100.0% | 495 | 596 |
| Fleet services (including government motor transport) | 3 575 | - | 889 | 4 464 | 4 367 | 97 | 97.8% | 4 321 | 4 319 |
| Inventory: Clothing material and accessories | 550 | - | 299 | 849 | 849 | - | 100.0% | 161 | 161 |
| Inventory: Fuel, oil and gas | 1 520 | - | 1 028 | 2 548 | 2 466 | 82 | 96.8% | 3 707 | 3 705 |
| Inventory: Learner and teacher support material | 100 | - | -100 | - | - | - | - | - | - |
| Inventory: Materials and supplies | 501 | - | -108 | 393 | 393 | - | 100.0% | 389 | 389 |
| Inventory: Medical supplies | 11 486 | - | - | 11 486 | 10 264 | 1 222 | 89.4% | 5 405 | 5 410 |
| Inventory: Other supplies | - | - | 168 | 168 | 168 | - | 100.0% | - | - |
| Consumable supplies | 7 050 | - | - | 7 050 | 33 099 | -26 049 | 469.5% | 6 218 | 6 218 |
| Consumable: Stationery, printing and office supplies | 150 | - | -101 | 49 | 49 | - | 100.0% | 191 | 192 |
| Operating leases | 104 | - | 21 | 125 | 125 | - | 100.0% | 110 | 110 |

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PROGRAMME 7: HEALTH CARE SUPPORT SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|--------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Property payments | 13 825 | - | -2 401 | 11 424 | 11 006 | 418 | 96.3% | 11 783 | 11 684 |
| Travel and subsistence | 70 | - | 8 | 78 | 78 | - | 100.0% | 116 | 116 |
| Training and development | - | - | - | - | - | - | - | 1 | 1 |
| Operating payments | 1 617 | - | -60 | 1 557 | 10 826 | -9 269 | 695.3% | 29 488 | 29 488 |
| Rental and hiring | - | - | - | - | - | - | - | 5 | 5 |
| Transfers and subsidies | 303 | - | - | 303 | 244 | 59 | 80.5% | 589 | 1 302 |
| Provinces and municipalities | - | - | - | - | - | - | - | 39 | 38 |
| Provinces | - | - | - | - | - | - | - | 39 | 38 |
| Provincial agencies and funds | - | - | - | - | - | - | - | 39 | 38 |
| Households | 303 | - | - | 303 | 244 | 59 | 80.5% | 550 | 1 264 |
| Social benefits | 303 | - | - | 303 | 244 | 59 | 80.5% | 550 | 1 264 |
| Payments for capital assets | 2 500 | - | 8 232 | 10 732 | 214 | 10 518 | 2.0% | 3 192 | 3 192 |
| Machinery and equipment | 2 500 | - | 8 232 | 10 732 | 214 | 10 518 | 2.0% | 3 192 | 3 192 |
| Transport equipment | 2 000 | - | - | 2 000 | 136 | 1 864 | 6.8% | 3 154 | 3 154 |
| Other machinery and equipment | 500 | - | 8 232 | 8 732 | 78 | 8 654 | 0.9% | 38 | 38 |
| | 138 288 | - | 8 232 | 146 520 | 166 095 | -19 575 | 113.4% | 151 229 | 151 946 |

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SUB-PROGRAMME: 7.1: MEDICINE TRADING ACCOUNT

| | 2015/16 | | | | | | | 2014/15 | |
|-------------------------|------------------------|-------------------|----------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | - | - | - | - | - | - | - | - | 6 |
| Goods and services | - | - | - | - | - | - | - | - | 6 |
| Total | - | - | - | - | - | - | - | - | 6 |

SUB-PROGRAMME: 7.2: LAUNDRY SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|------------------------------------|------------------------|-------------------|----------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 101 482 | - | - | 101 482 | 133 797 | -32 315 | 131.8% | 121 590 | 121 591 |
| Compensation of employees | 74 290 | - | - | 74 290 | 71 404 | 2 886 | 96.1% | 66 730 | 66 730 |
| Goods and services | 27 192 | - | - | 27 192 | 62 393 | -35 201 | 229.5% | 54 860 | 54 861 |
| Transfers and subsidies | 298 | - | - | 298 | 142 | 156 | 47.7% | 538 | 921 |
| Provinces and municipalities | - | - | - | - | - | - | - | 38 | 37 |
| Households | 298 | - | - | 298 | 142 | 156 | 47.7% | 500 | 884 |
| Payments for capital assets | 2 500 | - | 8 232 | 10 732 | 214 | 10 518 | 2.0% | 3 192 | 3 192 |
| Machinery and equipment | 2 500 | - | 8 232 | 10 732 | 214 | 10 518 | 2.0% | 3 192 | 3 192 |
| Total | 104 280 | - | 8 232 | 112 512 | 134 153 | -21 641 | 119.2% | 125 320 | 125 704 |

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SUB-PROGRAMME: 7.3: ORTHOTIC AND PROSTHETIC SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------|------------------------|-------------------|----------|---------------------|--------------------|--------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 34 003 | - | - | 34 003 | 31 840 | 2 163 | 93.6% | 25 858 | 25 855 |
| Compensation of employees | 19 859 | - | - | 19 859 | 19 563 | 296 | 98.5% | 17 794 | 17 794 |
| Goods and services | 14 144 | - | - | 14 144 | 12 277 | 1 867 | 86.8% | 8 064 | 8 061 |
| Transfers and subsidies | 5 | - | - | 5 | 102 | -97 | 2040.0% | 51 | 381 |
| Provinces and municipalities | - | - | - | - | - | - | - | 1 | 1 |
| Households | 5 | - | - | 5 | 102 | -97 | 2040.0% | 50 | 380 |
| Total | 34 008 | - | - | 34 008 | 31 942 | 2 066 | 93.9% | 25 909 | 26 236 |

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

| | 2015/16 | | | | | | | 2014/15 | |
|---------------------------------------|------------------------|-------------------|----------------|---------------------|--------------------|----------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Sub-Programme | | | | | | | | | |
| 1 COMMUNITY HEALTH FACILITIES | 176 277 | - | 8 688 | 184 965 | 184 965 | - | 100.0% | 443 561 | 443 562 |
| 2 DISTRICT HOSPITAL SERVICES | 186 349 | - | 21 153 | 207 502 | 207 502 | - | 100.0% | 476 654 | 476 652 |
| 3 EMERGENCY MEDICAL SERVICES | - | - | - | - | - | - | - | - | - |
| 4 PROVINCIAL HOSPITAL SERVICES | 915 282 | - | -66 469 | 848 813 | 848 813 | - | 100.0% | 500 231 | 500 232 |
| 5 CENTRAL HOSPITAL SERVICES | 31 514 | - | -1 618 | 29 896 | 29 896 | - | 100.0% | 18 685 | 18 685 |
| 6 OTHER FACILITIES | 241 930 | - | 4 512 | 246 442 | 246 442 | - | 100.0% | 239 906 | 239 906 |
| | 1 551 352 | - | -33 734 | 1 517 618 | 1 517 618 | - | 100.0% | 1 679 037 | 1 679 037 |

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PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

| | 2015/16 | | | | | | | 2014/15 | |
|--|------------------------|-------------------|----------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Economic classification | | | | | | | | | |
| Current payments | 357 807 | - | - | 357 807 | 375 853 | -18 046 | 105.0% | 379 156 | 379 132 |
| Compensation of employees | 33 605 | - | - | 33 605 | 33 986 | -381 | 101.1% | 24 158 | 24 158 |
| Salaries and wages | 32 826 | - | - | 32 826 | 33 243 | -417 | 101.3% | 23 752 | 23 804 |
| Social contributions | 779 | - | - | 779 | 743 | 36 | 95.4% | 406 | 354 |
| Goods and services | 324 202 | - | - | 324 202 | 341 867 | -17 665 | 105.4% | 354 998 | 354 974 |
| Administrative fees | - | - | 2 | 2 | 2 | - | 100.0% | - | - |
| Advertising | - | - | 228 | 228 | 228 | - | 100.0% | - | - |
| Minor assets | 9 865 | - | 2 897 | 12 762 | 11 316 | 1 446 | 88.7% | 11 254 | 11 254 |
| Communication (G&S) | - | - | 53 | 53 | 53 | - | 100.0% | 4 | 4 |
| Computer services | 143 | - | 68 | 211 | 211 | - | 100.0% | - | - |
| Consultants: Business and advisory services | 601 | - | 562 | 1 163 | 2 590 | -1 427 | 222.7% | 13 833 | 13 834 |
| Infrastructure and planning services | - | - | - | - | - | - | - | 811 | 812 |
| Laboratory services | 3 000 | - | -3 000 | - | - | - | - | - | - |
| Contractors | 77 428 | - | 2 137 | 79 565 | 82 313 | -2 748 | 103.5% | 89 927 | 89 897 |
| Agency and support / outsourced services | - | - | - | - | - | - | - | 321 | 321 |
| Inventory: Clothing material and accessories | - | - | - | - | - | - | - | 1 923 | 1 923 |
| Inventory: Fuel, oil and gas | 202 | - | 3 | 205 | 205 | - | 100.0% | 49 | 48 |
| Inventory: Materials and supplies | 3 266 | - | -714 | 2 552 | 4 685 | -2 133 | 183.6% | 3 175 | 3 177 |
| Inventory: Medical supplies | 4 476 | - | 1 233 | 5 709 | 12 749 | -7 040 | 223.3% | 2 793 | 2 790 |
| Inventory: Medicine | - | - | - | - | 28 | -28 | - | - | - |
| Consumable supplies | 28 108 | - | 3 926 | 32 034 | 32 034 | - | 100.0% | 34 915 | 34 921 |
| Consumable: Stationery, printing and office supplies | 1 | - | 159 | 160 | 160 | - | 100.0% | 5 | 5 |

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PROGRAMME 8: HEALTH FACILITIES MANAGEMENT

| | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------------|------------------------|-------------------|----------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Operating leases | 91 533 | - | -4 276 | 87 257 | 87 257 | - | 100.0% | 75 685 | 75 684 |
| Property payments | 104 891 | - | -3 451 | 101 440 | 107 175 | -5 735 | 105.7% | 119 981 | 119 982 |
| Travel and subsistence | 409 | - | 152 | 561 | 561 | - | 100.0% | 193 | 194 |
| Training and development | - | - | 12 | 12 | 12 | - | 100.0% | - | - |
| Operating payments | 279 | - | 9 | 288 | 288 | - | 100.0% | - | - |
| Rental and hiring | - | - | - | - | - | - | - | 129 | 128 |
| Transfers and subsidies | - | - | 20 000 | 20 000 | 20 000 | - | 100.0% | 14 | 37 |
| Non-profit institutions | - | - | 20 000 | 20 000 | 20 000 | - | 100.0% | - | - |
| Households | - | - | - | - | - | - | - | 14 | 37 |
| Social benefits | - | - | - | - | - | - | - | 14 | 37 |
| Payments for capital assets | 1 193 545 | - | -53 734 | 1 139 811 | 1 121 765 | 18 046 | 98.4% | 1 299 867 | 1 299 868 |
| Buildings and other fixed structures | 1 097 558 | - | -39 792 | 1 057 766 | 1 052 053 | 5 713 | 99.5% | 1 206 506 | 1 206 295 |
| Buildings | 1 097 010 | - | -44 072 | 1 052 938 | 1 047 225 | 5 713 | 99.5% | 1 206 506 | 1 206 295 |
| Other fixed structures | 548 | - | 4 280 | 4 828 | 4 828 | - | 100.0% | - | - |
| Machinery and equipment | 95 987 | - | -13 942 | 82 045 | 69 712 | 12 333 | 85.0% | 93 361 | 93 573 |
| Transport equipment | - | - | - | - | - | - | - | 1 891 | 1 891 |
| Other machinery and equipment | 95 987 | - | -13 942 | 82 045 | 69 712 | 12 333 | 85.0% | 91 470 | 91 682 |
| | 1 551 352 | - | -33 734 | 1 517 618 | 1 517 618 | - | 100.0% | 1 679 037 | 1 679 037 |

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SUB-PROGRAMME: 8.1: COMMUNITY HEALTH FACILITIES

| | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------------|------------------------|-------------------|--------------|---------------------|--------------------|------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 49 594 | - | 5 634 | 55 228 | 55 268 | -40 | 100.1% | 58 924 | 58 924 |
| Goods and services | 49 594 | - | 5 634 | 55 228 | 55 268 | -40 | 100.1% | 58 924 | 58 924 |
| Payments for capital assets | 126 683 | - | 3 054 | 129 737 | 129 697 | 40 | 100.0% | 384 637 | 384 638 |
| Buildings and other fixed structures | 120 567 | - | 1 104 | 121 671 | 121 671 | - | 100.0% | 380 486 | 380 487 |
| Machinery and equipment | 6 116 | - | 1 950 | 8 066 | 8 026 | 40 | 99.5% | 4 151 | 4 151 |
| Total | 176 277 | - | 8 688 | 184 965 | 184 965 | - | 100.0% | 443 561 | 443 562 |

SUB-PROGRAMME: 8.2: DISTRICT HOSPITAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------------|------------------------|-------------------|---------------|---------------------|--------------------|----------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 61 191 | - | 122 | 61 313 | 72 307 | -10 994 | 117.9% | 87 021 | 87 020 |
| Compensation of employees | - | - | - | - | - | - | - | - | -1 |
| Goods and services | 61 191 | - | 122 | 61 313 | 72 307 | -10 994 | 117.9% | 87 021 | 87 021 |
| Payments for capital assets | 125 158 | - | 21 031 | 146 189 | 135 195 | 10 994 | 92.5% | 389 633 | 389 632 |
| Buildings and other fixed structures | 109 941 | - | 11 871 | 121 812 | 116 099 | 5 713 | 95.3% | 367 623 | 367 412 |
| Machinery and equipment | 15 217 | - | 9 160 | 24 377 | 19 096 | 5 281 | 78.3% | 22 010 | 22 220 |
| Total | 186 349 | - | 21 153 | 207 502 | 207 502 | - | 100.0% | 476 654 | 476 652 |

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SUB-PROGRAMME: 8.4: PROVINCIAL HOSPITAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------------|------------------------|-------------------|----------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 90 876 | - | -1 258 | 89 618 | 91 815 | -2 197 | 102.5% | 102 865 | 102 865 |
| Goods and services | 90 876 | - | -1 258 | 89 618 | 91 815 | -2 197 | 102.5% | 102 865 | 102 865 |
| Payments for capital assets | 824 406 | - | -65 211 | 759 195 | 756 998 | 2 197 | 99.7% | 397 366 | 397 367 |
| Buildings and other fixed structures | 766 402 | - | -45 550 | 720 852 | 720 852 | - | 100.0% | 337 404 | 337 404 |
| Machinery and equipment | 58 004 | - | -19 661 | 38 343 | 36 146 | 2 197 | 94.3% | 59 962 | 59 963 |
| Total | 915 282 | - | -66 469 | 848 813 | 848 813 | - | 100.0% | 500 231 | 500 232 |

SUB-PROGRAMME: 8.5: CENTRAL HOSPITAL SERVICES

| | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------------|------------------------|-------------------|---------------|---------------------|--------------------|---------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 12 903 | - | 1 393 | 14 296 | 18 730 | -4 434 | 131.0% | 13 558 | 13 558 |
| Goods and services | 12 903 | - | 1 393 | 14 296 | 18 730 | -4 434 | 131.0% | 13 558 | 13 558 |
| Households | - | - | - | - | - | - | - | - | - |
| Payments for capital assets | 18 611 | - | -3 011 | 15 600 | 11 166 | 4 434 | 71.6% | 5 127 | 5 127 |
| Buildings and other fixed structures | 1 961 | - | 2 867 | 4 828 | 4 828 | - | 100.0% | 4 818 | 4 818 |
| Machinery and equipment | 16 650 | - | -5 878 | 10 772 | 6 338 | 4 434 | 58.8% | 309 | 309 |
| Total | 31 514 | - | -1 618 | 29 896 | 29 896 | - | 100.0% | 18 685 | 18 685 |

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SUB-PROGRAMME: 8.6: OTHER FACILITIES

| | 2015/16 | | | | | | | 2014/15 | |
|--------------------------------------|------------------------|-------------------|---------------|---------------------|--------------------|-------------|---|---------------------|--------------------|
| | Adjusted Appropriation | Shifting of Funds | Virement | Final Appropriation | Actual Expenditure | Variance | Expenditure as % of final appropriation | Final Appropriation | Actual Expenditure |
| Economic classification | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Current payments | 143 243 | - | -5 891 | 137 352 | 137 733 | -381 | 100.3% | 116 788 | 116 765 |
| Compensation of employees | 33 605 | - | - | 33 605 | 33 986 | -381 | 101.1% | 24 158 | 24 159 |
| Goods and services | 109 638 | - | -5 891 | 103 747 | 103 747 | - | 100.0% | 92 630 | 92 606 |
| Transfers and subsidies | - | - | 20 000 | 20 000 | 20 000 | - | 100.0% | 14 | 37 |
| Non-profit institutions | - | - | 20 000 | 20 000 | 20 000 | - | 100.0% | - | - |
| Households | - | - | - | - | - | - | - | 14 | 37 |
| Payments for capital assets | 98 687 | - | -9 597 | 89 090 | 88 709 | 381 | 99.6% | 123 104 | 123 104 |
| Buildings and other fixed structures | 98 687 | - | -10 084 | 88 603 | 88 603 | - | 100.0% | 116 175 | 116 174 |
| Machinery and equipment | - | - | 487 | 487 | 106 | 381 | 21.8% | 6 929 | 6 930 |
| Total | 241 930 | - | 4 512 | 246 442 | 246 442 | - | 100.0% | 239 906 | 239 906 |

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NOTES TO THE APPROPRIATION STATEMENT For the year ended 31 March 2016

1. Detail of transfers and subsidies as per Appropriation Act (after Virement):

Detail of these transactions can be viewed in note on Transfers and subsidies and Annexure 1 (A-H) to the Annual Financial Statements.

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

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

3. Detail on payments for financial assets

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

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

4.1 Per Programme:

| | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Appropriation |
|--|------------------------|-----------------------|----------|---|
| | R'000 | R'000 | R'000 | % |
| Administration | 772 256 | 846 622 | -74 366 | -9.63% |
| Over spent mainly due to forensic investigations on ghost employees, outsourcing of disciplinary cases, statutory audit fees as well as the increase in housing allowance. | | | | |
| District Health Services | 15 998 251 | 16 007 896 | -9 645 | -0.06% |
| Over spent mainly related to a fee-for-service payment for NHLS as well as the increase in housing allowance. | | | | |
| Provincial Hospital Services | 9 213 546 | 9 214 364 | -818 | -0.01% |
| Overspend due to increase in housing allowance payments | | | | |
| Central Hospital Services | 4 088 601 | 4 124 929 | -36 328 | -0.89% |
| Overspend due to increase in housing allowance payments | | | | |
| Health Facilities Management | 146 520 | 166 095 | -19 575 | -13.36% |
| Overspending due to additional cost on consumable supplies and operating payments | | | | |

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| | | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Appropriation |
|------------------------------------|---|---------------------|--------------------|----------|--|
| 4.2 | Per economic classification: | R'000 | R'000 | R'000 | % |
| Current expenditure | | | | | |
| | Compensation of employees | 21 625 944 | 21 793 160 | -167 216 | -0.77% |
| | Goods and services | 10 005 170 | 10 105 233 | -100 063 | -1.00% |
| | Interest and rent on land | 166 | 1 546 | -1 380 | -831.33% |
| Transfers and subsidies | | | | | |
| | Provinces and municipalities | 211 540 | 133 330 | 78 210 | 36.97% |
| | Departmental agencies and accounts | 19 046 | 19 009 | 37 | 0.19% |
| | Public corporations and private enterprises | - | 10 | -10 | - |
| | Non-profit institutions | 217 039 | 213 402 | 3 637 | 1.68% |
| | Households | 415 494 | 477 342 | -61 848 | -14.89% |
| Payments for capital assets | | | | | |
| | Buildings and other fixed structures | 1 057 766 | 1 052 053 | 5 713 | 0.54% |
| | Machinery and equipment | 310 211 | 205 576 | 104 635 | 33.73% |
| | Payments for financial assets | 107 616 | 110 063 | -2 447 | -2.27% |

| | |
|-------------------------------|---|
| Compensation of employees: | Under funding and incorrect calculation of housing allowance by Provincial Treasury in relation to wage agreement. |
| Goods and Services: | Over spent as a result of NHLS fee for service payment, forensic investigations to finalize the pending disciplinary cases, PPP payments against the weaken rand exchange rate. |
| Interest: | Interest on due accounts for Municipal services/Telkom/Eskom |
| Households: | Mainly due to higher than expected staff exit costs, medico legal claims and bursary payments. |
| Non-profit institutions: | Additional support of R20 million for the construction and refurbishment of KZN Children's hospital. |
| Payment Financial assets: | Theft and losses (Afrox Gas Cylinders) and first charge of R107,607 million of unauthorised expenditure / overspending of the Vote for 2013/2014 |
| Provinces and municipalities: | Accrue of transfer to eThekweni municipal clinics to 2016/17. |
| Machinery and equipment: | Defer procurement of vehicles and medical equipment to 2016/17 part of cost containment exercise |

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| | Final Appropriation | Actual Expenditure | Variance | Variance as a % of Final Appropriation |
|--------------------------------------|------------------------|-----------------------|----------|--|
| 4.3 Per conditional grant | R'000 | R'000 | R'000 | % |
| Health | | | | |
| National Tertiary Services Grant | 1 530 246 | 1 530 223 | 23 | 0.00% |
| Comprehensive HIV / AIDS Grant | 3 812 972 | 3 813 455 | -483 | -0.01% |
| Health Facility Revitalisation Grant | 1 229 775 | 1 231 997 | -2 222 | -0.18% |
| Health Professional & Training Grant | 299 513 | 299 898 | -385 | -0.13% |
| National Health Insurance | 15 857 | 9 493 | 6 364 | 40.13% |
| EPWP Grant for Social Sector | 13 000 | 13 000 | 0 | 0.00% |
| EPW Integrated Grant to Province | 3 682 | 3 682 | 0 | 0.00% |

Underspending on NHI Grant due to delays in Telkom connectivity at NHI sites which began late last year. However the Grant was fully committed and a roll over request has been submitted to national Health.

