



Province of the
EASTERN CAPE
HEALTH



**ANNUAL 2018/
REPORT 2019**

VOTE 3

Together, moving the health system forward



SUBMISSION OF THE ANNUAL REPORT TO EXECUTIVE AUTHORITY

I have the honour of submitting the Annual Report of the Department of Health for the period 1st April 2018 to 31st March 2019 in compliance with Section 40 (1) (d) of the Public Financial Management Act (PFMA).



Dr T.D. Mbengashe
Accounting Officer: Department of Health
31 August 2019

Part A: General Information	4
1. General Information	5
2. List of Abbreviations / Acronyms	6
3. Foreword by the Member of the Executive Council	11
4. Report of the Accounting Officer	12
5. Statement of Responsibility and Confirmation of Accuracy for the Annual Report	19
6. Strategic Overview	20
6.1 Vision	20
6.2 Mission	20
6.3 Values	20
7. Legislative and other Mandates	21
8. Organisational Structure	24
9. Entities Reporting to the MEC	25
Part B: Performance Information	26
1. Auditor General's Report: Predetermined Objectives	27
2. Overview of Departmental Performance	28
2.1 Service Delivery Environment	28
2.2 Service Delivery Improvement Plan	37
2.3 Organisational Environment	42
2.4 Key Policy Developments & Legislative Changes	48
3. Strategic Outcome Oriented Goals	48
3.1 Strategic Goals of the Eastern Cape Department of Health 2020	48
3.2 Burden of Disease	49
Performance Information By Health Programme	55
Programme 1: Health Administration and Management	57
Programme 2: District Health Services	64
Programme 3: Emergency Medical Services	109
Programme 4: Provincial Hospital Services	115
Programme 5: Central & Tertiary Hospital	131
Programme 6: Health Sciences and Training (HST)	147
Programme 7: Health Care Support Services (HCSS)	160
Programme 8: Health Facilities Management	169
5. Transfer Payments (update from AFS)	175
6. Conditional Grants	178
7. Donor Funds	184
8. Capital Investment	184

Part C: Governance	190
1. Introduction	191
2. Risk Management	191
3. Fraud and Corruption	192
4. Minimising Conflict of Interest	192
5. Code of Conduct	192
6. Health Safety and Environmental Issues	193
7. Portfolio Committees	193
8. Scopa Resolutions	194
9. Prior Modifications to Audit Reports	203
10. Internal Control Unit	205
11. Internal Audit and Audit Committees	206
12. Audit Committee Report	207
 Part D: Human Resource Management	 214
3.1 Personnel Related Expenditure	216
3.2 Employment and Vacancies	218
3.3 Filling of SMS Posts	221
3.4 Job Evaluation	223
3.5 Employment Changes	224
3.6 Employment Equity	231
3.7 Signing of Performance Agreements by SMS Members	237
3.8 Performance Rewards	237
3.9 Foreign Workers	240
3.10 Leave Utilisation	241
3.11 Hiv/Aids & Health Promotion Programmes	242
3.12 Labour Relations	244
3.13 Skills Development	246
3.14 Injury on Duty	247
3.15 Utilisation of Consultants	247
3.16 Severance Packages	249
 Part E: Annual Financial Statements For The Year Ended 31 March 2019	 250
Report of The Auditor General	251
Annual Financial Statements	261



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HEALTH



PART A

GENERAL INFORMATION

I. DEPARTMENT GENERAL INFORMATION

PHYSICAL ADDRESS	:	Dukumbana Building Independence Avenue Bisho, Eastern Cape
POSTAL ADDRESS	:	Private Bag X 0038 Bisho 5605 REPUBLIC OF SOUTH AFRICA
TELEPHONE NUMBER	:	+27 (0)40 608 1111
FAX NUMBER	:	+27 (0)40 608 1334 or +27 (0)86 617 4500
EMAIL ADDRESS	:	info@echealth.gov.za
WEBSITE ADDRESS	:	www.echealth.gov.za

2. LIST OF ABBREVIATIONS / ACRONYMS

AEA	Ambulance Emergency Assistance
AIDS	Acquired Immune Deficiency Syndrome
AIP	Audit Improvement Plan
AGSA	Auditor General South Africa
ALOS	Average Length of Stay
ALS	Advanced Life Support
ANC	Antenatal Care
ANC	African National Congress
ANZO	Alfred Nzo District
AOPO	Audit of Performance Objectives
APP	Annual Performance Plan
ARP	Annual Recruitment Plan
ART	Antiretroviral Therapy
ARV	Antiretroviral
AY	Annual Year
AYFS	Adolescent and Youth Friendly Service
B Cur	Baccalaureus Curationis
BCG	Bacillus Calmette-Guerin
BAA	Basic Ambulance Assistant
BAS	Basic Accounting Services
BCM	Buffalo City Municipality
BMI	Body Mass Index
BLUC	Blood and Laboratory Users Committees
BP	Blood pressure
BUR	Bed Utilisation Rate
C Hani	Chris Hani District
CA	Clinical Associate
CA(SA)	Chartered Accountant of South Africa
CBD	Central Business District
CBO	Community-based Organisation
CCTV	Closed-Circuit Television
CCA	Critical Care Assistant
CCMDD	Centralized Chronic Medicines Dispensing and Distribution
CDC	Community Development Centre
CD4	T-Cell test
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CHC	Community Health Centre
CHIPP	Child Problem Identification Programme
CHW	Community Healthcare Worker
CMH	Cecilia Makiwane Hospital
CMR	Child Mortality Rate
CoE	Compensation of Employees
COPD	Chronic Obstructive Pulmonary Disease
COGTA	Cooperative Governance and Traditional Affairs
CPD	Continuous Professional Development
CPT	Cotrimoxazole Prophylaxis Therapy
CRM	Customer Relations Monitoring
CS	Caesarean Section
CS	Corporate Services
CSTL	Care and Support Teaching for Learning
CS&OP	Corporate Strategy & Organisational Performance
CTOP	Choice on Termination of Pregnancy
DCH(SA)	Diploma in Child Health (South Africa)
DCST	District Clinical Specialist Team
DDG	Deputy Director General
DHC	District Health Council
DHIS	District Health Information System
DHS	District Health Services
DMT	District Management Team
DNH	Dora Nginza Hospital
DoE	Department of Education

DOH	Department of Health
DOJ	Department of Justice
DORA	Division of Revenue Act
DoT	Department of Transport
DPSA	Department of Public Service and Administration
DR	Drug Resistant.
DS	Drug Sensitive
DSD	Department of Social Development
DUT	Durban University of Technology
EC	Eastern Cape
ECDoH	Eastern Cape Department of Health
ECIPA	Eastern Cape independent Practitioner Association
ECP	Emergency Care Practitioner
ECT	Emergency Care Technician
EDH	Elizabeth Donkin Hospital
eGK	electronic Gate Keeping
EHP	Environmental Health Practitioner
EL	East London
ELCB	Eastern Cape Chamber of Business
EMD	Emergency Medical Dispatch
EMS	Emergency Medical Services
EMRS	Emergency Medical Rescue Services
EMP	Environmental Management Plan
EN	Enrolled Nurse
ENA	Enrolled Nursing Assistant
ENACHP	Enrolled Nursing Assistants Community Health Practitioners
EPI	Expanded Programme on Immunisation
ER	Employee Relations
EPDE	Expenditure per Patient Day Equivalent
EPWP	Expanded Public Works Programme
ERM	Enterprise-wide Risk Management
ESMOE	Essential Steps in the Management of Obstetric Emergency
ETAT	Emergency Triaging for Assessment and Treatment
EU	European Union
EWP	Employee Wellness Programme
FAEC	Fleet Africa Eastern Cape
FAST	Find Actively, Separate Temporarily and Treat Effectively
FEH	Fort England Hospital
FMU	Fraud Management Unit
FPD	Foundation for Professional Development
FPS	Forensic Pathology Services
FY	Financial Year
GEMS	Government Employees Medical Scheme
GM	General Manager
GIZ	German International Zusammenarbeit
GP	General Practitioner
HAST	HIV & AIDS, STI & TB
HB	Haemoglobin
HBC	Home Based Care
HCBC	Home Community-Based Care
HCT	HIV Counselling & Testing
HFM	Health Facilities Management
HIV	Human Immunodeficiency Virus
HOD	Head of Department
HPCSA	Health Professions Council of South Africa
HPH	Health Promoting Hospital
HPRS	Health Patient Registration System
HPTD	Health Professionals Training and Development
HPV	Human Papilloma Virus
HR	Human Resources
HRD	Human Resource Development
HR Rems	Human Resource Records Management Systems
HR TAP	Human Resources Turn Around Plan
HRM	Human Resource Management
HROPT	Human Resources Operating Project Team

HST	Health Systems Trust
HTA	High Transmission Area
ICAP	International Center for AIDS Care and Treatment Programmes
ICASA	Independent Communications Authority of South Africa
ICRM	Ideal Clinic Realisation and Maintenance
ICSM	Integrated Clinical Services Management
ICDM	Integrated Chronic Disease Management
IGR	Inter Governmental Relations
ISDM	Integrated Service Delivery Model
ICT	Information Communication Technology
ICU	Intensive Care Unit
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
IMR	Infant Mortality Rate
INH	Isoniazid
INP	Integrated Nutrition Programme
IPT	Isoniazid Prophylaxis Therapy
ISHP	Integrated School Health Programme
ISRDP	Integrated Sustainable Rural Development Plan
IT	Information Technology
IUCD	Intrauterine Contraceptive Device
IYA	Imbumba yamaKhosikazi Akomkulu
IYM	In-Year Monitoring
JICA	Japanese International Development Cooperation Agency
KPA	Key Performance Area
KPMG	Klynveld Peat Marwick Goerdeler
KSD	King Sabata Dalindyebo
KPA	Key Performance Area
KTP	Knowledge Transfer Partnership
KZN	KwaZulu Natal Province
LF-LAM	Lateral Flow Lipoarabinomannan
LTDOT	Long-Term Domiciliary Oxygen Therapy
LEDIS	Local Economic Development Implementation Strategy
M/XDR	Multi/Extreme Drug Resistant
MAWG	Multi-Agency Working Group
MBChB	Bachelor of Medicine and Bachelor of Surgery
MCC	Medicines Control Council
MCWH	Maternal Child and Women's Health
MDR-TB	Multi-Drug Resistant Tuberculosis
M&E	Monitoring and Evaluation
MEC	Member of Executive Council
METRO	Medical Emergency Transport and Rescue Organization
MHS	Municipal Health Services
MHU	Mental Health Unit
MMC	Male Medical Circumcision
MMR	Maternal Mortality Ratio
MO&P	Medical Orthotics & Prosthetics
MoU	Memorandum of Understanding
MOU	Maternal Obstetric Unit
MPAT	Management Performance Assessment Tool
MTEF	Medium Term Expenditure Framework
NCCEMD	National Committee on Confidential Enquiry into Maternal Deaths
NCD	Non-Communicable Diseases
NCS	National Core Standards
NDOH	National Department of Health
NDP	National Development Plan
NEMA	National Environmental Management Act
NGO	Non-governmental Organisation
NHC	National Health Council
NHI	National Health Insurance
NHLS	National Health Laboratory Service
NHISSA	National Health Information Systems of South Africa
NIDS	National Indicator Data Set
NIMART	Nurse Initiated Management of Antiretroviral Therapy
NMBM	Nelson Mandela Bay Metro

NMAH	Nelson Mandela Academic Hospital
NMM	Nelson Mandela Metropolitan
NMMB	Nelson Mandela Metro Sub-district B
NMMU	Nelson Mandela Metro University
NPO	Non-Profit Organisations
NSDA	Negotiated Service Delivery Agreement
NTSG	National Treasury Service Grant
NW	North West Province
OD	Organisational Development
OHH	Outreach House-Hold
OM	Operational Manager
OHS	Occupation Health Standards
OHSC	Office of Health Standards Compliance
OPD	Out Patient Department
OTL	Outreach Team Leader
OTP	Office of The Premier
O&P	Orthotic & Prosthetic
OPD	Outpatient Department
ORT	Oliver Reginald Tambo
OSD	Occupation-Specific Dispensation
OSG	Office of the Superintendent General
PAA	Public Audit Act
PAH	Provincially-Aided Hospital
PCCC	Provincial Cost Containment Committee
PTC	Pharmacy and Therapeutics Committee
PCR	Polymerase Chain Reactive
PCV	Pneumococcal Vaccine
PDE	Patient Day Equivalent
PDMT	Provincial District Management Team
PDP	Public Driver's Permits
PE	Port Elizabeth
PEC	Patient Experience of Care
PEPFAR	Presidents Emergency Programme Fund for Aids Relief
PEHC	Port Elizabeth Hospital Complex
PEPH	Port Elizabeth Provincial Hospital
Persal	Personnel Salary System
PFMA	Public Finance Management Act
PGDP	Provincial Growth and Development Plan
PHC	Primary Health Care
PHC	Provincial Health Council
PHCF	Provincial Health Consultative Forum
PHS	Port Health Services
PILLIR	Policy on procedure on incapacity leave and ill Health Retirement
PLWHA	People Living with HIV/AIDS
PMDS	Performance Management and Development System
PMR	Perinatal Mortality Rate
PMTCT	Prevention of Mother to Child Transmission
PN	Professional Nurse
PPT	Planned Patient Transport
PPTICRM	Perfect Permanent Team for Ideal Clinic Realisation Maintenance
PROVHOC	Provincial Health Operations Centre
PTB	Pulmonary Tuberculosis
PSC	Public Service Commission
PWC	Price Waterhouse Coopers
QA	Quality Assurance
RAF	Road Accident Fund
REC	Reach Every Child
RED	Reach Every District
RH	Regional Hospital
RMC	Risk Management Committee
RPHC	Revitalisation of Primary Health Care
RSDP	Rationalised Service Delivery Platform
RTC	Regional Training Centre
RTHB	Road To Health Booklet
RV	Rotavirus Vaccine

