



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL



2018/19

# ANNUAL REPORT

VOTE 7

*FIGHTING DISEASE, FIGHTING POVERTY, GIVING HOPE*

# **ANNUAL REPORT**

## **2018/19**



# 2018/19 ANNUAL REPORT

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## SUBMITTING THE 2018/19 ANNUAL REPORT (VOTE 7) TO THE EXECUTIVE AUTHORITY

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 2018 to 31 March 2019.



**Dr S C Tshabalala**

**Accounting Officer**

**KwaZulu-Natal department of Health**

Date: 22/10/2019





### **PART A: GENERAL INFORMATION**

- General Contact Information
- Abbreviations
- Foreword by the MEC
- Report of the Accounting Officer
- Accounting Officer Statement of Responsibility and confirmation of accuracy of the Annual Report
- Legislative and other mandates
- Strategic Outcome Orientated Goals
- Organisational Structure
- Entities reporting to the MCE for Health

# 2018/19 ANNUAL REPORT

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## DEPARTMENT'S GENERAL INFORMATION

**Department:** KwaZulu-Natal Department of Health

**Website:** <http://www.kznhealth.gov.za>

**Head Office: Natalia**

**Physical Address:** 330 Langalibalele Street  
Pietermaritzburg  
3201

**Postal Address:** Private Bag X9051  
Pietermaritzburg  
3200

**Telephone:** 033 – 395 2111 (switchboard)

**Head Office: Old Boys Model School**

**Physical Address:** 310 Jabu Ndlovu Street  
Pietermaritzburg  
3201

**Postal Address:** Private Bag X9051  
Pietermaritzburg  
3200

**Telephone:** 033 – 815 8300 (switchboard)

**Office Park: Town Hill**

**Physical Address:** 35 Hysslop Road  
Pietermaritzburg  
3201

**Postal Address:** As above

**Telephone:** 033 940 2400

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## ABBREVIATIONS

Abbreviation	Description
<b>A</b>	
AIDS	Acquired Immune Deficiency Syndrome
AGSA	Auditor-General South Africa
ALOS	Average Length of Stay
ALS	Advanced Life Support
AMS	Air Mercy Services
ANC	Antenatal Care
AOD	Acknowledgement of Debt
APP	Annual Performance Plan
ART	Anti-Retroviral Therapy
ASSA	AIDS Committee of Actuarial Society of South Africa
<b>B</b>	
BAS	Basic Accounting System
BLS	Basic Life Support
<b>C</b>	
CARC	Cluster Audit and Risk Committee
CCG(s)	Community Care Giver(s)
CCMA	Commission for Conciliation, Mediation and Arbitration
CCMDD	Centralised Chronic Medicine Dispensing and Distribution
CDC	Communicable Disease Control
CEO(s)	Chief Executive Officer(s)
CHC(s)	Community Health Centre(s)
COE	Compensation of Employees
COPC	Community Oriented Primary Care
<b>D</b>	
DCS	Department of Correctional Services
DDG	Deputy Director General
DHIS	District Health Information System
DHS	District Health System
DORA	Division of Revenue Act
DPC	Disease Prevention and Control
DPME	Department Planning Monitoring and Evaluation
DPSA	Department of Public Service and Administration
DR-TB	Drug Resistant Tuberculosis
DUT	Durban University of Technology
<b>E</b>	

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Abbreviation	Description
ECD	Early Child Development
ECP	Emergency Care Practitioner
ECT	Emergency Care Technician
e-ICU	Electronic Intensive Care Unit
EML	Essential Medicines List
EMR	Electronic Medical Record
EMS	Emergency Medical Services
EMS P1 Calls	Emergency Medical Services Priority 1 Calls
EMTCT	Elimination of Mother to Child Transmission
EPWP	Expanded Public Works Programme
ESMOE	Essential Steps in Management of Obstetric Emergencies
ETAT	Emergency Triage Assessment and Treatment
ETR.Net	Electronic Register for TB
<b>F, G, H</b>	
FPS	Forensic Pathology Services
FSMSGS	Food Service Monitoring Standards Grading System
GHS	General Household Survey
GP	General Practitioner
HAI	Healthcare Associated Infections
HCSS	Health Care Support Services
HIV	Human Immunodeficiency Virus
HPRS	Health Patient Registration System
HPV	Human Papilloma Virus
HRD	Human Resource Development
HRM	Human Resource Management
HRMS	Human Resource Management Services
HST	Health Systems Trust
HTA's	High Transmission Areas
HTS	HIV Testing Services
HWSETA	Health and Welfare Sector Education and Training Authority
<b>I</b>	
IA(s)	Implementing Agent(s)
IALCH	Inkosi Albert Luthuli Central Hospital
ICRM	Ideal Clinic Realisation and Maintenance
ICT	Information Communication Technology
ICU	Intensive Care Unit

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Abbreviation	Description
IDMS	Infrastructure Delivery Management Programme
IEC	Information Education and Communication
ILS	Intermediate Life Support
IMCI	Integrated Management of Childhood Illnesses
IMLCs	Institutional Management and Labour Committees
IPC	Infection Prevention and Control
IPMP	Infrastructure Programme Management Plan
IPT	Ionized Preventive Therapy
IRM	
ISHT	Integrated School Health Teams
IT	Information Technology
<b>K, L</b>	
KZN	KwaZulu-Natal
KZN CN	KwaZulu-Natal College of Nursing
KZNDOH	KwaZulu-Natal Department of Health
LG	Local Government
LMIS	Logistics Management Information System
LRO	Labour Relations Office
LTE	Long Term Evolution
<b>M</b>	
MCP	Malaria Control Programme
ManCo	Management Committee
M&E	Monitoring and Evaluation
MDR-TB	Multi Drug Resistant Tuberculosis
MEC	Member of the Executive Council
MMC	Medical Male Circumcision
MMR	Maternal Mortality Rate
MNC&WH	Maternal, Neonatal, Child & Women's Health
MOP	Medical Ortho Prosthetics
MPSA	Minister of Public Service and Administration
MTEF	Medium Term Expenditure Framework
MTSF	Medium Term Strategic Framework
MUS	Male Urethritis Syndrome
<b>N</b>	
NCS	National Core Standards
NCD(s)	Non-Communicable Disease(s)
NDP	National Development Plan

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Abbreviation	Description
NGO(s)	Non-Governmental Organisation(s)
NHI	National Health Insurance
NHLS	National Health Laboratory Services
NIDS	National Information Data Set
NIMART	Nurse Initiated and Managed Antiretroviral Therapy
<b>O</b>	
OES	Occupation Efficiency Service
OHH	Outreach Households
OHSC	Office of Health Standard Compliance
OPD	Out-Patient Department
OSS	Operation Sukuma Sakhe
OTP	Office of the Premier
<b>P</b>	
PA(s)	Performance Agreement(s)
PAIA	Promotion of Access to Information Act
PARC	Provincial Audit and Risk Committee
PCR	Polymerase Chain Reaction
PDE	Patient Day Equivalent
PEMP	Poverty Eradication Master Plan
PEPFAR	President's Emergency Plan for AIDS Relief
PERSAL	Personnel and Salaries System
PFMA	Public Finance Management Act
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PHSDSBC	Public Health and Social Development Sectoral Bargaining Council
PIA	Provincial Implementing Agents
PIDS	Provincial Indicator Data Set
PMDS	Performance Management and Development System
PMIS	Project Management Information System
PMPU	Provincial Medicine Procurement Unit
PMTCT	Prevention of Mother to Child Transmission
PN	Professional Nurse
PPSD	Provincial Pharmaceutical Supply Depot
PPT	Planned Patient Transport
PSI	Patient Safety Incident
PTB	Pulmonary Tuberculosis
PTS	Patient Transport Services

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Abbreviation	Description
PUP	Pick-Up-Point
<b>Q, R, S</b>	
QA	Quality Assurance
QIP(s)	Quality Improvement Plan(s)
RMC	Risk Management Committee
SA	South Africa
SAM	Severe Acute Malnutrition
SCM	Supply Chain Management
SDIP	Service Delivery Improvement Plan
SOP(s)	Standard Operating Procedure(s)
SMS	Senior Management Service
Stats SA	Statistics South Africa
STI(s)	Sexually Transmitted Infection(s)
SyNCH	Synchronised Communication in Health
<b>T</b>	
TB	Tuberculosis
TIER	Three Interlinked Electronic Registers
TROA	Total remaining on ART
<b>U</b>	
UKZN	University of KwaZulu-Natal
U-AMP	User-Asset Management Plan
UTT	Universal Test and Treat
<b>V, W, X</b>	
WBOT(s)	Ward Based Outreach Team(s)
WBPHCOT	Ward Based Primary Health Care Outreach Team
WHO	World Health Organisation
XDR-TB	Extreme Drug Resistant Tuberculosis





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## FOREWORD BY THE MEC FOR HEALTH

It is with pleasure that I table the Annual Report for the 2018/19 financial year. The report marks the second-to-last year of the 2014/15 to 2019/20 electoral planning cycle. It reflects on the achievements, limitations and challenges that were faced by the Department during the reporting period.

As an in-coming new administration, the challenge still remains for us to fully transform the health system, within available resources, to one that will be able to fully enable transformation and improved service delivery in the public health sector. This must be in line with the conference resolutions of the governing party, as well as goals and objectives of the National Development Plan, the Medium Term Strategic Framework, the Provincial Growth and Development Plan and the Department's Strategic Plan.

In general, the health outputs and outcomes in the province have steadily improved over the last 5 years. During the reporting year, more than 28 million patients visited Primary Health Care Services and more than 5 million patients were managed at hospital outpatient departments. The increased number of people on Anti-Retroviral Treatment (which currently stands at 1,3 million), and progressive reduction in the rate of Mother-To-Child Transmission of HIV from 1.3% in 2014/15 to 0.6% in 2018/19, are just a few of the leading examples of improved health outputs.

Credit for these achievements over the reporting cycle goes to all the hardworking and committed staff at every level of the Department; the collective leadership; and the strategic partners that we collaborated with. We are also thankful to the recipients of our health care services – the public – who heeded our messages about the importance of health education, disease prevention, screening and testing, and treatment adherence, to mention just a few.

However, tough decisions had to be made during the reporting period in order to confront the complexity of the quadruple burden of disease (HIV, AIDS and TB; maternal and child mortality; non-communicable diseases; and incidents of trauma and injuries), high poverty levels in the Province, resource limitations and an ever-increasing demand for health services.

I remain confident though that the choices made were to enhance our ability to deliver quality health care now and in years to come. The R42,5 billion that was spent in the financial year under review, served to consolidate and improve on the work done in the last decade to reconstruct a responsive health system that is more accessible and provided more equitably to our citizens. During this period, numerous programmes and services were implemented to improve the quality of health care and improve health outcomes.

Going forward, we will endeavour to take these gains forward, while vigorously charting new ground, conceptualising and implementing new programmes and innovative approaches to improve health outcomes in the province. I sincerely acknowledge and commend all staff for their dedication and contribution towards the improvement of health care in the Province. The challenge that we have now is to double these efforts, accelerate and do even better than before. In order for this to happen, we need all hands on deck. In the words of Nelson Mandela, "After climbing a great hill, one only finds that there are many more hills to climb."

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I endorse the 2018/19 Annual Report for submission.



A handwritten signature in black ink, appearing to read 'N. Simelane-Zulu', written over a horizontal line.

Ms Nomagugu Simelane-Zulu

MEC for Health: KwaZulu-Natal Department of Health

Date: 22/10/2019

# 2018/19 ANNUAL REPORT

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## REPORT OF THE ACCOUNTING OFFICER

### DEPARTMENTAL OVERVIEW

The Department of Health remained committed to develop and implement 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 2018/19 financial year marks the penultimate year of the 5 year 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 Plan, as well as legislative and policy mandates and the burden of disease that determines needs and demands for health care in the Province.

In 2018/19 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.

Details of the actual performance of the Department during 2018/19 are included in the Annual Report, highlighting the achievements and challenges. During this financial year, the Department:

- Managed 28 368 964 patients at PHC, patients at fixed PHC facilities, with 4 681 382 of these patients under the age of 5 years.
- Registered a total of 683 483 households; and managed a further 7591101 clients at community/household level.
- Registered a total of 994 263 clients on the Centralised Chronic Medicine Dispensing & Distribution Programme, thus enabling them to collect chronic medication at community level.
- Screened 5 517 003 people over the age of 40 years for hypertension; 5 472 699 patients over the age of 40 years for diabetes and 11 621 594 clients of all ages for mental disorders
- The maternal mortality in facility rate decreased from 101.9 per 100 000 live births to 88.4 per 100 000 live births.
- The mother to child HIV transmission rate decreased from 0.71% to 0.62%.
- The number of severe acute malnutrition deaths under 5 years decreased from 200 to 179 and the diarrhoea deaths under 5 years increased from 116 to 171.
- Diarrhoea with dehydration incidence decreased from 8/1000 to 7.9/1000; pneumonia incidence from 43.3/1000 to 39.2/1000; and severe acute malnutrition incidence from 2.4/1000 to 1.9/1000.
- Increased the number of children under 1 year fully immunised with 9.9% (from 208 294 to 233 732)
- A total of 3 684 143 people were tested for HIV; 209 732 medical male circumcisions were performed; and a total of 1 387 688 patients remained on ART at the end of March 2019 (48 037 of these children under the age of 15 years).
- The TB incidence (detection rate) increased from 481 per 100 000 to 507, 3 per 100 000 population; and the number of people who died during all TB treatment increased from 492 to 3 593. Previously only reported on PTB deaths.

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## Enabling Systems

In 2018/19, 66 338 posts were filled and the vacancy rate was 11% as at 31<sup>st</sup> March 2019. The filling of critical vacant posts has been delayed due to the inadequate Compensation of Employees budget. The challenges in recruiting and retaining skilled professionals in certain categories continued to plague the Department.

In order to address the skills shortage in the medical profession, the Department had 859 students in training. Of these, 425 students were at local universities and 434 were within the Nelson Mandela/ Fidel Castro Medical Collaboration Programme. The first phase of implementing the “Decentralised Training in PHC Model” for health care professionals commenced in the last quarter of 2015/16 in partnership with UKZN. Implementation of this Model will be a first in the country.

The Department’s Nursing Colleges offer Nurse Training and the total number of students currently in training is 1 517. Of these students, 1 308 are enrolled for all basic programmes, 209 enrolled in advanced specialist programmes and 150 are training through the University of KwaZulu-Natal in the Primary Health Care Diploma course.

The revitalisation of infrastructure continues to play a vital role in improving the environment for patients using public health facilities. Although several infrastructure projects, including the building of new facilities were put on hold as a result of budget constraints, some major projects were completed. Completed project during this period include the construction of the new 3 storey, 192 adult, in-patient surgical wards in Ngwelezane Hospital at a cost of R312 Million. The project entailed the demolition of old structures and construction of new 192 Beds Medical Wards as well as upgrading the ageing water and fire reticulation. Construction of the 3 storey building was completed and commissioned in September 2018.

Other projects completed through the Infrastructure Revitalisation Programme included the replacement of the perimeter concrete fence, entrance gates, guard house and driveway in Ekuhlengeni Psychiatric Hospital. This project was completed in August 2018. The laundry facility in Ekuhlengeni Psychiatric Hospital was also upgraded through installation of new laundry machines and equipment. The equipment was provided by the Department. Both projects amounted to R 3 million. The reconfiguration of the existing building to provide for a neonatal nursery project in Vryheid Hospital was completed in July 2018 at a cost of R 14 million.

The Borehole Programme has been emplaced to deal with water shortage and ensuring readiness for a possible drought recurrence. During the period under review the following clinics have been equipped with boreholes: Vumani Clinic; Somkhele Clinic; Dukuza Clinic; Felani Clinic; Manxili Clinic; KwaSenge Clinic; Nkande Clinic and Mwolokohlo Clinic. The continuation of this Borehole Programme will see an additional 50 health facilities in drought prone areas of the province equipped with boreholes in 2019/20. R 193 million has been set aside for the 2019/20 financial year to install new 20kl water tanks in various facilities for back-up water supply.

The programme for installation of standby generators is proceeding. In 2019/20 financial year 203 generators will be installed in various clinics in the province, budget to the value of R 60 million has been set aside to fund the programme. This is in response to electricity supply constraints as a result of load shedding.

The following hospitals were also provided with autoclaves as part of the ongoing programme to sterilize medical equipment in the health institutions: Clairwood Hospital; GJ Crooke’s Hospital; Mahatma Ghandi Hospital; Queen Nandi Hospital; Ngwelezane Hospital; Northdale Hospital; Estcourt Hospital; St Andrews

# 2018/19 ANNUAL REPORT

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Hospital and Hillcrest Hospital. Planning processes are currently underway to install an additional 33 autoclaves in the 2019/20 financial year to the value of R 13 million.

The Department also completed the Storm Damage Recovery Project in the Oncology unit in Addington Hospital. The focus for 2019/20 will be the completion of Storm Damage Recovery Projects in Prince Mshiyeni Hospital, the PPSD at Clairwood Hospital, Wentworth Hospital, Ekuhlengeni Hospital and King Edward Hospital.

Projects that are currently ongoing include the new Dr Pixley ka Isaka Seme Memorial Hospital. This new 500 bed Regional Hospital at Bridge City, in KwaMashu will greatly assist the communities North of eThekweni. The project is anticipated to be completed in November 2019 at a cost of R 2 Billion.

Bruntville CHC project in Mpofana sees the Department constructing a new dispenser dispatching room; sheltered pathways and installing ramps. Work here is at the cost of R10.3 million. The fire outbreak which occurred at this institution has caused a major delay in the completion of this project. The project is envisaged to be completed in June 2019.

Construction of an extra-large Clinic in Groutville is currently underway at a cost of R52 Million and completion is envisaged in September 2019.

A massive construction project has been awarded to the contractor for Hlabisa hospital involving construction of a new OPD, accident and emergency and allied services at a cost R171 Million. The construction will run for 3 years and will be completed in July 2021.

The acting CFO is supported by the Provincial Treasury Team led by a Project Leader. The Team includes resources from the South African Institute of Chartered Accountants (SAICA) through the National Department of Health, and others procured through Provincial Treasury occasionally in line with the demands of the Financial Management function.

The Department exceeded the revenue collection target for 2018/19. This was mainly due to increased Road Accident Fund collections and this has been sustained over time. While progress has been made in rolling out patient revenue systems in hospitals, the IT infrastructure and connectivity still poses a challenge.

The Supply Chain Management (SCM) function is under Provincial Treasury Intervention in terms of Section 18 (2) (g) of the Public Finance Management Act, 1999. Great strides have been made in restoring the SCM function's effectiveness. The SCM delegations have been revised and other contract management processes enhanced in order to minimise the risk of incurring irregular expenditure. The appeals have significantly declined as a result of the amended delegations that do not allow for appeals on quotations as related complaints are dealt with by Quotations Award Committees.

A total of 69 Bids were advertised in 2018/2019 and moved to Acquisitions Management with others already awarded. Various medical equipment maintenance contracts have also been concluded with original equipment manufacturers to minimise downtimes and the negative impact this generally imposes on the continuum of care.

# 2018/19 ANNUAL REPORT

## Financial Performance

**Table 1: Departmental Receipts**

Departmental receipts	2018/2019			2017/2018		
	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	247,718	278,256	(30,538)	232,069	268,988	(36,919)
Fines, penalties and forfeits	65	48	17	61	70	(9)
Interest, dividends and rent on land	149	587	(438)	71	145	(74)
Sale of capital assets	13,343	7,039	6,304	12,600	6,897	5,703
Financial transactions in assets and liabilities	16,634	17,210	(576)	15,707	21,672	(5,965)
<b>Total</b>	<b>277,909</b>	<b>303,140</b>	<b>(25,231)</b>	<b>260,508</b>	<b>297,772</b>	<b>(37,264)</b>

The Department generates revenue mainly from patients' fees which includes claims from medical aid for service rendered, Road Accident Fund for treatment patients injured on public roads and other health services rendered by hospital to patients and other departments. It also generates revenue from the use of Department facilities and accommodation by staff which includes boarding fees, casual lodgers and parking fees.

During the previous two financial years, the Department has seen substantial over collection against sale of goods and services as a result of a concerted effort to ensure revenue recoveries and through the provision of training to the institutions. The set revenue target was exceeded by R25.231 million. The target revenue collection for 2018/19 was R277.909 million and the actual revenue collected was R303.140 million.

### Tariff policy

An additional source of revenue for the Department, over and above its voted amount and conditional grant funding, is patient fees which are charged using Uniform Patient Fee Schedule as prescribed by the National Department of Health and it is reviewed annually. Boarding fees are treated as part of the housing allowance which is negotiated at Bargaining Council.

### Free Services

Free services rendered by the Department are in line with the Uniform Patient Fee Schedule and it includes primary health care services at all the Clinics and Community Health Centres. Old age pensioners, children under six years and pregnant women who are not members of medical aid are beneficiaries of the free service.

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**Table 2: Programme Expenditure**

Programme Name	2018/2019			2017/2018			Reasons for Variance	
	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure	Final Appropriation	Actual Expenditure	(Over)/ Under Expenditure		
	R'000	R'000	R'000	R'000	R'000	R'000		
<b>Administration</b>								
Current payment	762,36	762,364	0	695,727	695,727	0	Refer notes to the Appropriation Statement	
Transfers and subsidies	6,979	6,979	0	5,893	5,893	0		
Payment for capital assets	41,144	41,144	0	26,683	26,683	0		
Payment for financial assets	371	371	0	108,352	108,352	0		
<b>Total</b>	<b>810,858</b>	<b>810,858</b>	<b>0</b>	<b>836,655</b>	<b>836,655</b>	<b>0</b>		
<b>District Health Services</b>								
Current payment	20,097,777	20,142,620	(44,843)	18,386,275	18,412,434	(26,159)		
Transfers and subsidies	473,505	473,637	(132)	571,737	597,021	(25,284)		
Payment for capital assets	242,312	185,747	56,565	275,099	217,302	57,797		
Payment for financial assets	60	60	0	19	19	0		
<b>Total</b>	<b>20,813,654</b>	<b>20,802,064</b>	<b>11,590</b>	<b>19,233,130</b>	<b>19,226,776</b>	<b>6,354</b>		
<b>Emergency Medical Services</b>								
Current payment	1,377,060	1,377,060	0	1,325,342	1,325,342	0		
Transfers and subsidies	3,788	3,788	0	4,699	4,699	0		
Payment for capital assets	65,802	65,802	0	47,536	47,536	0		
Payment for financial assets			0	0	0	0		
<b>Total</b>	<b>1,446,650</b>	<b>1,446,650</b>	<b>0</b>	<b>1,377,577</b>	<b>1,377,577</b>	<b>0</b>		
<b>Provincial Hospital Services</b>								
Current payment	10,562,510	10,591,438	(28,928)	10,224,113	10,224,114	(1)		



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Programme Name	2018/2019			2017/2018			Reasons for Variance	
	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		
Transfers and subsidies	253,843	264,918	(11,075)	297,817	297,816	1	Refer notes to the appropriation Statement	
Payment for capital assets	137,986	107,738	30,248	117,306	117,306	0		
Payment for financial assets	0	0	0	(25)	(25)	0		
<b>Total</b>	<b>10,954,339</b>	<b>10,964,094</b>	<b>(9,755)</b>	<b>10,639,211</b>	<b>10,639,211</b>	<b>0</b>		
<b>Central Hospital Services</b>								
Current payment	4,945,876	4,960,895	15,019	4,754,835	4,754,835	0		
Transfers and subsidies	26,997	83,363	(56,366)	11,715	31,646	(19,931)		
Payment for capital assets	120,837	53,945	66,892	97,573	77,642	19,931		
<b>Total</b>	<b>5,093,710</b>	<b>5,098,203</b>	<b>4,493</b>	<b>4,864,123</b>	<b>4,864,123</b>	<b>0</b>		
<b>Health Sciences and Training</b>								
Current payment	906,960	908,011	(1,051)	933,698	933,698	0		
Transfers and subsidies	273,436	273,436	0	310,371	310,371	0		
Payment for capital assets	1,234	183	1,051	1,981	1,981	0		
Payment for financial assets	0	0	0	0	0	0		
<b>Total</b>	<b>1,181,630</b>	<b>1,181,630</b>	<b>0</b>	<b>1,246,050</b>	<b>1,246,050</b>	<b>0</b>		
<b>Health Care Support Services</b>								
Current payment	475,506	476,931	(1,425)	202,295	189,492	12,803		
Transfers and subsidies	453	453	0	1,261	1,261	0		
Payment for capital assets	9,678	8,253	1,425	7,449	7,449	0		
<b>Total</b>	<b>485,637</b>	<b>485,637</b>	<b>0</b>	<b>211,005</b>	<b>198,202</b>	<b>12,803</b>		
<b>Health Facilities Management</b>								

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Programme Name	2018/2019			2017/2018			Reasons for Variance
	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	
Current payment	461,649	465,155	(3,506)	425,744	425,744	0	Statement
Transfers and subsidies	21	21	0	0	0	0	
Payment for capital assets	1,299,024	1,295,518	3,506	1,096,983	1,096,983	0	
<b>Total</b>	<b>1,760,694</b>	<b>1,760,694</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>Departmental Total</b>	<b>42,547,172</b>	<b>42,549,830</b>	<b>(2,658)</b>	<b>39,930,478</b>	<b>39,911,321</b>	<b>19,157</b>	

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## **UNAUTHORISED EXPENDITURE**

The Department incurred an amount of R14, 248 million unauthorized expenditure. The balance of R18, 996 million (*Note 11*) is for the prior year 2016/2017 which is awaiting approval from the Committee.

## **PUBLIC PRIVATE PARTNERSHIP**

The Department has a public private partnership (PPP) agreement with Cowslip Investments (Pty) Ltd and Impilo Consortium in place for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. Details of the PPP and the transactions relating thereto are disclosed under notes of the financial statements (*Note 35*). The PPP agreement was extended for a further 3 years, with expiry in year 2020.

## **SUPPLY CHAIN MANAGEMENT**

The Department has finalised its contract register and is in the process of improving its outcomes with the assistance of the Provincial Treasury intervention team

## **GIFTS AND DONATIONS**

Donations to value of R 87,475 million were received and are reflected in the 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.

## **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 utilize 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.

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## APPROVAL

The Annual Performance Information set out on pages 39 to 175 and Annual Financial Statements set out on pages 237 to 369 are hereby approved by the Acting Accounting Officer of the Department of Health: KwaZulu-Natal.



A handwritten signature in black ink, appearing to be 'S. C. Tshabalala', written over a horizontal line.

**Dr/S C Tshabalala**  
**Accounting Officer**  
**KwaZulu-Natal department of Health**

Date: 22/10/2019



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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.

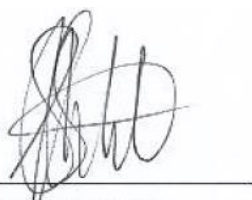
The Accounting Officer is responsible for the preparation of the Annual Financial Statements and for the judgements made in this information.

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 2019.

Yours faithfully,



**Dr S C Tshabalala**  
**Accounting Officer**  
**KwaZulu-Natal Department of Health**

Date: 22/10/2019



## 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): In terms of the Constitutional provisions, the Department is guided by amongst others the following sections and schedules:

- 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 lists health services as a concurrent national and provincial legislative competence.

- Section 195: Public administration must be governed by the democratic values and principles enshrined in the Constitution.
- Section 195 (1b): Efficient, economic and effective use of resources must be promoted.
- Section 195 (1d): Services must be provided impartially, fairly, equitably and without bias.
- Section 195 (1h): Good human resource management and career development practices, to maximise human potential must be cultivated.

In carrying out its functions, the Department is governed mainly by the following national and provincial legislated Acts and Regulations. Some of the legislation has a specific or direct impact on the Department whereas others have a more peripheral impact.

- 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.
- Child Care Act, 74 of 1983: Provides for the protection, welfare and treatment of certain children and to provide for incidental matters.



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- Choice of Termination of Pregnancy Act (Act No. 92 of 1996, as amended): Provides a legal framework for termination of pregnancies (under certain circumstances) and based on informed choice.
- Chiropractors, Homeopaths and Allied Health Service Professions Act, 63 of 1982: Provides for the control of the practice of the professions of Chiropractors, Homeopaths and Allied Health Professions, to determine its functions and matters connected therewith.
- Dental Technicians Act, 19 of 1979: Consolidate and amend laws relating to the profession of Dental Technician and to provide for matters connected therewith.
- Division of Revenue Act (Act 7 of 2003): Provides for the manner in which revenue generated may be disbursed.
- 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.
- KwaZulu-Natal Health Act (Act No. 1 of 2009) and Regulations: Provides for a transformed Provincial Health System within framework of the National Health Act of 2003.
- Labour Relations Act (Act No. 66 of 1995): Provides for the law governing labour relations and incidental matters.
- 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.
- Mental Health Care Act (Act No. 17 of 2002): Provides a legal framework for mental health and in particular the admission and discharge of mental health patients in mental health institutions.
- National Health Act (Act No. 61 of 2003) and Amendments: Provides for a transformed National Health System to the entire Republic.
- National Health Laboratories Services Act (Act No. 37 of 2000): Provides for a statutory body that provides laboratory services to the public health sector.
- Nursing Act (Act 33 of 2005): Provides for the regulation of the nursing profession.
- 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.
- 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 on the policy for preferential procurement pertaining to historically disadvantaged entrepreneurs.
- 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, as well as provides for the powers of ministers to hire and fire.
- Pharmacy Act (Act No. 53 of 1974 as amended): Provides for the regulation of the pharmacy profession, including community service by Pharmacists.
- 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.
- Traditional Health Practitioners Act (Act No. 35 of 2004): Regulates the practice and conduct of Traditional Health Practitioners.

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## Policy Mandates

- Clinical Policies and Guidelines: The Department is implementing and monitoring an extensive number of clinical health policies to ensure high quality of care and clinical outcomes.
- National and Provincial Data Management Policies: Provide the framework for effective management of health information at all levels of reporting.
- Financial Management Policies: The Department generates financial management policies that are aligned with legislation and Treasury Regulations.
- Provincial Health Research Policy and Guidelines: Provides the policy framework and guidelines for health research.
- Human Resource Policies: The Department contributes to and develops numerous Provincial Human Resource Policies to ensure compliance to human resource imperatives.
- Policy on National Health Insurance: Provides for systems strengthening to ensure universal access to health care.
- Policy on Management of Hospitals: Provides the policy imperatives for management of Public Hospitals.
- Regulations Relating to Classification of Hospitals: Provides the policy framework for classification of Public Health Hospitals.

## Government Policy Frameworks that Govern the Department

- National Development Plan 2030
- The Sustainable Development Goals 2030
- Medium Term Strategic Framework 2014-2019
- The Provincial Growth and Development Strategy and Plan 2035
- 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.

## Strategic Outcome Orientated Goals

The table below illustrates the alignment between the Department's Strategic Goals and other macro frameworks and plans.

**Table 3: (A1) Alignment of Macro Plans**

KZN Strategic Goals 2015-2019	National Development Plan 2030	Medium Term Strategic Framework 2014-2019	Provincial Growth & Development Plan 2035	Sustainable Development Goals 2030
<b>Strategic Goal 1:</b> Strengthen health system effectiveness	<b>Strategic Goal 6:</b> Health system reforms complete <b>Priority b:</b> Strengthen the health system	<b>Sub-Output 3:</b> Implement the re-engineering of PHC <b>Sub-Output 4:</b> Reduced health care	<b>Strategic Objective 3.2:</b> Enhance the health of citizens and healthy communities <b>Intervention 3.2(a):</b>	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for

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KZN Strategic Goals 2015-2019	National Development Plan 2030	Medium Term Strategic Framework 2014-2019	Provincial Growth & Development Plan 2035	Sustainable Development Goals 2030
	<p><b>Priority c:</b> Improve health information systems</p> <p><b>Strategic Goal 7:</b> PHC teams deployed to provide care to families &amp; communities</p>	<p>cost</p> <p><b>Sub-Output 6:</b> Improved health management &amp; leadership</p> <p><b>Sub-Output 10:</b> Efficient health information management system developed and implemented to improve decision-making</p>	<p>Re-engineering of PHC</p>	<p>all</p>
<p><b>Strategic Goal 2:</b> Reduce and manage the burden of disease</p>	<p><b>Strategic Goal:</b> Average male &amp; female life expectancy increased to 70 years</p> <p><b>Strategic Goal 2:</b> TB prevention &amp; cure progressively improved</p> <p><b>Strategic Goal 3:</b> Maternal, infant and child mortality reduced</p> <p><b>Strategic Goal 4:</b> Prevalence of NCD's reduced by 28%</p> <p><b>Strategic Goal 5:</b> Injury, accidents and violence reduced by 50% from 2010 levels</p> <p><b>Priority a:</b> Address the social determinants that affect health and disease</p> <p><b>Priority d:</b> Prevent and reduce the disease burden and promote health</p>	<p><b>Sub-Output 8:</b> HIV, AIDS &amp; TB prevented &amp; successfully managed</p> <p><b>Sub-Output 9:</b> Maternal, infant &amp; child mortality reduced</p>	<p><b>Intervention 3.2.(b):</b> Scaling up programmes to improve maternal, child and women's health</p> <p><b>Intervention 3.2 (c):</b> Scaling up integrated programmes to expand healthy lifestyle programmes and reduce and manage non-communicable diseases</p> <p><b>Intervention 3.2 (d):</b> Scaling up programmes to reduce incidence &amp; manage prevalence of HIV, AIDS and STIs</p> <p><b>Intervention 3.2 (e):</b> Scaling up programmes to improve TB outcomes</p> <p><b>Intervention 3.2 (f):</b> Implementing programmes to reduce local malaria incidence</p>	<p>By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births</p> <p>By 2030, end preventable deaths of new-borns and children under 5 years of age, countries aiming to reduce neonatal mortality to at least 12 per 1,000 live births and under-5 mortality to at least 25 per 1,000 live births</p> <p>By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</p> <p>By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being</p> <p>Strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</p> <p>By 2020, halve the number of global deaths and injuries from road traffic accidents</p> <p>By 2030, ensure universal access to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes</p> <p>By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</p> <p>Strengthen the implementation of the World Health Organization</p>

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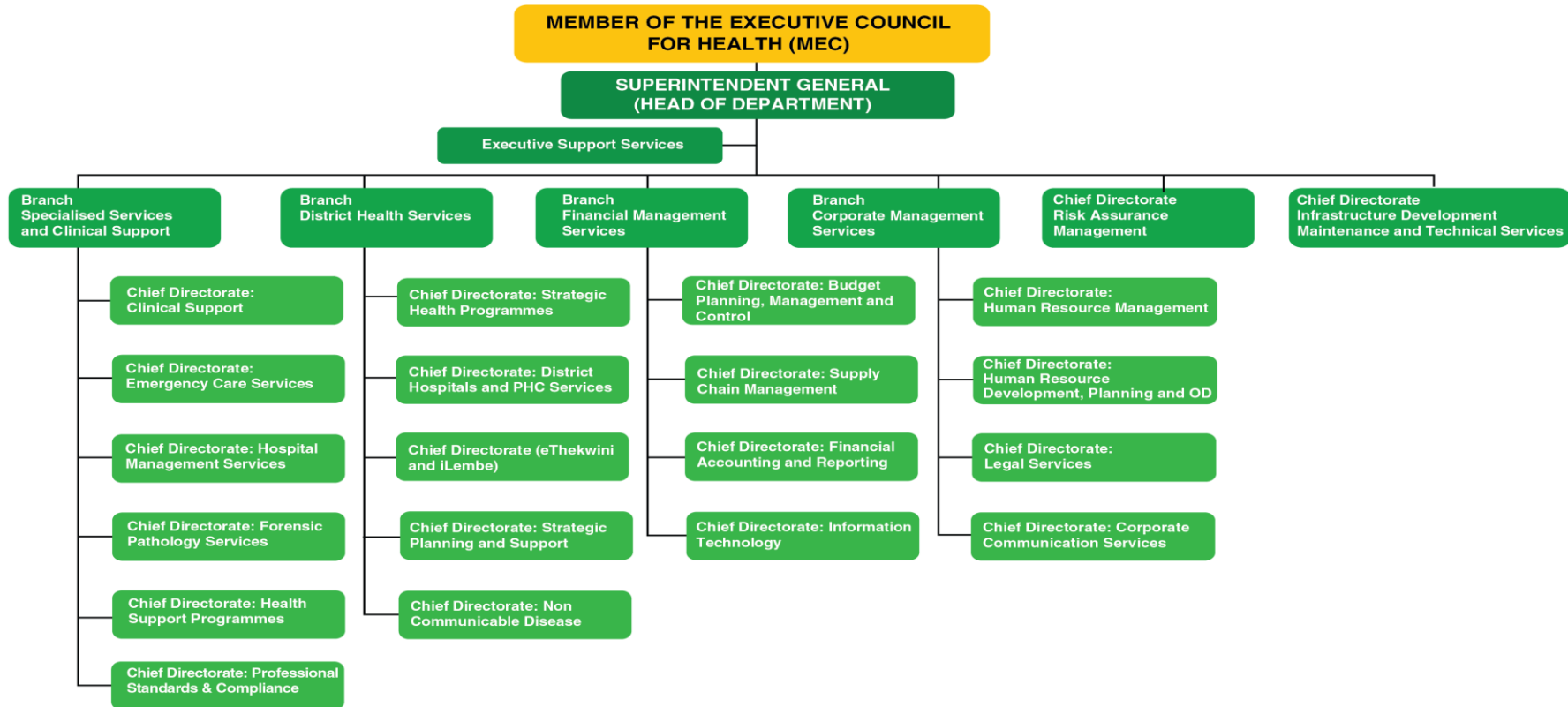
KZN Strategic Goals 2015-2019	National Development Plan 2030	Medium Term Strategic Framework 2014-2019	Provincial Growth & Development Plan 2035	Sustainable Development Goals 2030
				<p>Framework Convention on Tobacco Control in all countries, as appropriate</p> <p>Support research and development of vaccines and medicines for communicable and non-communicable diseases</p>
<p><b>Strategic Goal 3:</b> Universal health coverage</p>	<p><b>Strategic Goal 8:</b> Universal health coverage achieved</p> <p><b>Priority e:</b> Financing universal health care coverage</p>	<p><b>Sub-Output 1:</b> Universal health coverage progressively achieved through implementation of NHI</p> <p><b>Sub-Output 7:</b> Improved health facility planning &amp; infrastructure delivery</p>	<p><b>Strategic Objective 3.2:</b> Enhance the health of citizens and healthy communities</p>	<p>Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all</p>
<p><b>Strategic Goal 4:</b> Strengthen human resources for health</p>	<p><b>Strategic Goal 9:</b> Posts filled with skilled, committed &amp; competent individuals</p> <p><b>Priority f:</b> Improve human resources in the health sector</p> <p><b>Priority g:</b> Review management positions and appointments and strengthen accountability mechanisms</p>	<p><b>Sub-Output 5:</b> Improved human resources for health</p>	<p><b>Intervention 3.2 (g):</b> Improving human resources for health</p>	<p>Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island' developing states</p>
<p><b>Strategic Goal 5:</b> Improved quality of health care</p>	<p><b>Priority h:</b> Improve quality by using evidence</p>	<p><b>Sub-Output 2:</b> Improved quality of health care</p>	<p><b>Strategic Objective 3.2:</b> Enhance the health of citizens and healthy communities</p>	<p>Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks</p>

Source: Strategic Plan 2015-2019

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## Organisational Structure

Figure 1: Approved Macro Organisational Structure (Graphics by Corporate communications)



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## Entities Reporting to the MEC for Health

Table 4: Entities reporting to the MEC in 2018/19

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
N/A	N/A	N/A	N/A



### **PART B: PERFORMANCE INFORMATION**

- Auditor General Report on predetermined objectives
- Overview of Departmental Performance
- Progress against 2015 - 2019 Strategic Goals
- Transfer Payments
- Conditional Grant
- Donor Funds
- Capital Investments
- Programme 1: Administration
- Programme 2: District Health Services
- Programme 3: Emergency Medical Services
- Programme 4: Provincial and Specialised Hospitals
- Programme 5: Tertiary and Central Hospitals
- Programme 6: Health Sciences and Training
- Programme 7: Health Care Support Services
- Programme 8: Health Facilities Management





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## Auditor General Report on Predetermined Objectives

The Auditor-General of South Africa (AGSA) performs audit procedures on performance information to provide reasonable assurance. The material findings on performance against predetermined objectives are included in the Report of the Auditor General, included in this report, Part E: pages 225 to 235.

## Overview of Departmental Performance

### SERVICE DELIVERY ENVIRONMENT

The KZN population increased from 11 267 436 in 2017/18 to 11 417 126 in 2018/19, and the uninsured population increased from an estimated 9 926 611 to 10 058 488<sup>1</sup>. The main beneficiaries for public health services remained the uninsured population.

Table 5 quantifies the service delivery platform that catered for public health services in KZN in 2018/19.

**Table 5: Public Health Facilities in KZN**

District	PHC		Hospitals						
	Fixed Clinics <sup>2</sup>	CHC's	District	Regional	Tertiary	Central	Specialised Tuberculosis	Specialised Psychiatric	Chronic/ Sub-Acute
UGu	52	2	3	1	0	0	0	0	0
uMgungundlovu	50	3	2	1	1	0	2	3	0
uThukela	36	1	2	1	0	0	0	0	0
uMzinyathi	53	1	4	0	0	0	1	0	0
Amajuba	25	1	1	2	0	0	0	0	0
Zululand	73	1	5	0	0	0	1	1	0
uMkhanyakude	58	1	5	0	0	0	0	0	0
King Cetshwayo	63	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	105	8	4	6	1	1	2	1	2
KZN Total	588	22	39	13	3	1	7	6	2

<sup>1</sup> Source: 2016 General Household Survey estimate of 88.1% uninsured population

<sup>2</sup> Includes Provincial and Local Government clinics

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## SERVICES DELIVERED DIRECTLY TO THE PUBLIC

### Community-based services

Non-acute health services are provided at community and household level through Ward Based Outreach teams, School Health Teams, TB Surveillance and MDR-TB Teams and Community Care Givers (CCGs). Services include health promotion/ education; screening for 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; mental health and chronic care.

Phila Mntwana Centres, linked to Operation Sukuma Sakhe (OSS) War Rooms, provide promotive and preventive services targeting children. OSS is used as vehicle for inter-government service integration at community level including addressing the social determinants of health e.g. poverty eradication, provision of sanitation, water, electricity, waste removal, etc.

The Centralised Chronic Medication Dispensing and Distribution (CCMDD) Programme makes chronic medication available to patients at community level close to where they reside. This decongests facilities, saves cost and travelling times to facilities and decreases waiting times at health facilities.

Services at truck stops, taxi ranks, and other high risk areas increased access to basic and essential services e.g. testing for HIV, TB and other chronic conditions. Services offered at these easily accessible sites increases the possibility of timeous referral for appropriate clinical management of conditions at fixed facilities.

### Primary Health Care (PHC) services

Nurse driven services are provided at fixed (clinics and CHCs) and mobile clinics covering a comprehensive range of curative, preventative, rehabilitative and palliative services. Included are services for minor ailments; maternal, child and women's health; communicable and non-communicable diseases and conditions; oral and dental health; environmental health and nutrition. Mobile services are used to improve access in sparsely populated areas or areas with poor access to fixed facilities. Outreach services from District Hospitals and services rendered by Private Practitioners increases access to clinical services at entry point.

### Hospital Services

In and out-patient services are rendered at District, Regional, Specialised, Tertiary and Central Hospitals. District Hospitals, with 8 083 usable beds, form part of the District Health System and include services at General Practitioner level with varying degrees of General Specialist services to improve access in especially rural areas. Regional Hospitals, with 6 942 usable beds, render services at General Specialist level and serve as referral for District Hospitals. All Regional Hospitals render a significant proportion of level-one services mainly due to demographic distribution of households and location of hospitals. Queen Nandi and Newcastle Hospitals, with 615 usable beds, provide mother and child services. The McCords Provincial Eye Care Hospital, with 80 usable beds is in the first phase of commissioning and provides specialised eye care services only.

Specialised TB (629 usable beds), and Psychiatric (2 414 usable beds) Hospitals provide acute and sub-acute services for the two clinical disciplines. The Step Down/ Sub-Acute Hospitals (505 usable beds) provide step-down care. Tertiary Hospitals, with 1 748 usable beds, and one Central Hospital, with 846 usable beds, provide

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highly specialised tertiary and quaternary services. Outreach services are provided by level 2 and 3 hospitals to improve access to quality clinical management at lower levels of care.

## **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 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. AMS provides a critical service in transporting Specialists to outlying areas for clinical sessions or training to improve access and clinical competence.

## **Forensic Pathology Services**

Specialised Forensic Pathology Services are provided at 39 Medico-Legal Mortuaries throughout the Province.

## **Clinical Forensic Medicine**

Crisis Centres have been established in all District and Regional Hospitals within the Province to strengthen clinical medico-legal services focusing on the management of survivors of violence (including rape and sexual assault).

## **CHALLENGES AND CORRECTIVE STEPS**

### **Oversight and Leadership**

The Department has not been able to fill some of the most critical top management posts which include the one for Chief Financial Officer. The Department has ensured that at least there is someone acting in these posts.

### **Budget constraints**

The budget cuts are a big challenge for the Department and have started to have effects on all levels of service delivery. Treasury has assisted the Department through provincial allocations to bridge the gaps created by Census 2011 budget cuts, medical inflation, exchange rate fluctuation and National Health laboratory Services (NHLS).

### **Asset Management System**

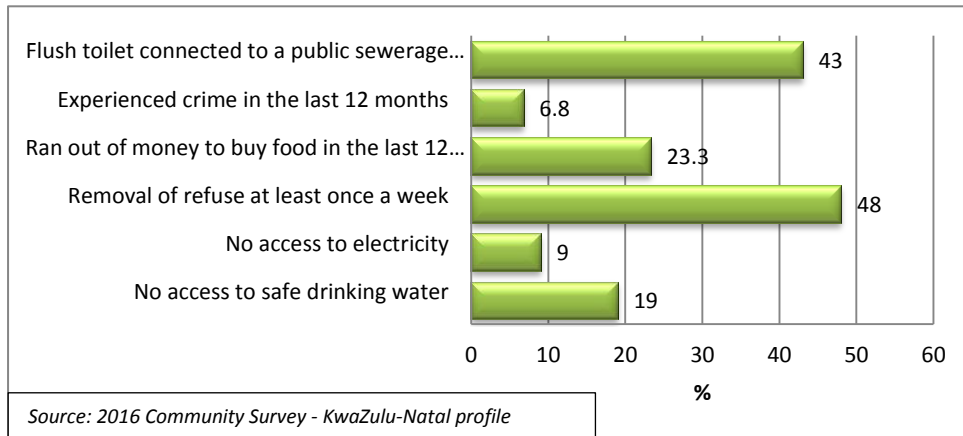
The Department is using a manual asset management system despite having about 900 000 assets distributed among about 830 sites. The Department has made an effort to introduce an electronic asset management system without success.

## **EXTERNAL FACTORS THAT INFLUENCED DEMAND FOR SERVICES OR HEALTH OUTPUTS**

Socio economic factors, including poverty, inadequate access to potable water, sanitation, electricity, lack of refuse removal, and low literacy levels are associated with poor health status and negative health outcomes. Graph 1 provides a condensed overview of social determinants of health in 2016.

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**Graph 1: Social Determinants of Health in KZN, 2016**



The Poverty Eradication Master Plan (PEMP), positioned within the context of the Provincial Growth and Development Plan (PGDP), identified integrated focus areas (pillars) for job creation,

enterprise development, community development, social protection, human resource development and agriculture.

A phased approach is used for implementation of PEMP, targeting the most deprived households in the most deprived wards.

Phase 1: Targeting the 5 most deprived municipalities.

Phase 2: Targeting the 5 most deprived wards per district.

Phase 3: Expanding programmes to the 169 poorest wards in KZN.

Phase 4: Rollout to the rest of the wards in KZN

## SERVICE DELIVERY IMPROVEMENT PLAN

### Main challenges

- Operations Management Framework is not institutionalized in the KZN Department of Health leading to a situation where Service Delivery Improvement activities are looked at as add-on activities.
- The National Department of Health Complaints, Compliments and Suggestions system only caters for Primary Health Care and Hospital Services and not for Emergency Medical, Forensic Pathology, Support and Management Services.
- 

### Mitigating strategies

- SDIP Team to ensure that there is buy-in from different role-players
- Provincial Health Operations Centre (PHOC) to continue using the old Complaints, Compliments and Suggestions system for the services not catered for in the National Department of Health Complaints, Compliments and Suggestions system).

**Table 6: Main services and standards**

Main services	Beneficiaries	Current/ Actual Standard of Services (2017/18)	Desired Standard of Services	Actual Achievement (2018/19)
PHC Services: Average Waiting	Public health beneficiaries and	Baseline to be established in year 1 <sup>3</sup>	Establish baseline	Baseline established: 108 minutes

<sup>3</sup> 2016/17 Baseline according to the 2018.19 – 2020.21 Service Delivery Improvement Plan

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Main services	Beneficiaries	Current/ Actual Standard of Services (2017/18)	Desired Standard of Services	Actual Achievement (2018/19)
Time	users			

**Table 7: Batho Pele arrangements with beneficiaries**

Current Arrangements (2017/18)	Desired Arrangements	Actual Achievements (2018/19)
<b>Consultation</b>		
Consultation with stakeholders through Clinic committee meetings and Provincial Health Consultative Forum meetings	Consultation with stakeholders through Clinic committee meetings and Provincial Health Consultative Forum meetings	Consultation with stakeholders through Clinic committee meetings and Provincial Health Consultative Forum meetings
<b>Access</b>		
80% of facilities adherent to operating times as per service board	85% of facilities adherent to operating times as per service board	To be reviewed for 2019/20 reporting
<b>Information</b>		
<ul style="list-style-type: none"> <li>188 out of 613 PHC facilities (30.7%) adherent to standardised signage requirements</li> <li>Patients informed of medicine pick up points</li> <li>100% of facilities with relevant information Education Communication material in the form of posters, pamphlets, brochures and audio-visual facilities</li> </ul>	<ul style="list-style-type: none"> <li>356 out of 610 PHC facilities (58%) adherent to standardised signage requirements</li> <li>Patients informed of medicine pick up points</li> <li>100% of facilities with relevant information Education Communication material in the form of posters, pamphlets, brochures and audio-visual facilities</li> </ul>	<ul style="list-style-type: none"> <li>76% (461/610)</li> <li>To be reviewed for 2019/20 reporting</li> <li>To be reviewed for 2019/20 reporting</li> </ul>
<b>Courtesy</b>		
Facilities partially compliant in terms of : <ul style="list-style-type: none"> <li>Fixed PHC facilities scoring above 70% on the ideal clinic dashboard</li> <li>Complaint resolution rate</li> </ul>	Facilities fully compliant in terms of : <ul style="list-style-type: none"> <li>Fixed PHC facilities scoring above 70% on the ideal clinic dashboard</li> <li>Complaint resolution rate</li> </ul>	<ul style="list-style-type: none"> <li>75.6% (461/610)<sup>4</sup></li> <li>94.5%(3 996/4 227)</li> </ul>
<b>Openness and Transparency</b>		
<ul style="list-style-type: none"> <li>Full disclosure on clinical conditions as per available guidelines</li> <li>Clinic committees informed about operations, progress, management of complaints</li> </ul>	<ul style="list-style-type: none"> <li>Full disclosure on clinical conditions as per available guidelines</li> <li>Clinic committees informed about operations, progress, management of complaints</li> </ul>	<ul style="list-style-type: none"> <li>To be reviewed for 2019/20 reporting</li> <li>50% (305/608)</li> </ul>
<b>Redress</b>		
88.4% complaint resolution rate	93% complaint resolution rate	94.5% complaint resolution rate
<b>Value for Money</b>		
Primary Health Care cost per headcount of R 380 and slightly higher than was targeted	Primary Health Care cost per headcount of R 405	R 464 (13 156 267/28 368 964)

**Table 8: Service delivery information tool**

Current/ Actual information tools (2016/17)	Desired information tools	Actual achievements (2018/19)
188 out of 613 PHC facilities (30.7%)	356 out of 610 PHC facilities (58%)	76% (461/610)

<sup>4</sup> Based on the 'Ideal clinic status rate' indicator

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Current/ Actual information tools (2016/17)	Desired information tools	Actual achievements (2018/19)
adherent to standardised signage requirements	adherent to standardised signage requirements	

**Table 9: Complaints mechanism**

Current/actual complaints mechanism	Desired complaints mechanism	Actual achievements
There are different methods of recording and reporting on complaints, compliments and suggestions	One complaints, compliments and suggestions management system with a centralized database for all services/business units developed	The current system covers Primary Health Care and Hospital Services and is aligned to the National Department of Health complaints, compliments and suggestions management guidelines

## Organisational Environment

### Strike action

A 40 – day go slow took place in the year of reporting.

### Significant system failure

There were no significant system failures during the reporting period.

## Key Policy Developments and Legislative Changes

### Policy developments

Drug Resistant TB Guidelines for the Republic of South Africa

### Legislative changes

There were no legislative changes during the period under review

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## Progress against 2015 – 2019 Strategic Outcome Oriented Goals

### Strategic Goal 1: Strengthen health systems effectiveness

#### THE LONG TERM PLAN <sup>5</sup>

A decision was taken to finalise the road map for long term plan in 2018/19. The LTP timelines were amended to coincide with next term of government and to align with PGDP cycles.

#### MEDICO-LEGAL LITIGATION

A total of 450 new medico-legal claims were received during the 2018/2019 financial year. The breakdown of the claims was as follows:-

Promotion of Access to Information Act (PAIA) requests = 110

#### CLASSIFIED IN DISCIPLINES

General = 28

Obstetrics and Gynaecology = 188

Ophthalmology = 6

Orthopaedics = 1

Paediatrics = 9

Surgical = 94

Medical records = 14

The total amount paid was R427 418 595.22.

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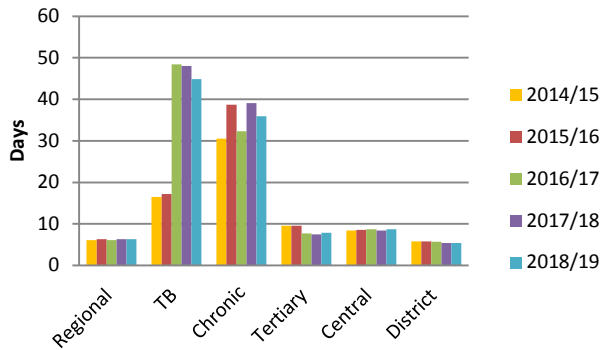
<sup>5</sup> Q3 Strategic Plan Commitments Progress report, 2018/19



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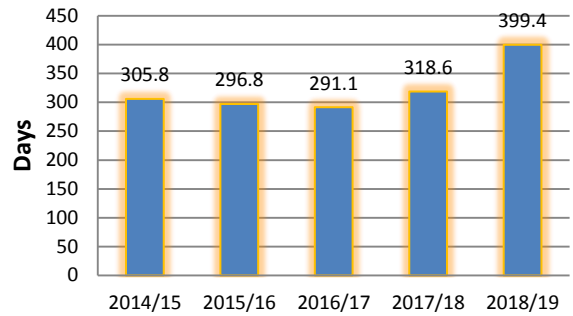
## HOSPITAL SERVICES

**Graph 2: Average Length of Stay**



Source: DHIS/WebDHIS

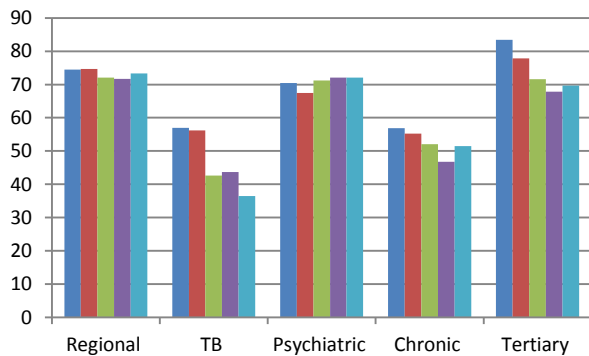
**Graph 3: Average Length of Stay – Psychiatric Hospitals**



Source: DHIS/WebDHIS

Specialised TB, Specialised Psychiatric and Chronic/Sub-Acute hospitals are the only hospital types that had an increase in the Average Length of Stay during the past five years.

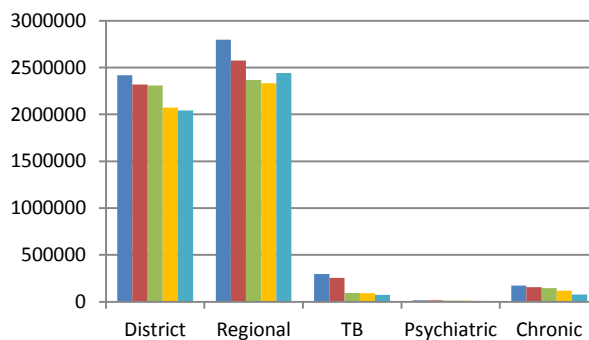
**Graph 4: Inpatient Bed Utilisation rate**



Source: DHIS/WebDHIS

Specialised Psychiatric hospitals are the only hospital type that had the increase in the Inpatient Bed Utilisation rate in the past five years.

**Graph 5: OPD headcounts**

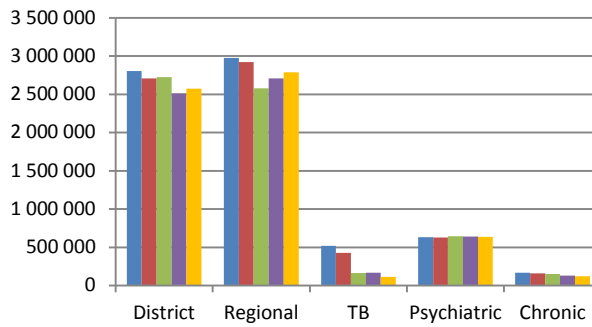


Source: DHIS/WebDHIS

Tertiary hospitals are the only hospital type that had an increase in the OPD headcounts in the past five years.

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**Graph 6: Patient Day Equivalents**



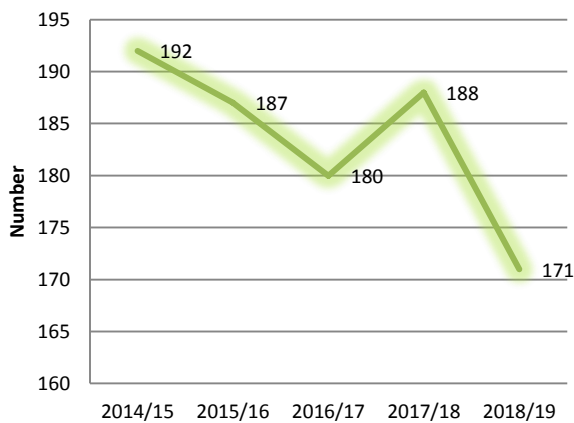
A downward trend is observed for all hospital types in Patient Day Equivalents, except for the Central and Specialised Psychiatric hospitals as seen in the graph.

Source: DHIS/WebDHIS

## Emergency Medical Services

The draft EMS Turn-Around Strategy has not been approved since the review of the strategic objective in 2016. The main challenge is that the approval has to be done by the National Technical Committee.

**Graph 7: Average number of daily operational ambulances**

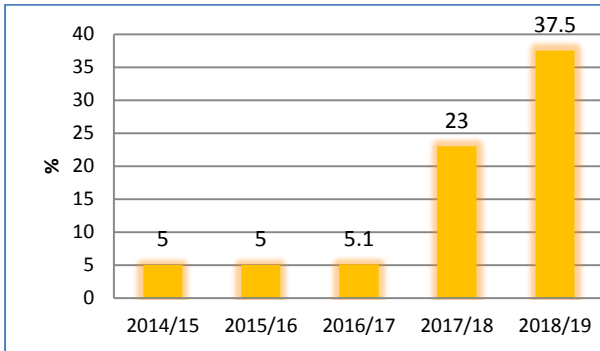


The average number of daily operational ambulances has decreased from the baseline of 192 to 171 (Graph 7). The main challenges include an ageing fleet with high downtime due to repairs, high accident rates and shortage of operational staff which is further impacted by overtime restrictions. The department has been procuring ambulances but the effect thereof did not make any difference because those ambulances have been used for replacement, instead of expansion.

Source: EMS database

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**Graph 8: P1 urban response times of under 15 minutes**

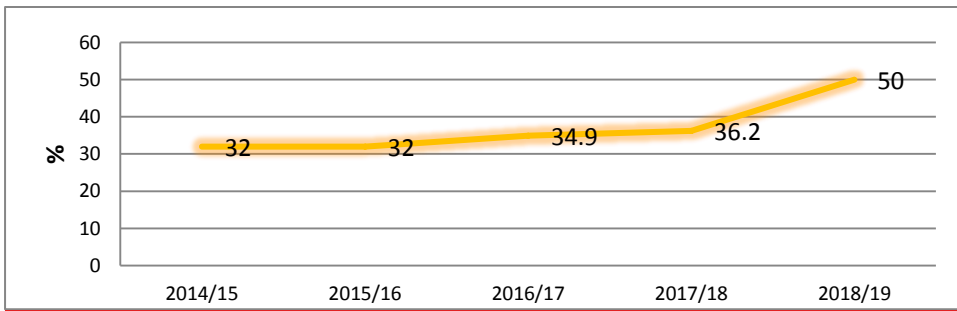


Source: DHIS/WebDHIS

The P1 urban response times of under 15 minutes has increased from 5% to 37.5% (Graph 8). This is attributed to the procurement of new ambulances which contributed to the reduction of ambulance downtime whilst they are being repaired and maintained.

The P1 urban response times of under 40 minutes have increased from 31% to 50%. This is also attributed to the procurement of new ambulances (Graph 9).

**Graph 9: P1 rural response times of under 40 minutes**



Source: DHIS/WebDHIS

## Strategic Goal 2: Reduce the burden of Disease

### Implementation of Operational Phakisa

The assessment of the take over of municipal clinics from eThekweni Metro, has been completed and recommendations made with regards to the rationalisation of the clinics. In instances where the clinic is not a stand alone building or is in an acceptable state threatening safety of clients such as those with surrounding banks collapsing cannot be purchased by the Department of Health, alternative recommendations have been proposed.

### HIV

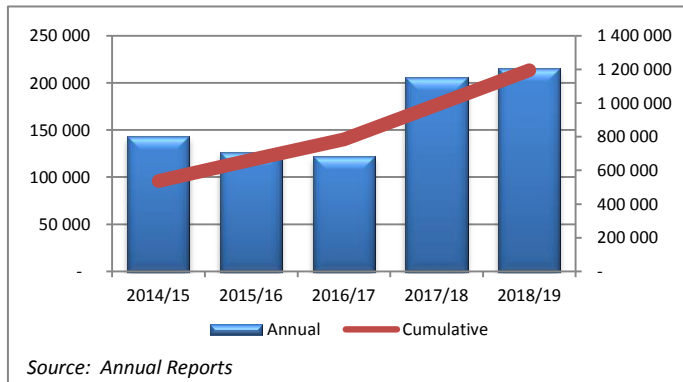
The HIV Testing Services has managed to test 3 684 143million (target of 2 982 771) people including antenatal clients in KwaZulu-Natal in the 2018/19 financial year. This has resulted in the Department not only achieving the 2018/19 targets but also achieving 2019/20 cumulative target of 16.5 million people tested for HIV. The current cumulative number is at 16 663 896. This achievement is due to long standing Hlola Manje, Zivikele campaigns in all 11 districts and the other short campaigns such as Operation Siyenza, Cancer campaigns and other campaigns targeting young people. Testing at community level assists in making the service more accessible.

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The shortage of HTS registers due to slow process of procurement and the low positivity rate for those that are testing are a challenge at a grass roots level. The implementation of the targeted testing by districts should assist in improving positive rates. All partners to be informed to do targeted testing and implement Index testing from the know clients.

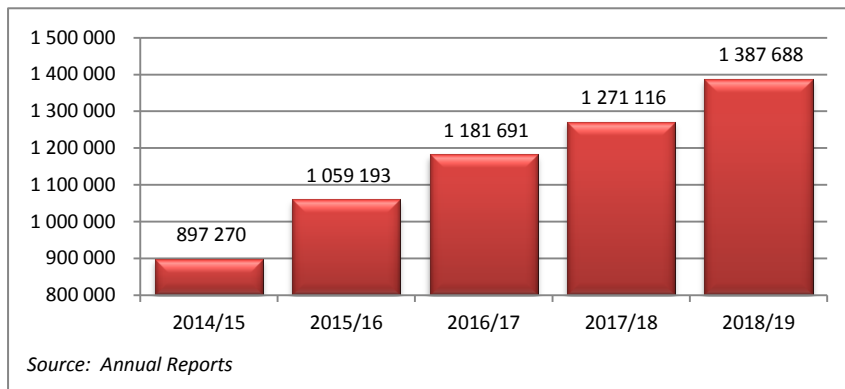
Total Male medical circumcisions (MMC) done within the ambit of public health since the inception of the programme is at 1 194 745.

**Graph 10: Trend analysis for MMC**



For the programme to be effective as a preventative strategy, 60% coverage of all sexually active men need to be circumcised. Currently, KZN male population 15 – 49 years is 2 885 117. eThekweni account for the highest proportion of all sexually active males at 34.5% (996 429). 39.1% of all circumcisions done this year occurred in eThekweni, with KwaMashu Poly CHC accounting for 7 418 of those procedures.

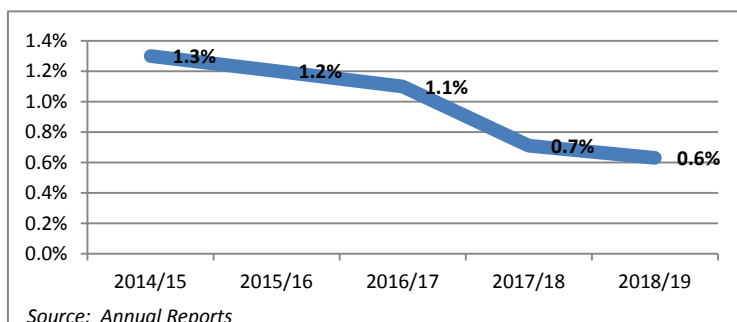
**Graph 11: Total number of patients on ART**



The total number of patients remaining on ART has increased steadily over the 5 year period.

## Child Health

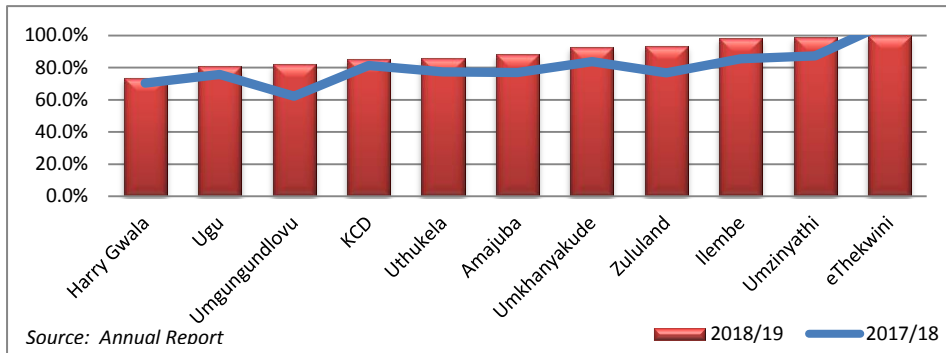
**Graph 12: Infant 1<sup>st</sup> PCR test positive around 10 weeks rate**



There has been a decrease in infant 1<sup>st</sup> PCR test positive around 10 weeks rate since 2014/15.

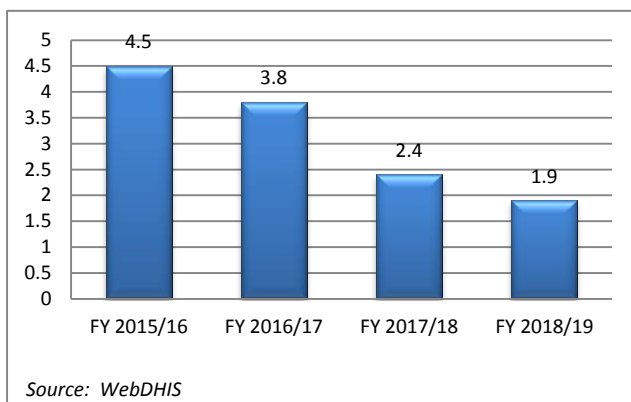
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**Graph 13: Fully immunised under 1 coverage per district – 2017/18 and 2018/19**



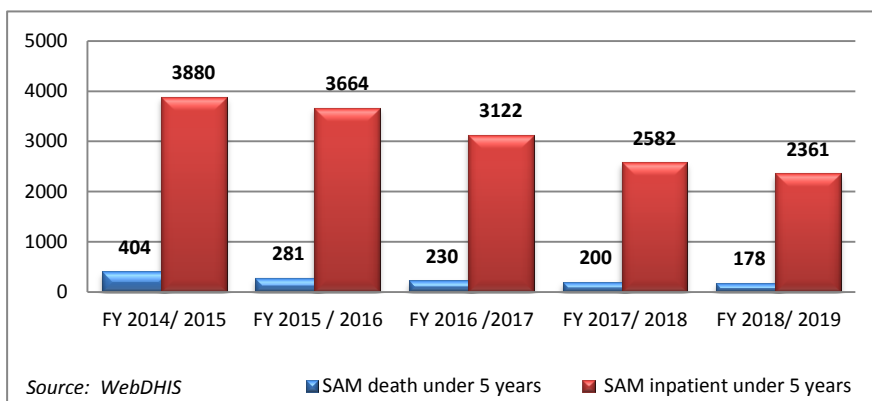
All districts, except eThekweni, have improved their immunisation coverage under 1 years.

**Graph 14: SAM in child under 5 years incidence**



There has been a significant decline in SAM incidence over the five year period from 4.5 per 1000 to 1.9 per 1000. This improvement is attributed to active case detection at community level as well as alignment of growth monitoring and promotion of IMCI guidelines. Prevention interventions such as Vitamin A supplementation and advocacy of breastfeeding through initiatives including human milk banking which is implemented in all 11 Districts has improved children’s nutritional status.

**Graph 15: SAM Deaths vs SAM inpatients under 5**

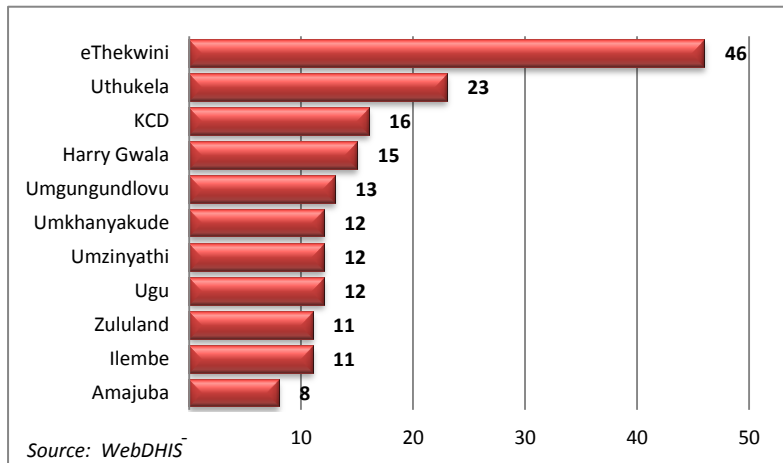


Deaths and admission due to SAM have decreased over the five year period. There has been a reduction in the number of deaths related to severe acute malnutrition from 404 in 2014/2015 to 178 in 2018/2019. This decline can be attributed to improved maternal, child health and nutrition

interventions. Clinical audits have shown that majority of the deaths due to SAM are due to late presentation at facility level of complicated SAM cases. Children with co-morbidities of TB, HIV, cerebral palsy, trisomy and social problems also contribute to the current death cases.