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STATEMENT OF FINANCIAL PERFORMANCE

For the year ended 31 March 2016

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|--|--------------------|-------------------|-------------------|
| REVENUE | | | |
| Annual appropriation | 1 | 33 969 992 | 31 119 465 |
| Department Revenue | 2 | 243 594 | 289 933 |
| TOTAL REVENUE | | 34 213 586 | 31 409 398 |
| EXPENDITURE | | | |
| Current expenditure | | | |
| Compensation of employees | 4 | 21 793 160 | 20 014 422 |
| Goods and services | 5 | 10 105 233 | 8 895 999 |
| Interest and Rent on land | 6 | 1 546 | 686 |
| Total current expenditure | | 31 899 939 | 28 911 107 |
| Transfers and subsidies | | | |
| Transfers and subsidies | 8 | 843 093 | 828 109 |
| Total transfers & subsidies | | 843 093 | 828 109 |
| Expenditure for capital assets | | | |
| Tangible capital assets | 9 | 1 257 629 | 1 505 879 |
| Total expenditure for capital assets | | 1 257 629 | 1 505 879 |
| Unauthorised expenditure approved without funding | | 107 607 | - |
| Payments for Financial Assets | 7 | 2 456 | 415 |
| TOTAL EXPENDITURE | | 34 110 724 | 31 245 510 |
| SURPLUS/ (DEFICIT) FOR THE YEAR | | 102 862 | 163 888 |
| Reconciliation of Net Surplus/ (Deficit) for the year | | | |
| Voted Funds | 14 | (140 732) | (126 045) |
| Annual Appropriation | 1 | 140 732 | 126 045 |
| Departmental Revenue and NRF Receipts | 15 | 243 594 | 289 933 |
| SURPLUS / DEFICIT FOR THE YEAR | | 102 862 | 163 888 |

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STATEMENT OF FINANCIAL POSITION For the year ended 31 March 2016

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|---|--------------------|------------------|------------------|
| ASSETS | | | |
| Current Assets | | 635 061 | 679 467 |
| Unauthorised expenditure | 10 | 490 027 | 450 515 |
| Cash and Cash Equivalent | 11 | 364 | 360 |
| Prepayments and advances | 12 | 10 | 17 |
| Receivables | 13 | 144 660 | 228 575 |
| Non-Current Assets | | 31 887 | 17 771 |
| Receivables | | 31 887 | 17 771 |
| TOTAL ASSETS | | 666 948 | 697 238 |
| LIABILITIES | | | |
| Current Liabilities | | 653 056 | 685 354 |
| Voted funds to be surrendered to the Revenue Fund | 14 | 6 386 | 1 571 |
| Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund | 15 | 6 993 | 15 506 |
| Bank overdraft | 16 | 567 675 | 601 986 |
| Payables | 17 | 72 002 | 66 291 |
| TOTAL LIABILITIES | | 653 056 | 685 354 |
| NET ASSETS | | 13 892 | 11 884 |
| Represented by: | | | |
| Recoverable revenue | | 13 892 | 11 884 |
| TOTAL | | 13 892 | 11 884 |

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

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|---|---------------------|------------------|------------------|
| Recoverable revenue | | | |
| Opening balance | | 11 884 | 5 218 |
| Transfers | | 2 008 | 6 666 |
| Debts revised | 7.2 | -658 | - |
| Debts recovered (included in departmental receipts) | | -12 074 | - |
| Debts raised | | 14 740 | 6 666 |
| Closing balance | | 13 892 | 11 884 |

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CASH FLOW STATEMENT For the year ended 31 March 2016

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|--|---------------------|--------------------|--------------------|
| CASH FLOWS FROM OPERATING ACTIVITIES | | | |
| Receipts | | 34 213 586 | 31 395 389 |
| Annual appropriated funds received | 1.1 | 33 969 992 | 31 119 465 |
| Departmental revenue received | 2 | 243 543 | 275 781 |
| Interest received | 2.3 | 51 | 143 |
| Net (increase)/ decrease in working capital | | 36 005 | (112 568) |
| Surrendered to Revenue Fund | | (253 679) | (222 706) |
| Surrendered to RDP Fund/Donor | | - | (2 000) |
| Current payments | | (31 858 881) | (28 782 728) |
| Interest paid | 6 | (1 546) | (686) |
| Payments for Financial Assets | | (2 456) | (415) |
| Transfers and subsidies paid | | (843 093) | (828 109) |
| Net cash flow available from operating activities | 18 | 1 289 936 | 1 446 177 |
| CASH FLOWS FROM INVESTING ACTIVITIES | | | |
| Payments for capital assets | 9 | (1 257 629) | (1 505 879) |
| Proceeds from sale of capital assets | 2.4 | - | 14 009 |
| Net cash flows from investing activities | | (1 257 629) | (1 491 870) |
| CASH FLOWS FROM FINANCING ACTIVITIES | | | |
| Increase/ (decrease) in net assets | | 2 008 | 6 666 |
| Net cash flows from financing activities | | 2 008 | 6 666 |
| Net increase/ (decrease) in cash and cash equivalents | | 34 315 | (39 027) |
| Cash and cash equivalents at beginning of period | | (601 626) | (562 599) |
| Cash and cash equivalents at end of period | 19 | (567 311) | (601 626) |

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NOTES TO THE ANNUAL FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2016

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.

1. Presentation of the Financial Statements

1.1 Basis of preparation

The Financial Statements have been prepared on a modified cash basis of accounting.

Under this basis, the effects of transactions and other events are recognised in the financial records when the resulting cash is received or paid. The “modification” results from the recognition of certain near-cash balances in the financial statements as well as the revaluation of foreign investments and loans and the recognition of resulting revaluation gains and losses.

In addition supplementary information is provided in the disclosure notes to the financial statements where it is deemed to be useful to the users of the financial statements.

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.

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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 are recognised in the financial records on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the financial records on the date the adjustments become effective.

Unexpended appropriated funds are surrendered to the National/Provincial Revenue Fund. Any amounts owing to the National/Provincial Revenue Fund at the end of the financial year are recognised as payable in the statement of financial position.

Any amount due from the National/Provincial Revenue Fund at the end of the financial year is recognised as a receivable in the statement of financial position.

2.2 Departmental Revenue

All departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the National/Provincial Revenue Fund, unless stated otherwise.

Any amount owing to the National/Provincial Revenue Fund at the end of the financial year is recognised as a payable in the statement of financial position.

No accrual is made for amounts receivable from the last receipt date to the end of the reporting period. These amounts are however 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 & 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.

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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) for RDP funding. 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 Salaries and Wages

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.

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3.1.1 Social Contributions

Employer contributions to post employment benefit plans in respect of current employees are expensed 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).

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 National Revenue Fund and not in the financial statements of the employer department.

Employer contributions made by the department for certain of its ex-employees (such as medical benefits) are classified as transfers to households in the statement of financial performance.

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.

Rental paid for the use of buildings or other fixed structures is classified as *goods and services* and not as *rent on land*.

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. If it is not possible to distinguish between payment for the use of land and the fixed structures on it, the whole amount should be recorded under goods and services.

3.4 Payment for Financial Asset

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.

All other losses are recognised when authorisation has been granted for the recognition thereof.

3.5 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).

3.6 Unauthorised Expenditure

When confirmed 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.

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Unauthorised expenditure approved with funding is derecognised from the statement of financial position when the unauthorised expenditure is approved and the related funds are received.

Where the amount is approved without funding it is recognised as expenditure in the statement of financial performance on the date stipulated in the Act.

3.7 Fruitless and wasteful expenditure

Fruitless and wasteful expenditure is recognised as expenditure in the statement of financial performance according to the nature of the payment and not as a separate line item on the face of the statement. If the expenditure is recoverable it is treated as an asset until it is recovered from the responsible person or written off as irrecoverable in the statement of financial performance.

3.8 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.

3.9 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 more 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.

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4.2 Other financial assets

Other financial assets are carried in the statement of financial position at cost.

4.3 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.

4.4 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.

4.5 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.

4.6 Capital assets

4.6.1 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.

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4.6.2 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 assets". On completion, the total cost of the project is included in the asset register of the department that is accountable for the asset.

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 Accruals and Payable not recognised

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.

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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.

5.3 Employee benefits

Short-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the disclosure notes to the financial statements. These amounts are not recognised in the statement of financial performance or the statement of financial position.

5.4 Lease commitments

Finance lease

Finance leases are not recognised as assets and liabilities in the statement of financial position. Finance lease payments are recognised as a capital expense in the statement of financial performance and are not apportioned between the capital and the interest portions. The total finance lease payment is disclosed in the disclosure notes to the financial statements.

Operating lease

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.

5.5 Impairment

The department tests for impairment where there is an indication that a receivable, loan or investment may be impaired. An assessment of whether there is an indication of possible impairment is done at each reporting date. An estimate is made for doubtful loans and receivables based on a review of all outstanding amounts at year-end. Impairments on investments are calculated as being the difference between the carrying amount and the present value of the expected future cash flows / service potential flowing from the instrument.

5.6 Provisions

Provisions are disclosed when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate of the obligation can be made.

6. Accrued Departmental Revenue

Accrued departmental revenue are disclosed in the disclosure notes to the annual financial statements. These receivables are written off when identified as irrecoverable and are disclosed separately.

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7. Net Assets

7.1 Recoverable revenue

Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.

8. Related party transactions

Specific information with regards to related party transactions is included in the disclosure notes.

9. Key management personnel

Compensation paid to key management personnel including their family members where relevant, is included in the disclosure notes.

10. 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
- 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

| Programmes | Final Appropriation | 2015/16 Actual Funds received | Funds not requested/ not received | 2014/15 Final Appropriation | 2014/15 Appropriation received |
|------------------------------|---------------------|-------------------------------------|---|-----------------------------------|--------------------------------------|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Administration | 772 256 | 772 256 | - | 607 392 | 607 392 |
| District Health Services | 15 998 251 | 15 998 251 | - | 14 689 055 | 14 689 055 |
| Emergency Medical Services | 1 174 378 | 1 174 378 | - | 1 068 113 | 1 068 113 |
| Provincial Hospital Services | 9 213 546 | 9 213 546 | - | 8 792 389 | 8 792 389 |
| Central Hospital Services | 4 088 601 | 4 088 601 | - | 3 113 610 | 3 113 610 |
| Health Sciences and Training | 1 058 822 | 1 058 822 | - | 1 018 640 | 1 018 640 |
| Health Care Support Services | 146 520 | 146 520 | - | 151 229 | 151 229 |
| Health Facilities Management | 1 517 618 | 1 517 618 | - | 1 679 037 | 1 679 037 |
| Total | 33 969 992 | 33 969 992 | - | 31 119 465 | 31 119 465 |

1.2 Conditional Grants

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|---|-----------------------------|------------------|------------------|
| Total grants received | Annexure 1A | 6 905 045 | 6 434 734 |
| Provincial Grants included in Total grants received | | - | 5 161 |

(It should be noted that Conditional grants are included in the amounts per the Total Appropriation in Note 1.1)

2 Departmental Revenue

| | | 2015/16 R'000 | 2014/15 R'000 |
|---|---------------------|------------------|------------------|
| Sales of goods and services other than capital assets | 2.1 | 213 371 | 250 237 |
| Fines, penalties and forfeits | 2.2 | 54 | 31 |
| Interest, dividends and rent on land | 2.3 | 51 | 143 |
| Sales of capital assets | 2.4 | - | 14 009 |
| Transactions in financial assets and liabilities | 2.5 | 30 118 | 25 513 |
| Total Revenue Collected | | 243 594 | 289 933 |
| Departmental revenue collected | | 243 594 | 289 933 |

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| | | 2015/16 R'000 | 2014/15 R'000 |
|------------|--|------------------|------------------|
| 2.1 | Sales of goods and services other than capital assets | | |
| | Sales of goods and services produced by the department | 212 169 | 249 286 |
| | Sales by market establishment | 13 727 | 14 366 |
| | Administrative Fees | 5 066 | 5 262 |
| | Other sales | 193 376 | 229 658 |
| | Sales of scrap, waste and other used current goods | 1 202 | 951 |
| | Total | 213 371 | 250 237 |
| 2.2 | Fines, penalties and forfeits | | |
| | Penalties | 53 | 31 |
| | Forfeits | 1 | - |
| | Total | 54 | 31 |
| 2.3 | Interest, dividends and rent on land | | |
| | Interest | 51 | 143 |
| 2.4 | Sales of capital assets | | |
| | Tangible Assets | | 14 009 |
| | Machinery and Equipment | - | 14 009 |
| 2.5 | Transactions in Financial assets and liabilities | | |
| | Receivables | 12 721 | 11 963 |
| | Stale cheques written back | 1 | 6 |
| | Other receipts including recoverable revenue | 17 396 | 13 544 |
| | Total | 30 118 | 25 513 |
| 3. | Aid assistance | | |
| 3.1 | Opening Balance | - | 2 000 |
| | Prior period error | - | - |
| | As restated | - | 2 000 |
| | Transferred from statement of financial performance | - | - |
| | Paid during the year | - | (2 000) |
| | Closing balance | - | - |

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| | | 2015/16 R'000 | 2014/15 R'000 |
|---|---------------------|--------------------------|--------------------------|
| 4. Compensation of Employees | | | |
| 4.1 Salaries and Wages | | | |
| Basic Salary | | 14 294 272 | 13 244 105 |
| Performance award | | 1 187 | 15 |
| Service Based | | 24 197 | 20 308 |
| Compensative/circumstantial | | 1 918 192 | 1 747 514 |
| Periodic payments | | 33 333 | 33 422 |
| Other non-pensionable allowances | | 2 743 645 | 2 517 777 |
| Total | | 19 014 826 | 17 563 141 |
| 4.2 Social contributions | | | |
| Employer contribution | | | |
| Pension | | 1 746 310 | 1 615 148 |
| Medical | | 1 026 739 | 833 498 |
| UIF | | 136 | 76 |
| Bargaining council | | 5 149 | 2 559 |
| Total | | 2 778 334 | 2 451 281 |
| Total compensation of employees | | 21 793 160 | 20 014 422 |
| Average number of employees | | 83 025 | 81 536 |
| 5. Goods and services | | | |
| Administrative fees | | 3 731 | - |
| Advertising | | 27 183 | 14 084 |
| Minor Assets | 5.1 | 28 301 | 46 063 |
| Bursaries (employees) | | 2 498 | 3 694 |
| Catering | | 3 929 | 2 286 |
| Communication | | 98 597 | 99 337 |
| Computer services | 5.2 | 150 913 | 133 812 |
| Consultants, contractors and agency/ outsourced services | | - | 2 223 |
| Infrastructure and planning services | | - | 812 |
| Laboratory services | | 1 356 456 | 913 128 |
| Legal services | | 17 805 | 12 025 |
| Contractors | | 144 985 | 140 172 |
| Agency and support / outsourced services | | 1 250 267 | 1 188 230 |
| Entertainment | | 2 | 2 |
| Audit cost - External | 5.3 | 21 174 | 19 214 |
| Fleet services | | 290 150 | 293 616 |
| Inventory | 5.4 | 4 632 216 | 4 130 856 |
| Consumables | 5.5 | 415 223 | 347 846 |
| Operating leases | | 153 498 | 136 676 |
| Property payments | 5.6 | 1 293 153 | 1 180 366 |
| Transport provided as part of the departmental activities | | 81 119 | 72 278 |
| Travel and subsistence | 5.7 | 79 972 | 80 518 |
| Venues and facilities | | 4 169 | 4 826 |
| Training and development | | 13 252 | 15 949 |
| Other operating expenditure | 5.8 | 36 640 | 57 986 |
| Total | | 10 105 233 | 8 895 999 |
| | Note | 2015/16 R'000 | 2014/15 R'000 |
| 5.1 Minor Assets | 5 | 28 301 | 46 063 |
| Tangible assets | | 28 301 | 46 063 |
| Machinery and equipment | | 28 301 | 46 063 |
| Total | | 28 301 | 46 063 |
| | Note | 2015/16 R'000 | 2014/15 R'000 |
| 5.2 Computer services | 5 | 140 320 | 118 091 |
| SITA computer services | | 140 320 | 118 091 |
| External computer service providers | | 10 593 | 15 721 |
| Total | | 150 913 | 133 812 |

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| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
|---|-------------------|------------------|------------------|
| 5.3 | | | |
| Audit cost – external | 5 | | |
| Regulatory audits | | 21 174 | 19 214 |
| Total | | 21 174 | 19 214 |
| 5.4 | | | |
| Inventory | 5 | | |
| Food and food supplies | | 118 786 | 120 101 |
| Fuel, oil and gas | | 117 921 | 124 590 |
| Materials and supplies | | 19 178 | 10 635 |
| Medical supplies | | 1 479 183 | 1 481 668 |
| Medicine | | 2 897 148 | 2 393 862 |
| Total | | 4 632 216 | 4 130 856 |
| 5.5 | | | |
| Consumables | 5 | | |
| Consumable supplies | | 320 294 | 274 040 |
| Uniform and clothing | | 100 634 | 92 056 |
| Household supplies | | 189 633 | 142 949 |
| Building material and supplies | | 28 701 | 32 704 |
| IT consumables | | 746 | 3 079 |
| Other consumables | | 580 | 3 252 |
| Stationery, printing and office supplies | | 94 929 | 73 806 |
| Total | | 415 223 | 347 846 |
| 5.6 | | | |
| Property Payment | 5 | | |
| Municipal Services | | 470 634 | 439 179 |
| Property maintenance and repairs | | 107 218 | 119 861 |
| Other | | 715 301 | 621 326 |
| Total | | 1 293 153 | 1 180 366 |
| 5.7 | | | |
| Travel and subsistence | 5 | | |
| Local | | 65 806 | 64 775 |
| Foreign | | 14 166 | 15 743 |
| Total | | 79 972 | 80 518 |
| 5.8 | | | |
| Other operating expenditure | 5 | | |
| Professional bodies, membership and subscription fees | | 2 408 | 5 567 |
| Resettlement costs | | 14 290 | 14 911 |
| Other | | 19 942 | 37 508 |
| Total | | 36 640 | 57 986 |