SA	South Africa
SAM	Severe Acute Malnutrition
SABC	South African Broadcasting Corporation
SAMA	South African Medical Association
SANBS	South Africa National Blood Services
SANCA	South African Cancer Association
SANS	South African National Standards
SAPC	South African Pharmacy Council
SAPS	South African Police Service
SAQA	South African Qualifications Authority
SARS	South Africa Revenue Service
SASO	Senior Auxiliary Service Officers
SCOPA	Standing Committee on Public Accounts
SCM	Supply Chain Management
SDF	Skills Development Facilitators
SFH	Society for Family Health
SG	Superintendent General
SITA	State Information Technology Agency
SIU	Special Investigating Unit
SLA	Service Level Agreement
sm+	Smear Positive
SMME	Small, Medium and Micro Enterprises
SMS	Senior Management Services
SMSB	Saving Mothers Saving Babies
SOPA	State of Provincial Address
SOP	Standard Operating Procedure
Statssa	Statistics South Africa
STI	Sexually Transmitted Infection
SVS	Stock Visibility System
TB	Tuberculosis
THS	Traditional Health Services
TMC	Traditional Male Circumcision
TRAP	Treatment and Retention Acceleration Plan
TROA	Total Clients Remaining on ART
UDIPA	Uitenhage Despatch Independent Practitioner Association
UFH	University of Fort Hare
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UPFS	Uniform Patient Fees Schedule
UPH	Uitenhage Provincial Hospital
URC	University Research Council
UTT	Universal Test and Treat
VCT	Voluntary Counselling and Testing
VitA	Vitamin A
VL	Viral load
VPN	Virtual Private Network
WAMTEC	Willem Andries Machiel Technology
WBOT	Ward Based Outreach Team
WSU	Walter Sisulu University
XDR-TB	Extremely Drug Resistant Tuberculosis



3. FOREWORD BY THE MEMBER OF THE EXECUTIVE COUNCIL

It is my great pleasure and privilege to submit the Eastern Cape Department of Health's 2018/19 Annual Report of the fifth year of this fifth term of government, a term that the Eastern Cape Provincial government declared as a period for accelerated delivery of services to the people of this province. We look at the twenty-five (25) years of democracy with pride, when we reflect on the strides that our government has made to improve the quality of life of the people of the Eastern Cape.

We are not blind to the challenges that continue to beset us, but we know that it is imperative to reflect on what we have achieved in the year under review and the lessons learnt as we move forward in our quest to deliver unblemished health care.

It is time for the department to reflect on annual performance plan for 2018/19 financial year and report on its performance. It is also an opportune time to appraise the citizens of the Eastern Cape about the department's great strides in the implementation of the Provincial Strategic Framework 2014 – 2019. The department has been striving to advance the principles of access, equity, quality services to the citizens of Eastern Cape Province and continues to do so. In the year under review we sought to build on the experiences from the previous financial years to bring services closer where people live.

Over the immediate past five (5) years, the department has made significant progress in achieving the key targets of chapter ten (10) of the National Development Plan (NDP) 2030; to achieve a life expectancy to 70 years, as well as an AIDS free generation of twenty (20) years old. The department has increased universal health access to the poor and needy communities by making concerted efforts in implementing the National Health Insurance (NHI) in OR Tambo national pilot and Alfred Nzo provincial pilot. The NHI is premised on key strategic interventions of Ward-Based Primary Health Care Outreach Teams (WBOTs), Integrated School Health Programme (ISHP), District Clinical Specialist Teams (DCSTs), Central Chronic Medicines Dispensing and Distribution (CCMDD) programmes and Contracting of General Practitioners.

Notwithstanding good progress in realizing the departmental strategic goals, I must acknowledge challenges facing the department such as poor response of emergency services due to poor state of rural roads. Thus that leads to frequent vehicle breakdowns and long turnaround times in repairing these vehicles. We are also strengthening Inter-Governmental Relations (IGR) in pursuit to address social determinants of health like water and sanitation, human settlements, roads etc.

I must extend my sincere gratitude to all stakeholders through their dedication and contribution in supporting the department's strategic interventions. These are aimed at increasing the life expectancy of our people and improve the lives of the Eastern Cape citizens. The philanthropic spirit of the developmental partners & Non-Governmental Organizations has strengthened the social compact.

Lastly, I wish to express my appreciation to the leadership and management as well as the entire staff of the Department of Health who are working hard to ensure that our quality services reach our people. Our social partners are also thanked and appreciated for contribution to sound labour relation in the department.

Hon. S. Gomba
Member of the Executive Council
31 August 2019



4. REPORT OF THE ACCOUNTING OFFICER

4.1 OVERVIEW OF THE OPERATIONS OF THE DEPARTMENT

Results and challenges for the year

For the 2018/19 year, the department continued to provide health services despite a seriously constrained fiscal environment. The demand for health services continued to increase as informed by the quadruple burden of disease in the province, as well as the increased burden of mental health conditions. This coupled with the rising cost of medico legal claims, medical inflation that is above normal inflationary adjustments, as well as aged and unsuitable infrastructure, continued to place pressure on the department's budget. Notwithstanding these challenges, the department was able to offer uninterrupted services across all its health facilities and managed to deliver on most of its targets for the year under review as highlighted in Part B of this annual report.

During the year under review:

- 16 605 569 patients visited primary health care facilities
- 1.9 million clients 40 years and older were tested for hypertension as against the annual target of 1.5 million;
- 2.5 million clients 40 years and older were tested for diabetes as against the annual target of 1 484 812;
- 4 million clients were tested for mental health disorders as against the target of 1.8 million;
- 1.9 million clients were tested for HIV as against the target of 1.6 million; and
- The department achieved 1% mother to child HIV transmission rate at 10 weeks.

A total of 249 facilities conducted Ideal Clinic Status Determination assessments and 84 facilities (2017: 64 facilities) achieved ideal clinic status in the following categories;

- 50 facilities achieved Silver Status;
- 32 facilities achieved Gold Status; and
- 2 facilities (1 in Alfred Nzo and 1 in Nelson Mandela Bay Metro districts) achieved Platinum Status.

Six hundred and sixty (660) or 86% of the primary health care facilities PHC facilities conducted the Patient Experience of Care (PEC) survey in 2018/19 year and achieved an average patient satisfaction rate of 80% (2017: 68%). The department is using the results of the survey to implement targeted interventions to respond to customer complaints and improve the overall patient experience in health facilities.

Support services

During the year under review, Finance and Supply Chain Management (SCM), Human Resources, Infrastructure, and Information and Communication Technology (ICT) continued to provide the necessary support required to deliver uninterrupted services health.

In 2018/19, the department spent 101.9% of the allocated budget of R24,026 billion to deliver health services. The overspending of R446,794 million was as a result of the R490 million facility granted to the department by Treasury to alleviate the budget pressure occasioned by the payment of medico legal claims. Given these financial constraints, the department had to adhere to strict financial internal controls in order to prevent unauthorised expenditure beyond the approved facility. The department continued to then use district and provincial Cost Containment Committees to monitor procurement and placing of orders, payments of service providers, as well as appointment of staff.

The overall financial control environment was improved despite the department obtaining a qualified audit opinion due to the misstatement of the medico legal contingent liability. As a response to the qualification, the department has already developed an electronic database system for the management of the medico legal claims and this will be strengthened in 2019/20 in order to eliminate the audit qualification.

With regards to Local Economic Development (LED), the department continued to implement its LED Implementation Strategy which aligns with the Eastern Cape Treasury issued Instruction Note No.7 of 2016/17 on Implementation of Local Development Procurement Framework. The department has identified provision of patient food and cleaning of facilities as key elements of the strategy, and has started piloting the provision of patient food to facilities in Chris Hani through a partnership with local communities, Department of Rural Development and Agrarian Reform, and Department of Economic Development, Environmental Affairs and Tourism.

The department increased its drive to improve revenue collection given that it is a second highest collecting revenue department in the province. Although the department collected 91% of its targeted revenue for the year under review, this

represents an increase of 3% from the previous year's revenue collection. The department is strengthening its collaboration with the Road Accident Fund and GEMS for improved patient billing collections and is also working on a project with RAF to conduct a feasibility study for the operation for rehabilitation units within the province which will also be a vital revenue collection stream.

The department continued to be confronted by the increasing medico legal claims which seeks to undermine its concerted efforts to manage the scourge. In the year under review, 797,434 million was paid in settlements of medico legal claims which is an 88% increase from the previous year. This pressure resulted in the department requesting Provincial Treasury and the Executive Council for a R 490 million facility in order to ensure continuity of services. In addition, the department continued to provide support to the 26 priority facilities as well as strengthening its defence of cases. Despite these efforts, medico legal claims remain the single biggest risk to the department and the province's financial stability and hence the Premier has intervened in 2019/20 by setting up an inter-departmental task team that is looking at improved legal defence of medico legal claims.

Human Resources Management

The department provided an integrated human resource management services and practices to line functionaries. The plans relative to Human Resources Management, Organizational Development and Human Resources Development are in alignment and integrated. The strategies applied include the Annual Recruitment Plan, the Human Resources Plan, the Bursary Scheme, the Health Professionals Training Grant Business Plan and the Annual Intake Plan for Community and Post-Community Service Employees.

As at March 2019, the department had 40 909 employees of which:

- 50.5% were females in SMS Positions
- More than 60% were health professionals
- 109 employees were persons with disabilities

In the year under review, the provision of human resources provision was challenged by the inability to attract and retain professionals especially in rural areas, as well as the general under-funding of Compensation of Employees (COE) given the vast service delivery platform of the department.

The department's macro structure was approved in March 2018 and is finalising all aspects relating to the approval of the micro structure. A process of change management relating to the implementation of the organogram including roadshows is currently underway. The anticipated new organogram of the department is characterised by:

- Delaying and decentralisation of services to districts with emphasis on the Re-engineering of Primary Health Care (Outreach) and implementation of National Health Insurance;
- Emphasis on managing patients as close to home as possible and entering into a social compact with the communities
- Lean Head Office that focuses on strategy, policy formulation, monitoring & evaluation and that promotes integration;
- Alignment of health services in line with the National Gazette on classification and management of hospitals; and
- Reduction on cost of employment by ensuring cost effective structures with optimal staff complement and anchoring all health services to the district as envisaged in the National Health Insurance.

The organisational reform based on this organogram has made provision for strong district and hospital management teams led by high ranking leaders who are empowered to exercise management decision to manage resources and deliver quality services.

Infrastructure delivery plays a vital role in the delivery of health services, both from a staff as well as a patient perspective. Various capital infrastructure projects were undertaken in 2018/19 as well as provision of health technology. Scheduled maintenance was also carried out on facilities and equipment throughout the province. The following are some of the most significant capital projects that were completed in the year under review: Madwaleni Hospital Nursing accommodation, Madwaleni Gateway Clinic, Hamburg Clinic, Nelson Mandela Academic Hospital Neonatal ICU and High Care, Tabase Clinic, Mahlubini Clinic, Zabasa Clinic, Isikhoba Clinic, Qebe Clinic, Nkwenkwana Clinic, Nelson Mandela EMS base. In addition, fencing and guard houses were provided in various clinics in Buffalo City and Sarah Baartman districts.

4.2 FINANCIAL PERFORMANCE

Table 4.2.1 Departmental Receipts

	2018/19			2017/18		
	Estimate	Actual Amount Collected	(Over) / Under Collection	Estimate	Actual Amount Collected	(Over) / Under Collection
	R'000	R'000	R'000	R'000	R'000	R'000
Sale of goods and services other than capital assets	227 918	209 250	18 668	214 008	191 996	22 012
Interest, dividends and rent on land	0	563	-563	0	398	-398
Sale of capital Assets	0	0	0	0	397	-397
Financial transactions in assets and liabilities	14 218	9 687	4 531	13 350	20 585	-7 235
Total	242 136	219 500	22 636	227 358	213 376	13 982

The Department collected R219, 500 million of own revenue against the adjusted projection of R242,136 million, resulting in an under-collection of R22, 636 million. This was mainly due to under-collection on patient fees and tuition fees as a result of the timing difference between expected claims settlement and actual payment R151 million. Payments expected in March 2019 were not received from the Department of Justice R39 million and the Road Accident Fund (RAF) R21 million, Medical Aids R6 million, other government departments R8 million and H patients R1 million. The Department is focusing on support to hospitals and EMS with third party billings, and is working together with RAF, GEMS and DOJ to ensure timeous settlement of claims.

Bad debts written off

A debt of R12,338 million was written off in the current year which arose through expenditure by the province on the indirect HPV grant, managed by the National Department of Health for which funding has not been availed.

No other bad debts were written off during the financial year as the Department did not anticipate any other savings against which these could be written off in line with the departmental Debt Management Policy.

Tariff policy

Health Services tariffs are determined by the National Department of Health (NDoH) for all the provinces through the implementation of the Uniform Patient Fees Schedule (UPFS).

The Department's tariffs in respect of 'H' patient categories are those set by NDoH in respect of services rendered at all facilities. The tariffs applicable to externally funded patients, is an "undiscounted" tariff that applies to patients who are covered by medical schemes, persons injured in motor vehicle accidents (Road Accident Fund) and other state departments (Department of Justice, South African Police, Correctional Services), and patients injured on duty.