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**Graph 16: No. of SAM deaths per district**



eThekweni and uThukela have been prioritised for intervention for 2019/20 due to the high number of SAM deaths.

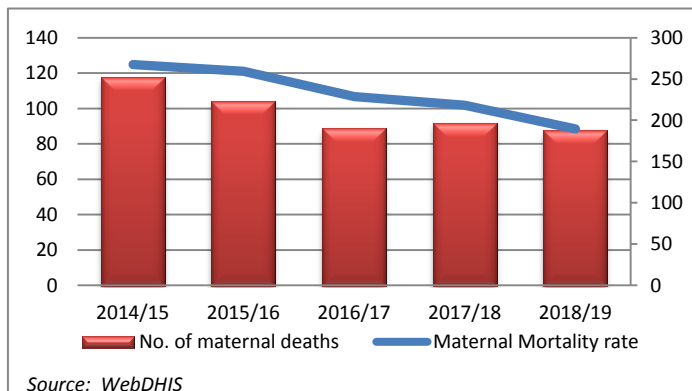
SAM cases often present late at hospital level with many having co-morbidities of TB and / or HIV/AIDS.

Early detection of Moderate Acute Malnutrition cases at community and PHC level has contributed

significantly to the reduction in SAM cases. The improvement in immunisation and Vitamin A supplementation (61.9% to 70.8%) has also contributed to the reduction in new SAM cases.

## Maternal Health

**Graph 17: Maternal Mortality at facility rate**



Currently IMMR is 88/100 000, which is below the 2020 target of 100 / 100 000. Programmes like Essential Steps in Management Obstetric Emergencies (ESMOE) will be instrumental in sustaining this achievement in 2019/20. Furthermore, all districts need to implement the use of Non-pneumatic Anti Shock Garment (NASG) to reduce deaths from Post-Partum Haemorrhage.

Early ante-natal care should continuously improve to identify high-risk pregnancies and implement personalised birthing plans. This can only be achieved if early ANC Booking before 20 weeks improves with the introduction of pregnancy testing at household level by CCG's.

The number of teenage pregnancies has decreased slightly comparing 2017/18 and 2018/19. This is due to consultation with community structures, and inter-departmental and inter-sectoral collaboration. The Department has identified areas with higher teenage deliveries and implementation of the strategy to reduce teenage pregnancy has started, which include making Sexual & Reproductive services available outside school premises.

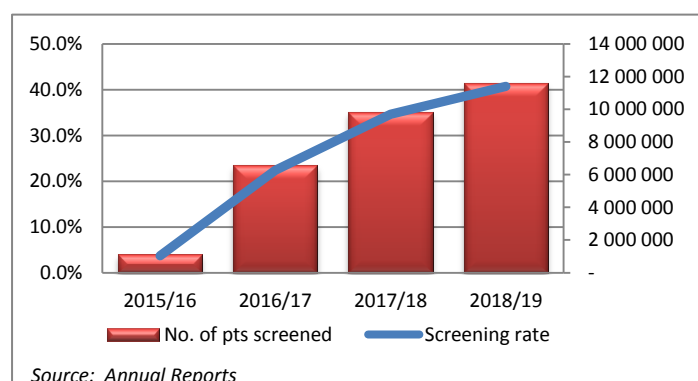
There was a slight decline in the mothers receiving post-natal care 6 days after delivery for quarter 2, however the annual performance improved. Districts bordering other provinces pose challenges as people present for delivery but leave immediately after delivery and continue with post-natal care in their areas. The Department has developed a multifaceted approach to the elimination of preventable blindness from cataracts. This approach includes the provision of resources to outreach programs, the funding of existing programs to increase capacity and advocacy for the private public partnership.

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The Public sector will conduct cataract camps over the weekends when theatre space is underutilized to increase the number of cataract surgeries performed. The public private partnership in the form of a Memorandum of Understanding will also increase the number of cataract surgeries performed. The Private sector has been approached to support the initiative to address and overcome the Provincial cataract backlog; including strengthening the public eye health system and skills base.

## Mental health

**Graph 18: Mental health screening rate vs the number of patients screened provincially**



Mental health conditions continues to be one of the most under-diagnosed conditions within the public health system however screening for mental health disorders is above target for the 4<sup>th</sup> consecutive year and is above the 5 year strategic target.

The Department of Health has collaborated with UKZN to develop a mental health

screening Standard Operating Procedure (SoP) which is meant to improve the quality of screening while addressing over-performance with regards to this indicator. In 19/20 the focus for mental health will be on 1) mental health skills training, 2) enhancing inter-sectoral collaboration and 3) e-psychiatry hubs for outreach.

## Strategic Goal 3: Universal Health Coverage

### Health Facilities Management

The maintenance budget has been spent fully throughout the years. Twenty Nine (29) new and replacement projects were completed since the 2017/18 financial year. There were 58 upgrade and addition projects completed since the 2016/17 financial year. Further, 28 renovation and refurbishment projects were completed since the 2017/18 financial year.

### National Health Insurance

#### General Practitioner Contracting

The Health Practitioners Contracting programmes is an essential step in strengthening and ensuring integrated services at PHC-level to address the health needs of the population and is not only aimed at improving access but also at reducing the burden of disease. In 2018/19 the programme was handed over to be managed by the Province. Fifty six (56) GPs contracted in 2018/19 and were distributed per NHI pilot district as follows:

**Table 10: Number of GP's contracted through NHI**

District	Number of GPs
uMgungundlovu	26
Amajuba	12
UMzinyathi	18
<b>Total</b>	<b>56</b>

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The budget and expenditure for GP contracting in 2018/19 was:

**Table 11: Budget and Expenditure for the contracted GP's 2018/19**

District	Allocated Budget	Expenditure
uMgungundlovu	R23 777 672.80	R14 388 908.67
Amajuba	R5 915 702.39	R4 280 748.47
UMzinyathi	R8 668 385.25	R11 492 812.74
<b>Total</b>	<b>R38 361 760.44</b>	<b>R30 162 469.88</b>

There was a total under-expenditure of R11 023 717.25 in 2018/19. UMzinyathi overspent in Quarter 3. The district inherited R3 500 000 from uMgungundlovu District (where there was under-expenditure) to cover the over expenditure in the last quarter.

### *Centralised Chronic Medicine Dispensing and Distribution*

CCMDD programme was established to improve access to essential chronic medication for public sector patients and to decongest facilities. Pick –up Points were opened within the community and includes halls, NGOs, churches and other community places where it is deemed easier for the community to collect their medication while addressing the issue of clients waiting in long ques at the clinic.

The contract for Medipost Pharmacy expired on the 31<sup>st</sup> March 2018. Pharmacy Direct, the new service provider for CCMDD was appointed and contracted for three years starting from the 01<sup>st</sup> April 2018. There was a four months transitional period where Medipost Pharmacy was due to hand over the project to Pharmacy Direct to ensure that the service delivery to clients was smoothly transitioned. Medi-logistics continued to collect completed scripts from facilities on behalf of Pharmacy Direct to ensure that there was no delay in capturing of scripts during the transition period and also to ensure that patients are not inconvenienced. The KwaZulu-Natal Department of Health has enrolled the Central Chronic Dispensing and Distribution (CCMDD) Programme to all 11 districts:

- 735 implementing facilities;
- 994 263 active patients on the programme;
- 4 390 pick-up-points or collection sites

### *Department of Correctional Services (DCS) KwaZulu-Natal Region CCMDD -UTT*

Out of 8 162 HIV positive inmates 8 002 (98%) are on ART and a total of 2 377 inmates on CCMDD as at the end of February 2019.

### *Synchronised Communication in Health (SyNCH)*

The main goal of the CCMDD programme is to improve access to chronic medicines for public health sector patients. The CCMDD programme had been paper-based and therefore subject to process inefficiencies. In addition, the programme lacked transparency. The Synchronised National Communication in Health (SyNCH) system was developed to rectify these issues and to introduce a standardized, automated process in all provinces implementing CCMDD.



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## Patient Registration

**Table 12: Number of Patients Registered and Number of PUPs in KZN (as at 31 March 2019)**

District	Facilities using SyNCH	Number of Internal PuPs	Number of External PuPs	No. of patients enrolled on CCMDD using SyNCH
Amajuba	26	26	2	7,766
eThekwini	103	103	95	66,625
uMgungundlovu	43	43	31	29,265
uMzinyathi	49	49	35	34,091
uThukela	37	37	8	26,237
<b>Totals</b>	<b>258</b>	<b>258</b>	<b>171</b>	<b>163,984</b>

As at 29 March 2019, a total of 163,984 patients were registered on SyNCH in KZN, with 258 internal Pick up points (PuP's) and 171 external PuPs being utilized by the province

## E-Health Strategy

### Health Patient Registration System (HPRS)

HPRS is a system where the users register and are able to be identified at the point of use, using a unique identifier linked to the Department of Home Affairs. HPRS installations were done in Primary Health Care facilities. There are 7 934 794 clients registered to HPRS in KZN as at the 12<sup>th</sup> March 2019. HPRS linkage with tier.net was piloted in UGu District only.

### Electronic Medical Records

EMR was piloted in the following facilities:

- Hlabisa hospital and Gateway
- Itshelejuba hospital and Gateway
- Eshowe hospital and Gateway
- EG Usher Memorial hospital and Gateway
- Queen Nandi Regional hospital and Empangeni Clinic
- 

Health systems Trust (HST) procured 36 tablets, 3 computers and 2 routers to Queen Nandi hospital. Presentation and training had been conducted at various service points at Queen Nandi hospital. The EMR was installed, tested and successfully synchronised in Queen Nandi and EG Usher Memorial Hospitals.

## Quality Improvement

### Office of Health Standard Compliance (OHSC)

The Office of Health Standard compliance (OHSC) is established in terms of section 77(1) of the National Amendment Act, 2013 (Act No. 12 of 2013 ("the Amendment Act"). In terms of Section 78 (A) of the Amendment Act, it is the Office's mandate to monitor and enforce compliance by health establishments with norms and standards as prescribed by the Minister of Health in relation to the National health system. The role of OHSC is to ensure compliance with National Quality Standards for Health by all health establishments in both public and private health sectors. The role of the inspectorate within the OHSC is to enforce compliance

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with norms and standards. To meet these standards, health facilities must be certified by the Office of Health Standard Compliance.

Norms and standards were regulated in February 2018 and became effective as from February 2019. Workshops are being conducted across the Province to unpack the indicators and to explore alignment to existing tools. Inspections were conducted in KZN Province in the month of January and February 2019. A Preliminary report relating to the inspected health establishment was given to the Provincial, District and Sub – District managers of the relevant health establishment on the 25<sup>th</sup> March 2019.

## *Health Care Services Leadership Capacity*

The Department has a responsibility to provide effective health service delivery in the Province which includes PHC Re-Engineering strategy by the trained and competent health care workers which includes PHC Supervisors, Operational Managers and District Coordinators in the field of leadership and Governance.

A Project plan was developed by Sefako Makgatho University and KwaZulu-Natal Department of Health (KZNDOH). Memorandum of Agreement between KZNDOH and HWSETA was finalised by the 28<sup>th</sup> February 2019. All learners will receive a certificate of completion and Portfolio of evidence will be collected during 24-month period. Monitoring and Evaluation will be done by HWSETA. Provincial Monitoring and Evaluation visits will be done jointly with HWSETA.

## *Improve Supply of Human Resource for Health*

A total of 300 health professionals were appointed through the Presidential Stimulus Programme using Indirect National Health Insurance (NHI) Grant and Oncology service providers were contracted.

## *Stakeholder Engagements*

National Insurance and Medical Scheme Bills were released on the 21<sup>st</sup> June 2018 for public comments for a period of three months. Three thousand six hundred and twenty six (3626) people have been engaged on NHI and Medical Scheme Bills as from 13 July to 20 November 2018.

The following stakeholders were engaged:

- District Health Management Teams
- Clinic Committees
- Operational Managers
- Religious sector
- Hospital Boards
- Labour Relations
- Nursing Colleges
- MANCO
- Cabinet Sub-Committee Members

Bills are waiting for final approval by the National Cabinet.

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## Strategic Goal 4: Strengthen Human Resources for Health

As part of the Presidential Stimulus Package posts were filled in support of service delivery. It must be noted that the filling of posts is an institutional competence as per the Human Resource Management (HRM) Delegations, however, the posts related to the Presidential Stimulus Package were filled centrally i.e. all recruitment processes were coordinated and discharged from Head Office and the processes unfolded in a seamless manner, despite the massive volumes of applications received. The incumbents assumed duty in the Department in January 2019 to address critical shortfall areas.

The following posts have been filled in the Department in terms of Presidential Stimulus Package:

- 150 Nursing Assistants and 150 Staff Nurses posts have been filled in various Institutions
- 160 General Orderlies (Cleaners) and 160 Porters posts have been filled in various Institutions
- 20 Administrative posts have been advertised (The recruitment process is being finalized)
- 50 Pharmacy Assistant and 15 Artisan posts have been filled in various Institutions
- 124 Medical Interns have been filled in various institutions
- 10 Community Services Physiotherapist posts have been filled in various institutions
- 5 Community services Occupational Therapists posts have been filled in King Cetshwayo, uMkhanyakude and uThukela Districts
- 87 Registrars posts have been filled in eThekweni and uMgungundlovu Districts.

A cohort of students from the Nelson Mandela/ Fidel Castro Medical Collaboration returned in June 2018. The process of welcoming them and placements to various universities went without major complaints or challenges in this regard. The Department awarded 55 external bursaries in January 2019 for scarce skill categories. The Department awarded 283 internal bursaries for staff in January 2019.

The Acting Head: Health approved the extension of both Departmental and HWSETA Internship programmes to 24 months respectively. The payment of stipends to Work Integrated Learners was approved as per the new DPSA Directive on the implementation of Developmental programmes.

The pilot Blended NIMART Programme in uMzinyathi is progressing well. Candidates have completed 20 modules using cell phones and have now begun mentorship at their respective facilities. This model promotes training with minimal time away from the workplace.

All Community Service Professional Nurses (PNs) who commenced in January and February 2019 have been appointed; including PEPFAR funded Professional Nurses. One Hundred and nine (109) Service Obligation PNs, including those who were seconded to training have been placed.

The turn-around time has been improved with regards to SMS posts and the filling of these posts are now timeously done.

Authority has been granted by Provincial Treasury and Office of the Premier for the filling of HR Manager, Finance Manager and Systems Manager posts. HRM Circular (No 67 of 2018 dated 02/09/2018) has been issued to institutions directing them to advertise these posts and they are currently doing so.

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Ten (10) Organisational structures were submitted for approval to Executive Authority. In order to ensure the availability of staff with scarce skills in the Department, the ratio of key personnel per 100 000 populated increased as follows during 2018/19:

- Medical Officers from 26.6 in Q1 to 34.1 in Q4;
- Professional Nurses from 151.1 in Q1 to 153.3 in Q4; and
- Pharmacists from 7.6 in Q1 to 7.9 in Q4.

For 2018/19, 120 Bursaries were awarded for first year nursing students. There were 80 Midwives that graduated against the target of 60. This was made possible through 2 additional Nursing Campuses that commenced training of this programme. A total of 19 418 employees have undergone various training and development initiatives during 2018/19 through the Department's skills development budget.

The final results for Management Performance Assessment Tool (MPAT) 1.7 were received on 08/04/2019. Overall the average score for Human Resource Management Services (HRMS) was  $\geq 3$ . A score of 3 according to the description provided by Department of Planning, Monitoring and Evaluation is "Department is fully compliant with legal/regulatory requirements". There was constant improvement in the HRMS scores from 2016 (average score 2.68), 2017 (average score 3) and 2018 (average score  $\geq 3$ ).

The Department continues to partner with the Office of the Premier and work with other Departments in improving ways to finalise labour cases within the prescribed period.

## **Challenges**

- The constricting funding envelope impacts on the Department's ability to fill critical posts.
- Training initiatives and training intakes are limited due to the shrinking funding envelope.
- Not all jobs in the Department were evaluated due to outstanding Job Evaluation verification results from the DPSA for Administration posts (a DPSA competence) and the non-finalisation of the consultation process with OTP/Premier and DPSA/MPSA in order to evaluate the remaining 1% of posts for Head Office.
- The number of bursaries awarded to first year medical students had to be reduced due to financial constraints experienced by the Department.
- There were bursary holders who were appointed in the fourth quarter to supplement the number of staff; however; the number of appointments was limited due to financial constraints.
- The reviewed process for the filling of posts has a negative impact on service delivery as replacement posts cannot be filled immediately which implies that existing staff have to take on additional workloads which consequently have a negative impact of staff well-being as well as the service delivery backlogs of having unfilled posts.

## **Strategic Goal 5: Improve quality of care**

Infection prevention refers to measures, practices, protocols and procedures that are geared towards preventing the transmission of infection within a healthcare setting. Infection control refers to the investigation and management of an outbreak, thereby preventing further spread of infection within healthcare facilities.

An effective governance structure is critical to not just IPC but any component as it ensures accountability, manages the overall objectives and direction and monitors the effectiveness of the set objectives. IPC committees have been established across all districts and facilities. However, the functionality is inconsistent.

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Poor support by executive management and failure to meet quorum has been cited as a challenge and underlying reason. Terms of reference has been developed for the provincial committee and this will be used to standardise TOR for all IPC committees. District directors have been appointed as chairperson of district IPC committees. Provincial IPC committee members to be appointed in 2019.

Effective policies and evidence based guidelines as critical to efficient implemetation of IPC. IPC and Decontamination policy and Neonatal guideline has been approved. Standard precaution policy , Outbreak policy, Emergency Medical Service guideline and National Hand hygiene Guideline has been developed. Approval turn around time for developed and revised documents remains a challenge and impacts negatively on IPC practice and compliance to NCS. Due to budgetary constraints, provincial training has been limited. Training programmes were developed in all districts. However, further training is required on Hand Hygiene Self Assessment Framework, IPC framework on core components, surveillance, epidemiology, IPC Governance, monitoring and evaluation of IPC. Regional Training Centre will be supporting IPC in 2019/2020 to conduct, “train the trainer” trainings.

Risk reduction is an IPC key focus area. All facilities are required to conduct risk assessments in order to identify, assess and evaluate, develop strategy to mitigate and evaluate risk. Healthcare associated Infection are being monitored in all facilities with reporting to district and provincial IPC. System is labour intensive and not standardised. Tools to address this challenges are being developed.

Fourteen suspected HAI outbreaks were investigated. In all cases, the situation was effectively controlled and managed by the outbreak team from the facility, district and provincial offices. Detection time is proportion to morbidity and mortality. Whilst the number may seem high, this indicates that surveillance and daily monitoring of laboratory results is effective and has been key in preventing further transmission. Neonates remain vulnerable and overcrowding and understaffing has contributed to non-compliance to infection prevention.i.e.hand hygiene. The WHO multi modal strategy has been adopted to improve compliance to hand hygiene.

Monitoring and evaluation of IPC is currently a challenge. Montoring has not been standardised. Current systems do not facilitate effective monitoring of IPC. Data collection tools are currently manual. Standardised indicators have been developed for 2019/20.

Dental restoration is influenced by the availability of resources including dental chairs at PHC level, and the health seeking behaviour of clients.

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## Transfer Payments

Transfer Payments to all Organisations other than Public Entities.

**Table 13: Transfer payments for the period 1 April 2018 to 31 March 2019**

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 R'000	Reasons for funds unspent by the Entity
Municipality	Local Government	To render Health Care Services	Yes	R215 276 390	R215 276 390	NA

**Table 14: Transfer payments budgeted for period 1 April 2018 to 31 March 2019**

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
Municipality	Local Government	To render Health Care Services	R213 394 000	R215 276 390	NA

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## Conditional Grants

Note: NHI Conditional grant for the KZN NHI Districts ended in the 2016/17 financial year

Table 15: Comprehensive HIV and AIDS Grant

Name of the Grant	Comprehensive HIV / AIDS Grant		
Department who transferred the Grant	National Department of Health		
Purpose of the Grant	To enable the health sector to develop and implement an effective response to HIV/AIDS, TB and STIs. (source 2017 HIV/ AIDS and TB conditional grant framework)		
Expected outputs of the Grant and actual achievements.	Indicators	Expected Outcomes	Actual Achievements
	Number of facilities offering ART	No Target	945
	Number of new patients that started treatment on ART	204 174	203 565
	Number of patients on ART remaining in care	1 444 558	1 387 688
	Number of antenatal clients initiated on ART	43 980	26 972
	Number of beneficiaries served by Home-Based Carers	2 515 440	2 419 200
	Number active Home-Based Carers receiving stipends	10,481	10,080
	Number of male condoms distributed	220 917 212	111 028 599
	Number of female condoms distributed	6 141 076	3 397 759
	Number of HTA intervention sites (cumulative)	465	99
	Number of HIV positive patients that started on IPT	137 544	132 220
	Number of active lay counsellors on stipends	1967	1 779
	Number of clients tested for HIV (including antenatal)	2 982 771	3 700 196
	Number of health facilities offering MMC services	80	423
	Number of MMCs performed	147 414	215 248
	Number of babies PCR tested around 10 weeks	44 400	53 330
	Number of sexual assault cases offered ARV prophylaxis	2 368	4 401
	Number of Doctors trained on HIV/AIDS, STIs, TB and chronic diseases	237	179
Number of Professional Nurses trained on HIV/AIDS, STIs, TB and chronic diseases	4750	3167	
Number of HIV positive clients screened for TB	1 319 597	302 259	
Amount per amended DORA (R'000)	R 5 677 225		
Amount received (R'000)	R 5 677 225		
Reasons if amount as per DORA was not received	N/A		
Amount spent by the Department (R'000)	R 5 677 225		

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Name of the Grant	Comprehensive HIV / AIDS Grant
Reasons for the funds unspent by the entity	The grant was fully spent.
Reasons for deviations on performance	<ol style="list-style-type: none"> <li>1. The number of clients initiated on ART programmes is encouraging as KZN has saved more than 1.3 million lives by placing them on treatment.</li> <li>2. The CCMD program is a concept that KZN has implemented, however has its own challenges that need to be addressed.</li> <li>3. Although remarkable strides have been made towards the epidemic control of TB and HIV, there are still gaps in the TB and HIV care cascades.</li> <li>4. HIV Testing services have improved over the years but viral load completion remains a challenge much as we are performing reasonably well with viral load suppression.</li> <li>5. The HAST programmes have done well generally but the challenges in the healthcare systems are failing the programme. The gaps identified in healthcare system which affect HAST programmes are the poor infrastructure (shortage of space and overcrowding in clinics) as well as shortage of staff in clinics resulting in delays in rendering services.</li> <li>6. The additional resources provided by the grant for personnel have been fruitfully utilized to strengthen services, particularly at primary care level however recruitment of suitably trained staff, namely doctors, nurses and pharmacists has hampered the filling of posts.</li> </ol>
Measures taken to improve performance	<ol style="list-style-type: none"> <li>1. The Province has been able to infiltrate the male sector with prevention and screening programmes. This was evident by thousands of men circumcised and others serviced at HTA sites. Isibaya Amadoda Project has been a huge success on the programme and aided in the success of exceeding the target.</li> <li>2. Millions of KZN citizens now know their status and many were channelled to the Pre-ART and ART programmes.</li> <li>3. Facility visits were conducted to ensure that challenges encountered at facility level were addressed timeously.</li> </ol>
Monitoring mechanism by the receiving Department	<ol style="list-style-type: none"> <li>1. Quarterly financial and non-financial reviews were conducted on the HIV/AIDS &amp; TB Conditional Grant.</li> <li>2. District quarterly visits were also conducted as technical support from the Provincial Office and Quarterly M&amp;E Platforms were held to present impact made by the programme and corrective measures taken.</li> <li>3. Financial management is performed by means of cash flow monitoring, which takes place monthly, quarterly and annually.</li> </ol>

**Table 16: National Tertiary Services Grant**

Name of the Grant	National Tertiary Services Grant
Department who transferred the Grant	NDOH
Purpose of the Grant	Ensure provision of Tertiary Health Services in SA. Compensate tertiary facilities for the additional costs associated with the provision of these services
Expected outputs of the Grant	refer table below
Actual outputs achieved	Refer table below
Amount per amended DORA (R'000)	R1 794 750 000
Amount received (R'000)	R1 794 750 000
Reasons if amount as per DORA was not received	NA



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Name of the Grant		National Tertiary Services Grant				
Amount spent by the Department (R'000)		R1 794 750 000				
Reasons for the funds unspent by the entity		NA				
Reasons for deviations on performance		NA				
Measures taken to improve performance		NA				
Monitoring mechanism by the receiving Department		Refer Comments below				
Funded hospitals	Budget allocation '000	Inpatient separations	Day patient separation	Outpatient 1 <sup>st</sup> attendance	Outpatient follow up	In-patient days
IALCH	R 821 368 000	23 172	39 300	54 310	124 558	202 436
Grey's Hospital	R 439 483 000	12 300	10 997	21 406	77 368	84 794
KEH	R 420 356 000	9555	7395	31467	51089	64420
Ngwelezane	R 112 613 000					
Prov. Office	R 930 000					
<b>Totals</b>	<b>R1 794 750 000</b>	<b>46 317</b>	<b>54 204</b>	<b>108 099</b>	<b>254 404</b>	<b>357 247</b>

### COMMENTS on DATA ANALYSIS:

**IALCH: In-patient days** due to increased patient demand in Intensive Care, Neurosurgery, Cardiothoracic surgery, Obstetrics & Gynaecology- Tertiary/Specialized Orthopaedics - Complex

**Day patient separations** reflect an increase due to more dialysis sessions in Nephrology -Renal Dialysis and Oncology - Radiotherapy.

**Outpatients follow up** – increases in the out patients due to the timeous follow up in the respective clinics

**Greys Hospital: In patient days** admissions increased in the following O&G, Orthopaedics – General, Neonatal ICU, Specialized Neonatal Surgery and Intensive Care.

**Inpatient separations, Outpatient 1<sup>st</sup> visit and Outpatient Follow-up visit** In general all data elements are high because of increased patient demand.

**KEH: Day patient, Inpatient Days, Inpatient Separation, Outpatient 1<sup>st</sup> visit and Outpatient Follow-up visit:** decreased due to staff shortage, Operating Theatre and the closing down of medical and surgical wards due to storm damage thus certain clinics had to limit number of patients attending. Increase patient demand in O&G, Orthopaedics Complex, Orthopaedics General, Cardio General and Clinical Haematology necessitated transferring patients to other hospitals.

**Table 17: Social Sector EPWP Incentive Grant for Provinces**

Name of the Grant	EPW Integrated Grant to Province
Department who transferred the Grant	National department of Public Works
Purpose of the Grant	To incentivise Provincial Departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with the EPWP guidelines i.e. road maintenance and the maintenance of buildings.

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Name of the Grant	EPW Integrated Grant to Province
Expected outputs of the Grant	4 971 Work opportunities created
Actual outputs achieved	3747 jobs created
Amount per amended DORA (R'000)	R10 313
Amount received (R'000)	R10 313
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R10 313
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	N/A

**Table 18: Health Facility Revitalisation Grant**

Name of the Grant	Health Facility Revitalisation Grant
Department who transferred the Grant	National Department of Health
Purpose of the Grant	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	11 New and replaced projects completed 14 Upgrade and addition projects completed 12 Renovation and refurbishment projects completed
Actual outputs achieved	R 1 401 988
Amount per amended DORA (R'000)	R1 401 988
Amount received (R'000)	R1 401 988
Reasons if amount as per DORA was not received	N/A
Amount spent by the Department (R'000)	R1 401 988
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	N/A

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## Donor Funds

Table 19: 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)	R26
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)	R2,373
Amount spent by the Department (R'000)	R770
Reasons for the funds unspent	This project has progressed well
Monitoring mechanism by the Donor	Progress reports submitted.
	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 26
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

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Name of donor	Impumelelo 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/AIDS 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
Expected outputs	Awardees receive funding as prize money.
Actual outputs achieved	N/A
Amount carried over (R'000)	R2
Amount spent by the Department (R'000)	R0
Reasons for the funds unspent	Bank account details for recipients were not received
Monitoring mechanism by the Donor	None

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## Capital Investment

Table 20: Capital Investment, Maintenance and Asset Management Plan

Infrastructure Projects	2018/19			2017/18		
	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	756 422	804 330	(47 908 )	902 032	902 032	-
Existing infrastructure assets	939 176	891 268	47 908	560 703	560 703	-
Upgrades and additions	220 049	250 275	(30 226 )	85 845	85 845	-
Rehabilitation, renovations & refurbishment	319 047	244 419	74 628	109 106	109 106	-
Maintenance and repairs	400 080	396 574	3 506	365 752	365 752	-
Infrastructure transfer				-	-	-
Current	400 080	396 574	3 506	365 752	365 752	-
Capital	1 295 518	1 299 024	(3 506 )	1 096 983	1 096 983	-
<b>Total</b>	<b>1 695 598</b>	<b>1 695 598</b>	-	<b>1 462 735</b>	<b>1 462 735</b>	

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## PROGRAMME 1 - ADMINISTRATION

### Programme Description & Purpose

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 administrative support, and public relations, communication and parliamentary support

#### ***Sub-Programme 1.2: Office of the Head: Health (all Head Office Components)***

Policy formulation, overall leadership, management and administration support of the Department and the respective districts and institutions within the Department.

### Strategic Objectives, Performance Indicators, Targets and Achieve

#### **SO 1.4 Improve Health technology and information management**

- The department has made progress in connectivity for hospitals as well as clinics and has exceeded the targets. 58.3% (42/72) of the hospitals were targeted and 66.7% (48/72) was achieved. The target for clinics was 29.9% (164/610) and it was exceeded with an achievement of 36.5% (222/608). IT Technicians were available to support IT equipment maintenance in the department during 2018/19.
- Deployment and configuration of LTE Routers to 541 sites has been in progress during the 2018/19 financial year, despite the challenges that few clinics with limited network reception (none/EDGE/2G) might still not have adequate broadband access.

#### **SO 4.1 Improve human Resources for health**

- The following posts have been filled in the Department in terms of Presidential Stimulus Package.
  - 150 Nursing Assistant and 150 Staff Nurse posts were filled in various Institutions.
  - 160 General Orderly (Cleaner) and 160 Porter posts were filled in various Institutions.
  - 20 Administrative posts were advertised.
  - 50 Pharmacy Assistant and 15 Artisan posts were filled in various Institutions.
  - 124 Medical Intern posts were filled in various institutions.
  - 10 Community Service Physiotherapist posts were filled in various institutions.
  - 5 Community service Occupational Therapist posts were filled in King Cetshwayo, UMkhanyakude and UThukela Districts.
  - 87 Registrar posts were filled in EThekweni and uMgungundlovu Districts.
  - 10 Organisational structures were submitted for approval to Executive Authority.

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**Table 21: Customised Performance Indicators**

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Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 1.2: Improve financial management and compliance to prescripts</b>							
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	Qualified	Unqualified	Qualified	Not achieved	See Auditor-General's report: Page 224 Annual Financial Statements and Performance Information.
<b>Strategic Objective 1.4: Improve health technology and information management</b>							
1.4.1) Connectivity established at 40% public health facilities by March 2020	2. Percentage of hospitals with broadband access	Network reports that confirm availability of broadband	52.1%	58.3%	66.7%	14.4%	Equipment was deployed to 3 sites Pietermaritzburg, Durban and Ulundi.
	<i>Total number of Hospitals with minimum 2 Mbps connectivity</i>	<i>Network reports that confirm availability of broadband</i>	38	42	48		
	<i>Total number of public hospitals</i>	<i>DHIS</i>	73	72	72		
	3. Percentage of fixed PHC facilities with broadband access	Network reports that confirm availability of broadband	21.5%	26.9%	36.5%	35.7%	LTE Routers configuration improving broadband access at PHC facilities
	<i>Number of PHC facilities that have access to at least 1 Mbps connectivity</i>	<i>Network reports that confirm availability of broadband</i>	131	164	222		

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Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
	<i>Total number of fixed PHC facilities</i>	<i>DHIS</i>	<i>610</i>	<i>610</i>	<i>608<sup>6</sup></i>		
<b>Strategic Objective 1.3: Improve Supply Chain Management</b>							
1.3.1) Costed annual Procurement Plan for minor and major assets by the end of April in each reporting year	4. Approved Annual Procurement Plan	Procurement Plan	Approved Annual Procurement Plan	Approved and costed Plan	Approved Plan	0%	No deviation
<b>HUMAN RESOURCE MANAGEMENT SERVICES</b>							
<b>Strategic Objective 4.1: Improve human resources for health</b>							
4.1.2) Review and approve macro and micro structures aligned to function	5. Number of organisational structures reviewed & submitted for approval	HRMS; approved structures	14	10	10	0%	No deviation
4.1.3) Implement the Community Based Training in a PHC Model in collaboration with the UKZN with Phase 1 pilot commencing in 2016/17	6. Implement Community Based Training in a PHC Model	Community Based Training in a PHC Model Business Plan	Phase 2 implemented in King Cetshwayo, Amajuba and Port Shepstone Districts	Implement Model	Model Implemented	0%	No deviation. 100% district master trainers trained in facilitation of Ward Based Primary Health Care Outreach Team (WBPHCOT) and Community Oriented Primary Care (COPC)
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 population	Persal Stats SA	26.7	27.7	34	23%	The Department was able to employ more Medical Practitioners (Registrars) due to the Presidential Stimulus Package. The Department also appointed additional Medical Interns, Community Services and filled other critical Medical Practitioner posts.
	<i>Number of Medical Officers posts filled</i>	<i>Persal</i>	<i>3 012</i>	<i>3 165</i>	<i>3 879</i>		
	<i>Total KZN population</i>	<i>Stats SA (DHIS)</i>	<i>11 267 436</i>	<i>11 417 133</i>	<i>11 417 126</i>		

<sup>6</sup> Network reports that confirm availability of broadband use 608 as the denominator



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Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
	8. Professional Nurses per 100,000 population	Persal Stats SA	151.7	153.5	153	(0.33%)	The limited and constricted funding envelope impacts on the Department's ability to fill critical posts.
	<i>Number of Professional Nurses posts filled</i>	<i>Persal</i>	<i>17 090</i>	<i>17 525</i>	<i>17 444</i>		
	<i>Total KZN population</i>	<i>Stats SA (DHIS)</i>	<i>11 267 436</i>	<i>11 417 133</i>	<i>11 417 126</i>		
	9. Pharmacists per 100,000 population	Persal Stats SA	7.7	7.4	7.9	6.8%	Institutions are able to attract and fill posts. Placement of bursary holders assisted in the filling of posts.
	<i>Number of Pharmacists posts filled</i>	<i>Persal</i>	<i>869</i>	<i>850</i>	<i>898</i>		
	<i>Total KZN population</i>	<i>Stats SA (DHIS)</i>	<i>11 267 436</i>	<i>11 417 133</i>	<i>11 417 126</i>		
<b>Strategic Objective 4.2: Improve Performance Management and Development</b>							
4.2.1) All personnel comply with performance management requirements from March 2016 onwards	10. Number of Hospital Managers who have signed Performance Agreements (PAs)	EPMDS Database; Signed PAs	73	72	73	1.4%	Inclusive of St Mary's Marianhill which was taken over by the Province late in 2017/18 financial year.  Although all CEO posts are not filled, Managers acting in those posts have complied with PMDS.
	11. Number of District Managers who have signed PAs	EPMDS Database; Signed PAs	13	12	12	0%	No deviation
	12. Percentage of Head Office Managers (Level 13 and above) who have signed PAs	EPMDS Database; Signed PAs	100%	100%	98%	(2%)	1 Manager did not sign due to displacement
	<i>Head Office Managers (level 13 and above) who signed PAs in reporting cycle</i>	<i>EPMDS database; Signed PAs</i>	<i>64</i>	<i>64</i>	<i>63</i>		

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Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
	<i>Number of Head Office Managers (level 13 and above)</i>	<i>Persal</i>	64	64	64		
<b>PLANNING, MONITORING &amp; EVALUATION</b>							
<b>Strategic Objective 1.1: Approve the integrated 2017 – 2027 Long Term Plan</b>							
1.1.1) 2017 – 2027 Strategic Position Statement and Long Term Plan approved by March 2019	13. Approved 2017-2027 Long-Term Plan	Approved Long Term Plan	2017 – 2027 Long Term Plan not finalised	Approved 2017-2027 Long-Term Plan	Plan not finalised	(100%)	Timelines were reviewed as per the new term of government. Concept document was developed as a target for the financial year as proposed at the last planning session.
<b>SPECIALISED SERVICES AND CLINICAL SUPPORT</b>							
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>							
1.7.2 Hospital Rationalisation Plan approved by September 2018	14. Approved Hospital Rationalisation Plan	Approved Hospital Rationalisation Plan	Not finalised	Approved Hospital Rationalisation Plan	Plan not approved	(100%)	Framework for rationalisation was instead proposed at the last planning session.
<b>Strategic Objective 5.2) Improve quality of care</b>							
5.2.5) 100% Public health hospitals score more than 75% on the Food Service Monitoring Standards Grading System (FSMSGs) by March 2020	15. Percentage of public health hospitals that scored more than 75% on the Food Service Monitoring Standards Grading System	Food Services Grading Register	51.4%	86.1%	76%	(11.7%)	Late and non-submission of assessment reports. Resource constraints including vacant posts impact on the scores negatively.
	<i>Public health hospitals that score more than 75% on FSMSGs</i>	<i>Food Services Grading Register</i>	37	62	55		
	<i>Number of public health hospitals assessed</i>	<i>Assessment records</i>	72	72	72		

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Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>EXECUTIVE SUPPORT SERVICES</b>							
<b>Strategic Objective 4.1) Improve human resources for health</b>							
4.1.11) Appoint an average of 10 000 CCGs per annum on contract	16. Number of Community Care Givers appointed on contract	CCG database; Persal	10 007	10 000	10 080	0.8%	A National DOH directive indicated that the maximum of appointed CCGs to be capped at 10 808 (due to the required minimum wage increase for CCG).
<b>Strategic Objective 5.2) Improve quality of care</b>							
5.2.6) Conduct at least 40 ethics workshops per annum from 2017/18 onwards	17. Number of ethics workshops conducted	Attendance registers	34	40	34	(15%)	Shortage of facilitators and the availability of participants were inhibiting factors.
<b>Strategic Objective 1.2) Improve financial management and compliance to PFMA prescripts</b>							
1.2.3) Monthly submission of disclosures of donations, sponsorships and gifts as per Circular G15/2016	18. Number of complete submissions of disclosures of donations, sponsorships and gifts submitted to Finance	Gift registers; Reports to Finance	12	12	12	0%	No deviation

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## Changes to planned targets

No official change of targets in the reporting year.

## Strategies to overcome areas of under-performance

- Sustain the availability of medical officers, nurses and pharmacists in the department by timeously filling posts; however this is much dependent on the financial situation of the department.

## Linking performance with budget

Table 22: Budget appropriation and expenditure

Sub-Programmes	2018/19							2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
<b>1.1</b>	<b>Office of the MEC</b>									
	Current payments	22,385	-	-2,633	19,752	19,752	-	100%	20 660	20 660
	Transfers and subsidies	-	-	-	-	-	-	-	60	60
	Payments for capital assets	-	-	-	-	-	-	-	12	12
	Payment for financial assets				-		-	-	-	-
	<b>Total</b>	<b>22,385</b>	<b>-</b>	<b>-2,633</b>	<b>19,752</b>	<b>19,752</b>	<b>-</b>	<b>100%</b>	<b>20 732</b>	<b>20 732</b>
<b>1.2</b>	<b>Management</b>									
	Current payments	732,701	-	9,911	742,612	742,612	-	100%	675,067	675,067
	Transfers and subsidies	7,205	-	-226	6,979	6,979	-	100%	5,833	5,833
	Payments for capital assets	48,916	-	-7,772	41,144	41,144	-	100%	26,671	26,671

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Sub-Programmes	2018/19							2017/18	
	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
Payment for financial assets			371	371	371	-	100%	108,352	108,352
<b>Total</b>	788,822	-	2,284	791,106	791,106	-	100%	815,923	815,923

Source: Annual Financial Statements and BAS

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## PROGRAMME 2 - DISTRICT HEALTH SERVICES

### Programme Description & Purpose

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; coordination and management of 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 and community level including mobile visiting points, mobiles 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, health promotion and education, screening for health conditions, 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 combine nutrition specific interventions to address malnutrition.

##### ***Sub-Programme 2.8: Coroner Services***

Render forensic & medico legal services ***Sub-Programme 2.9: District Hospitals***

Render hospital services at General Practitioner level.

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## Strategic Objectives, Performance Indicators, Targets and Achievements

### **SO 1.5) Accelerate implementation of PHC re-engineering**

Community outreach services have increased during 2018/19 from 135 to 146 Ward Based Outreach Teams (WBOTs) and Integrated School Health Teams (ISHTs) from 199 to 206. The functionality of these teams is a challenge, due to a shortage of available vehicles and the filling of nursing posts. Overall community outreach services contributed 21.1% of the total headcount (7 591 101 of 35 960 065) and increased by 988 396 patients accessing services at this level of care.

There has been increase of 40 764 under 5's accessing services at PHC level with a further 1 927 421 consulted at community level through community outreach programmes. This has had a direct impact on improving under 5 health outcomes with the incidence of SAM, pneumonia and diarrhoea with dehydration. Full immunisation coverage and measles 2<sup>nd</sup> dose coverage for under 1's has also improved during the 2018/19 cycle.

### **SO 1.7) Improve hospital efficiencies**

#### *Complaints for district hospitals*

The Province is on target except for King Cetshwayo 60%, eThekweni 61%, Harry Gwala 72% and UMgungundlovu 79%. There is a query about performance of eThekweni regarding these two indicators; their resolution within 25 days is sitting at 96.1% when their resolution rate is 61%.

Not all District Hospitals perform caesarean section in terms of safety caesarean section standards. Worst performing districts are UGu 37%, Amajuba 32.3% and Ilembe 31%.

District Hospital Litigation In terms of litigation District Hospitals lost about R121 728 780.96.

Hospitals rationalisation plan will reconfigure the hospitals to ensure that hospitals are within the norm in terms of BUR. It is very difficult to list the names of the hospitals that are below 50% as we only receive reports from Districts it can be said that this year only two districts were below 50% that is King Cetshwayo and Ilembe Districts. The domains that have pressure are mental health wards, orthopaedic wards and medical wards.

ALOS - Overall performance is positive, but challenges remain with:-

- Chronic patients presenting late with complications
- Long stays due to social problems
- Failure to adhere to admission and discharge criteria, in some facilities
- Mental Health patients who are awaiting admission in an Acute Psychiatric Hospital
- Average length of stay target is 5.6 days and actual performance 5.4 days. Department on target
- BUR target 60.2% and actual performance is 59.5%
- Cost of PDE TARGET IS 2 542 and actual performance is 2 582
- OPD head count total target is 2 309 775 and actual performance 2 041 042
- OPD not referred new target is 408 616 and actual performance 415 274

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The distribution of male condoms, proved to be a challenge in 2018/19, due to the unavailability of the condom distributor service provider. The capturing of this data, has also proven to be a challenge, which is reflected in the low number of condoms distributed. Despite these challenges a further 35.5 million (46.9%) additional condoms were distributed when compared to 2017/18.

Umgungundlovu (23 million) and eThekweni (22.7 million) continue to distribute the most condoms provincially and exceeded last year's figures significantly (11.6 million condoms distributed for Umgungundlovu and 9.1 million condoms distributed for eThekweni during 2017/18).

As expected, eThekweni have the highest number of patients on ART at 437 770, followed by Umgungundlovu at 157 610.

During 19/20, viral load suppression rate will be actively monitored as this the last 90 in the HIV / AIDS strategy.

## **SO 2.4) Improve TB Outcomes**

Previously the outcomes of the TB programme were monitored through Smear Positive Pulmonary TB outcomes only. From 2018/19, all TB cases (pulmonary and extrapulmonary TB) are now included in the outcomes, and the target used was based on smear positive pulmonary TB cases.

The outcomes of the TB programme have been hampered by a high TB death rate, a high lost to follow up rate and high unevaluated cases during 2018/19 which has impacted on the TB success rate. The high rate of unevaluated cases is a result of the interoperability of the TIER.net and ETR. Net. as two data bases have different treatment outcome algorithms. The screening and identification of TB clients has to be improved during 19/20 to improve outcomes. TB patients are presenting late at hospitals with a poor prognosis, due to missed opportunities and poor screening at PHC level. The TB notification rate (incidence) has increased from 481 / 100 000 to 507.3 / 100 000 indicating that the implementation of the Finding missing TB patients strategy has yielded results.

Retention to care for TB remains a challenge with a lost to follow up rate of 6.7% up from 4.7% (2018/19) as a result of resource constraints with the TB programme. TB Death rate has also increased from 3.2% (2018/19) to 6.2% with 3 593 TB patients dying.

IT Infrastructural challenges and the capturing and processing of data with the change over to the TIER.Net information system have hindered progress, as provincial reports are not available so data has to be captured on two parallel systems until such time as the provincial glitch is resolved.

There is a slight decline in the neonatal death in facility rate from 12.4 / 1000 (2017/18) to 11.5/1000 (2018/19), although this improvement is threatened due to ongoing overcrowding and under staffing which mostly result in sepsis outbreaks. On-going hand washing must be strengthened.

The target for this indicator is 0.5% for 19/20, for which the Department is on track to achieve.

## **SO 2.6) Reduce under -5 mortality**

The recording of data during catch up campaigns continues to be a challenge which reflects on Under 1 indicators. Immunisation and measles 2<sup>nd</sup> dose coverage have improved from 2017/18 due to the increase in under 5 PHC utilisation rate and the outreach programmes aimed at ECD (Early Childhood Development) sites. Actual immunization coverage performance in 2018/19 is 90.8% from 81.5% in 17/18. Lots of catch-up drives



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and the sustainability thereof especially at the Early Childhood Development (ECD) sites, hard to reach areas and community mushroom points

Late presentation of sick children at facility level due to social challenges and lack of health education impacts on the prognosis and ultimately the outcome of health services for children under 5 years. Misclassification, and poor implementation of IMCI (Integrated Management of Childhood illnesses) at PHC level, also impact on health outcomes for children.

Community outreach to continue to be prioritised with CCG's to promote and educate on personal hygiene. Exclusive breastfeeding will also be promoted to reduce diarrhoea and pneumonia incidence.

The number of children fully immunised has increased from 208 294 in 2017/18 to 233 732 in 2018/19, an additional 44 216 children.

Measles 2<sup>nd</sup> Dose coverage actual performance in 17/18 was 77.5%. Target was not achieved in 2018/19; however coverage has been improved due to the effective vaccine management system and supervision that's being implemented at facility level.

There has been an improvement from 40% to 71% for Vitamin A coverage in the last 5 years due to CCG outreach in communities and ECD activities. The challenge has been to ensure CCG data is captured at facility level.

Case fatality remained at 2% in 2018/19 for diarrhoea with dehydration. There were lots of cases that access health service late and very little could be done to save them, delays in transfers between clinics and hospitals, poor care on arrival in hospital and inadequate or infrequent review of dehydrated children in the wards. Community engagements are required.

Deaths from Pneumonia decreased a little from 2.5% in 17/18 to 2.3%. Improved triaging in hospitals and IMCI in clinics contributed to this improvement. Promising slight decline in the Pneumonia under 5 years incidence however Community activities as well as IMCI need to be strengthened.

## ***SO 2.9) Reduce the morbidity and mortality of non-communicable diseases***

Active case finding commenced in 2018/19 due to the National Screening Campaign, which has improved the number of patients screened for diabetes and hypertension. The accurate recording of data continues to be a challenge with regards to screening, as does the quality of screening by clinical staff for chronic underlying conditions.

## ***SO 2.10) Eliminate malaria***

The provision of testing facilities and treatment services at border posts by the NGO Humana People to People has improved the case fatality rate significantly, in 2018/19 there were 7 deaths due to malaria compared with 26 in 2017/18, although the incidence has increased.

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There has also been a joint initiative between various stakeholders in South Africa, Mozambique and Swaziland, including international malaria control programmes and teams, to try and control and eliminate malaria.

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**Table 23: (DHS1) District Health Service – 2018/19 (DHIS)**

Health District	Facility Type	Number of facilities	Total PHC headcount 2018/19	Per Capita Utilisation 2018/19	District Population (DHIS 2018/19)
UGu	Mobiles	17	2 166 902	2.8	783 046
	Fixed Clinics (including satellite)	52 <sup>7</sup>			
	CHCs	2			
	<b>Total Fixed Clinics</b>	<b>54</b>			
	District Hospitals	3			
UMgungundlovu	Mobiles	16 <sup>8</sup>	2 556 953	2.2	1 158 614
	Fixed Clinics	50			
	CHCs	3			
	<b>Total Fixed Clinics</b>	<b>53</b>			
	District Hospitals	2			
uThukela	Mobiles	14	1 742 934	2.3	757 949
	Fixed Clinics	36			
	CHCs	1			
	<b>Total Fixed Clinics</b>	<b>37</b>			
	District Hospitals	2			
uMzinyathi	Mobiles	13	1 470 290	2.6	573 446
	Fixed Clinics	53			
	CHCs	1			
	<b>Total Fixed Clinics</b>	<b>54</b>			
	District Hospitals	4			
Amajuba	Mobiles	8	1 084 188	1.9	577 796
	Fixed Clinics	25			
	CHCs	1			
	<b>Total Fixed Clinics</b>	<b>26</b>			
	District Hospitals	1			

<sup>7</sup> Port Shepstone Gateway Clinic opened in 2018.

<sup>8</sup> Includes 1 Local Government funded mobile

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Health District	Facility Type	Number of facilities	Total PHC headcount 2018/19	Per Capita Utilisation 2018/19	District Population (DHIS 2018/19)
Zululand	Mobiles	20	2 335 898	2.7	880 644
	Fixed Clinics	73 <sup>9</sup>			
	CHCs	1			
	<b>Total Fixed Clinics</b>	<b>74</b>			
	District Hospitals	5			
uMkhanyakude	Mobiles	19 <sup>10</sup>	2 401 201	3.4	696 042
	Fixed Clinics	58			
	CHCs	1			
	<b>Total Fixed Clinics</b>	<b>59</b>			
	District Hospitals	5			
King Cetshwayo District	Mobiles	16	2 848 844	2.9	998 052
	Fixed Clinics	63			
	CHCs	1			
	<b>Total Fixed Clinics</b>	<b>64</b>			
	District Hospitals	6			
iLembe	Mobiles	11	1 697 833	2.4	704 964
	Fixed Clinics	34			
	CHCs	2			
	<b>Total Fixed Clinics</b>	<b>36</b>			
	District Hospitals	3			
Harry Gwala	Mobiles	14	1 295 234	2.5	515 069
	Fixed Clinics	39			
	CHCs	1			
	<b>Total Fixed Clinics</b>	<b>40</b>			
	District Hospitals	4			

<sup>9</sup> Siloah Clinic opened in 2018

<sup>10</sup> Includes 1 private sector funded mobile service

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Health District	Facility Type	Number of facilities	Total PHC headcount 2018/19	Per Capita Utilisation 2018/19	District Population (DHIS 2018/19)
eThekweni	Mobiles	24	8 768 687	2.3	3 771 505
	Fixed Clinics (including LG/satellite)	105			
	CHCs (including LG)	7 PDoH 1 LG			
	<b>Total Fixed Clinics</b>	<b>113<sup>11</sup></b>			
	District Hospitals	4 <sup>12</sup>			
Province	Mobiles	172	28 368 964	2.5	11 417 126
	Fixed Clinics (including LG and satellite clinics)	588			
	CHCs (including LG)	22			
	<b>Total Fixed Clinics</b>	<b>610</b>			
	District Hospitals	39 <sup>13</sup>			

<sup>11</sup> Does not include Commercial City Family Planning Clinic or Phoenix Assessment Centre

<sup>12</sup> This figure includes McCords Hospital that provides specialised eye services, and excludes King Dinuzulu Hospital that provides District Hospital services for eThekweni

<sup>13</sup> This figure includes McCords Hospital in eThekweni, that provides specialised eye services and excludes King Dinuzulu Hospital that provides District Hospital services for eThekweni

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## Primary Health Care

Table 24: (DHS2) Situation Analysis Indicators – 2018/19

APP 2018/19: Page 82; Table 24 (DHS 2)

Indicators	Type	Provincial 2018/19	UGu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umzinyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/19	Ilembe 2018/19	Harry Gwala 2018/19	eThekwini 2018/19
1. Ideal clinic status rate <sup>14</sup>	%	75.6%	61.1%	88.7%	81.1%	100%	100%	85.1%	78%	56.3%	83.3%	70%	60.2%
<i>Ideal clinic status</i> <sup>15</sup>	No	461	33	47	30	54	26	63	46	36	30	28	68
<i>Fixed clinics plus fixed CHCs</i>	No	610	54	53	37	54	26	74	59	64	36	40	113
2. PHC utilisation rate - Total	Rate	2.5	2.8	2.2	2.3	2.6	1.9	2.7	3.4	2.9	2.4	2.5	2.3
<i>PHC headcount total</i>	No	28 368 964	2 166 902	2 556 953	1 742 934	1 470 290	1 084 188	2 335 898	2 401 201	2 848 844	1 697 833	1 295 234	8 768 687
<i>Population total</i>	No	11 417 126	783 046	1 158 614	757 949	573 446	577 796	880 644	696 042	998 052	704 964	515 069	3 771 505
3. Complaint resolution within 25 working days rate	%	95.7%	95.9%	91%	81.6%	88%	96.4%	98.5%	97.1%	97.6%	94.7%	91.9%	97.4%
<i>Complaints resolved within 25 working days</i>	No	3 824	304	203	124	117	159	256	829	244	108	148	1 332
<i>Total number complaint resolved</i>	No	3 996	317	223	152	133	165	260	854	250	114	161	1 367

<sup>14</sup> This indicator was manually calculated based on the raw data below.

<sup>15</sup> Data extracted from the Ideal Clinic Realisation and Maintenance Programme (ICRM) KZN Quarter 4 Report for 2018/19

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**Table 25: Strategic Objectives, Indicators & Targets**

APP 2018/19: Page 84; Table 26 (DHS 3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 1.6: Scale up implementation of Operation Phakisa ICRM</b>							
1.6.1) 100% Provincial fixed PHC facilities score above 70% on the Ideal Clinic Dashboard by March 2020	1. Ideal clinic status rate	Assessment records; Ideal Clinic dashboard; DHIS	New indicator	87%	75.6%	(13%)	Daily practices and the supervision continue to be the main challenge identified with regards to clinics regressing in Ideal Clinic status.  Infrastructure challenges also impact on the clinics' ability to achieve Ideal clinic status with specific relevance to ex-municipal clinics.
	<i>Ideal clinic status</i>	<i>Assessment records; DHIS</i>	-	531	461		
	<i>Fixed clinics plus fixed CHCs</i>	<i>DHIS</i>	-	610	610		
<b>Strategic Objective 1.5: Accelerate implementation of PHC re-engineering</b>							
1.5.3) PHC utilisation rate of at least 2.5 visits per person per year by March 2020	2. PHC utilisation rate - total (annualised)	DHIS	2.5	2.6 <sup>16</sup>	2.5	(3.8%)	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy.  Inadequate and unsafe vehicles affecting mobile clinic operations.
	<i>PHC headcount total</i>	<i>PHC Tick Register</i>	28 403 348	29 200 245	28 368 964		
	<i>Population total</i>	<i>DHIS/ Stats SA</i>	11 267 436	11 417 132	11 417 126		
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>							
5.1.7) Sustain a 95% (or more) complaint	3. Complaint resolution within 25 working days rate	Complaints Register; DHIS	94.7%	96%	95.7%	(0.3%)	Complaints Management Committees not functional in some areas.

<sup>16</sup> Targets for the MTEF are based on fixed facility headcount only (excluding headcount from community based outreach services)

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APP 2018/19: Page 84; Table 26 (DHS 3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
resolution within 25 working days rate in all public health facilities from March 2020 onwards	<i>Complaint resolved within 25 working days</i>	<i>Complaints Register</i>	3 582	4 104	3 824		
	<i>Complaint resolved</i>	<i>Complaints Register</i>	3 781	4 275	3 996		
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	4. Complaint resolution rate	DHIS	89.8%	93%	94.5%	1.6%	Provincial QA conducted a roadshow on compliance with national guidelines on complaints management and Patient Safety Incidence (PSI).
	<i>Complaint resolved</i>	<i>Complaints Register</i>	3 781	4 275	3 996		
	<i>Complaint received</i>	<i>Complaints Register</i>	4 212	4 596	4 227		
<b>Strategic Objective 2.1: Increase life expectancy at birth</b>							
2.1.1) Increase the total life expectancy to 61.5 years by March 2020	5. Life expectancy at birth - Total	Stats SA Mid-year population estimates	60.7 years <sup>17</sup>	61.1 years	60.9 years	(0.3%)	Reporting is based on Stats SA annual projections, which change the baseline year on year. It is therefore not possible for the Department to project this target with accuracy.
2.1.2) Increase the life expectancy of males to 58.4 years by March 2020	6. Life expectancy at birth - Male	Stats SA Mid-year population estimates	57.8 years	58.1 years	57.7 years	(0.7%)	

<sup>17</sup> 2017 Mid-Year estimates, Stats SA



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APP 2018/19: Page 84; Table 26 (DHS 3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
2.1.3) Increase the life expectancy of females to 64.5 years by March 2020	7. Life expectancy at birth - Female	Stats SA Mid-year population estimates	63.5 years	64 years	64.1 years	0.2%	Social determinants of health include poverty, level of education; unintentional injuries etc. also have a significant impact on the quality of life and ultimately on life expectancy.
<b>Strategic Objective 1.5: Accelerate implementation of PHC re-engineering</b>							
1.5.4) Under 5 utilisation rate of at least 3.9 visits per child per year	8. PHC utilisation rate under 5 years (annualised)	PHC Register; DHIS	3.5	3.9 <sup>18</sup>	3.5	(10.3%)	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy  Inadequate and unsafe vehicles affecting mobile clinic operations.
	<i>PHC headcount under 5 years</i>	<i>PHC Register; DHIS</i>	<i>4 640 618</i>	<i>5 129 112</i>	<i>4 681 382</i>		
	<i>Population under 5 years</i>	<i>Stats SA; DHIS</i>	<i>1 339 178</i>	<i>1 330 900</i>	<i>1 330 901</i>		
1.5.6) Increase the expenditure per PHC headcount to at least R 436 by March 2020	9. Expenditure per PHC headcount	DHIS; BAS	R 422	R 405	R 464	(14.6%)	PHC services are demand-driven and therefore it is not possible to predict the performance with 100% accuracy.  Expenditure increased under CHCs impacting on the overall performance.
	<i>Total expenditure PHC (Sub-Programme 2.2, 2.3, 2.6 &amp; 2.7)</i>	<i>BAS</i>	<i>12 000 318</i>	<i>11 816 318</i>	<i>13 156 267</i>		
	<i>PHC headcount total</i>	<i>DHIS</i>	<i>28 403 348</i>	<i>29 200 245</i>	<i>28 368 964</i>		
1.5.7) Increase School Health Teams to 215 by March 2020	10. Number of School Health Teams (cumulative)	Persal; District Management	199	210	206	(1.9%)	There were posts filled towards the achievement of the target despite the challenges which include inability to fill some of the vacant posts (including replacements) and the shortage of vehicles.

<sup>18</sup> Targets for the MTEF are based on fixed facility headcount only (excluding headcount for community-based services)

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APP 2018/19: Page 84; Table 26 (DHS 3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
1.5.2) Increase the number of ward based outreach teams to 160 by March 2020	11. Number of Ward Based Outreach Teams (cumulative) <sup>19</sup>	Persal; District Management	135	150	146	(2.7%)	There is improvement as excess clinic nursing staff having been re-allocated to form part of the WBOT teams in some districts. These teams currently share the limited vehicles the districts have.
1.5.8) Increase the accredited Health Promoting Schools to 350 by March 2020	12. Number of accredited Health Promoting Schools (cumulative)	Accreditation Certificates; Health Promotion Schools Database	370	342	406	18.7%	The result of the collaboration between Health, Social Development and Education departments.
1.5.1) Accelerate implementation of PHC re-engineering by increasing household registration coverage by at least 15% per annum	13. Outreach household registration visit coverage (annualised)	Outreach Registers; DHIS	25.6%	31.4%	22.6% <sup>20</sup>	(28%)	There were challenges noted in the recording of outreach household registration visits
	<i>Outreach households registration visit</i>	<i>Outreach Registers</i>	<i>750 217</i>	<i>797 462</i>	<i>683 483</i>		
	<i>Households in the population s</i>	<i>Stats SA – Community survey</i>	<i>2 915 002</i>	<i>2 539 209</i>	<i>3 021 392</i>		

<sup>19</sup> The 169 wards worst affected by poverty will be targeted first as part of the Poverty Eradication Master Plan

<sup>20</sup> DHIS reflects a calculation value of 22.7% as at 21<sup>st</sup> May 2019. The value reflected in the table, is manually calculated based on the raw data provided by Data Management on 21<sup>st</sup> May 2019

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## District Hospitals

Table 26: (DHS 5) Situation Analysis Indicators - 2018/19

APP 2018/19: Page 90; Table 28 (DHS 5)													
Indicators	Type	Provincial 2018/19	uGu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umzinyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/19	Ilembu 2018/19	Harry Gwala 2018/19	eThekweni 2018/19
1. Hospital achieved 75% and more on National Core Standards self-assessment rate	%	84.6%	100%	50%	100%	100%	100%	100%	100%	100%	33%	75%	50%
<i>Hospital achieved 75% and more on National Core Standards self-assessment</i>	No	33	3	1	2	4	1	5	5	6	1	3	2
<i>Number of hospitals that conducted a National Core Standards self-assessment</i>	No	39	3	2	2	4	1	5	5	6	3	4	4
2. Average length of stay - total	Days	5.4	5.3	5.5	5.5	5.8	4.3	5.3	5.5	6	5.5	4.7	4.6
<i>Inpatient days - total</i>	No	1 787 781	194 623	159 910	109 525	222 155	12 759	262 685	245 400	204 246	65 946	160 313	150 219
<i>½ Day patients</i>	No	17 345	1 015	1 055	575	674	267	2 502	598	612	1 541	937	7 569
<i>Inpatient separations</i>	No	335 059	37 047	29 369	19 905	38 143	3 001	49 555	44 326	33 815	12 208	33 973	33 717
3. Inpatient bed utilisation rate - total	%	59.5%	67.7%	77.1%	66.1%	53.7%	65.4%	61.2%	60.7%	46.4%	48.2%	62.4%	61.4%

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APP 2018/19: Page 90; Table 28 (DHS 5)

Indicators	Type	Provincial 2018/19	uGu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umzinyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/19	Ilembu 2018/19	Harry Gwala 2018/19	eThekweni 2018/19
<i>Inpatient days - total</i>	No	1 787 781	194 623	159 910	109 525	222 155	12 759	262 685	245 400	204 246	65 946	160 313	150 219
<i>½ Day patients</i>	No	17 345	1 015	1 055	575	674	267	2 502	598	612	1 541	937	7 569
<i>Inpatient bed days available</i>	No	3 019 888	288 168	208 111	166 075	413 910	19 710	431 430	404 785	440 920	138 335	257 690	250 755
4. Expenditure per PDE	R	R 2 582 <sup>21</sup>	R 2 384	R 2 378	R 2 502	R 2 584	R 3 849	R 2 672	R 2 623	R 2 480	R 3 407	R 2 559	R 2 653
<i>Expenditure total</i>	R' 000	6 649 557 <sup>22</sup>	664 543	582 621	376 943	777 233	82 529 763	945 812	875 789	767 748	311 610	521 049	758 343
<i>Patient day equivalent</i>	No	2 574 973 <sup>23</sup>	278 699	245 033	150 651	300 780	21 443	353 974	333 932	309 551	91 456	203 640	285 816
5. Complaint resolution within 25 working days rate	%	92%	97.8%	95%	89.1%	76%	100%	88.9%	91.7%	96.6%	98.8%	97.9%	96.1%
<i>Complaint resolved within 25 working days</i>	No	2 265	221	134	204	234	30	168	444	196	82	281	271
<i>Complaint resolved</i>	No	2 462	226	141	229	308	30	189	484	203	83	287	282

<sup>21</sup> This indicator has been manually calculated using the raw data provided below. If the discrepancies regarding the denominator are taken into account for the calculation, the expenditure per PDE would reflect as R 2 415, which is within target.

<sup>22</sup> There is R 184 413 546 expenditure included in this amount with no corresponding PDE (218 318) included in the denominator for King Dinuzulu Hospital. There is no expenditure for McCords included as McCords expenditure reflects under Region (Specialised step-down / chronic).

<sup>23</sup> PDE for McCords (PDE 39 848) is incorrectly included in this figure. PDE for King Dinuzulu (218 318) has been omitted from this data element. The denominator should therefore reflect as 2 753 443.

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Table 27: Strategic Objectives, Indicators and Targets

APP 2018/19: Page 92; Table 30 (DHS 6)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>							
5.1.2) 60% (or more) public health hospitals achieved 75% and more on the National Core Standards (NCS) self-assessment rate by March 2020	1. Hospital achieved 75% and more on NCS self-assessment rate	Self-assessment records; QA records; DHIS	81.8%	39% <sup>24</sup>	84.6%	116.9%	Quality assurance teams are functional and the implementation of Quality Improvement Plans is being monitored continuously. The target was low compared to the actual. The indicator was introduced in 2017/18. Trend analysis was not available at the time of target setting for 2018/19.
	<i>Hospital achieved 75% and more on NCS self-assessment</i>	<i>NCS Assessment records</i>	27	15	33		
	<i>Number of hospitals that conducted a NCS self-assessment</i>	<i>NCS Assessment records</i>	33	38	39		
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>							
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District) 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	2. Average length of stay - total	DHIS	5.4 Days	5.6 Days	5.4 Days	3.6%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. Overall performance is positive, but challenges remain with :- <ul style="list-style-type: none"> <li>Chronic patients presenting late with complications</li> <li>Long stays due to social problems</li> <li>Mental Health patients who are awaiting admission in an Acute Psychiatric Hospital</li> </ul>
	<i>In-patient days - total</i>	<i>Midnight Census</i>	1 724 723	1 820 226	1 787 781		
	<i>½ Day patients</i>	<i>Admission/ Discharge Register</i>	15 484	14 215	17 345		
	<i>Inpatient separations</i>	<i>Admission/ Discharge Register</i>	318 269	327 996	335 059		

<sup>24</sup> The number of hospitals achieving 75% and more, has increased by 6 (numerator) while all hospitals (as opposed to 10 in 17/18) are expected to conduct self-assessments (% target therefore misleading)

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APP 2018/19: Page 92; Table 30 (DHS 6)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	3. Inpatient bed utilisation rate - total	DHIS	57%	60.2%	59.5%	(1.2%)	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy  Hospitals rationalisation processes will reconfigure the hospitals to ensure that hospitals are within the norm in terms of BUR. The domains that have pressure are mental health wards, orthopaedic wards and medical wards
	<i>In-patient days - total</i>	<i>Midnight Census</i>	<i>1 724 723</i>	<i>1 820 226</i>	<i>1 787 781</i>		
	<i>½ Day patients</i>	<i>Admission/ Discharge Register</i>	<i>15 484</i>	<i>14 215</i>	<i>17 345</i>		
	<i>Inpatient bed days available</i>	<i>DHIS</i>	<i>3 038 562</i>	<i>3 045 557</i>	<i>3 019 888</i>		
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>							
1.7.4) Maintain expenditure per PDE within the provincial norms	4. Expenditure per patient day equivalent (PDE)	BAS; DHIS	R 2 589	R 2 542	R 2 582 <sup>25</sup>	(1.6%)	Contributing factors include litigation settlements. Cost drivers include medicine and incorrect staff linkage.  In terms of litigation District Hospitals lost about R121 728 780.96.
	<i>Expenditure total</i>	<i>BAS (R'000)</i>	<i>6 502 577</i>	<i>6 915 092</i>	<i>6 649 557</i> <sup>26</sup>		
	<i>Patient day equivalent</i>	<i>DHIS</i>	<i>2 511 728</i>	<i>2 719 962</i>	<i>2 574 973</i> <sup>27</sup>		
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>							
5.1.7) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March	5. Complaint resolution within 25 working days rate	DHIS; QA Database	92.3%	94%	92%	(2.1%)	Poor classification of complaints and none attendance of redress session by complainant were the main challenges identified.
	<i>Complaints resolved within 25 working days</i>	<i>Complaints Register</i>	<i>1 491</i>	<i>1 918</i>	<i>2 265</i>		

<sup>25</sup> If the discrepancies regarding the denominator are taken into account for the calculation, the expenditure per PDE would reflect as R 2 415, which is within target.

<sup>26</sup> There is R 184 413 546 expenditure included in this amount with no corresponding PDE (218 318) included in the denominator for King Dinuzulu Hospital. There is no expenditure for McCords included as McCords expenditure reflects under Region (Specialised step-down / chronic).

<sup>27</sup> PDE for McCords (PDE 39 848) is incorrectly included in this figure. PDE for King Dinuzulu (218 318) has been omitted from this data element. The denominator should therefore reflect as 2 753 443.

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APP 2018/19: Page 92; Table 30 (DHS 6)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
2020 onwards	<i>Complaints resolved</i>	<i>Complaints Register</i>	1 615	2 040	2 462		
<b>Strategic Objective 2.7: Reduce maternal mortality</b>							
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	6. Complaints resolution rate	DHIS; QA Database	83.4%	87.1%	92.3%	6%	Roadshows conducted on compliance with National Guidelines and Patient Safety Incidence (PSI)
	<i>Complaints resolved</i>	<i>Complaints Register</i>	1 615	2 040	2 462		
	<i>Complaints received</i>	<i>Complaints Register</i>	1 937	2 341	2 667		
2.7.2) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	7. Delivery by caesarean section rate	DHIS	28.5%	27.5%	27.4% <sup>28</sup>	0.36%	Improved client management from early pregnancy, therefore reducing the need for caesarean sections
	<i>Delivery by caesarean section</i>	<i>Theatre Registers</i>	23 618	23 651	23 223		
	<i>Delivery in facility total</i>	<i>Delivery &amp; Theatre Register</i>	82 797	86 002	84 596		
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>							
1.7.5) Reduce the unreferral outpatient department (OPD) headcounts by at least 7% per annum	8. OPD headcount - total	<i>DHIS; OPD Register</i>	2 071 795	2 309 775	2 041 042	11.6%	The decrease in OPD headcount can be attributed to the contribution made by community outreach teams.
	9. OPD headcount not referred new	<i>DHIS; OPD Register</i>	409 980	408 616	415 274	(1.6%)	Limited access to gateway clinics due to unavailability thereof or limited hours of operation

<sup>28</sup> DHIS reflects a value of 27.5%. If the raw data is used in the calculation, the value is 27.4%.