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| | | 2015/16 R'000 | 2014/15 R'000 |
|-----|---|------------------|------------------|
| 6. | Interest and Rent on Land | | |
| | Interest paid | 1 546 | 686 |
| | Total | 1 546 | 686 |
| | | 2015/16 | 2014/15 |
| | | R'000 | R'000 |
| 7. | Payment for Financial Assets | | |
| | Material losses through criminal conduct | | |
| | Theft | 4 | - |
| | Other material losses written off | 2 452 | 415 |
| | Total | 2 456 | 415 |
| | | 2015/16 | 2014/15 |
| | | R'000 | R'000 |
| 7.1 | Other material losses written off | | |
| | Nature of losses | | |
| | Debts written off | - | 252 |
| | Accommodation no shows | 9 | 163 |
| | Lost Oxygen Cylinders | 2 418 | - |
| | Expired Inventory | 25 | - |
| | Total | 2 452 | 415 |
| | | 2015/16 | 2014/15 |
| | | R'000 | R'000 |
| 7.2 | Details of theft | | |
| | Nature of theft | | |
| | Deposit Private Banking RK Khans Hospital | 4 | - |
| | Total | 4 | - |
| | | 2015/16 | 2014/15 |
| | | R'000 | R'000 |
| 8. | Transfers and subsidies | | |
| | Provinces and municipalities | 133 329 | 122 636 |
| | Departmental agencies and accounts | 19 009 | 15 895 |
| | Higher education institutions | - | 82 |
| | Public corporations and private enterprises | 10 | - |
| | Non-profit institution | 213 403 | 222 051 |
| | Households | 477 342 | 467 445 |
| | Total | 843 093 | 828 109 |

Unspent funds transferred to the above beneficiaries

| | | 2015/16 R'000 | 2014/15 R'000 |
|----|---------------------------------------|------------------|------------------|
| 9. | Expenditure for capital assets | | |
| | Tangible assets | 1 257 629 | 1 505 879 |
| | Buildings and other fixed structures | 1 070 096 | 1 206 505 |
| | Machinery and equipment | 187 533 | 299 374 |
| | Intangible assets | | |
| | Software | | |
| | Total | 1 257 629 | 1 505 879 |

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| 9.1 Analysis of funds utilised to acquire capital assets | 2015/16 | | |
|--|----------------------|-------------------------|------------------|
| | Voted Funds R'000 | Aid assistance R'000 | TOTAL R'000 |
| Tangible assets | 1 257 629 | - | 1 257 629 |
| Buildings and other fixed structures | 1 070 097 | - | 1 070 097 |
| Machinery and equipment | 187 532 | - | 187 532 |
| Intangible assets | - | - | - |
| Software | - | - | - |
| Total | 1 257 629 | - | 1 257 629 |

| 9.2 Analysis of funds utilised to acquire capital assets- | 2014/15 | | |
|---|----------------------|-------------------------|------------------|
| | Voted Funds R'000 | Aid assistance R'000 | TOTAL R'000 |
| Tangible Assets | 1 505 879 | - | 1 505 879 |
| Buildings and other fixed structures | 1 206 505 | - | 1 206 505 |
| Heritage assets | 299 374 | - | 299 374 |
| Intangible Assets | - | - | - |
| Software | - | - | - |
| Total | 1 505 879 | - | 1 505 879 |

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|--|--------------------|------------------|------------------|
| 10. Unauthorised expenditure | | | |
| 10.1 Reconciliation of unauthorised expenditure | | | |
| Opening balance | | 450 515 | 440 440 |
| As restated | | 450 515 | 440 440 |
| Unauthorised expenditure- discovered in current year(As restated) | 14 | 147 119 | 127 693 |
| Less: Amount approved by parliament/ legislature with funding | | - | (117 618) |
| Less: Amounts approved by Parliament/Legislature without funding and written off in the Statement of Financial Performance | | (107 607) | - |
| Current | | (107 607) | - |
| Closing balance | | 490 027 | 450 515 |

| | 2015/16 R'000 | 2014/15 R'000 |
|---|------------------|------------------|
| 10.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification | | |
| Current | 490 027 | 450 515 |
| Total | 490 027 | 450 515 |

| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| 10.3 Analysis of unauthorised expenditure awaiting authorisation per type | | |
| Unauthorised expenditure relating to overspending of the vote or a main division within the vote | 490 027 | 450 515 |
| Total | 490 027 | 450 515 |

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| 10.4 | Details of unauthorised expenditure - current year | | 2015/16 R'000 |
|------|--|---|------------------|
| | Incident | Disciplinary steps taken/criminal proceedings | |
| | Administration | Overspending on the Programme 1 | 74 366 |
| | District Hospital Services | Overspending on the Programme 2 | 20 645 |
| | Provincial Hospital Services | Overspending on the Programme 4 | 818 |
| | Central Hospital Services | Overspending on the Programme 5 | 36 328 |
| | Health Care Support | Overspending on the Programme 8 | 8 575 |
| | National Tertiary Services Grant | Underspending on Grant | 23 |
| | NHI Grant Underspending | Underspending on Grant | 6 364 |
| | Total | | 147 119 |

| 11. | | 2015/16 R'000 | 2014/15 R'000 |
|-----|----------------------------------|------------------|------------------|
| | Cash and cash equivalents | | |
| | Cash receipts | 72 | 69 |
| | Cash on hand | 292 | 291 |
| | Total | 364 | 360 |

| 12. | | 2015/16 R'000 | 2014/15 R'000 |
|-----|---------------------------------|------------------|------------------|
| | Prepayments and advances | | |
| | Travel and subsistence | 10 | 17 |
| | Total | 10 | 17 |

| 13. | Receivable | Note | 2015/16 | | | 2014/2015 | | |
|-----|-------------------------|----------------------|----------------|---------------|----------------|----------------|---------------|----------------|
| | | | Current | Non-current | Total | Current | Non-current | Total |
| | | | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| | Claims recoverable | 13.1 | 4 556 | - | 4 556 | 4 347 | - | 4 347 |
| | Recoverable Expenditure | 13.2 | 633 | - | 633 | 152 | - | 152 |
| | Staff debt | 13.3 | 16 069 | 31 887 | 47 956 | 25 636 | 17 771 | 43 407 |
| | Other debtors | 13.4 | 123 402 | - | 123 402 | 198 440 | - | 198 440 |
| | Total | | 144 660 | 31 887 | 176 547 | 228 575 | 17 771 | 246 346 |

| 13.1 | Claims recoverable | Note | 2015/16 R'000 | 2014/15 R'000 |
|------|------------------------|--------------------|------------------|------------------|
| | National departments | 13 | 147 | 12 |
| | Provincial departments | | 302 | 583 |
| | Public entities | | 3 798 | 3 752 |
| | Local governments | | 309 | - |
| | Total | | 4 556 | 4 347 |

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| | | 2015/16 R'000 | 2014/15 R'000 |
|--|----------------------|--------------------------|--------------------------|
| 15. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund | | | |
| Opening balance | | 15 506 | 15 446 |
| As restated | | 15 506 | 15 446 |
| Transfer from Statement of Financial Performance (as restated) | | 243 594 | 289 933 |
| Paid during the year | | (252 107) | (289 873) |
| Closing balance | | 6 993 | 15 506 |
| | | | |
| | | 2015/16 R'000 | 2014/15 R'000 |
| 16. Bank overdraft | | | |
| Consolidated Paymaster General Account | | 567 675 | 601 986 |
| Total | | 567 675 | 601 986 |
| | | | |
| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
| 17. Payables - current | | | |
| Clearing accounts | 17.1 | 19 356 | 24 871 |
| Other payables | 17.2 | 52 646 | 41 420 |
| Total | | 72 002 | 66 291 |
| | | | |
| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
| 17.1 Clearing account | 17 | | |
| Sal ACB Recalls | | 2 546 | 2 058 |
| Sal Pension Fund | | - | 168 |
| Sal Garnishee Order | | 55 | 66 |
| Sal Income Tax | | 1 680 | 3 801 |
| Sal Bargaining Council | | 5 | 16 |
| Sal Medical Aid | | 18 | 5 |
| Adv: Dom/Prov KZN | | 9 947 | 10 282 |
| Sal Reversal Control | | - | 805 |
| Sal Pension Debt | | 5 105 | 7 670 |
| Total | | 19 356 | 24 871 |
| | | | |
| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
| 17.2 Other payables | 17 | | |
| Medsas Clearing Account | | 52 646 | 41 420 |
| Total | | 52 646 | 41 420 |
| | | | |
| | | 2015/16 R'000 | 2014/15 R'000 |
| 18. Net cash flow available from operating activities | | | |
| Net surplus / (deficit) as per Statement of Financial Performance | | 102 862 | 163 888 |
| Add back non-cash movements/ movements not deemed operating activities: | | 1 187 074 | 1 282 289 |
| (Increase)/decrease in receivables – current | | 69 799 | (109 647) |
| Increase)/decrease in prepayments and advances | | 7 | (16) |
| (Increase)/decrease in other current assets | | 107 607 | 117 618 |
| Increase/(decrease) in payables – current | | 5 711 | 7 170 |
| Proceeds from sale of capital assets | | - | (14 009) |
| Expenditure on capital assets | | 1 257 629 | 1 505 879 |
| Surrenders to revenue fund | | (253 679) | (222 706) |
| Surrenders to RDP Fund/Donor | | - | (2 000) |
| Net cash flow generated by operating activities | | 1 289 936 | 1 446 177 |

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| | 2015/16 R'000 | 2014/15 R'000 |
|---|------------------|------------------|
| 19. Reconciliation of cash and cash equivalents for cash flow purposes | | |
| Consolidated Paymaster General Account | (567 675) | (601 986) |
| Cash receipts | 72 | 69 |
| Cash on hand | 292 | 291 |
| Total | (567 311) | (601 626) |

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|---|--------------------------|-------------------|-------------------|
| 20. Contingent liabilities and Contingent Assets | | | |
| 20.1 Liable to | Nature | | |
| Housing loan guarantees | Employee | 4 381 | 5 914 |
| Claims against the department | Annex 2A | 10 234 507 | 7 002 420 |
| Intergovernmental payables (unconfirmed balances) | Annex 2B | - | 24 122 |
| Other | Annex 4 | 2 866 927 | 3 268 560 |
| Total | | 13 105 815 | 10 301 016 |

| | 2015/16 R'000 | 2014/15 R'000 |
|----------------------------|------------------|------------------|
| 21. Commitments | | |
| Current expenditure | | |
| Approved and contracted | 377 364 | 517 539 |
| Sub Total | 377 364 | 517 539 |
| Capital expenditure | | |
| Approved and contracted | 2 853 501 | 2 968 321 |
| Sub Total | 2 853 501 | 2 968 321 |
| Total Commitments | 3 230 865 | 3 485 860 |

Capital commitments is in excess of 1 year

Capital Commitments for Prior year 2014/2015 has been restated and reduced by R229,600

| | 30 Days R'000 | 30+ Days R'000 | 2015/16 Total R'000 | 2014/15 Total R'000 |
|--|------------------|-------------------|---------------------------|---------------------------|
| 22. Accruals, Payables not recognised | | | | |
| 22.1 Accruals | | | | |
| Listed by economic classification | | | | |
| Goods and services | 238 964 | 7 071 | 246 035 | 182 279 |
| Transfers and subsidies | 18 750 | - | 18 750 | - |
| Capital Assets | 77 001 | - | 77 001 | 14 484 |
| Total | 334 715 | 7 071 | 341 786 | 196 763 |

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| Listed by programme level | 2015/16 R'000 | 2014/15 R'000 |
|------------------------------|------------------|------------------|
| Administration | 23 784 | 47 264 |
| District Health Services | 184 062 | 8 148 |
| Emergency Medical Services | 9 118 | 35 139 |
| Provincial Hospital Services | 23 024 | 87 313 |
| Central Hospital Services | 11 393 | 2 |
| Health Service and Training | 1 069 | 9 742 |
| Health Care Support | 9 522 | 42 |
| Health Facilities Management | 79 814 | 9 113 |
| Total | 341 786 | 196 763 |

| | 30 Days R'000 | 30+ Days R'000 | Total R'000 | Total R'000 |
|--|------------------|-------------------|----------------|----------------|
| 22.2 Payables not recognised | | | | |
| Listed by economic classification | | | | |
| Goods and services | 609 039 | 103 146 | 712 185 | 802 304 |
| Transfers and subsidies | - | 56 250 | 56 250 | - |
| Capital assets | 84 567 | 12 509 | 97 076 | 140 608 |
| Total | 693 606 | 171 905 | 865 511 | 942 912 |

| Listed by programme level | 2015/16 R'000 | 2014/15 R'000 |
|------------------------------|------------------|------------------|
| Administration | 400 042 | 115 184 |
| District Health Services | 163 616 | 416 838 |
| Emergency Medical Services | 8 460 | 22 644 |
| Provincial Hospital Services | 82 546 | 204 093 |
| Central Hospital Services | 41 495 | 19 706 |
| Health Services and Training | 12 840 | 42 379 |
| Health Care Support | 12 950 | 1 112 |
| Health Facilities Management | 143 562 | 120 956 |

Total **865 511** **942 912**

| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| Included in the above totals are the following: | | |
| Confirmed balances with other departments | 90 761 | 118 813 |
| Confirmed balances with other government entities | 491 167 | 453 582 |
| Total | 581 928 | 572 395 |

| 23. Employee benefit provisions | 2015/16 R'000 | 2014/15 R'000 |
|-----------------------------------|------------------|------------------|
| Leave entitlement | 770 634 | 791 339 |
| Service Bonus (Thirteenth cheque) | 561 839 | 513 457 |
| Capped leave commitments | 642 738 | 674 951 |
| Other | 48 468 | 2 882 |
| Total | 2 023 679 | 1 982 629 |

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24. Lease commitments

24.1 Operating leases expenditure

| 2015/16 | Specialised military assets | Land | Buildings and other fixed structures | Machinery and equipment | Total |
|--|-----------------------------|-------|--------------------------------------|-------------------------|---------------|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Not later than 1 year | - | - | 29 833 | 22 350 | 52 183 |
| Later than 1 year and not later than 5 years | - | - | 26 038 | 6 464 | 32 502 |
| Total lease commitments | - | - | 55 871 | 28 814 | 84 685 |

| 2014/15 | Specialised military assets | Land | Buildings and other fixed structures | Machinery and equipment | Total |
|--|-----------------------------|-------|--------------------------------------|-------------------------|----------------|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Not later than 1 year | - | - | 53 007 | 31 366 | 84 373 |
| Later than 1 year and not later than 5 years | - | - | 50 488 | 18 448 | 68 936 |
| Total lease commitments | - | - | 103 495 | 49 814 | 153 309 |

24.2 Finance leases expenditure

| 2015/16 | Specialised military assets | Land | Buildings and other fixed structures | Machinery and equipment | Total |
|--|-----------------------------|-------|--------------------------------------|-------------------------|--------------|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Not later than 1 year | - | - | - | 1 933 | 1 933 |
| Later than 1 year and not later than 5 years | - | - | - | 562 | 562 |
| Total lease commitments | - | - | - | 2 495 | 2 495 |

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| 2014/15 | Specialised military assets | Land | Buildings and other fixed structures | Machinery and equipment | Total |
|--|--------------------------------|-------|--|-------------------------------|--------------|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Not later than 1 year | - | - | - | 2 605 | 2 605 |
| Later than 1 year and not later than 5 years | - | - | - | 812 | 812 |
| Total lease commitments | - | - | - | 3 417 | 3 417 |

** This note excludes leases relating to public private partnerships as they are separately disclosed to note no. 35.

| | 2015/16 R'000 | 2014/15 R'000 |
|---|------------------|------------------|
| 25. Accrued Departmental Revenue | | |
| Sales of goods and services other than capital assets | 199 280 | 155 677 |
| Other | 25 970 | 19 353 |
| Total | 225 250 | 175 030 |

| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| 25.1 Analysis of accrued departmental revenue | | |
| Opening Balances | 175 030 | 155 403 |
| Less: Amounts received | 95 848 | 111 360 |
| Add: Amounts recognised | 185 176 | 138 295 |
| Less: Amounts written-off/reversed as irrecoverable | 39 108 | 7 308 |
| Closing balance | 225 250 | 175 030 |

| | 2015/16 R'000 | 2014/15 R'000 |
|---|------------------|------------------|
| 25.2 Accrued Department Revenue written off Nature of losses | | |
| Patient Fees written off as irrecoverable | 13 659 | 10 583 |
| Patient fees reduced | 25 449 | 34 123 |
| Total | 39 108 | 44 706 |

| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| 25.3 Impairment of accrued departmental revenue | | |
| Estimate of impairment of accrued departmental revenue | 30 937 | 11 476 |
| Total | 30 937 | 11 476 |

| | 2015/16 R'000 | 2014/15 R'000 |
|---|------------------|------------------|
| 26. Irregular Expenditure | | |
| 26.1 Reconciliation of irregular expenditure | | |
| Opening balance | 3 165 564 | 2 061 316 |
| Prior period error | - | 428 577 |
| As restated | 3 165 564 | 2 489 893 |
| Add: Irregular expenditure - relating to prior year | 834 511 | - |
| Add: Irregular expenditure - relating to current year | 1 257 484 | 708 803 |
| Less: Prior year amounts condoned | - | (31 363) |
| Less: Current year amounts condoned | (172 683) | - |
| Less: Amounts not condoned and not recoverable | (983 201) | (1 769) |
| Irregular expenditure awaiting condonation | 4 101 675 | 3 165 564 |

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Analysis of awaiting Condonation per age classification

| | | |
|--------------|------------------|------------------|
| Current year | 1 257 484 | 708 803 |
| Prior years | 2 844 191 | 2 456 761 |
| Total | 4 101 675 | 3 165 564 |

| | Current year Disciplinary steps taken/criminal proceedings | 2015/16 R'000 |
|-------------|---|------------------|
| 26.2 | Details of irregular expenditure - Incident | |
| | SCM Contracts and Quotations | 1 244 401 |
| | Property Lease Payments | 81 |
| | Overtime exceeding 30% | 13002 |
| | Total | 1 257 484 |

| | Condoned by (condoning authority) | 2015/16 R'000 |
|-------------|---|------------------|
| 26.3 | Details of irregular expenditure condoned Incident | |
| | Head Office Contracts | 172 683 |
| | Total | 172 683 |

| | Not Condoned by (condoning authority) | 2015/16 R'000 |
|-------------|---|------------------|
| 26.4 | Details of irregular expenditure not recoverable (not condoned) Incident | |
| | Cash Flow approvals | 1 919 |
| | Expired contracts | 156 953 |
| | Termination of pregnancy | 1 248 |
| | Committees Quorum | 71 646 |
| | Others | 6 |
| | Other Reasons | 751 429 |
| | Total | 983 201 |

| | | 2015/16 R'000 |
|-------------|--|------------------|
| 26.5 | Details of irregular expenditure under investigation (not included in the main note) Incident | |
| | Medical Supplies(ZNB contracts) | 274 |
| | Medical Equipment / Suppliers (ZNB Contracts) | 46 369 |
| | Medical consumables and disposables (ZNB) | 5 836 |
| | Total | 52 479 |

| | | 2014/15 R'000 |
|-------------|--|------------------|
| 26.6 | Prior period error | |
| | Nature of prior period error | |
| | Irregular Expenditure for prior years 2010 till 2014 | 428 577 |
| | Relating to 2014/15 | 834 511 |
| | Total | 1 263 088 |

| | | 2015/16 R'000 | 2014/15 R'000 |
|-------------|---|------------------|------------------|
| 27 | Fruitless and wasteful expenditure | | |
| 27.1 | Reconciliation of fruitless and wasteful expenditure | | |
| | Opening balance | 3 863 | 830 |
| | As restated | 3 863 | 830 |
| | Fruitless and wasteful expenditure – relating to current year | 5 117 | 3 033 |
| | Fruitless and wasteful expenditure awaiting resolution | 8 980 | 3 863 |

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| Related Party Transaction | | 2015/16 R'000 | 2014/15 R'000 |
|---------------------------|---|------------------|------------------|
| 27.2 | Analysis of awaiting resolution per economic classification | | |
| | Current | 5 117 | 3 033 |
| | Total | 5 117 | 3 033 |

| 27.3 Analysis of Current Year's Fruitless and wasteful expenditure | | 2015/16 R'000 |
|--|---|------------------|
| Incident | Disciplinary steps taken/criminal proceedings | |
| Interest Municipalities | To investigate | 809 |
| Interest Other | To investigate | 162 |
| Expired Stock | To investigate | 1 120 |
| Penalties | To investigate | 2 360 |
| SCM related Transactions | To investigate | 640 |
| Cancelled Bookings | To investigate | 4 |
| Human Resource Related | To investigate | 22 |
| Total | | 5 117 |

| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| Year end balances arising from revenue/payments | | |
| Payables to related parties | 52 646 | 41 420 |
| Total | 52 646 | 41 420 |