Patients who do not have external funding, pay a discounted fee. The discount for patients that are formally unemployed or on social grants (H0) receive free health care (100% subsidy); patients earning below R70,000 per annum (H1) receive a subsidy of approximately 80%; patients who earn below R250,000 (H2) - the subsidy varies according to services rendered, ranging from 50% to 90%. Self-funded patients (H3) exceeding the means test, receive on average a 45% to 70% subsidy.

The Department increased patient tariffs to the externally funded patient fees by 5.6 % in the year under review.

Free Services

The mandate of the Department of Health is to provide health care services to the citizens of this country. In exercising that mandate and in terms of policy, there are circumstances under which patients will receive services free of charge independently of their classification as full paying or subsidized patients. Such circumstances include infectious, communicable diseases, pregnant women and children. Also, patients classified under H0 category receive free services. It is not possible to quantify the cost of the free services rendered.

Elective healthcare services do not qualify as free services and patients are required to pay the “undiscounted” UFS fee upfront.

Programme expenditure

Table 4.2.2 Appropriation per Programme

Voted funds and Direct charges	2018/19			2017/18		
	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
Programme						
1. Administration	741,464	692,884	48,580	598,951	587,480	11,471
2. District Health Services	12,332,679	12,779,800	-447,121	11,360,999	11,342,496	18,503
3. Emergency Medical Services	1,273,756	1,273,093	663	1,280,033	1,279,087	946
4. Provincial Hospital Services	3,765,109	3,835,551	-70,442	3,489,796	3,488,361	1,435
5. Central Hospital Services	3,703,532	3,749,152	-45,620	3,478,995	3,471,073	7,922
6. Health Sciences and Training	836,918	776,535	60,383	745,315	727,692	17,623
7. Health Care Support Services	116,427	110,060	6,367	100,381	99,998	383
8. Health Facilities Management	1,253,692	1,253,296	396	1,280,133	1,274,514	5,619
Programme sub total	24,023,577	24,470,371	-446,794	22,334,603	22,270,701	63,902
Statutory Appropriation	1,948	1,948		1,978	1,978	
TOTAL	24,025,525	24,472,319	-446,794	22,336,581	22,272,679	63,902

The Department spent R24,472 billion (101.9%) of the final appropriation of R24,026 billion resulting in an over-expenditure at a Vote level of R446,794 million or 1.9% of the final appropriation. Conditional Grant expenditure amounted to R3,988 billion of a final appropriation of R3,995 billion or 99.8%.

Within the consistent approach of the framework adopted in previous years, the draft Appropriation presented within this report has incorporated pro forma Virements in terms of Treasury Regulations 6.3 and Sections 43 and 76(3) of the PFMA, the Shifting of funds, Roll-overs in terms of Treasury Regulations section 6.4 and Sections 30(2)(g) and 31(2)(g) of the PFMA as well as Unforeseen / unavoidable in terms of Regulations 6.6 and Sections 30(2)(b) and 31(2)(b) of the PFMA.

Fund shifts have primarily been applied for the use of amounts underspending to primarily defray, *inter alia*, gross medico-legal settlements obligations which arose in Programmes 2, 4 and 5 during the year under review.

The Department has further made applications for conditional grants roll overs amounting to R12,759 million.

Programme 1: Health Administration and Management

The net underspend of R48,580 million in the programme, primarily vesting in compensation of employees, arose as a result of the settlement of medico legal claims settled by the department.

A net amount of R30,7 million was adjusted from the programme, through the application of virements to programmes 2 & 4 in order to primarily fund medico legal claim settlements incurred by those programmes.

Programme 2: District Health Services

The net overspend of R447,121 million net of funds shifts and virements is primarily attributable to the settlement of medico legal claims which are unbudgeted.

A net amount of R160,7 million was adjusted into the programme from programmes 1,3 and 6 through the application of virements in order to primarily fund unbudgeted medico legal claim settlements incurred in the current financial year as well ongoing goods and services pressures experienced in the district management and community health clinics sub programmes.

Programme 3: Emergency Medical Services

The net underspending of R663 thousand is primarily in respect of machinery and equipment.

A net amount of R75,9 million was adjusted from the programme through the application of virements in favour of the clinical branch programmes in order to fund unbudgeted medico-legal claim settlements incurred by them in the current financial year.

Programme 4: Provincial Hospital Services

The net overspend of R70,442 million, after funds shifts and virements, is attributable to the settlement of unbudgeted medico legal claims.

A net amount of R202,2 million was adjusted from the programme through the application of virements in favour of programme 5, in order to align the net combined programmes' compensation of employee's budget, wherein expenditure had been distorted between the two clinical programmes, having arisen through unmatched and aligned link codes between Persal and BAS.

Programme 5: Central Hospital Services

The net overspend of R45,620 million is attributable to the settlement of unbudgeted medico legal claims.

A net amount of R192,8 million was adjusted into the programme from several other programmes through the application of virements in order to fund inter alia the alignment of the net combined compensation of employees spend within programmes 4 and 5, wherein expenditure had been distorted between the two clinical programmes, having arisen through unmatched and aligned link codes between Persal and BAS.

Programme 6: Health Sciences & Training

The net underspend of R60,383 million in the programme, primarily vesting in outstanding transfers due in respect of the South African Bursary Programme compensation of employees, arose as a result of the settlement of unbudgeted medico legal claims by the department.

A net amount of R43,5 million was adjusted from the programme through the application of virements in favour of programmes 2 and 4 in order to fund unbudgeted medico-legal claim settlements incurred in the current financial year.

Programme 7: Health Care Support Services

The net underspend of R6,367 million, is represented primarily within current payments of the medical depots in order to fund unbudgeted medico-legal claim settlements incurred in the current financial year.

A net amount of R10,1 million was adjusted from the programme through the application of virements in favour of programmes 2 and 4 in order to fund unbudgeted medico-legal claim settlements incurred in the current financial year.

Programme 8: Health Facilities Management

The programme underspent by a net amount of R396 thousand.

A net amount of R9,1 million was adjusted into the programme through the application of virements.

Virements and fund shifts

Within the consistent approach of the framework adopted in previous years, the draft Appropriation presented within this report has incorporated pro forma Virements in terms of Treasury Regulations 6.3 and Sections 43 and 76(3) of the PFMA, the Shifting of funds, Roll-overs in terms of Treasury Regulations section 6.4 and Sections 30(2)(g) and 31(2)(g) of the PFMA as well as Unforeseen / unavoidable in terms of Regulations 6.6 and Sections 30(2)(b) and 31(2)(b) of the PFMA.

Roll-overs – conditional grants and equitable share

The department's budget was adjusted by R325,965 million to a total adjusted appropriation of R24,026 billion for 2018/19. These adjustments emanate from the following:

Conditional grant rollovers are made up of the following:

- R7,165 million for Comprehensive HIV and Aids Grant;
- R12,499 million for Health Facility Revitalisation Grant;
- R2,685 million for Health Professions Training and Development Grant; and
- R2,094 million for National Tertiary Services Grant.

Equitable Share roll-over of R1,226 million, which were allocated with the following conditions:

- R901 thousand for the new vehicle for the Honourable MEC; and
- R325 thousand for the purchase of wheelchairs, hearing aids, prosthesis and orthotics.

Provincial allocation amounting to R300,296 million, allocated with the following conditions:

- To pay accruals on the current non-negotiable items that includes, amongst other Medicines, Laboratory Services by the National Health Laboratory Services, Blood Supply and Services by South African National Blood Services and AIDS and TB programmes.

The department, with approval from Provincial Treasury, further utilised the Adjustments Estimates to reschedule underperforming infrastructure projects to the 2019 MTEF period to ensure that funds are available at the beginning of the financial year.

Unauthorised expenditure

For the year under review, the Department incurred overspending of R446,794 million at the Vote level and R569,350 million at the Programmes level. The R 569,350 million is made up of R447,121 million (Prg 2), R70,442 million (Prg 4) and R45,620 million (Prg 5) adjusted for underspending of the conditional grants within those programmes.

The unauthorised expenditure has primarily arisen through the settlement of unbudgeted medico legal claims by the department of R797,434 million in the current financial year, mitigated by the reprioritisation of the department's budget through the shifting and virement of funds in terms of Treasury Regulations 6.3 and Sections 43 and 76(3) of the PFMA.

The provincial treasury approved an excess on the department's PMG facility of up to R490 million in February 2019 as a result of cash flow challenges in sustaining the payment of creditors given the quantum of the court ordered medical legal settlements in the current financial year.

Virements exceeding 8% of R79,297 million were disclosed as irregular expenditure in the prior year. Further consultation during 2018/19 from Provincial Treasury and the Auditor General required these virements to be disclosed as Unauthorised Expenditure.

Irregular Expenditure

Irregular expenditure amounting to R295,570 million was incurred during the year under review. Of this R286,332 million was in respect of the department extending certain contracts in excess of 15% without the approval from the Provincial Treasury which is in relation to non-compliance with Treasury Instruction 3 of 2016/17. The department will engage with the relevant treasury for condonation. Prior year irregular expenditure was reduced by R 79,297 as explained under unauthorised expenditure above.

Fruitless and Wasteful Expenditure

Fruitless and wasteful expenditure amounting to R1,224 million was incurred in respect of no shows, interest on late payments to service providers and damages and abuse of vehicles.

Investigations into fruitless and wasteful expenditure are conducted when identified and presented to the financial misconduct committee for consideration of the appropriateness of action taken against the transgressing official. An amount of R86 thousand has been transferred to receivables for recovery.

Future plans of the Department

With the department having recently approved its revised organogram, it will embark on a process of rationalising its service delivery platform in order to ensure provision of quality health care services through maximising limited resources. The rationalisation programme will be implemented over the short, medium and long term and in line with the new organogram.

Public Private Partnerships

The concession agreement was concluded on 27 June 2003 with Metro Star Hospital Life Healthcare Ltd. The Public Private Partnership has continued within the Contract Management stage and operations have been running smoothly throughout the financial year.

Upgrading and Refurbishment of the Port Alfred & Settlers Hospitals in Port Alfred and Grahamstown and the establishment of co-located private hospital facilities

The concession agreement was signed on 7 May 2007 and incorporates the Port Alfred and Settlers District Hospitals. The Public Private Partnership has continued within the Contract Management stage and operations have been running smoothly throughout the financial year.

More details in regard to the above-named are reflected under Note 30 in the Annual Financial Statements which are reflected under Part E of this Annual Report.

Discontinued activities / activities to be discontinued

There are no new / proposed activities to those already in operation by the Department.

New or proposed activities

There are no new / proposed activities to those already in operation by the Department.

Supply Chain Management

Unsolicited bid proposals for the year under review

There were no unsolicited considered during the year under review.

SCM processes and systems to prevent irregular expenditure

The SCM unit continuously strengthened its systems to prevent irregular expenditure. Bid Evaluation and Adjudication committees were in place and undergo continuous training organised by Provincial Treasury. These committees assisted in proactive identification of possible irregular actions that could result in irregular expenditure. This is an area that remains a focus within the department as the slow turn-around times remain a challenge.

Other measures employed to prevent irregular expenditure include:

- Maintenance of a departmental contracts register;
- Development and implementation of tools to measure to measure SCM compliance and performance;
- Utilisation of financial accounting tools (Pre- audit and Financial Misconduct committee) to identify irregular expenditure and mitigation of occurrence of similar actions in future.
- Capacitating Bid Specification and Bid Evaluation Committees

Challenges experienced in SCM

- Capacity challenges in the unit to enable effective implementation of delegations.
- Standardisation and digitalisation of processes.

Gifts and donations received in kind from non-related parties

The Department continued to receive gifts and donations to the value of R4,732 million as indicated in Annexure 1H to the Annual Financial Statements.

Exemptions and deviations received from the National Treasury

The Department did not receive any exemptions and deviations from the National Treasury for the year under review.

Events after the reporting date

There are no significant events that occurred after the reporting date and the date of approval of the Annual Financial Statements.

Other

There are no other material facts or circumstances that affect the understanding of the financial statements and performance report of the department.

Acknowledgement/s or Appreciation

All the achievements detailed in this annual report would not be possible without the dedication of each and every staff member in the department. I wish to thank all our partners for their continued support and partnership towards improved healthcare in the province. My sincere gratitude also goes to the MEC for her continued leadership and guidance at all times.

Approval and sign off

The Annual Financial Statements set out in part E of this annual report have been approved by the Accounting Officer.



Dr T.D. Mbengashe

Accounting Officer: Department of Health

31 August 2019

5. STATEMENT OF RESPONSIBILITY AND CONFIRMATION OF ACCURACY FOR THE ANNUAL REPORT

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

- All information and amounts disclosed throughout the annual report are consistent.
- The annual report is complete, accurate and is free from any omissions.
- The annual report has been prepared in accordance with the guidelines on the annual report as issued by National Treasury.
- The Annual Financial Statements (Part E) have been prepared in accordance with the modified cash standard and the relevant frameworks and guidelines issued by the National Treasury.
- The Accounting Officer is responsible for the preparation of the annual financial statements and for the 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 T. D. Mbengashe
Head of Department
31 August 2019

6. STRATEGIC OVERVIEW

6.1 VISION

A quality health service to the people of the Eastern Cape Province, promoting a better life for all.

6.2 MISSION

To provide and ensure accessible, comprehensive, integrated services in the Eastern Cape, emphasizing the primary health care approach, optimally utilizing all resources to enable all its present and future generations to enjoy health and quality of life.