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## HIV, AIDS, STI and TB Control

Table 28: (HIV1) Situation Analysis Indicators – 2018/19

APP 2018/19: Page 98; Table 32 (DHS 8)													
Indicator	Type	Provincial 2018/19	uGu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umkhanyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/19	Ilembu 2018/19	Harry Gwala 2018/19	eThekweni 2018/19
1. ART client remain on ART end of month - total	No	1 387 688	100 856	157 610	87 741	64 341	65 361	107 485	100 709	126 823	78 756	60 236	437 770
2. TB/HIV co-infected client on ART rate	%	86.3%	87.8%	91.9%	91.4%	92.1%	87.7%	89.5%	91.4%	89.2%	84.2%	91.5%	81.6%
<i>TB/HIV co-infected client on ART</i>	<i>No</i>	31 247	2 491	3 045	1 621	1 185	1 136	2 358	1 526	2 748	1 721	1 310	12 106
<i>HIV positive TB client</i>	<i>No</i>	36 204	2 836	3315	1 773	1 286	1 295	2 634	1 669	3 080	2 044	1 432	14 840
3. HIV test done - total	No	3 684 143	331 122	350 475	170 601	234 910	185 686	295 528	182 622	300 485	165 065	218 438	1 249 211
4. Male condoms distributed	No	111 028 599	6 809 469	23 167 104	7 294 000	9 438 000	5 676 000	7 476 000	5 101 800	8 597 600	9 354 000	5 388 000	22 726 626
5. Medical male circumcision - total	No	215 248 <sup>29</sup>	13 490	21 296	12 320	10 135	7 873	14 508	15 447	21 032	7 207	7 669	84 271

<sup>29</sup> The total number of male medical circumcisions performed is reflected here, including neonates. The value that aligns with the National Department of Health definition for MMC is 209 732.



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APP 2018/19: Page 98; Table 32 (DHS 8)													
Indicator	Type	Provincial 2018/19	uGu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umzinyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/19	Ilembu 2018/19	Harry Gwala 2018/19	eThekweni 2018/19
6. TB 5 years and older start on treatment rate	%	104.6%	100.9%	102.9%	118.1%	95.1%	117.7%	97.4%	98.9%	122.1%	103.7%	100.6%	102.5%
<i>TB 5 years and older start on treatment</i>	<i>No</i>	<i>42 918</i>	<i>3 926</i>	<i>4 002</i>	<i>2 205</i>	<i>722</i>	<i>1 753</i>	<i>2 072</i>	<i>1 746</i>	<i>3 988</i>	<i>2 693</i>	<i>1 391</i>	<i>18 420</i>
<i>TB symptomatic client 5 years and older tested positive</i>	<i>No</i>	<i>41 014</i>	<i>3 890</i>	<i>3 891</i>	<i>1 867</i>	<i>759</i>	<i>1 489</i>	<i>2 127</i>	<i>1 766</i>	<i>3 266</i>	<i>2 597</i>	<i>1 383</i>	<i>17 979</i>
7. TB client treatment success rate	%	72.2%	70.6%	78.5%	67.4%	82.8%	66.9%	81.4%	79.9%	70.1%	75.9%	82.2%	67.8%
<i>TB client successfully completed treatment</i>	<i>No</i>	<i>42 178</i>	<i>3 306</i>	<i>3 648</i>	<i>2 260</i>	<i>1 450</i>	<i>1 283</i>	<i>3 476</i>	<i>2 463</i>	<i>4 230</i>	<i>2 873</i>	<i>1 885</i>	<i>15 304</i>
<i>TB client start on treatment</i>	<i>No</i>	<i>58 411</i>	<i>4 685</i>	<i>4 650</i>	<i>3 355</i>	<i>1 752</i>	<i>1 919</i>	<i>4 269</i>	<i>3 083</i>	<i>6 036</i>	<i>3 787</i>	<i>2 294</i>	<i>22 581</i>
8. TB client lost to follow up rate	%	6.5%	7%	5.6%	4.5%	1.8%	6%	3.5%	2.8%	6.8%	8.2%	3.3%	8.3%
<i>TB client lost to follow up</i>	<i>No</i>	<i>3 792</i>	<i>328</i>	<i>259</i>	<i>151</i>	<i>31</i>	<i>116</i>	<i>149</i>	<i>86</i>	<i>412</i>	<i>312</i>	<i>76</i>	<i>1 872</i>
<i>TB client start on treatment</i>	<i>No</i>	<i>58 411</i>	<i>4 685</i>	<i>4 650</i>	<i>3 355</i>	<i>1 752</i>	<i>1 919</i>	<i>4 269</i>	<i>3 083</i>	<i>6 036</i>	<i>3 787</i>	<i>2 294</i>	<i>22 581</i>

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APP 2018/19: Page 98; Table 32 (DHS 8)													
Indicator	Type	Provincial 2018/19	uGu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umzinyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/19	Ilembu 2018/19	Harry Gwala 2018/19	eThekweni 2018/19
9. TB client death rate	%	6.2%	8%	6.2%	6.3%	9.8%	14.3%	8.2%	7.9%	7.9%	5.3%	8%	3.6%
<i>TB client died during treatment</i>	No	3 593	377	289	211	171	274	348	244	475	202	184	818
<i>TB client start on treatment</i>	No	58 411	4 685	4 650	3 355	1 752	1 919	4 269	3 083	6 036	3 787	2 294	22 581
10. TB MDR treatment success rate	%	58.7%	58.9%	55.4%	45.6%	60.9%	62.9%	55.1%	73.5%	60.6%	54.2%	59.3%	58.7%
<i>TB MDR client successfully completed treatment</i>	No	1 696	126	118	57	70	88	109	147	151	83	54	713
<i>TB MDR confirmed client start on treatment</i>	No	2 888	214	213	125	115	140	189	200	249	153	91	1215

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Table 29: Strategic Objectives, Indicators & Targets

APP 2018/19: Page 102; Table 34 (DHS 9)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 2.3: Manage HIV prevalence</b>							
2.3.1) Increase the number of patients on ART to at least 1.5 million by March 2020 (cumulative)	1. ART client remain on ART end of month - total	DHIS; ART Register	1 271 116	1 313 804 <sup>30</sup>	1 387 688	5.6%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. A marked increase in Total Remaining on ART (TROA) was realized due the February and March 2019 frenzy activities.
	2. TB/HIV co-infected clients on ART rate	ART Register; TIER.Net; DHIS	89.8%	95%	86.3%	(9.2%)	
	<i>TB/HIV co-infected clients on ART</i>	<i>ART Register; ETR.Net</i>	<i>38 507</i>	<i>38 308</i>	<i>31 247</i>		
	<i>HIV positive TB client</i>	<i>ART Register; ETR.Net</i>	<i>42 901</i>	<i>40 432</i>	<i>36 204</i>		
<b>Strategic Objective 2.2: Reduce HIV Incidence</b>							
2.2.2) Test at least 16.5 million people for HIV by March 2020 (cumulative)	3. HIV test done – total	DHIS; HIV Register	3 050 729 (12 979 753 cumulative)	2 982 771 (16 012 491 cumulative)	3 684 143 (16 663 896 cumulative)	23.5%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. Targets were achieved due to Hlola Manje Zivikele campaign and Operation Siyenza project.

<sup>30</sup> According to the provincial APP 1/19 the target was achieved, but the Province is below the National Target of 1 444 558 due to a high loss to follow up

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APP 2018/19: Page 102; Table 34 (DHS 9)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
2.2.3) Increase the male condom distribution to 206 million by March 2020 (cumulative)	4. Male condoms distributed	Stock; Bin Cards	75 557 900	199 500 000	111 028 599	(44.3%)	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy.  Unavailability of condom distributor service provider is affecting provincial performance. In addition Capturing of condom data is still a challenge compounded by the absence of Logistics Management Information System (LMIS) officers at primary distribution sites.
2.2.4) Increase the medical male circumcisions to 1.2 million by March 2020 (cumulative)	5. Medical male circumcision - total	MMC Register; Theatre register; DHIS	985 013 Cumulative 200 188 annual <sup>31</sup>	1 106 974 cumulative 140 038 annual <sup>32</sup>	1 194 745 cumulative 209 732 annual <sup>33</sup>	7.9%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy.  The following contributed to achieving the result: <ul style="list-style-type: none"> <li>• Continued sustainability of advocacy by traditional leadership,</li> <li>• Monthly Isibaya Samadoda,</li> <li>• Expansion on men friendly services in 2 facilities of PEPFAR partners and Department of Health.</li> <li>• Monthly Information meetings monitoring data variance, identification and assisting of facilities with poor capacity to capture data.</li> </ul>

<sup>31</sup> This number excludes the 5 268 neonates. The annual total for MMC including neonates is 205 569, and the cumulative total including neonates is 990 281

<sup>32</sup> The target has been aligned with available budget – hence drop in annual number from the estimated performance for 2017/18

<sup>33</sup> This number excludes the 5 516 neonates. The annual total MMC including neonates is 215 248, and the cumulative total including neonates is 1 205 529

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APP 2018/19: Page 102; Table 34 (DHS 9)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 2.4: Improve TB outcomes</b>							
2.4.5) Increase the TB 5 years and older start on treatment to 92% by March 2020	6. TB 5 years and older start on treatment rate	TB/HIV Registers: TIER.net;	106.8%	90%	104.6%	16.2%	Incorrect recording on the case identification register where positive TB cases diagnosed by other diagnostic procedures (X-rays) are not recorded as tested positive but are included under clients started on treatment.
	<i>TB client 5 years and older start on treatment</i>	TB/HIV Registers: TIER.net	36 158	49 559	42 918		
	<i>TB symptomatic client 5 years and older tested positive</i>	TB/HIV Registers: TIER.net	33 868	55 110	41 014		
2.4.1) Increase the TB client treatment success rate to 90% (or more) by March 2020	7. TB client treatment success rate	TB Register; ETR.Net	86.6%	87.6%	72.2%	(17.6%)	Delays in laboratory TB data capturing at facility level leading to high rate of unevaluated patients 926 (6.3%). Different information system (ETR.net and TIER.net) algorithm resulting in high transferred out rate of 10%. The province is still compelled to run provincial reports on ETR.net while national is setting up the provincial TIER.net data base.
	<i>TB client successfully completed treatment</i>	TB Register	13 241	47 563	42 178		
	<i>TB client start on treatment</i>	TB Register	15 290	54 296	58 411		
2.4.6) Stabilise the TB client lost to follow up at 5% (or less) by March 2020	8. TB client lost to follow up rate	TB Register; ETR.Net	4.9%	5%	6.5%	(30%)	High rate of car hijacking impacting on teams conducting TB defaulter tracing. Poor utilisation of the line lists reports on TB Tier. Poor capturing of the TB data into Tier.
	<i>TB client on treatment lost to follow up</i>	TB Register	753	2 715	3 792		
	<i>TB client start on treatment</i>	TB Register	15 290	54 296	58 411		
2.4.3) Sustain a TB death rate of 5% (or less) by March 2020	9. TB client death rate	ETR.Net	3.2%	5%	6.2%	(24%)	Late presentation and ineffective TB screening especially in vulnerable groups. Missed TB cases especially extra pulmonary TB cases and
	<i>TB client death during treatment</i>	TB Register	492	2 715	3 593		

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APP 2018/19: Page 102; Table 34 (DHS 9)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
	<i>TB client start on treatment</i>	<i>TB Register</i>	15 290	54 296	58 411		very ill patients who fail to produce sputa.
2.4.4) Increase the MDR-TB treatment success rate to 62% (or more) by March 2020	10. TB MDR treatment success rate	MDR Register; EDR Web	63.1%	60%	58.7%	(2.2%)	High death and lost to follow up rate negatively affected the success rate.
	<i>TB MDR client successfully completing treatment</i>	<i>MDR Register</i>	1 790	2 185	1 696		
	<i>TB MDR confirmed client start on treatment</i>	<i>MDR Register</i>	2 839	3 624	2 888		
2.4.2) Reduce the TB incidence to 400 (or less) per 100 000 by March 2020	11. TB incidence <sup>34</sup>	TB register; ETR.Net	481/100 000	500/100 000	507.3 / 100 000 <sup>35</sup>	(1.5%)	This target was set based on the implemented TB crisis plan in the province which intensified TB case finding, linkage to care and improved treatment adherence. A new Finding missing TB patients strategy has been introduced by national hence the additional TB cases are found.
	<i>New confirmed TB cases</i>	<i>TB Register</i>	54 200	57 086	57 921		
	<i>Total population in KZN</i>	<i>DHIS; Stats SA</i>	11 267 436	11 417 132	11 417 132		
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	12. TB XDR confirmed client start on treatment	XDR TB Register; EDR Web; TIER.Net	186	50	263	426%	Support partner (Aurum) has assisted with a part-time data-capturer to back-capture clients on treatment but not recorded.

<sup>34</sup> TB notification rate reported as incidence

<sup>35</sup> The TB Programme quoted an incidence of 509 / 100 000 however, if the raw data is used in the calculation, the figure is 507.3 / 100 000.

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APP 2018/19: Page 102; Table 34 (DHS 9)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 2.2: Reduce HIV incidence</b>							
2.2.1) Reduce the HIV incidence to 1% (or less) by March 2020	13. HIV incidence	Thembisa Model Projections	0.63%	0.57%	0.61%	(7%)	The target was set based on a previous version of the Thembisa Model. HIV prevention target in respect of condom distribution was not met.
2.2.5) Decrease male urethritis syndrome incidence to at least 26.2/1000 by March 2020	14. Male urethritis syndrome incidence	DHIS; Stats SA	28.5/ 1000	27.2/ 1000	28.4 / 1000	(4.4%)	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. Target not met due to active case finding that was targeted for 2018/19 and treatment of all males with MUS.
	<i>Male urethritis syndrome treated – new episodes</i>	PHC Register	80 686	78 490	81 869		
	<i>Male population 15 – 49 years</i>	DHIS; Stats SA	2 831 094	2 885 117	2 885 117		
<b>Strategic Objective 2.3: Reduce HIV prevalence</b>							
2.3.1) Increase the number of patients on ART to at least 1.5 million by March 2020 (cumulative)	15. ART adult remain on ART end of period	ART Register; TIER.Net	1 221 515	1 259 491	1 339 651	6.4%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. A marked increase in TROA was realized due the February frenzy activities. The Province reintroduced ART literacy classes which addresses adherence to treatment and disclosure of HIV status.
	16. ART child under 15 years remain on ART end of period	ART Register; TIER.Net	49 601	54 313	48 037	(11.6%)	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. There was a high loss to follow up as paediatric patients depend on adults to take them for medical attention. Paediatrics not disclosed to, normally stop taking treatment. Adolescents also stop taking treatment due to pill burden and lack of understanding of their treatment.
TB indicator: Reporting for TB indicators changed from reporting only New Smear Positive PTB cases to reporting ALL TB cases in the denominator – hence significant variance in data from 2017/18 onwards							

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## Maternal, Neonatal, Child & Women's Health and Nutrition

Table 30: (MCWH1) Situation Analysis Indicators - 2018/19

APP 2018/19: Page 108; Table 36 (DHS 11)

Indicator	Type	Provincial 2018/19	UGu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umzinyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/19	Ilembu 2018/19	Harry Gwala 2018/19	eThekweni 2018/19
1. Antenatal 1st visit before 20 weeks rate	%	73.2%	71.3%	71.5%	70.4%	79.5%	73.6%	74.7%	76.5%	72.2%	76.1%	72.9%	71.9%
<i>Antenatal 1st visit before 20 weeks</i>	No	162 296	10 020	13 497	9 282	9 902	7 289	14 177	12 926	15 198	10 002	7 599	52 404
<i>Antenatal 1st visit total</i>	No	221 857	14 047	18 869	13 186	12 454	9 908	18 976	16 899	21 056	13 141	10 424	72 897
2. Mother postnatal visit within 6 days rate	%	74.9%	70.1%	69.9%	69.5%	80.2%	67.3%	75.4%	82.7%	84.5%	73.3%	76%	73.9%
<i>Mother postnatal visit within 6 days after delivery</i>	No	153 369	9 739	13 258	8 829	8 967	6 517	12 284	13 219	17 602	8 537	6 106	48 311
<i>Delivery in facility total</i>	No	204 635	13 893	18 967	12 711	11 178	9 682	16 286	15 985	20 843	11 648	8 030	65 412
3. Delivery in 10 to 19 years in facility rate	%	17.3%	18.8%	15.8%	18.8%	19.8%	18.3%	22.2%	21.4%	17%	18.4%	22%	13.8%
<i>Delivery 10 to 19 years in facility</i>	No	35 471	2 605	3 002	2 384	2 212	2 140	3 623	3 413	3 539	1 772	1 766	9 015
<i>Delivery in facility - total</i>	No	204 635	13 893	18 967	12 711	11 178	9 682	16 286	15 985	20 843	11 648	8 030	65 412



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APP 2018/19: Page 108; Table 36 (DHS 11)

Indicator	Type	Provincial 2018/19	UGu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umzinyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/19	Ilembu 2018/19	Harry Gwala 2018/19	eThekweni 2018/19
4. Antenatal client start on ART rate	%	98.9%	98.2%	99.4%	98.5%	99.6%	98.5%	100%	98.4%	99.4%	99.9%	99.2%	98.5%
<i>Antenatal client start on ART</i>	No	26 972	1 683	2 430	1 452	1 112	1 237	2 475	1 868	2 508	1 830	1 002	9 375
<i>Antenatal client known HIV positive but not on ART at 1<sup>st</sup> visit</i>	No	27 259	1 714	2 445	1 474	1 116	1 256	2 476	1 898	2 524	1 832	1 010	9 514
5. Maternal mortality in facility ratio (annualised)	Ratio	88.4 /100 000	82.1 /100 000	111.3 /100 000	58.7 /100 000	49.9 /100 000	60.5 /100 000	92.9 /100 000	60 /100 000	125.4 /100 000	65.4 /100 000	57.3 /100 000	102.4 /100 000
<i>Maternal death in facility</i>	No	188	12	22	8	6	6	16	10	27	8	5	68
<i>Live birth in facility plus Born alive before arrival at facility</i>	No	212 723	14 621	19 774	13 631	12 018	9 910	17 227	16 657	21 532	12 232	8 732	66 389
6. Couple year protection rate (int)	%	59.6%	56.4%	85.7%	59.4%	85.4%	68.2%	52.1%	53.5%	62.7%	79.8%	61.3%	44.5%
<i>Couple year protection</i>	No	1 827 928	119 433	277 335	116 571	134 480	105 249	128 512	99 687	163 206	154 344	84 260	444 847
<i>Population 15-49 years females</i>	No	3 066 350	211 628	323 464	196 158	157 517	154 395	246 459	186 300	260 491	193 299	137 463	999 178
7. Cervical cancer screening coverage 30 years and older	%	85.7%	105.6%	104%	81.5%	81.5%	99.9%	80.5%	81.5%	103.2%	107.9%	140.8%	60.7%

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APP 2018/19: Page 108; Table 36 (DHS 11)

Indicator	Type	Provincial 2018/19	UGu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umzinyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/19	llembe 2018/19	Harry Gwala 2018/19	eThekwini 2018/19
<i>Cervical cancer screening in woman 30 years and older</i>	No	203 457	15 945	25 660	11 266	8 848	10 895	13 178	13 142	20 225	16 378	13 153	54 767
<i>Population 30 years and older female</i>	No	237 422	15 094	24 665	13 822	10 860	10 900	16 370	12 734	18 750	14 599	9 344	90 284
8. Human papilloma virus (HPV) 1st dose	No	71 109	5 209	5 827	5 627	5 279	3 801	7 497	6 949	6 269	4 714	3 846	16 087
9. Human papilloma virus (HPV) 2nd dose	No	98 759	5 850	9 372	5 972	7 148	4 854	9 265	9 985	8 554	5 796	7 722	20 383
10. Infant 1 <sup>st</sup> PCR test positive around 10 weeks rate	%	0.62%	0.77%	0.46%	0.59%	0.43%	0.5%	0.87%	0.47%	0.45%	0.65%	0.71%	0.69%
<i>Infant PCR test positive around 10 weeks</i>	No	332	29	21	19	15	12	39	17	22	22	15	121
<i>Infant PCR test around 10 weeks</i>	No	53 330	3 771	4 599	3 233	3 470	2 392	4 497	3 580	4 866	3 363	2 119	17 440
11. Neonatal death in facility rate	No per 1000	11.5 /1000	12.9 /1000	11 /1000	11.1 /1000	8.9 /1000	8.8 / 1000	12.3 /1000	9.9 / 1000	15.2 /1000	12.4 / 1000	7.2 / 1000	11.5 / 1000
<i>Neonatal 0-28 days death in facility</i>	No	2 316	177	208	140	99	83	197	157	314	143	57	741

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APP 2018/19: Page 108; Table 36 (DHS 11)

Indicator	Type	Provincial 2018/19	UGu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umzinyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/19	llembe 2018/19	Harry Gwala 2018/19	eThekweni 2018/19
<i>Live birth in facility</i>	No	202 134	13 742	18 861	12 609	11 102	9 456	16 057	15 804	20 701	11 573	7 928	64 301
12. Immunisation under 1 year coverage (annualised)	%	90.8%	80.5%	81.9%	85.7%	99%	88%	93.4%	92.8	85.1%	98.3%	73.4%	100%
<i>Immunised fully under 1 year new</i>	No	233 732	15 239	19 928	17 910	14 347	13 196	20 643	16 529	22 428	14 528	10 605	68 379
<i>Population under 1 year</i>	No	257 459	18 932	24 323	20 888	14 486	14 996	22 091	17 818	26 345	14 778	14 455	68 350
13. Measles 2nd dose coverage (annualised)	%	77.8%	68.8%	66.5%	75.5%	82.3	81.6%	78.9%	83.9%	76.3%	79.5%	71.2%	82.9%
<i>Measles 2nd dose</i>	No	204 737	13 182	16 430	15 655	12 244	12 128	18 062	15 492	20 391	12 129	10 402	58 622
<i>Population 1 year</i>	No	262 988	19 153	24 716	20 732	14 885	14 867	22 889	18 459	26 723	15 262	14 616	70 687
14. Diarrhoea case fatality rate	%	2.2%	0.78%	2.2%	2.8%	3.9%	1.1%	2.5%	1.7%	2.1%	2.6%	3.9%	1.9%
<i>Diarrhoea death under 5 years</i>	No	171	5	12	16	21	4	13	11	22	10	19	38
<i>Diarrhoea separation under 5 years</i>	No	7 702	639	535	573	532	370	514	630	1 044	390	491	1 984
15. Pneumonia case fatality rate	%	2.3%	1.4%	2.1%	2.6%	1.6%	0.98%	3.3%	2.7%	3.2%	2.7%	1.9%	2.3%

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APP 2018/19: Page 108; Table 36 (DHS 11)

Indicator	Type	Provincial 2018/19	UGu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umzinyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/19	llembe 2018/19	Harry Gwala 2018/19	eThekwini 2018/19
<i>Pneumonia death under 5 years</i>	No	279	21	25	17	13	5	16	18	40	22	17	85
<i>Pneumonia separation under 5 years</i>	No	12 370	1472	1189	643	812	510	478	667	1257	805	918	3 619
16. Severe acute malnutrition case fatality rate	%	7.8%	7.6%	5.4%	10.6%	8.3%	10.5%	7.6%	11.4%	5.8%	4.6%	9.6%	8.6%
<i>Severe acute malnutrition death in facility under 5 years</i>	No	179	12	13	23	12	8	11	12	16	11	15	46
<i>Severe acute malnutrition separation under 5 years</i>	No	2 289	158	239	217	144	76	144	105	276	237	157	536
17. Vitamin A 12 – 59 months coverage (annualised)	%	70.8%	60.5%	67.4%	77.2%	79%	63.5%	79.6%	73.9%	70.7%	84.6%	63.1%	67.7%
<i>Vitamin A dose 12 – 59 months</i>	No	1 520 604	93 625	136 201	127 355	95 942	74 967	149 279	112 379	153 178	106 670	73 884	397 124
<i>Population 12 – 59 months (multiplied by 2)</i>	No	2 146 874	154 796	202 115	164 951	121 515	118 096	187 449	151 971	216 607	126 016	117 068	586 293
18. School Grade 1 learners screening	No	66 777	3 598	7 090	6 426	4 415	2 815	7 890	10 356	5 588	4 052	6 556	7 991

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APP 2018/19: Page 108; Table 36 (DHS 11)

Indicator	Type	Provincial 2018/19	UGu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umzinyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/19	llembe 2018/19	Harry Gwala 2018/19	eThekwini 2018/19
19. School Grade 8 learners screening	No	33 967	2 212	2 010	2 533	2 444	1 370	3 649	7 914	1 780	2 231	2 991	4 833

**Table 31: Strategic Objectives, Indicators & Targets**

APP 2018/19: Page 113; Table 38 (DHS 12)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 2.7: Reduce maternal mortality</b>							
2.7.3) Increase the antenatal 1 <sup>st</sup> visit before 20 weeks rate to 70% (or more) by March 2020	1. Antenatal 1st visit before 20 weeks rate	PHC Register; DHIS	72.1%	71%	73.2%	3.1%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. Household pregnancy testing by CCGs is continuing and assists in increasing early booking.
	<i>Antenatal 1st visit before 20 weeks</i>	<i>PHC Register</i>	<i>149 215</i>	<i>153 667</i>	<i>162 296</i>		
	<i>Antenatal 1st visit total</i>	<i>PHC Register</i>	<i>207 089</i>	<i>216 431</i>	<i>221 857</i>		
2.7.4) Increase the postnatal visit within 6 days rate to 70% (or more) by March 2020	2. Mother postnatal visit within 6 days rate	PHC & Delivery Register; DHIS	76.8%	75%	74.9%	0.1%	Below target performance was noted in Q2 (June & July 2019), which negatively influenced overall performance. Cross border patients from Eastern Cape that are lost post-delivery
	<i>Mother postnatal visit within 6 days after delivery</i>	<i>PHC Register</i>	<i>141 992</i>	<i>136 941</i>	<i>153 369</i>		
	<i>Delivery in facility total</i>	<i>Delivery Register</i>	<i>184 816</i>	<i>182 588</i>	<i>204 635</i>		

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APP 2018/19: Page 113; Table 38 (DHS 12 )

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
2.7.6.) Reduce deliveries 10 - 19 years to 21% or less by March 2020	3. Delivery in 10 to 19 years in facility rate	DHIS	17.6%	22%	17.3%	21.4%	Implementation of the teenage pregnancy reduction strategy was started in the last quarter, and currently this is being implemented in 10 areas in 8 districts, which include making contraceptives available outside the schools and in higher learning institutions.
	<i>Delivery 10 to 19 years in facility</i>	<i>Tick Register</i>	<i>32 502</i>	<i>40 169</i>	<i>35 471</i>		
	<i>Delivery in facility - total</i>	<i>DHIS; Stats SA</i>	<i>184 816</i>	<i>182 588</i>	<i>204 635</i>		
2.7.5) Initiate 97% eligible antenatal clients on ART by March 2020	4. Antenatal client start on ART rate	ART; PHC Registers; DHIS	97.2%	97%	98.9%	2%	Good monitoring of capturing of the Antenatal clients clinical files assisted in achieving the target.
	<i>Antenatal client start on ART</i>	<i>ART &amp; PHC Register</i>	<i>31 130</i>	<i>39 262</i>	<i>26 972</i>		
	<i>Antenatal known HIV positive but not on ART at 1<sup>st</sup> visit</i>	<i>ART &amp; PHC Register</i>	<i>32 012</i>	<i>40 476</i>	<i>27 259</i>		
2.7.1) Reduce the maternal mortality in facility ratio to 100 (or less) per 100 000 live births by March 2020	5. Maternal mortality in facility ratio (annualised)	Midnight Census; Maternity & Death Register; DHIS	101.9/100 000	100/100 000	88.4 /100 000	11.6%	More hospitals have been evaluated on C/S safety minimum standards and are improving, which might contribute to lesser mothers dying; Essential Steps in Management Obstetric Emergencies (ESMOE) trainings are continuing; use of Non-pneumatic Anti Shock Garment (NASG) in certain hospitals also assist in reducing maternal deaths due to Postpartum haemorrhage (PPH).
	<i>Maternal death in facility</i>	<i>Midnight Census; Death Register</i>	<i>197</i>	<i>194</i>	<i>188</i>		
	<i>Live birth in facility plus Born alive before arrival at facility</i>	<i>Maternity Register</i>	<i>193 385</i>	<i>194 065</i>	<i>212 723</i>		
<b>Strategic Objective 2.8: Improve women's health</b>							

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APP 2018/19: Page 113; Table 38 (DHS 12)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
2.8.1) Couple year protection rate of at least 36% by March 2020	6. Couple year protection rate (International)	DHIS	46.4%	35%	59.6%	70.3%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy.  Target reached due to ongoing mentorship of health care providers and encouraging nurses to insert Long acting reversible contraceptives (IUD or implants). Target was low based on 2017/18 estimated performance. The indicator definition and calculation method changed which reduced the actual performance in 2017/18.
	<i>Couple year protection</i>	<i>Tick Register PHC; Hospital Register</i>	<i>1 401 342</i>	<i>1 073 220</i>	<i>1 827 928</i>		
	<i>Population 15-49 years females</i>	<i>DHIS; Stats SA</i>	<i>3 022 377</i>	<i>3 066 343</i>	<i>3 066 350</i>		
2.8.2) Maintain the cervical cancer screening coverage of 75% (or more)	7. Cervical cancer screening coverage 30 years and older	DHIS	79.4%	82%	85.7%	4.5%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy.  Target achieved due to pap drive campaigns (launched in April 2018) conducted in all districts and health care workers commitment of taking at least two pap smears per day. Target is being monitored at sub-district level.
	<i>Cervical cancer screening in woman 30 years and older</i>	<i>Tick Register PHC; Hospital Register</i>	<i>183 993</i>	<i>194 685</i>	<i>203 457</i>		
	<i>Population 30 years and older female/10</i>	<i>DHIS/Stats SA</i>	<i>231 645</i>	<i>237 421</i>	<i>237 422</i>		
2.8.3) Maintain programme to target 9 year old girls with HPV vaccine 1 <sup>st</sup> and 2 <sup>nd</sup> dose as part of cervical cancer prevention programme	8. Human papilloma virus (HPV) 1 <sup>st</sup> dose	HPV Register; DHIS	37 754	84 150	71 109	(15.5%)	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy.  Approximately 21 000 learners were underage and therefore the vaccine could not be administered to them.  Other factors include: <ul style="list-style-type: none"> <li>• 3 216 learners previously immunized</li> <li>• 4 665 learners with no consent</li> <li>• 1 192 learners absent</li> </ul>

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APP 2018/19: Page 113; Table 38 (DHS 12)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
	9. HPV 2 <sup>nd</sup> dose	HPV Register; DHIS	70 224	84 150	98 759	17.4%	Performance is inclusive of grade 5 girl learners who would have received their 1st dose during August/Sept 2017.
<b>Strategic Objective 2.5: Reduce infant mortality</b>							
2.5.2) Reduce the mother to child transmission of HIV to less than 0.5% by March 2020	10. Infant 1st PCR test positive around 10 weeks rate	PHC Register; TIER.Net; DHIS	0.71%	0.8%	0.62%	22.5%	Target achieved with implementation of Elimination of Mother to Child Transmission of HIV (EMTCT) last Mile activities.
	<i>Infant PCR test positive around 10 weeks</i>	<i>PHC Register</i>	361	355	332		
	<i>Infant PCR test around 10 weeks</i>	<i>PHC Register</i>	51 075	44 400	53 330		
2.5.3) Reduce the neonatal death in facility rate to at least 11.3/1000 live births in facility by March 2020	11. Neonatal death in facility rate	Midnight Census; Maternity & Death Register; DHIS	12.4 / 1000	11.5 / 1000	11.5 / 1000	0%	A decrease in the neonatal death in facility rate from 13.2 / 1000 to 11.5 / 1000 in 18/19 is mostly due to under reporting in the 1st 2 quarters. It is more likely that the true rate has remained static at 12.4 / 1000 as in 2016/17 and 2017/18. The rate remains static primarily due to ongoing overcrowding and under staffing resulting in sepsis outbreaks and inadequate antenatal and intrapartum care resulting in neonatal encephalopathy.
	<i>Neonatal 0 – 28 days death in facility</i>	<i>Midnight Census; Death Register</i>	2 271	2118	2 316		
	<i>Live birth in facility</i>	<i>Maternity Register</i>	182 529	184 184	202 134		
<b>Strategic Objective 2.6: Reduce under 5 mortality</b>							



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APP 2018/19: Page 113; Table 38 (DHS 12 )							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
2.6.3) Increase immunisation coverage to at least 82% or more by March 2020	12. Immunisation under 1 year coverage (annualised)	PHC Register; DHIS	81.5%	80%	90.8%	13.5%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. Coverage has been achieved due to catch-up drives and the sustainability thereof at the Early Childhood Development (ECD) sites, hard to reach areas and community mushroom points.
	<i>Immunised fully under 1 year new</i>	<i>PHC Register</i>	<i>208 294</i>	<i>205 968</i>	<i>233 732</i>		
	<i>Population under 1 year</i>	<i>DHIS; Stats SA</i>	<i>255 475</i>	<i>257 461</i>	<i>257 459</i>		
2.6.4) Maintain the measles 2 <sup>nd</sup> dose coverage of 80% (or more) from March 2018 onwards	13. Measles 2nd dose coverage (annualised)	PHC Register; DHIS	77.5%	80% <sup>36</sup>	77.8% <sup>37</sup>	(2.75%)	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. Poor monitoring systems for performance and vaccine availability.
	<i>Measles 2nd dose</i>	<i>PHC Register</i>	<i>204 459</i>	<i>210 394</i>	<i>204 737</i>		
	<i>Population 1 year</i>	<i>DHIS; Stats SA</i>	<i>263 843</i>	<i>262 993</i>	<i>262 988</i>		
2.6.6) Reduce the diarrhoea case fatality rate under 5 years rate to 2% (or less) by March 2020	14. Diarrhoea case fatality under 5 years rate	PHC & Death Register; DHIS	2.0%	2%	2.2%	(10%)	Target not achieved due largely to late entry into the health service, delays in transfers between clinics and hospitals, poor care on arrival in hospital and inadequate or infrequent review of dehydrated children in the wards.
	<i>Diarrhoea death under 5 years</i>	<i>Death Register</i>	<i>116</i>	<i>180</i>	<i>171</i>		
	<i>Diarrhoea separation under 5 years</i>	<i>Admission &amp; Discharge register</i>	<i>5 773</i>	<i>9 000</i>	<i>7 702</i>		
2.6.7) Reduce the pneumonia case fatality under 5 years rate to less than 2.4% (or less)	15. Pneumonia case fatality under 5 years rate	DHIS	2.5%	2.6 %	2.3%	11.5%	Reduction in deaths in line with target but increased number of admissions resulted in lower case fatality rate. This was due to an increase in respiratory syncytial virus (RSV)
	<i>Pneumonia death under 5 years</i>	<i>Death Register</i>	<i>230</i>	<i>220</i>	<i>279</i>		

<sup>36</sup> Population 1 year (Stats SA projections) increased by 16.6% between 2016/17 and 2017/18, which affects performance on indicator. Targets are based on the increase in the numerator

<sup>37</sup> DHIS reflects an indicator value of 77.9% however, when the raw data is used in the calculation, the value is 77.8%

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APP 2018/19: Page 113; Table 38 (DHS 12)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
by March 2020	<i>Pneumonia separation under 5 years</i>	<i>Admission records</i>	9 134	8 462	12 370		infections in children
2.6.8) Reduce the severe acute malnutrition case fatality under 5 years rate to 6% (or less) by March 2020	16. Severe acute malnutrition case fatality under 5 years rate	DHIS	7.7%	6.5%	7.8%	(20%)	Deaths due to late presentation at facility level, social challenges, children with disabilities and chronic conditions continue to reflect in Severe Acute Malnutrition Death audits
	<i>Severe acute malnutrition death in facility under 5 years</i>	<i>Death Register</i>	200	208	179		
	<i>Severe acute malnutrition separation under 5 years</i>	<i>Admission &amp; Discharge records</i>	2 582	3 208	2 289		
2.6.9) Increase the Vitamin A dose 12 – 59 months coverage to 63% (or more) by March 2020	17. Vitamin A dose 12-59 months coverage (annualised)	PHC Register; DHIS; Stats SA	68.6%	60%	70.8%	18%	Outreach activities such as Early Childhood Development Programme (ECD) visits, CCG household and Phila Mntwana activities contributed positively to meeting the target.
	<i>Vitamin A dose 12 - 59 months</i>	<i>PHC Register</i>	1 487 636	1 288 129	1 520 604		
	<i>Population 12-59 months (multiplied by 2)</i>	<i>DHIS; Stats SA</i>	2 167 410	2 146 882	2 146 874		
<b>Strategic Objective 1.5: Accelerate implementation of PHC re-engineering</b>							
1.5.9) Increase the number of learners screened by at least 5% per annum	18. School Grade 1 learners screened	School Health Register; DHIS	56 372	85 525	66 777	(21.9%)	Targets were not informed by the resources and commitments required. School Health Teams conduct screening. The expansion of teams was below the target. Only 7 of the 11 teams planned for 2018/19 were established.
	19. School Grade 8 learners screened	School Health Register; DHIS	28 209	55 506	33 967	(38.8%)	
<b>Strategic Objective 2.5: Reduce infant mortality</b>							

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APP 2018/19: Page 113; Table 38 (DHS 12)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
2.5.1) Reduce the infant mortality rate to 29 per 1000 live births by March 2021	20. Infant mortality rate	Projection/Estimate: Thembisa Model	30/ 1000	31.7/ 1000	30.9/1 000	2.5%%	Minimal deviation.
<b>Strategic Objective 2.6: Reduce under 5 mortality</b>							
2.6.1) Reduce the under 5 mortality rate to 40 per 1000 live births by March 2021	21. Under 5 mortality rate	Projection / Estimate: Thembisa Model	43 / 1000	43.9/ 1000	41.9 / 1000	4.6%	Minimal deviation.
2.6.10) Reduce under-5 diarrhoea with dehydration incidence to 10 (or less) per 1000 by March 2020	22. Diarrhoea with dehydration in child under 5 years incidence (annualised)	PHC Register; DHIS; Stats SA	8/ 1000	10.5/ 1000	7.9 /1000	24.8%	Strengthened immunization coverage and exclusive breastfeeding rate; At households – CCG to promote personal hygiene
	<i>Diarrhoea with dehydration new in child under 5 years</i>	<i>PHC Register</i>	<i>10 695</i>	<i>13 975</i>	<i>10 553</i>		
	<i>Population under 5 years</i>	<i>DHIS; Stats SA</i>	<i>1 339 178</i>	<i>1 330 900</i>	<i>1 330 901</i>		
2.6.11) Reduce the under-5 pneumonia incidence to 52 (or less) per 1000 population by March 2020	23. Pneumonia in child under 5 years incidence (annualised)	PHC Register; DHIS; Stats SA	43.3 / 1000	55/ 1000	39.2 /1000	28.7%	Target achieved because of early identification of children at community level and early referral.
	<i>Pneumonia new in child under 5 years</i>	<i>PHC Register</i>	<i>57 929</i>	<i>73 199</i>	<i>52 169</i>		
	<i>Population under 5 years</i>	<i>DHIS; Stats SA</i>	<i>1 339 178</i>	<i>1 330 900</i>	<i>1 330 901</i>		
2.6.2) Reduce severe acute malnutrition incidence under 5 years	24. Child under 5 years severe acute malnutrition incidence (annualised)	DHIS	2.4 / 1000	4.3/ 1000	1.9 /1000	55.8%	Early detection of Moderate Acute Malnutrition cases at community and Primary Health Care contributes to the reduction in

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APP 2018/19: Page 113; Table 38 (DHS 12)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
to 4.6 per 1000 population by March 2020	<i>Child under 5 years with severe acute malnutrition new</i>	<i>DHIS; PHC Tick Register</i>	3 268	5 723	2 557		development of Severe Acute Malnutrition. Vitamin A supplementation and improved immunisation coverage contributed to reduction in Severe Acute Malnutrition new cases.  Advocacy for breastfeeding through initiatives such as human milk banking in all 11 districts have improved children's nutritional status.
	<i>Population under 5 years</i>	<i>DHIS; Stats SA</i>	1 339 178	1 330 900	1 330 901		
2.6.12) Reduce the death in facility under 1 year rate to 5.9% or less by March 2020	25. Death in facility under 1 year rate (annualised)	DHIS	6.6%	6.1%	5.4%	11.5%	Integrated management of childhood illnesses (IMCI), Emergency triage, Assessment and treatment (ETAT), Red-Blue flag system and early warning scoring systems and use of community caregivers to educate carers on red flags.
	<i>Death in facility under 1 year total</i>	<i>Death Register</i>	2 864	2 699	3 055		
	<i>Inpatient separations under 1 year</i>	<i>Midnight Census/ Admissions, Discharge &amp; Death Registers</i>	43 598	44 252	57 009		
2.6.13 Reduce the death in facility under 5 years rate to 4.2% (or less) by March 2020	26. Death in facility under 5 years rate	DHIS	4.5%	4.4%	3.9%	11.4%	Province wide verification process was undertaken in order to improve data management.  Integrated management of childhood illnesses (IMCI), Emergency triage, Assessment and treatment (ETAT), Red-Blue flag system and early warning scoring systems and use of community caregivers to educate carers on red flags.
	<i>Death in facility under 5 years total</i>	<i>Death Register</i>	3 267	3 344	3 444		
	<i>Inpatient separations under 5 years</i>	<i>Midnight Census/ Admissions, Discharge &amp; Death Registers</i>	73 207	76 009	88 884		

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## Disease Prevention and Control

Table 32: (DCP1) Situation Analysis Indicators - 2018/19

APP 2018/19: Page 124; Table 40 (DHS 14)

Indicator	Type	Provincial 2018/19	UGu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umzinyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/18	Ilembe 2018/19	Harry Gwala 2018/19	eThekweni 2018/19
1. Cataract surgery rate (annualised)	No per 1 mil uninsured population	1 473 / 1 mil uninsured	1 648.2 / 1 mil uninsured	2 032.8 / 1 mil uninsured	605 / 1 mil uninsured	128.7 / 1 mil uninsured	2 194.3 / 1 mil uninsured	0 / 1 mil uninsured	1 120.3 / 1 mil uninsured	1 879.9 / 1 mil uninsured	924.2 / 1 mil uninsured	57.3 / 1 mil uninsured	2 130.2 / 1 mil uninsured
<i>Total number of cataract surgeries completed</i>	No	14 816	1 137	2 075	404	65	1 117	0	687	1 653	574	26	7 078
<i>Population uninsured total</i>	No	10 058 488	689 863	1 020 739	667 753	505 206	509 038	775 848	613 213	879 284	621 073	453 775	3 322 696
2. Malaria case fatality rate	%	0.5%	20%	0%	0%	0%	0%	4.8%	0.3%	1.5%	0%	0%	0%
<i>Deaths from malaria</i>	No	7	1	0	0	0	0	1	3	2	0	0	0
<i>Total number of Malaria cases reported</i>	No	1 493	5	16	9	2	6	21	1 140	130	18	2	144

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Table 33: Strategic Objectives, Indicators & Targets

APP 2018/19: Page 125; Table 42 (DHS 15)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 2.9: Reduce the morbidity and mortality of non-communicable diseases</b>							
2.9.6) Increase the cataract surgery rate to at least 950 per 1 mil uninsured population by March 2020	1. Cataract surgery rate (annualised)	DHIS	1 033.8 / 1 mil uninsured pop	944.5/ 1mil uninsured	1 473 / 1 mil uninsured	56%	More operations were conducted during Eye Care Week in partnership with NGO and Private Health facilities.
	<i>Total number of cataract surgeries completed</i>	<i>Theatre Register</i>	<i>10 262</i>	<i>9 500</i>	<i>14 816</i>		
	<i>Population uninsured</i>	<i>DHIS; Stats SA</i>	<i>9 926 611</i>	<i>10 058 493</i>	<i>10 058 488</i>		
<b>Strategic Objective 2.10: Eliminate malaria</b>							
2.10.2) Reduce the malaria case fatality rate to less than 0.5% by March 2020	2. Malaria case fatality rate	Malaria Information System	4.4%	0.6%	0.5%	16.7%	Strengthened additional strategies including Information Education and Communication (IEC) and surveillance to supplement case management at health facilities.
	<i>Deaths from malaria</i>	<i>Malaria Register; Tick Sheets PHC</i>	<i>26</i>	<i>3</i>	<i>7</i>		
	<i>Total number of Malaria cases reported</i>	<i>Malaria Register; Tick Sheets PHC</i>	<i>588</i>	<i>513</i>	<i>1 493</i>		
2.10.1) Zero new local malaria cases by March 2020	3. Malaria incidence per 1000 population at risk	Malaria Register; Stats SA	0.48 / 1000 pop at risk	0.1/ 1000 pop at risk	0.23 / 1000 pop at risk	(130%)	Majority of cases are imported.
	<i>Number of malaria cases (new)</i>	<i>Malaria Register; Tick Register PHC</i>	<i>328</i>	<i>70</i>	<i>162</i>		
	<i>Population Umkhanyakude</i>	<i>DHIS; Stats SA</i>	<i>687 572</i>	<i>696 042</i>	<i>696 042</i>		

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APP 2018/19: Page 125; Table 42 (DHS 15)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 2.9: Reduce the morbidity and mortality of non-communicable diseases</b>							
2.9.3) Screen at least 2.5 million people (40 years and older) per annum for hypertension by March 2020	4. Clients 40 years and older screened for hypertension	DHIS; Tick Register	5 115 499	2 535 282	5 517 003	117.6%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. Active case finding due to National Screening Campaign
2.9.1) Hypertension incidence of 24.6 or less per 1000 population by March 2020	5. Hypertension incidence (annualised)	DHIS	21.3 / 1000	23/ 1000 <sup>38</sup>	16 / 1000	30.4%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. Lack of information system to record known people with hypertension.
	<i>Hypertension client treatment new</i>	<i>PHC Register</i>	<i>53 741</i>	<i>59 114</i>	<i>41 054</i>		
	<i>Population 40 years and older</i>	<i>DHIS; Stats SA</i>	<i>2 520 246</i>	<i>2 570 168</i>	<i>2 570 165</i>		
2.9.4) Screen at least 2.5 million people (40 years and older) per annum for diabetes by March 2020	6. Clients 40 years and older screened for diabetes	DHIS; Tick Register	4 617 256	2 535 282	5 472 699	115.9%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. Active case finding due to National Screening Campaign. This includes the addition of monitoring of NCD targets as part of the weekly nerve centre meetings commenced April 2017.
2.9.2) Diabetes incidence of 3.1 per 1000 population by March 2020	7. Diabetes incidence (annualised)	DHIS	4.4 / 1000 <sup>39</sup>	3.1/ 1000	3 / 1000	3.2%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. Monitoring systems enhanced with routine monitoring of facility performance against targets.
	<i>Diabetes client treatment new</i>	<i>PHC Register</i>	<i>49 227</i>	<i>35 393</i>	<i>33 744</i>		
	<i>Population total</i>	<i>DHIS; Stats SA</i>	<i>11 267 436</i>	<i>11 417 132</i>	<i>11 417 126</i>		

<sup>38</sup> It is expected that more effective early detection of patients will increase the number of patients on treatment – increase before tapering down

<sup>39</sup> Calculated manually using numerator and denominator (DHIS calculation = 10.7/ 1000)

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APP 2018/19: Page 125; Table 42 (DHS 15)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
2.9.5) Screen at least 35% of PHC clients for mental disorders by March 2020	8. Mental disorders screening rate	DHIS	34.6%	33.6%	41% <sup>40</sup>	22%	This is a demand-driven indicator and therefore not possible to predict with 100% accuracy. Quarterly and annual target met due to increased uptake on screening techniques and brief interventions
	<i>PHC client screened for mental disorders</i>	PHC Register	9 834 835	9 815 319	11 621 594		
	<i>PHC headcount - total</i>	PHC Register	28 403 348	29 200 245	28 368 964		
2.9.7) Increase the number of wheelchairs issued to 4 200 by March 2020	9. Wheelchairs issued	PHC & OPD register; DHIS	3 880	4 100	3 859	(5.9%)	High turnover of Therapists.
<b>Strategic Objective: 5.2: Improve quality of care</b>							
5.2.7) Improve the restoration to extraction ratio to 18:1 or less by March 2020	10. Dental extraction to restoration ratio	DHIS	20:1	19:1	19:1 <sup>41</sup>	0%	No deviation.
	<i>Tooth extraction</i>	<i>PHC Register; OPD &amp; Theatre Registers</i>	510 011	454 230	532 891		
	<i>Tooth restoration</i>	<i>PHC Register; OPD &amp; Theatre Registers</i>	25 408	23 907	27 709		

<sup>40</sup> DHIS reflects a value of 40.7%. If the raw data is used in the calculation, the value is 40.965%.

<sup>41</sup>



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## Changes to planned targets

No official change of targets in the reporting year.

## Strategies to overcome areas of under-performance

### PHC

- Facilitate the development and implementation of a sustainable strategy.
- Institutionalisation of HPRS will help improve client registration and correct headcount. Work with Data Management unit is improving alignment between WebDHIS and HPRS.
- Community Based Model implementation in progress
- Districts requested to prioritise resources and recruitment of staff to improve functionality of teams.
- Supporting partners, where applicable, in conjunction with the KZN DoH, have commenced the recruitment process for Enrolled Nurses to complement existing teams.
- The collaboration to be sustained.
- Further training of Outreach Team Leaders and CCG's will commence in 2019/20 which will improve performance. Monitoring activities of the CCG's should also improve performance.
- Support and strengthen strategies that will assist in facilitating aggressive investment on Community mobilization and Household Promotive, Preventative and Clinical Care
- Compliance with NDoH guidelines on management of complaints and PSI's being assessed on on-going bases.
- Complaints management evaluation results shared with districts and improvement plans to improve committee's functionality are being implemented.
- Best performing facilities also shared in the evaluation reports and struggling districts were to engage these facilities to learn from best practice.
- Clients to be educated on correct level to access PHC services.

### District Hospitals

- Increase awareness of the importance of early presentation to health facilities through community engagements and governance structures including Operation Sukuma Sakhe structures.
- Stepdown facilities should be considered in district hospitals, where these challenges are present.
- Adherence to admission and discharge criteria
- Quality assurance teams are functional and the implementation of Quality Improvement Plans is continuously monitored.
- Legal services presented litigation reports per hospital as well as recommended mitigation processes during January and March 2019 at the district roadshows. Implementation is being monitored.
- Staff linkage to be corrected according to responsibly.
- Ongoing assessment and compliance with NDoH guidelines on management of complaints and PSI's
- Decant qualifying patients to CCMDD programme
- To utilise community events and governance structures to encourage communities to use PHC facilities as their first point of contact for health care services.

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## HAST

- Province will launch the Pre-ART Guideline to increase patient readiness before commencing treatment. Province to continue with Project Phuthuma / Siyenza with a focus on finding clients who are lost in care and bringing them back.
- Province aims to increase the number of HIV counsellors to conduct literacy classes and comprehensive HIV counselling inclusive of treatment adherence.
- NDoH and PDoH are currently embarking on a 10 point catch up plan as directed by the Minister of Health.
- PDoH to advocate for timeous capturing of both HIV and TB data at facility level during SHP facility visits. Engage district directors to assist with integration of data capturing in facilities. Fast track digitalisation of TB data into Tier.net at all hospitals.
- The legal process has commenced with regards to the Condom Distributor Service Provider.
- The creation of LMIS posts has been submitted for approval.
- Interventions include fast track implementation of TB Tier.net module in all districts by 31<sup>st</sup> May 2019, to retrain operational managers on TB management to improve supervision of data capturers, to share reports quarterly with SHP managers on facilities that are poorly performing to strengthen integration of HIV / TB monitoring in high burden facilities and to regenerate reports on Tier.net Provincial database and updated reports by 30<sup>th</sup> June 2019.
- Interventions include liaising with transport office to fast track the installation of trackers and to avoid procuring high risk vehicles. To train operational managers on TB management including updated on THIS (TB / HIV Information system) and to monitor TB data capturing in high burden facilities once a month.
- Interventions include continuing to engage Traditional Leaders and multi-disciplinary teams through OSS on TB awareness and finding new TB cases. Monitor implementation of new diagnostic tools in finding cases in vulnerable groups. To continue to re-orientate staff on proper TB screening and the use of case identification tools to ensure follow up of all TB suspected cases until TB is ruled out.
- Interventions include reviving household visits by tracer teams at least 2 or 3 times a week during the intensive phase to monitor adverse reactions. Fast track finalisation of the training curriculum for outreach teams. Reorientation outreach teams on their roles whilst waiting for formal training according to standardised curriculum by the end of June 2019.
- Interventions include revising the TB notification rate target to align to the Finding Missing TB patients Strategy currently being implemented.
- Capacitation required to improve supervision
- Marketing of condoms, male and female, to be strengthened
- Create child friendly spaces in 6 high priority districts (unfinished business). Emphasise the availability of child support. Implement PMTCT adolescent programme starting with the high priority districts (eThekweni, Zululand, UMgungundlovu, Uthukela and iLembe).

## MCWH

- Education of mothers on the importance of post-natal care will be emphasised
- Intervention is to sustain the gains made with the continued evaluations of institutions. Peri-natal mortality reviews also strengthen monitoring of maternal deaths.
- Districts to sustain gains made and continue to raise awareness and conduct Pap smear drive campaigns.

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- National Department of Health is in the process of changing the target group to Grade 5 girl learners, as more Grade 5 girls would be eligible.
- Mobilisation will be strengthened at all levels regarding gaining consent for learners to be vaccinated.
- In 19/20 focus will be on Real Time PCFR Monitoring, Safer conception and Safe Infant Feeding Practices.
- Interventions include to reinforce existing programmes namely, IMCI, ETAT and Red-Blue flag system and early warning scoring systems. The use of community caregivers to educate carers on red flags will also be strengthened.
- Targets for 19/20 have been revised.
- The use of community caregivers to educate carers on red flags will also be strengthened.
- Strengthen IMCI and health education at community level.
- Implementation of Nutritional Guidelines at Early Childhood Development Programmes (ECD's) in collaboration with the Department of Social Development
- Provincial verification process to be conducted to improve data capturing at facility level.

### **Disease Prevention and Control including Malaria and Disability**

- Spraying of households and structures is ongoing, as is health education of the resident population.
- NDoH, in conjunction with the Malaria Control Programme (MCP) and the MOSASWA Global Fund, have appointed a service provider station along the SA / Mozambique border to screen and treat malaria cases.
- Intensify screening in patients with other co-morbidities to identify patients with diabetes.
- The Standard Operating Procedure (SoP) is due for finalization before 31<sup>st</sup> May 2019.
- Programme will continue to lobby relevant stakeholders for sufficient resources as well as recruitment and retention of therapists.
- Dental staff encouraged to explore restoration options prior to extraction.

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## Linking performance with budget

Table 34: Budget appropriation and expenditure

Programme per Sub-Programme		2018/19						2017/18		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>2.1</b>	<b>District Management</b>									
	Current payments	298,311	-	-7,024	291,287	290,805	482	99.8%	288,609	288,609
	Transfers and subsidies	1,641	-	-167	1,474	1,474	-	100.0%	752	752
	Payments for capital assets	2,999	-	4,032	7,031	7,031	-	100.0%	12,701	12,701
	<b>Total</b>	<b>302,951</b>	<b>-</b>	<b>-3,159</b>	<b>299,792</b>	<b>299,310</b>	<b>482</b>	<b>99.8%</b>	<b>302,062</b>	<b>302,062</b>
<b>2.2</b>	<b>Community Health Clinics</b>									
	Current payments	4,169,783	-21,882	-32,790	4,115,111	4,150,600	-35,489	100.9%	3,828,655	3,821,357
	Transfers and subsidies	125,307	-	21,536	146,843	146,843	-	100.0%	148,974	154,291
	Payments for capital assets	70,094	-	-	70,094	34,605	35,489	49.4%	44,843	44,843
	<b>Total</b>	<b>4,365,184</b>	<b>-21,882</b>	<b>-11,254</b>	<b>4,332,048</b>	<b>4,332,048</b>	<b>-</b>	<b>100.0%</b>	<b>4,022,472</b>	<b>4,020,491</b>
<b>2.3</b>	<b>Community Health Centres</b>									
	Current payments	1,765,209	-13,461	-33,265	1,718,483	1,718,483	-	100.0%	1,588,057	1,588,057
	Transfers and subsidies	6,686	-	5,741	12,427	12,427	-	100.0%	13,760	13,760
	Payments for capital assets	16,747	-	6,247	22,994	22,994	-	100.0%	23,535	23,535
	<b>Total</b>	<b>1,788,642</b>	<b>-13,461</b>	<b>-21,277</b>	<b>1,753,904</b>	<b>1,753,904</b>	<b>-</b>	<b>100.0%</b>	<b>1,625,352</b>	<b>1,625,352</b>
<b>2.4</b>	<b>Community Based Services</b>									
	Current payments	411,108	-	-41,257	369,851	369,851	-	100.0%	301,549	301,549

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Programme per Sub-Programme		2018/19						2017/18		
		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	863	-	-139	724	724	-	100.0%	621	621
	Payment for capital assets	10,496	-	-1,599	8,897	5,438	3,459	61.1%	4,055	4,055
	<b>Total</b>	<b>422,467</b>	<b>-</b>	<b>-42,995</b>	<b>379,472</b>	<b>376,013</b>	<b>3,459</b>	<b>99.1%</b>	<b>306,225</b>	<b>306,225</b>
<b>2.5</b>	<b>Other Community Services</b>									
	Current payments	1,161,462	-270	-28,924	1,132,268	1,132,268	-	100.0%	1,039,017	1,039,017
	Transfers and subsidies	31,352	-	-1,442	29,910	28,594	1,316	95.6%	28,096	28,096
	Payments for capital assets	7,854	-	1,246	9,100	2,767	6,333	30.4%	4,362	4,362
	<b>Total</b>	<b>1,200,668</b>	<b>-270</b>	<b>-29,120</b>	<b>1,171,278</b>	<b>1,163,629</b>	<b>7,649</b>	<b>99.3%</b>	<b>1,071,475</b>	<b>1,071,475</b>
<b>2.6</b>	<b>HIV and AIDS</b>									
	Current payments	5,528,943	-84,552	122,941	5,567,332	5,577,168	-9,836	100.2%	4,874,730	4,880,044
	Transfers and subsidies	132,246	-	-	132,246	133,694	-1,448	101.1%	117,746	131,585
	Payments for capital assets	16,036	-	-	16,036	4,752	11,284	29.6%	26,204	7,051
	<b>Total</b>	<b>5,677,225</b>	<b>-84,552</b>	<b>122,941</b>	<b>5,715,614</b>	<b>5,715,614</b>	<b>-</b>	<b>100.0%</b>	<b>5,018,680</b>	<b>5,018,680</b>
<b>2.7</b>	<b>Nutrition</b>									
	Current payments	47,114	-	-15,185	31,929	31,929	-	100.0%	41,940	41,940
	Payments for capital assets				-		-	-	-	
	<b>Total</b>	<b>47,114</b>	<b>-</b>	<b>-15,185</b>	<b>31,929</b>	<b>31,929</b>	<b>-</b>	<b>100.0%</b>	<b>41,940</b>	<b>41,940</b>
<b>2.8</b>	<b>Coroner Services</b>									
	Current payments	241,201	-	-19,242	221,959	221,959	-	100.0%	216,895	216,895
	Transfers and subsidies	176	-	447	623	623	-	100.0%	304	304

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Programme per Sub-Programme		2018/19						2017/18		
		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
	Payments for capital assets	5,327	-	-4,919	408	408	-	100.0%	4,629	4,629
	<b>Total</b>	246,704	-	-23,714	222,990	222,990	-	100.0%	221,828	221,828
<b>2.9</b>	<b>District Hospitals</b>									
	Current payments	6,626,761	-18,133	40,929	6,649,557	6,649,557	-	100.0%	6,206,823	6,234,966
	Transfers and subsidies	145,641	-	3,617	149,258	149,258	-	100.0%	261,484	267,612
	Payments for capital assets	96,097	-	11,655	107,752	107,752	-	100.0%	154,770	116,126
	Payment for financial assets	45		15	60	60	-	100.0%	19	19
	<b>Total</b>	6,868,544	-18,133	56,216	6,906,627	6,906,627	-	100.0%	6,623,096	6,618,723

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## PROGRAMME 3 - EMERGENCY MEDICAL SERVICES

### Programme Description & Purpose

Rendering pre-hospital Emergency Medical Services, including Inter-hospital Transfers and Planned Patient Transport

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

#### ***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: Patient Transport Services (PTS)***

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 Objectives, Performance Indicators, Targets and Achievements

#### **Strategic Objective 1.8: Improve EMS efficiencies**

Response times for both P1 urban and rural improved and the targets were exceeded. An increase in EMS inter-facility transfer rate was also reported even though the target was not met. The average number of daily operational ambulances decreased from 188 in 2017/18 to 171 in 2018/19. The decrease is attributed to shortage of resources which include lack of vehicles and shortage of staff.

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Table 35: (EMS1) Situation Analysis Indicators - 2018/19

APP 2018/19: Page 137; Table 47 (EMS 1)													
Quarterly Indicators	Type	Provincial 2018/19	Ugu 2018/19	UMgungundlovu 2018/19	Uthukela 2018/19	Umzinyathi 2018/19	Amajuba 2018/19	Zululand 2018/19	Umkhanyakude 2018/19	King Cetshwayo 2018/19	Ilembe 2018/19	Harry Gwala 2018/19	eThekweni 2018/19
1. EMS P1 urban response under 15 minutes rate	%	36%	21%	16%	17%	44%	67%	-	-	26%	11%	-	39%
<i>No P1 urban calls with response times under 15 minutes</i>	No	46 492	1 922	1 705	369	293	2 553	-	-	49	284	-	39 317
<i>All P1 urban call outs</i>	No	130 168	9 028	10 435	2 125	663	3 801	-	-	191	2 684	-	101 241
2. EMS P1 rural response under 40 minutes rate	%	50%	35%	29%	28%	30%	74%	33%	34%	33%	33%	80%	38%
<i>No P1 rural calls with response times under 40 minutes</i>	No	119 792	5 503	4 411	6 649	6 536	17 193	4 790	2 563	8 017	5 266	56 187	2 677
<i>All P1 rural call outs</i>	No	239 472	15 658	15 272	23 458	21 503	23 282	14 660	7 563	24 532	15 936	70 618	6 990
3. EMS inter-facility transfer rate	%	40.7%	43.8%	49.0%	35.0%	28.1%	19.4%	48.9%	85.8%	61.6%	39.5	7.8%	44.9%
<i>EMS inter-facility transfer</i>	No	199 449	15 541	22 993	14 488	7 722	7 872	15 599	21 735	22 125	12 298	4 001	55 075
<i>EMS clients total</i>	No	489 059	35 425	46 907	41 314	27 393	40 503	31 849	25 304	35 883	31 073	50 904	122 504

Source: EMS database



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**Table 36: Strategic Objectives, Indicators & Targets**

APP 2018/19: Page 138; Table 49 (EMS 2)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 1.8: Improve EMS efficiencies</b>							
1.8.4) Improve P1 urban response times of under 15 minutes to 20% (or more) by March 2020	1. EMS P1 urban response under 15 minutes rate	EMS Database; DHIS	23%	23%	35.7%	55.2%	New ambulances were issued to operations during the second quarter which assisted in reducing the downtime of ambulances for maintenance and repairs as majority of the ambulances are old with high mileage and therefore require frequent repairs in order to keep them on the road.
	<i>EMS P1 urban response under 15 minutes</i>	<i>EMS Callout Register</i>	<i>29 325</i>	<i>36 523</i>	<i>46 492</i>		
	<i>EMS P1 urban calls</i>	<i>EMS Callout Register</i>	<i>128 265</i>	<i>158 798</i>	<i>130 168</i>		
1.8.5) Improve P1 rural response times of under 40 minutes to 40% by March 2020	2. EMS P1 rural response under 40 minutes rate	EMS Database; DHIS	36.2%	38%	50%	31.6%	New ambulances were issued to operations during the second quarter which assisted in reducing the downtime of ambulances for maintenance and repairs as majority of the ambulances are old with high mileage and therefore require frequent repairs in order to keep them on the road.
	<i>EMS P1 rural response under 40 minutes</i>	<i>EMS Callout Register</i>	<i>71 819</i>	<i>76 711</i>	<i>119 792</i>		
	<i>EMS P1 rural calls</i>	<i>EMS Callout Register</i>	<i>198 197</i>	<i>201 873</i>	<i>239 472</i>		
1.8.6) Increase the inter-facility transfer rate to 50% by March 2020	3. EMS inter-facility transfer rate	EMS Database; DHIS	39%	46%	40.8%	(11.3%)	This is a demand-driven indicator.
	<i>EMS inter-facility transfer</i>	EMS Register	<i>176 238</i>	<i>253 858</i>	<i>199 449</i>		
	<i>EMS clients total</i>	EMS Register	<i>457 656</i>	<i>551 866</i>	<i>489 059</i>		
<b>Strategic Objective 1.8: Improve EMS efficiencies</b>							
1.8.1) EMS Turn-Around Strategy approved by June 2018	4. Approved EMS Turn-Around Strategy	Approved EMS Turn-Around Strategy	Not approved	Approved Turn-Around Strategy	Not Approved	(100%)	The EMS turnaround strategy document was developed by EMS and has been submitted for approval. The structure will be determined by National once approved by the National Health Council Technical Committee.

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APP 2018/19: Page 138; Table 49 (EMS 2)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
1.8.2) Increase the average number of daily operational ambulances to 220 by March 2020	5. Average number of daily operational ambulances	EMS Daily Operations Reports; EMS Database	188	200	171	(14.5%)	Contributing factors include: <ul style="list-style-type: none"> <li>An ageing fleet with high downtime due to repairs</li> <li>High accident rates</li> </ul> Shortage of operational staff which is further impacted by overtime restrictions
1.8.7) Increase number bases with network access to 50 by March 2020	6. Number of bases with access to intranet/ e-mail	ICT Roll-Out Report; IT Database	23	40	22	(45%)	Resource constraints impacts on ICT plan rollout

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## Changes to planned targets

No official change of targets in the reporting year.

## Strategies to overcome areas of under-performance

Planned Measures to improve response times and standards of service include:

- Improve call taking procedures and caller location identification, 5 districts have already been upgraded to the computerized communications control centre
- Consolidation of communications centres
- More appropriate triage of calls
- Optimise utilisation of vehicle tracking information for dispatch purposes
- Improve communication of information to crews through use of Mobile Data Terminals, improve radio network and when implemented by the South African Police Services (SAPS) utilize a terrestrial trunked radio system in conjunction with the SAPS
- Improve turn-around times for vehicles through better interfacing with Accident and Emergency Units, improved routing of patients (e.g. use of CHC for minor cases) and stricter control over resources by the dispatch
- Improve in-service training programmes relating to clinical skills, equipment use of policies and procedures
- Implement quality assurance programs – inspections, case reviews (M&Ms)
- Manage fleet appropriately

Interventions to improve the quality of care are:

- Ensuring appropriate equipment and consumables are available. This will be done through stricter enforcement of daily checklists of vehicles with regular routine inspections of the service to be done.
- Improving the cleanliness of vehicles
- Implementation of refresher courses for staff
- Implementation of Case Reviews and Continued Professional Development sessions
- Finalising reviewed Standard Operating Procedures.

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## Linking performance with budget

Table 37: Budget appropriation and expenditure

Programme per sub programme		2018/19						2017/18		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>3.1</b>	<b>Emergency Transport</b>									
	Current payments	1,258,249	-	-21,522	1,236,727	1,236,727	-	100%	1,199,581	1,199,581
	Transfers and subsidies	5,189	-	-1,432	3,757	3,757	-	100%	4,628	4,628
	Payments for capital assets	70,000	-	-4,198	65,802	65,802	-	100%	47,527	47,527
	<b>Total</b>	<b>1,333,438</b>	<b>-</b>	<b>-27,152</b>	<b>1,306,286</b>	<b>1,306,286</b>	<b>-</b>	<b>100%</b>	<b>1,251,736</b>	<b>1,251,736</b>
<b>3.2</b>	<b>Planned Patient Transport</b>									
	Current payments	141,148	-	-815	140,333	140,333	-	100%	125,761	125,761
	Transfers and subsidies	100	-	-69	31	31	-	100%	71	71
	Payments for capital assets	-	-	-	-	-	-	-	9	9
	<b>Total</b>	<b>141,248</b>	<b>-</b>	<b>-884</b>	<b>140,364</b>	<b>140,364</b>	<b>-</b>	<b>100%</b>	<b>125,841</b>	<b>125,841</b>

Source: Annual Financial Statements and BAS





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## PROGRAMME 4 - REGIONAL & SPECIALISED HOSPITALS

### Programme Description & Purpose

#### Programme Purpose

Deliver hospital services which are accessible, appropriate, and effective and provide general specialist services, including a specialized rehabilitation service, and a platform for training health professionals and research. *There are no changes to the Programme 4 structure.*

#### Sub-Programmes

##### ***Sub-Programme 4.1: General (Regional) Hospitals***

Render hospital services at a general specialist level and provides a training 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. TB centres of excellence will admit patients with complicated TB requiring isolation for public protection and specialised clinical management in the intensive phase of treatment to improve clinical outcomes. This strategy will reduce operational costs in the long term.

##### ***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/Sub-Acute 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 Objectives, Performance Indicators, Targets and Achievements

#### **Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards**

More than 90% of the hospitals assessed scored more than 75% on NCS self-assessment. A lot of effort was put to improve this performance through training and district roadshows by the Quality Assurance Directorate of the Province.

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## **Strategic Objective 1.7: Improve hospital efficiencies**

There is a general reduction of bed Utilisation rates in all levels of care. A BUR of 73.3 % for Regional hospitals was achieved in the 2018/2019 financial year against a target of 75%. Contributing to this performance is the hospitals such as King Dinuzulu which are not fully commissioned and yet classified as regional hospitals. St Aidan's is also gazetted as a regional hospital and has extremely low bed utilisation rate.

An average length of stay of 6.3 days for Regional hospitals was achieved against a target of 5.3 days. This is due to drastic shortage of required expertise of specialists particularly in hospitals in the periphery of the Province such as Madadeni and Ladysmith Hospital.

There are hospitals that have a mixed package of services leading to longer average length of stay. Examples include Madadeni which admits psychiatric and TB MDR patients in addition to ordinary regional level of care patients.

The cost per PDE for Regional hospitals is below target. This was as a result of under expenditure especially on COE due to the current moratorium on filling of non-exempted posts as part of the cost cutting measures of the Department.

The long ALOS in specialised psychiatric hospitals is as a result of state patients who stay longer than required due to a shortage of psychiatrists to assess and discharge them on time.

There was low bed utilisation rate for chronic hospitals in the Province. This is attributed to the extremely low bed utilisation rate of Clairwood hospital. The plan is to review utilisation and classification of Clairwood. Some wards have been identified for reclassification as well as infrastructural renovation. Palliative care services will be introduced in order to improve utilisation.