PPSD is a related to the Department by managing a trade account for the supply and delivery of Medication

| | | 2015/16 R'000 | 2014/15 R'000 |
|----|--|------------------|------------------|
| 28 | Key management personnel | | |
| | Political office bearers | 1 | 1 822 |
| | Officials: | | |
| | Level 15 to 16 | 8 | 11 319 |
| | Level 14 (incl. CFO if at a lower level) | 12 | 13 337 |
| | Family members of key management personnel | 9 | 5 718 |
| | Total | 32 196 | 31 262 |

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;

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- 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 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 fees for the year under review were as follows:

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| | Actual Expenditure: 2015/16 R'000 | Commitment for 2016/17 R'000 | Payments till the End of the contract R'000 |
|---------------------|---|------------------------------------|--|
| Monthly Service Fee | 469,951 | 545,841 | 5,032,195 |
| Quarterly Fee | 258,663 | 203,997 | 3,072,228 |
| TOTAL | 728,614 | 749,838 | 8,104,423 |

| | Actual Expenditure: 2014/15 R'000 | Commitment for 2015/16 R'000 | Payments from 1 April 2002 till the 31 March 2015 R'000 |
|---------------------|---|------------------------------------|--|
| Monthly Service Fee | 477,688 | 546,482 | 4,562,244 |
| Quarterly Fee | 271,091 | 263,046 | 2,813,565 |
| TOTAL | 748,779 | 809,528 | 7,375,809 |

Listed below were the expenditure incurred for the current and prior year

| | 2015/16 R'000 | 2014/15 R'000 |
|-----------------------------|------------------|------------------|
| 29. Unitary fee paid | | |
| Indexed component | 728,614 | 748,449 |
| Total | 728,614 | 748,449 |

| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| 30. Provisions | | |
| Capital Retention values for Building and other Fixed Structures | 59 515 | - |
| Medico Legal cases | 408 | - |
| | 59 923 | - |

30.1 Reconciliation of movement in provisions - 2015/16

| | Provision 1 R'000 | Provision 2 R'000 | Provision 3 R'000 | Provision 4 R'000 | Total provisions R'000 |
|------------------------|----------------------|----------------------|----------------------|----------------------|---------------------------|
| Increase in provision | 59 515 | 408 | - | - | 59 923 |
| Closing balance | 59 515 | 408 | - | - | 59 923 |

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31. Movable Tangible Capital Assets

Movement in movable tangible capital assets per asset register for the year ended 31 March 2016

| | Opening balance | Value Adjustments | Additions | Disposals | Closing balance |
|--------------------------------------|------------------|-------------------|----------------|---------------|------------------|
| | Cost | Cost | Cost | Cost | Cost |
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| HERITAGE ASSETS | - | - | - | - | - |
| Heritage assets | - | - | - | - | - |
| Machinery and Equipment | 2 288 617 | 377 595 | 200 887 | 27 470 | 2 839 629 |
| Transport Assets | 837 410 | 66 900 | 91 163 | 16 230 | 979 243 |
| Computer equipment | 135 977 | 81 449 | 2 319 | 169 | 219 576 |
| Furniture and Office equipment | 65 017 | (8 092) | 4 805 | 24 | 61 706 |
| Other machinery & Equipment | 1 250 213 | 237 338 | 102 600 | 11 047 | 1 579 104 |
| Total movable tangible assets | 2 288 617 | 377 595 | 200 887 | 27 470 | 2 839 629 |

Movable Tangible Capital Assets under investigation

Included in the above total of the movable tangible capital assets per the asset register are assets that are under investigation:

| | Number | Value |
|-------------------------|--------|-------|
| | | R'000 |
| Machinery and equipment | 20 | 873 |

31.1 Additions to movable tangible capital asset per asset register for the year ended 31 March 2016

| | Cash | Non-Cash | (Capital work-in-progress current costs and finance lease payments) | Received current, not paid (Paid current year, received prior year) | Total |
|--------------------------------|----------------|----------|---|---|----------------|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Machinery and equipment | 187 531 | - | - | 13 356 | 200 887 |
| Transport assets | 77 807 | - | - | 13 356 | 91 163 |
| Computer equipment | 2 319 | - | - | - | 2 319 |
| Furniture and Office equipment | 4 805 | - | - | - | 4 805 |
| Other machinery and equipment | 102 600 | - | - | - | 102 600 |
| Total capital assets | 187 531 | - | - | 13 356 | 200 887 |

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31.2 Disposals of movable tangible capital assets per asset register for the year ended 31 March 2016

| | Sold for cash | Non-cash disposal | Total disposals | Cash received Actual |
|--------------------------------|---------------|-------------------|-----------------|----------------------|
| | R'000 | R'000 | R'000 | R'000 |
| MACHINERY AND EQUIPMENT | 27 470 | - | 27 470 | - |
| Transport assets | 16 230 | - | 16 230 | - |
| Computer equipment | 169 | - | 169 | - |
| Furniture and office equipment | 24 | - | 24 | - |
| Other machinery and equipment | 11 047 | - | 11 047 | - |
| Total | 27 470 | - | 27 470 | - |

Movement for 2014/2015

31.3 Movement in movable tangible capital assets per asset register for the year ended 31 March 2015

| | Opening balance | Current year adjustments to prior year balances | Additions | Disposals | Closing Balance |
|--|------------------|---|----------------|---------------|------------------|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Machinery and equipment | 2 094 965 | - | 247 536 | 53 884 | 2 288 617 |
| Transport assets | 765 222 | - | 120 391 | 48 203 | 837 410 |
| Computer equipment | 132 817 | - | 3 192 | 32 | 135 977 |
| Furniture and office equipment | 60 431 | - | 4 642 | 56 | 65 017 |
| Other machinery and equipment | 1 136 495 | - | 119 311 | 5 593 | 1 250 213 |
| Total Movable tangible Capital assets | 2 094 965 | - | 247 536 | 53 884 | 2 288 617 |

31.4 Minor assets

Movement in minor asset per the asset register for the year ended 31 March 2016

| | Specialised military assets | Intangible assets | Heritage assets | Machinery and equipment | Biological assets | Total |
|-------------------|-----------------------------|-------------------|-----------------|-------------------------|-------------------|----------------|
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| Opening Balance | - | - | - | 450 908 | - | 450 908 |
| Value adjustments | - | - | - | 187 981 | - | 187 981 |
| Additions | - | - | - | 28 301 | - | 28 301 |
| Disposals | - | - | - | 2 217 | - | 2 217 |
| TOTAL | - | - | - | 664 973 | - | 664 973 |

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| | Specialised military assets | Intangible assets | Heritage assets | Machinery and equipment | Biological assets | Total |
|--------------------------------|-----------------------------|-------------------|-----------------|-------------------------|-------------------|----------------|
| Number of R1 minor assets | - | - | - | 2 057 | | 2 057 |
| Number of minor assets at cost | - | - | - | 539 752 | | 539 752 |
| TOTAL | - | - | - | 541 809 | - | 541 809 |

Minor Capital Assets under investigation

Included in the above total of the minor capital assets per the asset register are assets that are under investigation:

| | Number | Value R'000 |
|-------------------------|--------|----------------|
| Machinery and equipment | 40 270 | 60 913 |

Minor assets

Movement in minor asset per the asset register for the year ended 31 March 2015

| | Specialised military assets R'000 | Intangible assets R'000 | Heritage assets R'000 | Machinery and equipment R'000 | Biological assets R'000 | Total R'000 |
|-----------------|--------------------------------------|----------------------------|--------------------------|----------------------------------|----------------------------|----------------|
| Opening balance | - | - | - | 426 912 | - | 426 912 |
| Additions | - | - | - | 27 842 | - | 27 842 |
| Disposals | - | - | - | 3 846 | - | 3 846 |
| TOTAL | - | - | - | 450 908 | - | 450 908 |

31.5 Movable assets written off

MOVABLE ASSETS WRITTEN OFF FOR THE YEAR ENDED 31 MARCH 2016

| | Specialised military assets R'000 | Intangible assets R'000 | Heritage assets R'000 | Machinery and equipment R'000 | Biological assets R'000 | Total R'000 |
|--------------------|--------------------------------------|----------------------------|--------------------------|----------------------------------|----------------------------|----------------|
| Assets written off | - | - | - | 253 077 | - | 253 077 |
| TOTAL | - | - | - | 253 077 | - | 253 077 |

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32. Intangible Capital Assets

Movement in intangible capital assets per the asset register for the year ended 31 March 2016

| | Opening balance R'000 | Value adjustments R'000 | Additions R'000 | Disposals R'000 | Closing balance R'000 |
|--------------|--------------------------|-------------------------------|--------------------|--------------------|--------------------------|
| Software | 7 | - | - | - | 7 |
| TOTAL | 7 | - | - | - | 7 |

32.1 Movement for 2014/15

Movement in intangible capital assets per the asset register for the year ended 31 March 2015

| | Opening balance R'000 | Prior period error R'000 | Additions R'000 | Disposals R'000 | Closing balance R'000 |
|--------------|--------------------------|--------------------------------|--------------------|--------------------|--------------------------|
| Software | 7 | - | - | - | 7 |
| TOTAL | 7 | - | - | - | 7 |

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ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS For the year ended 31 March 2016

ANNEXURE 1

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.

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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 Kwa-Zulu Natal resides with the Department of Public Works.

Additions

The additions for the 2010/2011 year recorded on Buildings and fixed structures are R778, 749 million

Work in Progress

The Work-in-progress as at 31 March 2011 recorded on Building and fixed structures are R425, 072 million

Disposals/Transfers

The department did not dispose of any additions on buildings for the 2010/11 financial year.

Movements to immovable assets – 2011/2012

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 Kwa-Zulu Natal resides with the Department of Public Works.

Additions

The additions for the 2011/2012 year recorded on Buildings and fixed structures are R1,063,220 billion

Work in Progress

The Work-in-progress as at 31 March 2012 recorded on Building and fixed structures are R794,495 million

Disposals/Transfers

The department did not dispose of any additions on buildings for the 2011/12 financial year.

Movements to immovable assets – 2012/2013

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 Kwa-Zulu Natal resides with the Department of Public Works.

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Additions

The additions for the 2012/2013 year recorded on Buildings and fixed structures are R1,637,391 billion

Work in Progress

The Work-in-progress as at 31 March 2013 recorded on Building and fixed structures are R1,302,382 billion

Disposals/Transfers

The department did not dispose of any additions on buildings for the 2012/13 financial year.

Movements to immovable assets – 2013/2014

The register for immovable in the Province of Kwa-Zulu Natal resides with the Department of Public Works.

Additions

The additions for the 2013/2014 year recorded on Buildings and fixed structures are R1,530,972 billion

Work in Progress

The Work-in-progress as at 31 March 2014 recorded on Building and fixed structures are R 1,199,047 billion

Disposals/Transfers

The department did not dispose of any additions on buildings for the 2013/14 financial year.

Completed Projects

During the financial year, the Departments completed project to value of R521,228 million.

Movements to immovable assets – 2014/2015

The register for immovable in the Province of Kwa-Zulu Natal resides with the Department of Public Works.

Additions

The additions for the 2014/2015 year recorded on Buildings and fixed structures are R1, 206, 505 billion

Work in Progress

The Work-in-progress as at 31 March 2015 recorded on Building and fixed structures are R 702,008 million

Disposals/Transfers

The department did not dispose of any additions on buildings for the 2014/15 financial year.

Completed Projects

During the financial year, the Departments completed project to value of R455,369 million.

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Movements to immovable assets – 2015/2016

The register for immovable in the Province of Kwa-Zulu Natal resides with the Department of Public Works.

Additions

The additions for the 2015/2016 year recorded on Buildings and fixed structures are R 1,257,629 billion

Work in Progress

The Work-in-progress as at 31 March 2016 recorded on Building and fixed structures are R 1,077,455 billion

Disposals/Transfers

The department did not dispose of any additions on buildings for the 2015/16 financial year.

The supplementary information presented does not form part of the annual financial statements and is unaudited.

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ANNEXURE

STATEMENT OF CONDITIONAL GRANTS RECEIVED

| NAME OF GRANT | GRANT ALLOCATION | | | | | SPENT | | | | 2014/15 | |
|--------------------------------------|---|--------------|------------------|-------------------|------------------|-------------------------------|----------------------------|------------------------|------------------------------------|-------------------------|----------------------------|
| | Division of Revenue Act/Provincial Grants | Roll Overs | DORA Adjustments | Other Adjustments | Total Available | Amount received by Department | Amount spent by Department | Under / (overspending) | % of available funds spent by dept | 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 | R'000 |
| National Tertiary Services Grant | 1 530 246 | - | - | - | 1 530 246 | 1 530 246 | 1 530 223 | 23 | 100% | 1 496 427 | 1 496 427 |
| Comprehensive HIV / AIDS Grant | 3 813 094 | - | - | (122) | 3 812 972 | 3 812 972 | 3 813 455 | (483) | 100% | 3 257 992 | 3 257 870 |
| Health Facility Revitalisation Grant | 1 229 775 | - | - | - | 1 229 775 | 1 229 775 | 1 231 997 | (2 222) | 100% | 1 362 469 | 1 362 469 |
| Health Professional & Training Grant | 299 513 | - | - | - | 299 513 | 299 513 | 299 898 | (385) | 100% | 292 837 | 292 847 |
| National Health Insurance | 14 408 | 1 449 | - | - | 15 857 | 15 857 | 9 494 | 6 363 | 60% | 19 848 | 18 399 |
| EPWP Grant for Social Sector | 13 000 | - | - | - | 13 000 | 13 000 | 13 000 | - | 100% | 2 580 | 2 580 |
| EPW Integrated Grant to Province | 3 683 | - | - | (1) | 3 682 | 3 682 | 3 682 | - | 100% | 2 581 | 2 581 |
| | 6 903 719 | 1 449 | - | (123) | 6 905 045 | 6 905 045 | 6 901 749 | 3 296 | | 6 434 734 | 6 433 173 |

Departments are reminded of the DORA requirement to certify that all transfers in terms of this Act were deposited into the primary bank account of the province or, where appropriate, into the CPD account of a province.

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ANNEXURE 1 B

STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS TO MUNICIPALITIES

| Name of Municipality | GRANT ALLOCATION | | | | TRANSFER | | | SPENT | | | 2014/15 |
|----------------------|-------------------------|------------|-------------|-----------------|-----------------|----------------|--|---------------------------------|------------------------------|--|-------------------------|
| | Division of Revenue Act | Roll Overs | Adjustments | Total Available | Actual Transfer | Funds Withheld | Re-allocations by National Treasury or National Department | 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 | R'000 | % | R'000 |
| eThekwini | 205 250 | - | - | 205 250 | 129 600 | - | - | 129 600 | 129 600 | 100% | 61 051 |
| Umlhathuze | - | - | - | - | - | - | - | - | - | - | 6 773 |
| Umvoti | - | - | - | - | - | - | - | - | - | - | 417 |
| Umgeni | - | - | - | - | - | - | - | - | - | - | 764 |
| Msunduzi | - | - | - | - | - | - | - | - | - | - | 5 074 |
| Nseleni | - | - | - | - | - | - | - | - | - | - | 50 |
| PD Vehicle Licences | 6 290 | - | - | 6 290 | - | - | - | 3 730 | 3 730 | 100% | 4 413 |
| Rounding | - | - | - | - | - | - | - | (1) | (1) | 100% | - |
| TOTAL | 211 540 | - | - | 211 540 | 129 600 | - | - | 133 329 | 133 329 | | 78 542 |

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ANNEXURE 1C

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

| Department/ Agency/ Account | Transfer Allocation | | | | Transfer | | 2014/15 |
|-----------------------------|------------------------|------------|-------------|-----------------|-----------------|----------------------------------|-------------------|
| | Adjusted appropriation | Roll Overs | Adjustments | Total Available | Actual Transfer | % of Available funds transferred | Appropriation Act |
| | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 |
| Skills Development Levy | 18 863 | - | - | 18 863 | 18 863 | 100% | 15 768 |
| Com: SABC TV Licences | 183 | - | - | 183 | 146 | 80% | 127 |
| TOTAL | 19 046 | - | - | 19 046 | 19 009 | | 15 895 |

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ANNEXURE 1D

STATEMENT OF TRANSFERS/ SUBSIDIES TO PUBLIC CORPORATIONS AND PRIVATE ENTERPRISES

| Institution Name | Transfer Allocation | | | | Expenditure | | | | 2014/15 |
|--------------------------------------|----------------------------|------------|-------------|-----------------|-----------------|----------------------------------|---------|---------|-------------------|
| | Adjusted appropriation Act | Roll Overs | Adjustments | Total Available | Actual Transfer | % of Available funds transferred | Capital | Current | Appropriation Act |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 | R'000 |
| Public corporations | | | | | | | | | |
| Transfers | - | - | - | - | 10 | - | | - | - |
| Penalties | - | - | - | - | 10 | - | | - | - |
| Subsidies | - | - | - | - | - | - | | - | - |
| Subtotal: Public corporations | - | - | - | - | 10 | - | | - | - |
| TOTAL | - | - | - | - | 10 | - | | - | - |

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ANNEXURE 1E

STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

| Non-Profit Institutions | Transfer Allocation | | | | Expenditure | | 2014/15 |
|--|----------------------------|------------|-------------|-----------------|-----------------|----------------------------------|-------------------|
| | Adjusted appropriation Act | Roll Overs | Adjustments | Total Available | Actual Transfer | % of Available funds transferred | Appropriation Act |
| | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 |
| Transfers | - | - | - | - | - | - | - |
| | - | - | - | - | - | - | - |
| Subsidies | | | | | | | |
| Austerville Halfway House | 552 | - | - | 552 | 552 | 100% | 536 |
| Azalea House | 510 | - | - | 510 | 510 | 100% | 495 |
| Bekimpelo/Bekulwandle Trust Clinic | 8 386 | - | - | 8 386 | 8 385 | 100% | 8 141 |
| Benedictine Clinic | 44 | - | - | 44 | 44 | 100% | 88 |
| Budget Control Holding Funds | (591) | - | - | (591) | - | 0% | (7 789) |
| Capital Planning Project (KZN Children Hospital) | - | - | - | - | 20 000 | - | - |
| Claremont Day Care Centre | 389 | - | - | 389 | 389 | 100% | 378 |
| Day Care Club 91 | 105 | - | - | 105 | - | 0% | 102 |
| District Holding Funds Umzinyathi | - | - | - | - | - | - | (153) |
| District Holding Funds Ugu | 2 861 | - | - | 2 861 | 2 860 | 100% | - |
| District Holding Funds Uthungulu | 5 179 | - | - | 5 179 | 3 312 | 64% | - |
| District Holding Funds Zululand | - | - | - | - | 368 | - | - |
| District Holding Funds eThekwini | - | - | - | - | - | - | - |
| DPSA-Comm Based Rehab Project | 927 | - | - | 927 | 927 | 100% | 525 |