6.3 VALUES

The department's activities will be anchored on the following values in the next five years and beyond:

- Equity of both distribution and quality of services
- Service excellence, including customer and patient satisfaction
- Fair labour practices
- Performance-driven organization
- High degree of accountability
- Transparency

7. LEGISLATIVE AND OTHER MANDATES

The legislative mandate of the Department is derived from the Constitution and several pieces of legislations passed by Parliament.

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

- Section 27 (1): “Everyone has the right to have access to – (a) health care services, including reproductive health care; (3) No one may be refused emergency medical treatment”
- Section 28 (1): “Every child has the right to ... basic health care services...”
- Schedule 4 which lists health services as a concurrent national and provincial legislative competence.

Legislation falling under the Minister of Health’s portfolio

- **Medicines and Related Substances Act, 101 of 1965**
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
- **Foodstuffs, Cosmetics and Disinfectants Act, 54 of 1972 (as amended)**
Provides for the regulation of foodstuffs, cosmetics and disinfectants, in particular quality standards that must be complied with by manufacturers, as well as the importation and exportation of these items.
- **Hazardous Substances Act, 15 of 1973**
Provides for the control of hazardous substances, in particular those emitting radiation.
- **Occupational Diseases in Mines and Works Act, 78 of 1973**
Provides for medical examinations on persons suspected of having contracted occupational diseases, especially in mines, and for compensation in respect of those diseases.
- **Pharmacy Act, 53 of 1974 (as amended)**
Provides for the regulation of the pharmacy profession, including community service by pharmacists.
- **Health Professions Act, 56 of 1974 (as amended)**
Provides for the regulation of health professions, in particular medical practitioners, dentists, psychologists and other related health professions, including community service by these professionals.
- **Dental Technicians Act, 19 of 1979**
Provides for the regulation of dental technicians and for the establishment of a council to regulate the profession.
- **Allied Health Professions Act, 63 of 1982 (as amended)**
Provides for the regulation of health practitioners such as chiropractors, homeopaths, etc., and for the establishment of a council to regulate these professions.
- **Human Tissue Act, 65 of 1983**
Provides for the administration of matters pertaining to human tissue.
- **National Policy for Health Act, 116 of 1990**
Provides for the determination of national health policy to guide the legislative and operational programmes of the health portfolio.
- **SA Medical Research Council Act, 58 of 1991**
Provides for the establishment of the South African Medical Research Council and its role in relation to health research.
- **Academic Health Centres Act, 86 of 1993**
Provides for the establishment, management and operation of academic health centers.
- **Choice on Termination of Pregnancy Act, 92 of 1996 (as amended)**
Provides a legal framework for the termination of pregnancies based on choice under certain circumstances.
- **Sterilisation Act, 44 of 1998**
Provides a legal framework for sterilizations, including for persons with mental health challenges.

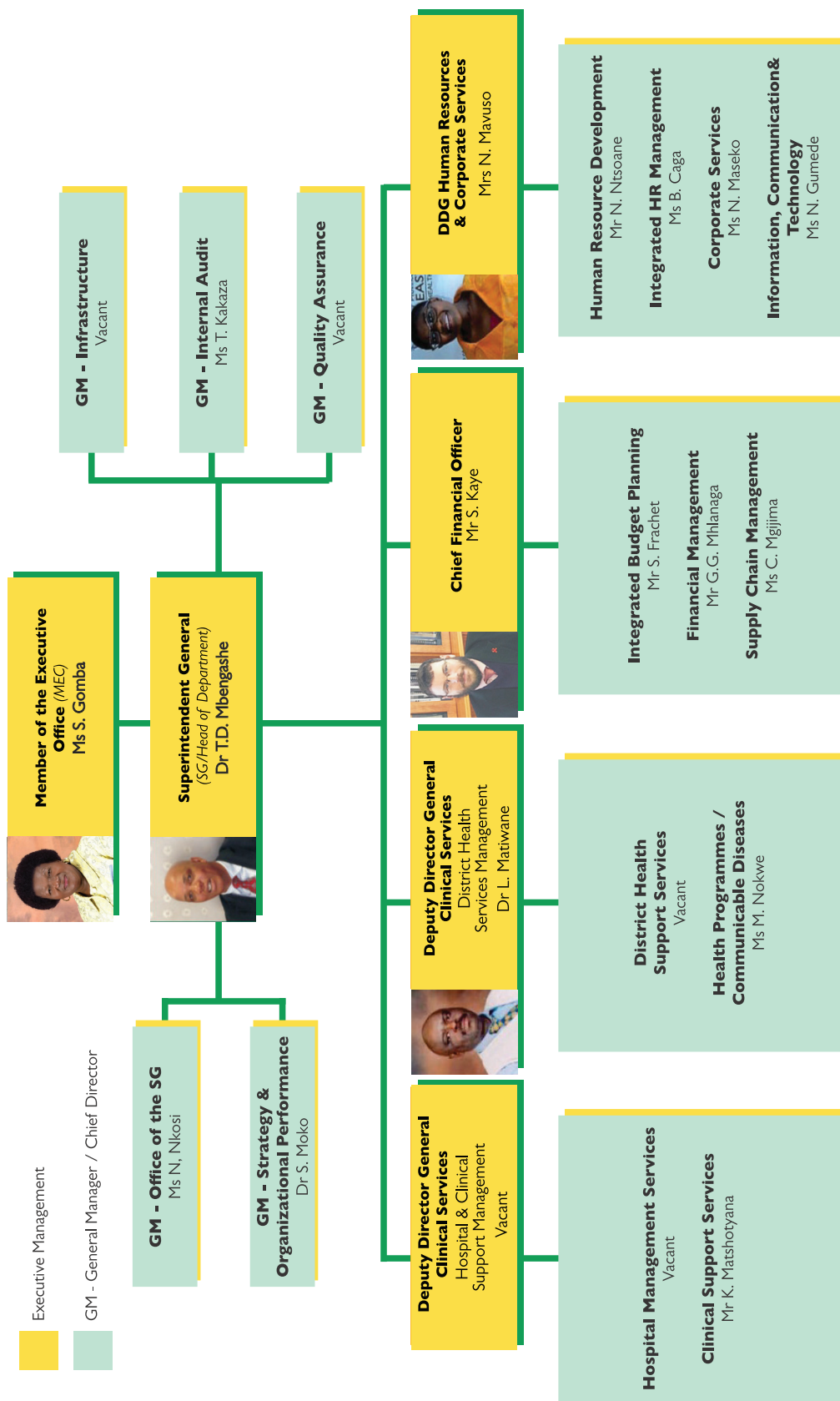
- **Medical Schemes Act, 131 of 1998**
Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives.
- **Tobacco Products Control Amendment Act, 12 of 1999 (as amended)**
Provides for the control of tobacco products, the prohibition of smoking in public places and of advertisements of tobacco products, as well as the sponsoring of events by the tobacco industry.
- **National Health Laboratory Service Act, 37 of 2000**
Provides for a statutory body that offers laboratory services to the public health sector.
- **Council for Medical Schemes Levy Act, 58 of 2000**
Provides a legal framework for the Council to charge medical schemes certain fees.
- **Mental Health Care Act, 17 of 2002**
Provides a legal framework for mental health in the Republic and, in particular, the admission and discharge of mental health patients in mental health institutions, with an emphasis on human rights for mentally ill patients.
- **National Health Act, 61 of 2003**
Provides a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. The objects of the Act are to:
 - Unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;
 - Provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must address questions of health policy and delivery of quality health care services;
 - Establish a health system based on decentralized management, principles of equity, efficiency, sound governance, internationally recognized standards of research and a spirit of enquiry and advocacy which encourage participation;
 - Promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans.
- **Provincial Health Act 10 of 1999**
Develop and implement provincial health policy. Provide transparency of provincial government in the development and implementation of health policies and practices and Provide for health user rights and obligations.
- **Nursing Act, of 2005**
Provides for the regulation of the nursing profession.

Other legislation in terms of which the Department operates includes the following:

- **Criminal Procedure Act, Act 51 of 1977, Sections 212 4(a) and 212 8(a).**
Provides for establishing the cause of non-natural deaths.
- **Child Care Act, 74 of 1983**
Provides for the protection of the rights and well-being of children.
- **Occupational Health and Safety Act, 85 of 1993**
Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace.
- **Compensation for Occupational Injuries and Diseases Act, 130 of 1993**
Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease.
- **The National Roads Traffic Act, 93 of 1996**
Provides for the testing and analysis of drunk drivers.
- **Constitution of the Republic of South Africa Act, 108 of 1996]**
Pertinent sections provide for the rights of access to health care services, including reproductive health and emergency medical treatment.

- **Employment Equity Act, 55 of 1998**
Provides for the measures that must be put into operation in the workplace in order to eliminate discrimination and promote affirmative action.
- **State Information Technology Act, 88 of 1998**
Provides for the creation and administration of an institution responsible for the state's information technology System.
- **Skills Development Act, 97 of 1998**
Provides for the measures that employers are required to take to improve the levels of skills of employees in Workplaces.
- **Public Finance Management Act, 1 of 1999**
Provides for the administration of state funds by functionaries, their responsibilities and incidental matters.
- **Promotion of Access to Information Act, 2 of 2000**
Amplifies the constitutional provision pertaining to accessing information under the control of various bodies.
- **Promotion of Administrative Justice Act, 3 of 2000**
Amplifies the constitutional provisions pertaining to administrative law by codifying it.
- **Promotion of Equality and the Prevention of Unfair Discrimination Act, 4 of 2000**
Provides for the further amplification of the constitutional principles of equality and elimination of unfair discrimination.
- **The Division of Revenue Act, 7 of 2003**
Provides for the manner in which revenue generated may be disbursed.
- **Broad-based Black Economic Empowerment Act, 53 of 2003**
Provides for the promotion of black economic empowerment in the manner that the state awards contracts for services to be rendered, and incidental matters.
- **The National Health Insurance White Paper (Nov. 2015)**
Rationale of the NHI is to improve access to quality healthcare services for all South Africans based on need and to provide financial risk protection especially catastrophic health costs.

ORGANISATIONAL STRUCTURE



9. ENTITIES REPORTING TO THE MEC

Name of Entity	Legislative Mandate	Financial Relationship	Nature of Operations
Lilitha College of Nursing	<p>The Lilitha College of Nursing is a juristic entity established under the Provincial Education and Training of Nurses and Midwives Act, Act 4 of 2003.</p> <p>The Act establishes a College Council as well as a College Senate with various powers and functions</p> <ul style="list-style-type: none"> Members of the Council include the Principal of the College, ex officio members from the department's management structures, community representatives, students and lecturers. Ordinary College Council members serve a three-year term while ex-officio members serve for the duration of their tenure in their relevant positions. 	<ul style="list-style-type: none"> While the College is a public entity, it is still dependent on the administrative systems of the Eastern Cape Department of Health. The status quo is that when the College has expenditure related to its equitable share allocation it uses the Department's financial systems and delegations. 	<p>Lilitha College of Nursing is responsible for training of nursing students (Four Year Diploma),</p> <p>The College Council is an extensive governance structure led by an independent chairperson appointed by the Member of the Executive Council for Health in the Eastern Cape</p> <ul style="list-style-type: none"> Under Section 11.1 of the Act, the College Council's powers and functions include the responsibility to ensure order and good governance of the College generally as well as for proper control over its finances; affiliation of the College to universities to promote quality education (both in teaching and learning), creation of disciplinary rules and procedures as well as a code of conduct for students; control of organised student activities; responsibility to advise the department of misconduct or inefficiency matters related to College staff; ability to set student numbers and recommend class fees with consideration of revenue and expenses and ability to make recommendations to the department on matters which affect the College.



Province of the
EASTERN CAPE
HEALTH

DISTRICT HEALTH MANAGEMENT INFORMATION SYSTEM (DHMIS) POLICY

2011

District Health Management
System (DHMIS)

Operating Procedures:
Municipality Level

PART B
**PERFORMANCE
INFORMATION**

I. AUDITOR GENERAL'S REPORT: PREDETERMINED OBJECTIVES

The AGSA currently performs certain audit procedures on the performance information to provide reasonable assurance in the form of an audit conclusion. The audit conclusion on the performance against predetermined objectives is included in the report to management, with material findings being reported under the Predetermined Objectives heading in the Report on other legal and regulatory requirements section of the auditor's report.

Refer to page 251 of the Report of the Auditor General, published as Part E: Financial Information.

2. OVERVIEW OF DEPARTMENTAL PERFORMANCE

2.1 SERVICE DELIVERY ENVIRONMENT

2.1.1 Demographic profile of the Eastern Cape Province

The Eastern Cape Province has a total population of 6, 522, 734 constituted largely of a younger population. About 24.7% of the provincial population is the youth between 20-35 years of age. The population pyramid below also shows that both males and females they almost have the same numbers at birth up until becoming young adults. With males having a slight edge over their female counterparts up to the age of 35 years. More women live beyond the age of 35 years when compared against men. As a result the capacity of the EC province is usually overstretched due to high demand of basic services like education, health care services, social services, employment opportunities and housing. These challenges in the Eastern Cape especially in the OR Tambo and Alfred Nzo Districts with more than a quarter of the provincial population, are further exacerbated by the historical backlogs that were a result of the previous apartheid and homeland governments.