There is an urgent need to review the target of OPD Headcount for chronic hospitals as these hospitals should not have OPD Headcount by virtue of the package of services that they provide, their OPD Head count new and not referred target should therefore be zero.

The change in the TB Treatment regimen has resulted in more patients with MDR TB treated at community level. This has resulted to a drastic reduction in BUR of TB Hospitals as well as an increase in the Cost per PDE. There is therefore a need to rationalise TB hospitals in order to maximise efficiencies in these hospitals.



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## Regional Hospitals

**Table 38: Strategic Objectives, Indicators and Targets**

APP 2018/19: Page 148; Table 55 (PHS 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comments on Deviation
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>							
5.1.2) 60% (or more) public health hospitals achieved 75% or more on NCS self-assessment rate by March 2020	1. Hospital achieved 75% and more on NCS self-assessment rate	DHIS	81.8%	46.2%	92.3%	99.8%	Quality assurance teams are functional and implementation of Quality Improvement Plans is monitored continuously.
	Hospital achieved 75% and more on NCS self-assessment	Assessment Records	9	6	12		
	Hospitals conducted NCS self-assessment	NCS Self-Assessment Records	11	13	13		
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>							
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	2. Average length of stay - total	DHIS	6.3 Days	5.6 Days	6.3 Days	(12.5%)	Demand –driven that is difficult to predict with 100% accuracy.  Shortage and difficulty to attract and retain medical specialists at Regional Hospitals in the peripheral areas remains a challenge. Hospitals providing a mixed package of services further exacerbate this challenge.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	<i>1 788 569</i>	<i>1 700 364</i>	<i>1 831 609</i>		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	<i>56 392</i>	<i>53 569</i>	<i>24 908</i>		
	<i>Inpatient Separations total</i>	<i>Admission, Discharge, Death Registers</i>	<i>288 483</i>	<i>315 556</i>	<i>296 541</i>		
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	3. Inpatient bed utilisation rate - total	DHIS	71.7%	75.2%	73.3%	(2.5%)	Demand –driven that is difficult to predict with 100% accuracy.  Improved access to regional package of services by lower levels of care, however the
	<i>Inpatient days-total</i>	<i>DHIS; Midnight Census</i>	<i>1 788 569</i>	<i>1 700 364</i>	<i>1 831 609</i>		

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APP 2018/19: Page 148; Table 55 (PHS 1)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comments on Deviation
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	56 392	53 569	24 908		mixed package of services remains a confounder in this indicator.
	<i>Inpatient bed days available</i>	<i>DHIS</i>	2 535 233	2 331 556	2 532 070		
1.7.4) Maintain expenditure per PDE within the provincial norms	4. Expenditure per PDE	BAS; DHIS	R 3 127	R 3 377	R 3 068	9.2%	Performance is related to a decrease in SCM activities in hospitals during this reporting period.
	<i>Expenditure total</i>	<i>BAS ('000)</i>	8 469 490	8 476 009	8 543 973		
	<i>Patient day equivalents</i>	<i>DHIS</i>	2 708 807	2 510 224	2 785 187		
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>							
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	5. Complaint resolution within 25 working days rate	DHIS	94.2%	95%	87.3%	(8.1%)	Some complaints still under investigation due to their clinical nature, which takes longer to resolve and Uthukela District committee not fully functional
	<i>Complaint resolved within 25 working days</i>	<i>Complaints Register</i>	1 337	1 071	1 655		
	<i>Complaint resolved</i>	<i>Complaints Register</i>	1 420	1 127	1 895		
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	6. Complaints resolution rate	DHIS	82.9%	86%	89.2%	3.7%	Provincial Quality Assurance conducted a roadshow on compliance with national guidelines on complaint management
	<i>Complaint resolved</i>	<i>Complaints Register</i>	1 420	1 127	1 895		
	<i>Complaint received</i>	<i>Complaints Register</i>	1 712	1 311	2 124		
<b>Strategic Objective 2.7: Reduce maternal mortality</b>							
2.7.2) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60%	7. Delivery by caesarean section rate	DHIS	40.4%	39%	41.2%	(5.6%)	This is a demand –driven indicator strongly influenced by the burden of disease and clinical protocols and guidelines for the management of high-risk deliveries and therefore difficult to
	<i>Delivery by caesarean section</i>	<i>Theatre &amp; Delivery Registers</i>	28 695	28 571	31 014		

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APP 2018/19: Page 148; Table 55 (PHS 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comments on Deviation
(Tertiary), and 67% or less (Central) by March 2020	<i>Delivery in facility total</i>	<i>Theatre &amp; Delivery Registers</i>	70 955	73 261	75 196		predict with 100% accuracy. Most caesarean sections performed at Regional Hospitals are clinically indicated
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>							
1.7.5) Reduce the unreferrd outpatient department (OPD) headcounts by at least 7% per annum	8. OPD headcount - total	DHIS; OPD Tick Register	2 331 309	2 001 357	2 440 240	(21.9%)	Demand –driven indicator therefore difficult to predict with 100% accuracy. Lack of a PHC facility in close proximity to the hospital. Most clinics do not operate 24 hours or on weekends resulting in clients seeking services at hospital OPDs, which are accessible 24 hours a day.
	9. OPD headcount new case not referred	DHIS/ OPD Tick Register	221 192	203 644	246 774	(21.2%)	Lack of a PHC facility in close proximity to the hospital. Most clinics do not operate 24 hours or on weekends resulting in clients seeking services at hospital OPDs, which are accessible 24 hours a day.

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## Specialised Tuberculosis Hospitals

Table 39: Strategic Objectives, Indicators and Targets

APP 2018/19: Page 153; Table 57 (PHS 3a)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comments on Deviation
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>							
5.1.2) 60% (or more) public health hospitals achieved 75% or more on NCS self-assessment rate by March 2020	1. Hospital achieved 75% and more on NCS self-assessment rate	DHIS	71.4%	40%	100%	150%	Quality assurance teams are functional and Quality Improvement Plans are monitored continuously. The denominator does not include
	<i>Hospital achieved 75% and more on NCS self-assessment</i>	<i>Assessment Records</i>	5	4	7		
	<i>Hospitals conducted NCS self-assessment</i>	<i>Assessment Records</i>	7	10	7 <sup>42</sup>		
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	2. Complaint resolution within 25 working days rate	DHIS	100%	96.5%	97.7%	1.2%	Provincial Quality Assurance conducted a roadshow on compliance with national guidelines on complaint management and Patient Safety Incidents.
	<i>Complaint resolved within 25 working days</i>	<i>Complaints Register</i>	97	83	85		
	<i>Complaint resolved</i>	<i>Complaints Register</i>	97	86	87		
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>							
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	3. Complaints resolution rate	DHIS	93.3%	86.9%	100%	5.1%	Provincial Quality Assurance conducted a roadshow on compliance with national guidelines on complaint management and Patient Safety Incidents.
	<i>Complaint resolved</i>	<i>Complaints Register</i>	97	86	87		
	<i>Complaint received</i>	<i>Complaints Register</i>	104	99	87		

<sup>42</sup> The denominator does not include state-aided hospitals

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APP 2018/19: Page 153; Table 57 (PHS 3a)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comments on Deviation
1.7.3) Improve hospital efficiencies by reducing the average length of stay to 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 25.8 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	4. Average length of stay – total	DHIS	48 Days	40.1 Days	44.9 Days	(12%)	Demand –driven indicator therefore difficult to predict with 100% accuracy. Indicator influenced by the change in TB treatment regimen and the nature and number of referrals to TB Hospitals.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	135 359	143 885	87 703		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	94	36	2		
	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	2 822	3 591	1 955		
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	5. Inpatient bed utilisation rate – total	DHIS	43.7%	56.2%	36.5%	(35.1%)	Demand –driven indicator therefore difficult to predict with 100% accuracy. Indicator influenced by the change in TB treatment regimen and the nature and number of referrals to TB Hospitals.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	135 359	143 885	87 703		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	94	36	2		
	<i>Inpatient bed days available</i>	<i>DHIS</i>	309 736	256 221	240 561		
1.7.4) Maintain expenditure per PDE within the provincial norms	6. Expenditure per PDE	BAS; DHIS	R 4 750	R 2 932	R 6 190	(111.1%)	Influenced by BUR, since the change in treatment regimen has led to less patients treated as inpatients with the same resources.
	<i>Total expenditure TB Hospitals</i>	<i>BAS (R'000)</i>	788 127	884 431	697 285		
	<i>Patient day equivalents</i>	<i>DHIS</i>	165 929	301 649	112 649		
1.7.5) Reduce the unreferrred OPD headcounts by at least 7% per annum	7. OPD headcount – total	DHIS; OPD Tick Register	91 324	198 872	74 824	62.4%	Headcount is dependent on referrals. Changes in treatment protocols have also influenced performance.
	8. OPD headcount new case not referred	DHIS; OPD Tick Register	6 841	24 172	3 746	84.5%	Some hospitals have opened PHC services.

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## Specialised Psychiatric Hospitals

Table 40: Strategic Objectives, Indicators and Targets

APP 2018/19: Page 158; Table 59 (PHS 3b)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>							
5.1.2) 60% (or more) public health hospitals achieved 75% or more on NCS self-assessment rate by March 2020	1. Hospital achieved 75% and more on NCS self-assessment rate	DHIS	100%	33%	66.7%	102.1%	Quality assurance teams are functional and implementation of Quality Improvement plans is monitored continuously.
	<i>Hospital achieved 75% and more on NCS self-assessment</i>	<i>Assessment Records</i>	4	2	4		
	<i>Hospitals conducted NCS self-assessment</i>	<i>Assessment Records</i>	4	6	6		
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 and onwards	2. Complaint resolution within 25 working days rate	DHIS	103.4%	90.6%	98.1%	8.3%	Provincial QA conducted a roadshow on compliance with national guidelines on complaint management and Patient Safety Incidents.
	<i>Complaint resolved within 25 days</i>	<i>Complaints Register</i>	60	58	52		
	<i>Complaint resolved</i>	<i>Complaints Register</i>	58	64	53		
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	3. Complaints resolution rate	DHIS	43.6%	97%	86.9%	(10.4%)	Influencing factors include the nature of the complaint, the availability of records and the functionality of the Complaints Management Committees
	<i>Complaint resolved</i>	<i>Complaints Register</i>	58	64	53		
	<i>Complaint received</i>	<i>Complaints Register</i>	133	66	61		
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>							
1.7.3) Improve hospital efficiencies by reducing the average length of	4. Average length of stay – total	DHIS	318.6 Days	289.2 Days	399.4 Days	(38.1%)	Shortage of Psychiatrists especially in peripheral hospitals.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	<i>634 039</i>	<i>627 229</i>	<i>634 493</i>		

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APP 2018/19: Page 158; Table 59 (PHS 3b)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
stay to at least 5.5 days (District) 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 25.8 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	9	0	202		
	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	1 990	2 169	1 589		
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	5. Inpatient bed utilisation rate – total	DHIS	72.1%	72.1%	72.1%	0%	No deviation.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	634 039	627 229	634 493		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	9	0	202		
	<i>Inpatient bed days available</i>	<i>DHIS</i>	879 077	869 689	880 233		
1.7.4) Maintain expenditure per PDE within the provincial norms	6. Expenditure per PDE	BAS; DHIS	R 1 341	R 1 311	R 1 449	(10.5%)	Main cost drivers include COE especially since this is a specialist driven service requiring medical specialists and specialised nurses.
	<i>Total expenditure Psychiatric Hospitals</i>	<i>BAS (R'000)</i>	862 646	843 240	924 660		
	<i>Patient day equivalents</i>	<i>DHIS</i>	638 330	643 349	638 137		
1.7.5) Reduce the unreferrred OPD headcounts by at least 7% per annum	7. OPD headcount – total	DHIS; OPD Tick Register	11 739	13 592	10 328	24%	Demand –driven indicator and therefore difficult to predict with 100% accuracy. Headcount is based on referrals to this level of care.
	8. OPD headcount new case not referred	DHIS; OPD Tick Register	694	932	457	51.0%	Specialised package of services offered

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## Chronic/ Sub-Acute Hospitals

**Table 41: Strategic Objectives, Indicators and Targets**

APP 2018/19: Page 162; Table 61 (PHS 3c)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>							
5.1.2) 60% (or more) public health hospitals compliant with extreme and vital measures of the NCS by March 2020	1. Hospital achieved 75% and more on NCS self-assessment rate	DHIS	100%	100%	100%	0%	Quality assurance teams are functional and implementation of Quality Improvement plans is monitored.
	<i>Hospital achieved 75% and more on NCS self-assessment</i>	Assessment records	1	2	2		
	<i>Hospitals conducted NCS self-assessment</i>	Assessment records	1	2	2		
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	2. Complaint resolution within 25 working days rate	DHIS	97.8%	100%	94.3%	(5.7%)	Influencing factors include the nature of the complaint, the availability of records and the functionality of the Complaints Management Committee.
	<i>Complaint resolved within 25 days</i>	Complaints Register	44	57	50		
	<i>Complaint resolved</i>	Complaints Register	45	57	53		
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	3. Complaints resolution rate	DHIS	91.8%	98.3%	93%	(5.4%)	Influencing factors include the nature of the complaint, the availability of records and the functionality of the Complaints Management Committee
	<i>Complaint resolved</i>	Complaints Register	45	57	53		
	<i>Complaint received</i>	Complaints Register	49	58	57		
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>							
1.7.3) Improve hospital efficiencies by reducing the average length of	4. Average length of stay – total	DHIS	39.1 Days	33.8 Days	35.9 Days	(6.2%)	Demand-driven indicator, therefore difficult to predict with 100% accuracy.
	<i>Inpatient days-total</i>	Midnight Census	90 296	104 700	96 875		



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APP 2018/19: Page 162; Table 61 (PHS 3c)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
stay to at least 5.5 days (District) 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	0	0	6		
	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	2 312	3 098	2 702		
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	5. Inpatient bed utilisation rate – total	DHIS	46.8%	65.6%	51.5%	(21.5%)	Demand-driven indicator, therefore difficult to predict with 100% accuracy. Assessment revealed that Clairwood hospital is not fully utilised as a referral/step-down institution by other hospitals.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	90 296	104 700	96 875		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	0	0	6		
	<i>Inpatient bed days available</i>	<i>DHIS</i>	192 802	159 544	187 996		
1.7.4) Maintain expenditure per PDE within the provincial norms	6. Expenditure per PDE	BAS; DHIS	R 2 940	R 2 727	R 3 277	(20.2%)	Indicator is influenced negatively by low bed utilisation rates.
	<i>Total expenditure – Chronic Hospitals</i>	<i>BAS (R'000)</i>	381 700	399 778	402 745		
	<i>Patient day equivalent</i>	<i>DHIS</i>	129 841	146 622	122 894		
1.7.5) Reduce the unreferral OPD headcounts by at least 7% per annum	7. OPD headcount – total	DHIS; OPD Tick register	118 636	139 872	78 039	44.2%	Demand-driven indicator, therefore difficult to predict with 100% accuracy. Due to poor utilisation rates, some hospitals are now providing PHC services
	8. OPD headcount new cases not referred	DHIS; OPD Tick register	40 370	44 702	41 373	7.4%	

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## Oral and Dental Training Centre

**Table 42: Strategic Objectives, Indicators and Targets**

APP 2018/19: Page 166; Table 63							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>							
4.1.12) Strengthening the dental prosthesis and training platform	1. Number of dentures issued per annum	Dental Register	163	300	129	(57%)	Addington and King Dinuzulu hospitals which are key facilities in providing this service lost some clinicians.
	2. Number of Oral Hygienists and Dental Therapists trained per annum	Training Register	30	40	34 <sup>43</sup>	(15)	Dependent on the number of students passing the 1 <sup>st</sup> and 2 <sup>nd</sup> year studies

<sup>43</sup> There were no Oral Hygienists who completed training during the financial year

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## Changes to planned targets

No official change of targets in the reporting year.

## Strategies to overcome areas of under-performance

### Regional Hospital

- Specialists posts are being advertised
- The process of recruiting foreign specialists is being explored
- The Registrar training steering committee to decide on targeted training posts to cover specialist gaps in peripheral hospitals
- Innovative strategies such as e-ICU and e-Psychiatry are being explored
- Conducting clinical audits to ascertain and monitor indication for caesarean sections at perinatal mortality meetings
- Engagement with local government to encourage patients to utilize referral pathways

### Specialized TB Hospital

- Conduct standard treatment protocols and guidelines compliance audits
- Implement clinical governance policy including compliance with admission and discharge policies
- Finalise discussions and implement rationalisation plan

### Specialized Psychiatric Hospital

- Identify key cost drivers and review targets where applicable and implement developed improvement plans

### Chronic/Sub-acute Hospital

- Implementation of the rationalisation plan following the assessment on utilisation of Clairwood hospital

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## Linking performance with budget

Table 43: Budget appropriation and expenditure

Programme per sub programme	2018/19							2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
<b>4.1</b>	<b>General (Regional) Hospitals</b>									
	Current payments	8,613,154	-31,634	-65,957	8,515,563	8,543,972	-28,409	100.3%	8,215,651	8,208,276
	Transfers and subsidies	209,862	-	19,131	228,993	240,068	-11,075	104.8%	253,839	261,214
	Payments for capital assets	115,367	-	825	116,192	98,066	18,126	84.4%	110,992	110,992
	Payment for financial assets				-		-	-	-25	-25
	<b>Total</b>	<b>8,938,383</b>	<b>-31,634</b>	<b>-46,001</b>	<b>8,860,748</b>	<b>8,882,106</b>	<b>-21,358</b>	<b>100.2%</b>	<b>8,580,457</b>	<b>8,580,457</b>
<b>4.2</b>	<b>Tuberculosis Hospitals</b>									
	Current payments	763,089	-7,013	-59,310	696,766	697,285	-519	100.1%	749,327	756,703
	Transfers and subsidies	17,941	-	62	18,003	18,003	-	100%	38,801	31,425
	Payments for capital assets	10,014	-	-	10,014	2,254	7,760	22.5%	1,361	1,361
	<b>Total</b>	<b>791,044</b>	<b>-7,013</b>	<b>-59,248</b>	<b>724,783</b>	<b>717,542</b>	<b>7,241</b>	<b>99%</b>	<b>789,489</b>	<b>789,489</b>
<b>4.3</b>	<b>Psychiatric / Mental Hospitals</b>									
	Current payments	934,847	-757	-9,430	924,660	924,660	-	100%	859,454	859,454
	Transfers and subsidies	3,127	-	1,628	4,755	4,755	-	100%	3,192	3,192
	Payments for capital assets	5,180	-	-	5,180	4,322	858	83.4%	3,032	3,032
	<b>Total</b>	<b>943,154</b>	<b>-757</b>	<b>-7,802</b>	<b>934,595</b>	<b>933,737</b>	<b>858</b>	<b>99.9%</b>	<b>865,678</b>	<b>865,678</b>
<b>4.4</b>	<b>Chronic Medical Hospitals</b>									
	Current payments	410,711	-509	-7,456	402,746	402,746	-	100%	379,818	379,818

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Programme per sub programme		2018/19						2017/18		
		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	1,165	-	927	2,092	2,092	-	100%	1,882	1,882
	Payments for capital assets	6,600	-	-	6,600	3,096	3,504	46.9%	1,921	1,921
	<b>Total</b>	418,476	-509	-6,529	411,438	407,934	3,504	99.1%	383,621	383,621
<b>4.5</b>	<b>Dental Training Hospitals</b>									
	Current payments	20,490	-	2,285	22,775	22,775	-	100%	19,863	19,863
	Transfers and subsidies	-	-	-	-	-	-	-	103	103
	<b>Total</b>	20,490	-	2,285	22,775	22,775	-	100%	19,966	19,966

Source: Annual Financial Statements and BAS



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## PROGRAMME 5 - TERTIARY & CENTRAL HOSPITALS

### Programme Description & Purpose

#### Programme Purpose

To provide tertiary health services and creates a platform for training of health professionals

*There are no changes to the structure of Programme 5.*

#### Sub-Programmes

##### ***Sub-Programme 5.1: Central Hospitals***

Render highly specialised medical health tertiary 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 Professionals.

### Strategic Objectives, Performance Indicators, Targets and Achievements

#### **Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards**

Grey's is the only hospital that scored more than 75 % on NCS self-assessment. There are a lot of infrastructural challenges at King Edward that are currently being attended to following the storm damage of October 2017.

#### **Strategic Objective 1.7: Improve hospital efficiencies**

The ALOS of 7.9 days is as a result of improved package of services at lower levels of care as well as outreach services therefore minimising the need for upward referral. The BUR is below the target. This is also due to hospitals like Ngwelezane which is being developed to be a fully-fledged tertiary hospital and currently provides mixed package of district, regional and limited tertiary service.

The high Cost per PDE is attributed to COE due to specialist nature of services provided at both tertiary as well as central hospitals. There are also high cost drivers in the form of renal dialysis and orthopaedic implants as well as package of services related consumables which are costly in nature and utilised at these levels of care.

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## Tertiary Hospitals

**Table 44: Strategic Objectives, Indicators and Targets – Greys, King Edward VIII, Ngwelezana Hospitals**

APP 2018/19: Page 174; Table 69 (C&THS 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comments on Deviation
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>							
5.1.2) 60% (or more) public health hospitals achieved 75% or more on NCS self-assessment rate by March 2020	1. Hospital achieved 75% and more on NCS self-assessment rate	DHIS	100%	66%	33.3%	(49.5%)	One of the hospitals that conducted the NCS self-assessment performed poorly in all measures of compliance.
	Hospital achieved 75% and more on NCS self-assessment	<i>Assessment records</i>	2	2	1		
	Hospitals conducted National Core Standards self-assessment	<i>Assessment records</i>	2	3	3		
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>							
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	2. Average length of stay - total	DHIS	7.5 Days	9.4 Days	7.9 Days	16%	This is a demand driven indicator and difficult to estimate with 100% accuracy. Due to adherence to referral protocols and adherence to clinical guidelines.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	405 478	278 885	437 438		
	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	18 258	15 641	6911		
	<i>Inpatient separations total</i>	<i>Admission/ Discharge Register</i>	55 144	31 217	56 435		
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March	3. Inpatient bed utilisation rate - total	DHIS	67.8%	75%	69.7%	(7.1%)	This is a demand driven indicator and difficult to estimate with 100% accuracy. Due to adherence to referral protocols and
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	405 478	278 885	437 438		



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APP 2018/19: Page 174; Table 69 (C&THS 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comments on Deviation
2020	<i>½ Day Patients</i>	<i>Admission/ Discharge Register</i>	18 258	15 641	6 911		adherence to clinical guidelines.
	<i>Inpatient bed days available</i>	<i>DHIS</i>	611 716	392 603	637 269		
1.7.4) Maintain expenditure per PDE within the provincial norms	4. Expenditure per PDE	BAS; DHIS	R 4 038	R 4 029	R 4 050	(0.5%)	High cost drivers are consumables for Renal Dialysis, implants and prosthesis.
	<i>Expenditure – Total Tertiary Hospital</i>	<i>BAS ('000)</i>	2 320 096	2 498 677	2 435 582		
	<i>Patient day equivalents</i>	<i>DHIS</i>	574 551	620 227	601 433		
<b>Strategic Objective 5.1: Improve compliance to the ideal Clinic and National Core Standards</b>							
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 onwards	5. Complaint resolution within 25 working days rate	DHIS	94.2%	97%	89.5%	(7.7%)	Influencing factors include the nature of the complaint, the availability of records and the functionality of the Complaints Management Committees
	<i>Complaint resolved within 25 working days</i>	<i>Complaints Register</i>	196	161	171		
	<i>Complaint resolved</i>	<i>Complaints Register</i>	208	166	191		
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	6. Complaint resolution rate	DHIS	75.4%	86.9%	84.5%	(2.8%)	Influencing factors include the nature of the complaint, the availability of records and the functionality of the Complaints Management Committees
	<i>Complaint resolved</i>	<i>Complaints Register</i>	208	166	191		
	<i>Complaint received</i>	<i>Complaints Register</i>	276	191	226		
<b>Strategic Objective 2.7: Reduce maternal mortality</b>							
2.7.2) Reduce the caesarean section rate to 27.5% (District), 37%	7. Delivery by caesarean section rate	DHIS	50.3%	69%	51.7%	25%	Demand driven indicator that is difficult to estimate with 100% accuracy. Caesarean sections performed at Tertiary
	<i>Delivery by caesarean section</i>	<i>Theatre Register</i>	3 481	5 381	4 270		

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APP 2018/19: Page 174; Table 69 (C&THS 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comments on Deviation
(Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	<i>Delivery in facility total</i>	<i>Delivery &amp; Theatre Register</i>	6 924	7 798	8 259		Hospitals are clinically indicated.
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>							
1.7.5) Reduce the unreferrred OPD headcounts by at least 7% per annum	8. OPD headcount – total	DHIS; Tick Register OPD	418 777	380 152	411 005	(8%)	Indicator is based on referrals
	9. OPD headcount new cases not referred	DHIS; Tick Register OPD	35 707	28 824	31 956	(10.9%)	PHC patients access services at Ngwelezana and King Edward VIII Hospitals mainly after hours due to their accessibility  Limited hours of operation at gateway clinic.

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## Central Hospitals

Table 45: Strategic Objectives, Indicators and Targets – Inkosi Albert Luthuli Central Hospital

APP 2018/19: Page 179; Table 71 (C&THS 3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comments on Deviation
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>							
5.1.2) 60% (or more) public health hospitals achieved 75% or more on NCS self-assessment rate by March 2020	1. Hospital achieved 75% and more on NCS self-assessment rate	DHIS	100%	100%	100%	0%	No deviation.
	<i>Hospital achieved 75% and more on NCS self-assessment</i>	<i>Assessment records</i>	<i>1</i>	<i>1</i>	<i>1</i>		
	<i>Hospitals conducted NCS self-assessment</i>	<i>Assessment records</i>	<i>1</i>	<i>1</i>	<i>1</i>		
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>							
1.7.3) Improve hospital efficiencies by reducing the average length of stay to at least 5.5 days (District), 5.3 (Regional), 15 days (TB), 286.5 days (Psych), 28.5 days (Chronic), 9 days (Tertiary), and 8.6 days (Central) by March 2020	2. Average length of stay - total	DHIS	8.4 Days	8.8 Days	8.7 Days	1.1%	Demand driven indicator therefore difficult to predict with 100% accuracy. Improved clinical management and down referral of patients. The department has made efforts to improve the availability and functionality of investigative medical equipment such as CT scanners, X-rays, Ultrasound, etc. The availability of the essential medical equipment improves clinical care and clinical outcomes.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	<i>201 761</i>	<i>204 459</i>	<i>202 355</i>		
	<i>½ Day Patients</i>	<i>Admission Discharge Register</i>	<i>1 542</i>	<i>1 649</i>	<i>799</i>		
	<i>Inpatient separations</i>	<i>Admission Discharge Register</i>	<i>24 002</i>	<i>23 429</i>	<i>23 428</i>		
1.7.1) Maintain a bed utilisation rate of 75% (or more) by March 2020	3. Inpatient bed utilisation rate - total	DHIS	65.6%	66.8%	65.8%	(1.5%)	Demand driven indicator therefore difficult to predict with 100% accuracy. Improved BUR due to patients being assessed and treated at the appropriate level of care.
	<i>Inpatient days-total</i>	<i>Midnight Census</i>	<i>201 761</i>	<i>204 459</i>	<i>202 355</i>		
	<i>½ Day Patients</i>	<i>Admission/Discharge Register</i>	<i>1 542</i>	<i>1 649</i>	<i>799</i>		

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APP 2018/19: Page 179; Table 71 (C&THS 3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comments on Deviation
	<i>Inpatient bed days available</i>	DHIS	308 824	308 730	308 824		
1.7.4) Maintain expenditure per PDE within the provincial norms	4. Expenditure per PDE	BAS; DHIS	R 9 354	R 8 373	R 9 456	(12.9%)	Overspending on Surgical implants, Prosthesis and accruals due to increased patients clinical procedures and surgical services to reduce waiting times.
	<i>Total expenditure Central Hospital</i>	BAS ('000)	2 466 385	2 260 631	2 525 312		
	<i>Patient day equivalents</i>	DHIS	263 660	269 988	267 069		
<b>Strategic Objective 5.1: Improve compliance to the Ideal Clinic and National Core Standards</b>							
5.1.7) Sustain a 95% (or more) complaint resolution within 25 working days rate in all public health facilities by March 2020 and onwards	5. Complaint resolution within 25 working days rate	DHIS	93%	95.9%	100%	4.3%	Compliance with national guidelines on management of complaints and Patient Safety Incidents being assessed on an ongoing basis.
	<i>Complaint resolved within 25 working days</i>	Complaints Register	135	118	138		
	<i>Complaint resolved</i>	Complaints Register	145	123	138		
5.1.6) Sustain a complaint resolution rate of 95% (or more) in all public health facilities from March 2020 onwards	6. Complaints resolution rate	DHIS	100%	99.2%	100%	0.8%	Compliance with national guidelines on management of complaints and Patient Safety Incidents being assessed on an ongoing basis.
	<i>Complaint resolved</i>	Complaints Register	145	123	138		
	<i>Complaint received</i>	Complaints Register	145	124	138		
<b>Strategic Objective 2.7: Reduce maternal mortality</b>							
2.7.2) Reduce the caesarean section rate to 27.5% (District), 37% (Regional), 60% (Tertiary), and 67% or less (Central) by March 2020	7. Delivery by caesarean section rate	DHIS	77%	75%	77.8%	(3.7%)	Demand driven indicator that is difficult to predict with 100% accuracy.  All caesarean sections performed at IALCH meet the entry criteria which are at Tertiary services level 2 and Tertiary services level 3 as clinically indicated.
	<i>Delivery by caesarean section</i>	Theatre Register	341	314	365		
	<i>Delivery in facility total</i>	Delivery Register	441	419	469		

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APP 2018/19: Page 179; Table 71 (C&THS 3)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comments on Deviation
<b>Strategic Objective 1.7: Improve hospital efficiencies</b>							
1.7.6) Appropriate referral as per referral criteria	8. OPD headcount – total	DHIS; Tick Register OPD	178 721	191 464	187 053	(2.3%)	Demand driven indicator that is difficult to predict with 100% accuracy. Influenced by referrals by Regional and Tertiary hospitals and review cases.

# 2018/19 ANNUAL REPORT

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## Changes to planned targets

No official change of targets in the reporting year.

## Strategies to overcome areas of under-performance

### Tertiary Hospitals

- Capacitation of referring facilities with regard to adherence to referral protocols
- Implementation of admission and discharge criteria
- Monitoring and comparing bed utilisation trends and implementation of improvement plans
- Identification of cost drivers and implementation of improvement plans
- Ensuring compliance with National guidelines on the management of complaints and Patient Safety Incidents
- Conducting audits and verifying compliance with regard to delivery by caesarean section
- Exploring the possibility of increasing service hours at King Edward VIII gateway clinic in order to address the challenge of OPD headcount new cases not referred

### Central Hospital

- Expediting the filling of critical posts in order to improve capacity and quality of care at lower levels of care thus reducing inappropriate referrals
- Implementation of the admission and discharge criteria
- Identification of cost drivers and implementation of improvement plans
- Conducting audits and verifying compliance with regard to delivery by caesarean section

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## Linking performance with budget

Table 46: Budget appropriation and expenditure

Programme per sub programme	2018/19							2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
<b>5.1</b>	<b>Central Hospital Services</b>									
	Current payments	2,415,872	-7,995	117,435	2,525,312	2,525,312	-	100%	2,462,568	2,462,568
	Transfers and subsidies	8,806	-	61	8,867	13,360	-4,493	150.7%	3,817	3,817
	Payments for capital assets	-	-	706	706	706	-	100%	-	-
	<b>Total</b>	<b>2,424,678</b>	<b>-7,995</b>	<b>118,202</b>	<b>2,534,885</b>	<b>2,539,378</b>	<b>-4,493</b>	<b>100.2%</b>	<b>2,466,385</b>	<b>2,466,385</b>
<b>5.2</b>	<b>Provincial Tertiary Hospitals Services</b>									
	Current payments	2,400,971	-8,792	28,385	2,420,564	2,435,583	-15,019	100.6%	2,292,267	2,292,267
	Transfers and subsidies	17,985	-	145	18,130	70,003	-51,873	386.1%	7,898	27,829
	Payments for capital assets	112,359	-	7,772	120,131	53,239	66,892	44.3%	97,573	77,642
	<b>Total</b>	<b>2,531,315</b>	<b>-8,792</b>	<b>36,302</b>	<b>2,558,825</b>	<b>2,558,825</b>	<b>-</b>	<b>100%</b>	<b>2,397,738</b>	<b>2,397,738</b>

Source: Annual Financial Statements and BAS





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## PROGRAMME 6 - HEALTH SCIENCES & TRAINING

### Programme Description & Purpose

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 Objectives, Performance Indicators, Targets and Achievements

### **Strategic Objective 4.1: Improve human resources for health**

The Department awarded 283 internal bursaries for staff in January 2019. 22 Students completed the Medical Orthotic and Prosthetics Course. 70 Pharmacy Assistants were enrolled for training with 50 Students self-funding their studies. Midwives training target of 30 was exceeded to 80 as a result of 2 additional campuses that commenced training on this program.

### **Strategic Objective 4.3: Accreditation of KZNCN as Institution of Higher Education**

The process of accreditation of KZN College of Nursing as a Higher Education Institution is still not finalised, however the process is ongoing and is unfortunately dependent on the external accreditation bodies (South African Nursing Council & the Council for Higher Education) There are constant engagements between the relevant bodies to ensure the process progress.

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**Table 47: Strategic Objectives, Indicators and Targets**

APP 2018/19: Page 190; Table 77 (HST 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 4.1: Improve human resources for health</b>							
4.1.4) Allocate 197 bursaries for first year medicine students between 2015/16 and 2019/20	1. Number of bursaries awarded for first year medicine students	Bursary Register	8	30	12	(60.0%)	Financial constraints impacted on the number of bursaries awarded. Budget cuts implemented by the Budget Office warranted a review of the actual number of bursaries awarded.
4.1.5) Allocate 1 000 bursaries for 1 <sup>st</sup> year nursing students between 2015/16 and 2019/20	2. Number of bursaries awarded for first year nursing students	Bursary Register	199	150	120 <sup>44</sup>	(20%)	The Departmental needs were reduced to 120 due to budgetary constraints and hence only 120 students were part of the intake.
<b>Strategic Objective 4.3: Accreditation of KZNCN as Institution of Higher Education</b>							
4.3.1) KZNCN accredited as IHE by March 2017	3. KZNCN accredited as Institution of Higher Education	Accreditation Certificate	Not accredited	Accredited	Not accredited	(100%)	Accreditation process is dependent on the accreditation bodies, namely SANC and CHE
<b>Strategic Objective 4.1: Improve human resources for health</b>							
4.1.9) Increase enrolment of Advanced Midwives by at least 10% per annum pending available budget	4. Number of Advanced Midwives graduating per annum	KZNCN Database	81	30	80	166.7%	An additional 2 campuses commenced with training in this programme.
4.1.8) Increase the number of MOP's who successfully completed the degree course at DUT to 61 (cumulative) by March 2020	5. Number of MOP's that successfully completed the degree course at DUT	Training Report/ Student Records DUT	36	18	22	22.2%	Students from the previous academic year that re-wrote to complete their studies were included in the current academic year hence the target was exceeded.

<sup>44</sup> The total number of students which were taken is 120, 20 were in-service employees according to Departmental policy

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APP 2018/19: Page 190; Table 77 (HST 1)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
4.1.6) Increase intake of Mid-Level Workers with at least 10% per annum (pending availability of budget)	6. Number of new Pharmacy Assistants enrolled in training courses	Annual Training Report	0	20	70	250%	50 Pharmacy Assistants self-funded their studies.
4.1.7) Improve the EMS skills pool by increasing the number ILS student intakes to 300 by March 2020	7. Number of Intermediate Life Support graduates per annum	Training Report; EMS College Register	48	72	70 <sup>45</sup>	(2.8%)	The reason why the target of 72 was not met was due to failure rates. 100% pass rate could not be achieved.

## Changes to planned targets

No official change of targets in the reporting year.

## Strategies to overcome areas of under-reporting

Financial constraints have resulted in the reduction of student intake for the medical, nursing & other students; this will be taken into consideration in the next financial year Plan

<sup>45</sup> The 30 students currently in training are not included here as they will be reported in the next financial year

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## Linking performance with budget

Table 48: Budget appropriation and expenditure

Programme per sub programme		2018/19						2017/18		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>6.1</b>	<b>Nursing Training Colleges</b>									
	Current payments	260,006	-	-9,675	250,331	251,382	-1,051	100.4%	260,434	260,434
	Transfers and subsidies	1,380	-	2,199	3,579	3,579	-	100%	4,161	4,161
	Payments for capital assets	5,106	-	-3,921	1,185	134	1,051	11.3%	1,433	1,433
	<b>Total</b>	<b>266,492</b>	<b>-</b>	<b>-11,397</b>	<b>255,095</b>	<b>255,095</b>	<b>-</b>	<b>100%</b>	<b>266,028</b>	<b>266,028</b>
<b>6.2</b>	<b>EMS Training Colleges</b>									
	Current payments	18,936	-	-265	18,671	18,671	-	100%	17,126	17,126
	Transfers and subsidies	141	-	-1	140	140	-	100%	118	118
	Payments for capital assets	-	-	39	39	39	-	100%	537	537
	<b>Total</b>	<b>19,077</b>	<b>-</b>	<b>-227</b>	<b>18,850</b>	<b>18,850</b>	<b>-</b>	<b>100%</b>	<b>17,781</b>	<b>17,781</b>
<b>6.3</b>	<b>Bursaries</b>									
	Current payments	26,462	-	-11,801	14,661	14,661	-	100%	26,718	26,718
	Transfers and subsidies	237,557	-	10,762	248,319	248,319	-	100%	286,534	286,534
	<b>Total</b>	<b>264,019</b>	<b>-</b>	<b>-1,039</b>	<b>262,980</b>	<b>262,980</b>	<b>-</b>	<b>100%</b>	<b>313,252</b>	<b>313,252</b>
<b>6.4</b>	<b>Primary Health Care Training</b>									
	Current payments	52,844	-	-6,463	46,381	46,381	-	100%	47,033	47,033
	Transfers and subsidies	380	-	-2	378	378	-	100%	417	417
	Payments for capital assets	4,129	-	-4,129	-	-	-	-	-	-

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Programme per sub programme		2018/19						2017/18		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	<b>Total</b>	57,353	-	-10,594	46,759	46,759	-	100%	47,450	47,450
<b>6.5</b>	<b>Training Other</b>									
	Current payments	614,444	-	-37,528	576,916	576,916	-	100%	582,387	582,387
	Transfers and subsidies	21,051	-	-31	21,020	21,020	-	100%	19,141	19,141
	Payments for capital assets	-	-	10	10	10	-	100%	11	11
	<b>Total</b>	635,495	-	-37,549	597,946	597,946	-	100%	601,539	601,539

Source: Annual Financial Statements (BAS)



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## PROGRAMME 7 - HEALTH CARE SUPPORT SERVICES

### Programme Description & 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 Objectives, Performance Indicators, Targets and Achievements

### **Strategic Objective 5.2: Improve quality of care**

The department has managed to increase the number of facilities that are enrolled in the CCMDD programme from 717 to 735 in 2018/19 financial year. More facilities will be enrolled in 2019/20 financial year including Greys (Tertiary Hospital), Town Hill (Psychiatric Hospital) and some mobile clinics.

The number of Pick up points linked to CCMDD have also increased remarkably from 3 050 in 2017/18 to 4 390 exceeding the 3000 target set in 2018/19.

Although the number of patients enrolled on CCMDD is below the target when comparing to the actual achieved, this was a direct result of the termination of contract with the service provider. When the service provider was changed, the department lost the data base of the patients which was done by the service provider. In essence this actual achieved does not mean that the department has de-registered patients on the programme, but the access to the data is the challenge.

One facility has obtained the A and B grading, which places the province at 97.9% on this indicator. The department will be focusing on the Bruntville CHC infrastructure (Pharmacy) for the 2019/20 financial year.

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**Table 49: Strategic Objectives, Indicators and Targets**

APP 2018/19: Page 200; Table 83 (HCSS 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
<b>Strategic Objective 1.9: Strengthen health system effectiveness</b>							
1.9.2) Decrease and maintain zero clean linen stock outs in facilities from March 2020 onwards	1. Percentage of facilities reporting clean linen stock outs	Laundry Register	3%	1.4%	8.3%	(492.9%)	District report of clean linen stock outs due to faulty water pump that supplies water to laundry machines. Multiple hospitals are cited to have a similar reason for stock-outs of clean linen.
	<i>Number of facilities reporting clean linen stock out</i>	<i>Laundry Register</i>	2	1	6		
	<i>Facilities total</i>	<i>DHIS</i>	73	72	72		
1.9.5) Implement the approved Forensic Pathology Rationalisation Plan by March 2019	2. Forensic Pathology Rationalisation Plan	FPS Reports/Rationalisation Plan	Plan not approved	Approved plan	Not Approved	(100%)	Minimum Staff establishment within FPS facilities has started.
1.9.1) Increase the number of operational Orthotic Centres to 4 by March 2020	3. Number of operational Orthotic Centres - cumulative	Operational Centres reports	0 (2)	3	2	(50%)	Awaiting the nomination of consultants to demolish and build centres
<b>Strategic Objective 5.2: Improve quality of care</b>							
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	Pharmacy database/Grading Certificates	94%	95.8%	97.9%	2.2%	Denominator reduced.
	<i>Pharmacies with A or B Grading</i>	<i>Grading Certificates</i>	89	91	92		
	<i>Number of pharmacies</i>	<i>Pharmacy Records</i>	95	95	94		
5.2.3) Decrease medicine stock-out	5. Tracer medicine stock-out rate (PPSD)	Pharmacy Database	8.9%	3%	10.1%	(236.7%)	Supply challenges and follow up with suppliers with regard to contract management is not



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APP 2018/19: Page 200; Table 83 (HCSS 1)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
rates to less than 1% in all health facilities and PPSD by March 2020	<i>Number of tracer medicine out of stock</i>	<i>Pharmacy Records</i>	49	<i>Fluctuates</i>	56		optimal due to staff shortage.
	<i>Total number of tracer medicine expected to be in stock</i>	<i>Pharmacy Records</i>	552	<i>Fluctuates</i>	552		Supply challenges relate to: <ul style="list-style-type: none"> <li>• Shortages of Active Pharmaceutical Ingredients (API) globally;</li> <li>• Discontinuation of products by suppliers/manufacturers;</li> <li>• Manufacturing sites not complying with Good Manufacturing Practice (GMP) regulations;</li> <li>• Actual demand was higher than forecasted demand for some items;</li> <li>• Formulation batch failures;</li> <li>• Cession of manufacturing license to another company; and</li> <li>• Regulatory compliance issues.</li> </ul>
	6. Tracer medicine stock-out rate (Institutions)	Pharmacy Database	1.6%	1.5%	3.2%	(113.3%)	Supply challenges as outlined above.
	<i>Number of tracer medicines stock out in bulk store</i>	<i>Pharmacy Records</i>	3 614	<i>Fluctuates</i>	8880		
	<i>Number of tracer medicines expected to be stocked in the bulk store</i>	<i>Pharmacy Records</i>	224 778	<i>Fluctuates</i>	273882		
5.2.4) Improve pharmaceutical procurement and distribution reforms	7. Percentage facilities on Direct Delivery Model for Procurement and Distribution of Pharmaceuticals	Pharmacy Database	99%	100%	100%	0%	No deviation
	<i>Number of facilities on Direct Delivery Model</i>	<i>Facilities Records</i>	93	94	93		

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Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
	<i>Total number of facilities eligible for Direct Delivery Model</i>	<i>Pharmacy Database</i>	94	94	93		
8.	Percentage facilities on Cross-Docking Model for Procurement and Distribution of Pharmaceuticals	Pharmacy Database	0%	40%	0	(100%)	The SCM bid process for the Distribution Contract that will accommodate Cross-docking services has been cancelled.
	<i>Number of facilities on Cross-Docking Model</i>	<i>Pharmacy Database</i>	0	298	0		
	<i>Total number of facilities eligible for Cross-Docking Model</i>	<i>Pharmacy Database</i>	746	746	746		
9.	Percentage of items on Direct Delivery and Cross Docking Model	Pharmacy Database	68.2%	70%	71.7%	2.4%	
	<i>Number of items on Direct Delivery and Cross Docking Model</i>	<i>Pharmacy Database</i>	612	<i>Fluctuates</i>	642		
	<i>Total number of items in the Provincial Essential Medicines Catalogue</i>	<i>Provincial Essential Medicines Catalogue</i>	898	<i>Fluctuates</i>	896		
10.	Number of facilities implementing the CCMDD Programme	Pharmacy Database	713	717	735	2.5%	Districts have initiated CCMDD enrolment in the facilities that were outstanding from the previous year.
11.	Number of patients enrolled on CCMDD programme (cumulative)	Pharmacy Database	1 034 621	1 350 000	994 263	(26.4%)	Districts / Facilities could not provide "cumulative" data. The change in the service provider made it difficult to track this data as the information is extracted from the service provider system. Active patients' data has been provided.

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APP 2018/19: Page 200; Table 83 (HCSS 1)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comment on Deviation
	12. Number of pick-up points linked to CCMD	Pharmacy Database	3 050	3 000	4 390	46.3%	The facilities have aggressively established pick-up-points that are convenient to the patients.

## Changes to planned targets

No official change of targets in the reporting year.

## Strategies to overcome areas of under-performance

- Motivate for the filling of the vacancies for Demand Management and Contract Management functions. The submission is with Human Resource Management Services
- The department has experienced supplier challenges with regards to medicine deliveries. Follow up with suppliers regarding deliveries will be strengthened

## Linking performance with budget

Table 50: Budget appropriation and expenditure

Programme per sub programme	2018/19							2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
<b>7.1</b>	<b>Medicine Trading Account</b>									
	Current payments	58,622	194,998	-2,155	251,465	251,465	-	100%	-	-
	Transfers and subsidies	-	-	36	36	36	-	100%	-	-
	Payments for capital assets	855	-	-665	190	190	-	100%	-	-

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Programme per sub programme		2018/19						2017/18		
		Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	<b>Total</b>	59,477	194,998	-2,784	251,691	251,691	-	100%	-	-
<b>7.2</b>	<b>Laundry Services</b>									
	Current payments	176,637	-	2,514	179,151	179,151	-	100%	165,606	152,803
	Transfers and subsidies	299	-	-100	199	199	-	100%	1,233	1,233
	Payments for capital assets	5,460	-	-5,329	131	131	-	100%	1,726	1,726
	<b>Total</b>	182,396	-	-2,915	179,481	179,481	-	100%	168,565	155,762
<b>7.3</b>	<b>Orthotic and Prosthetic Services</b>									
	Current payments	52,111	-	-7,221	44,890	46,315	-1,425	103.2%	36,689	36,689
	Transfers and subsidies	299	-	-81	218	218	-	100%	28	28
	Payments for capital assets	9,357	-	-	9,357	7,932	1,425	84.8%	5,723	5,723
	<b>Total</b>	61,767	-	-7,302	54,465	54,465	-	100%	42,440	42,440

Source: Annual Financial Statements (BAS)

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## PROGRAMME 8 - HEALTH FACILITIES MANAGEMENT

### Programme Description & Purpose

Provision of new health facilities and the refurbishment, upgrading and maintenance of existing health 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 and 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 Objectives, Performance Indicators, Targets and Achievements

#### **Strategic Objective 3.3: Improved health facility planning and infrastructure delivery**

The Health Facilities Management programme performed well in the period under review in the face of continued challenges which includes reduced budget, poor performance by implementing agents and poor procurement processes. The KwaZulu-Natal Department of Health was one of the only three Health Departments that received the additional budget of R204 million due to proper planning, reporting capacitation and implementation.

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## **Strategic Objective 3.2: Create job opportunities**

A total of 3 747 jobs were created through the Expanded Public Works Programme (EPWP) during the 2018/19 financial year. EPWP targets were wrongly captured in the beginning of the year where a target of 4 971 was recorded instead of 3 000, underperformance was therefore recorded for the year.

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**Table 51: Strategic Objectives, Indicators and Targets**

APP 2018/19: Page 209; Table 89 (HFM 1)							
Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19 Target	Comments on Deviation
<b>Strategic Objective 3.3: Improved health facility planning and infrastructure delivery</b>							
3.3.4) Major and minor refurbishment completed as per approved Infrastructure Plan	1. Number of health facilities that have undergone major and minor refurbishment in NHI Pilot District	IRM; PMIS and Monthly Reports	148	148 Clinics: 131 Hospitals: 17	148	0%	No deviation.
	2. Number of health facilities that have undergone major and minor refurbishment outside NHI Pilot District (excluding facilities in NHI Pilot District)	IRM; PMIS and Monthly Reports	464	464 Clinics: 410 Hospitals: 54	464	0%	No deviations.
<b>Strategic Objective 3.2: Create job opportunities</b>							
3.2.1) Create 11,800 jobs through the Expanded Public Works Programme (EPWP) by March 2020 (cumulative)	3. Number of jobs created through the EPWP	IRS and EPWP Quarterly Reports	3 417	4 971	3 747	(24.6%)	Incorrect target reflected in the 2018/19 APP was not approved by the programme.
<b>Strategic Objective 3.3: Improved health facility planning and infrastructure delivery</b>							
3.3.1) Complete 40 new and replacement projects by March 2020	4. Number of new and replacement projects completed	IRM, PMIS and Monthly Reports	15	11	14	27.3%	The target was surpassed due to the additional funding that was received during the adjustment period.
3.3.2) Complete 47 upgrade and addition projects by March 2020	5. Number of upgrade and addition projects completed	IRM, PMIS and Monthly Reports	22	14	15	7.1%	The target was surpassed due to the additional funding that was received during the adjustment period.
3.3.3) Complete 24 renovation and refurbishment projects by March 2020	6. Number of renovation and refurbishment projects completed	IRM, PMIS and Monthly Reports	16	12	12	0%	No deviation.

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APP 2018/19: Page 209; Table 89 (HFM 1)

Strategic Objective Statement	Performance Indicator	Data Source	Actual 2017/18	Target 2018/19	Actual 2018/19	Deviation from Planned 2018/19Target	Comments on Deviation
3.3.5) 100% of maintenance budget spent annually	7. Percentage of maintenance and repairs budget spent	BAS	117%	100%	117.1%	(17.1%)	The delegation allocated to institutions was overspent because institutions, maintenance and repair needs were greater than was initially anticipated. Also, corrective maintenance expenditure was higher than initially anticipated. Corrective maintenance needs are capricious in nature.
	<i>Maintenance budget expenditure</i>	BAS	230 434 128.95	R 140 000	309 259 000		
	<i>Total maintenance budget</i>	BAS	196 000 000	R 140 000	264 022 000		

## Changes to planned targets

No official change of targets in the reporting year.

## Strategies to overcome areas of under-performance

It must be noted that maintenance has over-spent in recent years, in keeping with the department's renewed focus on the maintenance of existing assets. The department attributes the over-spending to the receipt of funding for storm damage against Refurbishment and rehabilitation: Capital, which allowed for some reprioritisation to Maintenance and repair: Current for maintenance of existing assets. This movement will be included in the department's post Adjustments Estimate virement. It should be noted that the department undertakes numerous small maintenance projects. The Unit has also advanced in the development of service or maintenance term contracts which is expected to result in a reduced need for corrective maintenance actions.



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## Linking performance with budget

Table 52: Budget appropriation and expenditure

Programme per Sub-Programme	2018/19							2017/18		
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final Appropriation	Final Appropriation	Actual Expenditure	
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
<b>8.1</b>	<b>Community Health Facilities</b>									
	Current payments	42,938	-	7,365	50,303	50,303	-	100%	52,163	52,163
	Payments for capital assets	87,925	-	-226	87,699	87,699	-	100%	58,186	58,186
	<b>Total</b>	<b>130,863</b>	<b>-</b>	<b>7,139</b>	<b>138,002</b>	<b>138,002</b>	<b>-</b>	<b>100%</b>	<b>110,349</b>	<b>110,349</b>
<b>8.2</b>	<b>District Hospital Services</b>									
	Current payments	75,181	-	1,943	77,124	77,124	-	100%	66,234	66,234
	Payments for capital assets	165,405	-	17,007	182,412	182,412	-	100%	110,291	110,291
	<b>Total</b>	<b>240,586</b>	<b>-</b>	<b>18,950</b>	<b>259,536</b>	<b>259,536</b>	<b>-</b>	<b>100%</b>	<b>176,525</b>	<b>176,525</b>
<b>8.3</b>	<b>Provincial Hospital Services</b>									
	Current payments	108,662	-	19,806	128,468	131,974	-3,506	102.7%	110,872	110,872
	Payments for capital assets	817,187	-	98,699	915,886	912,380	3,506	99.6%	906,334	906,334
	<b>Total</b>	<b>925,849</b>	<b>-</b>	<b>118,505</b>	<b>1,044,354</b>	<b>1,044,354</b>	<b>-</b>	<b>100%</b>	<b>1,017,206</b>	<b>1,017,206</b>
<b>8.4</b>	<b>Central Hospital Services</b>									
	Current payments	21,476	-	3,559	25,035	25,035	-	100%	17,104	17,104
	Payments for capital assets	143,446	-	-139,870	3,576	3,576	-	100%	-8,113	-8,113
	<b>Total</b>	<b>164,922</b>	<b>-</b>	<b>-136,311</b>	<b>28,611</b>	<b>28,611</b>	<b>-</b>	<b>100%</b>	<b>8,991</b>	<b>8,991</b>
<b>8.5</b>	<b>Other Facilities</b>									
	Current payments	180,883	-	-164	180,719	180,719	-	100%	179,371	179,371

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Programme per Sub-Programme		2018/19						2017/18		
		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
	Payments for capital assets	-	-	21	21	21	-	100%	-	-
		85,061	-	24,390	109,451	109,451	-	100%	30,285	30,285
	<b>Total</b>	265,944	-	24,247	290,191	290,191	-	100%	209,656	209,656

Source: Annual Financial Statements (BAS)

### **PART C: GOVERNANCE**

- Risk Management
- Fraud and Corruption
- Minimising Conflict of Interest and Code of Conduct
- Health Safety & Environmental Issues
- Health Portfolio Committee
- SCOPA Resolutions
- Internal Control Unit
- Report of the Audit and Risk Committee on Vote 7 - Health

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## Risk Management

The Department has an approved Risk Management Policy, Risk Appetite Statement, Risk Management Strategy and Implementation (Action) Plan. Furthermore, the Department has an approved Business Continuity Management Policy and Terms of Reference. Progress on implementation of the Plan is reported to the Management Committee and the Risk Management Committee on a monthly and quarterly basis, respectively. Four Internal Risk Management Committee meetings were held during the 2018/19 financial year.

The Department has a functional Risk Management Committee (RMC) comprising of internal officials with the acting Head of Health serving as the Chairperson. The RMC executes its mandate in terms of the approved Risk Management Charter and is accountable to the Acting Head of Health.

The focus of the Department's Risk Management Unit has been on supporting the Department to continue to improve its risk management maturity through a programme of activity. In 2018/19 this included:

- Facilitating strategic and operational risk assessments
- Providing ongoing risk education aimed at enhancing risk awareness and
- Training of all nominated Risk Champions from District Health Services as well as Specialised Services and Clinical Support to provide additional risk support, advice.

The Department is a member of the Provincial Cluster Audit and Risk Committee which is also responsible for discharging an oversight role over Risk Management activities. Progress reports on all activities relating to risk management are submitted quarterly to Cluster Audit and Risk Committee through the Provincial Treasury.

There has been some progress in the management of risks, however this has not yet transmitted into significant improvements in the Department's performance as the risk maturity level is still at different levels within the organisation. Measures to improve the situation include changes to the risk management activities which should ensure closer monitoring of risk mitigation by the Accounting Officer and foster greater accountability and ownership at senior management level.

## Fraud and Corruption

The Department has an established Directorate: Special Investigations that focuses on two pillars of fraud risk management, namely fraud prevention and investigations; the third element, which is the implementation of corrective actions, is handled by the Department's Labour Relations Office (LRO).

The Department, through its Fraud Prevention Plan and Strategies, has adopted proactive measures to prevent risk of fraud and corruption; this includes the pre-screening of applicants before an appointment is made and the requirement that all senior management be vetted. In addition, all senior management and designated employees are obliged to disclose their financial interests annually.

The Department provides for a confidential whistle-blowing platform that enables any member of staff and the public to report suspected actions of fraud and corruption. The Ethics Office has introduced awareness publications aimed at, amongst other objectives, educating employees on how to identify fraudulent and corrupt behaviour.

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The Department has established a case management system where all reported and known cases are recorded and monitored. Once a case is reported Special Investigations unit performs a preliminary investigation followed by a full investigation where appropriate. In addition, progress in respect of these cases, as well as those that have been referred by the Public Service Commission, through National Anti-Corruption Hot-line (NACH), are reported quarterly to the Cluster Audit and Risk Committee (CARC).

In **FY 2018/2019** the Department registered a total of one hundred and sixty one **(161)** enquiries, fifty six **(56)** cases were recommended for full investigation and thirty five **(35)** cases were completed / finalised. Disciplinary hearings resulted in seven **(7)** sanctions and seven **(7)** employees resigned during investigation or after being served with charges; acknowledgement of debts **(AOD)** signed and submitted are thirty two **(32)** and an amount of **R 1 706 692.99** was recovered through RWOPS recovery.

## Minimising Conflict of Interest and Code of Conduct

Ethics Awareness workshops cover the issue of Conflict of Interest as well as the Code of Conduct. The Ethics Office has developed the Ethics Code of Conduct Booklet which is available on the Intranet and is handed to all employees when conducting such workshops. The Ethics Office has also developed posters in both English and IsiZulu on the issue of Code of Conduct as well as Conflict of Interest and the Policy on Conducting Business with the State.

## Health and Safety and Environmental Issues

Health and Safety committees are available in almost all the Hospitals and Community Health Centres to ensure appropriate management of health and safety issues including development and implementation of plans/activities to address identified gaps though faced with shortage of relevant staff. All Heads of Hospitals and Community Health Centres have been appointed in terms Health and Safety Act to take health and safety responsibility in their Institutions. Hospital CEOs have access to Health and Safety Committee meetings minutes to ensure appropriate leadership and oversight. Medical surveillance is conducted to monitor health status of staff and ensure appropriate management of identified conditions. TB screening has been prioritised since TB is considered to be high risks covering 78044 staff. Occupational post exposure prophylaxis is provided to all staff exposed to bodily fluids and needle pricks. Condoms are distributed to the staff for HIV prevention. 255134 male condoms and 35293 female condoms distributed. Personal protective equipment has been provided to various categories of staff. 42549 staff screened for diabetes, 22745 screened for mental health and 29661 staff screened for obesity.

## Health Portfolio Committee

The Health Portfolio Committee exercises oversight over departmental performance and the 2018/19 meetings were held as follows:

- 03 August 2018
- 07 September 2018

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## SCOPA Resolutions

Table 53: SCOPA Resolutions summary

Resolution Number	Subject	Details	Response by the Department
17/2018	Irregular Expenditure	The Accounting Officer to report by 30 April 2018 on the progress made in: <ol style="list-style-type: none"> <li>1. Resolving the issue of expired contracts and conclusion of new contracts, with time frames for finalization.</li> <li>2. The consultations with Provincial and National Treasury on prior years' irregular expenditure and the outcomes.</li> <li>3. The investigations by the Disciplinary Committee and disciplinary action taken, with time frames for finalization of all matters.</li> <li>4. The findings and recommendations of the investigations conducted by Provincial Treasury into irregular expenditure, steps taken to implement the recommendations and time frames for conclusion.</li> </ol>	Response submitted to SCOPA
18/2018	Human Resource Management	The Accounting Officer report on the progress made in the filling of the vacant funded posts, in particular the post of the CFO.	Response submitted to SCOPA
19/2018	Accruals and Payables	The Accounting Officer report by 30 April 2018 on: <ol style="list-style-type: none"> <li>1. Steps taken against officials responsible for late payment of accounts in contravention with Treasury Regulation 8.2.3</li> <li>2. Cases being investigated.</li> <li>3. A detailed explanation as to why the Department will exceed budget irrespective of controls and budget measures put in place.</li> <li>4. Measures put in place to avoid recurring of overspending.</li> </ol>	Response submitted to SCOPA
20/2018	Movable Tangible Capital Assets	The Accounting Officer submit a progress report to the Committee by 30 April 2018 on: <ol style="list-style-type: none"> <li>1. The Finalisation of the Fixed Assets Register.</li> <li>2. The implementation of an Electronic Inventory and Asset Management System.</li> <li>3. The valuation of fixed movable assets.</li> </ol>	Response submitted to SCOPA
21/2018	Officials Doing Business with Government	The Accounting Officer report by 30 April 2018 on the progress made in the disciplinary matters, with time frames for finalisation.	Response submitted to SCOPA
22/2018	Investigations	The Portfolio Committee on Health monitors this matter on a quarterly basis.	Response submitted to SCOPA
40/2018	Expenditure Management: Irregular Expenditure	<ol style="list-style-type: none"> <li>1. The Accounting Officer submits a detailed, updated report by 20 July 2018 on progress made in all matters, including time frames.</li> <li>2. The Department appear before the Committee on 31 July 2018 to account in this regard.</li> <li>3. Provincial Treasury appear before the Committee on 31 July 2018 to report on the proposed interventions and progress made in writing off and/or condonation of irregular expenditure in prior financial years.</li> </ol>	Response submitted to SCOPA

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Resolution Number	Subject	Details	Response by the Department
41/2018	Human Resource Management	The Accounting Officer submits an updated progress report including time frames to the committee	Response submitted to SCOPA
42/2018	Accruals and Payables	The Accounting Officer submit a progress report to the Committee by 20 July 2018 on action taken against officials responsible for late payment, including time frames for finalisation of investigations and disciplinary processes and reasons for the delay.	Response submitted to SCOPA
43/2018	Officials Doing Business with Government	The Accounting Officer submit a detailed report to the Committee by 20 July 2018 specifying: <ol style="list-style-type: none"> <li>1. Accurately the number of matters that were initially identified and investigated,</li> <li>2. The number of matters resolved and how they were resolved including recovery of amounts owing to the Department and amounts still outstanding,</li> <li>3. The number of matters still to be resolved and steps taken to resolve those matters as well as time frames for finalisation of these matters.</li> </ol>	Response submitted to SCOPA
52/2018	PERSAL Update	The Accounting Officers of the following departments submit an updated PERSAL for all employees who have left the employment of the State due to reasons related to the above statements. <ol style="list-style-type: none"> <li>1. Economic Development, Tourism and Environmental Affairs.</li> <li>2. Education</li> <li>3. Health</li> <li>4. Human Settlements</li> </ol>	Response submitted to SCOPA
110/2018	Transversal Resolution: Human Resources Management: Vacancies	The Accounting Officer to report by 31 January 2019 on the following: <ol style="list-style-type: none"> <li>1. A list of vacant senior management posts in their respective departments.</li> <li>2. An updated report on a number of filled posts and vacant posts and the anticipated time frame for filling of posts.</li> <li>3. That the Portfolio Committees monitor the filling of all vacant funded posts in departments, especially key positions and senior management positions.</li> </ol>	Response submitted to SCOPA
111/2018	Transversal Resolution: Irregular Expenditure	That Accounting Officer submits a report by 31 January 2019 on: <ol style="list-style-type: none"> <li>1. The reasons for the irregular expenditure.</li> <li>2. Who was responsible for making or permitting the irregular expenditure?</li> <li>3. Steps taken against officials responsible for irregular expenditure.</li> <li>4. Measures put in place to prevent a recurrence.</li> <li>5. An assessment of the effectiveness of the measures put in place.</li> </ol>	Response submitted to SCOPA
112/2018	Transversal Resolution: Fruitless And Wasteful Expenditure	The Accounting Officer reports by 31 January 2019 on the following: <ol style="list-style-type: none"> <li>1. The reasons for the fruitless and wasteful expenditure incurred.</li> <li>2. Action taken against those officials responsible for incurring the fruitless and wasteful expenditure and steps taken to recover the monies involved.</li> <li>3. Measures put in place to ensure that fruitless and wasteful expenditure does not occur in future.</li> </ol>	Response submitted to SCOPA

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Resolution Number	Subject	Details	Response by the Department
113/2018	Transversal Resolution: Procurement and Contract Management	The Accounting Officer report by 31 January 2019 on: <ol style="list-style-type: none"> <li>1. Monitoring and control measures which are in place to ensure that SCM requirements are complied with.</li> <li>2. Disciplinary measures taken against those who appoint service providers without following SCM processes and treasury regulations.</li> </ol>	Response submitted to SCOPA
114/2018	Transversal Resolution: Payments Not Made Within 30 Days	The Accounting Officer reports by 31 January 2019 on: <ol style="list-style-type: none"> <li>1. Strategy put in place to ensure that invoices are tracked and that payments are made within the required term of 30 days.</li> <li>2. Steps taken against officials who are responsible for failure to pay service providers on time.</li> </ol>	Response submitted to SCOPA
115/2018	Transversal Resolution: Consequence Management	The Accounting Officer reports by 31 January 2019 on: <ol style="list-style-type: none"> <li>1. Investigations pertaining to transgressions by officials that have been concluded or are in progress.</li> <li>2. Details of the transgressions investigated.</li> <li>3. Time frames for completion of pending investigations.</li> <li>4. Disciplinary steps taken.</li> <li>5. Steps taken to recover monies/losses and progress thereon.</li> <li>6. Criminal matters opened and progress thereon.</li> </ol>	Response submitted to SCOPA
117/2018	Transversal Resolution: Supply Chain Management	The Accounting Officer reports by 31 January 2019 on: <ol style="list-style-type: none"> <li>1. Reasons for non-compliance.</li> <li>2. Steps taken against those responsible for non-compliance with SCM requirements and steps taken to recover monies lost.</li> </ol>	Response submitted to SCOPA
118/2018	Transversal Resolution: Investigations	The Accounting Officer reports by 31 January 2019 on the following: <ol style="list-style-type: none"> <li>1. Investigations which are currently underway in the departments and public entities and the deadline set for completion of these investigations.</li> <li>2. Investigations which were completed in the 2016/17 and 2017/2018 financial years.</li> <li>3. Steps taken to implement the recommendations contained in the reports on investigations, including the disciplinary and criminal cases initiated and recovery of monies by way of civil proceedings.</li> </ol>	Response submitted to SCOPA
121/2017	Unauthorised Expenditure of R18 997 000 Incurred in 2016/17	The Committee resolved that in terms of Section 34(1)(b) of the Public Finance Management Act No. 1 of 1999, the unauthorised expenditure disclosed in the 2016/2017 Annual Financial Statements of the Department of Health amounting to R18 997 000 be authorised as a direct charge against the Provincial Revenue Fund.	Response submitted to SCOPA

## 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 following functions:

1. Audit Management
2. Internal Control
3. Co-ordination and collation of information for the compilation of reports to the Oversight Committees
4. Auditing and reporting on Management Performance Assessment Tool (MPAT)



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## 1. Audit Management

Audit and Internal Control is responsible for the management of all audit assignments that are undertaken in the Department by the Auditor-General and the KwaZulu-Natal Provincial Treasury's Internal Audit Unit. In this regard, the component is 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 to, as well as to 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 Plans relative to the audits that were undertaken as well as the reporting on the status of implemented actions and the reporting thereof to the Cluster Audit and Risk Committee (CARC).

## 2. Internal Control

The Component is also responsible for the undertaking and finalising of internal control assessments in respect of all administrative disciplines as well as providing management at Head Office, Districts and Institutions with information concerning the various risk areas that prevail within their institutions/areas of responsibility as well as developing strategies and actions to ensure that the identified control weaknesses are mitigated.

During the reporting period, Audit and Internal Control in partnership with the Provincial Treasury's Internal Control team had embarked upon the following initiatives:

- a. Conducting spot checks in selected administrative focus areas to identify issues to identify internal control weaknesses as well as the development and implementation of internal control measures to address inherent risks and weaknesses that were identified during these assessments
- b. Development and implementation of Control Frameworks and process flows for various administrative focus areas.
- c. Conducted extensive training workshops of the Control Frameworks and process flows in all Districts with the target group being managers as well as all other relevant personnel within the Revenue, Supply Chain Management and Financial Management environments.

## 3. Co-ordination and reporting to the Oversight Committees

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. Further, the Component is also responsible for the co-ordination, formulation and finalisation of all responses to resolutions of the Finance Portfolio Committee and the Health Portfolio Committee.

## 4. Auditing and reporting on Management Performance Assessment Tool (MPAT)

The Component is responsible for the auditing of all information and substantiating evidence relating to the standards of the four (4) Key Performance Areas (KPA's) namely, Strategic Management, Governance and Accountability, Human Resource Management and Financial Management Key Result Areas prior to the sign-off by the Head of Department and the submission thereof to the Department of Planning, Monitoring and Evaluation (DPME) in the Office of the Presidency. Further, the Component is also responsible for reporting on the Governance and Accountability Key Performance Area (KPA 2) of the MPAT.

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## REPORT OF THE AUDIT & RISK COMMITTEE ON VOTE 7 – HEALTH

The Committee reports that it has complied with its responsibilities arising from the Public Finance Management Act, No.1 of 1999 (PFMA), Treasury Regulations 3.1, including all other related prescripts, and is pleased to present its report for the financial year ended 31 March 2019.

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 & 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 Committee has adopted appropriate formal terms of reference contained in its Audit and Risk Committee Charter and has regulated its affairs in compliance with this charter, and reports that it has discharged all of its responsibilities as contained therein.

### 1. Audit Committee Members and Attendance

The PARC and Social CARC consists of the members listed hereunder who have met as reflected below, in line with the approved terms of reference.

#	Name of Member	PARC Meetings Attended	Social CARC Meetings Attended
1.	Mr P Christianson (Acting Chairman of Social Cluster)	8 of 8	4 of 4
2	Ms T Njozela	8 of 8	4 of 4
3.	Mr D O'Connor	8 of 8	4 of 4
4.	Ms N Sithole	8 of 8	4 of 4
5.	Mr S Simelane (Acting Chairman of PARC)	8 of 8	N/A*
6.	Mr V Ramphal	8 of 8	N/A*
7.	Mr M Tarr	8 of 8	N/A*

\* refers to PARC members who did not serve on the Social CARC

### 2. The Effectiveness of Internal Controls

The Committee has reviewed the reports of the Provincial Internal Audit Service (PIAS), 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:

- Performance Information;
- Fleet Management;
- Human Resources Management;
- Supply Chain Management;
- Expenditure Management – irregular expenditure; failure to pay invoices within 30 days;

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- Commitments;
- Asset Management, with specific reference to the valuation of assets, and
- Medico Legal Claims.

The Committee notes the significant number of areas in which control weaknesses were identified. The appropriateness of management’s planned interventions to improve the overall control environment were considered, however management did not adequately respond to internal control deficiencies raised by PIAS and the AGSA, during the current and previous financial year, and was urged to implement remedial interventions timeously, to ensure that the Department improves on its audit outcomes.