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STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUE)

| Non-Profit Institutions | Transfer Allocation | | | | Expenditure | | 2014/15 |
|--|----------------------------|------------|-------------|-----------------|-----------------|----------------------------------|-------------------|
| | Adjusted appropriation Act | Roll Overs | Adjustments | Total Available | Actual Transfer | % of Available funds transferred | Appropriation Act |
| | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 |
| DPSA - Wheelchair repair & maintenance | 853 | - | - | 853 | 853 | 100% | 483 |
| Ekukhanyeni Clinic | 967 | - | - | 967 | 873 | 90% | - |
| Enkumane Clinic | - | - | - | - | - | - | 265 |
| Ethembeni Stepdown Centre | - | - | - | - | - | - | 4 640 |
| Genesis care Centre | - | - | - | - | - | - | 2 889 |
| Happy Hour Amaoti | 520 | - | - | 520 | 520 | 100% | 505 |
| Happy Hour Durban North | 260 | - | - | 260 | 260 | 100% | 252 |
| Happy Hour Kwaximba | 416 | - | - | 416 | 416 | 100% | 404 |
| Happy Hour Marianhill | 130 | - | - | 130 | 130 | 100% | 126 |
| Happy Hour Mpumalanga | 416 | - | - | 416 | 416 | 100% | 404 |
| Happy Hour Ninikhona | 260 | - | - | 260 | 260 | 100% | 252 |
| Happy Hour Nyangwini | 273 | - | - | 273 | 273 | 100% | 265 |
| Happy Hour Overport | 196 | - | - | 196 | 196 | 100% | 190 |
| Happy Hour Phoenix | 260 | - | - | 260 | 260 | 100% | 252 |
| Hlanganani Ngothando DCC | 220 | - | - | 220 | 220 | 100% | 214 |
| Humana People to People | - | - | - | - | - | - | 3 291 |
| Ikhwezi Cripple Care | 1 205 | - | - | 1 205 | 1 205 | 100% | 1 170 |
| John Peattie House | 1 367 | - | - | 1 367 | 1 367 | 100% | 1 139 |
| Jona Vaughn Centre | 2 420 | - | - | 2 420 | 2 420 | 100% | 2 017 |
| KZN Blind and Deaf Society | 824 | - | - | 824 | 824 | 100% | 800 |
| Lynn House | 611 | - | - | 611 | 611 | 100% | 593 |

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STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS (CONTINUE)

| Non-Profit Institutions | Transfer Allocation | | | | Expenditure | | 2014/15 |
|--------------------------------|----------------------------|------------|-------------|-----------------|-----------------|----------------------------------|-------------------|
| | Adjusted appropriation Act | Roll Overs | Adjustments | Total Available | Actual Transfer | % of Available funds transferred | Appropriation Act |
| | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 |
| Madeline Manor | 892 | - | - | 892 | 892 | 100% | 866 |
| Magaye School for the Blind | 515 | - | - | 515 | 515 | 100% | 459 |
| Matikwe Oblate Clinic | 481 | - | - | 481 | 481 | 100% | 486 |
| McCords Hospital | - | - | - | - | - | - | 15 870 |
| Mountain View Special Hospital | 9 675 | - | - | 9 675 | 9 675 | 100% | 9 773 |
| Noyi Bazi Oblate Clinic | - | - | - | - | - | - | 179 |
| Philanjolo Hospice | 5 001 | - | - | 5 001 | 1 891 | 38% | 2 525 |
| Power of God | 1 133 | - | - | 1 133 | 1 133 | 100% | 1 100 |
| Rainbow Haven | 409 | - | - | 409 | 409 | 100% | 397 |
| Scadifa Centre | 953 | - | - | 953 | 953 | 100% | 925 |
| Siloah Special Hospital | 21 934 | - | - | 21 934 | 21 934 | 100% | 21 873 |
| South Coast Hospice | 179 | - | - | 179 | 179 | 100% | 174 |
| Sparks Estate | 1 132 | - | - | 1 132 | 1 132 | 100% | 1 099 |
| St. Lukes Home | 456 | - | - | 456 | 456 | 100% | 443 |
| St. Mary's Hospital Marianhill | 124 174 | - | - | 124 174 | 124 757 | 100% | 151 465 |
| Sunfield Home | 269 | - | - | 269 | 269 | 100% | 262 |
| Umlazi Halfway House | 276 | - | - | 276 | 276 | 100% | 268 |
| | 197 039 | - | - | 197 039 | 213 403 | | 230 638 |
| Total | 197 039 | - | - | 197 039 | 213 403 | | 230 638 |

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ANNEXURE 1F

STATEMENT OF TRANSFERS TO HOUSEHOLDS

| Households | Transfer Allocation | | | | Expenditure | | 2014/15 |
|---|----------------------------|------------|-------------|-----------------|-----------------|----------------------------------|-------------------|
| | Adjusted appropriation Act | Roll Overs | Adjustments | Total Available | Actual Transfer | % of Available funds transferred | Appropriation Act |
| | R'000 | R'000 | R'000 | R'000 | R'000 | % | R'000 |
| Transfers | | | | | | | |
| Employee Social Benefits - Injury on Duty | 484 | - | - | 484 | 197 | 41% | 90 |
| Employee Social Benefits - Leave Gratuity | 93 858 | - | - | 93 858 | 123 978 | 132% | 89 401 |
| Bursaries : Non-Employee | 253 032 | - | - | 253 032 | 262 725 | 104% | 220 079 |
| Claims Against the State | 68 120 | - | - | 68 120 | 90 367 | 133% | 23 689 |
| PMT / Refunds & Rem - Act of Grace | - | - | - | - | 75 | - | - |
| Total | 415 494 | - | - | 415 494 | 477 342 | | 333 259 |

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ANNEXURE 1G

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

| Name of Organisation | Nature of Gift, Donation or Sponsorship | 2015/16 | 2014/15 |
|-------------------------------|---|-----------|-----------|
| | | R'000 | R'000 |
| Received in cash | | | |
| Prior years | | - | 26 |
| Cash Donations | | 10 | - |
| Subtotal | | 10 | 26 |
| Received in kind | | | |
| Prior year balance | | - | 10 909 |
| MRC South Africa | Ressci baby, Prompt baby, Head 65 prom, Child birth simulator, Disposable vacca omnicur, Uterine Pelvic Model, MVA Set Cipas Syricies | 23 | - |
| Tongaat Hullet | Various Items | 42 | - |
| Ms C Searle MatCH | One night accommodation for District Pharmacy Managers | 3 | - |
| Roche Products (Pty) Ltd | Acc-Check Blood glucose meter | 119 | - |
| Assupol | Soccer and netball Kits | 11 | - |
| Chris | Catering | 1 | - |
| Sphanabantu Trading | Catering | 1 | - |
| M Murran | Acc-Check Active glucose meter | 8 | - |
| Ms Mhlongo & staff nursing | Gift voucher | 1 | - |
| Roche Diabetes Care | Accu-check blood glucose meter x40 | 11 | - |
| Ubhaqa Business Chamber | Grocery for Diabetes Awareness at Mfongolo Clinic | 1 | - |
| Carefusion | Ivac 597 Infusion pump x10 | 50 | - |
| Foot Focus | Wheel chairs x4 | 3 | - |
| B Braun Medical (Pty) Limited | Sponsorship of registration fees only | 4 | - |
| AATS Graham Foundation | Sponsorship of travel and living expenses | 8 | - |

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED (CONTINUE)

| Name of Organisation | Nature of Gift, Donation or Sponsorship | 2015/16 | 2014/15 |
|--|--|---------|---------|
| | | R'000 | R'000 |
| Fresenius Kabi South Africa (Pty) Ltd. | Sponsorship of flights, accommodation and registration fees | 32 | - |
| At Life Product (Pty) Ltd | Sponsorship of flights, accommodation and registration fees | 11 | - |
| South African Society of Endoscopic Surgeons | Sponsorship covers the cost of travel, accommodation and living expenses whilst in Belgium | 150 | - |
| Lilitha College of Nursing Students | Jackets and track bottom | 5 | - |
| Global Fund | Contribution into construction of new TB Wards accommodation | 7 682 | - |
| Ubhaqa Business Chamber | Grocery for breast feeding event at Gateway Clinic | 1 | - |
| Global Fund | Contribution into construction of new TB Wards accommodation | 7 696 | - |
| Aquelle Smith & Nephew | 58 Aquelle bottles | 1 | - |
| | Sponsorship of catering & travel cost for speakers at CME meeting on 20 August 2015 at IALCH Burns Units | 30 | - |
| Staff Member | Samsung 74cm TV | 3 | - |
| Human Milk Banking Association of S.A | Fridge & Freezer | 10 | - |
| Kwa CARE | 80 Comfort bags | 12 | - |
| Major Money Management | 100 Pillows | 2 | - |
| Logan Medical & Surgical (Pty) Ltd | 50 Blankets | 8 | - |
| Peoples Church of God | Fridge, TV and Radio | 14 | - |
| HMBASA | Fridge & Freezer | 10 | - |
| Ekuhlengeni Psychiatric Hospital | Women's day Function | 1 | - |
| Ekuhlengeni Psychiatric Hospital | Netball Kits | 2 | - |
| Woolworths | Groceries | 3 | - |
| Cowboys | Food | 1 | - |
| Roche Products (Pty) Ltd | Acc-Check blood glucose meter | 1 | - |
| Regent Company | Soccer Kit | 3 | - |
| Hip and Cool Ctering | Loaned post, table cloths, table spoons & serving spoons | 1 | - |
| Ngokusa Trading 809 cc | Pic and Pay Voucher | 1 | - |

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED (CONTINUE)

| Name of Organisation | Nature of Gift, Donation or Sponsorship | 2015/16 | 2014/15 |
|--|---|---------|---------|
| | | R'000 | R'000 |
| PMB Kidney Association | 10x Food parcels per month | 2 | - |
| SA Burns Society | Accommodation, traveling & registration fees for S.R Mdlalose | 6 | - |
| Medtronic | Rapid Exchange Forum for MT Mabaso, BZ Gwala, & C Donnelly | 14 | - |
| Dress a Baby | 40x Gift bags for mothers | 10 | - |
| Atonally / Hilton College | Playground Equipment for St Apollinaris, Appelsbosch & Christ the King Hospital | 50 | - |
| National Department of Health | 3 Seater Leather Couches BLK | 13 | - |
| National Department of Health | Defy 20ltr Microwave | 2 | - |
| Radiometer | Blood Gas Analyser | 85 | - |
| Tasha Distributors | 3 Seater Leather Couch | 13 | - |
| Nadzo Trading & Project | 32 LG Television, Defy Microwave & 8L Urn | 10 | - |
| Smith & Nephew | Sponsorship for flights, accommodation, registration fees and transfers | 16 | - |
| Impilo Consortium | Sponsorship for accommodation, meals and activities for 16 Nursing Personnel | 30 | - |
| Medika SA | 125 Small balls for International Children's Day (Burns Unit) | 2 | - |
| Happy Heart Cardiac Rehabilitation | Exercise Bicycle | 2 | - |
| World Vision South Africa | Bathroom Scales x29 | 12 | - |
| World Vision South Africa | Baby Scales x29 | 8 | - |
| Human Milk Banking Association of South Africa | Snow master Fridge & Snow master Freezer | 10 | - |
| Old Mutual | Trophies | 4 | - |
| SA Haemophilia Foundation | Accommodation / travel cos for Mrs MJ Hemmero | 4 | - |
| Boston Scientific and Medhold | Accommodation / travel cost for Ms DS Singh | 13 | - |
| Medtronic Africa | Accommodation/travel cost for T Ngcobo, N Rangana & B Makhathini | 13 | - |
| Friends of Umgeni | Tama Drum Kit, Cymbals & OVHD-System | 21 | - |
| Singhs Butchery | Red Meat | 1 | - |
| Mala's Décor | Round tables and table cloths | 1 | - |
| Enviroshore | Toys, snacks, blankets and toilets | 3 | - |

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED (CONTINUE)

| Name of Organisation | Nature of Gift, Donation or Sponsorship | 2015/16 | 2014/15 |
|-------------------------------------|--|---------|---------|
| | | R'000 | R'000 |
| Process Litho | Marque and chairs | 55 | - |
| Old Mutual | Photo frames, medals, trophies | 6 | - |
| Capitec | Video recording and sound system | 6 | - |
| Tongaat Hulett's | Stage | 3 | - |
| South 32 | 500ml bottled water | 3 | - |
| Ngwelezana Staff | fund raising by staff | 21 | - |
| Pick Distributors | 18x 2Litres Cool Drinks, 5x 2Litres Ice-Cream | 5 | - |
| Dr T Bisseru Paediatrician at IALCH | 4 Plastic chairs, table, DVD player, 4 DVDs, colouring books, crayons and other toys | 2 | - |
| RK Khan Hospital (Specialist) | 5 Boxes of IV Buscopan | 1 | - |
| Kwa CARE | 90 Comfort Bags | 14 | - |
| Softbev | 65x300ml & 90x2Lt bottles of cool drinks | 2 | - |
| Old Mutual | 4 Metal gold cups & 80 M13 gold medals | 2 | - |
| Metropolitan | 100 Bottles juices, 100 black pens | 1 | - |
| Old Mutual | 71 Medals & 43 laminated certificates | 1 | - |
| PMB Kidney Association | 10x Food Parcels | 2 | - |
| Checkers Empangeni | Cake | 1 | - |
| Hospital Staff | Catering | 1 | - |
| Laz Air | Meat | 1 | - |
| Logan Medical | Meat | 3 | - |
| Gans Motor Spares | Refreshments | 1 | - |
| Endormed | Décor | 2 | - |
| Easy Way Driving School | Tokens | 2 | - |
| Embo Security | Tokens | 2 | - |
| eThekwini South Lions Club | 6 x Christmas Tress | 1 | - |
| Underberg Spar | Rice, Beef and Flour | 1 | - |

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED (CONTINUE)

| Name of Organisation | Nature of Gift, Donation or Sponsorship | 2015/16 | 2014/15 |
|---------------------------------------|---|---------|---------|
| | | R'000 | R'000 |
| Tongaat Hullet | Chops, Lamb Sausages, rolls, apples, bananas, oranges and 6 pack liquifruit x17 | 16 | - |
| Enza Trust | 12 Meter Park Home | 50 | - |
| USAIDS TB II SA Project | 100xglucomters And 350xglucometer Strips Ugu | 52 | - |
| USAIDS TB II SA project | 100xglucomters And 350xglucometer Strips Uthungulu | 52 | - |
| Wylberg Trading | Furniture and Equipment | 87 | - |
| Management Sciences for Health/SIAPS | CCMDD Banners for Umzinyathi District | 40 | - |
| Aurum Institute | 2016 TB Guidelines, pens and exam pads | 10 | - |
| Medilogistics | T-Shirts, pens, sun glasses ,shopping bags, cash -R 2 980 to buy trophies | 8 | - |
| Medipost | CCMDD category trophies, certificates, shopping bags, caps | 5 | - |
| Heath Systems Trust | Education Material | 5 | - |
| Broadreach Heath Care | Condom Dispensers | 191 | - |
| HIV Prevention Trial Network | Sponsorship For Mrs Zuma-Mkhonza | 10 | - |
| Same Foundation | Furniture And Equipment To The Clinic | 417 | - |
| Whirlpool Sa | 1 X Fridge | 4 | - |
| Orbis Africa | Donation Of Ophthalmic Equipment | 1 098 | - |
| Affordable Medicines | Donation Of Medicines | 3 678 | - |
| Aurum Institute | Sponsorship: Catering, Venue, Accommodation And Related Cost For Meeting: 19 January 2016 | 69 | - |
| Interactive Research & Development Sa | Sponsorship: Catering For Reporting And Recording Training: | 9 | - |
| National Department Of Health | 330 HPV Electronic Capturing Devices | 815 | - |
| Chinese Government | Donation Of Four Medical Equipped Containers To DoH | 2 390 | - |
| World Health Organisation | Sponsorship For Dr McKerrow To Attend Meeting In Geneva, | 32 | - |
| Match | Sponsorship for registration, accommodation, flight, car hire & perdiem | 16 | - |
| Jhpiego | Catering for training | 9 | - |
| Saatchi& Saatchi Advertising | Posters And Pamphlets | 26 | - |

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED (CONTINUE)

| Name of Organisation | Nature of Gift, Donation or Sponsorship | 2015/16 | 2014/15 |
|---|--|---------|---------|
| | | R'000 | R'000 |
| African Equity Empowerment Investment Limited | 17TH Cape Town International Jazz Festival | 6 | - |
| JPS Africa | Training Package | 125 | - |
| Aurum Institution | Conference Package | 23 | - |
| World Health Organization | for travel | 42 | - |
| USAID | For Cqi Conference: March 2016 | 261 | - |
| JSP Africa | Training Of 23 Doctors | 120 | - |
| Aurum Institute | Catering For Logistics Management Information System Meeting | 23 | - |
| African Equity Empowerment Investments | Hospitality: Tickets To Jazz Festival: Mrs NT Mkhize | 12 | - |
| Healthcare Technologies | 40 Boxes Of Disposable Bottles | 42 | - |
| Various Donors | For The Implementation Of Integrated Nutrition Programme | 403 | - |
| Saatchi & Saatchi | TB posters and TB pamphlets | 26 | - |
| Gift Of The Givers & Dumakude Civils | Donation: Drinking Water | 3 | - |
| Human Milk Bank Association of SA | Snomaster Freezer and Snomaster fridge(uGu) | 10 | - |
| J Butler | Accommodation, meals, air fare for PP Nkomonde | 6 | - |
| Human Milk Bank Association of SA | Fridge And Freezer(eThekwini) | 10 | - |
| Artheomedix | Flight, Accommodation, Registration, Shuttle: Course: | 28 | - |
| Human Milk Bank Association | Donation: Various Items | 2 | - |
| Mylan (Pty) Ltd | Registration, Flights, Accommodation, Meals: Congress: Dr Anwar: Atlanta: 29-31 March 2016 | 54 | - |
| Umsinisi Health Care | Sister Y Naidoo: Course At University Of Free State | 7 | - |
| Orbis Africa | Ophthalmic Equipment | 1 098 | - |
| PMB Kidney Association | 10x Food Parcels | 2 | - |
| World Federation of South Africa | Accommodation & Travel cost | 20 | - |
| Smith & Nephew | Registration, Flights, Accommodation, Meals: Congress: | 56 | - |

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED (CONTINUE)

| Name of Organisation | Nature of Gift, Donation or Sponsorship | 2015/16 | 2014/15 |
|---------------------------------------|---|---------|---------|
| | | R'000 | R'000 |
| Deputy Synthes | Registration, Accommodation, Flights: Dr L Marais: | 27 | - |
| Sanofi/Clinigen | Campath injection x1 vial | 7 | - |
| Operation Smile | Sponsorship of all travel accommodation and meals | 14 | - |
| The American Society for Microbiology | Sponsorship of all travel cost and accommodation | 32 | - |
| Genesis Community Centre | Donation: Orthopaedic Appliances | 80 | - |
| Avbob | Finger Lunch and bottle water | 5 | - |
| Metropolitan | Meals | 8 | - |
| Capitec Bank | Meals | 5 | - |
| Rotary Azalea PMB | 55 inch led TV | 7 | - |
| Wits Health Consortium | Chest freezer & electronic body scale | 5 | - |
| PMB Kidney Association | 10 X Food parcels | 2 | - |
| DePuy Synthes | Accommodation & travel to attend meeting | 27 | - |
| Adcock Ingram's Critical Care | Flight, Accommodation, Meals: Mrs B Crisp | 11 | - |
| Various Donors | Donations/Sponsorships Towards Different Events At Hospital | 19 | - |
| Sanofi/ Clinigen | Campath injection x1 vial | 7 | - |
| Janssen Pharmaceutical (Pty) Ltd | Sponsorship of travel, accommodation & registration | 100 | - |
| Roche Products (Pty) Ltd | Sponsorship of travel, accommodation, meals & cost of visa | 87 | - |
| Impilo Consortium | Sponsorship of venue and all related cost | 56 | - |
| Amgen South Africa (Pty) Ltd | Sponsorship of travel, accommodation & registration | 52 | - |
| Metropolitan, Old Mutual & Evolabs | Donation: Of Various Items From Different Donors | 6 | - |
| Izotsha Irrigation Supplies | Water Dispensers | 3 | - |
| Gems | Food And Drinks For Open Day | 55 | - |
| Umgeni Water | 500 Sachets Of Water | 2 | - |
| Whirlpool Sa | 1 X Fridge | 4 | - |
| Aquelle | Donation: 500 Bottles Of Water | 2 | - |