Population Pyramid

Fig. 1: District municipalities of the Eastern Cape Province

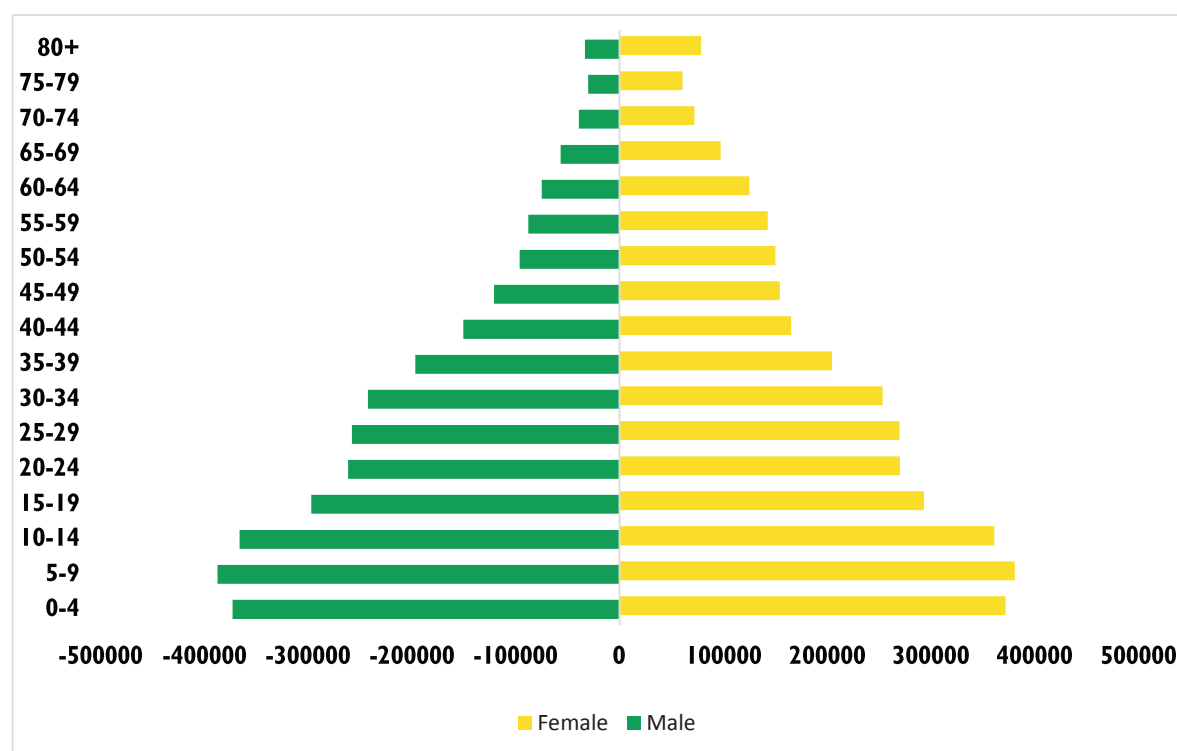


Table A1: Population Distribution by Health District Municipality (DM), 2018 estimates

District	% of total population ¹	Total population ¹	Males ¹	Females ¹	Size of area (km ²) ²
Alfred Nzo	12.2	793,239	349,363	443,875	10 731.2
Amathole	12.4	807,907	382,445	425,462	21 594.9
Buffalo City Metro	12.0	785,775	376,811	408,965	2 535.9
Chris Hani	11.2	728,962	347,467	381,495	36 143.5
Joe Gqabi	5.1	334,391	159,033	175,358	25 662.7
Nelson Mandela Metro	18.7	1,220,616	579,356	641,259	1 958.9
OR Tambo	21.3	1,387,913	647,223	740,690	12 095.5
Sarah Baartman	7.1	463,931	229,282	234,649	58 243.3
Eastern Cape	100.0	6,522,734	3,070,980	3,451,753	168,966.0

Data Sources: ¹ StatsSA mid-year population estimates 2018; ² Population Census, 2011

Figure 2: Eastern Cape Population by age and sex (Stats SA mid-year population estimates, 2018)



Based on the Stats SA population estimates and the health facilities headcount, the Department of Health (DOH) District Health Information System (DHIS) estimates the health facilities catchment population which is programmed in the systems to calculate population-based indicators. Due to rounding off of the apportioned population by 772 PHC facilities, DHIS tend to have higher overall district and provincial population figures than those published by the Stats SA.

2.1.2 The socio-economic profile of the EC Province

Poverty, unemployment, education, housing, access to piped water and sanitation are the social determinants of health that characterize the Eastern Cape Province, in particular the districts of Alfred Nzo, Amathole, Chris Hani and OR Tambo. This is evident in the socio-economic indicators in Table A2 below, as well as the maps that follow. These poor socio-economic conditions directly affect the health outcomes and the quality of life of the larger population of the Eastern Cape. Alfred Nzo - the district with the highest poverty headcount at 22.0% - has the lowest percentage of the population with medical aid coverage (at only 3.5%). The huge population has a very limited medical aid coverage, and province-wide 89.3% of the population depend on government health services or pay for their medical bills in private health facilities.

Socio-economic indicators

Table A2. Socio-economic indicators by District in Eastern Cape Province

District/ Metro	Poverty Headcount ²	Unemployment Rate ¹	No schooling ¹ (Age 20 yrs+)	Medical Aid coverage ³	Access to piped water ²	Households with flush/ chemical toilet ²
Alfred Nzo	22.0	42.1	15.0	3.5	45.9	9.1
Amathole	18.7	40.4	14.2	8.7	70.7	24.8
Buffalo City MM	7.3	32.5	5.3	24.6	97.7	79.5
Chris Hani	16.4	36.8	15.1	5.9	82.7	42.7
Joe Gqabi	13.4	32.7	15.7	5.0	74.0	42.8
Nelson Mandela M	3.0	28.7	3.6	22.6	98.7	93.3
OR Tambo	19.2	41.0	18.4	4.6	38.9	25.0
Sarah Baartman	4.5	19.0	8.3	14.6	92.4	82.2
Eastern Cape	12.7	35.1	11.4	10.7	75.1	52.3

Source: ¹DEDEAT, Eastern Cape Socio Economic Review and Outlook 2018, ²Stats SA CS 2016, ³DHB 2017/18

2.1.3 Service Delivery Platform

The Department provides comprehensive and integrated health services that are based on the Primary Health Care model driven through the District Health System. Various programmes are implemented in order to meet the strategic goals of the department. Some of the programmes are outlined below.

Fig. 3: Municipal backlog in electricity service (Source: Statssa 2018)

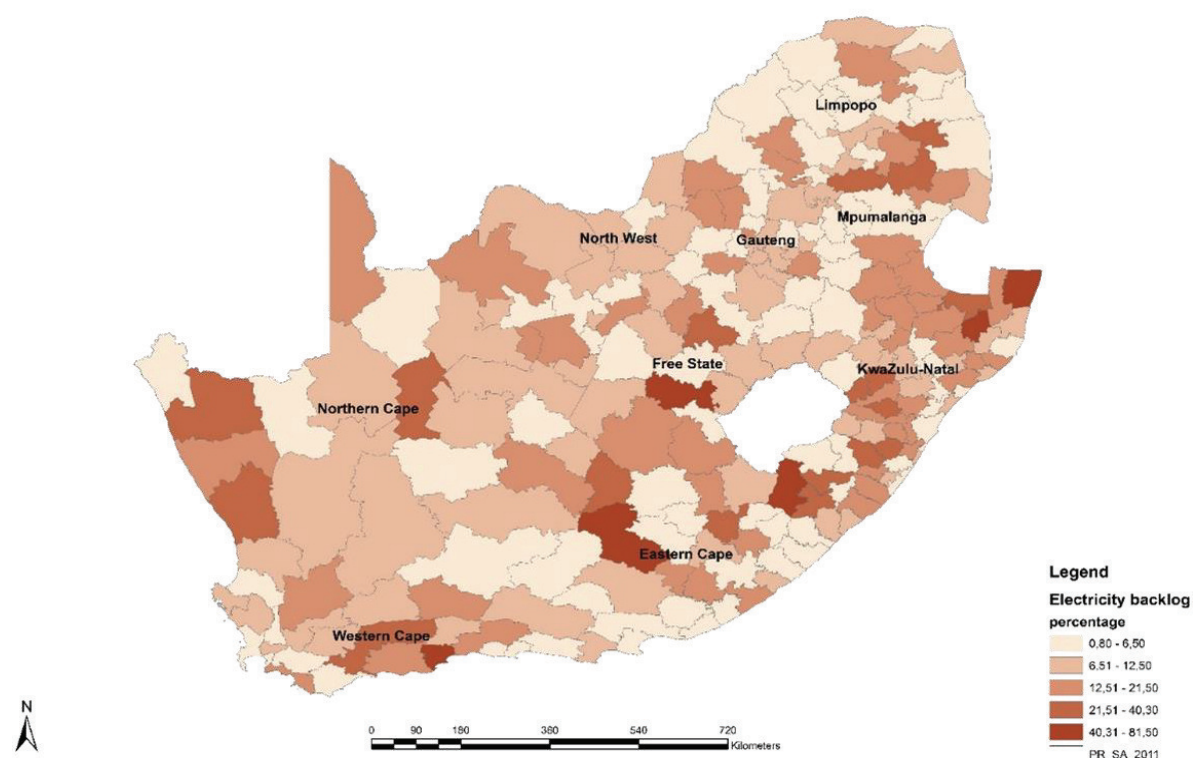


Fig. 4: Municipal access to improved water (Source: Statssa, 2018)

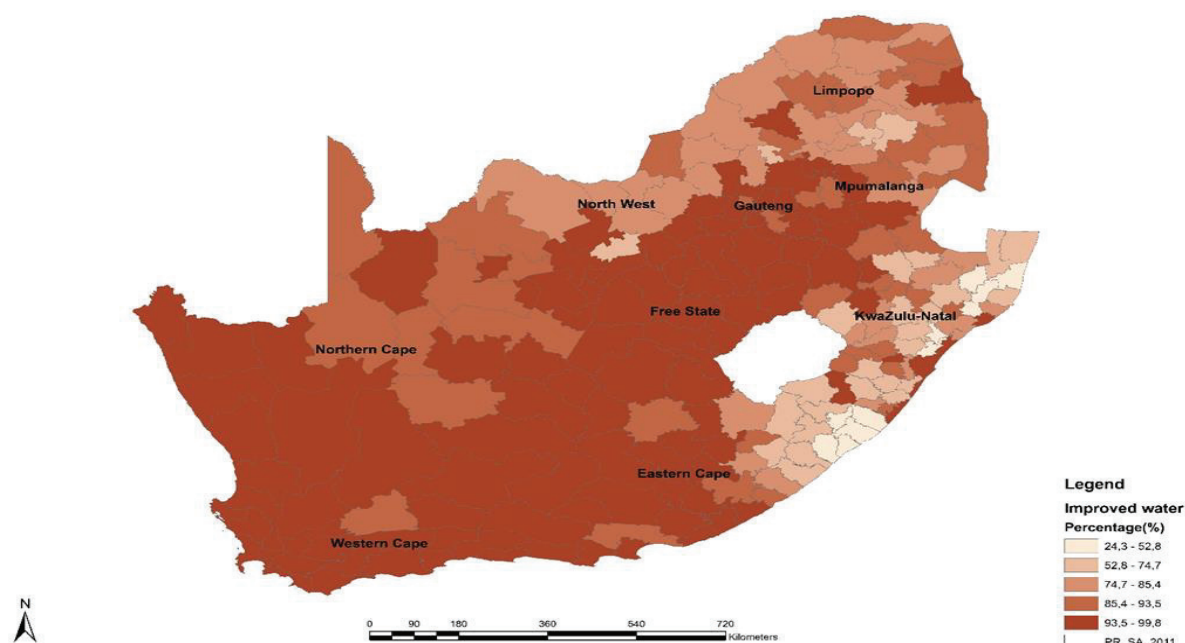
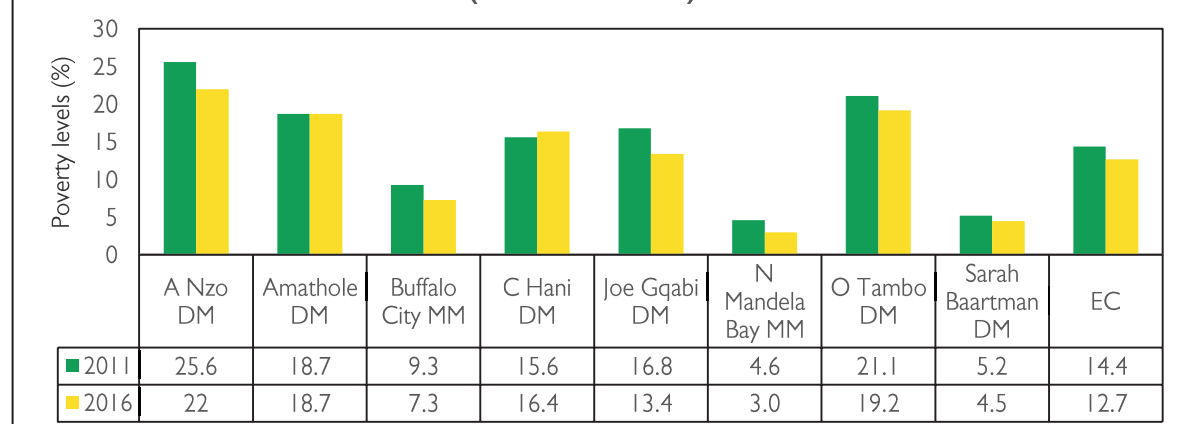


Fig. 5: Poverty headcount by district in the EC, 2011 & 2016
(Source: DEDEAT)



District Health Services

The Eastern Cape Department of Health (ECDOH) provides comprehensive integrated health services that are based on the Primary Health Care (PHC) model, driven through the District Health System. Various programmes are implemented in order to meet the strategic goals of the department through community-based outreach services, clinics, community health centres and hospitals.