### 3. Effectiveness of Internal Audit

PIAS activities were reviewed by the Committee during the PARC and CARC monitoring processes. The Committee evaluated internal audit reports detailing the assessment of the adequacy and effectiveness of controls designed to mitigate the risks associated with the operational and strategic activities of the Department.

The PIAS had planned to conduct eighteen (18) audit assignments for the period under review, of which ten (10) were finalised, three (3) were cancelled to accommodate the work being done by the Intervention Team and five (5) were carried over to the next financial year with the approval of both the PARC and the Cluster Audit and Risk Committee.

The Committee noted with extreme concern that only 56% of the operational audit plan for the year had been completed, due mainly to the financial and human resource limitations imposed upon PIAS. The Committee urged the management of Provincial Treasury and PIAS to urgently address the factors which negatively impacted the performance of PIAS during the year under review in order to ensure that it continues to fulfil its mandate and add value to the department.

### 4. Risk Management

The responsibilities of the Committee with respect to risk management are formally defined in its Charter. For the period under review, the Committee’s responsibilities have been focused, amongst other things, on the quarterly review of the Department’s risk register and monitoring progress against the Risk Management Operational Plan.

As at the end of the 2018/19 financial year, the Department’s risk register status was as follows:

	Risk Grouping					Total
	Critical	Major	Moderate	Minor	Insignificant	
Number of Identified Risks	26	22	35	15	0	98
Number of Identified Action Plans	97	60	86	13	0	256

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	Risk Grouping					Total
	Critical	Major	Moderate	Minor	Insignificant	
Number of Completed Action Plans.	41	60	60	13	0	174
Percentage of Completed Action Plans	42%	100%	70%	100%	-	68%

The Committee has, throughout the period under review, been concerned about the Department’s inadequate risk management capacity and the impact this is having on, among other things, the implementation of risk mitigation plans. The Department is urged to increase the capacity of the risk management unit and to ensure the speedy resolution of risk mitigation plans, particularly those relating to critical risks.

With regard to other risk management initiatives, the Department is commended for recording positive, steady, progress with regard to compliance with prescribed minimum risk management standards (particularly the holding of regular risk management committee meetings which are now chaired by the HOD); the implementation of recommended improvement plans for risk management maturity, fraud prevention and occupational health and safety. The Department is, however, urged to pay particular attention to implementing the improvement plan in respect of business continuity management and ensuring that members of the risk management committee complete the National Treasury web based e-Learning programme on risk management during the 19/20 financial year.

## 5. Quality of in year management and monthly/quarterly reports

The Committee noted the content of quarterly reports in respect of in year management and quarterly performance, prepared and issued by the Accounting Officer of the Department during the year under review, in terms of the PFMA and the Division of Revenue Act. The Committee is of the view that the quality of these reports can be improved to reflect information more accurately.

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.

## 6. 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;

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- 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 maintain an accurate fixed asset register, failure to recognise and properly account for current commitments, 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 conclusions on the reliability and usefulness of performance information resulting from the external audit of the Department. We note with concern that significantly important targets were not reliable when compared to the source information or portfolio of evidence provided. There were also concerns raised concerning the absence of acceptable evidence to support the reported performance information. The Department needs to urgently attend to the issues highlighted with respect to the production of performance information.

## 7. Forensic Investigations

During the 2018/2019 financial year, the Committee noted that there were fifteen (15) forensic investigations from 1 April 2018 to 31 March 2019, relating to alleged nepotism, supply chain management and procurement irregularities and mismanagement of funds, which the Department has referred to the PIAS for investigation.

The Committee further noted:

- Seven (7) of these investigations relating to Phase 1 were completed and eight (8) investigations are still in progress.
- From the seven (7) matters completed two (2) were closed, and five (5) had disciplinary actions recommended, of which three (3) were dealt with and two (2) are in progress.
- None of the matters are currently under criminal investigation by the South African Police Service (SAPS), however one (1) matter was transferred to another state entity to register a criminal case.

The Department and the PIAS are urged to promptly finalize the outstanding investigations, and work together to implement recommendations made in the finalised investigations.

## 8. 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. 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 notes with concern that management did not respond with the required urgency to internal control deficiencies raised by PIAS and the AGSA, during the current and previous financial year, as evidenced by the number of unresolved findings on both the AGSA and Internal Audit consolidated logs at year end. 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 that it did not have sight of the Auditor General's audit report prior to its issuance by the AGSA, and that the Department did not concur with the AG on the contents of paragraph 5 in respect of Capital

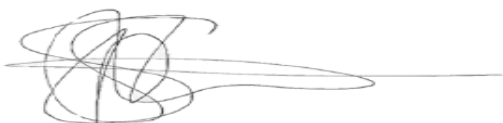
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work-in-progress. The Committee has had an opportunity to hear the arguments advanced by the Department in the submissions made in respect of Capital work-in-progress and agrees that these submissions were sufficient to remove this qualification. Nevertheless, the Committee accepts the conclusion of the Auditor General's qualified opinion on the Annual Financial Statements, and is of the opinion that the Audited Annual Financial Statements be accepted and read together with the report of the Auditor General.

## 9. 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 support they have provided to enable us to compile this report.



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**Mr S Simelane**

**Acting Chairman: Provincial Audit and Risk Committee**

**26 September 2019**

# PART D: HUMAN RESOURCES OVERSIGHT REPORT

- 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 & Health Promotion
- Labour Relations
- Skills Development
- Injury on Duty
- Utilisation of Consultants
- Severance Packages

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## Personnel Related Expenditure

**Table 54: (3.1.1) Personnel expenditure by programme: 01/04/2018 – 31/03/2019**

Programme	Total expenditure (R'000)	Personnel expenditure (R'000)	Training expenditure (R'000)	Professional and special services expenditure (R'000)	Personnel expenditure as a % of total expenditure	Average personnel cost per employee (R'000) <sup>46</sup>
Administration	872 681	406 415	0	0	46.6	448
Central Hospital Services	5 082 221	2 819 324	0	0	55.5	468
District Health Services	20 764 115	12 977 281	0	0	62.5	279
Emergency Medical Services	1 446 840	976 272	0	0	67.5	342
Health Care Support Services <sup>47</sup>	484 857	150 119	0	0	31	280
Health Facilities Management	1 772 051	63 190	0	0	3.6	22
Health Sciences & Training	1 216 834	895 073	0	0	73.6	352
Provincial Hospital Services	11 012 240	8 165 043	0	0	74.1	429
<b>Total as on Financial Systems (BAS)</b>	<b>42 651 839</b>	<b>26 452 717</b>	<b>0</b>	<b>0</b>	<b>62</b>	<b>325</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 55: (3.1.2) Personnel cost by salary band: 01/04/2018 – 31/03/2019**

Salary band	Personnel expenditure (R'000)	% of total personnel cost	Number of employees	Average personnel cost per employee
Lower skilled (Levels 1-2)	607 549	2.26%	3 540	171 624
Skilled (Levels 3-5)	7 068 833	26.29%	29 625	238 610
Highly skilled production (Levels 6-8)	5 579 910	20.76%	14 990	372 242
Highly skilled supervision (Levels 9-12)	10 776 562	40.09%	13 745	784 035
Senior management (Levels >= 13)	103 803	0.39%	86	1 207 012
Other	294 018	1.09%	746	394 126
Contract (Levels 3-5)	103 043	0.38%	592	174 059
Contract (Levels 6-8)	253 471	0.94%	738	343 457
Contract (Levels 9-12)	1 365 920	5.08%	1 860	734 366
Contract (Levels >= 13)	3 601	0.01%	2	1 800 500

<sup>46</sup> Total Employment of 81301 (Including Periodical and Abnormal Appointments).

<sup>47</sup> The COE of Program 7 (Health Care Support) was adjusted to accommodate PPSD, previously on the Medvas Expenditure as a separate program.



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Salary band	Personnel expenditure (R'000)	% of total personnel cost	Number of employees	Average personnel cost per employee
Contract Other	72 297	0.27%	1 089	66 388
Periodical Remuneration	64 840	0.24%	521.02	124 448
Abnormal Appointment	463 267	1.72%	13 767.95	33 648
<b>TOTAL</b>	<b>26 757 114</b>	<b>99.53%</b>	<b>81 301.97<sup>48</sup></b>	<b>329 108</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 56: (3.1.3) Salaries, Overtime, Home Owners Allowance & Medical Aid: 01/04/2018 – 31/03/2019**

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as % of personnel costs	Amount (R'000)	Overtime as % of personnel costs	Amount (R'000)	Home Owners Allowance as % of personnel costs	Amount (R'000)	Medical Aid as % of personnel costs
Administration	371 006	82.70	2 374	0.5	8 650	1.9	15 923	3.5
Central Hospital Services	2 170 500	75.90	212 093	7.4	78 870	2.8	121 151	4.2
District Health Services	10 583 520	80.10	282 225	2.1	486 914	3.7	599 622	4.5
Emergency Medical Services	682 687	69.00	102 971	10.4	43 578	4.4	69 726	7
Provincial Hospital Services	6 328 181	76.50	529 961	6.4	257 780	3.1	380 211	4.6
Health Care Support Services	109 212	72.20	7 547	5	8 117	5.4	12 218	8.1
Health Facilities Management	37 820	98.70	0	0	32	0.1	62	0.2
Health Sciences & Training	720 361	79.30	135 738	14.9	6 466	0.7	10 646	1.2
<b>TOTAL</b>	<b>21 003 928</b>	<b>78.10</b>	<b>1 272 908</b>	<b>4.7</b>	<b>890 407</b>	<b>3.3</b>	<b>1 209 558</b>	<b>4.5</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

<sup>48</sup> Includes periodical and abnormal appointments.

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**Table 57: (3.1.4) Salaries, Overtime, Home owners Allowance & Medical Aid: 01/04/2018 – 31/03/2019**

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as % of personnel costs	Amount (R'000)	Overtime as % of personnel costs	Amount (R'000)	Home Owners Allowance as % of personnel costs	Amount (R'000)	Medical Aid as % of personnel costs
01 Lower skilled (Levels 1-2)	441 463	72.7	304	0.1	57 488	9.5	43 852	7.2
02 Skilled (Levels 3-5)	5 210 366	73.3	95 423	1.3	462 295	6.5	573 061	8.1
03 Highly skilled production (Levels 6-8)	4 413 714	78.7	56 162	1	217 176	3.9	333 009	5.9
04 Highly skilled supervision (Levels 9-12)	8 568 431	79.2	817 793	7.6	150 542	1.4	256 497	2.4
05 Senior management (Levels >= 13)	88 748	80.9	3 198	2.9	790	0.7	898	0.8
09 Other	289 823	98.5	638	0.2	477	0.2	849	0.3
11 Contract (Levels 3-5)	100 363	96.4	49	0	257	0.2	145	0.1
12 Contract (Levels 6-8)	247 925	97.5	1 762	0.7	376	0.1	555	0.2
13 Contract (Levels 9-12)	1 040 543	76.1	297 579	21.8	1 007	0.1	691	0.1
14 Contract (Levels >= 13)	2 549	68.1	0	0	0	0	0	0
18 Contract Other	72 064	99.3	2	0	0	0	0	0
19 Periodical Remuneration	64 840	95.8	0	0	0	0	0	0
20 Abnormal Appointment	463 100	99.9	0	0	0	0	0	0
<b>TOTAL</b>	<b>21 003 928</b>	<b>78.1</b>	<b>1 272 908</b>	<b>4.7</b>	<b>890 407</b>	<b>3.3</b>	<b>1 209 558</b>	<b>4.5</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

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## 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

**Table 58: (3.2.1.) Employment and vacancies by programme as on 31 March 2019**

Programme	Number of posts on approved establishment <sup>49</sup>	Number of posts filled	Vacancy rate %	Number of employees additional to the establishment
Administration	845	774	8.4	24
District Health Services	39606	35377	10.7	521
Emergency Medical Services	3068	2852	7	0
Provincial Hospital Services	21183	19005	10.3	0
Central Hospital Services	6792	6005	11.6	2
Health Sciences & Training	3251	2459	24.4	458
Health Care Support Services	610	536	12.1	0
Health Facilities Management	6	5	16.7	1
<b>TOTAL</b>	<b>75361</b>	<b>67013</b>	<b>11.1</b>	<b>1006</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 59: (3.2.2.) Employment and vacancies by salary band as on 31 March 2019**

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy rate %	Number of employees additional to the establishment
Lower Skilled (Levels 1-2)	4185	3540	15.4	0
Skilled (Levels 3-5)	32833	29625	9.8	3
Highly Skilled Production (Levels 6-8)	16751	14990	10.5	3
Highly Skilled Supervision (Levels 9-12)	16454	13745	16.5	3
Senior Management (Levels >= 13)	111	86	22.5	0
Other	1835	1835	0	461
Contract (Levels 3-5)	592	592	0	301
Contract (Levels 6-8)	738	738	0	117
Contract (Levels 9-12)	1860	1860	0	117

<sup>49</sup> These are actual Posts on Persal. Organograms are not captured to ensure compliance with Cabinet Resolution to keep vacancy rates below 10%.

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Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy rate %	Number of employees additional to establishment
Contract (Levels >= 13)	2	2	0	1
<b>TOTAL</b>	<b>75361</b>	<b>67013</b>	<b>11.1</b>	<b>1006</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 60: (3.2.3.) Employment and vacancies by critical occupation as on 31 March 2019**

Critical occupations	Number of posts on approved establishment	Number of posts filled	Vacancy rate %	Number of employees additional to establishment
All Artisans In The Building Metal Machinery Etc.	534	448	16.1	0
Ambulance And Related Workers	2913	2707	7.07	4
Dental Practitioners	166	156	6.02	0
Dieticians And Nutritionists	242	211	12.81	8
Emergency Services Related	46	44	4.35	1
Engineering Sciences Related	42	37	11.9	0
Environmental Health	93	86	7.53	3
Head Of Department	1	0	100	0
Medical Practitioners	4188	3691	11.87	59
Medical Research And Related Professionals	141	122	13.48	0
Medical Specialists	1118	844	24.51	0
Medical Technicians/Technologists	203	167	17.73	0
Occupational Therapy	246	191	22.36	2
Optometrists And Opticians	69	62	10.14	0
Oral Hygiene	36	34	5.56	0
Pharmacists	989	881	10.92	36
Physicists	5	4	20	0
Physiotherapy	370	327	11.62	4
Professional Nurse	19467	17318	11.04	152
Psychologists And Vocational Counsellors	108	80	25.93	1
Radiography	738	613	16.94	1
Social Work And Related Professionals	276	258	6.52	0
Speech Therapy And Audiology	213	185	13.15	3
<b>TOTAL</b>	<b>32204</b>	<b>28466</b>	<b>11.61</b>	<b>274</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

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## 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 61: (3.3.1) SMS post information as on 31 March 2019**

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: Health	1	0	0%	1	0.88%
Salary level 16 <sup>50</sup>	1	1	0.88%	0	0%
Salary level 15	7	5	4.39%	2	1.75%
Salary level 14	21	16	14.04%	5	4.39%
Salary level 13	84	67	58.77%	17	14.91%
<b>Total</b>	<b>114</b>	<b>89</b>	<b>78.07%</b>	<b>25</b>	<b>21.93%</b>

Source: PERSAL Report 31/03/2019

**Table 62: (3.3.2) SMS post information as on 30 September 2018**

SMS level	Total number of funded SMS posts	Total number of SMS posts filled	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Head: Health	1	0	0%	1	0.93%
Salary level 16 <sup>51</sup>	1	1	0.93%	0	0%
Salary level 15	7	5	4.63%	2	1.85%
Salary level 14	19	16	14.81%	3	2.78%
Salary level 13	80	67	62.04%	13	12.04%
<b>Total</b>	<b>108</b>	<b>89</b>	<b>82.41%</b>	<b>19</b>	<b>17.59%</b>

Source: PERSAL Report as at 31/03/2019 and Director: HR Practices and Administration

**Table 63: (3.3.3) Advertising and filling of SMS posts: 01/04/2018 – 31/03/2019**

SMS Level	Total number of funded SMS posts	Total number of SMS posts filled during 2018/19	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
Head: Health	1	0	0%	1	0.88%
Salary Level 16 <sup>52</sup>	1	0	0%	0	0%
Salary Level 15	7	0	0%	2	1.75%
Salary Level 14	21	-1	-0.88%	5	4.39%
Salary Level 13	84	5	4.39%	17	14.91%

<sup>50</sup> MEC's Post

<sup>51</sup> MEC's Post

<sup>52</sup> MEC's Post

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SMS Level	Total number of funded SMS posts	Total number of SMS posts filled during 2018/19	% of SMS posts filled	Total number of SMS posts vacant	% of SMS posts vacant
<b>Total</b>	<b>114</b>	<b>4</b>	<b>3.51%</b>	<b>25</b>	<b>21.93%</b>

Source: Peral Report as at 31/03/2019 and Director: HR Practices and Administration

**Table 64: (3.3.4) Reasons for non-compliance with filling of funded vacant SMS posts: 01/04/2018 – 31/03/2019**

Reasons for vacancies not advertised within 6 months
<p>Provincial Treasury has directed that the Department must undertake a reprioritisation exercise to indicate how the filling of non-exempted posts will be funded before consideration can be given to fill these posts.</p> <p>The Department is finalising the minimum staff establishment project which must be approved by Provincial Treasury and Office of the Premier. It is anticipated that this process will pave the way for the Department to be able to fill critical posts in all occupational categories provided, funds are available.</p>
Reasons for vacancies not filled within 6 months
<p>Provincial Treasury has directed that the Department must undertake a reprioritisation exercise to indicate how the filling of non-exempted posts will be funded before consideration can be given to fill these posts.</p> <p>The Department is finalising the minimum staff establishment project which must be approved by Provincial Treasury and Office of the Premier. It is anticipated that this process will pave the way for the Department to be able to fill critical posts in all occupational categories provided, funds are available.</p>

Source: Director: HR Practices and Administration

**Table 65: (3.3.5) Disciplinary steps taken for non-compliance with prescribed timeframes for filling SMS posts within 12 months: 01/04/2018 – 31/03/2019**

Disciplinary steps taken: Reasons for vacancies not advertised within six months
<p>Disciplinary steps could not be taken as a failure to advertise posts as the Department has been directed by Provincial Treasury to first undertake a reprioritisation exercise.</p>
Disciplinary steps taken: Reasons for vacancies not filled within six months
<p>Disciplinary steps could not be taken as a failure to advertise posts as the Department has been directed by Provincial Treasury to first undertake a reprioritisation exercise.</p>

Source: Director: HR Practices and Administration

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## Job Evaluations

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 66: (3.4.1) Job Evaluation by salary band: 01/04/2018 – 31/03/2019**

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)	4 185	4 167	99.6	48	72.92	10	100
Skilled (Levels 3-5)	32 833	32 773	99.8	3 990	98.75	47	100
Highly Skilled Production (Levels 6-8)	16 751	16 698	99.7	196	87.76	7	100
Highly Skilled Supervision (Levels 9-12)	16 454	16 431	99.9	34	55.88	4	75
Senior Management Service Band A	80	76	95	0	0	0	0
Senior Management Service Band B	21	19	90.5	0	0	0	0
Senior Management Service Band C	7	4	57.1	0	0	0	0
Senior Management Service Band D	3	2	66.7	0	0	0	0
Other	1 835	1 834	99.9	1	0	0	0
Contract (Levels 3-5)	592	592	100	2	100	0	0
Contract (Levels 6-8)	738	735	99.6	0	0	0	0
Contract (Levels 9-12)	1 860	1 858	99.9	1	0	0	0
Contract Band A	1	1	100	0	0	0	0
Contract Band C	1	0	0	0	0	0	0
<b>TOTAL</b>	<b>75 361</b>	<b>75 190</b>	<b>99.8</b>	<b>4 272</b>	<b>97.57</b>	<b>68</b>	<b>98.53</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

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 67: (3.4.2) Profile of employees whose positions were upgraded due to their posts being upgraded: 01/04/2018 – 31/03/2019**

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Employees with a Disability</b>	0	0	0	0	0

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 68: (3.4.3) Employees with salary levels higher than those determined by job evaluation by occupation: 01/04/2018 – 31/03/2019**

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
Chief Executive Officer	3	13	14	To recruit and retain scarce skills in the Department.
Technical Advisor: Infrastructure Program Delivery Improvement	1	14	15	To recruit and retain scarce skills in the Department.
Chief Director: Infrastructure Development	1	14	16	To recruit and retain scarce skills in the Department.
<b>Percentage of total employed</b>	<b>0.0074%</b>			

Source: Peral Report (extracted on 31/03/2019)

**Table 69: (3.4.4) Profile of employees who have salary levels higher than those determined by job evaluation: 01/04/2018 – 31/03/2019**

Total number of employees whose salaries exceeded the grades determine by job evaluation	<b>5</b>
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Source: Peral Report (extracted on 31/03/2019)



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## Employment Changes

This section provides information on changes in employment over the financial year. Turnover rates provide an indication of trends in the employment profile of the Department. The following tables provide a summary of turnover rates by salary band and critical occupations.

**Table 70: (3.5.1) Annual turnover rates by salary band: 01/04/2018 – 31/03/2019**

Salary band	Number of employees at beginning of 1 April 2018	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Lower Skilled (Levels 1-2)	3848	76	190	4.9
Skilled (Levels 3-5)	30763	587	910	3
Highly Skilled Production (Levels 6-8)	14907	335	700	4.7
Highly Skilled Supervision (Levels 9-12)	13473	585	851	6.3
Senior Management Service Band A	60	0	4	6.7
Senior Management Service Band B	17	0	4	23.5
Senior Management Service Band C	5	0	1	20
Senior Management Service Band D	2	0	0	0
Other	2123	1075	1091	51.4
Contract (Levels 3-5)	442	530	25	5.7
Contract (Levels 6-8)	665	580	906	136.2
Contract (Levels 9-12)	1655	1076	904	54.6
Contract Band A	1	0	0	0
Contract Band C	1	0	0	0
<b>TOTAL</b>	<b>67962</b>	<b>4844</b>	<b>5586</b>	<b>8.2</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 71: (3.5.2) Annual turnover rates by critical occupation: 01/04/2018 – 31/03/2019**

Critical Occupation	Number of employees at beginning of 1 April 2018	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
All Artisans In The Building Metal Machinery Etc.	471	4	31	6.6
Ambulance and Related Workers	2759	10	61	2.2
Dental Practitioners	148	52	43	29.1
Dieticians and Nutritionists	216	59	54	25
Emergency Services Related	48	1	1	2.1
Engineering Sciences Related	39	2	1	2.6
Environmental Health	87	5	7	8
Medical Practitioners	3424	1460	1085	31.7
Medical Research and Related Professionals	120	12	16	13.3

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Critical Occupation	Number of employees at beginning of 1 April 2018	Appointments and transfers into the Department	Terminations and transfers out of the Department	Turnover rate
Medical Specialists	820	108	107	13
Medical Technicians/Technologists	158	5	10	6.3
Occupational Therapy	195	71	46	23.6
Optometrists and Opticians	66	2	6	9.1
Oral Hygiene	33	0	0	0
Pharmacists	852	286	254	29.8
Physicists	5	5	5	100
Physiotherapy	328	76	79	24.1
Professional Nurse	17204	1044	1416	8.2
Psychologists and Vocational Counsellors	81	25	27	33.3
Radiography	613	111	106	17.3
Social Work and Related Professionals	266	1	11	4.1
Speech Therapy and Audiology	165	86	66	40
<b>TOTAL</b>	<b>28098</b>	<b>3425</b>	<b>3432</b>	<b>12.2</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

## 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 72: (3.5.3) Reasons why staff left the Department: 01/04/2018 – 31/03/2019**

Termination type	Number	% of total resignations
Death	297	5.3
Resignation	1543	27.6
Expiry of contract	2702	48.4
Transfers	3	0.1
Discharged due to ill health	51	0.9
Dismissal-misconduct	70	1.3
Retirement	912	16.3

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Termination type	Number	% of total resignations
Other	8	0.1
<b>TOTAL</b>	<b>5586</b>	<b>100</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 73: (3.5.4) Promotions by critical occupation: 01/04/2018 – 31/03/2019**

Occupation	Employees As At 1 April 2018	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.	471	1	0.2	353	74.9
Ambulance and Related Workers	2759	2	0.1	2071	75.1
Dental Practitioners	148	0	0	84	56.8
Dieticians and Nutritionists	216	0	0	148	68.5
Emergency Services Related	48	0	0	34	70.8
Engineers and Related Professionals	39	0	0	19	48.7
Environmental Health	87	0	0	76	87.4
Medical Practitioners	3424	52	1.5	928	27.1
Medical Research and Related Professionals	120	0	0	32	26.7
Medical Specialists	820	41	5	315	38.4
Medical Technicians/Technologists	158	0	0	99	62.7
Occupational Therapy	195	1	0.5	110	56.4
Optometrists And Opticians	66	0	0	42	63.6
Oral Hygiene	33	0	0	31	93.9
Pharmacists	852	8	0.9	408	47.9
Physicists	5	0	0	4	80
Physiotherapy	328	0	0	222	67.7
Professional Nurse	17204	407	2.4	5502	32
Psychologists and Vocational Counsellors	81	0	0	43	53.1
Radiography	613	16	2.60	397	64.8
Social Work and Related Professionals	266	0	0	141	53
Speech Therapy and Audiology	165	0	0	79	47.9
<b>TOTAL</b>	<b>28098</b>	<b>528</b>	<b>1.9</b>	<b>11138</b>	<b>39.6</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

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Table 74: (3.5.5) Promotions by salary band: 01/04/2018 – 31/03/2019

Salary Band	Employees On 1 April 2018	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)	3848	0	0	1825	47.4
Skilled (Levels 3-5)	30763	22	0.1	19427	63.2
Highly Skilled Production (Levels 6-8)	14907	135	0.9	7402	49.7
Highly Skilled Supervision (Levels 9-12)	13473	405	3	5449	40.4
Senior Management (Levels >= 13)	84	10	11.9	48	57.1
Other	2123	0	0	233	11
Contract (Levels 3-5)	442	1	0.2	5	1.1
Contract (Levels 6-8)	665	0	0	24	3.6
Contract (Levels 9-12)	1655	9	0.5	161	9.7
Contract (Levels >= 13)	2	0	0	0	0
<b>TOTAL</b>	<b>67962</b>	<b>582</b>	<b>0.9</b>	<b>34574</b>	<b>50.9</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

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## Employment Equity

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

**Table 75: (3.6.1) Total number of employees in each of the following occupational categories as on 31 March 2019**

Occupational categories (SASCO)	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Professionals	2072	57	915	374	2295	109	1323	412	7557
Technicians and Associate Professionals	3793	52	349	24	17211	451	1858	322	24060
Labourers and Related Workers	2190	33	197	23	4361	49	138	15	7006
Plant and Machine Operators and Assemblers	496	11	51	2	189	4	8	1	762
Service Shop and Market Sales Workers	4045	36	452	16	14296	114	355	42	19356
Clerks	2474	39	333	25	4199	116	425	102	7713
Senior Officials and Managers	42	1	10	3	34	3	8	5	106
Craft and Related Trade Workers	313	21	53	43	22	0	0	0	452
<b>TOTAL</b>	<b>15425</b>	<b>250</b>	<b>2360</b>	<b>510</b>	<b>42607</b>	<b>846</b>	<b>4115</b>	<b>899</b>	<b>67012</b>
<b>Employees with disabilities</b>	<b>175</b>	<b>5</b>	<b>42</b>	<b>11</b>	<b>158</b>	<b>0</b>	<b>23</b>	<b>10</b>	<b>424</b>

Source: Deputy Director: Employment Equity

**Table 76: (3.6.2) Total number of employees in each of the following occupational bands as on 31 March 2019**

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	6	0	0	0	1	0	0	0	7
Senior Management	30	0	8	3	31	1	3	3	79
Professionally qualified and experienced specialists and mid-management	1968	50	789	228	8225	285	1834	366	13777
Skilled technical and academically qualified workers, junior management, supervisors, foremen	2850	71	690	59	9708	272	1136	204	14993
Semi-skilled and discretionary decision making	8202	80	439	34	20099	174	547	49	29624
Unskilled and defined decision making	1544	16	231	56	3258	45	190	35	5375
Contract (Top Management)	0	0	0	1	0	0	0	0	1
Contract (Senior Management)	1	0	0	0	0	0	0	0	1
Contract (Professionally Qualified)	452	27	197	121	574	38	306	145	1860
Contract (Skilled Technical)	167	4	2	7	371	22	76	89	738

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Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Contract (Semi-Skilled)	205	2	4	1	340	9	23	8	592
<b>TOTAL</b>	<b>15425</b>	<b>250</b>	<b>2360</b>	<b>510</b>	<b>42607</b>	<b>846</b>	<b>4115</b>	<b>899</b>	<b>67047</b>

Source: Deputy Director: Employment Equity

**Table 77: (3.6.3) Recruitment: 01/04/2018 – 31/03/2019**

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Professionally qualified and experienced specialists and mid-management	136	7	50	24	238	13	75	42	585
Skilled technical and academically qualified workers, junior management, supervisors, foremen	95	1	4	0	189	7	38	1	335
Semi-skilled and discretionary decision making	123	3	2	0	455	1	3	0	587
Unskilled and defined decision making	439	2	62	26	547	9	39	27	1151
Contract (Professionally qualified)	261	11	109	51	369	20	179	76	1076
Contract (Skilled technical)	121	3	1	7	283	19	62	84	580
Contract (Semi-skilled)	144	2	4	0	325	12	32	11	530
<b>TOTAL</b>	<b>1319</b>	<b>29</b>	<b>232</b>	<b>108</b>	<b>2406</b>	<b>81</b>	<b>428</b>	<b>241</b>	<b>4844</b>
<i>Employees with disabilities</i>	5	0	0	1	9	0	0	0	15

Source: Deputy Director: Employment Equity

**Table 78: (3.6.4) Promotions: 01/04/2018 – 31/03/2019**

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	1	0	0	0	1	0	0	0	2
Senior Management	20	0	5	2	22	1	3	3	56
Professionally qualified and experienced specialists and mid-management	962	26	446	132	3009	130	970	179	5867
Skilled technical and academically qualified workers, junior management, supervisors, foremen	1541	40	439	34	4662	131	572	118	7538
Semi-skilled and discretionary decision making	6071	55	315	22	12467	122	370	27	19449
Unskilled and defined decision making	694	13	33	5	1284	10	16	3	2058

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Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Contract (Professionally qualified)	60	1	18	14	32	2	31	12	170
Contract (Skilled technical)	7	0	0	0	14	0	1	2	24
Contract (Semi-skilled)	2	0	0	1	1	2	0	0	6
<b>TOTAL</b>	<b>9358</b>	<b>135</b>	<b>1256</b>	<b>210</b>	<b>21492</b>	<b>398</b>	<b>1963</b>	<b>344</b>	<b>35170</b>
<i>Employees with disabilities</i>	137	4	31	4	91	0	16	6	289

Source: Deputy Director: Employment Equity

**Table 79: (3.6.5) Terminations: 01/04/2018 – 31/03/2019**

Occupational Bands	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	1	0	0	0	0	0	0	0	1
Senior Management	3	0	0	1	2	1	0	1	8
Professionally qualified and experienced specialists and mid-management	116	7	63	32	489	18	80	46	855
Skilled technical and academically qualified workers, junior management, supervisors, foremen	132	3	37	4	423	15	59	27	701
Semi-skilled and discretionary decision making	324	3	23	1	525	9	18	7	910
Unskilled and defined decision making	430	6	60	28	648	15	68	26	1281
Contract (Professionally qualified)	172	7	100	61	234	11	216	103	904
Contract (Skilled technical)	191	3	5	4	484	24	120	75	906
Contract (Semi-skilled)	7	0	0	0	17	1	0	0	25
<b>TOTAL</b>	<b>1376</b>	<b>29</b>	<b>288</b>	<b>131</b>	<b>2822</b>	<b>94</b>	<b>561</b>	<b>285</b>	<b>5591</b>
<i>Employees with disabilities</i>	13	0	5	0	6	0	3	1	28

Source: Deputy Director: Employment Equity

**Table 80: (3.6.6) Disciplinary action: 01/04/2018 – 31/03/2019**

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Dismissal	7	0	1	0	2	0	0	0	10
Final Written Warning	3	1	1	0	12	0	3	0	20
No Outcome	12	1	2	1	1	0	0	0	17
Suspended Without Payment	25	0	0	1	14	0	1	0	41

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Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Written Warning	3	0	0	1	4	0	1	0	9
<b>TOTAL</b>	<b>50</b>	<b>02</b>	<b>04</b>	<b>03</b>	<b>33</b>	<b>0</b>	<b>05</b>	<b>0</b>	<b>97</b>

Source: Director: Labour Relations

**Table 81: (3.6.7) Skills development: 01/04/2018 – 31/03/2019**

Occupational categories	Male					Female					Total
	African	Coloured	Indian	White	Total Male	African	Coloured	Indian	White	Total Female	
Clerical Support Workers	156	4	56	15	231	304	14	58	48	424	655
Elementary Occupations	1212	36	260	101	1609	4111	276	840	267	5494	7103
Managers	832	70	83	10	995	1844	116	150	25	2135	3130
Plant and Machine Operators and Assemblers	809	29	61	3	902	1213	51	86	13	1363	2265
Professionals	630	7	31	5	673	1217	61	36	6	1320	1993
Service and Sales Workers	70	5	18	25	118	8	0	0	0	8	126
Skilled Agricultural, Forestry, Fishery, Craft and Related Trades Workers	103	1	12	1	117	27	0	0	0	27	144
Technicians and Associate Professionals	234	5	23	4	266	327	2	19	0	348	614
<b>Total</b>	<b>4046</b>	<b>157</b>	<b>544</b>	<b>164</b>	<b>4911</b>	<b>9051</b>	<b>520</b>	<b>1189</b>	<b>359</b>	<b>11119</b>	<b>16030</b>

Source: Director: HRD



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## Signing of Performance Agreements by SMS Members

**Table 82: (3.7.1) Signing of Performance Agreements by SMS members as on 31 May 2018**

SMS level	Total number of funded SMS posts	Total number of SMS members	Total number of signed Performance Agreements	Signed Performance Agreements as % of total number of SMS members
Head: Health <sup>53</sup>	1	0	N/A	N/A
Salary level 16	1	1	1	100
Salary level 15	7	5	5	100
Salary level 14	21	17	16	100
Salary level 13	84	63	62	98.51
<b>Total</b>	<b>114</b>	<b>87</b>	<b>86</b>	<b>98.88</b>

Source: Director: HRD

**Table 83: (3.7.2) Reasons for not having concluded Performance Agreements for all SMS members as on 31 May 2018**

Reasons
The one non-compliant SMS member was displaced and therefore did not complete a Performance Agreement.

Source: Director: HRD

**Table 84: (3.7.3) Disciplinary steps taken against SMS members for not having concluded Performance Agreements as on 31 May 2018**

Disciplinary steps taken
A disciplinary letter was issued to the employee. The employee would not qualify for payment of the Pay Progression. Additionally, the employee has retired as at 31.01.2019.

Source: Director: HRD

<sup>53</sup> The Head: Health post is vacant however; the acting incumbent has a signed performance agreement.

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## Performance Rewards

**Table 85: (3.8.1) Performance rewards by race, gender, and disability: 01/04/2018 – 31/03/2019**

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	42 449	0	18.9	18 903
African, Male	1	15 250	0	7.42	7 418
Asian, Female	0	4 092	0	0	0
Asian, Male	0	2 318	0	0	0
Coloured, Female	0	846	0	0	0
Coloured, Male	0	245	0	0	0
<b>Total Blacks, Female</b>	<b>1</b>	<b>47 387</b>	<b>0</b>	<b>18.9</b>	<b>18 903</b>
<b>Total Blacks, Male</b>	<b>1</b>	<b>17 813</b>	<b>0</b>	<b>7.42</b>	<b>7 418</b>
White, Female	0	889	0	0	0
White, Male	0	499	0	0	0
Employees with a disability	0	424	0	0	0
<b>Total</b>	<b>2<sup>54</sup></b>	<b>67 013</b>	<b>0</b>	<b>26.32</b>	<b>13 161</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 86: (3.8.2) Performance Rewards by salary band for personnel below SMS: 01/04/2018 – 31/03/2019**

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)
Lower Skilled (Levels 1-2)	0	3 518	0	0	0
Skilled (Levels 3-5)	0	29 391	0	0	0
Highly Skilled Production (Levels 6-8)	0	14 742	0	0	0
Highly Skilled Supervision (Levels 9-12)	2	13 382	0	26.32	13 161
Other	0	1 745	0	0	0
Contract (Levels 3-5)	0	589	0	0	0
Contract (Levels 6-8)	0	726	0	0	0
Contract (Levels 9-12)	0	1 833	0	0	0
<b>TOTAL</b>	<b>2</b>	<b>65 926</b>	<b>0</b>	<b>26.32</b>	<b>13 161</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

<sup>54</sup> Due to financial constraints performance bonuses are not paid in the Department. In terms of the information on performance rewards granted, the 2 employees indicated in the table were transferred into the Department of Health and the Department had to pay the performance bonus on behalf of the releasing Department (KZN Education and Gauteng Health) as the releasing Departments no longer have access to the employee salary records on Persal due to the transfer.

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**Table 87: (3.8.3) Performance Rewards by critical occupations: 01/04/2018 – 31/03/2019**

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	0	0	0	0
Ambulance And Related Workers	0	0	0	0	0
Dental Practitioners	0	0	0	0	0
Dieticians And Nutritionists	0	0	0	0	0
Emergency Services Related	0	0	0	0	0
Engineering Sciences Related	0	0	0	0	0
Engineers And Related Professionals	0	0	0	0	0
Environmental Health	0	0	0	0	0
Medical Practitioners	0	0	0	0	0
Medical Research And Related Professionals	0	0	0	0	0
Medical Specialists	0	0	0	0	0
Medical Technicians/Technologists	0	0	0	0	0
Occupational Therapy	0	0	0	0	0
Oral Hygiene	0	0	0	0	0
Pharmacists	0	0	0	0	0
Physicists	0	0	0	0	0
Physiotherapy	0	0	0	0	0
Professional Nurse	0	0	0	0	0
Psychologists And Vocational Counsellors	0	0	0	0	0
Radiography	0	0	0	0	0
Social Work And Related Professionals	0	0	0	0	0
Speech Therapy And Audiology	0	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 88: (3.8.4) Performance related rewards (cash bonus), by salary band for SMS: 01/04/2018 – 31/03/2019**

Salary band	Beneficiary Profile			Total Cost (R'000)	Average cost per employee (R)	% of SMS Wage Bill
	Number of beneficiaries	Number of employees	% of total within band			
Band A	0	67	75.28%	0	0	0
Band B	0	16	17.98%	0	0	0
Band C	0	5	5.62%	0	0	0
Band D	0	1	1.12%	0	0	0
<b>Total</b>	<b>0</b>	<b>89</b>	<b>100%</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

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## Foreign Workers

The tables below summarise the employment of foreign nationals in the Department in terms of salary bands and by major occupation. The tables also summarise changes in the total number of foreign workers in each salary band and by each major occupation.

**Table 89: (3.9.1) Foreign Workers by salary band: 01/04/2018 – 31/03/2019**

Salary Band	Employment at Beginning of	Percentage of Total at Beginning of Period	Employment at End of Period	Percentage of Total at End of Period	Change in Employment	Percentage of Total	Total Employment at Beginning of Period	Total Employment at End of Period	Total Change in Employment
Highly skilled production (Levels 6-8)	39	7.6	34	6.9	- 5	22.7	512	490	- 22
Highly skilled supervision (Levels 9-12)	445	86.9	429	87.6	- 16	72.7	512	490	- 22
Lower skilled (Levels 1-2)	1	0.2	1	0.2	0	0	512	490	- 22
Other	18	3.5	20	4.1	2	- 9.1	512	490	- 22
Senior management (Levels 13-16)	1	0.2	1	0.2	0	0	512	490	- 22
Skilled (Levels 3-5)	8	1.6	5	1	- 3	13.6	512	490	- 22
<b>TOTAL</b>	<b>512</b>	<b>100</b>	<b>490</b>	<b>100</b>	<b>- 22</b>	<b>100</b>	<b>512</b>	<b>490</b>	<b>- 22</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 90: (3.9.2) Foreign Workers by major occupation: 01/04/2018 – 31/03/2019**

Major Occupational Class	Employment at Beginning of	Percentage of Total at Beginning of	Employment at End of Period	Percentage of Total at End of	Change in Employment	Percentage of Total	Total Employment at Beginning of	Total Employment at End of Period	Total Change in Employment
Administrative office workers	4	0.8	3	0.6	1	4.5	512	490	22
Craft and related trades workers	1	0.2	1	0.2	0	0	512	490	22
Elementary occupations	2	0.4	2	0.4	0	0	512	490	22
Professionals and managers	502	98	482	98.4	20	90.9	512	490	22
Social natural technical and medical sciences + support	3	0.6	2	0.4	1	4.5	512	490	22
<b>TOTAL</b>	<b>512</b>	<b>100</b>	<b>490</b>	<b>100</b>	<b>22</b>	<b>100</b>	<b>512</b>	<b>490</b>	<b>22</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

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## Leave Utilisation

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 91: (3.10.1) Sick leave: 1 January 2018 - 31 December 2018**

Salary Band	Total days	% days with medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)	Total number of days with medical certification
Contract (Levels 1-2)	36	100	1	0	36	17	36
Contract (Levels 13-16)	4	0	1	0	4	31	0
Contract (Levels 3-5)	2 169	72.2	495	1	4	1 407	1 567
Contract (Levels 6-8)	3 751	73.7	752	1.5	5	4 105	2 765
Contract (Levels 9-12)	6 274	59.4	1 275	2.5	5	13 158	3 728
Contract Other	2 653	66.5	748	1.5	4	786	1 765
Highly skilled production (Levels 6-8)	84 849	81.1	11 969	23.4	7	108 798	68 786
Highly skilled supervision (Levels 9-12)	77 850	79	10 642	20.8	7	196 724	61 515
Lower skilled (Levels 1-2)	16 570	81	2 446	4.8	7	8 971	13 424
Other	337	77.2	54	0.1	6	456	260
Senior management (Levels 13-16)	253	68.4	52	0.1	5	1 010	173
Skilled (Levels 3-5)	162 261	81	22 742	44.4	7	126 711	131 484
<b>TOTAL</b>	<b>357 007</b>	<b>80</b>	<b>51 177</b>	<b>100</b>	<b>7</b>	<b>462 174</b>	<b>285 503</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 92: (3.10.2) Incapacity leave (temporary and permanent): 1 January 2018 - 31 December 2018**

Salary Band	Total days	% days with medical certification	Number of Employees using disability leave	% of total employees using disability leave	Average days per employee	Estimated Cost (R'000)
Contract (Levels 3-5)	16	100	3	0.1	5	14
Contract (Levels 6-8)	80	100	4	0.1	20	108
Contract (Levels 9-12)	433	100	19	0.6	23	1 057
Contract Other	33	100	4	0.1	8	11
Highly skilled production (Levels 6-8)	22 647	100	882	25.8	26	28 166
Highly skilled supervision (Levels 9-12)	20 623	100	712	20.9	29	51 890
Lower skilled (Levels 1-2)	4 776	100	197	5.8	24	2 631
Other	96	100	6	0.2	16	164
Senior management (Levels 13-16)	46	100	3	0.1	15	187

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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)
Skilled (Levels 3-5)	34 064	100	1 582	46.4	22	26 017
<b>TOTAL</b>	<b>82 814</b>	<b>100</b>	<b>3 412</b>	<b>100</b>	<b>24</b>	<b>110 244</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 93: (3.10.3) Annual leave: 1 January 2018 - 31 December 2018**

Salary bands	Total days taken	Number of employees using annual leave	Average per employee
Contract (Levels 1-2)	1	1	1
Contract (Levels 13-16)	27	14	2
Contract (Levels 3-5)	5 981	10	594
Contract (Levels 6-8)	11 659.84	14	846
Contract (Levels 9-12)	29 995.64	17	1 775
Contract Other	19 084.44	13	1 442
Highly skilled production (Levels 6-8)	385 654.96	25	15 661
Highly skilled supervision (Levels 9-12)	351 864.39	25	13 927
Lower skilled (Levels 1-2)	94 280.79	24	3 901
Other	1 121.25	19	59
Senior management (Levels 13-16)	2 127	24	89
Skilled (Levels 3-5)	739 483.69	24	30 601
<b>TOTAL</b>	<b>1 641 281</b>	<b>24</b>	<b>68 898</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 94: (3.10.4) Capped leave: 1 January 2018 - 31 December 2018**

Salary Band	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at end of period	Number of Employees who took Capped leave	Total number of capped leave available at end of period	Number of Employees as at end of period
Contract (Levels 13-16)	0	0	0	0	0	0
Contract (Levels 3-5)	0	0	0	0	0	0
Contract (Levels 6-8)	0	0	0	0	0	0
Contract (Levels 9-12)	1	1	10	1	38.8	4
Contract Other	0	0	0	0	0	0
Highly skilled production (Levels 6-8)	1 371.58	5	48	251	144 821.82	3 017
Highly skilled supervision (Levels 9-12)	1 512.3	6	52	269	172 813.15	3 300
Lower skilled (Levels 1-2)	24	3	16	8	3 170.7	197

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Salary Band	Total days of capped leave taken	Average number of days taken per employee	Average capped leave per employee as at end of period	Number of Employees who took Capped leave	Total number of capped leave available at end of period	Number of Employees as at end of period
Other	48.25	10	42	5	760.71	18
Senior management (Levels 13-16)	8	4	85	2	2 877.09	34
Skilled (Levels 3-5)	1 314.99	6	42	231	152 421.56	3 630
<b>TOTAL</b>	<b>4 280.12</b>	<b>6</b>	<b>47</b>	<b>767</b>	<b>476 903.83</b>	<b>10 200</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)

**Table 95: (3.10.5) Leave pay-outs: 01/04/2018 – 31/03/2019**

Reason	Total Amount (R'000)	Number of Employees	Average payment per employee
Annual - Discounting With Resignation (Work Days)	19 351	962	20 115
Annual - Discounting: Unused Vac Credits (Suspension)	4	1	4 000
Annual - Discounting: Unused Vacation Credits (Work Days)	33	3	11 000
Annual - Gratuity: Death/Retirement/Medical Retirement(Work	33 902	1208	28 065
Capped - Gratuity: Death/Retirement/Medical Retirement(Work	61 683	706	87 370
<b>TOTAL</b>	<b>114 973</b>		

Source: Vulindlela Annual Report (extracted on 06/05/2019)

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## HIV, AIDS and Health Promotion Programmes

**Table 96: (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 (OPEP)
General Assistants	Use of Personal Protective Clothing, education
<b>All other employees</b>	
Sexually active.	Baseline assessments .education
Long distance relationship	Health education
Married couples –not staying together—for some other reasons e.g. employment/on separation.	Conducting wellness activities in institutions, for health promotion
Drugs/Alcohol abusers	EAP services
Vulnerable groups e.g. on divorce process/widow/widower/elderly.	Monitor implementation of COID Act regarding occupational diseases & injuries
Employees at risk of being raped e.g. night shift staff/staff in wards where prisoners are admitted.	Monitor implementation of OHS Act and Education
Single parents-staying alone.	Health education
Front-Line /OPD/Casualty/Crisis Centre/CDC & Medical, Maternity Wards and Theatre employees.	Provision of EAP services and referrals accordingly, Personal Protective Equipment (PPE), Education and OPEP
Tracer & injection teams /Family Health Teams/CCG's/School Health Teams.	Implementation of HIV and AIDS policies and education
Staff diagnosed with TB.	All tested for HIV

Source: Director: Employee Health and Wellness

**Table 97: (3.11.2) Details of health promotion and HIV and AIDS Programmes**

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter 1 of the Public Service Regulations, 2001? If so, provide her/his name and position.	Yes		D.D.Dumisa Director : Employee Health and Wellness (EHW)
2. Does the department have a dedicated unit or have you designated specific staff members to promote health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available.	Yes		EHW units composed of Occupational Health Nurses, Safety officers and EAPs in our health institutions Compensation budget for staff- R 106 818 497
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of the programme.	Yes		HIV &AIDS management ( prevention, treatment, giving care and support) HIV &AIDS workshops Healthy lifestyle programme Counselling Organizational wellness
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e)	Yes		<b><u>EMPLOYEE HEALTH AND WELLNESS COMMITTEE</u></b>



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Question	Yes	No	Details, if yes
of Chapter 1 of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.			<p style="text-align: center;"><b>Designated Senior Manager(s): EHW (Chairperson)</b></p> <p>1. D.D.Dumisa</p> <p style="text-align: center;"><b>Members of the Committee</b></p> <p>1. M. Killeen –Ugu District                  2. Ms Mahlaba – Umzinyathi District                  3. Shezi N. Umzinyathi District                  4. N.Mgaga – Amajuba District                  5. Z.M.Ndwandwe – Ugu District                  6. B. Thusi – Ilembe District                  7. R.Phahla – Ilembe District                  8. L. Hutchinson -Umgungundlovu                  9. N.P. Fihlela - EHW                  10. Mahlobo – Zululand District                  11. N.Zwane -Umgungundlovu                  12. D.R. Mhlanga –K. Cetshwayo                  13. P.S. Mabaso (Gamede) -Ethekekwini                  14. N.Mdluli- Umkhanyakude                  15. L. Mdubeki –Harry Gwala District                  16. Z.Dladla –Harry Gwala District                  17. C.H.Hadebe-Uthukela District                  18. C. Khumalo –K.Cetshwayo                  19. N.Bhengu – Ethekekwini District                  20. P. Ntshangase - Zululand                  21. N. Molwane - Uthukela</p>
5. Has the department reviewed the employment policies and practices of your department to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	Yes		Management of HIV and AIDS, TB and STIs in the workplace
6. Has the department introduced measures to protect HIV-positive employees or those perceived to be HIV-positive from discrimination? If so, list the key elements of these measures.	Yes		Human rights workshops Workshops on HIV and AIDS discrimination and stigma Confidentiality emphasis and GEMS initiatives
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have achieved.	Yes		Results for 2018/19 financial year 21863 staff pre-test counselled 6213 staff tested 255 staff tested positive
8. Has the department developed measures/indicators to monitor & evaluate the impact of your health promotion programme? If so, list these measures/indicators.	Yes		<p><b>Data Element Name</b></p> <p>Eligible staff initiated on ART                  Staff diagnosed with MDR TB                  Staff diagnosed with TB - new                  Staff diagnosed with XDR TB                  Staff injury on duty (excluding needle sticks - blood splashes - human bites - assault)                  Staff pre-test counselled                  Staff screened for TB                  Staff tested HIV positive screened for TB                  Staff tested for HIV</p>

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Question	Yes	No	Details, if yes
			Staff tested positive for HIV Staff with fluid splashes - new TB diagnosed staff tested for HIV TB staff with a DOTS supporter TB/HIV co-infected staff initiated on ART Total HIV Positive Staff seen in the Occupational Health Clinic Total staff on ART treatment Total staff who died while on ART Treatment Total number of Cases other than Needle Stick Injuries Total number of cases Sero-Converted Total number of clients given ART Prophylaxis for Needle Stick Injuries TB suspects - Staff Total Needle Stick Injuries - New

Source: Director: Employee Health and Wellness

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## Labour Relations

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

**Table 98: (3.12.1) Collective agreements: 01/04/2018 – 31/03/2019**

Total Number of Collective Agreements	Nil
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Source: Director: Labour Relations

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

**Table 99: (3.12.2) Misconduct and disciplinary hearings finalised: 01/04/2018 – 31/03/2019**

Outcomes of disciplinary hearings	Number	% of total
Dismissal	10	10.31%
Final Written Warning	20	20.62%
No Outcome	17	17.53%
Suspended Without Payment	41	42.27%
Written Warning	9	9.28%
<b>TOTAL</b>	<b>97</b>	<b>100%</b>

Source: Director: Labour Relations

**Table 100: (3.12.3) Types of misconduct addressed at disciplinary hearings: 01/04/2018 – 31/03/2019**

Type of misconduct	Number	% of total
Absent From Work Without Reason Or Permission	26	27%
Assault/Attempts Or Threatens To Assault A Person	5	5%
Conduct Self In Improper/Unacceptable Manner	1	1%
Contravenes Any Code Of Conduct For State	4	4%
Disrespect/Abusive Or Insolent Behaviour	1	1%
Fails To Carry Out Order Or Instruction	10	10%
Fails To Comply With Or Contravenes An Act	15	15%
Falsifies Records Or Any Documents	2	2%
Intimidates/Victimise Others	4	4%
Misuse Of Property	9	9%
Prejudices Administration Of Organisation Or Dept.	4	4%
Steals Bribes Or Commits Fraud	14	14%
Under Influence Of Intoxicating Substance	2	2%
<b>TOTAL</b>	<b>97</b>	<b>100%</b>

Source: Director: Labour Relations

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**Table 101: (3.12.4) Grievances logged: 01/04/2018 – 31/03/2019**

Grievances	Number	% of Total
Not resolved/Outstanding/Pending	243	60%
Resolved	159	40%
<b>TOTAL</b>	<b>402</b>	<b>100%</b>

Source: Director: Labour Relations

**Table 102: (3.12.5) Disputes logged with Councils: 01/04/2018 – 31/03/2019**

Disputes	Number	% of Total
Number of disputes upheld	15	10%
Number of disputes dismissed	27	18%
Outstanding/ Pending	106	72%
<b>Total Number of disputes</b>	<b>148</b>	<b>100%</b>

Source: Director: Labour Relations

**Table 103: (3.12.6) Strike actions: 01/04/2018 – 31/03/2019**

Total number of person working days lost	
Total number of persons working days lost	40 days
Total cost of working days lost (R'000)	Could not be calculated as this was a go-slow.
Amount recovered as a result of no work no pay (R'000)	R0.00

Source: Forensic Mortuary Facilities

**Table 104: (3.12.7) Precautionary suspensions: 01/04/2018 – 31/03/2019**

Number of people suspended	
Number of people suspended	42
Number of people whose suspension exceeded 30 days	34
Average number of days suspended	90 days
Cost of suspensions	R4 309 712.66

Source: Director: Labour Relations and FOSAD Report

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## Skills Development

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

**Table 105: (3.13.1) Training needs identified: 01/04/2018 – 31/03/2019**

Occupational category	Gender	Number of employees as at 1 April 2018	Training needs identified at start of reporting period			
			Learner-ships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, Senior Officials And Managers	Female	1405	0	424	46	470
	Male	956	0	231	27	258
Professionals	Female	18316	0	5494	941	6435
	Male	4214	0	1609	554	2163
Technicians And Associate Professionals	Female	11990	0	2135	538	2673
	Male	4233	0	995	251	1246
Clerks	Female	4473	0	1363	455	1818
	Male	2774	0	902	295	1197
Service And Sales Workers	Female	8154	0	1320	113	1433
	Male	3269	0	673	51	724
Skilled Agriculture And Fishery Workers, Craft And Related Trades Workers	Female	39	0	8	13	21
	Male	436	0	118	34	152
Plant And Machine Operators And Assemblers	Female	255	0	27	2	29
	Male	648	0	117	8	125
Elementary Occupations	Female	864	0	348	43	391
	Male	800	0	266	90	356
<b>Sub Total</b>	<b>Female</b>	<b>45496</b>	<b>0</b>	<b>11119</b>	<b>2151</b>	<b>13270</b>
	<b>Male</b>	<b>17330</b>	<b>0</b>	<b>4911</b>	<b>1310</b>	<b>6221</b>
<b>Total</b>			<b>0</b>	<b>16030</b>	<b>3461</b>	<b>19491</b>

Source: Director: HRD

**Table 106: (3.13.2) Training provided: 01/04/2018 – 31/03/2019**

Occupational Category	Gender	Number of employees as at 1 April 2018	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, Senior Officials And Managers	Female	1405	0	679	8	687
	Male	956	0	261	12	273
Professionals	Female	18316	0	6404	1257	7661
	Male	4214	0	1463	644	2107

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Occupational Category	Gender	Number of employees as at 1 April 2018	Training provided within the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Technicians And Associate Professionals	Female	11990	0	2570	245	2815
	Male	4233	0	2828	135	2963
Clerks	Female	4473	0	927	384	1311
	Male	2774	0	458	179	637
Service And Sales Workers	Female	8154	0	397	44	441
	Male	3269	0	142	18	160
Skilled Agriculture And Fishery Workers, Craft And Related Trades Workers	Female	39	0	12	10	22
	Male	436	0	29	11	40
Plant And Machine Operators And Assemblers	Female	255	0	8	0	8
	Male	648	0	24	2	26
Elementary Occupations	Female	864	0	120	15	135
	Male	800	0	118	14	132
<b>Sub Total</b>	<b>Female</b>	<b>45496</b>	<b>0</b>	<b>11117</b>	<b>1963</b>	<b>13080</b>
	<b>Male</b>	<b>17330</b>	<b>0</b>	<b>5323</b>	<b>1015</b>	<b>6338</b>
<b>Total</b>			<b>0</b>	<b>16440</b>	<b>2978</b>	<b>19418</b>

Source: Director: HRD

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## Injury on Duty

Table 3.14.1 provide basic information on injury on duty.

**Table 107: (3.14.1) Injury on duty: 01/04/2018 – 31/03/2019**

Nature of injury on duty	Number	% of total
Required basic medical attention only	482	67.79%
Temporary total disablement	228	32.07%
Permanent disablement	1	0.14%
Fatal	0	0%
<b>Total</b>	<b>711</b>	<b>100%</b>

Source: Deputy Director: Service Conditions

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## Utilisation of Consultants

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

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.

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.

**Table 108: (3.15.1a) Report on Consultant appointments using appropriated funds: 01/04/2018 – 31/03/2019**

Project Title	Total number of Consultants that worked on project	Duration – Work days	Contract value in Rand
Hire of Consultants - Financial Management	Unspecified	Unspecified	R433 200,00
Events Management Services	Unspecified	Unspecified	R551 192,00
Food Distribution Management	Unspecified	Unspecified	R15 486 022,00
Medical Expert Services	Unspecified	Unspecified	R864 000,00
Health Risk Management Services	Unspecified	Unspecified	R8 277 919,00

**Table 109: (3.15.1b) Report on Consultant appointments using appropriated funds: 01/04/2018 – 31/03/2019**

Total number of projects	Total individual Consultants	Total duration – Work days	Total contract value in Rand
28	Unspecified	Unspecified	<b>R25 612 333,00</b>

**Table 110 - 115: (3.15.2 – 3.15.4) Analysis of Consultant appointments using appropriated and Donor Funds: 01/04/2018 – 31/03/2019**

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that worked on the project
Hire of Consultants - Financial Management	38%	42%	Unspecified
Events Management Services	100%	100%	Unspecified
Food Distribution Management	0%	45%	Unspecified



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Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of Consultants from HDI groups that worked on the project
Medical Expert Services	100%	100%	Unspecified
Health Risk Management Services	0%	20%	Unspecified

## Severance Packages

Table 111: (3.16.1) Granting of employee initiated severance packages: 01/04/2018 – 31/03/2019

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			
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 Service Band A	0	0	0	0
Senior Management Service Band B	0	0	0	0
Senior Management Service Band C	0	0	0	0
Senior Management Service Band D	0	0	0	0
Other	0	0	0	0
Contract (Levels 1-2)	0	0	0	0
Contract (Levels 3-5)	0	0	0	0
Contract (Levels 6-8)	0	0	0	0
Contract (Levels 9-12)	0	0	0	0
Contract Band A	0	0	0	0
Contract Band B	0	0	0	0
Contract Band C	0	0	0	0
Contract Band D	0	0	0	0
<b>TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Source: Vulindlela Annual Report (extracted on 06/05/2019)



**PART E: ANNUAL FINANCIAL  
STATEMENTS**

- Audit Report for the year ending 31 March 2019
- Annual Financial Statements

Department of Health  
Audit report for the year ending  
31 March 2019

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## Report of the auditor-general to the KwaZulu-Natal Provincial Legislature on vote no. 7: Department of Health

### Report on the audit of the financial statements

#### Qualified opinion

1. I have audited the financial statements of the Department of Health set out on pages 237 to 338, which comprise the appropriation statement, the statement of financial position as at 31 March 2019, the statement of financial performance, statement of changes in net assets and cash flow statement for the year then ended, as well as the notes to the financial statements, including a summary of significant accounting policies.
2. In my opinion, except for the possible effects of the matters described in the basis for qualified opinion section of this auditor's report, the financial statements present fairly, in all material respects, the financial position of the Department of Health as at 31 March 2019, and its financial performance and its cash flows for the year then ended in accordance with the Modified Cash Standard (MCS) as 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, 2018 (Act No. 1 of 2018) (Dora).

#### Basis for qualified opinion

##### Irregular expenditure

3. Transactions which did not meet the definition of irregular expenditure were incorrectly recorded by the department. This was contrary to paragraph 56 (a)(i) of Chapter 9 in the MCS, *General department assets and liabilities*. I was unable to determine the impact of this misstatement as it was impractical to do so. I was also unable to obtain sufficient and appropriate audit evidence for irregular expenditure. I was unable to confirm this irregular expenditure by alternative means. Consequently, I was unable to determine whether any further adjustments were necessary to the irregular expenditure stated at R13,44 billion (2018: R8,96 billion) in note 26 to the financial statements.

##### Movable tangible capital assets and minor assets

4. The department did not correctly record movable tangible capital assets and minor assets in accordance with paragraph 65, chapter 11, *Capital assets* in the MCS. Evidence submitted to support the amounts in the underlying records did not agree to the estimates used in the measurement of movable tangible capital assets and minor assets. I was unable to determine the impact of the misstatements on movable tangible capital assets and minor assets as it was impracticable to do so. I was also unable to obtain sufficient and appropriate audit evidence for movable tangible capital assets and minor assets. I was unable confirm these assets by alternative means. Consequently, I was unable to determine whether any further adjustments were necessary to the movable tangible assets stated at R3,74 billion (2018: R4,12 billion) as well as minor assets stated at R1,07 billion (2018: R928 million) in note 32 and 32.4 to the financial statements, respectively.

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## Capital work-in-progress

5. The department did not fully record all uncompleted projects as capital work-in-progress, as required by paragraphs 27 and 28 of chapter 2, *Concepts and principles* in the MCS. I was unable to determine the impact of the misstatements on capital work-in-progress stated at R3,34 billion in note 33.1 of the financial statements as it was impractical to do so.

## Commitments – current commitments

6. The department did not adequately record current commitments, as required by paragraph 65 (a) chapter 14, *Provisions and Contingents* in the MCS. In this regard, the outstanding current commitments on contracts that were approved were not fully disclosed. I was unable to determine the impact of the misstatements on current commitments stated at R928,28 million (2018: R722,19 million) included in commitments of R1,91 billion in note 21 (2018: R 2,03 billion) of the financial statements as it was impractical to do so.

## Compensation of employees – Compensative/circumstantial allowances

7. During 2018, I was unable to obtain sufficient appropriate audit evidence for commuted overtime allowances of R984,89 million included in compensative/circumstantial allowances of R2,26 billion disclosed in note 4.1 to the financial statements. I was unable to confirm these allowances by alternative means. Consequently, I was unable to determine whether any adjustment to commuted overtime allowances was necessary. My audit opinion on the financial statements for the period ended 31 March 2018 was modified accordingly. My opinion on the current year financial statements was also modified because of the possible effect of this matter on the comparability of the compensative/circumstantial allowances for the current period.

## Accruals and payables not recognised

8. During 2018, the department did not adequately record accruals and payables not recognised, as required by paragraphs 27 and 28 of chapter 2, *Concepts and principles* in the MCS. Consequently, accruals stated at R472,72 million and payables not recognised stated at R568,48 million in note 22 to the financial statements for the comparative information were misstated by amounts which were impracticable to determine. My audit opinion on the financial statements for the period ended 31 March 2018 was modified accordingly. My opinion on the current year financial statements was also modified because of the possible effect of this matter on the comparability of the accruals and payables not recognised for the current period.

## Context for the opinion

9. I conducted my audit in accordance with the International Standards on Auditing (ISAs). My responsibilities under those standards are further described in the auditor-general's responsibilities for the audit of the financial statements section of this auditor's report.
10. I am independent of the department in accordance with sections 290 and 291 of the International Ethics Standards Board for Accountants' *Code of Ethics for Professional Accountants* (IESBA code) as well as parts 1 and 3 of the International Ethics Standards Board for Accountants' *International Code of Ethics for Professional Accountants (including International Independence Standards)* and the ethical requirements that are relevant to my audit in South Africa. I have fulfilled my other ethical responsibilities in accordance with these requirements and the IESBA codes.
11. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

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## Emphasis of matter

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

### Uncertainty relating to the future outcome of litigation

13. The department are defendants on various litigation matters relating to medical negligence and claims against the state of R20,73 billion, as disclosed in note 20 to the financial statements. The ultimate outcome of these matters cannot presently be determined due to uncertainties related to the timing and amount of possible obligations.

### Payables

14. As disclosed in note 22.2 to the financial statements, payables of R308,49 million exceeded the payment term of 30 days, as required by treasury regulation 8.2.3. This amount, in turn, exceeded the R13,80 million of voted funds to be surrendered by R294,69 million as per the statement of financial performance. The amount of R294,69 million would therefore have constituted unauthorised expenditure had the amounts due been paid in time.

## Other matter

15. I draw attention to the matter below.

### Unaudited supplementary schedules

16. The supplementary information set out on pages 339 to 369 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly, I do not express an opinion thereon.

## Responsibilities of accounting officer for the financial statements

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

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

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

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## Report on the audit of the annual performance report

### Introduction and scope

21. In accordance with the Public Audit Act of South Africa, 2004 (Act No. 25 of 2004) (PAA) and the general notice issued in terms thereof I have a responsibility to report material findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I was engaged to perform procedures to raise findings but not to gather evidence to express assurance.
22. I was engaged to evaluate the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2019:

Programmes	Pages in the annual performance report
Programme 2 – district health services	75 – 123
Programme 5 – central and tertiary hospitals	148 – 156

23. I performed procedures to determine whether the reported performance information was properly presented and whether performance was consistent with the approved performance planning documents. I performed further procedures to determine whether the indicators and related targets were measurable and relevant, and assessed the reliability of the reported performance information to determine whether it was valid, accurate and complete.
24. The material findings in respect of the usefulness and reliability of the selected programmes are as follows:

### Programme 2 – District health services

#### Various indicators

25. The department did not have adequate record keeping systems to enable reliable reporting on achievement of the indicators listed below. As a result, I was unable to obtain sufficient appropriate audit evidence in some instances, while in other cases the supporting evidence provided did not agree to the reported achievements. Based on the supporting evidence that was provided, the achievement of these indicators was different to the reported achievement in the annual performance report. I was also unable to further confirm the reported achievements by alternative means. Consequently, I was unable to determine whether any further adjustments were required to the reported achievements of the indicators listed below:

Indicator number	Indicator description	Number of indicators
DHS 3.2 and DHS 6. 3	Utilisation rate related indicators	2
DHS 9.3, DHS 9.9 and DHS 12.4	HIV and TB-related indicators	3
DHS 12.2 and DHS 12.7	Maternal health-related indicators	2
DHS 12.5, DHS 12.11, DHS	Fatality rate indicators	4



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Indicator number	Indicator description	Number of indicators
12.14 and DHS 12.15		
DHS 12.8, DHS 12.9, DHS 12.18 and DHS 12.19	Integrated school health programme indicators	4
DHS 15.2	Malaria case fatality rate	1

## Various indicators

26. I was unable to obtain sufficient appropriate audit evidence for the reported achievements of 4 of the 29 material indicators relating to this programme. This was due to limitations placed on the scope of my work. I was unable to confirm the reported achievements by alternative means. Consequently, I was unable to determine whether any adjustments were required to the reported achievements in the annual performance report of the indicators listed below:

Sub-programme	Indicator description	Reported value
Maternal, neonatal, child & woman health and nutrition	Antenatal 1st visit before 20 weeks rate	73.2%
	Immunisation coverage under 1 year	90.8%
	Infant 1st PCR test positive around 10 weeks rate	0.62%
	Couple year protection rate	59.6%

## Ideal clinic status rate

27. I was unable to obtain sufficient appropriate audit evidence for the reported achievement of the 75,6% target. This was due to limitations placed on the scope of my work. I was unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any adjustments were required to the achievement as reported in the annual performance report.

## Hospital achieved 75% and more on the NCS self-assessment rate (district hospital)

28. I was unable to obtain sufficient appropriate audit evidence for the reported achievement of 84,6% target for district hospitals. This was due to limitations placed on the scope of my work. I was unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any adjustments were required to the achievement as reported in the in the annual performance report.

## Programme 5 – Central and Tertiary Hospitals

### Hospital achieved 75% and more on the NCS self-assessment rate (central and tertiary hospital)

29. I was unable to obtain sufficient appropriate audit evidence for the reported achievement of target of 100% for central hospital and 33,3% for tertiary hospitals. This was due to limitations placed on the scope of my work. I was unable to confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any adjustments were required to the achievement as reported in the annual performance report.

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## Inpatient bed utilisation rate (central and tertiary hospital)

30. The reported achievement of 65,8% for central hospital and 69,7% for tertiary hospitals is not reliable as the department did not have an adequate performance management system to maintain records and stats were not diligently reviewed and reconciled to enable reliable reporting on achievement of targets. As a result, I was unable to obtain sufficient appropriate audit evidence in some instances while in other cases the supporting evidence provided did not agree to the reported achievement. Based on the supporting evidence that was provided, the achievement was 56% for the central hospital and 94,9% for tertiary hospital, but I was unable to further confirm the reported achievement by alternative means. Consequently, I was unable to determine whether any adjustments were required to the achievement as reported in the annual performance report.

## Other matters

31. I draw attention to the matters below.

## Achievement of planned targets

32. The annual performance report on pages 39 to 175 sets out information on the achievement of planned targets for the year and explanations provided for the under and over-achievement of a significant number of targets. This information should be considered in the context of the material findings on the usefulness and reliability of the reported performance information in paragraphs 25 to 30 of this report.

## Adjustment of material misstatements

33. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were on the reported performance information of district health services, central and tertiary hospital programmes. As management subsequently corrected only some of the misstatements, I raised material findings on the usefulness and reliability of the reported performance information. Those that were not corrected are reported above.

## Report on the audit of compliance with legislation

### Introduction and scope

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

### Annual financial statements

36. The financial statements submitted for auditing were not prepared in accordance with the prescribed financial reporting framework, as required by section 40(1) (b) of the PFMA. Material misstatements identified by the auditors in the submitted financial statements were not adequately corrected, which resulted in the financial statements receiving a qualified opinion.

### Procurement and contract management

37. Sufficient appropriate audit evidence could not be obtained for some contracts and quotations to support that they were awarded in accordance with the legislative requirements, as there is an inadequate records management system. Similar limitations were also reported in the prior year.
38. Sufficient appropriate audit evidence could not be obtained that goods and services with a transaction value below R500 000 were procured by means of obtaining the required price quotations, as required by treasury regulation 16A6.1. Similar limitations were also reported in the prior year.