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED (CONTINUE)

| Name of Organisation | Nature of Gift, Donation or Sponsorship | 2015/16 | 2014/15 |
|--|---|---------|---------|
| | | R'000 | R'000 |
| Tongaat Hullet | 1 X Marine Steel Container | 34 | - |
| Enza Trust | 12m Containers | 50 | - |
| Lotus Stationers | Samsung Multifunction Printer | 2 | - |
| Tongaat Hullet | Sponsorship Towards Staff Year End Function | 16 | - |
| Vuza Fleet Management And McCarthy Inyanga | Donation Of Fridge And High Pressure Cleaner | 5 | - |
| USAIDS TB II SA Project (Ugu) | 100xglucometers And 350xglucometer Strips | 52 | - |
| USAIDS TB II SA Project(Uthungulu) | Donation: 100 Glucose Meters And 350 Glucose Strips | 52 | - |
| HIV Prevention Trial Network | Mrs Zuma-Mkhonza: Meeting: 31 March - 1 April 2016 | 10 | - |
| Same Foundation | Furniture And Equipment To The Clinic | 417 | - |
| Assupol | Donation Of Soccer Kits, Netball Kit And Gazebos | 11 | - |
| Furken Industrial | 6 X Lutian Petrol Generators | 9 | - |
| Broadreach | Team To Attend Health Command Users Conference: 25-26 November 2015 | 75 | - |
| Singakwenza Education & Development | Donation Of Mobile Clinic | 285 | - |
| Path | Neonatal Resuscitation Simulation Equipment | 59 | - |
| Khethimpilo | Measuring Cylinders, Thermometers And Pill Counting Trays | 52 | - |
| National Department Of Health | Kudu Waves And Ear Tips | 521 | - |
| Various Organisations | Sponsorships To Attend Congress/Symposiums | 253 | - |
| University Research Council (Urc) | Donation Of 3 X Prefabricated Structures To Tb Facilities | 900 | - |
| Match | Accommodation For Sop Workshop: 5-6 May 2015 | 11 | - |
| Madan Singh & Associates | Sponsorship Towards Monetary Award For Masea 2014/2015 | 60 | - |
| Prometheus Medical Africa | Donation Of Trauma Equipment | 40 | - |
| United Nations Population Fund | 2500 X Implanon | 300 | - |
| University Research Council (Urc) | Sponsorship Of Campaign: Tackling Tb In Schools | 1 538 | - |
| Orbis Africa | Donation Of Ophthalmic Equipment | 1 098 | - |

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED (CONTINUE)

| Name of Organisation | Nature of Gift, Donation or Sponsorship | 2015/16 | 2014/15 |
|--|--|---------|---------|
| | | R'000 | R'000 |
| Affordable Medicines | Donation Of Medicines | 3 678 | - |
| Aurum Institute | Catering, Venue, Accommodation And Related Cost For Meeting | 69 | - |
| Interactive Research & Development Sa | Interactive Research & Development Sa | 9 | - |
| National Department Of Health | 330 HPV Electronic Capturing Devices | 815 | - |
| Chinese Government | Donation Of Four Medical Equipped Containers To DoH | 4 780 | - |
| World Health Organisation | Dr McKerrow To Attend Meeting In Geneva, Switzerland | 32 | - |
| Saatchi& Saatchi Advertising | Posters And Pamphlets | 26 | - |
| USAID | Sponsorship For Cqi Conference: March 2016 | 261 | - |
| Jsp Africa | Sponsorship: Training Of 23 Doctors | 120 | - |
| Aurum Institute | Catering For Logistics Management Information System Meeting | 23 | - |
| African Equity Empowerment Investments | Hospitality: Tickets To Jazz Festival: Mrs Nt Mkhize | 12 | - |
| Healthcare Technologies | 40 Boxes Of Disposable Bottles | 42 | - |
| Various Donors | The Implementation Of Integrated Nutrition Programme | 403 | - |
| Ithala Limited | Two Complimentary Tickets For Joyous Celebrations Concert | 1 | - |
| At Life Sa | Sponsorship For Attendance Of Congress/Symposiums | 35 | - |
| Path | For Mrs R Sorgenfrei To Attend Isrhm: 3-7 March 2016 | 21 | - |
| Centrum Guardians & Master Drive | Sponsorship For Advance Driver Training | 80 | - |
| Xcallire | Donation Of 1 X Server | 501 | - |
| National Department Of Health | Donation Of 8 X Data Projectors | 57 | - |
| DSM Nutritional Products SA | Sponsorship For Evaluation of Micronutrient Powder | 458 | - |
| National Department Of Health | Donation Of Furniture For KMC In KZN | 548 | - |
| Umvoti Aids Centre | Sponsorship: VIP Catering For Awareness Event: 23 October 2015 | 10 | - |
| Kitso Vutini Institution | Sponsorship For Celebration Of Tb Patients | 60 | - |

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED (CONTINUE)

| Name of Organisation | Nature of Gift, Donation or Sponsorship | 2015/16 | 2014/15 |
|--|---|---------|---------|
| | | R'000 | R'000 |
| Medipost Pharmacy | Sponsorship Towards Staff Year End Function | 10 | - |
| Vision & Alpha Office Furniture | Sponsorship Towards Staff Year End Function: 15 December 2015 | 3 | - |
| Interactive Research & Development Sa | Sponsorship: Catering For It Stakeholders Meeting: 24 November 2015 | 1 | - |
| Roche Diabetes Care | 20 Blood Glucose Meters | 5 | - |
| Oxford University | Registration, Accommodation And Travel | 30 | - |
| South African Theatre Nurses | Registration, Accommodation And Travel | 8 | - |
| Society Of Radiographers Of South Africa | Air Travel | 2 | - |
| Victoria Hospital (Tongaat) | Donation Of 11 Adult Beds | 5 | - |
| Mr Np Dladla | Trojan Gym And Organ | 2 | - |
| Ponte Per La Vita | Park Home And Play Area For Children | 309 | - |
| Medical International | 5 Bipolar Hip Replacement | 23 | - |
| European Society For Surgical Research | Flight, Accommodation, Registration | 27 | - |
| Compass Waste Management | Donation Of Desk Calendars | 2 | - |
| Critical Care Of Sa | Flight, Accommodation And Registration | 14 | - |
| Church Of Jesus Christ Of Latter Day Saints | 80 Newborn Kits | 10 | - |
| SA Fasteners | Cardiosoft ECG Software With Printer And Computer | 64 | - |
| Sri Sathya Sai National Council Of Sa | Blankets, Sheets, Pillows And Pillow Cases | 1 | - |
| Gift Of The Givers & Dumakude Civils | Donation: Drinking Water | 3 | - |
| Human Milk Bank Association Of SA(eThekwini) | Donation: Fridge And Freezer | 10 | - |
| Artheomedix | Flight, Accommodation, Registration, Shuttle: Course | 28 | - |
| Human Milk Bank Association(Ugu) | Donation: Various Items | 2 | - |

2015/16 ANNUAL REPORT VOTE 7

STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED (CONTINUE)

| Name of Organisation | Nature of Gift, Donation or Sponsorship | 2015/16 | 2014/15 |
|---|---|---------|---------|
| | | R'000 | R'000 |
| Mylan (Pty) Ltd | Registration, Flights, Accommodation, Meals: Congress: Dr Anwar: Atlant | 54 | - |
| Umsinisi Health Care | Sponsorship: Sister Y Naidoo: Course At University Of Free State | 7 | - |
| Smith & Nephew | Registration, Flights, Accommodation, Meals: Congress: Orlando, Flo | 56 | - |
| Deputy Synthes | Registration, Accommodation, Flights: Dr L Marais: Cape Tw | 27 | - |
| The American Society For Microbiology | Sponsorship Of All Travel Cost And Accommodation | 32 | - |
| Genesis Community Centre | Donation: Orthopaedic Appliances | 80 | - |
| Adcock Ingram's Critical Care | Flight, Accommodation, Meals: Mrs B Crisp: Conference | 11 | - |
| Various Donors | Donations/Sponsorships Towards Different Events At Hospital | 19 | - |
| Metropolitan, Old Mutual & Evolabs | Donation: Of Various Items From Different Donors | 6 | - |
| Janssen Pharmaceutical Pty | Course Fees, Accommodation, Air Travel: Dr Van Zyl: Vienn | 42 | - |
| Deromed | 14 Blood Glucose Meters | 4 | - |
| Gideons International Sa | 300 Bibles | 6 | - |
| 31 Club | Donation: 2 Numeric Toilet Trolleys And Mop Sweeper | 10 | - |
| Rising Sun Newspaper | Various Items Towards 67 Minutes For Nelson Mandela Project | 34 | - |
| Toyota Sa Motors | Donation: 210 Chairs | 102 | - |
| Mrs L Madaree | Donation: Doughnuts And Cool Drinks | 2 | - |
| TB/HIV Non-Profit Organisation | Garden Tools & Seedlings | 6 | - |
| Human Milk Banking Association | Donation: Fridge And Freezer | 10 | - |
| Avbob, Metropolitan, Liberty Life & Evolabs | Donations/Sponsors Of Various Items For Wellness Programme | 5 | - |
| TB/HIV Non-Profit Organisation | DVD Players, TV Sets And Brackets | 14 | - |
| Fit Healthcare And Diagnostics | Sponsorship: Conference Fee For HIV/Aids Meeting: 3-4 March 2015 | 1 | - |
| Abort Point Of Care | | 186 | - |
| Path | Donation: Freezer And Universal Power Supply | 588 | - |
| Smith & Nephew | Catering And Travel Cost For Burns Unit Workshop: 28 August 2015 | 30 | - |
| Dr C Persad | 8 Gas Lift Bar Stools | 5 | - |

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STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED (CONTINUE)

| Name of Organisation | Nature of Gift, Donation or Sponsorship | 2015/16 | 2014/15 |
|--|--|---------------|---------------|
| | | R'000 | R'000 |
| Happy Heart Rehabilitation Club | Donation: One Bicycle | 2 | - |
| World Vision | 29 Baby Scales And 29 Bathroom Scales | 20 | - |
| Odefin Life (Umzimkhulu) | Donation: 1 Soccer Kit | 3 | - |
| Odefin Life (Rietvlei) | Donation: 1 Soccer Kit | 3 | - |
| International Society Of Paediatric Oncology | Course Fees, Accommodation, Travel, Shuttle And Meals | 63 | - |
| Boston Scientific | Registration, Travel, Accommodation & Meals For Annual Sa Heart Congress | 13 | - |
| Medical And Scientific Advisory Council Sa | Accommodation, Conferencing And Air Travel | 13 | - |
| Medtronic Africa | Accommodation, Conferencing And Air Travel: Forum | 13 | - |
| Delta Surgical Sa | Sponsorship: Spot Prize For Seca 213: 16 October 2015 | 2 | - |
| K-Rith | Donation: 1 Fridge | 2 | - |
| Smith & Nephew | Donation: Paediatric Pyjamas And Blankets | 4 | - |
| Impilo Consortium & KZN Kidney | Travel And Accommodation: Ms B Narilall: 4-7 October 2015 | 12 | - |
| Kwa CARE | Donation: 1 Marine Steel Container | 34 | - |
| Sri Sathya Sai Centre Of Bomby Heights | Donation: 52 Baby Blankets | 2 | - |
| Human Milk Bank Association Sa | Donation: Fridge And Mini Freezer | 10 | - |
| Old Mutual | Donation: 40 Trophies | 4 | - |
| Compass Group | Donation: 12l Urn | 3 | - |
| Subtotal | | 48 531 | 10 909 |
| TOTAL | | 48 541 | 10 935 |

All donations under R 000 is not reflected but is maintained in Donation listing Templates

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ANNEXURE 2A

STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2016 - LOCAL

| GUARANTOR INSTITUTION | Guarantee in respect of | Original guaranteed capital amount | Opening balance 1 April 2015 | Guarantees drawdowns during the year | Guaranteed repayments/ cancelled/ reduced/ released during the year | Revaluations | Closing balance 31 March 2016 | Guaranteed interest for year ended 31 March 2016 | Realised losses not recoverable i.e. claims paid out |
|------------------------|-------------------------|------------------------------------|------------------------------|--------------------------------------|---|--------------|-------------------------------|--|--|
| | | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| ABSA | Housing | 12 692 | 405 | - | 246 | - | 159 | - | - |
| BOE Bank Ltd | Housing | 46 | - | - | - | - | - | - | - |
| FirstRand Bank Ltd | Housing | 14 264 | 3 285 | - | 593 | - | 2 692 | - | - |
| Green Start Home Loans | Housing | 45 | 6 | - | - | - | 6 | - | - |
| ITHALA Limited | Housing | 1 973 | - | - | - | - | - | - | - |
| Nedbank Ltd | Housing | 3 269 | 202 | - | 38 | - | 164 | - | - |
| Old Mutual Bank | Housing | 12 898 | 941 | - | 30 | - | 911 | - | - |
| Peoples Bank Ltd | Housing | 446 | 89 | - | - | - | 89 | - | - |
| SA Home Loans | Housing | 51 | - | - | - | - | - | - | - |
| Standard Bank | Housing | 7 092 | 942 | - | 626 | - | 316 | - | - |
| Unique Finance | Housing | 102 | 44 | - | - | - | 44 | - | - |
| | | 52 878 | 5 914 | - | 1 533 | - | 4 381 | - | - |
| TOTAL | | 52 878 | 5 914 | - | 1 533 | - | 4 381 | - | - |

Closing Balance for 31.03.2015 R6,155 as per 2015 PERSAL reports opening balance as per 2016 PERSAL reports is R5,914 difference is R241

PERSAL system backdate Transaction captured in 2015/2016 for 2014/2015 hence opening balance on new report has a difference of R241

Opening Balance for 2014/2015 reduced (SA Home loans R19, Nedbank R27, Old Mutual Rand R38 and First National Bank R157 total R241)

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ANNEXURE 2B

STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2016

| Nature of liability | Opening balance 1 April 2015 | Liabilities incurred during the year | Liabilities paid/ cancelled/ reduced during the year | Liabilities recoverable (Provide details hereunder) | Closing balance 31 March 2016 |
|--|---------------------------------|---|---|--|----------------------------------|
| | R'000 | R'000 | R'000 | R'000 | R'000 |
| Claims against the department | | | | | |
| Medico Legal | 6 724 865 | 3 455 012 | 222,751 | - | 9,957,126 |
| Claims against the State (Transport, Labour, Civil) | 277 555 | 6 135 | 12,284 | - | 271,406 |
| Afrox | 8 393 | - | 2 418 | - | 5 975 |
| Subtotal | 7 010 813 | 3 461 147 | 237,453 | - | 10,234,507 |
| Other | | | | | |
| National Health Laboratory Services | 3 037 868 | - | 245 941 | - | 2 791 927 |
| McCord's Hospital (Medical Legal Malpractice Claims) | 75 000 | - | - | - | 75 000 |
| Subtotal | 3 112 868 | - | 245 941 | - | 2 866 927 |
| TOTAL | 10 123 681 | 3 461 147 | 483,394 | - | 13,101,434 |

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ANNEXURE 3

CLAIMS RECOVERABLE

| Government Entity | Confirmed balance outstanding | | Unconfirmed balance outstanding | | Total | | Cash in transit at year end 2015/16* | |
|--|-------------------------------|------------|---------------------------------|------------|--------------|------------|--|----------|
| | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 | Receipt date up to six (6) working days after year end | Amount |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | | R'000 |
| DEPARTMENTS | | | | | | | | |
| Agriculture | 3 | 9 | 4 | 3 | 7 | 12 | | - |
| Education | 6 | - | - | 5 | 6 | 5 | | - |
| Corporate Governance and Traditional Affairs | 131 | 489 | - | - | 131 | 489 | | - |
| Office of the Premier | 785 | - | - | 72 | 785 | 72 | | - |
| Provincial Treasury | - | - | - | 13 | - | 13 | | - |
| Economic Development | - | - | 1 | - | 1 | - | | - |
| Transport | - | - | 2 | 13 | 2 | 13 | | - |
| Public Works | - | 2 | 2 | - | 2 | 2 | | - |
| Social Development | 7 | - | 8 | 4 | 15 | 4 | | - |
| Human Settlements | - | 1 | - | - | - | 1 | | - |
| Rural Development | 25 | - | - | - | 25 | - | | - |
| Eastern Cape - Health | - | - | 44 | - | 44 | - | | - |
| Western Cape - Health | - | 82 | - | - | - | 82 | | - |
| Department of Defence | - | - | 13 | - | 13 | - | | - |
| National Department of Health | - | 12 | 121 | - | 121 | 12 | | - |
| National Department of Home Affairs | - | - | - | 24 | - | 24 | | - |
| TOTAL | 957 | 595 | 195 | 134 | 1 152 | 729 | | - |

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CLAIMS RECOVERABLE (CONTINUE)

| Government Entity | Confirmed balance outstanding | | Unconfirmed balance outstanding | | Total | |
|------------------------------------|-------------------------------|--------------|---------------------------------|------------|--------------|--------------|
| | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 |
| OTHER GOVERNMENT ENTITIES | | | | | | |
| University of KwaZulu-Natal (UKZN) | - | 1 941 | 3 766 | - | 3 766 | 1 941 |
| KZN Gambling Board | - | 20 | 32 | - | 32 | 20 |
| SITA | - | - | - | 409 | - | 409 |
| Umkhanyakude District Municipality | - | 322 | 322 | - | 322 | 322 |
| Ithala Limited | 1 843 | 3 260 | - | - | 1 843 | 3 260 |
| | 1 843 | 5 543 | 4 120 | 409 | 5 963 | 5 952 |
| Total | 2 800 | 6 138 | 4 315 | 543 | 7 115 | 6 681 |

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ANNEXURE 4

INTER-GOVERNMENT PAYABLES

| Government Entity | Confirmed balance outstanding | | Unconfirmed balance outstanding | | Total | | Cash in transit at year end 2015/16* | |
|-------------------|-------------------------------|------------|---------------------------------|------------|------------|------------|---|--------|
| | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 | Payment date up to six (6) working days before year end | Amount |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | | R'000 |

DEPARTMENTS

Current

| | | | | | | | | |
|--|---------------|----------------|---------------|---------------|----------------|----------------|--|----------|
| Department of Health & Social Development: Limpopo | 27 | 27 | - | - | 27 | 27 | | - |
| Department of Health: Eastern Cape | - | - | 41 | 190 | 41 | 190 | | - |
| Department of National School of Government | - | - | 505 | - | 505 | - | | - |
| Department of Justice and Constitutional Development | 3 049 | 1 403 | - | 277 | 3 049 | 1 680 | | - |
| Department of Social Development: KwaZulu-Natal | 7 | - | 8 | 8 | 15 | 8 | | - |
| Department of Transport: KwaZulu-Natal | 1 152 | 12 987 | 10 831 | 16 690 | 11 983 | 29 677 | | - |
| Departments of Public Works: KwaZulu-Natal | 86 130 | 102 108 | 42 421 | 2 306 | 128 551 | 104 414 | | - |
| Departments of Education: KwaZulu-Natal | - | 27 | - | 62 | - | 89 | | - |
| Office of the Premier: KwaZulu-Natal | - | - | - | - | - | - | | - |
| Department of Health: Western Cape | - | 11 | - | - | - | 11 | | - |
| South African Police Services | 2 | - | 25 | - | 27 | - | | - |
| National Department of Cooperative Governance | - | 42 | - | - | - | 42 | | - |
| Department of Health: North West | - | - | 27 | - | 27 | - | | - |
| KwaZulu Natal Provincial Treasury | 394 | 2 208 | - | - | 394 | 2 208 | | - |
| Subtotal | 90 761 | 118 813 | 53 858 | 19 533 | 144 619 | 138 346 | | - |

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INTER-GOVERNMENT PAYABLES CONTINUE

| Government Entity | | | Unconfirmed balance outstanding | | Total | | Cash in transit at year end 2015/16* | |
|--|----------------|----------------|---------------------------------|---------------|----------------|----------------|---|--------|
| | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 | 31/03/2016 | 31/03/2015 | Payment date up to six (6) working days before year end | Amount |
| | R'000 | R'000 | R'000 | R'000 | R'000 | R'000 | | R'000 |
| Non-current | | | | | - | - | | |
| Subtotal | - | - | - | - | - | - | | - |
| Total Departments | 90 761 | 118 813 | 53 858 | 19 533 | 144 619 | 138 346 | | - |
| OTHER GOVERNMENT ENTITY | | | | | | | | |
| Current | | | | | | | | |
| University of Kwa-Zulu Natal | 9 138 | 30 897 | 115 369 | - | 124 507 | 30 897 | | |
| National Health Laboratory Services | 356 136 | 304 503 | - | - | 356 136 | 304 503 | | |
| South African National Blood Services | 17 648 | 28 361 | 22 237 | - | 39 885 | 28 361 | | |
| Government Printing Works | 918 | - | - | - | 918 | - | | |
| SITA | 73 849 | 78 792 | - | - | 73 849 | 78 792 | | |
| Independent Development Trust | 31 238 | 11 029 | 56 724 | - | 87 962 | 11 029 | | |
| Auditor General South Africa | 2 240 | - | - | - | 2 240 | - | | |
| Subtotal | 491 167 | 453 582 | 194 330 | - | 685 497 | 453 582 | | |
| Total Other Government Entities | 491 167 | 453 582 | 194 330 | - | 685 497 | 453 582 | | |
| TOTAL INTERGOVERNMENTAL | 581 928 | 572 395 | 248 188 | 19 533 | 830 116 | 591 928 | | |

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ANNEXURE 5

INVENTORY

| | Note | 2015/16 | | 2014/15 | |
|--|------|----------|----------------|----------|----------------|
| | | Quantity | R'000 | Quantity | R'000 |
| Inventory | | | | | |
| Opening balance | | - | 849 609 | | 797 182 |
| Add/(Less): Adjustments to prior year balances | | - | - | | 35 942 |
| Add: Additions/Purchases - Cash | | - | 4 632 216 | | 4 130 856 |
| (Less): Issues | | - | (4 652 343) | | (4 114 371) |
| Closing balance | | - | 829 482 | - | 849 609 |

ANNEXURE 6

MOVEMENT IN CAPITAL WORK-IN-PROGRESS

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2016

| | Opening balance | Current Year Capital WIP | Completed Assets | Closing balance |
|---|-----------------|--------------------------|------------------|------------------|
| | R'000 | R'000 | R'000 | R'000 |
| BUILDINGS AND OTHER FIXED STRUCTURES | - | 1 077 455 | - | 1 077 455 |
| Dwellings | - | 28 796 | - | 28 796 |
| Non-residential buildings | - | 975 715 | - | 975 715 |
| Other fixed structures | - | 72 944 | - | 72 944 |
| TOTAL | - | 1 077 455 | - | 1 077 455 |

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VOTE 7

ANNUAL FINANCIAL STATEMENTS

VOTE 7

**KWAZULU-NATAL PROVINCIAL
PHARMACEUTICAL SUPPLY DEPOT**

- Report of the Auditor General – Provincial Pharmaceutical Supply Depot
- Report of the Accounting Officer
- Statement of Financial Position
- Statement of Financial Performance
- Statement of Changes in Equity
- Cash Flow Statement
- Notes to the Annual Financial Statements

Report of the auditor-general to the KwaZulu-Natal Provincial Legislature on Provincial Pharmaceutical Supply Depot

Report on the financial statements

Introduction

1. I have audited the financial statements of the Provincial Pharmaceutical Supply Depot set out on pages 365 to 383, which comprise the statement of financial position as at 31 March 2016, the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as the notes, comprising a summary of significant accounting policies and other explanatory information.