There are 772 PHC facilities across the province, which are made up of 731 Clinics and 41 Community Health Centres (CHCs) complemented by 152 non fixed facilities and 66 district hospitals. PHC facilities are the entry points to the health systems and provide PHC package relevant for each level; and are referral points for the community-based services. A total of 16 605 569 people consulted in PHC facilities.

PHC Facilities Quality Improvement Initiative

The province has engaged in Ideal Clinic Realisation and Maintenance (ICRM) initiative to improve quality of care. During this financial year PHC facilities attained Ideal Status increased by 12% (92) facilities from the previous year (from 157 to 249).

Patient Experience of Care (PEC)

During the 2018/19 FY, 660 (86%) PHC facilities conducted the PEC survey. A patient satisfaction rate of 80% was achieved for the Province, a 12% improvement from that of the previous FY.

Improve leadership, management and governance

Oversight, participation in health planning and provisioning is ensured through establishment of health governance structures. The Provincial Health Council led by the MEC and the Provincial Advisory Committee, held meetings as prescribed in the NHA to strengthen oversight in the implementation of health policies. To improve oversight at facility level, Clinic Committees were approved by the honourable MEC for seven hundred and seven (707) 92% fixed PHC facilities.

Capacity building on leadership, management and good governance skills was conducted in six districts for operational managers and clinic supervisors and programme managers in Integrated Clinical Services Management. Provincial District Management Team (PDMT) meetings were held to strengthen leadership and management of district health services as the pillar for the delivery of Primary Health Care in the eight districts.

Ward Based Primary Health Care Outreach Teams

In total there are six hundred and eighty-three (683) Ward-Based Primary Health Care Outreach Teams (WBPHCOTs). Three hundred and thirty-six (336) Enrolled Nurse leaders contracted to lead WBPHCOTs. Contracts for Five thousand and two (4997) CHWs renewed. Eighty-four vehicles hired for the HPV mop-up campaign.

Re-engineering of Primary Health Care (RPHC)

Re-engineering of Primary Health Care (RPHC) is one of the key policy developments which is aligned to the objectives of the 10 Point Plan aimed at overhauling the health care system and improve its management. It is based on the 14 national outcomes and the Negotiated Service Delivery Agreement (NSDA) to achieve “a long and healthy life for all South Africans.” RPHC is also embedded within the National Health Insurance (NHI) initiative which is aimed at increasing universal health coverage, improving the provision of maternal, children and women’s health services in order to improve health outcomes.

RPHC has three streams namely:

- Ward-based PHC Outreach Teams (WBOTs),
- District Clinical Specialist Teams (DCSTs), and
- The Integrated School Health Programme (ISHP).

Ward-based PHC outreach teams (WBOTs)

WBOTS are made up of teams that are led by a professional nurse who is the team leader, known as the Outreach Team Leader (OTL) and include two to six Community Health Workers (CHWs) and Health Promoters. Through home visits and community participation, the programme has positively contributed to the improvement, particularly of MCWH indicators.

Integrated School Health Programme (ISHP)

The Integrated School Health Programme (ISHP), as one of the three streams RPHC, is a Ministerial priority programme. The Department currently provides three of the nine CSTL priorities within the school health service package framework to the Department of Education namely: learner screening to identify and manage health barriers to learning, on-site services including the provision of Human Papilloma Virus (HPV) vaccinations, Health Education and referral services.

Through the Social Transformation Cluster structures, the DOH further forges collaboration with the Department of Social Development (DSD) for integrated planning to positively impact maternal and child health indicators including severe acute malnutrition and early child development.

District Clinical Specialist Teams (DCSTs)

District Health Specialist Teams (DCSTs) should ideally consist of Gynaecologists, Paediatricians, Anaesthetists, Family Physicians, Advanced Midwives, Advanced Paediatric Nurses and PHC nurses. Each district should be having a team consisting of the above-

mentioned professionals, though it is difficult to have all the specialist in one district. The basic functions of the specialist teams are to:

- strengthen clinical governance at PHC level as well as in district hospitals;
- to ensure that treatment guidelines and protocols are available and are used;
- that essential equipment is available and that these are correctly used;
- that mortality review meetings are held, are of good quality and
- that recommendations from these meetings are implemented;
- support and supervise and mentor clinicians; and
- monitor health outcomes.

DCSTs in the province provided extensive training on areas of Maternal and Child Health including BANC, ESMOE HBB and growth monitoring amongst others. Onsite mentoring is conducted during support visits.

District Hospitals Services

There are 66 district hospitals that provide district hospital package including emergency care, inpatient and outpatient care, obstetric care as well as several general and specialist services. Hospital boards are functional in all district hospitals.

Currently district hospitals are recruiting and appointing health professionals and managers in the management positions.

However, health professionals are not easily retained due to the rurality of the province with most district hospitals situated in the deep rural areas. This results in shortage of doctors in these hospitals with consequent high referral to upper level of care.

Provincial Hospitals

Provincial hospitals constitute both Regional and Specialised Services. These hospitals provide specialised health services and referral for district hospitals as well as platform for research and training for health workers. They give support to Lilitha College of Nursing which has established branches around these hospitals for nurse training purposes. Their outreach activities provide support and mentoring to lower levels of care. Whilst meant to build capacity, this is also meant to encourage appropriate up-referral pathways to specialised services. All these hospitals are governed by functional hospital boards.

Regional Hospitals

The province provides a full package of general specialist services from the five regional hospitals namely, Dora Nginza, Cecilia Makiwane, Mthatha, Frontier and St Elizabeth Regional Hospital. Due to challenges in recruiting relevant professional staff (particularly specialist doctors) to St Elizabeth hospital, this hospital is progressing towards provision of the full regional health services package.

TB Hospitals

There are 10 specialised TB hospitals in the province which provide community based management of MDR-TB patients on ambulatory care.

Psychiatric Hospitals

There are three psychiatric hospitals namely, Elizabeth Donkin, Komani and Tower Hospitals. In addition, three regional hospitals (Mthatha, Cecilia Makiwane, and Dora Nginza) have psychiatric units.

Tertiary and Central Hospital Services

Tertiary Hospitals

There are three tertiary hospitals namely, Livingstone, Frere and Fort England hospital which provide tertiary services packages including specialised services.

Central Hospital

Nelson Mandela Academic Hospital (NMAH) is the only central hospital in the EC Province and the teaching hospital of the Walter Sisulu University Medical School.

Forensic Pathology Services

Specialised forensic pathology services are rendered from 18 forensic pathology facilities across the Province, in particular to establish the circumstances and causes surrounding unnatural death. The province has 447 ambulances for the delivery of pre-hospital and inter-facility transfer service.

The availability of operational ambulance has been on average at 75% due to factors such as long lead times for repairs and staff shortage. The condition of vehicles is badly affected by the bad roads of the rural province hence a significant number either is taken for repairs or service.

Pharmaceutical Services

The province operates two pharmaceutical depots, in Mthatha and Port Elizabeth. These are the central facilities that are responsible for the procurement, warehousing and distribution of essential medicines and surgical sundries to all health facilities in the province. The department is also implementing the Centralized Chronic Medicines Dispensing and Distribution (CCMDD) programme whereby chronic medication is delivered and collected by the patients at a site that is close to where they live.

Overview

Key Human Resource Personnel

Table A3: Employment and vacancies by critical occupations as on 31 March 2018

Category	Employ 03/2016	Appoint ments 2016/17	Terminat ions 2016/17	Employ 03/2017	Appoint ments 2017/18	Terminat ions 2017/18	Employ 03/2018	Appoint ments 2018/19	Terminat ions 2018/19
Medical Officers	616	659	596	659	792	608	792	822	638
Medical Specialist	16	36	44	36	50	40	50	45	36
Dentist(Practitioner, technicians and therapy)	16	35	28	35	36	23	36	37	30
Dieticians and nutritionists	23	25	20	25	30	23	30	48	23
Prof Nurses	1668	1362	1223	1362	1674	1403	1674	1628	1438
Nursing Assistant	354	152	321	152	654	292	654	463	257
Enrolled Nurse	152	431	507	431	690	504	690	538	476
Auxilliary and related workers	24	32	59	32	0		0	25	52
Pharmaceutical asst	2	2	4	2	3	4	3	2	4
Pharmacist	326	210	100	210	188	108	188	345	278
Physiotherapists	59	59	67	59	70	48	70	66	43
Emergency medical staff	793	110	83	110	20	49	20	19	60
Occupational Therapists	60	56	67	56	67	43	67	64	57
Radiographers	72	97	83	97	81	21	81	66	54
Grand Total	4181	3266	3202	3266	4355	3166	4355	4168	3446

2.1.4 Service Delivery Outputs

The trends in key provincial service delivery outputs are shown in Table A4 below.

Table A4: Key provincial service volumes, 2014/15-2018/19

INDICATOR	2014/15	2015/16	2016/17	2017/18	2018/19
PHC headcount – Total	17 894 546	18 212 817	18 116 112	16 418 041	16 605 569
PHC headcount under 5 years	2 984 839	2 958 285	2 910 002	2 541 609	2 544 587
OPD Headcount – Total (all hospitals)	2 845 910	2 710 857	2 651 351	2 493 928	2 801 255
Deliveries in facility	116 304	106 243	99 623	100 759	104 827
Total births in facility	119 684	109 580	103 392	102 813	106 597
Hospital separations – Total	458 285	431 395	426 760	576 383	486 013
Patient Day Equivalent in district hospitals	1 820 409	1 788 354	1 735 819	1 888 480	1 199 660
*Patient Day Equivalent in provincial hospitals	1 555 149	724 500	713 300	702 512	726 713
Patient Day Equivalent in specialized TB hospitals	359 955	334 502	284 782	344 814	240 474
Patient Day Equivalent in specialized Psych hospitals	411 538	439 784	417 571	383 211	331 357
BUR (%) - District hospitals	59%	57.2%	56.0	54.7	55%
BUR (%) Provincial Hospitals	73.7%	79.3%	74.8%	77%	71%
BUR (%) in specialized TB hospitals	64.6%	60.3%	52.4%	50.1%	45%
BUR (%) in specialized Psych hospitals	72.3%	85%	86.1%	89.6%	90%
Average length of stay (District hospitals)	5.3 days	5.1 days	5 days	4.9 days	4.7 days
Average length of stay (Provincial Hospitals)	6.7 days	5.8 days	5.7 days	6 days	5.8 days
Average length of stay (Specialized TB hospitals)	112.4 days	94.2 days	84 days	77 days	72.9 days
Average length of stay (Specialized Psych hospitals)	137 days	137.8 days	122 days	149.4 days	190.1 days
Expenditure per day Equivalent (Rand) - District hospitals	R1 909	R3 317	R3 346	R2 241	R2 680.2
Expenditure per day Equivalent (Rand) - Provincial Hospitals	R2 330	R3 412	R3 357	R3 303	R3 282.6
Expenditure per day Equivalent (Rand) - specialized TB hospitals	R983	R5 737	R1 469	R1 626	R1 707.6
Expenditure per day Equivalent (Rand) - Specialized Psych hospitals	R1 343	R1 076	R1 508	R1 815	R2 993
New patients – Pulmonary TB	41 971	41 812	37 449	33 621	36 009
Immunisation coverage	80.8%	86.6%	78.6%	67.3%	71.9%
Total clients remaining on ART at end of the month	320 062	359 729	414 733	452 072	493 879
Total clients started on ART– naïve	78 640	86 678	94 802	82 811	73 339

*Hospital de-complexing effect

2.1.5 Problems encountered in Service Delivery and Corrective Measures Taken

Medico-legal

The Department has in the past and continue to sustain high financial losses due to the scourge of Medico-legal Cases. Medico legal claims account for the highest numbers of current contingent liability thereby making it the highest risk area.

Eastern Region (OR Tambo and Alfred Nzo Districts) has the highest litigation cases in the Province due to various reasons. Funds that are utilised in the payment of these claims deprive the department of its ability to procure necessary materials, commodities and equipments, and other clinical essential that contribute to the delivery of quality healthcare in the Province. The Department of Health is implementing the following strategies to address medico legal cases:

- Package interventions to prevent cerebral palsy.
- Implementation of an electronic patient records management system.
- Promotion of early intervention strategies.
- Designated district hospitals to have the full package of services.
- Rationalization of contingent liability records. Anti-corruption and Fraud Multi Group (AFMG) on Medico Legal Claims Double Dipping Prevention Task Team (DDPT)

Access

Eastern Cape Province has deep rural areas with rough terrain which affects access by rural communities to health facilities. The rough terrain results in poor road infrastructure which affects effectiveness and efficiency of ambulances services to needy communities. The shortage of staff in health facilities especially in deep rural areas, lack of after-hours services at primary health facilities leads to increased number of patients directly accessing hospitals without referral from clinics.

The Department of Health is addressing access to hard to reach areas through community-based outreach services (Thuma Mina). Through Inter-Governmental Relations (IGR) structures, the department works collaboratively with government clusters, municipalities, State Owned Enterprises to address social determinants of health (water & sanitation, infrastructure like roads, human settlements etc.).

Emergency Medical Services (EMS) labour unrest

The department has experienced instability in the provision of Emergency Medical Services due to disruptive labour unrest at Amathole and Buffalo City Metropolitan areas. The EMS experienced violent incidents of attacks to EMS vehicles by community members. There has been increased number of prank calls which results to wastage of limited resources. The EMS vehicles get broken frequently due to poor roads infrastructure. The broken vehicles stay longer at government garage which results to limited number of EMS fleet for dispatch to attend calls.