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39. Sufficient appropriate audit evidence could not be obtained that goods and services of a transaction value above R500 000 were procured by means of inviting competitive bids, as required by treasury regulation 16A6.1. Similar limitations were also reported in the prior year. This limitation was also identified in the procurement processes for the key projects that were selected for testing.
40. Some of the quotations were accepted from prospective suppliers who did not submit a declaration on whether they are employed by the state or connected to any person employed by the state, as required by treasury regulation 16A8.3. Similar non-compliance was also reported in the prior year.
41. Sufficient appropriate audit evidence could not be obtained that invitations for competitive bidding were advertised in the government tender bulletin, as required by treasury regulation 16A6.3(c). Similar limitations were also reported in the prior year.
42. Sufficient appropriate audit evidence could not be obtained that invitations for competitive bidding were advertised for a required minimum period, as required by treasury regulation 16A6.3(c). Similar limitations were reported in the prior year.
43. Sufficient appropriate audit evidence could not be obtained that the preference point system was applied in the procurement of goods and services above R30 000, as required by section 2(a) of the Preferential Procurement Policy Framework Act of South Africa, 2000 (Act No. 5 of 2000) (PPPFA) and treasury regulation 16A6.3(b). Similar limitations were also reported in the prior year.
44. Sufficient appropriate audit evidence could not be obtained that contracts and quotations were awarded to suppliers based on preference points that were allocated and calculated in accordance with the requirements of the PPPFA and its regulations. Similar non-compliance was reported in the prior year.
45. Some of the contracts were awarded to bidders that did not score the highest points in the evaluation process, as required by section 2(1)(f) of PPPFA. This non-compliance resulted in a material irregularity as reported in the section on material irregularities. In addition, sufficient appropriate audit evidence could not be obtained that some of the contracts and quotations were awarded to bidders that scored the highest points in the evaluation process, as required by the PPPFA. Similar non-compliances were identified in the prior year.
46. Sufficient appropriate evidence could not be obtained that construction contracts were awarded to contractors that were registered with the Construction Industry Development Board and qualified for the contract in accordance with section 18(1) of the CIDB Act and CIDB regulation 17.
47. Some of the commodities designated for local content and production, were procured from suppliers who did not submit a declaration on local production and content as required by the 2017 preferential procurement regulation.
48. Some of the commodities designated for local content and production, were procured from suppliers who did not meet the prescribed minimum threshold for local production and content, as required by the 2017 preferential procurement regulations 8(5).
49. Some of the contracts were extended or modified without the approval of a properly delegated official, as required by section 44 of the PFMA and treasury regulations 8.1 and 8.2. Similar non-compliance was also reported in the prior year.
50. In some instances, persons in service of the department who had a private or business interest in contracts awarded by the department failed to disclose such interest, as required by treasury regulation 16A8.4 and paragraphs 18(1) of the public service regulations. Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.
51. In some instances, 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

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such interests, as required by treasury regulation 16A8.4. Similar non-compliance was reported in the previous year and disciplinary action was not taken against the officials involved.

## Expenditure management

52. Effective and appropriate steps were not taken to prevent irregular expenditure, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. As reported in the basis for qualified opinion, the full extent of the irregular expenditure could not be quantified. The majority of the irregular expenditure disclosed in the financial statements was as a result of the continued use of and payments made on expired contracts.
53. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3

## Consequence management

54. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred irregular expenditure, as required by section 38(1)(h)(iii) of the PFMA. This was due to the department not maintaining proper and complete records as evidence to support the investigations into irregular expenditure.

## Conditional grants

55. The human papillomavirus vaccine grant was not spent in accordance with the applicable framework, as required by section 17(1) of the Dora.

## Strategic planning and performance management

56. Specific information systems were not effectively implemented to enable the monitoring of progress made towards achieving targets, core objectives and service delivery, as required by paragraphs 25(1)(e)(i) and (iii) of the public service regulations.

## Other information

57. The accounting officer is responsible for the other information. The other information comprises the information included in the annual report. The other information does not include the financial statements, the auditor's report and those selected programmes presented in the annual performance report that have been specifically reported in this auditor's report.
58. My opinion on the financial statements and findings on the reported performance information and compliance with legislation do not cover the other information and I do not express an audit opinion or any form of assurance conclusion thereon.
59. In connection with my audit, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and the selected programmes presented in the annual performance report, or my knowledge obtained in the audit, or otherwise appears to be materially misstated.
60. The other information I obtained prior to the date of this auditor's report is the MEC's foreword and the accounting officer's report. The audit committee's report is expected to be made available to me after 31 August 2019.
61. If, based on the work I have performed, I conclude that there is a material misstatement in this other information, I am required to report that fact. I have nothing to report in this regard.
62. After I receive and read the audit committee's report, and if I conclude that there is a material misstatement, I am required to communicate the matter to those charged with governance and request

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that the other information be corrected. If the other information is not corrected, I may have to retract this auditor's report and re-issue an amended report as appropriate. However, if it is corrected this will not be necessary.

## Internal control deficiencies

63. I considered internal control relevant to my audit of the financial statements, reported performance information and compliance with applicable legislation; however, my objective was not to express any form of assurance on it.
64. The matters reported below are limited to the significant internal control deficiencies that resulted in the basis for the qualified opinion, the findings on the annual performance report and the findings on compliance with legislation included in this report.
65. Management did not implement a proper document management and record-keeping system to ensure that complete, relevant and accurate information is accessible and available to support financial and performance reporting, including compliance with legislation.
66. There were inadequate review processes over financial and performance reporting and related supporting documents. The action plans and monitoring processes were thus ineffective to improve internal controls and outcomes.

## Material irregularities

67. In accordance with the PAA and the material irregularities regulations, I have a responsibility to report on material irregularities identified during the audit.
68. The material irregularity identified is as follows:

### Radiology equipment contracts awarded to bidders that did not score highest points in the evaluation process

69. An award of R27,54 million was made by the department in September 2017 for the supply of radiology equipment to bidders that did not score the highest points, as required by section 2(1)(f) of the PPPFA. The non-compliance is likely to result in a material financial loss as the cost of the equipment purchased from the winning bidders was higher than the prices submitted by the highest scoring bidders.
70. A preliminary investigation into the material irregularity by the special investigation unit of the department concluded on 22 July 2019. In light of the seriousness of the preliminary findings, the acting accounting officer requested the provincial treasury's forensic investigations unit on 13 August 2019 to undertake a comprehensive investigation into the matter. Based on the outcome of the investigation the acting accounting officer plans to recover any financial losses suffered by the department and prevent any further losses, institute disciplinary actions against any person responsible for the material irregularity and register a criminal case with the South African Police Service if criminal intent has been proven.

## Other reports

71. In addition to the investigation relating to the material irregularity, I draw attention to the following engagements conducted by various parties that had, or could have, an impact on the matters reported in the department's financial statements, reported performance information, compliance with applicable legislation and other related matters. These reports did not form part of my opinion on the financial statements or my findings on the reported performance information or compliance with legislation.
72. The investigations unit at the department is performing investigations relating to allegations of incorrect awarding of certain contracts, accusations of theft, employees performing unauthorised remunerative work outside the public service and the misappropriation of inventory, covering the period 1 April 2018 to 31 March 2019. The investigations were still in progress at the date of this report.

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73. The provincial treasury internal audit unit conducted 12 investigations at the request of the department, covering the period 1 April 2014 to 31 March 2019. 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 eight were still in progress.

*Auditor General*

Pietermaritzburg

1 September 2019



AUDITOR - GENERAL  
SOUTH AFRICA

*Auditing to build public confidence*

# 2018/19 ANNUAL REPORT

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## Annexure – Auditor-general’s responsibility for the audit

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

### Financial statements

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

### Communication with those charged with governance

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

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Voted funds and Direct charges</b>									
<b>Programme</b>									
1 Administration	811 207	-	-349	810 858	810 858	-	100.0%	836 655	836 655
2 District Health Services	20 919 499	-138 298	32 453	20 813 654	20 802 064	11 590	99.9%	19 233 130	19 226 776
3 Emergency Medical Services	1 474 686	-	-28 036	1 446 650	1 446 650	-	100.0%	1 377 577	1 377 577
4 Provincial Hospital Services	11 111 547	-39 913	-117 295	10 954 339	10 964 094	-9 755	100.1%	10 639 211	10 639 211
5 Central Hospital Services	4 955 993	-16 787	154 504	5 093 710	5 098 203	-4 493	100.1%	4 864 123	4 864 123
6 Health Sciences and Training	1 242 436	-	-60 806	1 181 630	1 181 630	-	100.0%	1 246 050	1 246 050
7 Health Care Support Services	303 640	194 998	-13 001	485 637	485 637	-	100.0%	211 005	198 202
8 Health Facilities Management	1 728 164	-	32 530	1 760 694	1 760 694	-	100.0%	1 522 727	1 522 727
<b>Programme sub total</b>	<b>42 547 172</b>	<b>-</b>	<b>-</b>	<b>42 547 172</b>	<b>42 549 830</b>	<b>-2 658</b>	<b>100.0%</b>	<b>39 930 478</b>	<b>39 911 321</b>
<b>Statutory Appropriation</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL</b>	<b>42 547 172</b>	<b>-</b>	<b>-</b>	<b>42 547 172</b>	<b>42 549 830</b>	<b>-2 658</b>	<b>100.0%</b>	<b>39 930 478</b>	<b>39 911 321</b>
<b>Reconciliation with Statement of Financial Performance</b>									
<b>Add</b>									
:									
Departmental receipts				303 140				297 772	
NRF Receipts				-				-	
Aid assistance				-				-	
<b>Actual amounts per Statement of Financial Performance (Total Revenue)</b>				<b>42 850 312</b>				<b>40 228 250</b>	
<b>Add</b>									
:									
Aid assistance					-				-
Prior year unauthorised expenditure approved without funding									
<b>Actual amounts per Statement of Financial Performance Expenditure</b>					<b>42 549 830</b>				<b>39 911 321</b>



# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Appropriation per economic classification									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>39 652 711</b>	-	<b>-63 009</b>	<b>39 589 702</b>	<b>39 684 474</b>	<b>-94 772</b>	<b>100.2%</b>	<b>36 948 029</b>	<b>36 961 386</b>
Compensation of employees	26 666 629	-	-330 440	26 336 189	26 336 189	-	100.0%	24 614 793	24 614 793
Salaries and wages	23 349 410	-	-317 654	23 031 756	23 031 756	-	100.0%	21 522 698	21 522 698
Social contributions	3 317 219	-	-12 786	3 304 433	3 304 433	-	100.0%	3 092 095	3 092 095
Goods and services	12 981 940	-	265 688	13 247 628	13 342 400	-94 772	100.7%	12 329 935	12 343 292
Administrative fees	3 126	-	8	3 134	3 277	-143	104.6%	4 947	5 112
Advertising	21 500	-	-210	21 290	21 290	-	100.0%	12 501	21 746
Minor assets	45 539	-	-	45 539	43 923	1 616	96.5%	44 860	44 875
Audit costs: External	22 260	-	-	22 260	21 041	1 219	94.5%	24 979	24 979
Bursaries: Employees	3 311	-	-791	2 520	2 520	-	100.0%	1 224	1 224
Catering: Departmental activities	2 216	-	-	2 216	3 484	-1 268	157.2%	3 211	3 016
Communication (G&S)	109 668	-	-5 721	103 947	103 146	801	99.2%	103 880	103 890
Computer services	166 707	-	-54 887	111 820	110 171	1 649	98.5%	132 347	132 347
Consultants: Business and advisory services	32 144	-	3 436	35 580	40 433	-4 853	113.6%	51 313	51 314
Laboratory services	1 972 793	-	91 077	2 063 870	2 063 388	482	100.0%	2 062 295	2 043 680
Legal services	49 934	-	15 980	65 914	84 287	-18 373	127.9%	84 776	84 776
Contractors	194 717	-	-9 883	184 834	178 615	6 219	96.6%	184 081	171 100
Agency and support / outsourced services	1 099 767	-	61 890	1 161 657	1 161 781	-124	100.0%	1 235 165	1 235 160
Entertainment	10	-	-	10	358	-348	3580.0%	-	-
Fleet services (including government motor transport)	413 413	-	-24 129	389 284	388 612	672	99.8%	376 575	375 931
Inventory: Clothing material and accessories	34 539	-	-152	34 387	30 069	4 318	87.4%	18 406	18 403

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Appropriation per economic classification									
	2018/19							2017/18	
	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: Food and food supplies	130 709	-	-17 557	113 152	113 152	-	100.0%	113 975	113 944
Inventory: Fuel, oil and gas	87 736	-	4 537	92 273	96 396	-4 123	104.5%	74 265	74 265
Inventory: Learner and teacher support material	-	-	-	-	109	-109	-	583	583
Inventory: Materials and supplies	16 340	-	-498	15 842	15 581	261	98.4%	20 221	20 221
Inventory: Medical supplies	1 780 321	-	-15 225	1 765 096	1 778 353	-13 257	100.8%	1 621 256	1 649 212
Inventory: Medicine	3 920 196	-194 998	253 348	3 978 546	4 028 221	-49 675	101.2%	3 643 124	3 662 838
Medsas inventory interface	-	194 998	16	195 014	195 014	-	100.0%	-	-
Inventory: Other supplies	192 687	-	-11 653	181 034	180 946	88	100.0%	190 895	178 092
Consumable supplies	127 539	-	2 520	130 059	130 847	-788	100.6%	102 144	102 191
Consumable: Stationery, printing and office supplies	87 437	-	-390	87 047	86 860	187	99.8%	78 883	78 833
Operating leases	145 810	-	-2 977	142 833	139 357	3 476	97.6%	137 456	137 524
Property payments	2 115 431	-	-6 397	2 109 034	2 130 234	-21 200	101.0%	1 817 634	1 817 720
Transport provided: Departmental activity	78 318	-	-336	77 982	76 835	1 147	98.5%	85 229	85 229
Travel and subsistence	78 387	-	-10 731	67 656	68 068	-412	100.6%	71 880	73 547
Training and development	19 852	-	-10 220	9 632	9 757	-125	101.3%	12 434	12 682
Operating payments	28 153	-	4 601	32 754	33 615	-861	102.6%	17 412	17 294
Venues and facilities	1 356	-	2	1 358	1 406	-48	103.5%	1 520	1 520
Rental and hiring	24	-	30	54	1 254	-1 200	2322.2%	464	44
Interest and rent on land	4 142	-	1 743	5 885	5 885	-	100.0%	3 301	3 301
Interest (Incl. interest on unitary payments (PPP))	4 142	-	1 743	5 885	5 885	-	100.0%	3 301	3 301
<b>Transfers and subsidies</b>	<b>976 399</b>	<b>-</b>	<b>62 623</b>	<b>1 039 022</b>	<b>1 106 595</b>	<b>-67 573</b>	<b>106.5%</b>	<b>1 203 493</b>	<b>1 248 707</b>
Provinces and municipalities	219 236	-	-1 731	217 505	219 387	-1 882	100.9%	210 302	225 674
Provinces	5 842	-	-1 731	4 111	4 111	-	100.0%	6 018	6 018

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Appropriation per economic classification									
	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Provincial agencies and funds	5 842	-	-1 731	4 111	4 111	-	100.0%	6 018	6 018
Municipalities	213 394	-	-	213 394	215 276	-1 882	100.9%	204 284	219 656
Municipal bank accounts	213 394	-	-	213 394	215 276	-1 882	100.9%	204 284	219 656
Departmental agencies and accounts	21 067	-	90	21 157	21 157	-	100.0%	19 280	19 280
Departmental agencies (non-business entities)	21 067	-	90	21 157	21 157	-	100.0%	19 280	19 280
Non-profit institutions	65 226	-	-	65 226	62 473	2 753	95.8%	143 454	141 396
Households	670 870	-	64 264	735 134	803 578	-68 444	109.3%	830 457	862 357
Social benefits	102 240	-	13 964	116 204	116 441	-237	100.2%	115 439	113 905
Other transfers to households	568 630	-	50 300	618 930	687 137	-68 207	111.0%	715 018	748 452
<b>Payments for capital assets</b>	<b>1 918 017</b>	<b>-</b>	<b>-</b>	<b>1 918 017</b>	<b>1 758 330</b>	<b>159 687</b>	<b>91.7%</b>	<b>1 670 610</b>	<b>1 592 882</b>
Buildings and other fixed structures	1 262 399	-	(12 583)	1 249 816	1 249 066	750	99.9%	1 072 133	1 069 333
Buildings	1 261 218	-	(19 110)	1 242 108	1 241 358	750	99.9%	1 072 133	1 069 333
Other fixed structures	1 181	-	6 527	7 708	7 708	-	100.0%	-	-
Machinery and equipment	655 618	-	12 583	668 201	509 264	158 937	76.2%	598 477	523 549
Transport equipment	164 316	-	-63	164 253	129 154	35 099	78.6%	143 451	129 900
Other machinery and equipment	491 302	-	12 646	503 948	380 110	123 838	75.4%	455 026	393 649
<b>Payment for financial assets</b>	<b>45</b>	<b>-</b>	<b>386</b>	<b>431</b>	<b>431</b>	<b>-</b>	<b>100.0%</b>	<b>108 346</b>	<b>108 346</b>
	<b>42 547 172</b>	<b>-</b>	<b>-</b>	<b>42 547 172</b>	<b>42 549 830</b>	<b>-2 658</b>	<b>100.0%</b>	<b>39 930 478</b>	<b>39 911 321</b>

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

### Programme 1: Administration

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
1 Office of the MEC	22 385	-	-2 633	19 752	19 752	-	100.0%	20 732	20 732
2 Management	788 822	-	2 284	791 106	791 106	-	100.0%	815 923	815 923
	<b>811 207</b>	<b>-</b>	<b>-349</b>	<b>810 858</b>	<b>810 858</b>	<b>-</b>	<b>100.0%</b>	<b>836 655</b>	<b>836 655</b>
<b>Economic classification</b>									
Current payments	755 086	-	7 278	762 364	762 364	-	100.0%	695 727	695 727
Compensation of employees	411 819	-	-7 553	404 266	404 266	-	100.0%	379 229	379 229
Salaries and wages	361 019	-	-5 918	355 101	355 101	-	100.0%	332 365	332 365
Social contributions	50 800	-	-1 635	49 165	49 165	-	100.0%	46 864	46 864
Goods and services	343 245	-	14 706	357 951	357 951	-	100.0%	316 347	316 347
Administrative fees	1 298	-	-	1 298	1 168	130	90.0%	953	953
Advertising	3 558	-	-	3 558	5 371	-1 813	151.0%	2 337	2 337
Minor assets	1 764	-	-	1 764	544	1 220	30.8%	137	137
Audit costs: External	22 260	-	-	22 260	21 041	1 219	94.5%	24 979	24 979
Bursaries: Employees	-	-	-	-	-2	2	-	1	1
Catering: Departmental activities	727	-	-	727	1 154	-427	158.7%	473	473
Communication (G&S)	10 641	-	-	10 641	10 903	-262	102.5%	11 300	11 300
Computer services	157 948	-	-55 190	102 758	101 109	1 649	98.4%	123 488	123 488
Consultants: Business and advisory services	30 600	-	-	30 600	35 464	-4 864	115.9%	48 751	48 751

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	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
Laboratory services	-	-	69 925	69 925	69 925	-	100.0%	33	33
Legal services	6 360	-	-	6 360	8 662	-2 302	136.2%	26 261	26 261
Contractors	40 299	-	-	40 299	34 200	6 099	84.9%	10 794	10 794
Agency and support / outsourced services	217	-	-	217	217	-	100.0%	1 434	1 434
Entertainment	10	-	-	10	-	10	-	-	-
Fleet services (including government motor transport)	6 927	-	-29	6 898	6 803	95	98.6%	8 539	8 539
Inventory: Clothing material and accessories	103	-	-	103	53	50	51.5%	55	55
Inventory: Food and food supplies	28	-	-	28	49	-21	175.0%	65	65
Inventory: Fuel, oil and gas	-	-	-	-	1	-1	-	-	-
Inventory: Materials and supplies	31	-	-	31	20	11	64.5%	-3	-3
Inventory: Medical supplies	-	-	-	-	-	-	-	710	710
Inventory: Other supplies	110	-	-	110	-19	129	(17.3%)	280	280
Consumable supplies	9	-	-	9	15	-6	166.7%	-215	-215
Consumable: Stationery, printing and office supplies	1 754	-	-	1 754	2 123	-369	121.0%	1 996	1 996
Operating leases	5 067	-	-	5 067	5 537	-470	109.3%	4 628	4 628
Property payments	33 647	-	-	33 647	34 038	-391	101.2%	33 009	33 009
Transport provided: Departmental activity	-	-	-	-	87	-87	-	-	-
Travel and subsistence	17 866	-	-	17 866	16 522	1 344	92.5%	14 992	14 992
Training and development	10	-	-	10	-	10	-	-	-
Operating payments	665	-	-	665	982	-317	147.7%	170	170
Venues and facilities	1 322	-	-	1 322	1 045	277	79.0%	1 173	1 173
Rental and hiring	24	-	-	24	939	-915	3912.5%	7	7
Interest and rent on land	22	-	125	147	147	-	100.0%	151	151
Interest (Incl. interest on unitary payments (PPP))	22	-	125	147	147	-	100.0%	151	151

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Transfers and subsidies</b>	<b>7 205</b>	-	<b>-226</b>	<b>6 979</b>	<b>6 979</b>	-	<b>100.0%</b>	<b>5 893</b>	<b>5 893</b>
Provinces and municipalities	3 195	-	-679	2 516	2 516	-	100.0%	3 167	3 167
Provinces	3 195	-	-679	2 516	2 516	-	100.0%	3 167	3 167
Provincial agencies and funds	3 195	-	-679	2 516	2 516	-	100.0%	3 167	3 167
Departmental agencies and accounts	1	-	-1	-	-	-	-	-	-
Departmental agencies (non-business entities)	1	-	-1	-	-	-	-	-	-
Households	4 009	-	454	4 463	4 463	-	100.0%	2 726	2 726
Social benefits	4 009	-	-952	3 057	3 057	-	100.0%	2 673	2 673
Other transfers to households	-	-	1 406	1 406	1 406	-	100.0%	53	53
<b>Payments for capital assets</b>	<b>48 916</b>	-	<b>-7 772</b>	<b>41 144</b>	<b>41 144</b>	-	<b>100.0%</b>	<b>26 683</b>	<b>26 683</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	48 916	-	-7 772	41 144	41 144	-	100.0%	26 683	26 683
Transport equipment	845	-	3 597	4 442	4 442	-	100.0%	2 745	2 745
Other machinery and equipment	48 071	-	-11 369	36 702	36 702	-	100.0%	23 938	23 938
<b>Payment for financial assets</b>	<b>-</b>	-	<b>371</b>	<b>371</b>	<b>371</b>	-	<b>100.0%</b>	<b>108 352</b>	<b>108 352</b>
	<b>811 207</b>	-	<b>-349</b>	<b>810 858</b>	<b>810 858</b>	-	<b>100.0%</b>	<b>836 655</b>	<b>836 655</b>

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 1.1: Office of the MEC

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	22 385	-	-2 633	19 752	19 752	-	100.0%	20 660	20 660
Compensation of employees	16 367	-	-2 604	13 763	13 763	-	100.0%	14 087	14 087
Goods and services	6 018	-	-29	5 989	5 989	-	100.0%	6 573	6 573
<b>Transfers and subsidies</b>	-	-	-	-	-	-	-	60	60
Households	-	-	-	-	-	-	-	60	60
<b>Payments for capital assets</b>	-	-	-	-	-	-	-	12	12
Machinery and equipment	-	-	-	-	-	-	-	12	12
<b>Total</b>	22 385	-	-2 633	19 752	19 752	-	100.0%	20 732	20 732

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 1.2: Management

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>732 701</b>	-	<b>9 911</b>	<b>742 612</b>	<b>742 612</b>	-	<b>100.0%</b>	<b>675 067</b>	<b>675 067</b>
Compensation of employees	395 452	-	-4 949	390 503	390 503	-	100.0%	365 142	365 142
Goods and services	337 227	-	14 735	351 962	351 962	-	100.0%	309 774	309 774
Interest and rent on land	22	-	125	147	147	-	100.0%	151	151
<b>Transfers and subsidies</b>	<b>7 205</b>	-	<b>-226</b>	<b>6 979</b>	<b>6 979</b>	-	<b>100.0%</b>	<b>5 833</b>	<b>5 833</b>
Provinces and municipalities	3 195	-	-679	2 516	2 516	-	100.0%	3 167	3 167
Departmental agencies and accounts	1	-	-1	-	-	-	-	-	-
Households	4 009	-	454	4 463	4 463	-	100.0%	2 666	2 666
<b>Payments for capital assets</b>	<b>48 916</b>	-	<b>-7 772</b>	<b>41 144</b>	<b>41 144</b>	-	<b>100.0%</b>	<b>26 671</b>	<b>26 671</b>
Machinery and equipment	48 916	-	-7 772	41 144	41 144	-	100.0%	26 671	26 671
<b>Payment for financial assets</b>			<b>371</b>	<b>371</b>	<b>371</b>	-	<b>100.0%</b>	<b>108 352</b>	<b>108 352</b>
<b>Total</b>	<b>788 822</b>	-	<b>2 284</b>	<b>791 106</b>	<b>791 106</b>	-	<b>100.0%</b>	<b>815 923</b>	<b>815 923</b>



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## APPROPRIATION STATEMENT For the year ended 31 March 2019

### Programme 2: District Health Services

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
1 District Management	302 951	-	-3 159	299 792	299 310	482	99.8%	302 062	302 062
2 Community Health Clinics	4 365 184	-21 882	-11 254	4 332 048	4 332 048	-	100.0%	4 022 472	4 020 491
3 Community Health Centres	1 788 642	-13 461	-21 277	1 753 904	1 753 904	-	100.0%	1 625 352	1 625 352
4 Community Based Services	422 467	-	-42 995	379 472	376 013	3 459	99.1%	306 225	306 225
5 Other Community Services	1 200 668	-270	-29 120	1 171 278	1 163 629	7 649	99.3%	1 071 475	1 071 475
6 HIV and AIDS	5 677 225	-84 552	122 941	5 715 614	5 715 614	-	100.0%	5 018 680	5 018 680
7 Nutrition	47 114	-	-15 185	31 929	31 929	-	100.0%	41 940	41 940
8 Coroner Services	246 704	-	-23 714	222 990	222 990	-	100.0%	221 828	221 828
9 District Hospitals	6 868 544	-18 133	56 216	6 906 627	6 906 627	-	100.0%	6 623 096	6 618 723
	<b>20 919 499</b>	<b>-138 298</b>	<b>32 453</b>	<b>20 813 654</b>	<b>20 802 064</b>	<b>11 590</b>	<b>99.9%</b>	<b>19 233 130</b>	<b>19 226 776</b>
<b>Current payments</b>	<b>20 249 892</b>	<b>-138 298</b>	<b>-13 817</b>	<b>20 097 777</b>	<b>20 142 620</b>	<b>-44 843</b>	<b>100.2%</b>	<b>18 386 275</b>	<b>18 412 434</b>
Compensation of employees	13 113 799	-	-166 845	12 946 954	12 946 954	-	100.0%	11 906 785	11 906 785
Salaries and wages	11 469 620	-	-165 826	11 303 794	11 303 794	-	100.0%	10 376 399	10 376 399
Social contributions	1 644 179	-	-1 019	1 643 160	1 643 160	-	100.0%	1 530 386	1 530 386
Goods and services	7 133 945	-138 298	152 875	7 148 522	7 193 365	-44 843	100.6%	6 478 973	6 505 132
Administrative fees	1 056	-	73	1 129	1 231	-102	109.0%	1 144	1 309
Advertising	16 356	-	-223	16 133	15 144	989	93.9%	7 995	17 240
Minor assets	30 802	-	851	31 653	25 561	6 092	80.8%	32 864	32 879
Catering: Departmental activities	1 311	-	8	1 319	2 129	-810	161.4%	2 392	2 197

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	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
Communication (G&S)	59 482	-	-3 727	55 755	55 733	22	100.0%	56 037	56 047
Computer services	-	-	-	-	-	-	-	2 165	2 165
Consultants: Business and advisory services	1 176	-	-62	1 114	1 082	32	97.1%	1 688	1 689
Laboratory services	1 380 591	-	21 074	1 401 665	1 401 183	482	100.0%	1 396 934	1 378 319
Legal services	18 183	-	14 529	32 712	32 758	-46	100.1%	21 673	21 673
Contractors	58 001	-	-6 220	51 781	51 242	539	99.0%	91 396	78 415
Agency and support / outsourced services	178 870	-	-31 183	147 687	146 983	704	99.5%	149 279	149 274
Fleet services (including government motor transport)	123 502	-	-8 467	115 035	114 884	151	99.9%	106 312	105 668
Inventory: Clothing material and accessories	11 372	-	-1 110	10 262	10 428	-166	101.6%	10 203	10 200
Inventory: Food and food supplies	82 523	-	-15 656	66 867	66 867	-	100.0%	71 112	71 081
Inventory: Fuel, oil and gas	20 163	-	1 289	21 452	21 454	-2	100.0%	17 188	17 188
Inventory: Materials and supplies	10 496	-	-142	10 354	10 308	46	99.6%	12 785	12 785
Inventory: Medical supplies	580 667	-	-33 607	547 060	547 061	-1	100.0%	454 750	482 706
Inventory: Medicine	3 259 952	-138 298	251 554	3 373 208	3 422 940	-49 732	101.5%	2 974 901	2 994 614
Inventory: Other supplies	70 593	-	-3 568	67 025	67 025	-	100.0%	69 202	69 202
Consumable supplies	54 276	-	-164	54 112	54 101	11	100.0%	52 528	52 575
Consumable: Stationery, printing and office supplies	49 049	-	-2 495	46 554	48 141	-1 587	103.4%	45 655	45 605
Operating leases	31 414	-	-3 633	27 781	27 793	-12	100.0%	25 349	25 417
Property payments	1 064 533	-	-27 789	1 036 744	1 036 399	345	100.0%	847 553	847 639
Transport provided: Departmental activity	1 764	-	-119	1 645	2 084	-439	126.7%	1 669	1 669
Travel and subsistence	21 850	-	1 145	22 995	24 052	-1 057	104.6%	20 566	22 233
Training and development	966	-	-66	900	1 035	-135	115.0%	758	1 006
Operating payments	4 997	-	581	5 578	5 460	118	97.9%	4 455	4 337
Venues and facilities	-	-	2	2	2	-	100.0%	-	-

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	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
Rental and hiring	-	-	-	-	285	-285	-	420	-
Interest and rent on land	2 148	-	153	2 301	2 301	-	100.0%	517	517
Interest (Incl. interest on unitary payments (PPP))	2 148	-	153	2 301	2 301	-	100.0%	517	517
<b>Transfers and subsidies</b>	<b>443 912</b>	<b>-</b>	<b>29 593</b>	<b>473 505</b>	<b>473 637</b>	<b>-132</b>	<b>100.0%</b>	<b>571 737</b>	<b>597 021</b>
Provinces and municipalities	213 394	-	1	213 395	215 277	-1 882	100.9%	204 286	219 658
Provinces	-	-	1	1	1	-	100.0%	2	2
Provincial agencies and funds	-	-	1	1	1	-	100.0%	2	2
Municipalities	213 394	-	-	213 394	215 276	-1 882	100.9%	204 284	219 656
Municipal bank accounts	213 394	-	-	213 394	215 276	-1 882	100.9%	204 284	219 656
Departmental agencies and accounts	29	-	69	98	98	-	100.0%	151	151
Departmental agencies (non-business entities)	29	-	69	98	98	-	100.0%	151	151
Non-profit institutions	48 762	-	-	48 762	46 009	2 753	94.4%	108 611	113 929
Households	181 727	-	29 523	211 250	212 253	-1 003	100.5%	258 689	263 283
Social benefits	56 727	-	5 368	62 095	62 139	-44	100.1%	55 855	54 321
Other transfers to households	125 000	-	24 155	149 155	150 114	-959	100.6%	202 834	208 962
<b>Payments for capital assets</b>	<b>225 650</b>	<b>-</b>	<b>16 662</b>	<b>242 312</b>	<b>185 747</b>	<b>56 565</b>	<b>76.7%</b>	<b>275 099</b>	<b>217 302</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	2 800	-
Machinery and equipment	225 650	-	16 662	242 312	185 747	56 565	76.7%	272 299	217 302
Transport equipment	80 647	-	3 443	84 090	53 222	30 868	63.3%	89 778	76 227
Other machinery and equipment	145 003	-	13 219	158 222	132 525	25 697	83.8%	182 521	141 075
<b>Payment for financial assets</b>	<b>45</b>	<b>-</b>	<b>15</b>	<b>60</b>	<b>60</b>	<b>-</b>	<b>100.0%</b>	<b>19</b>	<b>19</b>
	<b>20 919 499</b>	<b>-138 298</b>	<b>32 453</b>	<b>20 813 654</b>	<b>20 802 064</b>	<b>11 590</b>	<b>99.9%</b>	<b>19 233 130</b>	<b>19 226 776</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 2.1: District Management

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>298 311</b>	-	<b>-7 024</b>	<b>291 287</b>	<b>290 805</b>	<b>482</b>	<b>99.8%</b>	<b>288 609</b>	<b>288 609</b>
Compensation of employees	249 680	-	-3 941	245 739	245 739	-	100.0%	231 184	231 184
Goods and services	48 624	-	-3 090	45 534	45 052	482	98.9%	57 416	57 416
Interest and rent on land	7	-	7	14	14	-	100.0%	9	9
<b>Transfers and subsidies</b>	<b>1 641</b>	-	<b>-167</b>	<b>1 474</b>	<b>1 474</b>	<b>-</b>	<b>100.0%</b>	<b>752</b>	<b>752</b>
Households	1 641	-	-167	1 474	1 474	-	100.0%	752	752
<b>Payments for capital assets</b>	<b>2 999</b>	-	<b>4 032</b>	<b>7 031</b>	<b>7 031</b>	<b>-</b>	<b>100.0%</b>	<b>12 701</b>	<b>12 701</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2 999	-	4 032	7 031	7 031	-	100.0%	12 701	12 701
<b>Total</b>	<b>302 951</b>	-	<b>-3 159</b>	<b>299 792</b>	<b>299 310</b>	<b>482</b>	<b>99.8%</b>	<b>302 062</b>	<b>302 062</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 2.2: Community Health Clinics

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>4 169 783</b>	<b>-21 882</b>	<b>-32 790</b>	<b>4 115 111</b>	<b>4 150 600</b>	<b>-35 489</b>	<b>100.9%</b>	<b>3 828 655</b>	<b>3 821 357</b>
Compensation of employees	2 629 318	-	-29 120	2 600 198	2 600 198	-	100.0%	2 390 553	2 390 553
Goods and services	1 540 426	-21 882	-3 724	1 514 820	1 550 309	-35 489	102.3%	1 437 969	1 430 671
Interest and rent on land	39	-	54	93	93	-	100.0%	133	133
<b>Transfers and subsidies</b>	<b>125 307</b>	<b>-</b>	<b>21 536</b>	<b>146 843</b>	<b>146 843</b>	<b>-</b>	<b>100.0%</b>	<b>148 974</b>	<b>154 291</b>
Provinces and municipalities	98 394	-	-	98 394	98 394	-	100.0%	104 284	102 810
Departmental agencies and accounts	2	-	4	6	6	-	100.0%	19	19
Non-profit institutions	12 181	-	-	12 181	11 222	959	92.1%	4 104	10 895
Households	14 730	-	21 532	36 262	37 221	-959	102.6%	40 567	40 567
<b>Payments for capital assets</b>	<b>70 094</b>	<b>-</b>	<b>-</b>	<b>70 094</b>	<b>34 605</b>	<b>35 489</b>	<b>49.4%</b>	<b>44 843</b>	<b>44 843</b>
Machinery and equipment	70 094	-	-	70 094	34 605	35 489	49.4%	44 843	44 843
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>4 365 184</b>	<b>-21 882</b>	<b>-11 254</b>	<b>4 332 048</b>	<b>4 332 048</b>	<b>-</b>	<b>100.0%</b>	<b>4 022 472</b>	<b>4 020 491</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 2.3: Community Health Centres

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>1 765 209</b>	<b>-13 461</b>	<b>-33 265</b>	<b>1 718 483</b>	<b>1 718 483</b>	<b>-</b>	<b>100.0%</b>	<b>1 588 057</b>	<b>1 588 057</b>
Compensation of employees	1 311 960	-	-25 790	1 286 170	1 286 170	-	100.0%	1 187 087	1 187 087
Goods and services	453 232	-13 461	-7 483	432 288	432 288	-	100.0%	400 944	400 944
Interest and rent on land	17	-	8	25	25	-	100.0%	26	26
<b>Transfers and subsidies</b>	<b>6 686</b>	<b>-</b>	<b>5 741</b>	<b>12 427</b>	<b>12 427</b>	<b>-</b>	<b>100.0%</b>	<b>13 760</b>	<b>13 760</b>
Departmental agencies and accounts	1	-	5	6	6	-	100.0%	13	13
Households	6 685	-	5 736	12 421	12 421	-	100.0%	13 747	13 747
<b>Payments for capital assets</b>	<b>16 747</b>	<b>-</b>	<b>6 247</b>	<b>22 994</b>	<b>22 994</b>	<b>-</b>	<b>100.0%</b>	<b>23 535</b>	<b>23 535</b>
Machinery and equipment	16 747	-	6 247	22 994	22 994	-	100.0%	23 535	23 535
<b>Total</b>	<b>1 788 642</b>	<b>-13 461</b>	<b>-21 277</b>	<b>1 753 904</b>	<b>1 753 904</b>	<b>-</b>	<b>100.0%</b>	<b>1 625 352</b>	<b>1 625 352</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 2.4: Community Based Services

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>411 108</b>	-	<b>-41 257</b>	<b>369 851</b>	<b>369 851</b>	-	<b>100.0%</b>	<b>301 549</b>	<b>301 549</b>
Compensation of employees	224 402	-	3 499	227 901	227 901	-	100.0%	233 233	233 233
Goods and services	186 706	-	-44 756	141 950	141 950	-	100.0%	68 316	68 316
<b>Transfers and subsidies</b>	<b>863</b>	-	<b>-139</b>	<b>724</b>	<b>724</b>	-	<b>100.0%</b>	<b>621</b>	<b>621</b>
Households	863	-	-139	724	724	-	100.0%	621	621
<b>Payments for capital assets</b>	<b>10 496</b>	-	<b>-1 599</b>	<b>8 897</b>	<b>5 438</b>	<b>3 459</b>	<b>61.1%</b>	<b>4 055</b>	<b>4 055</b>
Machinery and equipment	10 496	-	-1 599	8 897	5 438	3 459	61.1%	4 055	4 055
<b>Total</b>	<b>422 467</b>	-	<b>-42 995</b>	<b>379 472</b>	<b>376 013</b>	<b>3 459</b>	<b>99.1%</b>	<b>306 225</b>	<b>306 225</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 2.5: Other Community Services

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>1 161 462</b>	<b>-270</b>	<b>-28 924</b>	<b>1 132 268</b>	<b>1 132 268</b>	<b>-</b>	<b>100.0%</b>	<b>1 039 017</b>	<b>1 039 017</b>
Compensation of employees	1 121 111	-	-17 544	1 103 567	1 103 567	-	100.0%	1 013 932	1 013 932
Goods and services	40 351	-270	-11 380	28 701	28 701	-	100.0%	25 085	25 085
<b>Transfers and subsidies</b>	<b>31 352</b>	<b>-</b>	<b>-1 442</b>	<b>29 910</b>	<b>28 594</b>	<b>1 316</b>	<b>95.6%</b>	<b>28 096</b>	<b>28 096</b>
Non-profit institutions	25 700	-	-	25 700	24 384	1 316	94.9%	23 784	23 784
Households	5 652	-	-1 442	4 210	4 210	-	100.0%	4 312	4 312
<b>Payments for capital assets</b>	<b>7 854</b>	<b>-</b>	<b>1 246</b>	<b>9 100</b>	<b>2 767</b>	<b>6 333</b>	<b>30.4%</b>	<b>4 362</b>	<b>4 362</b>
Machinery and equipment	7 854	-	1 246	9 100	2 767	6 333	30.4%	4 362	4 362
<b>Total</b>	<b>1 200 668</b>	<b>-270</b>	<b>-29 120</b>	<b>1 171 278</b>	<b>1 163 629</b>	<b>7 649</b>	<b>99.3%</b>	<b>1 071 475</b>	<b>1 071 475</b>



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## APPROPRIATION STATEMENT For the year ended 31 March 2019

### Sub programme: 2.6: HIV and AIDS

	2018/19							2017/18	
	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
<b>Current payments</b>	<b>5 528 943</b>	<b>-84 552</b>	<b>122 941</b>	<b>5 567 332</b>	<b>5 577 168</b>	<b>-9 836</b>	<b>100.2%</b>	<b>4 874 730</b>	<b>4 880 044</b>
Compensation of employees	2 305 963	-	-44 164	2 261 799	2 261 799	-	100.0%	1 952 056	1 952 056
Goods and services	3 222 980	-84 552	167 105	3 305 533	3 315 369	-9 836	100.3%	2 922 674	2 927 988
<b>Transfers and subsidies</b>	<b>132 246</b>	<b>-</b>	<b>-</b>	<b>132 246</b>	<b>133 694</b>	<b>-1 448</b>	<b>101.1%</b>	<b>117 746</b>	<b>131 585</b>
Provinces and municipalities	115 000	-	-	115 000	116 882	-1 882	101.6%	100 000	116 846
Non-profit institutions	10 881	-	-	10 881	10 403	478	95.6%	11 507	10 034
Households	6 365	-	-	6 365	6 409	-44	100.7%	6 239	4 705
<b>Payments for capital assets</b>	<b>16 036</b>	<b>-</b>	<b>-</b>	<b>16 036</b>	<b>4 752</b>	<b>11 284</b>	<b>29.6%</b>	<b>26 204</b>	<b>7 051</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	2 800	-
Machinery and equipment	16 036	-	-	16 036	4 752	11 284	29.6%	23 404	7 051
<b>Total</b>	<b>5 677 225</b>	<b>-84 552</b>	<b>122 941</b>	<b>5 715 614</b>	<b>5 715 614</b>	<b>-</b>	<b>100.0%</b>	<b>5 018 680</b>	<b>5 018 680</b>

### Sub programme: 2.7: Nutrition

	2018/19							2017/18	
	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
<b>Current payments</b>	<b>47 114</b>	<b>-</b>	<b>-15 185</b>	<b>31 929</b>	<b>31 929</b>	<b>-</b>	<b>100.0%</b>	<b>41 940</b>	<b>41 940</b>
Goods and services	47 114	-	-15 185	31 929	31 929	-	100.0%	41 940	41 940
Interest and rent on land	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>47 114</b>	<b>-</b>	<b>-15 185</b>	<b>31 929</b>	<b>31 929</b>	<b>-</b>	<b>100.0%</b>	<b>41 940</b>	<b>41 940</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 2.8: Coroner Services

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>241 201</b>	-	<b>-19 242</b>	<b>221 959</b>	<b>221 959</b>	-	<b>100.0%</b>	<b>216 895</b>	<b>216 895</b>
Compensation of employees	195 600	-	-10 627	184 973	184 973	-	100.0%	178 511	178 511
Goods and services	45 589	-	-8 617	36 972	36 972	-	100.0%	38 368	38 368
Interest and rent on land	12	-	2	14	14	-	100.0%	16	16
<b>Transfers and subsidies</b>	<b>176</b>	-	<b>447</b>	<b>623</b>	<b>623</b>	-	<b>100.0%</b>	<b>304</b>	<b>304</b>
Provinces and municipalities	-	-	-	-	-	-	-	2	2
Households	176	-	447	623	623	-	100.0%	302	302
<b>Payments for capital assets</b>	<b>5 327</b>	-	<b>-4 919</b>	<b>408</b>	<b>408</b>	-	<b>100.0%</b>	<b>4 629</b>	<b>4 629</b>
Machinery and equipment	5 327	-	-4 919	408	408	-	100.0%	4 629	4 629
<b>Total</b>	<b>246 704</b>	-	<b>-23 714</b>	<b>222 990</b>	<b>222 990</b>	-	<b>100.0%</b>	<b>221 828</b>	<b>221 828</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 2.9: District Hospitals

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>6 626 761</b>	<b>-18 133</b>	<b>40 929</b>	<b>6 649 557</b>	<b>6 649 557</b>	<b>-</b>	<b>100.0%</b>	<b>6 206 823</b>	<b>6 234 966</b>
Compensation of employees	5 075 765	-	-39 158	5 036 607	5 036 607	-	100.0%	4 720 229	4 720 229
Goods and services	1 548 923	-18 133	80 005	1 610 795	1 610 795	-	100.0%	1 486 261	1 514 404
Interest and rent on land	2 073	-	82	2 155	2 155	-	100.0%	333	333
<b>Transfers and subsidies</b>	<b>145 641</b>	<b>-</b>	<b>3 617</b>	<b>149 258</b>	<b>149 258</b>	<b>-</b>	<b>100.0%</b>	<b>261 484</b>	<b>267 612</b>
Provinces and municipalities	-	-	1	1	1	-	100.0%	-	-
Departmental agencies and accounts	26	-	60	86	86	-	100.0%	119	119
Non-profit institutions	-	-	-	-	-	-	-	69 216	69 216
Households	145 615	-	3 556	149 171	149 171	-	100.0%	192 149	198 277
<b>Payments for capital assets</b>	<b>96 097</b>	<b>-</b>	<b>11 655</b>	<b>107 752</b>	<b>107 752</b>	<b>-</b>	<b>100.0%</b>	<b>154 770</b>	<b>116 126</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	96 097	-	11 655	107 752	107 752	-	100.0%	154 770	116 126
<b>Payment for financial assets</b>	<b>45</b>	<b>-</b>	<b>15</b>	<b>60</b>	<b>60</b>	<b>-</b>	<b>100.0%</b>	<b>19</b>	<b>19</b>
<b>Total</b>	<b>6 868 544</b>	<b>-18 133</b>	<b>56 216</b>	<b>6 906 627</b>	<b>6 906 627</b>	<b>-</b>	<b>100.0%</b>	<b>6 623 096</b>	<b>6 618 723</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

### Programme 3: Emergency Medical Services

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
1 <b>Emergency Services</b>	1 333 438	-	-27 152	1 306 286	1 306 286	-	100.0%	1 251 736	1 251 736
2 <b>Planned Patient Transport</b>	141 248	-	-884	140 364	140 364	-	100.0%	125 841	125 841
	<b>1 474 686</b>	<b>-</b>	<b>-28 036</b>	<b>1 446 650</b>	<b>1 446 650</b>	<b>-</b>	<b>100.0%</b>	<b>1 377 577</b>	<b>1 377 577</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>1 399 397</b>	<b>-</b>	<b>-22 337</b>	<b>1 377 060</b>	<b>1 377 060</b>	<b>-</b>	<b>100.0%</b>	<b>1 325 342</b>	<b>1 325 342</b>
Compensation of employees	983 239	-	-7 164	976 075	976 075	-	100.0%	950 621	950 621
Salaries and wages	835 788	-	-6 504	829 284	829 284	-	100.0%	812 984	812 984
Social contributions	147 451	-	-660	146 791	146 791	-	100.0%	137 637	137 637
Goods and services	416 092	-	-15 177	400 915	400 915	-	100.0%	374 715	374 715
Administrative fees	22	-	-	22	31	-9	140.9%	31	31
Advertising	18	-	-	18	1	17	5.6%	13	13
Minor assets	2 172	-	-	2 172	7 728	-5 556	355.8%	1 076	1 076
Communication (G&S)	10 081	-	-13	10 068	8 931	1 137	88.7%	9 262	9 262
Consultants: Business and advisory services	-	-	-	-	-	-	-	137	137
Legal services	171	-	-	171	386	-215	225.7%	178	178
Contractors	1 356	-	-	1 356	1 395	-39	102.9%	2 041	2 041

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	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
Agency and support / outsourced services	496	-	240	736	830	-94	112.8%	485	485
Fleet services (including government motor transport)	254 790	-	-13 107	241 683	241 683	-	100.0%	236 383	236 383
Inventory: Clothing material and accessories	14 981	-	-	14 981	10 664	4 317	71.2%	1 060	1 060
Inventory: Fuel, oil and gas	-681	-	-	-681	3 224	-3 905	(473.4%)	282	282
Inventory: Materials and supplies	248	-	3	251	223	28	88.8%	75	75
Inventory: Medical supplies	14 199	-	-	14 199	13 247	952	93.3%	8 721	8 721
Inventory: Medicine	370	-	-	370	429	-59	115.9%	626	626
Inventory: Other supplies	1 824	-	-	1 824	1 626	198	89.1%	1 229	1 229
Consumable supplies	307	-	-	307	127	180	41.4%	226	226
Consumable: Stationery, printing and office supplies	2 932	-	-	2 932	1 890	1 042	64.5%	1 912	1 912
Operating leases	1 530	-	3	1 533	1 270	263	82.8%	1 085	1 085
Property payments	32 032	-	-2 273	29 759	29 229	530	98.2%	24 340	24 340
Transport provided: Departmental activity	76 126	-	-	76 126	74 459	1 667	97.8%	83 114	83 114
Travel and subsistence	3 089	-	-30	3 059	3 511	-452	114.8%	2 434	2 434
Training and development	29	-	-	29	29	-	100.0%	-	-
Operating payments	-	-	-	-	2	-2	-	5	5
Interest and rent on land	66	-	4	70	70	-	100.0%	6	6
Interest (Incl. interest on unitary payments (PPP))	66	-	4	70	70	-	100.0%	6	6

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Transfers and subsidies</b>	<b>5 289</b>	-	<b>-1 501</b>	<b>3 788</b>	<b>3 788</b>	-	<b>100.0%</b>	<b>4 699</b>	<b>4 699</b>
Provinces and municipalities	2 645	-	-1 053	1 592	1 592	-	100.0%	2 834	2 834
Provinces	2 645	-	-1 053	1 592	1 592	-	100.0%	2 834	2 834
Provincial agencies and funds	2 645	-	-1 053	1 592	1 592	-	100.0%	2 834	2 834
Departmental agencies and accounts	2	-	-2	-	-	-	-	-	-
Departmental agencies (non-business entities)	2	-	-2	-	-	-	-	-	-
Households	2 642	-	-446	2 196	2 196	-	100.0%	1 865	1 865
Social benefits	1 661	-	423	2 084	2 084	-	100.0%	1 566	1 566
Other transfers to households	981	-	-869	112	112	-	100.0%	299	299
<b>Payments for capital assets</b>	<b>70 000</b>	-	<b>-4 198</b>	<b>65 802</b>	<b>65 802</b>	-	<b>100.0%</b>	<b>47 536</b>	<b>47 536</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	70 000	-	-4 198	65 802	65 802	-	100.0%	47 536	47 536
Transport equipment	60 500	-	-1 735	58 765	58 765	-	100.0%	41 540	41 540
Other machinery and equipment	9 500	-	-2 463	7 037	7 037	-	100.0%	5 996	5 996
Heritage assets	-	-	-	-	-	-	-	-	-
<b>Payment for financial assets</b>	<b>-</b>	-	<b>-</b>	<b>-</b>	<b>-</b>	-	<b>-</b>	<b>-</b>	<b>-</b>
	<b>1 474 686</b>	-	<b>-28 036</b>	<b>1 446 650</b>	<b>1 446 650</b>	-	<b>100.0%</b>	<b>1 377 577</b>	<b>1 377 577</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 3.1: Emergency Services

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>1 258 249</b>	-	<b>-21 522</b>	<b>1 236 727</b>	<b>1 236 727</b>	-	<b>100.0%</b>	<b>1 199 581</b>	<b>1 199 581</b>
Compensation of employees	916 642	-	-5 198	911 444	911 444	-	100.0%	891 152	891 152
Goods and services	341 541	-	-16 328	325 213	325 213	-	100.0%	308 423	308 423
Interest and rent on land	66	-	4	70	70	-	100.0%	6	6
<b>Transfers and subsidies</b>	<b>5 189</b>	-	<b>-1 432</b>	<b>3 757</b>	<b>3 757</b>	-	<b>100.0%</b>	<b>4 628</b>	<b>4 628</b>
Provinces and municipalities	2 645	-	-1 053	1 592	1 592	-	100.0%	2 770	2 770
Departmental agencies and accounts	2	-	-2	-	-	-	-	-	-
Households	2 542	-	-377	2 165	2 165	-	100.0%	1 858	1 858
<b>Payments for capital assets</b>	<b>70 000</b>	-	<b>-4 198</b>	<b>65 802</b>	<b>65 802</b>	-	<b>100.0%</b>	<b>47 527</b>	<b>47 527</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	70 000	-	-4 198	65 802	65 802	-	100.0%	47 527	47 527
<b>Payment for financial assets</b>	<b>-</b>	-	<b>-</b>	<b>-</b>	<b>-</b>	-	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>1 333 438</b>	-	<b>-27 152</b>	<b>1 306 286</b>	<b>1 306 286</b>	-	<b>100.0%</b>	<b>1 251 736</b>	<b>1 251 736</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 3.2: Planned Patient Transport

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>141 148</b>	-	<b>-815</b>	<b>140 333</b>	<b>140 333</b>	-	<b>100.0%</b>	<b>125 761</b>	<b>125 761</b>
Compensation of employees	66 597	-	-1 966	64 631	64 631	-	100.0%	59 469	59 469
Goods and services	74 551	-	1 151	75 702	75 702	-	100.0%	66 292	66 292
<b>Transfers and subsidies</b>	<b>100</b>	-	<b>-69</b>	<b>31</b>	<b>31</b>	-	<b>100.0%</b>	<b>71</b>	<b>71</b>
Provinces and municipalities	-	-	-	-	-	-	-	64	64
Households	100	-	-69	31	31	-	100.0%	7	7
<b>Payments for capital assets</b>	<b>-</b>	-	<b>-</b>	<b>-</b>	<b>-</b>	-	<b>-</b>	<b>9</b>	<b>9</b>
Machinery and equipment	-	-	-	-	-	-	-	9	9
<b>Total</b>	<b>141 248</b>	-	<b>-884</b>	<b>140 364</b>	<b>140 364</b>	-	<b>100.0%</b>	<b>125 841</b>	<b>125 841</b>



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## APPROPRIATION STATEMENT For the year ended 31 March 2019

### Programme 4: Provincial Hospital Services

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
1 General (Regional) Hospitals	8 938 383	-31 634	-46 001	8 860 748	8 882 106	-21 358	100.2%	8 580 457	8 580 457
2 Tuberculosis Hospitals	791 044	-7 013	-59 248	724 783	717 542	7 241	99.0%	789 489	789 489
3 Psychiatric-Mental Hospitals	943 154	-757	-7 802	934 595	933 737	858	99.9%	865 678	865 678
4 Sub-acute, Step-down and Chronic Medical Hospitals	418 476	-509	-6 529	411 438	407 934	3 504	99.1%	383 621	383 621
5 Dental Training Hospital	20 490	-	2 285	22 775	22 775	-	100.0%	19 966	19 966
	<b>11 111 547</b>	<b>-39 913</b>	<b>-117 295</b>	<b>10 954 339</b>	<b>10 964 094</b>	<b>-9 755</b>	<b>100.1%</b>	<b>10 639 211</b>	<b>10 639 211</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>10 742 291</b>	<b>-39 913</b>	<b>-139 868</b>	<b>10 562 510</b>	<b>10 591 438</b>	<b>-28 928</b>	<b>100.3%</b>	<b>10 224 113</b>	<b>10 224 114</b>
Compensation of employees	8 207 802	-	-92 680	8 115 122	8 115 122	-	100.0%	7 728 797	7 728 797
Salaries and wages	7 159 075	-	-84 478	7 074 597	7 074 597	-	100.0%	6 746 039	6 746 039
Social contributions	1 048 727	-	-8 202	1 040 525	1 040 525	-	100.0%	982 758	982 758
Goods and services	2 532 595	-39 913	-47 798	2 444 884	2 473 812	-28 928	101.2%	2 492 696	2 492 697
Administrative fees	117	-	4	121	119	2	98.3%	2 019	2 019
Advertising	800	-	357	1 157	357	800	30.9%	1 132	1 132
Minor assets	8 119	-	-744	7 375	7 583	-208	102.8%	8 348	8 348
Catering: Departmental activities	62	-	7	69	71	-2	102.9%	53	53
Communication (G&S)	20 148	-	-1 003	19 145	19 191	-46	100.2%	19 222	19 222
Computer services	43	-	176	219	219	-	100.0%	9	9

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consultants: Business and advisory services	311	-	-12	299	302	-3	101.0%	624	624
Laboratory services	373 067	-	7 263	380 330	380 330	-	100.0%	435 418	435 418
Legal services	18 954	-	-328	18 626	34 398	-15 772	184.7%	30 316	30 316
Contractors	58 929	-	-14 088	44 841	45 234	-393	100.9%	52 393	52 393
Agency and support / outsourced services	174 099	-	2 037	176 136	176 875	-739	100.4%	174 959	174 959
Fleet services (including government motor transport)	17 999	-	-1 595	16 404	16 109	295	98.2%	17 201	17 201
Inventory: Clothing material and accessories	5 002	-	612	5 614	5 499	115	98.0%	4 045	4 045
Inventory: Food and food supplies	41 206	-	-1 453	39 753	39 732	21	99.9%	36 083	36 083
Inventory: Fuel, oil and gas	23 065	-	1 027	24 092	24 262	-170	100.7%	21 977	21 977
Inventory: Materials and supplies	4 653	-	-837	3 816	3 989	-173	104.5%	4 510	4 510
Inventory: Medical supplies	630 804	-	-21 238	609 566	608 674	892	99.9%	599 121	599 121
Inventory: Medicine	439 312	-39 913	-14 926	384 473	384 357	116	100.0%	447 548	447 549
Inventory: Other supplies	60 383	-	-7 683	52 700	52 766	-66	100.1%	57 163	57 163
Consumable supplies	31 278	-	-908	30 370	30 332	38	99.9%	29 655	29 655
Consumable: Stationery, printing and office supplies	25 357	-	538	25 895	25 854	41	99.8%	22 882	22 882
Operating leases	10 759	-	193	10 952	11 060	-108	101.0%	9 301	9 301
Property payments	581 929	-	3 774	585 703	599 056	-13 353	102.3%	513 084	513 084
Transport provided: Departmental activity	428	-	-217	211	205	6	97.2%	446	446
Travel and subsistence	2 654	-	739	3 393	3 379	14	99.6%	2 406	2 406
Operating payments	3 117	-	477	3 594	3 829	-235	106.5%	2 781	2 781
Rental and hiring	-	-	30	30	30	-	100.0%	-	-
Interest and rent on land	1 894	-	610	2 504	2 504	-	100.0%	2 620	2 620
Interest (Incl. interest on unitary payments (PPP))	1 894	-	610	2 504	2 504	-	100.0%	2 620	2 620

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Transfers and subsidies</b>	<b>232 095</b>	-	<b>21 748</b>	<b>253 843</b>	<b>264 918</b>	<b>-11 075</b>	<b>104.4%</b>	<b>297 817</b>	<b>297 816</b>
Provinces and municipalities	2	-	-	2	2	-	100.0%	-	-
Provinces	2	-	-	2	2	-	100.0%	-	-
Provincial agencies and funds	2	-	-	2	2	-	100.0%	-	-
Departmental agencies and accounts	120	-	10	130	130	-	100.0%	220	220
Departmental agencies (non-business entities)	120	-	10	130	130	-	100.0%	220	220
Non-profit institutions	16 464	-	-	16 464	16 464	-	100.0%	34 843	27 467
Households	215 509	-	21 738	237 247	248 322	-11 075	104.7%	262 754	270 129
Social benefits	26 509	-	6 892	33 401	33 401	-	100.0%	38 086	38 086
Other transfers to households	189 000	-	14 846	203 846	214 921	-11 075	105.4%	224 668	232 043
<b>Payments for capital assets</b>	<b>137 161</b>	-	<b>825</b>	<b>137 986</b>	<b>107 738</b>	<b>30 248</b>	<b>78.1%</b>	<b>117 306</b>	<b>117 306</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	137 161	-	825	137 986	107 738	30 248	78.1%	117 306	117 306
Transport equipment	9 661	-	4 125	13 786	11 654	2 132	84.5%	5 733	5 733
Other machinery and equipment	127 500	-	-3 300	124 200	96 084	28 116	77.4%	111 573	111 573
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-25</b>	<b>-25</b>
	<b>11 111 547</b>	<b>-39 913</b>	<b>-117 295</b>	<b>10 954 339</b>	<b>10 964 094</b>	<b>-9 755</b>	<b>100.1%</b>	<b>10 639 211</b>	<b>10 639 211</b>

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 4.1: General (Regional) Hospitals

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>8 613 154</b>	<b>-31 634</b>	<b>-65 957</b>	<b>8 515 563</b>	<b>8 543 972</b>	<b>-28 409</b>	<b>100.3%</b>	<b>8 215 651</b>	<b>8 208 276</b>
Compensation of employees	6 566 647	-	-83 550	6 483 097	6 483 097	-	100.0%	6 159 580	6 159 580
Goods and services	2 044 661	-31 634	17 016	2 030 043	2 058 452	-28 409	101.4%	2 055 115	2 047 740
Interest and rent on land	1 846	-	577	2 423	2 423	-	100.0%	956	956
<b>Transfers and subsidies</b>	<b>209 862</b>	<b>-</b>	<b>19 131</b>	<b>228 993</b>	<b>240 068</b>	<b>-11 075</b>	<b>104.8%</b>	<b>253 839</b>	<b>261 214</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	90	-	-10	80	80	-	100.0%	144	144
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	209 772	-	19 141	228 913	239 988	-11 075	104.8%	253 695	261 070
<b>Payments for capital assets</b>	<b>115 367</b>	<b>-</b>	<b>825</b>	<b>116 192</b>	<b>98 066</b>	<b>18 126</b>	<b>84.4%</b>	<b>110 992</b>	<b>110 992</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	115 367	-	825	116 192	98 066	18 126	84.4%	110 992	110 992
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-25</b>	<b>-25</b>
<b>Total</b>	<b>8 938 383</b>	<b>-31 634</b>	<b>-46 001</b>	<b>8 860 748</b>	<b>8 882 106</b>	<b>-21 358</b>	<b>100.2%</b>	<b>8 580 457</b>	<b>8 580 457</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 4.2: TUBERCULOSIS HOSPITALS

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>763 089</b>	<b>-7 013</b>	<b>-59 310</b>	<b>696 766</b>	<b>697 285</b>	<b>-519</b>	<b>100.1%</b>	<b>749 327</b>	<b>756 703</b>
Compensation of employees	524 625	-	-4 307	520 318	520 318	-	100.0%	530 898	530 898
Goods and services	238 453	-7 013	-55 011	176 429	176 948	-519	100.3%	216 904	224 280
Interest and rent on land	11	-	8	19	19	-	100.0%	1 525	1 525
<b>Transfers and subsidies</b>	<b>17 941</b>	<b>-</b>	<b>62</b>	<b>18 003</b>	<b>18 003</b>	<b>-</b>	<b>100.0%</b>	<b>38 801</b>	<b>31 425</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	9	-	12	21	21	-	100.0%	25	25
Non-profit institutions	16 464	-	-	16 464	16 464	-	100.0%	34 843	27 467
Households	1 468	-	50	1 518	1 518	-	100.0%	3 933	3 933
<b>Payments for capital assets</b>	<b>10 014</b>	<b>-</b>	<b>-</b>	<b>10 014</b>	<b>2 254</b>	<b>7 760</b>	<b>22.5%</b>	<b>1 361</b>	<b>1 361</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	10 014	-	-	10 014	2 254	7 760	22.5%	1 361	1 361
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>791 044</b>	<b>-7 013</b>	<b>-59 248</b>	<b>724 783</b>	<b>717 542</b>	<b>7 241</b>	<b>99.0%</b>	<b>789 489</b>	<b>789 489</b>

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 4.3: Psychiatric-Mental Hospitals

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>934 847</b>	<b>-757</b>	<b>-9 430</b>	<b>924 660</b>	<b>924 660</b>	<b>-</b>	<b>100.0%</b>	<b>859 454</b>	<b>859 454</b>
Compensation of employees	764 858	-	-2 648	762 210	762 210	-	100.0%	711 337	711 337
Goods and services	169 967	-757	-6 787	162 423	162 423	-	100.0%	148 013	148 013
Interest and rent on land	22	-	5	27	27	-	100.0%	104	104
<b>Transfers and subsidies</b>	<b>3 127</b>	<b>-</b>	<b>1 628</b>	<b>4 755</b>	<b>4 755</b>	<b>-</b>	<b>100.0%</b>	<b>3 192</b>	<b>3 192</b>
Provinces and municipalities	2	-	-	2	2	-	100.0%	-	-
Departmental agencies and accounts	21	-	-1	20	20	-	100.0%	42	42
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	3 104	-	1 629	4 733	4 733	-	100.0%	3 150	3 150
<b>Payments for capital assets</b>	<b>5 180</b>	<b>-</b>	<b>-</b>	<b>5 180</b>	<b>4 322</b>	<b>858</b>	<b>83.4%</b>	<b>3 032</b>	<b>3 032</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	5 180	-	-	5 180	4 322	858	83.4%	3 032	3 032
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>943 154</b>	<b>-757</b>	<b>-7 802</b>	<b>934 595</b>	<b>933 737</b>	<b>858</b>	<b>99.9%</b>	<b>865 678</b>	<b>865 678</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 4.4: Sub-acute, Step-down and Chronic Medical Hospitals

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>410 711</b>	<b>-509</b>	<b>-7 456</b>	<b>402 746</b>	<b>402 746</b>	<b>-</b>	<b>100.0%</b>	<b>379 818</b>	<b>379 818</b>
Compensation of employees	332 757	-	-4 852	327 905	327 905	-	100.0%	308 420	308 420
Goods and services	77 939	-509	-2 624	74 806	74 806	-	100.0%	71 363	71 363
Interest and rent on land	15	-	20	35	35	-	100.0%	35	35
<b>Transfers and subsidies</b>	<b>1 165</b>	<b>-</b>	<b>927</b>	<b>2 092</b>	<b>2 092</b>	<b>-</b>	<b>100.0%</b>	<b>1 882</b>	<b>1 882</b>
Departmental agencies and accounts	-	-	9	9	9	-	100.0%	9	9
Households	1 165	-	918	2 083	2 083	-	100.0%	1 873	1 873
<b>Payments for capital assets</b>	<b>6 600</b>	<b>-</b>	<b>-</b>	<b>6 600</b>	<b>3 096</b>	<b>3 504</b>	<b>46.9%</b>	<b>1 921</b>	<b>1 921</b>
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	6 600	-	-	6 600	3 096	3 504	46.9%	1 921	1 921
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>418 476</b>	<b>-509</b>	<b>-6 529</b>	<b>411 438</b>	<b>407 934</b>	<b>3 504</b>	<b>99.1%</b>	<b>383 621</b>	<b>383 621</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 4.5: Dental Training Hospital

	2018/19							2017/18	
	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
<b>Current payments</b>	<b>20 490</b>	-	<b>2 285</b>	<b>22 775</b>	<b>22 775</b>	-	<b>100.0%</b>	<b>19 863</b>	<b>19 863</b>
Compensation of employees	18 915	-	2 677	21 592	21 592	-	100.0%	18 562	18 562
Goods and services	1 575	-	-392	1 183	1 183	-	100.0%	1 301	1 301
<b>Transfers and subsidies</b>	-	-	-	-	-	-	-	<b>103</b>	<b>103</b>
Households	-	-	-	-	-	-	-	103	103
<b>Total</b>	<b>20 490</b>	-	<b>2 285</b>	<b>22 775</b>	<b>22 775</b>	-	<b>100.0%</b>	<b>19 966</b>	<b>19 966</b>



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## APPROPRIATION STATEMENT For the year ended 31 March 2019

### Programme 5: Central Hospital Services

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
1 Central Hospital Services	2 424 678	-7 995	118 202	2 534 885	2 539 378	-4 493	100.2%	2 466 385	2 466 385
2 Provincial Tertiary Hospital Services	2 531 315	-8 792	36 302	2 558 825	2 558 825	-	100.0%	2 397 738	2 397 738
	<b>4 955 993</b>	<b>-16 787</b>	<b>154 504</b>	<b>5 093 710</b>	<b>5 098 203</b>	<b>-4 493</b>	<b>100.1%</b>	<b>4 864 123</b>	<b>4 864 123</b>
<b>Economic classification</b>									
Current payments	<b>4 816 843</b>	<b>-16 787</b>	<b>145 820</b>	<b>4 945 876</b>	<b>4 960 895</b>	<b>-15 019</b>	<b>100.3%</b>	<b>4 754 835</b>	<b>4 754 835</b>
Compensation of employees	2 828 146	-	-8 842	2 819 304	2 819 304	-	100.0%	2 614 993	2 614 993
Salaries and wages	2 470 515	-	-9 133	2 461 382	2 461 382	-	100.0%	2 280 465	2 280 465
Social contributions	357 631	-	291	357 922	357 922	-	100.0%	334 528	334 528
Goods and services	1 988 687	-16 787	153 812	2 125 712	2 140 731	-15 019	100.7%	2 139 841	2 139 841
Administrative fees	13	-	-6	7	7	-	100.0%	17	17
Advertising	668	-	-341	327	327	-	100.0%	835	835
Minor assets	896	-	211	1 107	1 107	-	100.0%	682	682
Catering: Departmental activities	2	-	1	3	3	-	100.0%	2	2
Communication (G&S)	7 178	-	-861	6 317	6 317	-	100.0%	6 122	6 122
Computer services	6 283	-	118	6 401	6 401	-	100.0%	6 685	6 685
Consultants: Business and advisory services	50	-	48	98	98	-	100.0%	34	34
Laboratory services	219 135	-	-7 185	211 950	211 950	-	100.0%	229 910	229 910
Legal services	6 233	-	1 779	8 012	8 012	-	100.0%	5 754	5 754
Contractors	35 630	-	9 603	45 233	45 233	-	100.0%	21 421	21 421

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	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
Agency and support / outsourced services	745 765	-	90 976	836 741	836 741	-	100.0%	908 961	908 961
Fleet services (including government motor transport)	829	-	-96	733	733	-	100.0%	811	811
Inventory: Clothing material and accessories	1 489	-	620	2 109	2 109	-	100.0%	1 947	1 947
Inventory: Food and food supplies	6 952	-	-448	6 504	6 504	-	100.0%	6 715	6 715
Inventory: Fuel, oil and gas	21 492	-	1 657	23 149	23 149	-	100.0%	20 047	20 047
Inventory: Materials and supplies	417	-	573	990	990	-	100.0%	159	159
Inventory: Medical supplies	543 580	-	42 117	585 697	600 716	-15 019	102.6%	547 780	547 780
Inventory: Medicine	220 562	-16 787	16 720	220 495	220 495	-	100.0%	220 034	220 034
Inventory: Other supplies	20 346	-	884	21 230	21 230	-	100.0%	19 804	19 804
Consumable supplies	10 095	-	87	10 182	10 182	-	100.0%	9 839	9 839
Consumable: Stationery, printing and office supplies	4 429	-	1 612	6 041	6 041	-	100.0%	3 709	3 709
Operating leases	1 516	-	-113	1 403	1 403	-	100.0%	1 275	1 275
Property payments	132 283	-	-4 955	127 328	127 328	-	100.0%	125 828	125 828
Travel and subsistence	1 023	-	394	1 417	1 417	-	100.0%	642	642
Operating payments	1 821	-	417	2 238	2 238	-	100.0%	828	828
Interest and rent on land	10	-	850	860	860	-	100.0%	1	1
Interest (Incl. interest on unitary payments (PPP))	10	-	850	860	860	-	100.0%	1	1
<b>Transfers and subsidies</b>	<b>26 791</b>	<b>-</b>	<b>206</b>	<b>26 997</b>	<b>83 363</b>	<b>-56 366</b>	<b>308.8%</b>	<b>11 715</b>	<b>31 646</b>
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	47	-	14	61	61	-	100.0%	59	59
Departmental agencies (non-business entities)	47	-	14	61	61	-	100.0%	59	59
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	26 744	-	192	26 936	83 302	-56 366	309.3%	11 656	31 587
Social benefits	10 652	-	192	10 844	11 037	-193	101.8%	11 026	11 026