Accounting authority's responsibility for the financial statements

2. The accounting authority is responsible for the preparation and fair presentation of these financial statements in accordance with the South African Standards of Generally Recognised Accounting Practice (SA Standards of GRAP) 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 the accounting authority determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor-general's responsibility

3. My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with the International Standards on Auditing. Those standards require that I comply with ethical requirements, and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.
4. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.
5. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

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Opinion

6. In my opinion, the financial statements present fairly, in all material respects, the financial position of the Provincial Pharmaceutical Supply Depot as at 31 March 2016 and its financial performance and cash flows for the year then ended, in accordance with the SA Standards of GRAP and the requirements of the PFMA.

Report on other legal and regulatory requirements

7. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report findings on the reported performance information against predetermined objectives for selected sub-programmes presented in the annual performance report, compliance with legislation and internal control. The objective of my tests was to identify reportable findings as described under each subheading but not to gather evidence to express assurance on these matters. Accordingly, I do not express an opinion or conclusion on these matters.

Predetermined objectives

8. I performed procedures to obtain evidence about the usefulness and reliability of the reported performance information for sub-programme 7.5 - pharmaceutical service on pages 161 to 162 presented in the annual performance report of the entity for the year ended 31 March 2016:
9. I evaluated the usefulness of the reported performance information to determine whether it was presented in accordance with the National Treasury's annual reporting principles and whether the reported performance was consistent with the planned programmes. I further performed tests to determine whether indicators and targets were well defined, verifiable, specific, measurable, time bound and relevant, as required by the National Treasury's Framework for managing programme performance information (FMPPI).
10. I assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
11. The material findings in respect of the selected sub-programme is as follows:

Pharmaceutical service

Usefulness of reported performance information

Measurability of indicators and targets

Performance indicators not well defined

12. The FMPPI requires that performance indicators should be well defined by having clear definitions so that data can be collected consistently and is easy to understand and use. A total of 50% indicators were not well defined.

Reliability of reported performance information

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13. The FMPPI requires auditees to have appropriate systems to collect, collate, verify and store performance information to ensure reliable reporting of actual achievements against planned objectives, indicators and targets. I was unable to obtain the information and explanations I considered necessary to satisfy myself as to the reliability of the reported performance information. This was due to the fact that the auditee could not provide sufficient appropriate evidence in support of the reported performance information and the auditee's records not permitting the application of alternative audit procedures.

Additional matter

14. I draw attention to the following matter:

Achievement of planned targets

15. Refer to the annual performance report on pages 161 to 162 for information on the achievement of the planned targets for the year. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information for the selected sub-programme reported in paragraphs 12 and 13 of this report.

Compliance with legislation

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

Expenditure management

17. Effective steps were not taken to prevent irregular expenditure of R729 000 disclosed in note 18 to the financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1.

Internal control

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

Leadership

19. The accounting officer did not exercise effective oversight and monitoring over the implementation of the necessary internal controls over the supply chain management policy and performance reporting.

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Financial and performance management

20. Management has failed to implement a proper record keeping system to ensure that complete, relevant and accurate information is accessible and available to support compliance with performance reporting due to a lack of understanding of the performance reporting requirements.

Auditor-General

Pietermaritzburg

29 July 2016



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

2015/16 ANNUAL REPORT

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REPORT OF THE ACCOUNTING OFFICER

FOR THE YEAR ENDED 31 MARCH 2016

1. General review of the state of financial affairs

The Provincial Pharmaceutical Supply Depot is a trading entity which is incorporated in the KwaZulu-Natal Department of Health.

The principal place of business is:

1 Higginson Highway

Mobeni, 4060

The Provincial Pharmaceutical Supply Depot (PPSD) has shown a net trading loss of R84.2 million for the period ended 31 March 2016 as compared the previous year net profit of R9.4 million (net loss of R93.6 million (998.7%) decrease). The net trading loss is mostly attributed to a reduction of levy charged by the PPSD to health facilities (R180 million) which resulted into significantly low trading revenue for PPSD in the period under review.

PPSD is depended on the KwaZulu-Natal Department of Health for funding through the levy charged to its health facilities for procurement and distribution of pharmaceutical products and the entity will continue to operate in the future as going concern.

Inventory purchase prices increased significantly during the period under review which is attributed to substantial price increases due to the KwaZulu-Natal Department of Health participating in the National contracts.

The main factors contributing to the increase in trading activities were:

- 1.1 The continually increasing distribution of inventories due to the ongoing ARV programme, which were charged directly to institutions.
- 1.2 The number of patients increased over the previous year, largely due to the increase in the CD4 count threshold for initiation, resulting in more patients being eligible for initiation on Anti-Retroviral Therapy (ART).

2. Services rendered by the Provincial Pharmaceutical Supply Depot

2.1 This entity is responsible for the procurement and delivery of pharmaceuticals as listed by the National Health Pharmaceutical Services and Provincial Health Pharmaceutical Services. The pharmaceuticals are procured from nationally contracted suppliers and then distributed to the various health facilities, which belong to the KwaZulu-Natal Department of Health, based on demand. Pharmaceuticals are charged at actual cost plus a mark-up of between 4% and 12% to cover administrative costs.

2.2 The tariff policy is structured as follows:

Surcharge of 4%: Levied on all pharmaceutical items procured by PPSD and delivered directly by the supplier to the requisitioning institutions.

Surcharge of 5%: Levied on all pharmaceutical items procured by and received at PPSD and thereafter delivered to the institutions via the contracted courier

Surcharge of 12%: Levied on all pharmaceuticals that involve the use of PPSD employees for prepacking.

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3. Capacity constraints

3.1 Warehousing

The increasingly limited availability of warehousing has continued to contribute to capacity constraints.

3.2 Human Resources

Increased demand of pharmaceutical services by the Department's institutions has put pressure on human resources capacity. In this regard, different methods and models are being explored to improve personnel capacity to meet increased demand whilst ensuring compliance.


4. Performance Information

4.1 Service Delivery Performance Indicators

| Objective | Indicator | 2015/16 Target | 2015/16 Actual | Comments |
|--|---------------------------------------|----------------|----------------|---|
| Reduce medicine stock out to less than 1% in PPSD and facilities by 2019 | Tracer medicine stock-out rate (PPSD) | < 4% | 17.4% | <p>Some of the contracted Suppliers (National Contracts) were unable to keep with the demand as patient numbers increased.</p> <p>Medicines availability has been constantly unstable in 2015/16 with some critical items out of stock. Each product faces a specific set of challenges nevertheless these problems could be categorised into three areas :</p> <ul style="list-style-type: none"> • Difficulty with sourcing of the active pharmaceutical ingredient and other raw materials. • Unforeseen delays in the formulation and packaging of medicines. • Unanticipated increases in demand for a particular medicine. |

Approval

The annual financial statements set out on pages 365 to 383 have been approved by the Accounting Officer.



Dr S.T. Mtshali
Accounting Officer
31 March 2016

2015/16 ANNUAL REPORT

VOTE 7

STATEMENT OF FINANCIAL POSITION

For the year ended 31 March 2016

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|---|------------|-----------------------|-----------------------|
| ASSETS | | | |
| Current assets | | 282,072 | 393,722 |
| Inter-company account | 2 | 94,639 | 200,410 |
| Inventory | 3 | 187,433 | 193,312 |
| Non-current assets | | 1,759 | 3,509 |
| Property, plant and equipment | 4 | 1,759 | 3,509 |
| Total assets | | <u>283,831</u> | <u>397,231</u> |
| LIABILITIES | | | |
| Current Liabilities | | 34,751 | 63,859 |
| Trade and other payables from exchange transactions | 5 | 34,029 | 63,110 |
| Current provisions | 6 | 722 | 749 |
| Total liabilities | | <u>34,751</u> | <u>63,859</u> |
| Net assets | | 249,080 | 333,372 |
| Capital by Government | Net Assets | 202,372 | 202,372 |
| Reserves | Net Assets | 6,117 | 6,184 |
| Accumulated surplus | Net Assets | 40,591 | 124,816 |
| Total net assets and liabilities | | <u>283,831</u> | <u>397,231</u> |

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STATEMENT OF FINANCIAL PERFORMANCE

For the year ended 31 March 2016

| | Note | 2015/16 R'000 | 2014/15 R'000 |
|---|------|------------------|------------------|
| REVENUE | | | |
| Revenue from exchange transactions | | 2,943,507 | 2,670,087 |
| Sale of goods and rendering of services | 7 | 2,943,317 | 2,670,069 |
| Rental of facilities and equipment | 8 | 16 | 15 |
| Other income | 9 | 174 | 3 |
| Total revenue | | 2,943,507 | 2,670,087 |
| EXPENSES | | | |
| Employees related cost | 10 | 30,440 | 30,987 |
| Depreciation and amortisation expense | 11 | 1,751 | 1,710 |
| Repairs and maintenance | 12 | 897 | 1,132 |
| General expenses | 13 | 2,994,644 | 2,626,918 |
| Total expenses | | 3,027,732 | 2,660,747 |
| Profit on sale of assets | 14 | - | 32 |
| Surplus / (Deficit) for the period | | (84,225) | 9,372 |

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STATEMENT OF CHANGES IN EQUITY

For the year ended 31 March 2016

| | Revaluation Reserves | Contributed capital | Accumulated Surplus/ (deficit) | Total: Net Assets |
|--|-------------------------|------------------------|-----------------------------------|----------------------|
| | R'000 | R'000 | R'000 | R'000 |
| Balance as at 31 March 2014 | 4,276 | 202,372 | 115,482 | 322,130 |
| Correction of prior period error | - | - | (38) | (38) |
| Balance as at 1 April 2014 – Restated | 4,276 | 202,372 | 115,444 | 322,092 |
| Transfers to/ from other reserves | 1908 | - | - | 1,908 |
| Surplus/ (deficit) for the period | - | - | 9,372 | 9,372 |
| Balance as at 31 March 2015 | 6,184 | 202,372 | 124,816 | 333,372 |
| Correction of prior period error | - | - | - | - |
| Balance as at 1 April 2015- restated | 6,184 | 202,372 | 124,816 | 333,372 |
| Transfers to/ from other reserves | (67) | - | - | (67) |
| Surplus/ (deficit) for the period | - | - | (84,225) | (84,225) |
| Balance as at 31 March 2016 | 6,117 | 202,372 | 40,591 | 249,080 |

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CASH FLOW STATEMENT

For the year ended 31 March 2016

| | <i>Note</i> | 2015/16 R'000 | 2014/15 R'000 |
|--|-------------|----------------------|--------------------|
| Cash flows from operating activities | | | |
| Receipts | | 3, 049, 211 | 2,588,651 |
| Sales of goods and rendering of services | | 3, 049, 088 | 2,588,633 |
| Other operating revenue | | 123 | 18 |
| | | <hr/> | <hr/> |
| Payments | | (3, 049, 209) | (2,588,460) |
| Compensation of Employees | | (30, 467) | (30,318) |
| Goods and services | | (3, 018, 742) | (2,558,142) |
| | | <hr/> | <hr/> |
| Net cash flows from operating activities | 16 | 2 | 191 |
| | | <hr/> | <hr/> |
| Cash flows from investing activities | | (2) | (191) |
| Purchase of assets | | (2) | (212) |
| Proceeds from sale of assets | | - | 21 |
| | | <hr/> | <hr/> |
| Net cash flows from investing activities | 17 | (2) | (191) |
| | | <hr/> | <hr/> |
| Cash flows from financing activities | | - | - |
| Proceeds from issuance of ordinary shares/ contributed cap | | - | - |
| | | <hr/> | <hr/> |
| Net cash flows from financing activities | | - | - |
| | | <hr/> | <hr/> |
| Net increase in cash and cash equivalents | | - | - |
| Cash and bank balances at the beginning of the year | | - | - |
| | | <hr/> | <hr/> |
| Cash and bank balances at the end of the year | | - | - |
| | | <hr/> | <hr/> |

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NOTES TO THE ANNUAL FINANCIAL STATEMENT

For the year ended 31 March 2016

1. ACCOUNTING POLICIES

1.1 Basis of preparation

The principal accounting policies adopted in the preparation of these annual financial statements are set out below.

The financial statements have been prepared in accordance with the effective Standards of Generally Recognised Accounting Practice (GRAP), including any interpretations, guidelines and directives issued by the Accounting Standards Board.

These financial statements have been prepared on an accrual basis of accounting and are in accordance with historical cost convention unless specified otherwise.

Assets, liabilities, revenue and expenses have not been offset except when offsetting is required or permitted by a standard of GRAP.

The details of any changes in the accounting policies are explained in the relevant policy.

At the time of authorization of the financial statements for the year ended 31 March 2016, the following standards were in issue but not yet effective:

| Standard | | Effective date |
|----------|---|----------------|
| GRAP 20 | Related party disclosures | Not determined |
| GRAP 105 | Transfer of functions between entities under common control | 1 April 2015 |
| GRAP 106 | Transfer of functions between entities not under common control | 1 April 2015 |
| GRAP 107 | Mergers | 1 April 2015 |

All applicable standards will be adopted at its effective date. The management is of the opinion that the impact of the application will be as follows:

GRAP 20: The statement will have no effect on the financial position, performance or disclosure of PPSD as the entity currently subscribes to the requirements of this standard.

GRAP 105, 106, 107: The statements will have no effect on the financial position, performance or disclosure of PPSD as these statements will not apply to the entity.

A summary of the significant accounting policies, which have been consistently applied with those used to present the previous year's financial statements unless explicitly stated, are disclosed below:

1.2 Significant judgements, estimates and assumptions

In preparation of the Annual Financial Statements, management is required to make estimates and assumptions that affect the amounts represented in the Annual Financial Statements and related disclosures. Use of available information and the application of judgment are inherent in the formation estimates. Actual results in the future could differ from these estimates which may be material to the Annual Financial Statements. Significant judgments include:

Trade and other receivables

The Provincial Pharmaceutical Supply Depot assesses its trade receivables for impairment at the end of each reporting period. In determining whether an impairment loss should be recorded in surplus or deficit, the Provincial Pharmaceutical Supply Depot makes judgments as to whether there is observable circumstance indication, a measurable decrease in the estimated future cash flows from a financial asset.

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Impairment testing

The recoverable (service) amounts of cash-generating assets and cash-generating units have been determined based on the higher of value in use calculations and fair values less costs to sell. These calculations require the use of estimates and assumptions.

Cash-generating assets are assets that are held with the primary objective of generating a commercial return. Assets will generate a commercial return when the entity intends to generate positive cash flows from assets similar to profit-orientated entity. Non-cash generating assets are primarily held for service delivery purposes.

A cash-generating unit is the smallest identifiable group of assets that generate cash flows that are largely independent of the cash flows from other assets or group of assets.

Provincial Pharmaceutical Supply Depot reviews and tests the carrying value of assets when events or changes in circumstances suggest that the carrying amount may not be recoverable. If there are indications that impairment may have occurred estimates are prepared of the recoverable services amount of each asset.

Provisions

Provisions are recognised when the entity has a present legal or constructive obligation as a result of past events, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation, and a reliable estimate of the amount of the obligation can be made. Employee entitlement and annual bonuses are recognised when they accrue to employees. A provision is made for the estimated liability for annual leave and annual bonuses as a result of services rendered by employees up to the balance sheet date.

Useful lives of property, plant and equipment, software and development costs

The Provincial Pharmaceutical Supply Depot's management determines the estimated useful lives, residual value and related depreciation charges for property, plant and equipment, software and development costs. This estimate is based on the pattern in which an asset's future economic benefits or service potential are expected to be consumed by the entity.

Effective interest rate and deferred payment terms

The Provincial Pharmaceutical Supply Depot uses an appropriate interest rate, taking into account guidance provided in the accounting standards, and applying professional judgment to the specific circumstances, to discount future cash flows.

1.3 Presentation Currency

All amounts have been presented in the currency of the South African Rand (R).

1.4 Rounding

Unless otherwise stated all financial figures have been rounded to the nearest one thousand rand (R'000).

1.5 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.

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1.6 Revenue

Exchange transactions are transactions in which one entity receives assets or services, or has liabilities extinguished, and directly gives approximately equal value (primary in the form of cash, good, services, or use of assets) to another entity in exchange.

Revenue is measured at the fair value of the consideration received or receivable, net of trade discounts and volume rebates.

Rendering of services

When the outcome of a transaction involving the rendering of services can be estimated reliably, revenue associated with the transaction is recognised by reference to the stage of completion of the transaction at the reporting date. The outcome of a transaction can be estimated reliably when all the following conditions are satisfied:

- The amount of revenue can be measured reliably;
- It is probable that the economic benefit or service potential associated with the transaction will flow to the Provincial Pharmaceutical Supply Depot;
- The stage of completion of the transaction at the reporting date can be measured reliably; and
- The costs incurred for the transaction involving the rendering of services cannot be estimated reliably, revenue is recognised only to the extent of the expenses recognised that are recordable.

Interest

Revenue arising from the use by others of entity's assets yielding interest, royalties and dividends are recognised when it is probable that the economic benefit or service potential associated with the transaction will flow to the Provincial Pharmaceutical Supply Depot; and the amount of the revenue can be measured reliably.

Interest is recognised, in surplus or deficit, using the effective interest rate method. When a receivable is impaired, Provincial Pharmaceutical Supply Depot reduces the carrying amount to its receivable amount, being the estimated future cash flows discounted at the original effective interest rate of the instrument, and continues unwinding the discount as interest income.