The department has consistently conducted intensive engagements with affected unions to find solutions to the dispute of overtime payment. The department has through cluster system of government established relations with crime prevention cluster to combat crime against Emergency Medical Services.

Missing Patients

As part of National analysis of TB trends, the Province was noted to have the missing TB patients, undiagnosed patients in the community, patients diagnosed however not started on treatment and patients started on treatment and were lost to follow up during treatment.

To address the above the department implemented the strategy on finding the missing TB patients. This focused on screening and testing of the contacts of the TB Index cases and that included TB Index cases in the workplace. In collaboration with TB South Africa Project under URC, ten Private Practitioners were contracted to conduct TB screening in communities in Nelson Mandela Metro.

Disease Burden

Generally the disease burden is high, and service platform is overburdened due to social determinants of health that the department has no control over. The intervention that the department had put in place is IGR collaboration and integrated planning across sectors.

2.1.6 External Factors that Impacted on Service Delivery

Donor Support

The developmental partners (NGOs) that greatly assisted in the implementation of the strategies health programmes have experience dwindling donor support in the recent years. The reduced financial support for NGOs has resulted to few districts supported. However, the few NGOs operating in the province have contributed significantly in the improvement of the programme indicators, employed support staff like data captures, professional nurses, technical advisers etc.

Training of Cuban Doctors

The department is continuing with the Nelson Mandela and Fidel Castro agreement and legacy project that recruits South African students to study medicine in Cuba. The project targets young South Africans who come from poor families in pursuit of addressing the shortage of doctors especially in rural areas.

Population and Migration Issues

The department has been affected by instabilities in Migration and Population dynamics that are not static in nature. Collaboration with StatsSA and other stakeholders is ongoing in this regard.

2.2 SERVICE DELIVERY IMPROVEMENT PLAN

In accordance with the Public Service Regulations, Chapter I, Part III C, all departments are required to develop a Service Delivery Improvement Plan (SDIP) and to publish an annual statement of public service commitment which will set out the department's service standards that citizens and customers can expect and which will serve to explain how the department will meet each of the standards.

The following tables reflect the components of the SDIP as well as progress made in the implementation of the plans.

Table A5: Main services and standards

Main Services	Beneficiaries	Indicator	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement t 2018/19	Deviation from planned target to actual achievement t 2018/19	Comment on deviation
Child health services	Mothers, Neonates and their families	Neonatal death in facility rate	14/1 000	12/1 000	12.5/1 000	0.5/1 000	Target not achieved. High infection rate due to overcrowding in referral hospitals, which is limiting admission
	Children under 5 years, Mothers	Immunisation under 1-year coverage	69%	87%	71.9%	-15.1%	Target not achieved, due to: <ul style="list-style-type: none"> • Interruption of vaccines because of national stock out of BCG, Polio vaccines and TD vaccines. • Renovations at Mthatha Depot affect stock management • Some facilities do not have electricity to maintain cold chain. • Some facilities do not have vaccine compliant refrigerators as a result not enough stock is taken in.
		Num: Immunised fully under 1 year new (annualised)	111 191	141 147	117 114		

Main Services	Beneficiaries	Indicator	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement t 2018/19	Deviation from planned target to actual achievement t 2018/19	Comment on deviation
		Den: Female under 1 + Male under 1	162 370	162 238	162 773		
		Infant 1 st PCR test positive around 10 weeks rate	1.2%	<1.4%	1.0%	0.4%	Target achieved. Achievement is related to efficient initiation of ART in ANC positive patients.
		Num: Infant PCR test positive around 10 weeks	244	190	218		
		Den: Infant PCR test around 10 weeks	20 084	13 584	21 343		
		Diarrhoea case fatality rate	3.6%	3.5%	3.0%	-0.5%	Target achieved
		Num: Diarrhoea death under 5 years	125	200	127		
		Den: Diarrhoea separation under 5 years	3 491	5 727	4 196		
		Pneumonia case fatality rate	3.7%	3.5%	3.2%	-0.3%	Target achieved
		Num: Pneumonia death under 5 years	144	218	147		
		Den: Pneumonia separation under 5 years	3 909	6 232	4 564		
		Severe acute malnutrition deaths in facility under 5 years	161	199	131	68	Target achieved

Main Services	Beneficiaries	Indicator	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
		School Grade I – learners screened	46 710	39 441	32 404	7 037	Target not achieved. <ul style="list-style-type: none"> There was a shortage of staff due to late contracting. Shortage of transport for outreach.
		Human Papilloma Virus Vaccine 1st dose coverage	57 286	50 972	48 294	2 678	Target not achieved
Maternal Health Services.	Women of child bearing age and their families	Couple year protection rate (Int)	49%	65%	53.7%	-11.3%	Target not achieved. <ul style="list-style-type: none"> Poor recording of contraceptive methods. Dispensing of some contraceptive methods takes CCMDD approach and in PHC facilities, whilst dispensed for several months, these are recorded only once.
		Num: Oral pill/15 + Medroxyprogesterone injection/4 + Norethisterone enanthate injection /6 + IUCD inserted* 4.5 + Male condoms distributed /120 + Sterilisation-male*10 + Sterilisation-female*10 + Female condoms distributed /120 + Sub-dermal	916 626	1 218 312	1 020 122		

Main Services	Beneficiaries	Indicator	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
		implant inserted *2.5					
		Den: Female 15-44 years + Female 45-49 years	1 879 074	1 874 326	1 897 817		
		Antenatal 1st visit before 20 weeks rate	65%	68%	61.6%	-6.4%	Target not achieved. Late presentation of pregnant women at facility. Due to cultural practices, teenagers between the ages of 10-19 years hide their pregnancy until it's visible.
		Num: Antenatal 1st visit before 20 weeks	70 962	68 556	75 710		
		Den: Antenatal 1st visit total	109 447	105 472	122 773		
		ANC client initiated on ART rate	86.6%	95%	93.4%	1.6%	Target not achieved. Reporting of ART initiation for positive ANC cases is affected by the general challenge of Tier capturing and reporting. Most affected districts are Alfred Nzo, NMBM and OR Tambo.
		Num: Antenatal client start on ART	12 985	16 883	12 171		
		Den: Antenatal client known HIV positive but NOT on ART at 1st visit + Antenatal client HIV 1st test positive + Antenatal	14 997	17 772	13 025		

Main Services	Beneficiaries	Indicator	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
		client HIV re-test positive					
		Delivery in facility 10 - 19yrs rate	15.4%	10%	16.4%	6.4%	Target not achieved due to indicator retraining target under 18s. The NIDS 2017 definition of this indicator changed from deliveries under 18 years to 19 years. Individuals older than 18 years are adults with independent rights to sexual and reproductive activities. Low target was set without consideration of changes to the indicator.
		<i>Num: Delivery 10-14 years in facility + Delivery 15-19 years in facility</i>	15 474	10 624	17 167		
		<i>Den: Delivery in facility total</i>	100 759	106 243	104 827		
		EMS inter-facility transfer rate	30%	30%	33.3%	3.3%	Target not met. Demand of ambulances exceeds the supply. About 50% of available 447 ambulances are rostered per shift due to various factors e.g. service and repairs
		<i>Num: inter-facility transfer EMS</i>	188 316	185 488	154 911		
		<i>Den: EMS clients total</i>	618 409	618 295	465 804		
		Maternal mortality in facility ratio	128/100 000	120/100 000	106/100 000	-14/100 000	Target achieved

Table A6: Batho Pele Arrangements (Quality)

Service beneficiary	Batho Pele	Current situation: 2017/18	Desired situation: 2018/19	Actual performance	Explanation
Women of child bearing age, child under 5 years and their families	Consultation	District Health forums not well organized	4 health forums per district	1 District H Forum(Chris Hani)	District Health Forums are still not well organized lack of support from external stakeholders.
		Provincial Health Council (PHC) meeting – Bi annual	Provincial Health Council (PHC) meeting – Bi annual	1 st Meeting was held on the 26 th September 2018 2 nd meeting was held on the 26 March 2019	The specific areas of performance with regards maternal and child health services were discussed with recommendations made
		Provincial health consultative forum (PHCF) – annual	Provincial health consultative forum (PHCF) – annual	None	Meeting did not sit due to non-availability of external stakeholders.
	Access	Inadequate and poor signage	Clear visible signage within the hospital	26 prioritized facilities have clear signage within the hospital	
		2 Regional hospitals do not have birthing units	Establish birthing unit in the Umthatha Regional Hospital	Though not yet opened, the area has been identified, equipment has been procured, and recruitment process has been initiated for staffing of the unit.	The Unit will be opened on completing of the recruitment process by first quarter of the 2019/20.
		31.4% of priority I rural calls are responded to as per standard (45 minutes)	60%	51.4%	Demand of ambulances exceeds the supply. About 50% of available 447 ambulances are rostered per shift due to various factors e.g. service and repairs
		58.2 % priority I urban calls responded to as per standard (15 minutes)	70%	32.2%	Demand of ambulances exceeds the supply. About 50% of available 447 ambulances are rostered per shift due to various factors e.g. service and repairs
		Essential medicines stock-out rate at the depots <2.5%	<5%	25%	Target not achieved due to poor performance by the suppliers. Certain items were out of stock for most part of the financial year;

Service beneficiary	Batho Pele	Current situation: 2017/18	Desired situation: 2018/19	Actual performance	Explanation
					these include BCG and Diphtheria/Tetanus for the expanded immunization programme (EPI).
		Service waiting time longer than 3 hours in prioritized hospitals	Service waiting time not longer than 3 hours in prioritized hospitals	12 prioritized facilities are able to service patients within 3 hours.	14 facilities are exceeding the turnaround time due to shortage of doctors. The matter is being addressed through the strengthening the Centralized Chronic Medicines Dispensing and Distribution Programme.
	Information	50% of women in antenatal care are connected to Mom Connect to receive SMS service and educational information.	60% of women attending Antenatal care connected to SMS service (mom connect) of education	49% of women attending Antenatal care connected to SMS service (mom connect) of education	
		Not all prioritized facilities are participating in community Health education and awareness campaigns	26	26	
		Installation of Patient Electronic Register not done in prioritized facilities.	4 hospitals (Dora Nginza, Butterworth, Uitenhage, St Patrick's Hospitals)	Nil	Staff have been trained in all the hospitals in Patient Electronic Register. There will be an engagement of the facilities on implementation of the system taking place 4-6 June 2019.
		Refurbish & installation of access-restriction/control for Archives/ Records Management not yet commenced.	26 hospitals have access-restriction/control for Archives/ Records Management	26 hospitals have access-restriction/control for Archives/ Records Management	
	Redress	Complaints resolution rate within 25 days is 80%	85%	99.2%	Target Achieved
		Patient experience of care satisfaction rate at 59.4 %	70%	79.4%	Target achieved
		Review of client's medical record by supervisor to quality ensure care	26 hospitals	18	Facilities that have challenges will be supported for better performance

Service beneficiary	Batho Pele	Current situation: 2017/18	Desired situation: 2018/19	Actual performance	Explanation
		not yet measured			in the next financial year through Quality Improvement support visit and provided with Protocols
		Complaints Management System not visible for health service users	26 prioritized hospitals have fully functional complaints, suggestion and complements boxes	26 prioritized hospitals have fully functional complaints ,suggestion and complements boxes	Target achieved
	Value for money	50% of health professionals trained on ESMOE, Management of Small and Sick Neonates, ETAT, Helping Babies Breath, and Hypoxia.	60% of health professionals trained on ESMOE, Management of Small and Sick Neonates, ETAT, Helping Babies Breath, and Hypoxia.	60% of health professionals trained on ESMOE, Management of Small and Sick Neonates, ETAT, Helping Babies Breath, and Hypoxia.	
		Annual Fire drills in hospitals not prioritized	Annual Fire drills in 26 prioritized hospitals.	8	Facilities will be supported to bridge the gap through Quality Improvement Support Project and provided with Protocols
		Shortage of appropriate and functional medical equipment,	All 26 prioritized facilities have appropriate functional medical equipment	All 26 prioritized facilities have appropriate functional medical equipment	
	Courtesy	Comfort in the waiting areas of the hospitals – cleanliness; ventilation and amount of chairs not adequate	Comfort in the waiting areas prioritized in all District Hospitals including prioritized hospitals	Comfort in the waiting areas prioritized in all District Hospitals including prioritized hospitals,	Target achieved
		Reception areas in the hospital are not clearly demarcated, Privacy to patient information is not fully ensured.	Reception areas in the hospital are clearly demarcated in all prioritized hospitals Privacy to patient information is ensured in all prioritized facilities	Reception areas in the hospital are clearly demarcated in all prioritized hospitals Privacy to patient information is ensured in all prioritized facilities	
		EMS Personnel not Trained on Customer Care	60(Trainer of trainers)	43 trained	Not achieved due to industrial actions by EMS staff, the project will continue next financial year.

Table A7: Batho Pele arrangements with beneficiaries (Consultation access etc)

CURRENT/ACTUAL ARRANGEMENTS	DESIRED ARRANGEMENTS	ACTUAL ACHIEVEMENTS
Current Consultation arrangement with customers is through hospital boards and clinic committees as well as through patient experience of care survey	All health facilities are expected to have fully functional hospital boards and clinic committees.	89% of hospitals have fully functional Hospital Boards, remaining facilities are in the process of appointments.
	90% of facilities conduct the annual patient experience of care survey	97% of facilities conducted the patient experience of care and implementing quality improvement plans. All Health Districts were empowered on conducting Surveys through implementation National Guidelines .