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	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 households	16 092	-	-	16 092	72 265	-56 173	449.1%	630	20 561
<b>Payments for capital assets</b>	<b>112 359</b>	<b>-</b>	<b>8 478</b>	<b>120 837</b>	<b>53 945</b>	<b>66 892</b>	<b>44.6%</b>	<b>97 573</b>	<b>77 642</b>
Machinery and equipment	112 359	-	8 478	120 837	53 945	66 892	44.6%	97 573	77 642
Transport equipment	1 029	-	706	1 735	937	798	54.0%	-	-
Other machinery and equipment	111 330	-	7 772	119 102	53 008	66 094	44.5%	97 573	77 642
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>4 955 993</b>	<b>-16 787</b>	<b>154 504</b>	<b>5 093 710</b>	<b>5 098 203</b>	<b>-4 493</b>	<b>100.1%</b>	<b>4 864 123</b>	<b>4 864 123</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 5.1: Central Hospital Services

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>2 415 872</b>	<b>-7 995</b>	<b>117 435</b>	<b>2 525 312</b>	<b>2 525 312</b>	<b>-</b>	<b>100.0%</b>	<b>2 462 568</b>	<b>2 462 568</b>
Compensation of employees	1 119 198	-	4 519	1 123 717	1 123 717	-	100.0%	1 039 795	1 039 795
Goods and services	1 296 674	-7 995	112 651	1 401 330	1 401 330	-	100.0%	1 422 772	1 422 772
Interest and rent on land	-	-	265	265	265	-	100.0%	1	1
<b>Transfers and subsidies</b>	<b>8 806</b>	<b>-</b>	<b>61</b>	<b>8 867</b>	<b>13 360</b>	<b>-4 493</b>	<b>150.7%</b>	<b>3 817</b>	<b>3 817</b>
Departmental agencies and accounts	-	-	61	61	61	-	100.0%	59	59
Households	8 806	-	-	8 806	13 299	-4 493	151.0%	3 758	3 758
<b>Payments for capital assets</b>	<b>-</b>	<b>-</b>	<b>706</b>	<b>706</b>	<b>706</b>	<b>-</b>	<b>100.0%</b>	<b>-</b>	<b>-</b>
Machinery and equipment	-	-	706	706	706	-	100.0%	-	-
<b>Total</b>	<b>2 424 678</b>	<b>-7 995</b>	<b>118 202</b>	<b>2 534 885</b>	<b>2 539 378</b>	<b>-4 493</b>	<b>100.2%</b>	<b>2 466 385</b>	<b>2 466 385</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 5.2: Provincial Tertiary Hospital Services

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>2 400 971</b>	<b>-8 792</b>	<b>28 385</b>	<b>2 420 564</b>	<b>2 435 583</b>	<b>-15 019</b>	<b>100.6%</b>	<b>2 292 267</b>	<b>2 292 267</b>
Compensation of employees	1 708 948	-	-13 361	1 695 587	1 695 587	-	100.0%	1 575 198	1 575 198
Goods and services	692 013	-8 792	41 161	724 382	739 401	-15 019	102.1%	717 069	717 069
Interest and rent on land	10	-	585	595	595	-	100.0%	-	-
<b>Transfers and subsidies</b>	<b>17 985</b>	<b>-</b>	<b>145</b>	<b>18 130</b>	<b>70 003</b>	<b>-51 873</b>	<b>386.1%</b>	<b>7 898</b>	<b>27 829</b>
Departmental agencies and accounts	47	-	-47	-	-	-	-	-	-
Households	17 938	-	192	18 130	70 003	-51 873	386.1%	7 898	27 829
<b>Payments for capital assets</b>	<b>112 359</b>	<b>-</b>	<b>7 772</b>	<b>120 131</b>	<b>53 239</b>	<b>66 892</b>	<b>44.3%</b>	<b>97 573</b>	<b>77 642</b>
Machinery and equipment	112 359	-	7 772	120 131	53 239	66 892	44.3%	97 573	77 642
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>2 531 315</b>	<b>-8 792</b>	<b>36 302</b>	<b>2 558 825</b>	<b>2 558 825</b>	<b>-</b>	<b>100.0%</b>	<b>2 397 738</b>	<b>2 397 738</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

### Programme 6: Health Sciences and Training

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
1 Nursing Training Colleges	266 492	-	-11 397	255 095	255 095	-	100.0%	266 028	266 028
2 EMS Training Colleges	19 077	-	-227	18 850	18 850	-	100.0%	17 781	17 781
3 Bursaries	264 019	-	-1 039	262 980	262 980	-	100.0%	313 252	313 252
4 Primary Health Care Training	57 353	-	-10 594	46 759	46 759	-	100.0%	47 450	47 450
5 Training Other	635 495	-	-37 549	597 946	597 946	-	100.0%	601 539	601 539
	<b>1 242 436</b>	<b>-</b>	<b>-60 806</b>	<b>1 181 630</b>	<b>1 181 630</b>	<b>-</b>	<b>100.0%</b>	<b>1 246 050</b>	<b>1 246 050</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>972 692</b>	<b>-</b>	<b>-65 732</b>	<b>906 960</b>	<b>908 011</b>	<b>-1 051</b>	<b>100.1%</b>	<b>933 698</b>	<b>933 698</b>
Compensation of employees	900 049	-	-40 875	859 174	859 174	-	100.0%	871 124	871 124
Salaries and wages	859 963	-	-39 714	820 249	820 249	-	100.0%	831 653	831 653
Social contributions	40 086	-	-1 161	38 925	38 925	-	100.0%	39 471	39 471
Goods and services	72 643	-	-24 858	47 785	48 836	-1 051	102.2%	62 571	62 571
Administrative fees	614	-	-65	549	714	-165	130.1%	775	775
Advertising	83	-	-	83	74	9	89.2%	160	160
Minor assets	1 699	-	-342	1 357	242	1 115	17.8%	599	599
Bursaries: Employees	3 311	-	-791	2 520	2 520	-	100.0%	1 223	1 223
Catering: Departmental activities	114	-	-16	98	127	-29	129.6%	291	291
Communication (G&S)	773	-	-	773	864	-91	111.8%	855	855
Computer services	175	-	-	175	175	-	100.0%	-	-

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Consultants: Business and advisory services	7	-	-	7	11	-4	157.1%	18	18
Legal services	33	-	-	33	71	-38	215.2%	58	58
Contractors	3	-	-	3	-	3	-	6	6
Agency and support / outsourced services	-	-	-	-	1	-1	-	-	-
Entertainment	-	-	-	-	358	-358	-	-	-
Fleet services (including government motor transport)	3 611	-	-249	3 362	3 296	66	98.0%	2 998	2 998
Inventory: Clothing material and accessories	6	-	-	6	22	-16	366.7%	165	165
Inventory: Learner and teacher support material	-	-	-	-	109	-109	-	583	583
Inventory: Materials and supplies	158	-	-16	142	137	5	96.5%	253	253
Inventory: Medical supplies	13	-	4	17	98	-81	576.5%	10	10
Inventory: Medicine	-	-	-	-	-	-	-	15	15
Inventory: Other supplies	344	-	-	344	472	-128	137.2%	319	319
Consumable supplies	794	-	-1	793	808	-15	101.9%	693	693
Consumable: Stationery, printing and office supplies	2 834	-	-24	2 810	1 858	952	66.1%	2 500	2 500
Operating leases	1 240	-	-8	1 232	1 123	109	91.2%	1 107	1 107
Property payments	7 562	-	-	7 562	8 772	-1 210	116.0%	7 856	7 856
Travel and subsistence	30 007	-	-13 003	17 004	17 333	-329	101.9%	29 626	29 626
Training and development	18 843	-	-10 154	8 689	8 689	-	100.0%	11 676	11 676
Operating payments	385	-	-193	192	603	-411	314.1%	438	438
Venues and facilities	34	-	-	34	359	-325	1055.9%	347	347
Interest and rent on land	-	-	1	1	1	-	100.0%	3	3
Interest (Incl. interest on unitary payments (PPP))	-	-	1	1	1	-	100.0%	3	3

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Transfers and subsidies</b>	<b>260 509</b>	-	<b>12 927</b>	<b>273 436</b>	<b>273 436</b>	-	<b>100.0%</b>	<b>310 371</b>	<b>310 371</b>
Provinces and municipalities	-	-	-	-	-	-	-	15	15
Provinces	-	-	-	-	-	-	-	15	15
Provincial agencies and funds	-	-	-	-	-	-	-	15	15
Departmental agencies and accounts	20 868	-	-	20 868	20 868	-	100.0%	18 850	18 850
Departmental agencies (non-business entities)	20 868	-	-	20 868	20 868	-	100.0%	18 850	18 850
Households	239 641	-	12 927	252 568	252 568	-	100.0%	291 506	291 506
Social benefits	2 084	-	2 165	4 249	4 249	-	100.0%	4 972	4 972
Other transfers to households	237 557	-	10 762	248 319	248 319	-	100.0%	286 534	286 534
<b>Payments for capital assets</b>	<b>9 235</b>	-	<b>-8 001</b>	<b>1 234</b>	<b>183</b>	<b>1 051</b>	<b>14.8%</b>	<b>1 981</b>	<b>1 981</b>
Machinery and equipment	9 235	-	-8 001	1 234	183	1 051	14.8%	1 981	1 981
Transport equipment	6 756	-	-5 571	1 185	134	1 051	11.3%	1 373	1 373
Other machinery and equipment	2 479	-	-2 430	49	49	-	100.0%	608	608
<b>Payment for financial assets</b>	<b>-</b>	-	-	-	-	-	-	-	-
	<b>1 242 436</b>	-	<b>-60 806</b>	<b>1 181 630</b>	<b>1 181 630</b>	-	<b>100.0%</b>	<b>1 246 050</b>	<b>1 246 050</b>



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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 6.1: Nursing Training Colleges

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>260 006</b>	-	<b>-9 675</b>	<b>250 331</b>	<b>251 382</b>	<b>-1 051</b>	<b>100.4%</b>	<b>260 434</b>	<b>260 434</b>
Compensation of employees	246 632	-	-9 675	236 957	236 957	-	100.0%	247 385	247 385
Goods and services	13 374	-	-	13 374	14 425	-1 051	107.9%	13 048	13 048
Interest and rent on land	-	-	-	-	-	-	-	1	1
<b>Transfers and subsidies</b>	<b>1 380</b>	-	<b>2 199</b>	<b>3 579</b>	<b>3 579</b>	<b>-</b>	<b>100.0%</b>	<b>4 161</b>	<b>4 161</b>
Households	1 380	-	2 199	3 579	3 579	-	100.0%	4 161	4 161
<b>Payments for capital assets</b>	<b>5 106</b>	-	<b>-3 921</b>	<b>1 185</b>	<b>134</b>	<b>1 051</b>	<b>11.3%</b>	<b>1 433</b>	<b>1 433</b>
Machinery and equipment	5 106	-	-3 921	1 185	134	1 051	11.3%	1 433	1 433
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>266 492</b>	<b>-</b>	<b>-11 397</b>	<b>255 095</b>	<b>255 095</b>	<b>-</b>	<b>100.0%</b>	<b>266 028</b>	<b>266 028</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 6.2: EMS Training Colleges

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>18 936</b>	-	-265	<b>18 671</b>	<b>18 671</b>	-	<b>100.0%</b>	<b>17 126</b>	<b>17 126</b>
Compensation of employees	15 558	-	254	15 812	15 812	-	100.0%	14 112	14 112
Goods and services	3 378	-	-519	2 859	2 859	-	100.0%	3 014	3 014
<b>Transfers and subsidies</b>	<b>141</b>	-	-1	<b>140</b>	<b>140</b>	-	<b>100.0%</b>	<b>118</b>	<b>118</b>
Provinces and municipalities	-	-	-	-	-	-	-	15	15
Households	141	-	-1	140	140	-	100.0%	103	103
<b>Payments for capital assets</b>	<b>-</b>	-	<b>39</b>	<b>39</b>	<b>39</b>	-	<b>100.0%</b>	<b>537</b>	<b>537</b>
Machinery and equipment	-	-	39	39	39	-	100.0%	537	537
<b>Payment for financial assets</b>	<b>-</b>	-	-	<b>-</b>	<b>-</b>	-	-	<b>-</b>	<b>-</b>
<b>Total</b>	<b>19 077</b>	-	<b>-227</b>	<b>18 850</b>	<b>18 850</b>	-	<b>100.0%</b>	<b>17 781</b>	<b>17 781</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 6.3: Bursaries

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>26 462</b>	-	-11 801	14 661	14 661	-	100.0%	26 718	26 718
Goods and services	26 462	-	-11 801	14 661	14 661	-	100.0%	26 718	26 718
<b>Transfers and subsidies</b>	<b>237 557</b>	-	10 762	248 319	248 319	-	100.0%	286 534	286 534
Households	237 557	-	10 762	248 319	248 319	-	100.0%	286 534	286 534
<b>Total</b>	<b>264 019</b>	-	-1 039	262 980	262 980	-	100.0%	313 252	313 252

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 6.4: Primary Health Care Training

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>52 844</b>	-	<b>-6 463</b>	<b>46 381</b>	<b>46 381</b>	-	<b>100.0%</b>	<b>47 033</b>	<b>47 033</b>
Compensation of employees	46 902	-	-5 287	41 615	41 615	-	100.0%	41 934	41 934
Goods and services	5 942	-	-1 176	4 766	4 766	-	100.0%	5 099	5 099
<b>Transfers and subsidies</b>	<b>380</b>	-	<b>-2</b>	<b>378</b>	<b>378</b>	-	<b>100.0%</b>	<b>417</b>	<b>417</b>
Households	380	-	-2	378	378	-	100.0%	417	417
<b>Payments for capital assets</b>	<b>4 129</b>	-	<b>-4 129</b>	<b>-</b>	<b>-</b>	-	-	<b>-</b>	<b>-</b>
Machinery and equipment	4 129	-	-4 129	-	-	-	-	-	-
<b>Total</b>	<b>57 353</b>	-	<b>-10 594</b>	<b>46 759</b>	<b>46 759</b>	-	<b>100.0%</b>	<b>47 450</b>	<b>47 450</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 6.5: Training Other

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>614 444</b>	-	<b>-37 528</b>	<b>576 916</b>	<b>576 916</b>	-	<b>100.0%</b>	<b>582 387</b>	<b>582 387</b>
Compensation of employees	590 957	-	-26 167	564 790	564 790	-	100.0%	567 693	567 693
Goods and services	23 487	-	-11 362	12 125	12 125	-	100.0%	14 692	14 692
Interest and rent on land	-	-	1	1	1	-	100.0%	2	2
<b>Transfers and subsidies</b>	<b>21 051</b>	-	<b>-31</b>	<b>21 020</b>	<b>21 020</b>	-	<b>100.0%</b>	<b>19 141</b>	<b>19 141</b>
Departmental agencies and accounts	20 868	-	-	20 868	20 868	-	100.0%	18 850	18 850
Households	183	-	-31	152	152	-	100.0%	291	291
<b>Payments for capital assets</b>	<b>-</b>	-	<b>10</b>	<b>10</b>	<b>10</b>	-	<b>100.0%</b>	<b>11</b>	<b>11</b>
Machinery and equipment	-	-	10	10	10	-	100.0%	11	11
<b>Total</b>	<b>635 495</b>	-	<b>-37 549</b>	<b>597 946</b>	<b>597 946</b>	-	<b>100.0%</b>	<b>601 539</b>	<b>601 539</b>

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

### Programme 7: Health Care Support Services

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
1 <b>Medicine Trading Account</b>	59 477	194 998	-2 784	251 691	251 691	-	100.0%	-	-
2 <b>Laundry Services</b>	182 396	-	-2 915	179 481	179 481	-	100.0%	168 565	155 762
3 <b>Orthotic and Prosthetic Services</b>	61 767	-	-7 302	54 465	54 465	-	100.0%	42 440	42 440
	<b>303 640</b>	<b>194 998</b>	<b>-13 001</b>	<b>485 637</b>	<b>485 637</b>	<b>-</b>	<b>100.0%</b>	<b>211 005</b>	<b>198 202</b>
<b>Economic classification</b>									
<b>Current payments</b>	<b>287 370</b>	<b>194 998</b>	<b>-6 862</b>	<b>475 506</b>	<b>476 931</b>	<b>-1 425</b>	<b>100.3%</b>	<b>202 295</b>	<b>189 492</b>
Compensation of employees	155 423	-	-5 204	150 219	150 219	-	100.0%	103 252	103 252
Salaries and wages	129 769	-	-4 678	125 091	125 091	-	100.0%	84 963	84 963
Social contributions	25 654	-	-526	25 128	25 128	-	100.0%	18 289	18 289
Goods and services	131 945	194 998	-1 658	325 285	326 710	-1 425	100.4%	99 040	86 237
Administrative fees	5	-	2	7	6	1	85.7%	2	2
Advertising	17	-	-3	14	16	-2	114.3%	29	29
Minor assets	87	-	21	108	107	1	99.1%	112	112
Communication (G&S)	1 365	-	-117	1 248	1 207	41	96.7%	1 082	1 082
Computer services	2 258	-	9	2 267	2 267	-	100.0%	-	-
Consultants: Business and advisory services	-	-	-	-	14	-14	-	-	-
Contractors	368	-	-174	194	194	-	100.0%	-	-
Agency and support / outsourced services	295	-	-180	115	109	6	94.8%	25	25
Fleet services (including government motor transport)	5 755	-	-586	5 169	5 104	65	98.7%	4 331	4 331

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## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	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: Clothing material and accessories	1 586	-	-274	1 312	1 294	18	98.6%	931	931
Inventory: Fuel, oil and gas	23 697	-	564	24 261	24 306	-45	100.2%	14 771	14 771
Inventory: Materials and supplies	192	-	-79	113	256	-143	226.5%	336	336
Inventory: Medical supplies	11 058	-	-2 501	8 557	8 557	-	100.0%	9 448	9 448
Medsas inventory interface	-	194 998	16	195 014	195 014	-	100.0%	-	-
Inventory: Other supplies	39 087	-	-1 286	37 801	37 846	-45	100.1%	42 898	30 095
Consumable supplies	854	-	308	1 162	1 162	-	100.0%	10	10
Consumable: Stationery, printing and office supplies	972	-	-21	951	953	-2	100.2%	205	205
Operating leases	518	-	45	563	511	52	90.8%	128	128
Property payments	26 552	-	-745	25 807	27 232	-1 425	105.5%	15 919	15 919
Travel and subsistence	107	-	24	131	114	17	87.0%	82	82
Training and development	4	-	-	4	4	-	100.0%	-	-
Operating payments	17 168	-	3 319	20 487	20 437	50	99.8%	8 731	8 731
Interest and rent on land	2	-	-	2	2	-	100.0%	3	3
Interest (Incl. interest on unitary payments (PPP))	2	-	-	2	2	-	100.0%	3	3
<b>Transfers and subsidies</b>	<b>598</b>	<b>-</b>	<b>-145</b>	<b>453</b>	<b>453</b>	<b>-</b>	<b>100.0%</b>	<b>1 261</b>	<b>1 261</b>
Households	598	-	-145	453	453	-	100.0%	1 261	1 261
Social benefits	598	-	-145	453	453	-	100.0%	1 261	1 261
<b>Payments for capital assets</b>	<b>15 672</b>	<b>-</b>	<b>-5 994</b>	<b>9 678</b>	<b>8 253</b>	<b>1 425</b>	<b>85.3%</b>	<b>7 449</b>	<b>7 449</b>
Machinery and equipment	15 672	-	-5 994	9 678	8 253	1 425	85.3%	7 449	7 449
Transport equipment	4 878	-	-4 628	250	-	250	-	2 282	2 282
Other machinery and equipment	10 794	-	-1 366	9 428	8 253	1 175	87.5%	5 167	5 167
<b>Payment for financial assets</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
	<b>303 640</b>	<b>194 998</b>	<b>-13 001</b>	<b>485 637</b>	<b>485 637</b>	<b>-</b>	<b>100.0%</b>	<b>211 005</b>	<b>198 202</b>

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 7.1: Medicine Trading Account

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>58 622</b>	<b>194 998</b>	<b>-2 155</b>	<b>251 465</b>	<b>251 465</b>	-	<b>100.0%</b>	-	-
Compensation of employees	33 319	-	-272	33 047	33 047	-	100.0%	-	-
Goods and services	25 303	194 998	-1 883	218 418	218 418	-	100.0%	-	-
<b>Transfers and subsidies</b>	<b>-</b>	<b>-</b>	<b>36</b>	<b>36</b>	<b>36</b>	<b>-</b>	<b>100.0%</b>	<b>-</b>	<b>-</b>
Households	-	-	36	36	36	-	100.0%	-	-
<b>Payments for capital assets</b>	<b>855</b>	<b>-</b>	<b>-665</b>	<b>190</b>	<b>190</b>	<b>-</b>	<b>100.0%</b>	<b>-</b>	<b>-</b>
Machinery and equipment	855	-	-665	190	190	-	100.0%	-	-
<b>Total</b>	<b>59 477</b>	<b>194 998</b>	<b>-2 784</b>	<b>251 691</b>	<b>251 691</b>	<b>-</b>	<b>100.0%</b>	<b>-</b>	<b>-</b>



# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 7.2: Laundry Services

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>176 637</b>	-	<b>2 514</b>	<b>179 151</b>	<b>179 151</b>	-	<b>100.0%</b>	<b>165 606</b>	<b>152 803</b>
Compensation of employees	83 928	-	-3 044	80 884	80 884	-	100.0%	78 248	78 248
Goods and services	92 707	-	5 558	98 265	98 265	-	100.0%	87 355	74 552
Interest and rent on land	2	-	-	2	2	-	100.0%	3	3
<b>Transfers and subsidies</b>	<b>299</b>	-	<b>-100</b>	<b>199</b>	<b>199</b>	-	<b>100.0%</b>	<b>1 233</b>	<b>1 233</b>
Households	299	-	-100	199	199	-	100.0%	1 233	1 233
<b>Payments for capital assets</b>	<b>5 460</b>	-	<b>-5 329</b>	<b>131</b>	<b>131</b>	-	<b>100.0%</b>	<b>1 726</b>	<b>1 726</b>
Machinery and equipment	5 460	-	-5 329	131	131	-	100.0%	1 726	1 726
<b>Total</b>	<b>182 396</b>	-	<b>-2 915</b>	<b>179 481</b>	<b>179 481</b>	-	<b>100.0%</b>	<b>168 565</b>	<b>155 762</b>

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 7.3: Orthotic and Prosthetic Services

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>52 111</b>	-	<b>-7 221</b>	<b>44 890</b>	<b>46 315</b>	<b>-1 425</b>	<b>103.2%</b>	<b>36 689</b>	<b>36 689</b>
Compensation of employees	38 176	-	-1 888	36 288	36 288	-	100.0%	25 004	25 004
Goods and services	13 935	-	-5 333	8 602	10 027	-1 425	116.6%	11 685	11 685
<b>Transfers and subsidies</b>	<b>299</b>	-	<b>-81</b>	<b>218</b>	<b>218</b>	<b>-</b>	<b>100.0%</b>	<b>28</b>	<b>28</b>
Households	299	-	-81	218	218	-	100.0%	28	28
<b>Payments for capital assets</b>	<b>9 357</b>	-	<b>-</b>	<b>9 357</b>	<b>7 932</b>	<b>1 425</b>	<b>84.8%</b>	<b>5 723</b>	<b>5 723</b>
Machinery and equipment	9 357	-	-	9 357	7 932	1 425	84.8%	5 723	5 723
<b>Total</b>	<b>61 767</b>	-	<b>-7 302</b>	<b>54 465</b>	<b>54 465</b>	<b>-</b>	<b>100.0%</b>	<b>42 440</b>	<b>42 440</b>

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

### Programme 8: Health Facilities Management

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Sub programme</b>									
1 Community Health Facilities	130 863	-	7 139	138 002	138 002	-	100.0%	110 349	110 349
2 District Hospital Services	240 586	-	18 950	259 536	259 536	-	100.0%	176 525	176 525
3 Provincial Hospital Services	925 849	-	118 505	1 044 354	1 044 354	-	100.0%	1 017 206	1 017 206
4 Central Hospital Services	164 922	-	-136 311	28 611	28 611	-	100.0%	8 991	8 991
5 Other Facilities	265 944	-	24 247	290 191	290 191	-	100.0%	209 656	209 656
	<b>1 728 164</b>	<b>-</b>	<b>32 530</b>	<b>1 760 694</b>	<b>1 760 694</b>	<b>-</b>	<b>100.0%</b>	<b>1 522 727</b>	<b>1 522 727</b>

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Economic classification</b>									
<b>Current payments</b>	<b>429 140</b>	-	<b>32 509</b>	<b>461 649</b>	<b>465 155</b>	<b>-3 506</b>	<b>100.8%</b>	<b>425 744</b>	<b>425 744</b>
Compensation of employees	66 352	-	-1 277	65 075	65 075	-	100.0%	59 992	59 992
Salaries and wages	63 661	-	-1 403	62 258	62 258	-	100.0%	57 830	57 830
Social contributions	2 691	-	126	2 817	2 817	-	100.0%	2 162	2 162
Goods and services	362 788	-	33 786	396 574	400 080	-3 506	100.9%	365 752	365 752
Administrative fees	1	-	-	1	1	-	100.0%	6	6
Minor assets	-	-	3	3	1 051	-1 048	35033.3%	1 042	1 042
Bursaries: Employees	-	-	-	-	2	-2	-	-	-
Consultants: Business and advisory services	-	-	3 462	3 462	3 462	-	100.0%	61	61
Legal services	-	-	-	-	-	-	-	536	536
Contractors	131	-	996	1 127	1 117	10	99.1%	6 030	6 030
Agency and support / outsourced services	25	-	-	25	25	-	100.0%	22	22
Inventory: Materials and supplies	145	-	-	145	-342	487	(235.9%)	2 106	2 106
Inventory: Medical supplies	-	-	-	-	-	-	-	716	716
Consumable supplies	29 926	-	3 198	33 124	34 120	-996	103.0%	9 408	9 408
Consumable: Stationery, printing and office supplies	110	-	-	110	-	110	-	24	24
Operating leases	93 766	-	536	94 302	90 660	3 642	96.1%	94 583	94 583
Property payments	236 893	-	25 591	262 484	268 180	-5 696	102.2%	250 045	250 045
Travel and subsistence	1 791	-	-	1 791	1 740	51	97.2%	1 132	1 132
Operating payments	-	-	-	-	64	-64	-	4	4
Rental and hiring	-	-	-	-	-	-	-	37	37
Interest and rent on land	-	-	-	-	-	-	-	-	-

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Transfers and subsidies</b>	-	-	21	21	21	-	100.0%	-	-
Households	-	-	21	21	21	-	100.0%	-	-
Social benefits	-	-	21	21	21	-	100.0%	-	-
<b>Payments for capital assets</b>	<b>1 299 024</b>	-	-	<b>1 299 024</b>	<b>1 295 518</b>	<b>3 506</b>	<b>99.7%</b>	<b>1 096 983</b>	<b>1 096 983</b>
Buildings and other fixed structures	1 262 399	-	(12 583)	1 249 816	1 249 066	750	99.9%	1 069 333	1 069 333
Buildings	1 261 218	-	(19 110)	1 242 108	1 241 358	750	99.9%	1 069 333	1 069 333
Other fixed structures	1 181	-	6 527	7 708	7 708	-	100.0%	-	-
Machinery and equipment	36 625	-	12 583	49 208	46 452	2 756	94.4%	27 650	27 650
Other machinery and equipment	36 625	-	12 583	49 208	46 452	2 756	94.4%	27 650	27 650
<b>Payment for financial assets</b>	-	-	-	-	-	-	-	-	-
	<b>1 728 164</b>	-	<b>32 530</b>	<b>1 760 694</b>	<b>1 760 694</b>	-	<b>100.0%</b>	<b>1 522 727</b>	<b>1 522 727</b>

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 8.1: Community Health Facilities

	2018/19							2017/18	
	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
<b>Current payments</b>	42 938	-	7 365	50 303	50 303	-	100.0%	52 163	52 163
Goods and services	42 938	-	7 365	50 303	50 303	-	100.0%	52 163	52 163
<b>Payments for capital assets</b>	87 925	-	-226	87 699	87 699	-	100.0%	58 186	58 186
Buildings and other fixed structures	85 698	-	943	86 641	86 641	-	100.0%	78 200	78 200
Machinery and equipment	2 227	-	-1 169	1 058	1 058	-	100.0%	-20 014	-20 014
<b>Total</b>	<b>130 863</b>	<b>-</b>	<b>7 139</b>	<b>138 002</b>	<b>138 002</b>	<b>-</b>	<b>100.0%</b>	<b>110 349</b>	<b>110 349</b>

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 8.2: District Hospital Services

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	75 181	-	1 943	77 124	77 124	-	100.0%	66 234	66 234
Goods and services	75 181	-	1 943	77 124	77 124	-	100.0%	66 234	66 234
<b>Payments for capital assets</b>	165 405	-	17 007	182 412	182 412	-	100.0%	110 291	110 291
Buildings and other fixed structures	147 856	-	24 497	172 353	172 353	-	100.0%	115 528	115 528
Machinery and equipment	17 549	-	-7 490	10 059	10 059	-	100.0%	-5 237	-5 237
<b>Total</b>	<b>240 586</b>	<b>-</b>	<b>18 950</b>	<b>259 536</b>	<b>259 536</b>	<b>-</b>	<b>100.0%</b>	<b>176 525</b>	<b>176 525</b>

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 8.3: Provincial Hospital Services

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>108 662</b>	-	<b>19 806</b>	<b>128 468</b>	<b>131 974</b>	<b>-3 506</b>	<b>102.7%</b>	<b>110 872</b>	<b>110 872</b>
Goods and services	108 662	-	19 806	128 468	131 974	-3 506	102.7%	110 872	110 872
<b>Payments for capital assets</b>	<b>817 187</b>	-	<b>98 699</b>	<b>915 886</b>	<b>912 380</b>	<b>3 506</b>	<b>99.6%</b>	<b>906 334</b>	<b>906 334</b>
Buildings and other fixed structures	810 166	-	102 955	913 121	913 121	-	100.0%	847 089	847 089
Machinery and equipment	7 021	-	-4 256	2 765	-741	3 506	(26.8%)	59 245	59 245
<b>Total</b>	<b>925 849</b>	-	<b>118 505</b>	<b>1 044 354</b>	<b>1 044 354</b>	<b>-</b>	<b>100.0%</b>	<b>1 017 206</b>	<b>1 017 206</b>



# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 8.4: Central Hospital Services

Economic classification	2018/19							2017/18	
	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
<b>Current payments</b>	<b>21 476</b>	-	<b>3 559</b>	<b>25 035</b>	<b>25 035</b>	-	<b>100.0%</b>	<b>17 104</b>	<b>17 104</b>
Goods and services	21 476	-	3 559	25 035	25 035	-	100.0%	17 104	17 104
<b>Payments for capital assets</b>	<b>143 446</b>	-	<b>-139 870</b>	<b>3 576</b>	<b>3 576</b>	-	<b>100.0%</b>	<b>-8 113</b>	<b>-8 113</b>
Buildings and other fixed structures	135 012	-	-133 931	1 081	1 081	-	100.0%	682	682
Machinery and equipment	8 434	-	-5 939	2 495	2 495	-	100.0%	-8 795	-8 795
<b>Payment for financial assets</b>	<b>-</b>	-	<b>-</b>	<b>-</b>	<b>-</b>	-	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>164 922</b>	-	<b>-136 311</b>	<b>28 611</b>	<b>28 611</b>	-	<b>100.0%</b>	<b>8 991</b>	<b>8 991</b>

# 2018/19 ANNUAL REPORT

## APPROPRIATION STATEMENT For the year ended 31 March 2019

Sub programme: 8.5: Other Facilities

	2018/19							2017/18	
	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
<b>Current payments</b>	<b>180 883</b>	-	-164	<b>180 719</b>	<b>180 719</b>	-	<b>100.0%</b>	<b>179 371</b>	<b>179 371</b>
Compensation of employees	66 352	-	-1 277	65 075	65 075	-	100.0%	59 992	59 992
Goods and services	114 531	-	1 113	115 644	115 644	-	100.0%	119 379	119 379
<b>Transfers and subsidies</b>	-	-	21	<b>21</b>	<b>21</b>	-	<b>100.0%</b>	-	-
Households	-	-	21	21	21	-	100.0%	-	-
<b>Payments for capital assets</b>	<b>85 061</b>	-	<b>24 390</b>	<b>109 451</b>	<b>109 451</b>	-	<b>100.0%</b>	<b>30 285</b>	<b>30 285</b>
Buildings and other fixed structures	83 667	-	(7 047)	76 620	75 870	750	99.0%	27 834	27 834
Machinery and equipment	1 394	-	31 437	32 831	33 581	(750)	102.3%	2 451	2 451
<b>Total</b>	<b>265 944</b>	-	<b>24 247</b>	<b>290 191</b>	<b>290 191</b>	-	<b>100.0%</b>	<b>209 656</b>	<b>209 656</b>

# 2018/19 ANNUAL REPORT

## NOTES ON THE APPROPRIATION STATEMENT For the year ended 31 March 2019

### 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	%
<b>ADMINISTRATION</b>	810 858	810 858	0	0.00%
Spending balanced after Virement applied				
<b>DISTRICT HEALTH SERVICES</b>	20 813 654	20 802 064	11 590	0.06%
Under spending was mainly attributable to the Human Papillomavirus Vaccine (HPV) grant under spent resulting from the delays in the delivery of vaccine fridge's and the delays in the receipts of invoices for the vehicles hire in the last quarter of the financial year.				
<b>EMERGENCY MEDICAL SERVICES</b>	1 446 650	1 446 650	0	0.00%
Spending balanced after Virement applied				
<b>PROVINCIAL HOSPITAL SERVICES</b>	10 954 339	10 964 094	-9 755	-0.09%
Over spent mainly on Medico legal claims and litigation costs that were higher than budgeted				
<b>CENTRAL HOSPITAL SERVICES</b>	5 093 710	5 098 203	-4 493	-0.09%
The over spent was due to the clearing of outstanding implants invoices from the previous financial year as well as higher than budgeted for medico legal claims.				
<b>HEALTH SCIENCES AND TRAINING</b>	1 181 630	1 181 630	0	0.00%
Spending balanced after Virement applied				
<b>HEALTH CARE SUPPORT SERVICES</b>	485 637	485 637	0	0.00%
Spending balanced after Virement applied				
<b>HEALTH FACILITIES MANAGEMENT</b>	1 760 694	1 760 694	0	0.00%
Spending balanced after Virement applied				

# 2018/19 ANNUAL REPORT

## NOTES ON THE APPROPRIATION STATEMENT For the year ended 31 March 2019

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
4.2 Per economic classification:	R'000	R'000	R'000	%
<b>Current expenditure</b>				
Compensation of employees	26 336 189	26 336 189	0	0.00%
Goods and services	13 247 628	13 342 400	-94 772	-0.72%
Interest and rent on land	5 885	5 885	0	0.00%
<b>Transfers and subsidies</b>				
Provinces and municipalities	217 505	219 387	-1 882	-0.87%
Departmental agencies and accounts	21 157	21 157	0	0.00%
Non-profit institutions	65 226	62 473	2 753	4.22%
Households	735 134	803 578	-68 444	-9.31%
<b>Payments for capital assets</b>				
Buildings and other fixed structures	1 249 816	1 249 066	750	0.06%
Machinery and equipment	668 201	509 264	158 937	23.79%
<b>Payments for financial assets</b>	431	431	0	0.00%

*Goods and services were over spent as a result of medicine carry over expenditure from 2017/18, the payment of implants outstanding invoices, higher security services contract renewal price increase. Provinces and municipalities were over spent due to the carry over expenditure from 2017/18 financial year. The under spent against Non-profit institutions were related to new SCOA circular. Households were over spent as a result of higher medico legal claims settled. Machinery and equipment was under spent due items not deliver at year end.*

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Appropriation
4.3 Per conditional grant	R'000	R'000	R'000	%
<b>Health</b>				
National Tertiary Services Grant	1 794 649	1 794 649	0	0.00%
Comprehensive HIV / AIDS Grant	5 677 225	5 677 225	0	0.00%
Health Facility Revitalisation Grant	1 401 988	1 401 988	0	0.00%
Human Papillomavirus Vaccine Grant	44 976	33 386	11 590	25.77%
Health Professional & Training and Develop Grant	351 197	351 197	0	0.00%
Social Sector EPWP Incentive Grant for Provinces	24 182	24 182	0	0.00%
EPW Integrated Grant to Provinces	8 896	8 896	0	0.00%

*Roll over request for R5,542 for HPV grant requested for orders placed and goods not received at year end.*

# 2018/19 ANNUAL REPORT

## STATEMENT OF FINANCIAL PERFORMANCE For the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
<b>REVENUE</b>			
Annual appropriation	<u>1</u>	42 547 172	39 930 478
Department Revenue	<u>2</u>	303 140	297 772
<b>TOTAL REVENUE</b>		<b>42 850 312</b>	<b>40 228 250</b>
<b>EXPENDITURE</b>			
<b>Current expenditure</b>			
Compensation of employees	<u>4</u>	26 336 186	24 614 792
Goods and services	<u>5</u>	13 342 397	12 343 293
Interest and Rent on land	<u>6</u>	5 885	3 301
<b>Total current expenditure</b>		<b>39 684 468</b>	<b>36 961 386</b>
<b>Transfers and subsidies</b>			
Transfers and subsidies	<u>8</u>	1 106 598	1 248 706
<b>Total transfers &amp; subsidies</b>		<b>1 106 598</b>	<b>1 248 706</b>
<b>Expenditure for capital assets</b>			
Tangible capital assets	<u>9</u>	1 758 333	1 592 883
<b>Total expenditure for capital assets</b>		<b>1 758 333</b>	<b>1 592 883</b>
<b>Unauthorised expenditure approved without funding</b>		-	107 608
<b>Payments for Financial Assets</b>	<u>7</u>	431	738
<b>TOTAL EXPENDITURE</b>		<b>42 549 830</b>	<b>39 911 321</b>
<b>SURPLUS/ (DEFICIT) FOR THE YEAR</b>		<b>300 482</b>	<b>316 929</b>
<b>Reconciliation of Net Surplus/ (Deficit) for the year</b>			
Voted Funds		(2 658)	19 157
Annual Appropriation		(14 248)	21 366
Conditional grants		11 590	(2 209)
Departmental Revenue and NRF Receipts	<u>15</u>	303 140	297 772
<b>SURPLUS / DEFICIT FOR THE YEAR</b>		<b>300 482</b>	<b>316 929</b>

# 2018/19 ANNUAL REPORT

## STATEMENT OF FINANCIAL POSITION For the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
<b>ASSETS</b>			
<b>Current Assets</b>		<b>68 457</b>	<b>43 648</b>
Unauthorised expenditure	<a href="#">10</a>	35 453	21 205
Cash and Cash Equivalent	<a href="#">11</a>	414	470
Receivables	<a href="#">13</a>	32 590	21 973
<b>Non-Current Assets</b>		<b>7 785</b>	<b>5 647</b>
Receivables	<a href="#">13</a>	7 785	5 647
<b>TOTAL ASSETS</b>		<b>76 242</b>	<b>49 295</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>		<b>66 095</b>	<b>39 633</b>
Voted funds to be surrendered to the Revenue Fund	<a href="#">14</a>	13 799	21 363
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	<a href="#">15</a>	18 508	12 135
Bank overdraft	<a href="#">16</a>	15 848	(8 087)
Payables	<a href="#">17</a>	17 940	14 222
<b>TOTAL LIABILITIES</b>		<b>66 095</b>	<b>39 633</b>
<b>NET ASSETS</b>		<b>10 147</b>	<b>9 662</b>
<b>Represented by:</b>			
Recoverable revenue		10 147	9 662
<b>TOTAL</b>		<b>10 147</b>	<b>9 662</b>

# 2018/19 ANNUAL REPORT

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## STATEMENT OF CHANGES IN ASSETS For the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
<b>Recoverable revenue</b>			
Opening balance		9 662	10 125
Transfers		485	(463)
Debts revised		-2 043	-7 139
Debts recovered (included in departmental receipts)		-4 827	-6 879
Debts raised		7 355	13 555
<b>Closing balance</b>		<b>10 147</b>	<b>9 662</b>

# 2018/19 ANNUAL REPORT

## CASH FLOW STATEMENT For the year ended 31 March 2019

	<i>Note</i>	2018/19 R'000	2017/18 R'000
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>Receipts</b>		<b>42 843 273</b>	<b>40 221 353</b>
Annual appropriated funds received	<u>1.1</u>	42 547 172	39 930 478
Departmental revenue received	<u>2</u>	295 514	290 730
Interest received		587	145
Net (increase)/ decrease in working capital		(23 285)	274 031
Surrendered to Revenue Fund		(315 921)	(336 828)
Current payments		(39 664 335)	(37 065 693)
Interest paid		(5 885)	(3 301)
Payments for Financial Assets		(431)	(738)
Transfers and subsidies paid		(1 106 598)	(1 248 706)
<b>Net cash flow available from operating activities</b>	<u>18</u>	<b>1 726 818</b>	<b>1 840 118</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Payments for capital assets	<u>9</u>	(1 758 333)	(1 592 883)
Proceeds from sale of capital assets	<u>2.4</u>	7 039	6 897
<b>Net cash flows from investing activities</b>		<b>(1 751 294)</b>	<b>(1 585 986)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Increase/ (decrease) in net assets		485	(463)
<b>Net cash flows from financing activities</b>		<b>485</b>	<b>(463)</b>
Net increase/ (decrease) in cash and cash equivalents		(23 991)	253 669
Cash and cash equivalents at beginning of period		8 557	(245 112)
<b>Cash and cash equivalents at end of period</b>	<u>19</u>	<b>(15 434)</b>	<b>8557</b>



# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

<b>Summary of significant accounting policies</b>	
<p>The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.</p> <p>The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.</p> <p>Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.</p>	
<b>1</b>	<p><b>Basis of preparation</b> The financial statements have been prepared in accordance with the Modified Cash Standard.</p>
<b>2</b>	<p><b>Going concern</b> The financial statements have been prepared on a going concern basis.</p>
<b>3</b>	<p><b>Presentation currency</b> Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.</p>
<b>4</b>	<p><b>Rounding</b> Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).</p>
<b>5</b>	<p><b>Foreign currency translation</b> Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.</p>
<b>6</b>	<p><b>Comparative information</b></p>
<b>6.1</b>	<p><b>Prior period comparative information</b> Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.</p>
<b>6.2</b>	<p><b>Current year comparison with budget</b> A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.</p>
<b>7</b>	<p><b>Revenue</b></p>
<b>7.1</b>	<p><b>Appropriated funds</b> Appropriated funds comprises of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation). Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective. The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.</p>
<b>7.2</b>	<p><b>Departmental revenue</b> Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise. Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.</p>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

<b>7.3</b>	<p><b>Accrued departmental revenue</b></p> <p>Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when:</p> <ul style="list-style-type: none"> <li>it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and</li> <li>the amount of revenue can be measured reliably.</li> </ul> <p>The accrued revenue is measured at the fair value of the consideration receivable.</p> <p>Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents.</p> <p>Write-offs are made according to the department's debt write-off policy</p>
<b>8</b>	<b>Expenditure</b>
<b>8.1</b>	<b>Compensation of employees</b>
<b>8.1.1</b>	<p><b>Salaries and wages</b></p> <p>Salaries and wages are recognised in the statement of financial performance on the date of payment.</p>
<b>8.1.2</b>	<p><b>Social contributions</b></p> <p>Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment.</p> <p>Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.</p>
<b>8.2</b>	<p><b>Other expenditure</b></p> <p>Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.</p>
<b>8.3</b>	<p><b>Accruals and payables not recognised</b></p> <p>Accruals and payables not recognised are recorded in the notes to the financial statements at cost at the reporting date.</p>
<b>8.4</b>	<b>Leases</b>
<b>8.4.1</b>	<p><b>Operating leases</b></p> <p>Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment.</p> <p>The operating lease commitments are recorded in the notes to the financial statements.</p>
<b>8.4.2</b>	<p><b>Finance leases</b></p> <p>Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment.</p> <p>The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions.</p> <p>Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of:</p> <ul style="list-style-type: none"> <li>cost, being the fair value of the asset; or</li> <li>the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.</li> </ul>
<b>9</b>	<b>Aid Assistance</b>
<b>9.1</b>	<p><b>Aid assistance received</b></p> <p>Aid assistance received in cash is recognised in the statement of financial performance when received. In-kind aid assistance is recorded in the notes to the financial statements on the date of receipt and is measured at fair value.</p> <p>Aid assistance not spent for the intended purpose and any unutilised funds from aid assistance that are required to be refunded to the donor are recognised as a payable in the statement of financial position.</p>
<b>9.2</b>	<p><b>Aid assistance paid</b></p> <p>Aid assistance paid is recognised in the statement of financial performance on the date of payment. Aid assistance payments made prior to the receipt of funds are recognised as a receivable in the statement of financial position.</p>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

<b>10</b>	<p><b>Cash and cash equivalents</b></p> <p>Cash and cash equivalents are stated at cost in the statement of financial position. Bank overdrafts are shown separately on the face of the statement of financial position as a current liability. For the purposes of the cash flow statement, cash and cash equivalents comprise cash on hand, deposits held, other short-term highly liquid investments and bank overdrafts.</p>
<b>11</b>	<p><b>Prepayments and advances</b></p> <p>Prepayments and advances are recognised in the statement of financial position when the department receives or disburses the cash. Prepayments and advances are initially and subsequently measured at cost. &lt;Indicate when prepayments are expensed and under what circumstances.&gt;</p>
<b>12</b>	<p><b>Payables</b></p> <p>Payables recognised in the statement of financial position are recognised at cost.</p>
<b>13</b>	<p><b>Capital Assets</b></p>
<b>13.1</b>	<p><b>Immovable capital assets</b></p> <p>Immovable assets reflected in the asset register of the department are recorded in the notes to the financial statements at cost or fair value where the cost cannot be determined reliably. Immovable assets acquired in a non-exchange transaction are recorded at fair value at the date of acquisition. Immovable assets are subsequently carried in the asset register at cost and are not currently subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use. Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.</p>
<b>13.2</b>	<p><b>Movable capital assets</b></p> <p>Movable capital assets are initially recorded in the notes to the financial statements at cost. Movable capital assets acquired through a non-exchange transaction is measured at fair value as at the date of acquisition. Where the cost of movable capital assets cannot be determined reliably, the movable capital assets are measured at fair value and where fair value cannot be determined; the movable assets are measured at R1. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Movable capital assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure that is of a capital nature forms part of the cost of the existing asset when ready for use.</p>
<b>13.3</b>	<p><b>Intangible assets</b></p> <p>Intangible assets are initially recorded in the notes to the financial statements at cost. Intangible assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. Internally generated intangible assets are recorded in the notes to the financial statements when the department commences the development phase of the project. Where the cost of intangible assets cannot be determined reliably, the intangible capital assets are measured at fair value and where fair value cannot be determined; the intangible assets are measured at R1. All assets acquired prior to 1 April 2002 (or a later date as approved by the OAG) may be recorded at R1. Intangible assets are subsequently carried at cost and are not subject to depreciation or impairment. Subsequent expenditure of a capital nature forms part of the cost of the existing asset when ready for use.</p>
<b>13.4</b>	<p><b>Project Costs: Work-in-progress</b></p> <p>Expenditure of a capital nature is initially recognised in the statement of financial performance at cost when paid. Amounts paid towards capital projects are separated from the amounts recognised and accumulated in work-in-progress until the underlying asset is ready for use. Once ready for use, the total accumulated payments are recorded in an asset register. Subsequent payments to complete the project are added to the capital asset in the asset register. Where the department is not the custodian of the completed project asset, the asset is transferred to the custodian subsequent to completion.</p>
<b>14</b>	<p><b>Provisions and Contingents</b></p>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

14.1	<p><b>Provisions</b></p> <p>Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>
14.2	<p><b>Contingent liabilities</b></p> <p>Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.</p>
14.3	<p><b>Contingent assets</b></p> <p>Contingent assets are recorded in the notes to the financial statements when a possible asset arises from past events, and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department.</p>
14.4	<p><b>Commitments</b></p> <p>Commitments (other than for transfers and subsidies) are recorded at cost in the notes to the financial statements when there is a contractual arrangement or an approval by management in a manner that raises a valid expectation that the department will discharge its responsibilities thereby incurring future expenditure that will result in the outflow of cash.</p>
15	<p><b>Unauthorised expenditure</b></p> <p>Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either:</p> <ul style="list-style-type: none"> <li>• approved by Parliament or the Provincial Legislature with funding and the related funds are received; or</li> <li>• approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance; or</li> <li>• Transferred to receivables for recovery.</li> </ul> <p>Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.</p>
16	<p><b>Fruitless and wasteful expenditure</b></p> <p>Fruitless and wasteful expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the total value of the fruitless and or wasteful expenditure incurred. Fruitless and wasteful expenditure is removed from the notes to the financial statements when it is resolved or transferred to receivables for recovery. Fruitless and wasteful expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>
17	<p><b>Irregular expenditure</b></p> <p>Irregular expenditure is recorded in the notes to the financial statements when confirmed. The amount recorded is equal to the value of the irregular expenditure incurred unless it is impracticable to determine, in which case reasons therefor are provided in the note. Irregular expenditure is removed from the note when it is either condoned by the relevant authority, transferred to receivables for recovery or not condoned and is not recoverable. Irregular expenditure receivables are measured at the amount that is expected to be recoverable and are de-recognised when settled or subsequently written-off as irrecoverable.</p>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

<b>18</b>	<p><b>Changes in accounting policies, accounting estimates and errors</b></p> <p>Changes in accounting policies that are affected by management have been applied retrospectively in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p> <p>Changes in accounting estimates are applied prospectively in accordance with MCS requirements. Correction of errors is applied retrospectively in the period in which the error has occurred in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the error. In such cases the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable.</p>
<b>19</b>	<p><b>Events after the reporting date</b></p> <p>Events after the reporting date that are classified as adjusting events have been accounted for in the financial statements. The events after the reporting date that are classified as non-adjusting events after the reporting date have been disclosed in the notes to the financial statements.</p>
<b>20</b>	<p><b>Recoverable revenue</b></p> <p>Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.</p>
<b>21</b>	<p><b>Related party transactions</b></p> <p>A related party transaction is a transfer of resources, services or obligations between the reporting entity and a related party. Related party transactions within the Minister/MEC's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.</p> <p>Key management personnel are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. The number of individuals and their full compensation is recorded in the notes to the financial statements.</p>
<b>22</b>	<p><b>Inventories</b></p> <p>At the date of acquisition, inventories are recognised at cost in the statement of financial performance. Where inventories are acquired as part of a non-exchange transaction, the inventories are measured at fair value as at the date of acquisition.</p> <p>Inventories are subsequently measured at the lower of cost and net realisable value or where intended for distribution (or consumed in the production of goods for distribution) at no or a nominal charge, the lower of cost and current replacement value.</p> <p>The cost of inventories is assigned by using the weighted average cost basis.</p>
<b>23</b>	<p><b>Public-Private Partnerships</b></p> <p>Public Private Partnerships are accounted for based on the nature and or the substance of the partnership. The transaction is accounted for in accordance with the relevant accounting policies.</p> <p>A summary of the significant terms of the PPP agreement, the parties to the agreement, and the date of commencement thereof together with the description and nature of the concession fees received, the unitary fees paid, rights and obligations of the department are recorded in the notes to the financial statements.</p>
<b>24</b>	<p><b>Employee benefits</b></p> <p>The value of each major class of employee benefit obligation (accruals, payables not recognised and provisions) is disclosed in the Employee benefits note.</p>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### 1. Annual Appropriation

#### 1.1 Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act for Provincial Departments (Equitable Share).

Programmes	Final Appropriation R'000	2018/19 Actual Funds received R'000	Funds not requested/ not received R'000	Final Appropriation R'000	2017/18 Appropriation received R'000
Administration	810 858	810 858	-	836 655	836 655
District Health Services	20 813 654	20 813 654	-	19 233 130	19 233 130
Emergency Medical Services	1 446 650	1 446 650	-	1 377 577	1 377 577
Provincial Hospital Services	10 954 339	10 954 339	-	10 639 211	10 639 211
Central Hospital Services	5 093 710	5 093 710	-	4 864 123	4 864 123
Health Sciences and Training Health Care Support Services	1 181 630	1 181 630	-	1 246 050	1 246 050
Health Facilities Management	485 637	485 637	-	211 005	211 005
	1 760 694	1 760 694	-	1 522 727	1 522 727
<b>Total</b>	<b>42 547 172</b>	<b>42 547 172</b>	<b>-</b>	<b>39 930 478</b>	<b>39 930 478</b>

#### 1.2 Conditional grants

	Note	2018/19 R'000	2017/18 R'000
Total grants received	<a href="#">Annexure 1A</a>	9 303 113	8 085 829
Provincial Grants included in Total grants received		33 078	55 458

*(It should be noted that Conditional grants are included in the amounts per the Total Appropriation in Note 1.1)*

### 2. Departmental Revenue

		2018/19 R'000	2017/18 R'000
Sales of goods and services other than capital assets	<a href="#">2.1</a>	278 256	268 988
Fines, penalties and forfeits	<a href="#">2.2</a>	48	70
Interest, dividends and rent on land	<a href="#">2.3</a>	587	145
Sales of capital assets	<a href="#">2.4</a>	7 039	6 897
Transactions in financial assets and liabilities	<a href="#">2.5</a>	17 210	21 672
<b>Total Revenue Collected</b>		<b>303 140</b>	<b>297 772</b>
<b>Departmental revenue collected</b>		<b>303 140</b>	<b>297 772</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

		2018/19 R'000	2017/18 R'000
<b>2.1</b>	<b>Sales of goods and services other than capital assets</b>	<u>2</u>	
	Sales of goods and services produced by the department	<b>277 503</b>	<b>268 410</b>
	Sales by market establishment	14 878	15 179
	Administrative Fees	9 973	7 192
	Other sales	252 652	246 039
	Sales of scrap, waste and other used current goods	753	578
	<b>Total</b>	<b>278 256</b>	<b>268 988</b>
<b>2.2</b>	<b>Fines, penalties and forfeits</b>	<u>2</u>	
	Penalties	48	56
	Forfeits	-	14
	<b>Total</b>	<b>48</b>	<b>70</b>
<b>2.3</b>	<b>Interest, dividends and rent on land</b>	<u>2</u>	
	Interest	<b>587</b>	<b>145</b>
<b>2.4</b>	<b>Sales of capital assets</b>	<u>2</u>	
	<b>Tangible Assets</b>	<b>7 039</b>	<b>6 897</b>
	Machinery and Equipment	<u>2</u> 7 039	6 897
<b>2.5</b>	<b>Transactions in Financial assets and liabilities</b>	<u>2</u>	
	Receivables	17 194	21 657
	Stale cheques written back	-	-
	Other receipts including recoverable revenue	16	15
	<b>Total</b>	<b>17 210</b>	<b>21 672</b>
<b>3.</b>	<b>Aid assistance</b>		
<b>3.1</b>	Opening Balance	-	-
	Prior period error	-	-
	As restated	-	-
	Transferred from statement of financial performance	-	-
	Paid during the year	-	-
	<b>Closing balance</b>	<b>-</b>	<b>-</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

		2018/19 R'000	2017/18 R'000
<b>4. Compensation of employees</b>			
<b>4.1 Salaries and wages</b>			
Basic Salary		17 008 269	16 056 951
Performance award		8 207	9 076
Service Based		22 024	17 035
Compensative/circumstantial		2 431 027	2 255 577
Periodic payments		38 837	31 402
Other non-pensionable allowances		3 523 389	3 152 656
<b>Total</b>		<b>23 031 753</b>	<b>21 522 697</b>
<b>4.2 Social contributions</b>			
<b>Employer contributions</b>			
Pension		2 089 142	1 951 493
Medical		1 210 137	1 135 512
UIF		167	68
Bargaining council		4 987	5 022
<b>Total</b>		<b>3 304 433</b>	<b>3 092 095</b>
<b>Total compensation of employees</b>		<b>26 336 186</b>	<b>24 614 792</b>
Average number of employees		78 595	79 639
<b>5. Goods and services</b>			
Administrative fees		3 279	5 113
Advertising		21 289	21 748
Minor Assets	<a href="#">5.1</a>	43 922	44 876
Bursaries (employees)		2 520	1 224
Catering		3 484	3 016
Communication		103 146	103 890
Computer services	<a href="#">5.2</a>	110 170	132 348
Laboratory services		2 063 389	2 043 678
Legal services		84 288	84 776
Contractors		178 613	171 100
Agency and support / outsourced services		1 202 473	1 287 158
Entertainment		358	-
Audit cost - External	<a href="#">5.3</a>	20 782	24 298
Fleet services		388 611	375 933
Inventory	<a href="#">5.4</a>	6 407 659	5 698 572
Consumables	<a href="#">5.5</a>	247 884	200 006
Operating leases		140 611	137 568
Property payments	<a href="#">5.6</a>	2 130 231	1 817 722
Transport provided as part of the departmental activities		76 836	85 230
Travel and subsistence	<a href="#">5.7</a>	68 073	73 543
Venues and facilities		1 405	1 520
Training and development		9 757	12 681
Other operating expenditure	<a href="#">5.8</a>	33 617	17 293
<b>Total</b>		<b>13 342 397</b>	<b>12 343 293</b>



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## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>5.1 Minor Assets</b>	<u>5</u>		
<b>Tangible assets</b>		<b>43 922</b>	<b>44 876</b>
Machinery and equipment		43 922	44 876
<b>Total</b>		<b>43 922</b>	<b>44 876</b>
	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>5.2 Computer services</b>	<u>5</u>		
SITA computer services		84 170	120 822
External computer service providers		26 000	11 526
<b>Total</b>		<b>110 170</b>	<b>132 348</b>
	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>5.3 Audit cost – external</b>	<u>5</u>		
Regularity audits		20 782	24 298
<b>Total</b>		<b>20 782</b>	<b>24 298</b>
	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>5.4 Inventory</b>	<u>5</u>		
Food and food supplies		113 154	113 942
Fuel, oil and gas		96 397	74 265
Materials and supplies		195 314	196 443
Medical supplies		1 778 652	1 649 213
Medicine		4 029 128	3 664 709
Medsas inventory interface		195 014	-
<b>Total</b>		<b>6 407 659</b>	<b>5 698 572</b>
	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>5.5 Consumables</b>	<u>5</u>		
Consumable supplies		160 917	120 592
Uniform and clothing		117 494	101 958
Household supplies		7 097	7 509
Building material and supplies		35 679	10 743
IT consumables		615	308
Other consumables		32	74
Stationery, printing and office supplies		86 967	79 414
<b>Total</b>		<b>247 884</b>	<b>200 006</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

	<i>Note</i>	2018/19 R'000	2017/18 R'000
<b>5.6 Property Payment</b>	<a href="#">5</a>		
Municipal Services		631 440	616 022
Property maintenance and repairs		268 504	246 239
Other		1 230 287	955 461
<b>Total</b>		<b>2 130 231</b>	<b>1 817 722</b>
	<i>Note</i>	2018/19 R'000	2017/18 R'000
<b>5.7 Travel and subsistence</b>	<a href="#">5</a>		
Local		65 704	49 404
Foreign		2 369	24 139
<b>Total</b>		<b>68 073</b>	<b>73 543</b>
	<i>Note</i>	2018/19 R'000	2017/18 R'000
<b>5.8 Other operating expenditure</b>	<a href="#">5</a>		
Professional bodies, membership and subscription fees		2 775	1 969
Resettlement costs		9 672	5 505
Other		21 170	9 819
<b>Total</b>		<b>33 617</b>	<b>17 293</b>
		2018/19 R'000	2017/18 R'000
<b>6. Interest and Rent on Land</b>			
Interest paid		5 885	3 301
<b>Total</b>		<b>5 885</b>	<b>3 301</b>
	<i>Note</i>	2018/19 R'000	2017/18 R'000
<b>7. Payment for Financial Assets</b>			
Material losses through criminal conduct		-	-
Theft		-	-
Other material losses written off		-	-
Debts written off	<a href="#">7.2</a>	431	738
<b>Total</b>		<b>431</b>	<b>738</b>
		2018/19 R'000	2017/18 R'000
<b>7.1 Other material losses written off</b>	<a href="#">7</a>		
<b>Nature of losses</b>			
Expired Inventory		-	-
<b>Total</b>		<b>-</b>	<b>-</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

		2018/19 R'000	2017/18 R'000
<b>7.2 Debts written off</b>	<u>7</u>		
<b>Nature of debts written off</b>			
Other debt written off			
Staff Debts Prescribed written Off		431	738
<b>Total</b>		<b>431</b>	<b>738</b>
		2018/19 R'000	2017/18 R'000
<b>7.3 Details of theft</b>	<u>7</u>		
<b>Nature of theft</b>		-	-
<b>Total</b>		<b>-</b>	<b>-</b>
	<b>Note</b>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>8. Transfers and subsidies</b>			
Provinces and municipalities	<a href="#">Annexure 1B</a>	219 386	225 674
Departmental agencies and accounts	<a href="#">Annexure 1C</a>	21 157	19 280
Public corporations and private enterprises		-	-
Non-profit institution	<a href="#">Annexure 1D</a>	62 474	141 395
Households	<a href="#">Annexure 1E</a>	803 581	862 357
<b>Total</b>		<b>1 106 598</b>	<b>1 248 706</b>
	<b>Note</b>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>9. Expenditure for capital assets</b>			
<b>Tangible assets</b>		<b>1 758 333</b>	<b>1 592 883</b>
Buildings and other fixed structures		1 249 068	1 069 333
Machinery and equipment		509 265	523 550
<b>Intangible assets</b>			
Software		-	-
<b>Total</b>		<b>1 758 333</b>	<b>1 592 883</b>

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## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### 9.1 Analysis of funds utilised to acquire capital assets

	2018/19		TOTAL R'000
	Voted Funds R'000	Aid assistance R'000	
<b>Tangible assets</b>	<b>1 758 333</b>	-	<b>1 758 333</b>
Buildings and other fixed structures	1 249 068	-	1 249 068
Machinery and equipment	509 265	-	509 265
<b>Intangible assets</b>	-	-	-
Software	-	-	-
<b>Total</b>	<b>1 758 333</b>	-	<b>1 758 333</b>

### 9.2 Analysis of funds utilised to acquire capital assets-

	2017/18		TOTAL R'000
	Voted Funds R'000	Aid assistance R'000	
<b>Tangible Assets</b>	<b>1 592 883</b>	-	<b>1 592 883</b>
Buildings and other fixed structures	1 069 333	-	1 069 333
Machinery and equipment	523 550	-	523 550
<b>Intangible Assets</b>	-	-	-
Software	-	-	-
<b>Total</b>	<b>1 592 883</b>	-	<b>1 592 883</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

	<i>Note</i>	2018/19 R'000	2017/18 R'000
<b>10. Unauthorised expenditure</b>			
<b>10.1 Reconciliation of unauthorised expenditure</b>			
Opening balance		21 205	273 723
Prior period error		-	2 209
As restated		21 205	275 932
Unauthorised expenditure- discovered in current year(as restated)		14 248	-
Less: Amount approved by parliament/ legislature with funding		-	(147 119)
Less: Amounts approved by Parliament/Legislature without funding and written off in the Statement of Financial Performance		-	(107 608)
Current		-	(107 608)
<b>Closing balance</b>		<b>35 453</b>	<b>21 205</b>
<b>Analysis of closing balance</b>			
Unauthorised expenditure awaiting authorisation		35 449	21 205
<b>Total</b>		<b>35 449</b>	<b>21 205</b>
<b>10.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification</b>			
Current		35 449	21 205
<b>Total</b>		<b>35 449</b>	<b>21 205</b>
		<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>10.3 Analysis of unauthorised expenditure awaiting authorisation per type</b>			
Unauthorised expenditure relating to overspending of the vote or a main division within the vote		35 449	21 205
<b>Total</b>		<b>35 449</b>	<b>21 205</b>

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## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

<b>10.4</b>	<b>Details of unauthorised expenditure - current year</b>			<b>2018/2019</b>
	<b>Incident</b>	<b>Disciplinary steps taken/criminal proceedings</b>		<b>R'000</b>
	Overspending	Overspending on Programmes		2 658
	Underspending Conditional Grant	HVP Grants - Roll over applied		11 590
	<b>Total</b>			<b>14 248</b>
<b>10.5</b>	<b>Prior period error</b>			<b>2017/18</b>
				<b>R'000</b>
	Nature of prior period error			
	Overspending on Conditional Grant 2017/2018			<b>2 209</b>
	Health Facility Revitalisation Grant			2 209
	Relating to 2017/18			-
	Overspending on Conditional Grant 2017/2018			-
	Health Facility Revitalisation Grant			-
	<b>Total</b>			<b>2 209</b>
		<b>2018/19</b>	<b>2017/18</b>	
		<b>R'000</b>	<b>R'000</b>	
<b>11.</b>	<b>Cash and cash equivalents</b>			
	Cash receipts	194	176	
	Cash on hand	220	294	
	<b>Total</b>	<b>414</b>	<b>470</b>	
<b>12.</b>	<b>Prepayments and advances</b>			
	Travel and subsistence	-	-	
	<b>Total</b>	<b>-</b>	<b>-</b>	

	Note	2018/19			2017/2018			
		Current	Non-current	Total	Current	Non-current	Total	
		R'000	R'000	R'000	R'000	R'000	R'000	
<b>13.</b>	<b>Receivable</b>							
	Claims recoverable	<a href="#">13.1</a>	6 001	-	6 001	4 240	-	4 240
	Recoverable		2 266	-	2 266	4 229	-	4 229
	Expenditure	<a href="#">13.2</a>						
	Staff debt	<a href="#">13.3</a>	24 320	7 785	32 105	13 504	5 647	19 151
	Other receivables	<a href="#">13.4</a>	3	-	3	-	-	-
	<b>Total</b>		<b>32 590</b>	<b>7 785</b>	<b>40 375</b>	<b>21 973</b>	<b>5 647</b>	<b>27 620</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>13.1 Claims recoverable</b>	<a href="#">13</a>		
National departments		101	-
Provincial departments		471	2 350
Public entities		-	615
Higher education institutions		5 429	1 275
Local governments		-	-
<b>Total</b>		<b>6 001</b>	<b>4 240</b>
	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>13.2 Recoverable Expenditure ( disallowance accounts)</b>	<a href="#">13</a>		
Sal:Medical Aid:CI		13	-
Salary Income Tax		-	565
Disallowance miscellaneous		-	-
Salary deduction disallowance		5	128
Disallowances Damages and losses		(6 440)	(5 599)
Disallowances Damages and losses		6 440	5 599
Salary Reversal Control		1 773	-
Salary Pension Fund		475	818
Salary Finance other Institutions		-	1
Advance National Departments		-	2 717
<b>Total</b>		<b>2 266</b>	<b>4 229</b>
	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>13.3 Staff debt</b>	<a href="#">13</a>		
Breach of Contract & loss and damages		3 277	2 490
Employee Debt Salary overpayment		14 599	13 745
Fruitless and wasteful		4	34
Government Accidents		89	-
Fraud		280	1 146
Supplier Debt		10 745	28
Bursary Debt		24	-
Salary related Debts / Salary OSD/ RWOPS/ leave without Pay		-	-
Tax Debt		3 087	1 698
Travel and Subsistence		-	10
<b>Total</b>		<b>32 105</b>	<b>19 151</b>
	<i>Note</i>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>13.4 Other receivables</b>	<a href="#">13</a>		
Clearing account		3	-
<b>Total</b>		<b>3</b>	<b>-</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

	<i>Note</i>	2018/19 R'000	2017/18 R'000
<b>13.5 Impairment of receivables</b>	<a href="#">13</a>		
Estimate of impairment of receivables		-	-
<b>Total</b>		<u>-</u>	<u>-</u>

	<i>Note</i>	2018/19 R'000	2017/18 R'000
<b>14. Voted funds to be surrendered to the Revenue Fund</b>			
Opening balance		21 363	31 600
Prior period error		-	2 209
As restated		21 363	33 809
Transfer from Statement of Financial Performance (as restated)		(2 658)	19 157
Add: Unauthorised expenditure for current year	<a href="#">10</a>	14 248	-
Paid during the year		(19 154)	(31 603)
<b>Closing balance</b>		<u>13 799</u>	<u>21 363</u>

	<i>Note</i>	2017/18 R'000
<b>14.1 Prior period error</b>		
Nature of prior period error	<a href="#">14</a>	
Overspending on Health Revitalisation Grant		2 209
		<u>2 209</u>
Relating to 2017/18		-
		<u>-</u>
<b>Total</b>		<u>2 209</u>

	2018/19 R'000	2017/18 R'000
<b>15. Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund</b>		
Opening balance	12 135	19 588
Prior period error	-	-
As restated	12 135	19 588
Transfer from Statement of Financial Performance (as restated)	303 140	297 772
Paid during the year	(296 767)	(305 225)
<b>Closing balance</b>	<u>18 508</u>	<u>12 135</u>



# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

		2018/19 R'000	2017/18 R'000
<b>16. Bank overdraft</b>			
Consolidated Paymaster General Account		15 848	(8 087)
<b>Total</b>		<b>15 848</b>	<b>(8 087)</b>
	<b>Note</b>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>17. Payables - current</b>			
Clearing accounts	<a href="#">17.1</a>	17 940	14 222
Other payables	<a href="#">17.2</a>	-	-
<b>Total</b>		<b>17 940</b>	<b>14 222</b>
	<b>Note</b>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>17.1 Clearing account</b>	<a href="#">17</a>		
Sal ACB Recalls		556	62
Sal Bargaining Council		6	-
Sal Garnishee Order		132	101
Sal Income Tax		1 485	-
Sal Medical Aid		-	2
Adv: Domestic/ Provincial KZN		4 794	6 671
Sal Reversal Control		-	332
Sal Pension Debt		-	-
Sal: GEH Refund Control Account		10 967	7 054
<b>Total</b>		<b>17 940</b>	<b>14 222</b>
	<b>Note</b>	<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>17.2 Other payables</b>	<a href="#">17</a>		
Medsas Clearing Account		-	-
<b>Total</b>		<b>-</b>	<b>-</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

		2018/19 R'000	2017/18 R'000
<b>18. Net cash flow available from operating activities</b>			
Net surplus / (deficit) as per Statement of Financial Performance		300 482	316 929
Add back non-cash movements/ movements not deemed operating activities:		1 426 336	1 523 189
(Increase/decrease in receivables		(12 755)	20 991
Increase)/decrease in prepayments and advances		-	-
(Increase)/decrease in other current assets		-	254 727
Increase/(decrease) in payables – current		3 718	(1 687)
Proceeds from sale of capital assets		(7 039)	(6 897)
Expenditure on capital assets		1 758 333	1 592 883
Surrenders to revenue fund		(315 921)	(336 828)
<b>Net cash flow generated by operating activities</b>		<b>1 726 818</b>	<b>1 840 118</b>
		<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>19. Reconciliation of cash and cash equivalents for cash flow purposes</b>			
Consolidated Paymaster General Account		(15 848)	8 087
Cash receipts		194	176
Cash on hand		220	294
<b>Total</b>		<b>(15 434)</b>	<b>8 557</b>
		<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>20. Contingent liabilities and Contingent Assets</b>			
<b>20.1 Contingent liabilities</b>			
<b>Liable to</b>	<b>Nature</b>		
	Employee	579	1 146
Housing loan guarantees	s	<a href="#">Annex 2A</a>	
Claims against the department		<a href="#">Annex 2B</a>	17 481 786
Intergovernmental payables (unconfirmed balances)		<a href="#">Annex 4</a>	753 752
Other		2 615 049	75 000
<b>Total</b>		<b>23 990 843</b>	<b>18 311 684</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

	2018/19 R'000	2017/18 R'000
<b>21. Commitments</b>		
<b>Current expenditure</b>		
Approved and contracted	928 279	722 187
<b>Sub Total</b>	<b>928 279</b>	<b>722 187</b>
<b>Capital expenditure</b>		
Approved and contracted	984 541	1 309 811
<b>Sub Total</b>	<b>984 541</b>	<b>1 309 811</b>
<b>Total Commitments</b>	<b>1 912 820</b>	<b>2 031 998</b>

	30 Days R'000	30+ Days R'000	2018/19 Total R'000	2017/18 Total R'000
<b>22. Accruals, Payables not recognised</b>				
<b>22. Listed by economic classification</b>				
<b>1</b>				
Goods and services	362 273	12 405	374 678	429 552
Transfers and subsidies	-	-	-	-
Capital Assets	21 430	199	21 629	43 167
<b>Total</b>	<b>383 703</b>	<b>12 604</b>	<b>396 307</b>	<b>472 719</b>

	2018/19 R'000	2017/18 R'000
<b>Listed by programme level</b>		
Administration	160 848	142 445
District Health Services	119 835	179 583
Emergency Medical Services	23 357	9 864
Provincial Hospital Services	64 659	88 476
Central Hospital Services	7 720	2 517
Health Service and Training	6 124	9 091
Health Care Support	1 976	2 574
Health Facilities Management	11 788	38 169
<b>Total</b>	<b>396 307</b>	<b>472 719</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

	30 Days R'000	30+ Days R'000	Total R'000	Total R'000
<b>22.2 Payables not recognised</b>				
<b>Listed by economic classification</b>				
Goods and services	569 357	296 516	865 873	516 607
Transfers and subsidies	-	-	-	-
Capital assets	152 771	11 975	164 746	51 869
<b>Total</b>	<b>722 128</b>	<b>308 491</b>	<b>1 030 619</b>	<b>568 476</b>
			<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>Listed by programme level</b>				
Administration			93 088	152 362
District Health Services			168 003	176 693
Emergency Medical Services			8 080	1 087
Provincial Hospital Services			91 528	104 574
Central Hospital Services			75 297	70 829
Health Services and Training			103 089	8 277
Health Care Support			321 612	14 931
Health Facilities Management			169 922	39 723
<b>Total</b>			<b>1 030 619</b>	<b>568 476</b>
			<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b><i>Included in the above totals are the following:</i></b>				
Confirmed balances with other departments		<a href="#">Annex 4</a>	71 328	45 925
Confirmed balances with other government entities		<a href="#">Annex 4</a>	360 866	350 872
<b>Total</b>			<b>432 194</b>	<b>396 797</b>
			<b>2018/19 R'000</b>	<b>2017/18 R'000</b>
<b>23. Employee benefit</b>				
Leave entitlement			973 246	897 380
Service Bonus (Thirteenth cheque)			666 403	624 357
Capped leave commitments			565 468	599 865
Other			23 468	24 383
<b>Total</b>			<b>2 228 585</b>	<b>2 145 985</b>

***Other relates to long service payments 20 years and 30 years' service***

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### 24. Lease commitments

#### 24.1 Operating leases expenditure

2018/19	Specialised military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	12 775	27 671	40 446
Later than 1 year and not later than 5 years	-	-	9 768	40 943	50 711
<b>Total lease commitments</b>	<b>-</b>	<b>-</b>	<b>22 543</b>	<b>68 614</b>	<b>91 157</b>

2017/18	Specialised military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	21 950	11 852	33 802
Later than 1 year and not later than 5 years	-	-	31 729	20 411	52 140
<b>Total lease commitments</b>	<b>-</b>	<b>-</b>	<b>53 679</b>	<b>32 263</b>	<b>85 942</b>

#### 24.2 Finance leases

2018/19	Specialised military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	-	2 184	2 184
Later than 1 year and not later than 5 years	-	-	-	453	453
<b>Total lease commitments</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2 637</b>	<b>2 637</b>

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## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

2017/18	Specialised military assets R'000	Land R'000	Buildings and other fixed structures R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	-	-	-	1 407	1 407
Later than 1 year and not later than 5 years	-	-	-	861	861
<b>Total lease commitments</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>2 268</b>	<b>2 268</b>

**\*\* This note excludes leases relating to public private partnerships as they are separately disclosed to note no. 30.**

	2018/19 R'000	2017/18 R'000
<b>25. Accrued Departmental Revenue</b>		
Sales of goods and services other than capital assets	205 750	187 495
Other	57 195	46 323
<b>Total</b>	<b>262 945</b>	<b>233 818</b>

	2018/19 R'000	2017/18 R'000
<b>25.1 Analysis of accrued departmental revenue</b>		
Opening Balances	244 651	241 377
Less: Amounts received	142 881	145 121
Add: Amounts recognised	203 034	215 298
Less: Amounts written-off/reversed as irrecoverable	41 859	77 736
<b>Closing balance</b>	<b>262 945</b>	<b>233 818</b>

	2018/19 R'000	2017/18 R'000
<b>25.2 Accrued Department Revenue written off</b>		
<b>Nature of losses</b>		
Patient Fees written off as irrecoverable	5 956	20 970
Patient fees reduced due to category reduction	35 899	56 766
<b>Total</b>	<b>41 855</b>	<b>77 736</b>

	2018/19 R'000	2017/18 R'000
<b>25.3 Impairment of accrued departmental revenue</b>		
Estimate of impairment of accrued departmental revenue	15 927	18 731
<b>Total</b>	<b>15 927</b>	<b>18 731</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

	2018/19 R'000	2017/18 R'000
<b>26. Irregular Expenditure</b>		
<b>26.1 Reconciliation of irregular expenditure</b>		
Opening balance	8 956 119	7 491 777
Prior period error	1 541 732	-
As restated	<u>10 497 851</u>	<u>7 491 777</u>
Add: Irregular expenditure - relating to prior year	-	-
Add: Irregular expenditure - relating to current year	2 977 103	1 464 342
Less: Prior year amounts condoned	(30 653)	-
<b>Irregular expenditure awaiting condonation</b>	<b><u>13 444 301</u></b>	<b><u>8 956 119</u></b>
<b>Analysis of awaiting condonation per age classification</b>		
Current year	2 977 103	1 464 342
Prior years	10 467 198	7 491 777
<b>Total</b>	<b><u>13 444 301</u></b>	<b><u>8 956 119</u></b>
<b>26.2 Details of irregular expenditure - Incident</b>	<b>Current year Disciplinary steps taken/criminal proceedings</b>	<b>2018/19 R'000</b>
Expired Month to month contracts	Contracts expired and extended on month to month basis	2572698
Procurement of Expired contract	Purchases of Expired Contracts	1513733
Other SCM reasons	Various reasons to assess	432404
<b>Total</b>		<b><u>4 518 835</u></b>
<b>26.3 Details of irregular expenditure condoned</b>		<b>2018/19 R'000</b>
<b>Incident</b>	<b>Condoned by (condoning authority)</b>	
Expired Building Rental	Provincial Treasury (Department of Public Works)	30 653
<b>Total</b>		<b><u>30 653</u></b>
<b>26.4 Prior Period Error</b>	<b>2017/18 R'000</b>	
Nature of prior period error		
Relating to 2017/18 (affecting the opening balance)	-	
Relating to 2017/18 Irregular Expenditure	<u>1 541 732</u>	
<b>Total</b>	<b><u>1 541 732</u></b>	

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

	2018/19 R'000	2017/18 R'000
<b>27 Fruitless and wasteful expenditure</b>		
<b>27.1 Reconciliation of fruitless and wasteful expenditure</b>		
Opening balance	8 949	5 763
As restated	8 949	5 763
Fruitless and wasteful expenditure – relating to current year	6 089	3 186
Less: Amounts resolved	(5 806)	-
Less: Amounts transferred to receivables for recovery	(200)	-
<b>Closing balance</b>	<b>9 032</b>	<b>8 949</b>

	2018/19 R'000	2017/18 R'000
<b>27.2 Analysis of awaiting resolution per economic classification</b>		
Current	5 889	3 186
<b>Total</b>	<b>5 889</b>	<b>3 186</b>

		2018/19 R'000
<b>27.3 Analysis of Current Year's Fruitless and wasteful expenditure</b>		
<b>Incident</b>	<b>Disciplinary steps taken/criminal proceedings</b>	
Municipal Interest	The proceeding is being finalised	610
Interest other	The proceeding is being finalised	3 927
Expired Stock Medicines	The proceeding is being finalised	1 319
Duplicate Supplier Payment	The proceeding is being finalised	27
Cancelled Bookings	The proceeding is being finalised	6
HR Related	Concluded - debts has been raised	200
<b>Total</b>		<b>6 089</b>

	2018/19 R'000	2017/18 R'000
<b>28. Related party transactions</b>		
<b>Year end balances arising from revenue/payments</b>		
Payables to related parties	-	382 264
<b>Total</b>	<b>-</b>	<b>382 264</b>

PPSD was reported in the 2017/2018 financial year as a separate set of Financial Statements. In the 2018/2019 financial year PPSD has been incorporated.