Revenue from sale of goods

Revenue is recognised at fair value of the consideration received or receivable for the sale of goods and services in the ordinary course of entity's activities. Revenue from sale of goods is recognised when:

- Significant risk and rewards of ownership associated with ownership of goods are transferred to the buyer;
- The entity retains neither continuing managerial involvement to the degree usually associated with ownership nor effective control over the good sold;
- The amount of the revenue can be measured reliably; and
- It is probable that the economic benefits associated with the transaction will flow to the entity and the cost incurred or to be incurred in respect of the transaction can be measured reliably.

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.

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Revenue from non-exchange transactions

The transfer from the controlling entity is recognised when it is probable that future economic benefits will flow to the Provincial Pharmaceutical Supply Depot and when the amount can be measured reliably. A transfer is recognised as revenue to the extent that there is no further obligation arising from the receipt of the transfer payment.

Transfers

Apart from Services in kind, which are not recognised, the Provincial Pharmaceutical Supply Depot recognises an asset in respect of transfers when the transferred resources meet the definition of an asset and satisfy the criteria for recognition as an asset.

Gifts and donations, including goods in-kind

Gifts and donations, including goods in-kind, are recognised as assets and revenue when it is probable that the future economic benefit or service potential will flow to the Provincial Pharmaceutical Supply Depot and the fair value of the assets can be measured reliably.

1.7 Property, plant and equipment

Property, plant and equipment are stated at revaluation 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: | 12% - 16.67% |
| Computer Equipment: | 20% - 33.33% |
| Furniture and Fittings: | 10% - 16.67% |

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.

Valuations are performed after every three year cycle period to ensure that the fair value of a revalued asset does not differ materially from its carrying amount. Any revaluation surplus is credited to the asset revaluation reserve included in the equity section of the Statement of Financial Position via other comprehensive income. A revaluation deficit is recognised in profit or loss, except that a deficit directly offsetting a previous surplus on the same asset is offset against the surplus in the asset revaluation reserve via other comprehensive income. Additionally, accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset, and the net amount is restated to the revalued amount of the asset. Upon disposal, any revaluation reserve relating to a particular asset being disposed is transferred to retained earnings.

At each balance sheet date, the entity reviews the carrying amounts of its tangible assets 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

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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.

1.8 Financial instruments

Classification

The PPSD classifies financial assets and financial liabilities into the following categories:

- Financial assets
- Financial liabilities

Classification depends on the purpose for which the financial instruments were obtained / incurred and take place at initial recognition.

Classification is re-assessed on an annual basis, except for derivatives and financial assets designated at fair value through profit or loss, which shall not be classified out of the fair value through profit or loss category.

Initial recognition and measurement

Financial instruments are recognised when PPSD becomes a party to the contractual provisions of the instruments. The entity classifies financial instruments, or their component parts, on initial recognition as a financial asset, financial liability or an equity instrument in accordance with the substance of the contractual arrangement.

The financial instruments are measured initially at a fair value. For financial instruments which are not at fair value through profit or loss transaction costs are included in the initial measurement of the instrument.

Subsequent measurement

Financial assets at amortised cost, subsequently measured at amortised cost, using the effective interest method, less accumulated impairment losses.

Financial liabilities consist of trade and other payables. They are categorised as financial liabilities held at amortised cost, are initially recognised at fair value and subsequently measured at amortised cost, using the effective interest method.

Impairment of financial assets

At each reporting date PPSD assesses all financial assets, other than those at fair value to determine there is objective evidence that financial asset or group of financial assets has been impaired.

For amounts due to PPSD, significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy and default payments are all considered indicators of impairment.

Impairment losses are recognised in profit or loss

Impairment losses are reversed when an increase in the financial asset's recoverable amount can be related objectively to an event occurring after the impairment was recognised, subject to the restriction that the carrying amount of the financial

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asset at the date that the impairment is reversed shall not exceed what the carrying amount would have been had the impairment not been recognised.

Reversals of impairment losses are recognised in profit or loss.

Financial assets

Financial assets are recognised when the entity becomes party to the contractual provisions of the financial instrument.

Financial assets comprise of trade and other receivables, which are recognised at determinable (not quoted in an open market) amount from time to time between PPSD and KwaZulu-Natal Department of Health (KZN DOH). The PPSD continues to recognise this asset as there is continuing involvement in the KZN DOH banking account in terms of cash receivables.

Financial assets are measured at initial recognition at fair value, and subsequently measured at amortised cost.

Financial liabilities

Financial liabilities are recognised when the entity becomes party to the contractual provisions of the financial instrument. Financial liabilities comprise trade and other payables, which are initially measured at fair value and subsequently measured at amortised cost.

Credit Risk

Trade receivables are not susceptible to credit risk as PPSD and the controlling entity, KwaZulu-Natal Department of Health shares the same bank account. There has been no change in this risk from previous period.

1.9 Inventory

The cost price of inventory encompasses the purchase price, including import duties, transport and handling costs as well as any other costs directly attributed to the acquisition of inventories.

Trade discounts and rebates related to the purchase of inventory are deducted in determining the purchase price.

Subsequent to the initial measurement of inventories at cost, e.g. on each reporting date, inventory is measured on weighted average cost basis. According to the weighted-average method, the aggregate cost of similar items available for sale is divided by the number of units available for sale.

The carrying amount of inventories issued or sold during the year can be recognised as an expense in the statement of financial performance during the period in which the revenue is recognised.

The amount of any write-down of inventories to net realisable value or current replacement cost and all losses of inventories are recognised as an expense in the statement of financial performance.

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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 are 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 balance sheet date, based on current salary rates.

1.11 Fruitless and wasteful expenditure

Fruitless and wasteful expenditure means expenditure which was made in vain and would have been avoided had reasonable care been exercised.

All expenditure relating to fruitless and wasteful expenditure is recognised as an expense in the statement of financial performance in the year that the expenditure was incurred. The expenditure is classified in accordance with the nature of expense, where recovered, it is subsequently accounted for as revenue in the statement of financial performance.

1.12 Irregular expenditure

Irregular expenditure as defined in section 1 of the PFMA is expenditure, other than unauthorised expenditure, incurred in contravention or not in accordance with a requirement of any applicable legislation, including:

- (a) The Public Finance Management Act;
- (b) The State Tender Board Act, or any Regulations made in terms of this Act; or
- (c) Any provincial legislation providing for procurement procedures in that provincial government.

National Treasury practice note no. 4 of 2008/2009 which was issued in terms of sections 76(1) to 76(4) of the PFMA requires the following (effective from 1 April 2008):

Irregular expenditure that was incurred and identified during the current financial year and which was condoned before year end and/or before finalisation of the financial statements must also be recorded appropriately in the irregular expenditure register. In such instances, no further action is also required with the exception of updating the note to the financial statements Irregular expenditure that was incurred and identified during the current financial year and for which

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condonement is being awaited at year end must be recorded in the irregular expenditure register. No further action is required with exception of updating the note to the financial statements.

Where irregular expenditure was incurred in the previous financial year and is only condoned in the following year, the register and the disclosure note to the financial statements must be updated with the amount condoned.

Irregular expenditure that was incurred and identified during the current financial year and which was not condoned by the National Treasury or the relevant authority must be recorded appropriately in the irregular expenditure register. If liability for the irregular expenditure can be attributed to a person, a debt account must be created if such a person is liable in law. Immediate steps must thereafter be taken to recover the amount from the person concerned. If recovery is not possible, the accounting officer or accounting authority may write off the amount as debt impairment and disclose such in the relevant note to the financial statements. The irregular expenditure register must also be updated accordingly. If the irregular expenditure has not been condoned and no person liable in law, the expenditure related thereto must remain against the relevant programme/expenditure item, be disclosed as such in the note to the financial statements and updated accordingly in the irregular expenditure register.

1.13 Capital by Government

Capital by government represents an amount equal to the value held in a suspense account by the KwaZulu-Natal Department of Health on behalf of the Provincial Pharmaceutical Supply Depot for the procurement of pharmaceuticals.

1.14 Cash flow statement

The cash flow statement 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.

1.15 Leases

A lease is classified as a finance lease if it transfers substantially all the risks and rewards incidental to ownership; while a lease is classified as an operating lease if it does not transfer substantially all the risks and rewards incidental to ownership.

Finance leases- lessee

Finance leases are recognized as assets and liabilities in the statement of financial position at amount equal to the fair value of the leased property or, if lower, the present value of the minimum lease payment. The corresponding liability to the lessor is included in the statement of financial position as a finance lease obligation.

The discount rate used in calculating the present value of the minimum lease payments is the effective interest rate at the reporting date.

Minimum lease payments are apportioned between the finance charge and reduction of the outstanding liability. The finance charge is allocated to each period during the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability.

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Operating leases – lessee

Operating lease payments are recognized as an expense on a straight-line basis over lease term. The difference between the amounts recognized as an expense and the contractual payments are recognized as an operating lease asset or liability.

1.16 Related parties

Individual as well as their close family members and/or entities are related parties if one party has the ability, directly or indirectly, to control or jointly control influence over the other party in making financial and/ or operating decisions.

Key management personnel are defined as the Chief Executive Officer and all other management reporting directly to the Chief Executive Officer or as designated by the Chief Executive Officer.

The Provincial Pharmaceutical Supply Depot operates as a trading entity in terms of its reporting set up/ requirements with its controlling parent being the KwaZulu-Natal Provincial Health Department and is therefore regarded as a related party.

Management includes those persons responsible for planning, directing and controlling the activities of PPSD, including those in charge with governance of PPSD in accordance with legislation, in instances where they are required to perform such functions.

Transactions with related parties are recorded at cost on an accrual basis in the period in which it occurred.

1.17 Comparative figures

Where necessary, comparative figures have been adjusted to conform to changes in presentation in the current year

| | 2015/16 R'000 | 2014/15 R'000 |
|---|------------------|------------------|
| 2. Inter-company Account | | |
| Inter-company clearing accounts | 94,639 | 200,410 |
| Total inter-company account | 94,639 | 200,410 |
| 3. Inventories | | |
| Carrying value of inventory | 187,433 | 193,312 |
| Finished Goods | 187,433 | 193,312 |
| Inventory carried at Net Realisable Value | | |
| The following classes of inventory are carried at net realisable value: | | |
| Finished Goods | 187,433 | 193,312 |
| Total | 187,433 | 193,312 |
| Amount recognised as an expense | | |
| Cost of inventory sold and included in cost of sales expense line item for the year | 2,986,175 | 2,619,467 |
| Total | 2,986,175 | 2,619,467 |

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4. Property, Plant and Equipment

| | 2016 | | | 2015 | | |
|----------------------|-----------------|---|----------------|-----------------|---|----------------|
| | Cost/ Valuation | Accumulated Depreciation and Impairment | Carrying value | Cost/ Valuation | Accumulated Depreciation and Impairment | Carrying value |
| Motor vehicles | 551 | (248) | 303 | 551 | (179) | 372 |
| Furniture & fittings | 2,980 | (2,951) | 29 | 2,979 | (2,706) | 273 |
| Computer equipment | 4,926 | (3,950) | 976 | 5,475 | (3,488) | 1,987 |
| Other assets | 3,046 | (2,595) | 451 | 3,046 | (2,169) | 877 |
| Total | 11,503 | (9,744) | 1,759 | 12,051 | (8,542) | 3,509 |

| Reconciliation Property, Plant and Equipment - 2016 | | | | | | | |
|---|--------------------------------|-----------|-----------|-----------|----------------|-------------|--------------------------------|
| | Carrying value Opening balance | Additions | Disposals | Transfers | Depreciation | Revaluation | Carrying value Closing Balance |
| Motor vehicles | 372 | - | - | - | (69) | - | 303 |
| Furniture & fittings | 273 | 2 | - | - | (245) | - | 29 |
| Computer equipment | 1,987 | - | - | 67 | (1,011) | (67) | 976 |
| Other assets | 877 | - | - | - | (426) | - | 451 |
| Total | 3,509 | 2 | - | 67 | (1,751) | (67) | 1,759 |

| Reconciliation Property, Plant and Equipment – 2015 | | | | | | | | |
|---|--------------------------------|------------|-------------|----------|----------------|--------------|-------------------|--------------------------------|
| | Carrying value Opening balance | Additions | Disposal | Transfer | Depreciation | Revaluation | Prior Year Errors | Carrying value Closing Balance |
| Motor vehicles | 441 | - | - | - | (69) | - | - | 372 |
| Furniture & fittings | 754 | 23 | (11) | - | (494) | - | - | 273 |
| Computer equipment | 917 | - | - | - | (682) | 1,752 | - | 1,987 |
| Other assets | 975 | 189 | (62) | - | (465) | 241 | - | 877 |
| Total | 3,087 | 212 | (73) | - | (1,710) | 1,993 | - | 3,509 |

5. Trade and other Payables from exchange transactions

| | | |
|------------------------|---------------|---------------|
| Trade creditors | 28,654 | 58,781 |
| Staff leave accrual | 1,367 | 1,536 |
| Other creditors | 4,008 | 2,793 |
| Total creditors | 34,029 | 63,110 |

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| | 2015/16 R'000 | 2014/15 R'000 |
|---|------------------|------------------|
| 6. Current Provisions – Performance Bonus | | |
| Reconciliation of Movement in provisions | | |
| Opening balance | 749 | 80 |
| Change in provision due to change in Estimation inputs | (27) | 669 |
| Closing balance | 722 | 749 |
| 7. Sales of Goods and Services and Other Income | | |
| Revenue from Exchange Transactions – Sales of goods and services | 2,943,317 | 2,670,069 |
| 8. Income from Rental of Facilities and Equipment | | |
| Rental of facilities | 16 | 15 |
| Total | 16 | 15 |
| 9. Other income | | |
| Scrap sales | 5 | 3 |
| Leave pay provision (reduction) | 169 | - |
| Total | 174 | 3 |
| 10. Employee Related Costs | | |
| Employee related costs - Salaries and wages | 22,745 | 21,980 |
| Employee related costs – Contributions for UIF, Pension and Medical | 4,366 | 4,099 |
| Housing benefits and allowances | 1,319 | 1,135 |
| Performance and other bonuses | 1,533 | 2,142 |
| Other employee related costs | 477 | 1,631 |
| Employee Related costs | 30,440 | 30,987 |

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| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| 11. Depreciation and amortisation Expense | | |
| Property, plant and equipment | 1,751 | 1,710 |
| Total depreciation and amortisation | 1,751 | 1,710 |
| 12. Repairs and maintenance | | |
| Repairs and maintenance during the year | 897 | 1,132 |
| 13. General Expenses | | |
| Advertising | 16 | 4 |
| Bank charges | 4 | 4 |
| Cleaning Services | 1,053 | 925 |
| Connection charges | 1,572 | 1,633 |
| Consumables | 139 | 103 |
| Cost of sales | 2,986,175 | 2,619,467 |
| Entertainment | - | 1 |
| Electricity | 787 | 759 |
| Fuel and oil | 95 | 85 |
| Licence fees – vehicles | - | 1 |
| Postage | 42 | 42 |
| Printing and stationery | 1,096 | 549 |
| Professional fees | 3 | 3 |
| Rental of office equipment | 383 | 436 |
| Security cost | 2,883 | 2,533 |
| Subscription & publication | 7 | 6 |
| Telephone cost | 331 | 275 |
| Training | 5 | - |
| Travel and subsistence – local | 34 | 73 |
| Uniform & overalls | 4 | 5 |
| Other | 15 | 13 |
| Total | 2,994,644 | 2,626,918 |
| 14. Gain / (Loss) on sales of Assets | | |
| Property, plant and equipment | - | 32 |
| Total | - | 32 |

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| | 2015/16 R'000 | 2014/15 R'000 |
|---|------------------------|----------------------|
| 15. Defined contribution plan | | |
| Government Pension Fund | 2,396 | 2,355 |
| | <u>2,396</u> | <u>2,355</u> |
| Total contributions expensed to Income Statement | <u>2,396</u> | <u>2,355</u> |
| | | |
| 16. Cash flows from operating activities | | |
| Surplus/ (deficit) for the year from: | | |
| Continuing operations | (84,225) | 9,372 |
| Adjusted for: | | |
| - Depreciation | 1,751 | 1,710 |
| - Movement in provisions | (27) | 668 |
| - (Gain) / loss on sale of assets | - | (32) |
| - Fair value adjustment to financial assets | (67) | - |
| | <u>(82,568)</u> | <u>11,718</u> |
| Operating surplus (deficit) before working capital changes: | <u>(82,568)</u> | <u>11,718</u> |
| - (Increase) / decrease in inventories | 5,879 | 9,736 |
| - (Increase) / decrease in trade and other receivables | 105,771 | (81,436) |
| - Increase/ (Decrease) in payables | (29,081) | 60,173 |
| | <u>2</u> | <u>191</u> |
| Cash generated from operations | <u>2</u> | <u>191</u> |
| | | |
| 17. Purchase of Property, Plant and Equipment | | |
| During the period the economic entity acquired property, plant and equipment with an aggregated cost of R 1 890.12. Cash payment of R 1 890.12 were made to purchase property, plant and equipment. | <u>(2)</u> | <u>(212)</u> |
| | <u>(2)</u> | <u>(212)</u> |

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| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
| 18. Irregular expenditure | | |
| Opening balance | 85,304 | 83,563 |
| Irregular expenditure current year | 729 | 1,741 |
| Condoned or written off by Accounting Officer | - | - |
| Irregular expenditure awaiting condonement | 86,033 | 85,304 |
| | | |
| 19. Operating leases | | |
| Leases | | |
| The major category of assets leases is machinery and equipment at the reporting date the entity had outstanding commitments under non-cancellable operating leases, which fall due as follows: | | |
| Up to 1 year | 187 | 198 |
| 1 to 5 years | 307 | 114 |
| More than 5 years | - | - |
| Total | 494 | 312 |
| | | |
| 20. Revaluation Reserve | | |
| The surplus arising from the revaluation surplus of vehicles, furniture and fittings, computer equipment and other assets is credited to a non-distributable reserve. On disposal, the net revaluation surplus is transferred out while gains or losses on disposal, based on revalued amounts, are credited or charged to the statement of financial performance. Any impairment loss or de-recognition of a revalued asset shall be treated as revaluation decrease. Should the impairment loss exceed the revaluation surplus for the same asset the impairment loss is recognized in the accumulated surplus/ (deficit). | | |
| Opening balance | 6,184 | 4,276 |
| Contributions | (67) | 1,908 |
| | 6,117 | 6,184 |

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| | 2015/16 R'000 | 2014/15 R'000 |
|--|------------------|------------------|
|--|------------------|------------------|

21. Related Party and Related Party Transactions

Related party balances

Current assets – Inter-company account: KZN Department of Health

| | 94 639 | 200 410 |
|--|--------|---------|
| | 94 639 | 200 410 |

Related party transactions

Sales- Medical Supplies

| | 2 943 317 | 2 670 069 |
|--|-----------|-----------|
| | 2 943 317 | 2 670 069 |

KZN Department of Health is the related party to PPSD because PPSD procures and supplies pharmaceutical products for the KZN Department of Health.

The key management personal is the same as KZN Department of Health and these employees are paid by KZN Department of Health, and not PPSD. Hence it has not been disclosed by PPSD.

22. Risk Management

Financial Risk Management

The entity has adopted and implemented a risk management policy to minimise potential adverse effects on the entity financial performance.

Liquidity risk

The entity's risk to liquidity is a result of the funds available to cover future commitments. The entity manages liquidity risk through an ongoing review of future commitments and credit facilities.

Credit risk

Credit risk consists mainly of cash deposits, cash equivalents, derivative financial instruments and trade debtors. The entity shares the same bank account with KZN Department of Health which is managed by the KZN Department of Health. The KZN Department of Health only deposits cash with a major bank with high quality credit standing and limits exposure to any one counter-party.

Trade receivables comprise of inter-company account. Management evaluated credit risk on ongoing basis relating to customers which is health facilities belonging to KZN Department of Health and found no risks exposure exist, consistent to the previous period.

23. Going concern

Accumulated surplus

| | | |
|--|--------|--------|
| | 40,591 | 24,816 |
|--|--------|--------|

We draw attention to the fact that at March 31, PPSD had accumulated surplus of R40.591 million and that PPSD's total assets exceed its liabilities by R249.080 million.

The annual financial statements have been prepared on the basis accounting policies applicable to a going concern. This basis presumes that funds will be available to finance future operation and that the realisation of assets and settlement of liabilities and commitments will occur in the ordinary course of business.

24. Events after the reporting date

No events have been identified at the reporting date or after the reporting date which will lead to any adjustments to the financial statements.

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