# 2018/19 ANNUAL REPORT

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## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

	<i>No of Individual s</i>	2018/19 R'000	2017/18 R'000
<b>29. Key management personnel</b>			
Political office bearers	1	1 978	1 978
Officials:			
EXCO	8	11 057	10 440
MANCO	17	17 836	19 951
Family members of key management personnel	12	3 720	8 624
<b>Total</b>		<b>34 591</b>	<b>40 993</b>

# 2018/19 ANNUAL REPORT

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## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### 30. Public Private Partnership

#### **Inkosi Albert Luthuli Central Hospital PPP**

The Department has in place a public private partnership agreement with Cowslip Investments (Pty) Ltd and Impilo Consortium for the delivery of non-clinical services to the Inkosi Albert Luthuli Central Hospital. The Department is satisfied that the performance of the PPP partners was adequately monitored in terms of the provisions of the agreement.

The Department has the right to the full use of the assets and the consortium may not pledge the assets as security against any borrowings for the duration of the agreement.

The Impilo Consortium is responsible for the provision of the following goods and services:

- supply of Equipment and IM&T Systems that are State of the Art and replace the Equipment and IM&T Systems so as to ensure that they remain State of the Art;
- supply and replacement of Non-Medical Equipment;
- provision of all Services necessary to manage the Project Assets in accordance with Best Industry Practice;
- maintenance and replacement of the Departmental Assets in terms of the replacement schedules;
- provision or procurement of Utilities and Consumables and Surgical Instruments; and
- Provision of Facilities Management Services.

The agreement was concluded with a view to provide the Department with the opportunity to concentrate on the delivery of clinical services at the highest standards in terms of quality, efficiency, effectiveness and patient focussed care.

The Department is responsible for the employment of all healthcare staff and the administration staff, together with the provision of all consumables used in the provision of the healthcare services.

Impilo Consortium is required at its own cost and risk to provide, deliver, Commission, manage, maintain and repair (as the case may be) Project Assets and Department Assets (or part thereof), including the renewal or replacement of Project Assets and Department Assets at such times and in such manner as to enable it to meet the IM&T Output Specifications and the FM Output Specifications; as to ensure that the Department is, at all times, able to provide Clinical Services that 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.

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### Public Private Partnership – (continued)

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.

#### Amendment

The PPP agreement contract was signed on the 27<sup>th</sup> January 2017 for a further 3 years extension. The commitment / obligation are as follows:

2019/2020      R737 million

Total Obligation to remaining period is R 1,447 billion

	2018/19 R'000	2017/18 R'000
<b>Unitary fee paid</b>	<b>800 690</b>	<b>875 145</b>
Indexed component	800 690	875 145
<b>Analysis of indexed component</b>	<b>800 690</b>	<b>875 145</b>
Goods and Services(excluding lease payments)	800 690	875 145
<b>Capital/(Liabilities)</b>	<b>805 185</b>	<b>718 070</b>
Plant and equipment	805 185	718 070
<b>Other</b>	<b>737 000</b>	<b>1 447 000</b>
Other obligations	737 000	1 447 000

*Any guarantees issued by the department are disclosed in Note 20.1*

*Final Commitment for 2019/2020 R737, 000 million*

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

	2018/19 R'000	2017/18 R'000
<b>31. Provisions</b>		
Infrastructure Capital retentions	4 419	9 169
National Health Laboratory Service	-	1 536 924
	<b>4 419</b>	<b>1 546 093</b>

### 31.1 Reconciliation of movement in provisions - 2018/19

	Provision 1 R'000	Provision 2 R'000	Provision 3 R'000	Provision 4 R'000	Total provisions R'000
Opening balance	38 799	1 536 924	-	-	1 575 723
Increase in provision	1 727	-	-	-	1 727
Settlement of provision	(36 107)	-	-	-	(36 107)
Change in provision due to change in estimation of inputs	-	(1 536 924)	-	-	(1 536 924)
<b>Closing balance</b>	<b>4 419</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4 419</b>

### Reconciliation of movement in provisions - 2017/18

	Provision 1 R'000	Provision 2 R'000	Provision 3 R'000	Provision 4 R'000	Total provisions R'000
Opening balance	22 783	1 536 924	-	-	1 559 707
Settlement of provision	(13 614)	-	-	-	(13 614)
<b>Closing balance</b>	<b>9 169</b>	<b>1 536 924</b>	<b>-</b>	<b>-</b>	<b>1 546 093</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### 32. Movable Tangible Capital Assets

Movement in movable tangible capital assets per asset register for the year ended 31 March 2019

	Opening balance Cost R'000	Current Year Adjustment s to prior year balances Cost R'000	Additions Cost R'000	Disposals Cost R'000	Closing balance Cost R'000
<b>HERITAGE ASSETS</b>	-	-	-	-	-
Heritage assets	-	-	-	-	-
<b>Machinery and Equipment</b>	<b>4 123 265</b>	<b>(654 124)</b>	<b>596 603</b>	<b>327 065</b>	<b>3 738 679</b>
Transport Assets	1 074 817	(1 852)	132 006	54 559	1 150 412
Computer equipment	403 935	(174 836)	91 358	30 518	289 939
Furniture and Office equipment	91 784	25 062	4 590	12 659	108 777
Other machinery & Equipment	2 552 729	(502 498)	368 649	229 329	2 189 551
<b>Total movable tangible assets</b>	<b>4 123 265</b>	<b>(654 124)</b>	<b>596 603</b>	<b>327 065</b>	<b>3 738 679</b>

Value adjustments include current and historical adjustments for misallocations, exclusion items, immovable assets and valuation adjustments.

#### 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	22 445	483 766

Assets under investigation are subject to follow up processes by Institutions, where these are not resolved they will be subjected to Loss Control policies and procedures.

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### 32.1 Additions to movable tangible capital asset per asset register for the year ended 31 March 2019

	Cash Cost R'000	Non-Cash Fair Value R'000	(Capital work in progress - current costs) Cost R'000	Received current year, not paid (Paid current year, received prior year) Cost R'000	Total Cost R'000
<b>Machinery and equipment</b>	<b>509 265</b>	<b>87 338</b>	-	-	<b>596 603</b>
Transport assets	129 021	2 985	-	-	132 006
Computer equipment	34 811	56 547	-	-	91 358
Furniture and Office equipment	4 468	122	-	-	4 590
Other machinery and equipment	340 965	27 684	-	-	368 649
<b>Total additional to movable</b>	<b>509 265</b>	<b>87 338</b>	-	-	<b>596 603</b>

*Non Cash additions include amounts relating to Assets that were transferred from PPSD.*

### 32.2 Disposals of movable tangible capital assets per asset register for the year ended 31 March 2019

	Sold for cash Cost R'000	Transfer out or destroyed or scrapped Fair Value R'000	Total disposals Cost R'000	Cash received Actual R'000
<b>MACHINERY AND EQUIPMENT</b>	<b>142 290</b>	<b>184 775</b>	<b>327 065</b>	<b>7 039</b>
Transport assets	54 559	-	54 559	7 023
Computer equipment	11 280	19 238	30 518	15
Furniture and office equipment	1 619	11 040	12 659	1
Other machinery and equipment	74 832	154 497	229 329	-
<b>Total</b>	<b>142 290</b>	<b>184 775</b>	<b>327 065</b>	<b>7 039</b>

*Non cash Disposals include items written off in terms of Department policy and procedures.*

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### Movement for 2017/2018

#### 32.3 Movement in movable tangible capital assets per asset register for the year ended 31 March 2018

	Opening balance R'000	Current year adjustment s to prior year balances R'000	Additions R'000	Disposals R'000	Closing Balance R'000
<b>Machinery and equipment</b>	<b>3 796 792</b>	<b>-</b>	<b>382 473</b>	<b>56 000</b>	<b>4 123 265</b>
Transport assets	1 035 906	-	74 805	35 894	1 074 817
Computer equipment	396 874	-	7 481	420	403 935
Furniture and office equipment	88 428	-	4 185	829	91 784
Other machinery and equipment	2 275 584	-	296 002	18 857	2 552 729
<b>Total tangible assets</b>	<b>3 796 792</b>	<b>-</b>	<b>382 473</b>	<b>56 000</b>	<b>4 123 265</b>

	Note	2017/18 R'000
<b>32.3.1 Prior period error</b>		
Nature of prior period error		
Relating to 2017/18 (affecting the opening balance)		-
Relating to 2016/17		-
Total		-

#### 32.4 Minor assets

##### Movement in minor asset per the asset register for the year ended 31 March 2019

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machiner y and equipmen t R'000	Biologic al assets R'000	Total R'000
Opening balance	-	-	-	927 545	-	927 545
Value adjustments	-	-	-	206 880	-	206 880
Additions	-	-	-	45 851	-	45 851
Disposals	-	-	-	111 688	-	111 688
<b>TOTAL</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1 068 588</b>	<b>-</b>	<b>1 068 588</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### Minor Capital Assets under investigation

	Numbers	Values R'000
Included in the above total of the minor capital assets per the asset register are assets that are under investigation:		
Machinery and equipment	127 660	234 329

*Value adjustments include current and historical adjustments for mis-allocations, exclusion items, immovable assets and valuation adjustments.*

### Minor assets

#### Movement in minor asset per the asset register for the year ended 31 March 2018

	Specialised military assets R'000	Intangible assets R'000	Heritage assets R'000	Machiner y and equipmen t R'000	Biologic al assets R'000	Total R'000
Opening balance	-	-	-	915 236	-	915 236
Prior period error	-	-	-	-	-	-
Additions	-	-	-	20 745	-	20 745
Disposals	-	-	-	8 436	-	8 436
<b>TOTAL</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>927 545</b>	<b>-</b>	<b>927 545</b>

	Specialised military assets	Intangible assets	Heritage assets	Machiner y and equipmen t	Biologic al assets	Total
Number of R1 minor assets	-	-	-	-	-	-
Number of minor assets at cost	-	-	-	-	-	-
<b>TOTAL</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>



# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### 33. Immovable Tangible Capital Assets

#### MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED MARCH 2019

	Opening balance Cost R'000	Value adjustments Cost R'000	Additions Cost R'000	Disposals Cost R'000	Closing balance Cost R'000
<b>STRUCTURE</b>	<b>206 276</b>	<b>-</b>	<b>100 844</b>	<b>-</b>	<b>307 120</b>
Dwellings	-	-	-	-	-
Non-residential buildings	122 311	-	63 436	-	185 747
Other fixed structure	83 965	-	37 408	-	121 373
<b>ASSETS</b>	<b>206 276</b>	<b>-</b>	<b>100 844</b>	<b>-</b>	<b>307 120</b>

#### Additions to immovable tangible capital asset per asset register for the year ended 31 March 2019

	Cash Cost R'000	Non-Cash Fair Value R'000	(Capital work in progress - current costs) Cost R'000	Received current year, not paid (Paid current year, received prior year) Cost R'000	Total Cost R'000
<b>STRUCTURE</b>	<b>100 844</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>100 844</b>
Non-residential buildings	63 436	-	-	-	63 436
Other fixed structures	37 408	-	-	-	37 408
<b>TANGIBLE CAPITAL ASSETS</b>	<b>100 844</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>100 844</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### Movement for 2017/2018

#### Movement in immovable tangible capital assets per asset register for the year ended 31 March 2018

	Opening balance R'000	Current year adjustment s to prior year balances R'000	Additions R'000	Disposals R'000	Closing Balance R'000
<b>STRUCTURE</b>	<b>140 062</b>	<b>-</b>	<b>66 214</b>	<b>-</b>	<b>206 276</b>
Dwellings	-	-	-	-	-
Non-residential buildings	62 473	-	59 838	-	122 311
Other fixed structures	77 589	-	6 376	-	83 965
<b>ASSETS</b>	<b>140 062</b>	<b>-</b>	<b>66 214</b>	<b>-</b>	<b>206 276</b>

### Capital Work-in-progress

#### 33.1 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2019

	Opening Balance 1 April 2018 R'000	Current Year WIP R'000	Ready for use (Assets to the AR) / Contracts terminate d R'000	" Closing Balance 31 March 2019 " R'000
Heritage assets	-	-	-	-
Buildings and other fixed structures	2 155 727	868 520	63 436	2 960 811
Machinery and equipment	174 317	241 328	37 408	378 237
<b>Total</b>	<b>2 330 044</b>	<b>1 109 848</b>	<b>100 844</b>	<b>3 339 048</b>

[Annexure 6](#)

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### 33.2 Age analysis on ongoing projects

	Number of projects		2018/19
	Planned, construction not started	Planned, construction started	"Total R'000"
0 to 1 year	7	4	52 890
1 to 3 year(s)	57	24	379 104
3 to 5 years	10	13	348 396
Longer than 5 years	12	5	2 558 658
<b>Total</b>	<b>86</b>	<b>46</b>	<b>3 339 048</b>

*Dr Pixley ka Isaka Seme Memorial Hospital started in the 2006/2007 financial year and its current work in progress in the 2018/2019 financial year with a cost of R2.1 billion. All projects that are planned and constructed not started are on design phase. These projects are included in the current year work in progress as a result of the expenditure that was incurred for these projects until the year under review. Some of the projects have face challenges such as labour unrests or stir challenges which the Department is addressing. The projects that are not in construction are on track and the designs have been approved or are waiting approval*

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2018

	Opening Balance	Prior period error	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	" Closing Balance
	R'000	R'000	R'000	R'000	R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	1 856 654	(199 916)	1 039 520	(66 214)	2 330 044
Dwellings	56 712	(52 493)	5 753	(2 169)	7 803
Non-residential buildings	1 663 019	(386 933)	929 507	(57 669)	2 147 924
Other fixed structure	136 923	(60 490)	104 206	(6 376)	174 317
<b>Total</b>	<b>1 856 654</b>	<b>(499 916)</b>	<b>1 039 520</b>	<b>(66 214)</b>	<b>2 330 044</b>

[Annexure 6](#)

*Dr Pixley ka Isaka Seme Memorial Hospital started in the 2006/2007 financial year and its current work in progress in the 2018/2019 financial year with accost of R2.1 billion. All projects that are planned and constructed not started are on design phase. These projects are included in the current year work in progress as a result of the expenditure that was incurred for these projects till the year under review. Some of the projects have faced challenges such as labour unrests or stir challenges which the Department is addressing. The projects that are not in construction are on track and the designs have been approved or are waiting approval*

### Age analysis on ongoing projects

	Number of projects		2017/18
	Planned, construction not started	Planned, construction started	"Total R'000"
0 to 1 year	1	4	18 777
1 to 3 year(s)	7	35	159 597
3 to 5 years	1	5	245 419
Longer than 5 years	2	10	1 906 251
<b>Total</b>	<b>11</b>	<b>54</b>	<b>2 330 044</b>

# 2018/19 ANNUAL REPORT

## NOTES TO THE FINANCIAL STATEMENT For the year ended 31 March 2019

### 34. Prior period errors

	Note	2017/18		
		Amount before error correction	Prior period error	Restated amount
		R'000	R'000	R'000
Unauthorised Expenditure 2017/2018	<a href="#">20.1</a>	18 996	2 209	21 205
<b>Net effect</b>		<b>18 996</b>	<b>2 209</b>	<b>21 205</b>
Voted Funds to be surrender		19 154	2 209	21 363
<b>Net effect</b>		<b>19 154</b>	<b>2 209</b>	<b>21 363</b>
<b>Other:(e.g. Irregular expenditure, fruitless and wasteful)</b>	<b>Note</b>	<b>Amount before error correction R'000</b>	<b>2017/2018 Prior period error R'000</b>	<b>Restated amount R'000</b>
Commitments Current	Inaccurate disclosure in prior year	588 044	134 143	722 187
Commitments Capital	Inaccurate disclosure in prior year	818 501	491 310	1 309 811
Accruals and Payables not recognised	Inaccurate disclosure in prior year	289 451	140 101	429 552
Capital work in Progress Buildings	Inaccurate disclosure in prior year	2 595 153	(439 426)	2 155 727
Capital work in Progress Machinery and Equipment	Inaccurate disclosure in prior year	234 807	(60 490)	174 317
Irregular Expenditure	Inaccurate disclosure in prior year	1 464 342	1 541 732	3 006 074
Immovable assets	Inaccurate disclosure in prior year	0	206 276	206 276
<b>Net effect</b>		<b>5 990 298</b>	<b>2 013 646</b>	<b>8 004 044</b>

# 2018/19 ANNUAL REPORT

## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### ANNEXURE 1 A

#### STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF GRANT	GRANT ALLOCATION					SPENT				2017/18	
	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	1 794 649	-	-	-	1 794 649	1 794 649	1 794 649	-	100%	1 696 266	1 696 266
Comprehensive HIV / AIDS Grant	5 677 225	-	-	-	5 677 225	5 677 225	5 677 225	-	100%	4 852 495	4 852 495
Health Facility Revitalisation Grant	1 202 480	-	-	199 508	1 401 988	1 401 988	1 401 988	-	100%	1 149 355	1 151 564
Human Papillomavirus Vaccine Grant	44 976	-	-	-	44 976	44 976	33 386	11 590	74%	-	-
Health Professional & Training and Development Grant	351 197	-	-	-	351 197	351 197	351 197	-	100%	331 944	331 944
National Health Insurance Social Sector EPWP Incentive Grant for Provinces	24 182	-	-	-	24 182	24 182	24 182	-	100%	47 058	47 058
EPW Integrated Grant to Provinces	8 896	-	-	-	8 896	8 896	8 896	-	100%	8 400	8 400
	<b>9 103 605</b>	<b>-</b>	<b>-</b>	<b>199 508</b>	<b>9 303 113</b>	<b>9 303 113</b>	<b>9 291 523</b>	<b>11 590</b>		<b>8 085 829</b>	<b>8 088 038</b>

**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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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### ANNEXURE 1 B

#### STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS TO MUNICIPALITIES

NAME OF MUNICIPALITY	GRANT ALLOCATION				TRANSFER			SPENT				2017/18	
	DoRA and other transfers	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	Unspent funds	% of available funds spent by municipality	Division of Revenue Act	Actual Transfer
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	
eThekwini : Conditional Grant	115 000	-	-	115 000	116 882	-	-	116 882	116 882	-	0%	100 000	116 846
eThekwini : Equitable Share	98 394	-	-	98 394	98 394	-	-	98 394	98 394	-	100%	93 000	102 810
PD Vehicle Licences	5 842	-	-	5 842	4 110	-	-	4 110	4 110	-	100%	5 990	6 018
<b>TOTAL</b>	<b>219 236</b>	<b>-</b>	<b>-</b>	<b>219 236</b>	<b>219 386</b>	<b>-</b>	<b>-</b>	<b>219 386</b>	<b>219 386</b>	<b>-</b>		<b>198 990</b>	<b>225 674</b>

*National Departments are reminded of the DORA requirements to indicate any re-allocations by the National Treasury or the transferring department, certify that all transfers in terms of this Act were deposited into the primary bank account of a municipality or, where appropriate, into the CPD account of a municipality as well as indicate the funds utilised for the administration of the receiving officer.*

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### ANNEXURE 1C

#### STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION				TRANSFER		2017/18
	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	20 868	-	-	20 868	20 868	100%	18 850
Com: SABC TV Licences	199	-	90	289	289	100%	429
Rounding	-	-	-	-	-		1
<b>TOTAL</b>	<b>21 067</b>	<b>-</b>	<b>90</b>	<b>21 157</b>	<b>21 157</b>		<b>19 280</b>



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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### ANNEXURE 1D

#### STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2017/18
	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
<b>Transfers</b>	-	-	-	-	-	-	-
	-	-	-	-	-	-	-
<b>Subsidies</b>							
Aleheimer Dementia clinics	959	-	-	959	-	0%	-
Austerville Halfway House	603	-	-	603	603	100%	586
Azalea House	557	-	-	557	557	100%	541
The Bekimpilo Trust	9 163	-	-	9 163	9 163	100%	8 896
Budget Control Holding Funds	-	-	-	-	-		-
Claremont Day Care Centre	425	-	-	425	425	100%	413
District Holding Funds Illembé	-	-	-	-	-		-
DPSA-Comm Based Rehab Project	1 013	-	-	1 013	979	97%	984
DPSA - Wheelchair repair & maint	930	-	-	930	965	104%	903
Duduza Care Centre	412	-	-	412	412	100%	400
Ekukhanyeni Clinic	1 087	-	-	1 087	1 081	99%	1 020
Enkumane Clinic	295	-	-	295	295	100%	287
Estcourt Hospice	574	-	-	574	574	100%	558
Ethembeni Stepdown Centre	5 179	-	-	5 179	3 780	73%	3 369

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS - CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2017/18
	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
Genesis care Centre	2 946	-	-	2 946	2 946	100%	2 946
Happy Hour Amaoti	568	-	-	568	568	100%	552
Happy Hour Durban North	497	-	-	497	497	100%	483
Happy Hour Kwaximba	455	-	-	455	455	100%	441
Happy Hour Mpumalanga	455	-	-	455	455	100%	441
Happy Hour Ninikhona	284	-	-	284	284	100%	275
Happy Hour Nyangwini	298	-	-	298	298	100%	290
Happy Hour Overport	-	-	-	-	-	-	-
Happy Hour Phoenix	284	-	-	284	284	100%	275
Highway Hospice	775	-	-	775	775	100%	752
Hibberdene Care Centre	341	-	-	341	227	67%	331
Hlanganani Ngothando DCC	399	-	-	399	399	100%	388
Howick Hospice	636	-	-	636	636	100%	617
Ikhwezi Cripple Care	1 317	-	-	1 317	1 317	100%	1 279
Ikhanzi Care Centre	138	-	-	138	138	100%	134
John Peattie House	1 332	-	-	1 332	1 332	100%	1 293
Jona Vaughn Centre	2 644	-	-	2 644	2 644	100%	2 567
KZN Blind and Deaf Society	900	-	-	900	900	100%	874
Lynn House	668	-	-	668	668	100%	648
Madeline Manor	975	-	-	975	975	100%	946
Magaye School for the Blind	563	-	-	563	563	100%	546

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF TRANSFERS TO NON-PROFIT INSTITUTIONS - CONTINUE

NON-PROFIT INSTITUTIONS	TRANSFER ALLOCATION				EXPENDITURE		2017/18
	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
Matikwe Oblate Clinic	526	-	-	526	526	100%	511
Mountain View Special Hospital	5 169	-	-	5 169	5 169	100%	4 876
Philanjolo Hospice	2 610	-	-	2 610	2 595	99%	2 698
Power of God	1 238	-	-	1 238	1 238	100%	1 202
Rainbow Haven	447	-	-	447	446	100%	433
Scadifa Centre	1 041	-	-	1 041	1 041	100%	1 011
South Coast Hospice	196	-	-	196	196	100%	190
Siloah Hospital	-	-	-	-	11 296	-	22 591
Solid Found for Rural development	1 405	-	-	1 405	703	50%	682
Sparks Estate	1 237	-	-	1 237	1 237	100%	1 201
St. Lukes Home	997	-	-	997	499	50%	484
St. Mary's Hospital Mariannhill	-	-	-	-	-	-	69 216
Tender Loving Care	241	-	-	241	241	100%	234
Sunfield Home	294	-	-	294	294	100%	285
Umlazi Halfway House	302	-	-	302	302	100%	293
Unsuuzi Hospice	1 495	-	-	1 495	1 495	100%	1 452
Rounding	-	-	-	-	1		
	<b>54 870</b>	<b>-</b>	<b>-</b>	<b>54 870</b>	<b>62 474</b>		<b>141 395</b>
<b>Total</b>	<b>54 870</b>	<b>-</b>	<b>-</b>	<b>54 870</b>	<b>62 474</b>		<b>141 395</b>

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### ANNEXURE 1E

#### STATEMENT OF TRANSFERS TO HOUSEHOLDS

HOUSEHOLDS	TRANSFER ALLOCATION				EXPENDITURE		2017/18
	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
<b>Transfers</b>							
Employee Social Benefits - Injury on Duty	373	-	-	373	1 066	286%	781
Employee Social Benefits - Severance Package	-	-	-	-	-	-	313
Employee Social Benefits - Leave Gratuity	69 841	-	-	69 841	115 377	165%	112 809
Bursaries : Non Employee	237 557	-	-	237 557	248 319	105%	286 534
Claims Against the State	364 509	-	64 264	428 773	438 819	102%	461 919
Rounding	-	-	-	-	-	-	1
<b>Total</b>	<b>672 280</b>	<b>-</b>	<b>64 264</b>	<b>736 544</b>	<b>803 581</b>		<b>862 357</b>

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### ANNEXURE 1F STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
<b>Received in cash</b>			
Prior year balance		-	30
Lazair	Cash donation	1	-
<b>Subtotal</b>		<b>1</b>	<b>30</b>
<b>Received in kind</b>			
Prior year balance		-	609 720
Mercedes-Benz South Africa Ltd	Sponsorship for Mr M Mabaso for travel and accommodation	64	-
Health System Trust	Sponsorship for conference package	42	-
Eskom Ingula Project	Donation of an Ambulance	120	-
Assmang (Pty) Limited	Donation of a Health Post (Bhobhonono) KwaXimba Area- eThekweni District	15 000	-
Embrace	Gift hampers to women in the Maternity Ward	1	-
Embrace	Gift hampers to women in the Maternity Ward	1	-
Friends of Umgeni	Donation of shade cloth	15	-
Foundation for Professional Development (FPD)	Donation of various Medical Equipment	112	-
Manguzi Skills Development Initiative	Donation of Audiology and Optometry Equipment	784	-
The City Hill Church	Donation of 5x wheelchairs	15	-
University of KwaZulu-Natal (UKZN)	Sponsorship for four (4) Dietitians for a Honorarium	9	-

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
Janssen Pharmaceutical (Pty) Ltd	Sponsorship for Dr S Parasnath for travel, accommodation and registration cost	33	-
Operation Smile	Sponsorship for Dr CW Kampik for travel, accommodation, meals and conference fees	124	-
Red Cross	Donation of various Medical Equipment	210	-
Various sponsors	Sponsorship for various items towards the Mental Health Day	1	-
Sanlam	Donation of 3 trophies and refreshments	1	-
University of KwaZulu-Natal (UKZN)	Sponsorship for Dr NM Dlamini for flight only	14	-
Smith & Nephew (Pty) Limited	Sponsorship for Dr Yende & Dr Duma for flight, transfers, accommodation & meals	10	-
Smith & Nephew (Pty) Limited	Sponsorship for Dr Yende & Dr Duma for flight, accommodation & meals	24	-
Medtronic Africa (Pty) Ltd	Sponsorship for Sr AR De La Rey flight, meals & ground transport	6	-
Friends of Umgeni	Donation of 2 hair clippers	1	-
Metropolitan Retail	Sponsorship to hold Strategic & Operational Planning	20	-
Critical Care Society of Southern Africa (CCSSA)	Sponsorship for Dr Kalafatis for registration fees	6	-
First Medical Company	Sponsorship for Dr Naidoo for flights and accommodation	4	-
Harvard Medical School	Sponsorship for Dr G Lawrie for flights	12	-
Baalperaz Trading	Donation of a Data Projector	6	-
CPSI	Sponsorship for Mr X Phakathi for travel & accommodation	10	-
Southern African HIV Clinicians Society	Sponsorship to conduct workshop	110	-
Various sponsors	Sponsorship for the Women's Dialogue event	6	-
Impilo Consortium (RF) (Pty)	Sponsorship for the entertainment cost for MASEA	28	-
Angelo Kater	Sponsorship for cost MASEA	25	-
South African National Blood Services (SANBS)	Sponsorship for Dr Moran for flights cost	2	-

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
The ELMA Philanthropies Services (Africa) (Pty)	Sponsorship for Ms L Spies for flights cost	3	-
USAID TB SA Project	Sponsorship for 3 Officials for travel and accommodation	32	-
University Research Co., (URC)	Sponsorship for Mrs Misra accommodation, shuttle and meals	13	-
TB Think Tank	Sponsorship for Mrs Ngozo for flights, conference package & lunch	5	-
USAID TB SA Project	Sponsorship for Mrs Ngozo for flights & shuttle	5	-
London School of Hygiene & Tropical Medicine	Sponsorship for Mrs Radebe for accommodation and meals	1	-
National Department of Health	Sponsorship for various official's for accommodation, meals and conference registration	63	-
Tongaat Hullet Limited	Donation of Audiological equipment	77	-
Rotary Club of Pietermaritzburg	Donation of ICT Equipment	20	-
Africa Health Research Institute (AHRI)	Sponsorship for Ms DT Gumede for registration fees, travel, accommodation and all meals and refreshment	5	-
Centre for Global Health Delivery - Dubai	Sponsorship for Ms TP Msimango for flights, logistics and accommodation	23	-
Broadreach Health Care	Sponsorship for Officials for flights and accommodation	14	-
Beyond Zero	Donation of Medical equipment	56	-
The Carte Blanche Making a Difference Trust	Donation of Paediatric Burns Unit to Ngwelezane Hospital	10 300	-
Elma Philanthropies & Zoe-Life	Donation of 15 Printers	67	-
Health System Trust	Sponsorship for the Provincial Nurses Workshop	22	-
CAPRISA	Donation of a laptop	17	-
Janssen Pharmaceutical	Acceptance of equipment	1 296	-
Various Donors	Sponsorship to conduct District workshop	181	-
Action for South Africa, Wales	Action for South Africa, Wales	4	-

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
Johnson & Johnson Medical Devices Companies	Johnson & Johnson Medical Devices Companies	9	-
Surgical Innovation (Pty) Limited	Surgical Innovation (Pty) Limited	40	-
Zimmer Bioment South Africa	Zimmer Bioment South Africa	14	-
Stryker South Africa	Stryker South Africa	8	-
University of KwaZulu-Natal ( UKZN)	University of KwaZulu-Natal ( UKZN)	581	-
University of KwaZulu-Natal ( UKZN)	University of KwaZulu-Natal ( UKZN)	484	-
Duromed CC	Duromed CC	8	-
Protea Chemical & Nampak Rigids	Protea Chemical & Nampak Rigids	6	-
Medtronic Africa (Pty) Ltd	Medtronic Africa (Pty) Ltd	35	-
Critical Care Society of South (CCSSA)	Critical Care Society of South (CCSSA)	6	-
Shenzhen Mindray Bio-Medical Electronics Co., Limited	Shenzhen Mindray Bio-Medical Electronics Co., Limited	34	-
Queensburgh Sai Centre	Queensburgh Sai Centre	1	-
RK Khan Campus	RK Khan Campus	9	-
KwaCare (NPC)	KwaCare (NPC)	4	-
SA Laundries	SA Laundries	6	-
Thokomala Mobility Services	Thokomala Mobility Services	2	-
Pampers Preemie	Pampers Preemie	4	-
			-
Health System Trust	Sponsorship towards the Community Primary Health Care Indaba	36	-
Durban ICC	Gift of Complimentary tickets	1	-



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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
Zululand District & Mahatma Gandhi Hospital	Gift voucher R 500 & Pot plant	1	-
Medipost Pharmacy	Donation of two (2) school soup kitchen containers for Zibambeleni High School	176	-
Department of Justice & Constitutional Development	Sponsorship for Mr MM Zungu for course fees only	16	-
National Department of Health	Sponsorship for Officials to attend the TWG meeting: 9th July 2018	9	-
Health System Trust	Sponsorship for Mrs Ngozo for flight & accommodation cost	5	-
South African Red Cross Society (SARCS)	Sponsorship for officials to attend workshop: 16 August 2018	41	-
Broadreach Health Care	Loan of IT Equipment (Laptop)	39	-
Surgical Innovation	Sponsorship for Dr T Mniki for all cost towards conference	30	-
Crossroads Education Institute	Sponsorship for Sr AR De La Rey & Sr TC Kunene for conference fees	1	-
Nutricia Advanced Medical Nutrition	Sponsorship for Mrs R Lachman for accommodation & registration fees	7	-
Medicines Sans Frontieres (MSF)	Donation of park homes, ECG Machine & examination bed	346	-
Harvard Medical School	Sponsorship for Dr P Nombona for flights & accommodation cost	24	-
The late Sister Doris Nelson (Canada)	Donation of cash	5	-
Critical Care Society of Southern Africa (CCSSA)	Sponsorship for Ms V Ramkelawan for registration fees only	5	-
Critical Care Society of Southern Africa (CCSSA)	Sponsorship for Dr SA Singh for registration fees only	5	-
Honorarium from Alcon	Honorarium for Dr L Visser	9	-
Critical Care Society of Southern Africa (CCSSA)	Sponsorship for Ms I Venketese for registration fees only	5	-
The City Lodge Hotel. Durban	Donation of refreshments towards Mandela Day function	2	-
International Atomic Energy Agency (IAEA)	Sponsorship for Mr A Moodley for travel, accommodation, meals & incidental expenses	24	-
Eli-Lilly (South African Red Cross Society)	Donation of Medical Equipment & furniture	210	-

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
Naidu's Curtaining & Décor cc	Donation of 248 baby blankets	18	-
Augustine Medical (Pty) Ltd	Sponsorship for Dr SA Moodley for conference fees, accommodation & meal	25	-
Crossroads International	Donation of seven (7) Computers	55	-
Boxer Super Stores	Donation of various items	6	-
Dr Wronski	Donation of patients clothing	9	-
Khethimpilo Foundation	Donation of various equipment	3	-
Amanzi Abantu	Donation of the testing borehole water	18	-
Consulens	Donation of hospital standard beds & mattresses	500	-
Various Sponsors	Donation towards the Assets Management Unit Team Building	49	-
CPSI	Sponsorship for Mr X Phakathi to attend the CPSI 12th Public Sector Innovation Conference	13	-
CPSI	Sponsorship for Mr X Phakathi to attend the Working Session in Limpopo	10	-
Zululand District & Mahatma Ghandi M Hospital	Gift voucher & Pot plant	1	-
Health and Welfare Sector Education and Training Authority	Sponsorship for the improve leadership & Governance at PHC and Hospital	16 502	-
MEDICATE-AIDS	Sponsorship for 50 Officials to attend AWACC	200	-
Council for Scientific and Industrial Research (CSIR)	Sponsorship for 50 trainers on TB Infection Control	214	-
Health System Trust	Sponsorship for Ms Spies & Mrs N Reddy for flights	15	-
The TB Think Tank Secretariat	Sponsorship for Mrs Ngozo for flights, conference package and lunch	4	-
Broadreach Health Care	Sponsorship for Officials to attend the District Engagement session: 11 - 13 June 2018	10	-
Groundwork	Sponsorship for Ms S Arends for flights cost	3	-
Augustine Medical South Africa	Sponsorship for Dr Z Farina for accommodation & law faculty fees	24	-

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
Spar & Newcastle Community Church	Bread, 50 face cloths & 50 soap bars	1	-
Sanofi Genzyme	Donation: Aldurazyme Therapy for patient Tamee Arbee	767	-
Nipro Medical South Africa	Sponsorship for Ms SM Mahlangu for accommodation & registration fees	7	-
Stanyer Electroserve	Sponsorship for Mrs R Dooki for flight cost	4	-
Noor Mohamed family	Donation for upgrade of the OPD toilets and testing area	14	-
KwaCare (NPC)	Donation of 67 comfort bags	10	-
Nipro Medical SA	Sponsorship for Ms MA Green for flights, accommodation & registration fees	7	-
Operation Smile	Sponsorship for Dr S Jithoo for flights & accommodation	20	-
Augustine Medical (Pty) Limited	Sponsorship for Dr J Arnold for course fees & accommodation	25	-
Spar KZN	Sponsorship for 200 doughnuts for the Womens Day celebration	2	-
Mr AD Jeeawon	Donation of table tennis board for the MHCU	2	-
Crossroads	Donation of shoes & jeans for the Womens Day celebration	5	-
Shernice Singh	Sponsorship towards the Mental Health Care Users	1	-
Joosabs Distribution	Sponsorship towards the Womens Day celebration	5	-
Crossroads	Sponsorship towards the Mental Health Care Users	7	-
Various Sponsors	Cash donation towards Annual Hand Hygiene Campaign	3	-
Intelligence Transfer Centre	Sponsorship for Mrs R Misra for flights, accommodation & transport	6	-
MSD (Pty) Ltd	Sponsorship for training on Antimicrobial Stewardship in KZN	50	-
Assupol	Sponsorship for various events	25	-
SAVE Group of Companies	Donation of various items to Edendale, Grey's & Northdale Hospital	19	-
Zoe-Life	Sponsorship for Mrs OB Mhlongo for flights cost	2	-

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
World Health Organisation	Sponsorship for Dr NH McKerrow for accommodation & airfare	43	-
BroadReach Health Care	Sponsorship for District Officials for flights, accommodation & shuttle services	15	-
Brake & Clutch Kwik-Fit	Donation of a heater to EMS Harding Base	1	-
David's Midas	Donation of a Television	4	-
Medicins Sans Frontiers (MSF)	Sponsorship for District officials for flights, accommodation, meals & shuttle to and from University	9	-
BroadReach Health Care	Sponsorship for District officials for flights & accommodation	12	-
Sanofi SA & Lundbeck SA (Pty) Limited	Sponsorship towards welcome refreshments & lunch	11	-
Psychological Society of SA	Sponsorship for Ms C McLachlan for travel & congress fees	7	-
World Professional Association	Sponsorship for Ms C McLachlan for travel & congress fees	16	-
Compass Group	Sponsorship for refreshments	4	-
The late Mr Connelly	Donation of cash donation	27	-
Metronic Africa (Pty) Limited	Sponsorship for Ms AL De La Rey for airfare, ground transport & meals	5	-
Ortho-Xact	Sponsorship for Dr MTN Duma for flight, transfers & accommodation	33	-
Medicins Sans Frontiers	Donation of patient files shelves	7	-
Old Mutual	Donation of netball kit	1	-
South African Haemophilia Foundation	Sponsorship for Dr ZD Moorad for flights & accommodation	4	-
Siemens Healthcare (Pty) Limited	Sponsorship for catering towards the launch	8	-
Christian Revival Centre (CRC)	Donation of snacks, cup of soup and bread	2	-
Mr P Manual	Donation of a microwave	1	-
University of KwaZulu-Natal (UKZN)	Sponsorship for Ms NE Kale for flights, airport transport, accommodation, meals & incidental cost	42	-
Toyota SA Motor (Pty) Ltd	Donation of old furniture & equipment	3	-

# 2018/19 ANNUAL REPORT

## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
Life Authentic Dry Goods Trust	Donation of ladies pyjamas, socks & men's pyjamas	18	-
Sanlam Life Insurance	Sponsorship for various platters	1	-
CPSI	Sponsorship for Mr X Phakathi for flight, accommodation & shuttle	9	-
CPSI	Sponsorship for Dr HA Hlela & Dr LLV Magaqa for flights, accommodation & shuttle	19	-
Health Systems Trust (HST)	Acceptance of condoms storage	415	-
Office of the Premier	Gift of a tablet	2	-
National Department of Health	Transfer of assets for the Health Patient Registration System (HPRS)	109	-
Medicins Sons Frontieres (MSF)	Donation of Paediatric Formulation of First -Line Drugs	8	-
CDC PEPFAR	Donation of ECHO Equipment	30	-
UNFPA	Sponsorship for officials to attend workshop	125	-
Gates Foundation in partnership with AVAC & PSI	Sponsorship for workshop: 17 October 2018	10	-
FPD	Donation of various office furniture	32	-
Various Sponsors	Cool drinks & still water	6	-
Compass Group	Sponsorship for refreshments for the Hospital Open Day	4	-
ABSA	Donation of various items towards the Nelson Mandela Marathon Legacy Project	32	-
Old Mutual	Donation of trophies towards the Service Excellence Awards	5	-
Bard Medical SA (Pty) Limited	Sponsorship for Dr CJ Steenkamp for flights, accommodation, transfers & meals	10	-
Sanlam	Donation of a sport kit	6	-
South African Menopause Society (SAMS)	Sponsorship for Departmental Officials for registration fees	11	-
Berg & Bush	Donation of container & computer to Madiba Clinic	60	-

# 2018/19 ANNUAL REPORT

## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
South African National Defence Force (SANDF)	Donation of various toys for the Children's Ward		-
The Cancer Association of South Africa	Donation of Bookshelf & PlayStation Vita	11	-
International Atomic Energy Agency (IAEA)	Sponsorship for Dr V Pillay for flights, accommodation, meals, incidental expenses and contingency allowance	17	-
Pharaon Health Care Africa FZ-LLC	Sponsorship for Dr CW Kampik for flights & accommodation	15	-
Trade & Investment KwaZulu-Natal	Sponsorship for Dr N Nyakale for flights & accommodation	40	-
SA Haemophilia Foundation	Sponsorship for Dr R Maharaj for flights, accommodation & conferencing	4	-
USAID South Africa Project	Donation of two outdoor Sputum Booths	15	-
ACACIA Operations Services	Donation of cool drinks & sandwiches for the Open Day	2	-
Friends of the Poor, Needy & Destitute	Donation of lunch meals for the Open Day	8	-
Capitol Caterers	Donation for tent and chairs for the Open Day & Sport Day	6	-
Mrs D Rowe	Donation of knitted baby clothes	-	-
WIZO	Donation of 5 wheelchairs	10	-
National Centre for Fetal Medicine	Donation of Ultrasound machine	52	-
Infection Control Africa Network (ICAN)	Sponsorship for Mrs K Ganas for flights, accommodation & meals	9	-
MSD (Pty) Ltd	Sponsorship for lunch	10	-
MSD (Pty) Ltd	Sponsorship for 18 edition Merck Manuals	837	-
Clinton Health Access Initiative (CHAI)	Sponsorship for officials for travel & accommodation	31	-
Liberty Life Group	Sponsorship of lanyards, chino pen & metro laptop bag	9	-
HOSPERSA	Sponsorship for various activities at Head Office	23	-
United Nations Children's Fund (UNICEF)	Sponsorship for officials for travel, accommodation & conference package	10	-

# 2018/19 ANNUAL REPORT

## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
JPS Africa	Sponsorship for Officials for transport, accommodation and meals	1 668	-
Perinatal HIV Research Unit(PHRU)	sponsorship for Mrs Ngozo for flights & meals	4	-
University Research Council (URC)	Sponsorship for staff for accommodation and catering	100	-
The TB Think Tank Secretariat	Sponsorship for Mrs Ngozo for flights, conference package & lunch	4	-
USAID TB SAP	Sponsorship for Mrs Ngozo for flights & shuttle	5	-
Soul City Institute for Social Justice NPC	Sponsorship for officials for flights & accommodation	5	-
SA Mobility for the Blind (SAMBT)	Sponsorship for 60 blind person for in-house accommodation for 3 months	45	-
Roche Diabetes Care SA	Donation of Glucose meters	5	-
ABSA Bank	Sponsorship for catering for the official hand over for the Nelson Mandela Legacy Project	320	-
Dick Whittington Shoes (Pty) Ltd	Donation towards the renovation of Neonatal High Care	300	-
Medtronic Africa (Pty) Ltd	Sponsorship for Dr TA Mniki for flights, accommodation & meals	3	-
Africa X-Ray Industrial & Medical (Pty) Ltd (AXIM)	Sponsorship for Dr SS Mncube for registration fees	12	-
Blue Sky Healthcare (Pty) Ltd	Donation of HB meters & sample of test strips per machine	1	-
Various donors	Donation towards the Fitness Walk	6	-
Various donors	Donation towards the 2nd Wellness Day for Teenagers with Chronic Diseases	6	-
Various donors	Donation towards the Awards Day	4	-
Investec	Donation towards the World AIDS Day	10	-
Paediatric Cardiac Society of SA (PCSSA)	Sponsorship for Dr M Bosman for travel, accommodation & registration	39	-
Vascular Society of SA	Sponsorship for Dr B Pillay for flights, accommodation & registration fees	30	-
PolyNovo Limited	Sponsorship for Dr S Ghoor for travel, accommodation & registration fees	5	-

# 2018/19 ANNUAL REPORT

## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
BMW Supertech Durban	Sponsorship for catering towards the Quality Day	14	-
BD Injection Safety Company	Sponsorship for Ms ZTA Nkosi for travel, accommodation & all other expenses	9	-
Creighton Sunflower	Donation towards the Christmas Party	10	-
The Methodist Church of SA	Donation of 10 wheelchairs	7	-
Roche Diabetes Care	15X Donation of HGT Meters	4	-
Life Hilton Private Hospital	Donation of eye equipment to Northdale Hospital	1 200	-
Department of Health (North West Province)	Sponsorship for Officials to attend the Men's Summit for accommodation	20	-
Kimberly - Clark of South Africa (Pty) Ltd	Sponsorship of huggies for Christmas babies	190	-
Health Systems Trust (HST)	Sponsorship for Mrs Ngozo for flights & accommodation	5	-
Uhambo Foundation	Donation of wheelchairs	396	-
Africa Foundation	Donation for nurses and doctors residence at Mduku Clinic	2 055	-
Richards Bay Minerals	Donation of 2 standby generators for 2 clinics	750	-
Ventilation Through the Ages Symposium 2019	Sponsorship for Dr RP Rahden for flights, transfers, meals & accommodation	6	-
The Financial Specialist	Sponsorship of meals & goodies for the Annual Intern Orientation Day	25	-
ITEC Newcastle	Donation of a desktop computer	10	-
Road Accident Fund (RAF)	Donation towards the filing and records management project	500	-
Various donors/sponsors	Donation & sponsorship of various items towards the Service Excellence Award	16	-
Road Accident Fund (RAF)	Donation towards the filing and records management project	500	-
World Health Organization (WHO)	Sponsorship for Dr NH McKerrow for accommodation, meals & air fare	43	-
World Health Organization (WHO)	Sponsorship for Dr NH McKerrow for accommodation, meals & air fare	42	-



# 2018/19 ANNUAL REPORT

## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
Health Systems Trust	Donation of pill boxes	247	-
FPD	Donation of various office furniture	7	-
Mondi Limited	Donation of a mobile vehicle	180	-
Project24	Donation of various items for NICU Peads	4	-
MEC B Scott	Donation of toys & goodies	8	-
KZN Drug Resistance Study	Donation of various equipment	14	-
Litha Pharma (Pty) Ltd	Sponsorship for Dr C Gounden for accommodation, registration, meals & transfers	45	-
IQRAA	Donation of R 300 000.00	300	-
FAIMER	Sponsorship for Prof M Naidoo to attend the FAIMER contact sessions from 1 - 22 March 2019	320	-
Roche	Donation of 10 Accu - Check machine	2	-
Geochem Industrial & Specialty Chemicals	Donation of various items	1	-
Global Drug Facility	Donation of Child Friendly Paediatric Formulation	1 496	-
Various Donors	Donation of various items	15	-
Edendale staff	Gift voucher	1	-
Tourvest	Suitcase for the Acting CFO	1	-
Various Medical Companies	Sponsorship for Ms R Davidge for flights, registration & accommodation	60	-
JPS Africa	Sponsorship for various staff for conferencing, meals and accommodation	1 668	-
CAPRISA	Sponsorship for catering for the meeting: 15/02/2019	6	-
National Department of Health	Sponsorship for officials to attend the TWG Meeting	8	-
Health Systems Trust	Sponsorship for Mrs K Makhathini for registration fees & accommodation	7	-

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
Evolabs (Pty) Ltd	Donation of Bio Oil Pew pack	2	-
Mrs JE Van De Merwe	Donation of a holiday	10	-
Selby Dixon	Donation of various items and painting of one wall in the Burns Department	10	-
Medtronic Africa (Pty) Ltd	Sponsorship for Ms BZ Makhathini for flights, transportation & meals	10	-
South African Society of Physiotherapy	Donation of various items for the children Jungle Gym	9	-
RHINO	Sponsorship for Dr O Olowe for conference package & travel cost	11	-
Moonlighting Five Productions (Pty) Ltd	Donation of 5 Televisions	32	-
Stacy Carroll	Donation of (7) Finned Oil Heaters	1	-
Stacy Carroll	Donation of (7) seven and nine Upholstered chairs	3	-
Sanofi South Africa	Aldurazyme injection x8 vials	7	-
Mrs SD Somlal	Donation of 10 blankets for Ward D2	1	-
Paediatric Consultants	Donation of bunk beds with mattress for Ward P5	6	-
Mr V Chetty	Donation of (5) Five fans for the Short Stay Ward	2	-
University of KwaZulu-Natal (UKZN)	Donation of 3sets of computers for the Physio Department	2	-
Johnson & Johnson Medical (Pty) Ltd	Sponsorship for Ms L Tiya for registration fees	9	-
Sanofi South Africa	Sponsorship for Dr RR Green-Thompson for accommodation, transport, meals & transfers	9	-
Dr Wronski	Donation of bowls, plates & cups	3	-
SAME Foundation	Donation of Medical Equipment	715	-
Janssen Pharmaceutica (Pty) Ltd	Sponsorship for Officials for accommodation, flights, conference & meals	35	-
Liberty Group Limited	Sponsorship for soccer jersey & T-Shirts	13	-
Ms NT Gobind	Sponsorship for lunch towards the prayer	2	-
RX Solution	Donation of computers & printers	19 937	-

# 2018/19 ANNUAL REPORT

## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED – CONTINUE

NAME OF ORGANISATION	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
Impilo Consortium (Pty) Ltd	Donation towards the MASEA 2018/19	40	-
Clinton Health Access Initiative	Sponsorship for the debriefing workshop	13	-
St Andrews Hospital Board	Donation of 3 television sets & 2 microwaves	18	-
Mr C Scotts	Donation of various items	3	-
Mr GIR Leighton	Donation of text book	3	-
Neospine (Pty) Ltd	Sponsorship for Dr SM Mvelase for accommodation, flights, transfers & meals	6	-
Surgical Innovations (Pty) Ltd	Sponsorship for 3 doctors for accommodation, flights & workshop registration fees	15	-
Johnson & Johnson Meical Devices Companies	Sponsorship for Ms J Mndaweni for travel, accommodation, meals & registration	8	-
31 Club Charity Outreach	Donation of examination bed	1	-
32 Club Charity Outreach	Donation of a deep freezer & pottery	4	-
Sanofi Genzyme	Donation of Aldurazyme inj x8 vials	7	-
International Atomic Energy Agency (IAEA)	Sponsorship for Dr V Pillay for flights, accommodation, meals 7 all other expenses	23	-
Siemens Healthcare (PTY) Ltd	Sponsorship for Dr EN Nyakale for flights & accommodation	23	-
Impilo Consortium (Pty) Ltd	Donation of replacement of existing ISDN Lines from 12 Hospitals to IALCH	1 400	-
South & Norrth Beach Addington Taxi Association	Donation of 3 television sets	9	-
Envision Africa (Pty) Ltd	Sponsorship for Dr VF Verwey for accommodation, flights & registration	64	-
FAIMER Regional Institute	Sponsorship for Dr KL Naidoo for registration, accommodation & transfers	12	-
The Robin Hood Foundation	Donation of 60 hampers for mothers in Maternity & Labour Ward	30	-
<b>Subtotal</b>		<b>87 475</b>	<b>609 720</b>
<b>TOTAL</b>		<b>87 476</b>	<b>609 750</b>

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### ANNEXURE 2A

#### STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2019 - LOCAL

GUARANTOR INSTITUTION	Guarantee in respect of	Original guaranteed capital amount	Opening balance 1 April 2018	Guarantees drawdowns during the year	Guaranteed repayments/ cancelled/ reduced/ released during the year	Revaluations	Closing balance 31 March 2019	Guaranteed interest for year ended 31 March 2019	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	-	-	-	-	-	-	-
BOE Bank Ltd	Housing	46	-	-	-	-	-	-	-
FirstRand Bank Ltd	Housing	14 264	602	19	243	-	378	-	-
Green Start Home Loans	Housing	45	6	-	-	-	6	-	-
ITHALA Limited	Housing	1 973	-	-	-	-	-	-	-
Nedbank Ltd (and NBS)	Housing	3 269	69	-	-	-	69	-	-
Old Mutual Bank	Housing	12 898	278	-	251	-	27	-	-
Peoples Bank Ltd	Housing	446	71	-	-	-	71	-	-
SA Home Loans	Housing	51	-	-	-	-	-	-	-
Standard Bank	Housing	7 092	52	-	40	-	12	-	-
Unique Finance	Housing	102	16	-	-	-	16	-	-
Rounding		-	1	-	1	-	-	-	-
		<b>52 878</b>	<b>1 095</b>	<b>19</b>	<b>535</b>	<b>-</b>	<b>579</b>	<b>-</b>	<b>-</b>
<b>TOTAL</b>		<b>52 878</b>	<b>1 095</b>	<b>19</b>	<b>535</b>	<b>-</b>	<b>579</b>	<b>-</b>	<b>-</b>

*Persal backdates transaction hence opening balance has been amended (People Bank -18, Old Mutual 17,*

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### ANNEXURE 2B STATEMENT OF CONTINGENT LIABILITIES AS AT 31 MARCH 2019

Nature of liability	Opening balance 1 April 2018	Liabilities incurred during the year	Liabilities paid/ cancelled/ reduced during the year	Liabilities recoverable (Provide details hereunder)	Closing balance 31 March 2019
	R'000	R'000	R'000	R'000	R'000
<b>Claims against the department</b>					
Medico Legal	16 780 405	3 758 095	610 446	-	19 928 054
Civil Claims	690 341	115 487	17 347	-	788 481
Transport Claims	10 152	2 191	174	-	12 169
Labour Claims	878	254	-	-	1 132
<b>Subtotal</b>	<b>17 481 986</b>	<b>3 876 027</b>	<b>627 967</b>	<b>-</b>	<b>20 729 836</b>
<b>Other</b>					
MCCords Hospital (Medical Legal Malpractice Claims)	75 000	-	-	-	75 000
National Health Laboratory Service	-	2 540 049	-	-	2 540 049
<b>Subtotal</b>	<b>75 000</b>	<b>2 540 049</b>	<b>-</b>	<b>-</b>	<b>2 615 049</b>
<b>TOTAL</b>	<b>17 556 786</b>	<b>6 416 076</b>	<b>627 967</b>	<b>-</b>	<b>23 344 885</b>

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### ANNEXURE 3

#### CLAIMS RECOVERABLE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2018/19*	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018	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
<b>DEPARTMENTS</b>								
Arts and Culture	-	-	-	5	-	5	-	-
Education	26	-	-	-	26	-	-	-
Corporate Governance and Traditional Affairs	1 346	-	290	857	1 636	857	-	-
Office of the Premier	30	-	137	90	167	90	-	-
KZN Provincial Treasury	52	1 299	-	5	52	1 304	-	-
Transport	-	-	12	2	12	2	-	-
KZN Department Public Works	27	9 087	-	-	27	9 087	-	-
Community Safety and Liaison	-	-	7	8	7	8	-	-
Gauteng Health	-	-	101	160	101	160	-	-
Eastern Cape : Health	7	-	-	-	7	-	-	-
Mpumalanga: Health	370	-	-	-	370	-	-	-
<b>TOTAL</b>	<b>1 858</b>	<b>10 386</b>	<b>547</b>	<b>1 127</b>	<b>2 405</b>	<b>11 513</b>		<b>-</b>

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### CLAIMS RECOVERABLE - CONTINUE

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018
	R'000	R'000	R'000	R'000	R'000	R'000
<b>OTHER GOVERNMENT ENTITIES</b>						
University of KwaZulu-Natal (UKZN)	-	-	5 429	1 275	5 429	1 275
SITA	-	-	431	615	431	615
Ithala Limited	2 485	774	-	-	2 485	774
	<b>2 485</b>	<b>774</b>	<b>5 860</b>	<b>1 890</b>	<b>8 345</b>	<b>2 664</b>
<b>Total</b>	<b>4 343</b>	<b>11 160</b>	<b>6 407</b>	<b>3 017</b>	<b>10 750</b>	<b>14 177</b>

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### ANNEXURE 4 INTER-GOVERNMENT PAYABLES

GOVERNMENT ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total		Cash in transit at year end 2018/19*	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018	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
<b>DEPARTMENTS</b>								
<b>Current</b>								
Department of Health: Eastern Cape	155	526	-	-	155	526		-
Department of Public Works: Eastern Cape	80	-	-	-	80	-		-
Department of Justice and Constitutional Development	10 230	9 244	-	-	10 230	9 244		-
Department of Transport: KwaZulu-Natal	9 514	-	9 118	-	18 632	-		-
Departments of Public Works: KwaZulu-Natal	36 766	30 468	38 705	35 027	75 471	65 495		-
Department of Agriculture	-	11	-	-	-	11		-
KwaZulu Natal Provincial Treasury	14 583	5 640	-	-	14 583	5 640		-
Department of Health: Gauteng	-	-	-	-	-	-		-
Department of Health: Mpumalanga	-	28	-	-	-	28		-
Department of Defence	-	8	-	-	-	8		-
<b>Subtotal</b>	<b>71 328</b>	<b>45 925</b>	<b>47 823</b>	<b>35 027</b>	<b>119 151</b>	<b>80 952</b>		<b>-</b>



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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### INTER-GOVERNMENT PAYABLES - CONTINUE

GOVERNMENT ENTITY			Unconfirmed balance outstanding		Total		Cash in transit at year end 2018/19*	
	31/03/2019	31/03/2018	31/03/2019	31/03/2018	31/03/2019	31/03/2018	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
<b>Non-current</b>								
University of Kwa-Zulu Natal	94 256	12 728	188 194	-	282 450	12 728		-
National Health Laboratory Services	263 457	314 586	351 578	718 725	615 035	1 033 311		-
South African National Blood Services	-	2 697	57 784	-	57 784	2 697		-
Government Printing Works	-	129	-	-	-	129		-
SITA	-	7 524	-	-	-	7 524		-
Independent Development Trust	-	10 546	-	-	-	10 546		-
Auditor General South Africa	3 153	2 662	-	-	3 153	2 662		-
<b>Subtotal</b>	<b>360 866</b>	<b>350 872</b>	<b>597 556</b>	<b>718 725</b>	<b>958 422</b>	<b>1 069 597</b>		<b>-</b>
<b>Total Departments</b>	<b>360 866</b>	<b>350 872</b>	<b>597 556</b>	<b>718 725</b>	<b>958 422</b>	<b>1 069 597</b>		<b>-</b>
<b>OTHER GOVERNMENT ENTITY</b>								
<b>Current</b>	-	-	-	-	-	-		-
<b>Subtotal</b>	-	-	-	-	-	-		-
<b>Total Other Government Entities</b>	<b>360 866</b>	<b>350 872</b>	<b>597 556</b>	<b>718 725</b>	<b>958 422</b>	<b>1 069 597</b>		
<b>TOTAL INTERGOVERNMENTAL</b>	<b>432 194</b>	<b>396 797</b>	<b>645 379</b>	<b>753 752</b>	<b>1 077 573</b>	<b>1 150 549</b>		

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### ANNEXURE 5

### INVENTORY

	Note	2018/19		2017/18	
		Quantity	R'000	Quantity	R'000
<b>Inventory</b>					
Opening balance		-	966 090	-	1 008 709
Add: Additions/Purchases - Cash		-	6 407 659	-	5 698 572
(Less): Issues		-	(6 336 843)	-	(5 741 191)
<b>Closing balance</b>		-	<b>1 036 906</b>	-	<b>966 090</b>

1. End Users comprises of the Wards and NSI Sections.

2. Inventory Management Principles, Techniques and Processes are being implemented on a phase in approach on Clinics and End Users

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## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### ANNEXURE 6

#### MOVEMENT IN CAPITAL WORK-IN-PROGRESS

#### MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2019

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>2 330 044</b>	<b>1 109 848</b>	<b>(100 844)</b>	<b>3 339 048</b>
Dwellings	7 803	2 363	-	10 166
Non-residential buildings	2 147 924	866 157	(63 436)	2 950 645
Other fixed structures	174 317	241 328	(37 408)	378 237
<b>TOTAL</b>	<b>2 330 044</b>	<b>1 109 848</b>	<b>(100 844)</b>	<b>3 339 048</b>

Dr Pixley ka Isaka Seme Memorial Hospital started in the 2006/2007 financial year and its current work in progress in the 2018/2019 financial year with accost of R2.1 billion. All projects that are planned and constructed not started are on design phase. These projects are included in the current year work in progress as a result of the expenditure that was incurred for these projects till the year under review. Some of the projects have faced challenges such as labour unrests or stir challenges which the Department is addressing. The projects that are not in construction are on track and the designs have been approved or are waiting approval

# 2018/19 ANNUAL REPORT

## ANNEXURES TO THE FINANCIAL STATEMENTS For the year ended 31 March 2019

### MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance	Prior period errors	Current Year Capital WIP	Ready for use (Asset register) / Contract terminated	Closing balance
	R'000	R'000	R'000	R'000	R'000
<b>BUILDINGS AND OTHER FIXED STRUCTURES</b>	<b>1 856 654</b>	<b>(499 916)</b>	<b>1 039 520</b>	<b>(66 214)</b>	<b>2 330 044</b>
Dwellings	56 712	(52 493)	5 753	(2 169)	7 803
Non-residential buildings	1 663 019	(386 933)	929 507	(57 669)	2 147 924
Other fixed structures	136 923	(60 490)	104 260	(6 376)	174 317
<b>TOTAL</b>	<b>1 856 654</b>	<b>(499 916)</b>	<b>1 039 520</b>	<b>(66 214)</b>	<b>2 330 044</b>



**health**

Department:  
Health  
PROVINCE OF KWAZULU-NATAL

## HEAD OFFICE - NATALIA BUILDING

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