Table A8: Service delivery information tool

CURRENT/ACTUAL INFORMATION TOOLS	DESIRED INFORMATION TOOLS	ACTUAL ACHIEVEMENTS
Information on health can be found on the Departmental website. www.ecdoh.gov.za.	Information on Health can be found on the Departmental website and newsletter issued monthly	Departmental website is functional and information on it, is updated monthly
Radio adverts, promotions at schools, EXPOs and provision of educational material.	Radio adverts, promotions at schools, churches, school careers day EXPOs and provision of educational material in communities and schools to attract students for the health bursaries and studies	The Department utilises both print and broadcast media: Print Media such as Daily Dispatch, Daily Sun, Herald and Isolezwe are used to communicate health messages. Broadcasting Media is used to communicate different topics on health promotion targeting the Eastern Cape Communities using the following community radio stations Tru FM, Algoa FM and Fort Hare and Umhlobo Wenene National Radio Station.
Toll free number 0800 032 364 for call centre services for citizens available	Toll free number 0800 032 364 for Call Centre	Toll free number 0800 032 364 for Call Centre

Table A9: Complaints mechanism

CURRENT/ACTUAL COMPLAINTS MECHANISM	DESIRED COMPLAINTS MECHANISM	ACTUAL ACHIEVEMENTS
Complaints are received from various sources namely Office of the Premier, Office of the MEC, Office of the Superintendent General, National Department of Health, Public Protector as well as from complaints boxes placed in strategic points at all health facilities. These complaints are acknowledged within 3 working days and investigated within 5 working days. All complaints received either at institutional or head office level are Categorized in order to identify the most important system failures. Once a significant system failure has been identified the root cause is rectified through development and implementation of quality improvement plans. The National Norm is that complaints must be resolved within 25 days	80% Resolution of complaints within 25 days	93 % (6332/6754) complaints were resolved within the 25 days All Complaints that were lodged at the National Level were redirected to the health facilities for investigation: National Department : 100 % (19/19) 25 days resolution rate with complaints lodged Provincial Complaints Policy has been reviewed, aligned to National Imperatives and approved by Member of the Executive Council. The document has been circulated to all facilities. The Quality Assurance Unit in the year 2018/19 embarked on Batho Pele Change Management and Engagement Programme to improve staff values and attitude.

2.3 ORGANISATIONAL ENVIRONMENT

The status of human resources in the department

During the period under review, the department employed 40 909 employees in a permanent capacity and of which more than 60% are health professionals. In terms of the employment equity profile of the Department there are 109 persons with disability and 50.5 per cent of senior management positions are held by females.

The Chief Directorate: IHRM provided integration of human resource management services and practices to line functionaries. The plans relative to Human Resources Management, Organizational Development and Human Resources Development are in alignment and integrated. The strategies applied include the Annual Recruitment Plan, the Human

Resources Plan, the Bursary Scheme, the Health Professionals Training Grant Business Plan and the Annual Intake Plan for Community and Post-Community Service Employees.

Organisational Development:

The department continued with the process of reviewing the organisational structure, the department has revised the Organizational Structure to align with an improved Service Delivery Model, which has its emphasis on the Primary Health Care (PHC) approach.

The department effected organizational structure changes with the aim of strengthening both District Health Services and Hospital Services. This has been done through the creation of two posts of Deputy Directors - General viz DDG: District Health Management Services and DDG: Hospital and Clinical Support Management Services as well as eight (8) posts of Chief Directors District Management. The implementation of the above will enhance decentralisation of services to the district at large and will also encourage delayering of functions and thus improve on service delivery. In the year under review the department has seen the departure of its Chief Financial Officer towards year end.

Recruitment:

Recruitment, selection and appointment functions were effectively managed through the approved Annual Recruitment Plan (ARP), to ensure achievement of the strategic and service delivery objectives of the department.

The department's ARP, is informed by staffing analysis and human resources plan, prioritised the appointment of Post-Community Service Medical Officers, Allied Health Professionals and Professional Nurses, Operational Managers (PHC), Pharmacy Assistants, staffing of thirteen (13) newly built clinics and capacitation of identified forty six (46) Clinics with Professional Nurses. During the year under review the department continued with the implementation of the medico legal strategy which focused on recruitment in the maternity services and reproductive health services, with emphasis on the twenty six (26) identified hospitals in the province. The medico legal strategy focused on strengthening of targeted facilities through appointment of administrative support, midwives, professional nurses and doctors.

Performance Management and Development

The department has continued to institutionalise performance culture to enhance alignment between individual and organisational performance for attainment of Annual Performance Plan deliverables. The department continued to implement measures to monitor regular individual performance assessment and reviews.

The department implemented employee development interventions and embarked as part of its Youth Developmental Programmes on development of unemployed youth through Learnerships, Traineeships and Internships in order to build a pool of well capacitated workforce.

The department actively empowers women amongst others through formal qualification and targeted training and development interventions:

- Bursaries for internal staff (70 % women) and (30% male)
- Transversal training programmes (83% women) and (17% male)
- Women in Leadership Empowerment programme (Average 76% women) and (24% male)

Employee Wellness Programme

The EWP is aligned with the Public Service 4 pillar model and offers case intervention for psychosocial issues/ occupational health and injuries on duty, health screening, health and wellness promotion, sport and fitness programmes as well as capacity development for managers on dealing with employee issues.

During the year under review the department has, through the EWP, achieved the following:

- Up scaled health screening and testing with 902 employees tested for HIV, 4202 for TB and non- Communicable diseases. Employees with high health risk levels were referred for treatment and counselling.
- Counselling services including trauma debriefing were offered to 1484 employees including 87 PILIR cases to mitigate the negative impact of sick absenteeism.
- 4 Employee Wellness policies were reviewed, approved and implemented
- 47 training workshops were conducted reaching 1351 supervisors and shop stewards
- A total of 23 078 employees were reached by various Employee Wellness services

Challenges faced by the department and ongoing human resource plans /goals

Whilst the department is managing reasonably well, variables such as the national shortage of health professionals, provincial budget cuts and the rural nature of the province makes it challenging to attract and retain health professionals. Despite the introduction of the OSD, nodal and rural allowances and competitive remuneration packages it remains difficult to recruit health professionals, and particularly in the rural and remote parts of the province.

The HR Plan will continue to inform the recruitment strategies. However, the ARP budget is not sufficient to cater for department recruitment needs as there are still budget pressures that require the department to meet its basic service delivery needs.

The department aims to accelerate employment of People with Disabilities. The revised EE Plan addresses identification of posts that will be designated for People with Disability, and a revised HR Plan will further reflect on designated posts.

The EWP continues to be dependent on internal and external partners to deliver services. Future plans include contracting an Employee Wellness external service provider to deliver professional counselling services to high risk groups such as Emergency Medical Services and Forensic Pathology. This project will explore the feasibility of a co-sourced, combination model for Employee Wellness.

2.4 Key Policy Developments & Legislative Changes

- Policy Framework and Strategy for **Ward Based Primary Healthcare Outreach Teams** 2018/19 - 2023/24
- Ideal clinic Manual Version - 2018
- Branding Manual for Primary Health Facilities in South Africa – December 2018
- NHI Draft Bill
- Ideal Hospital Revitalisation Policy
- Departmental Supply Management Policy and Procedure Manual

3. Strategic Outcome Oriented Goals

3.1 Strategic Goals of the Eastern Cape Department of Health 2020

Three strategic goals for the department of Health as per the Five-year (2015/16 – 2019/20) Strategic Plan has been aligned to those of the National Department of Health. To this effect, the strategic objectives are linked to the Medium-Term Strategic Framework (MTSF) and the National Health Council Priorities.

In its quest to contribute to the obligations of the National Development Plan (NDP) 2030, the department has identified three strategic goals to focus on in ensuring that the Departmental mandate is fulfilled. These goals are:

- Prevent and reduce the disease burden and promote health
- Improve quality of care and
- Universal health coverage

3.2 Burden of Disease

The underlying causes of mortality

The 2018 mortality statistics as presented by Statistics South Africa on the figures below suggested that both communicable diseases (like TB and HIV) and non-communicable diseases remains the leading cause of mortality in the province. The diabetes mellitus is reported as the top leading cause of mortality among the females. The socio economic conditions plays a huge contribution in the fight against morbidity and mortality in particular due to communicable diseases.

Fig.6 Top 10 underlying causes of death among males (StatsSA 2018)

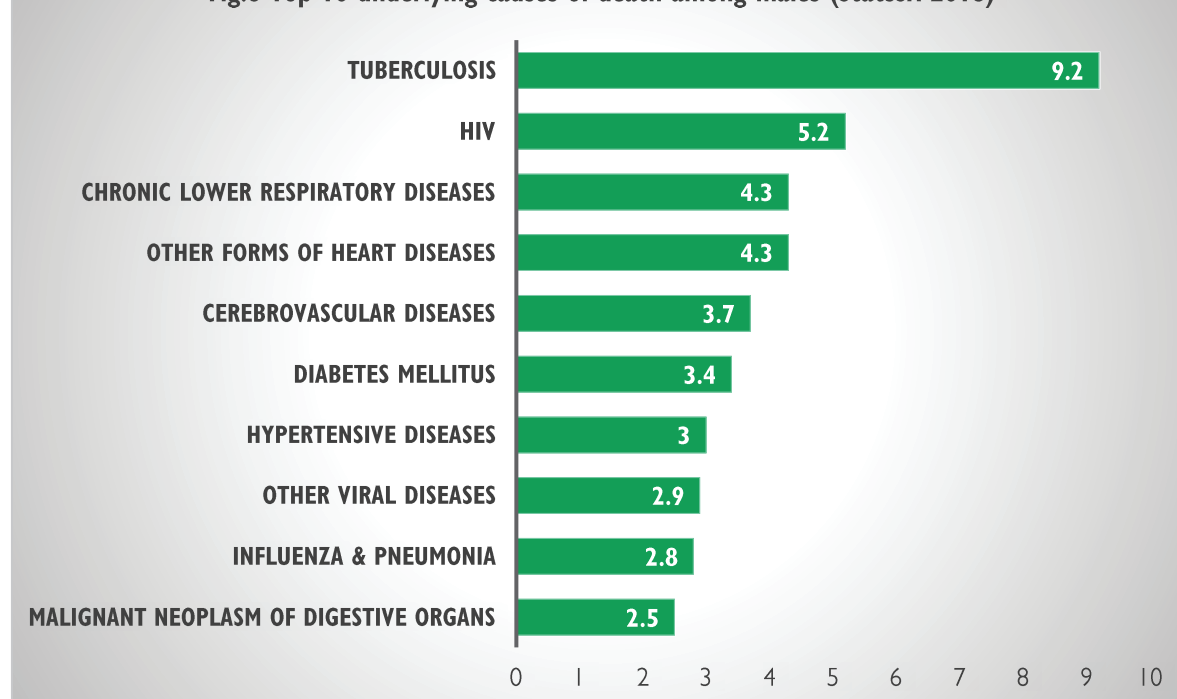
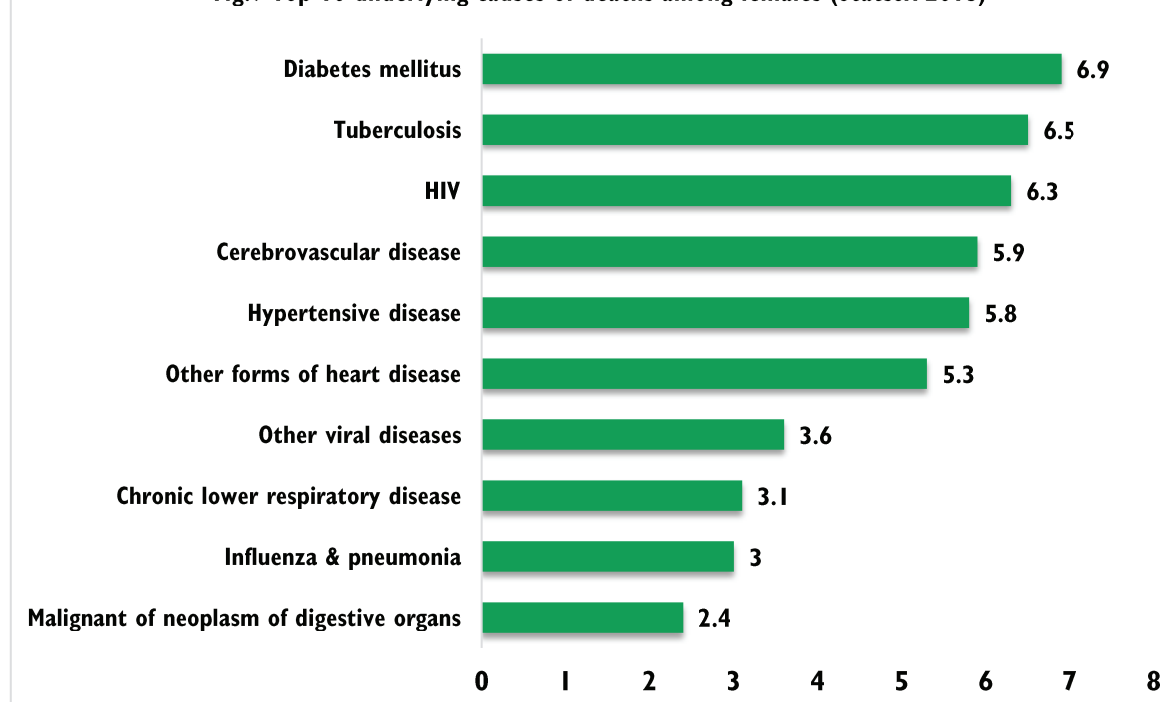
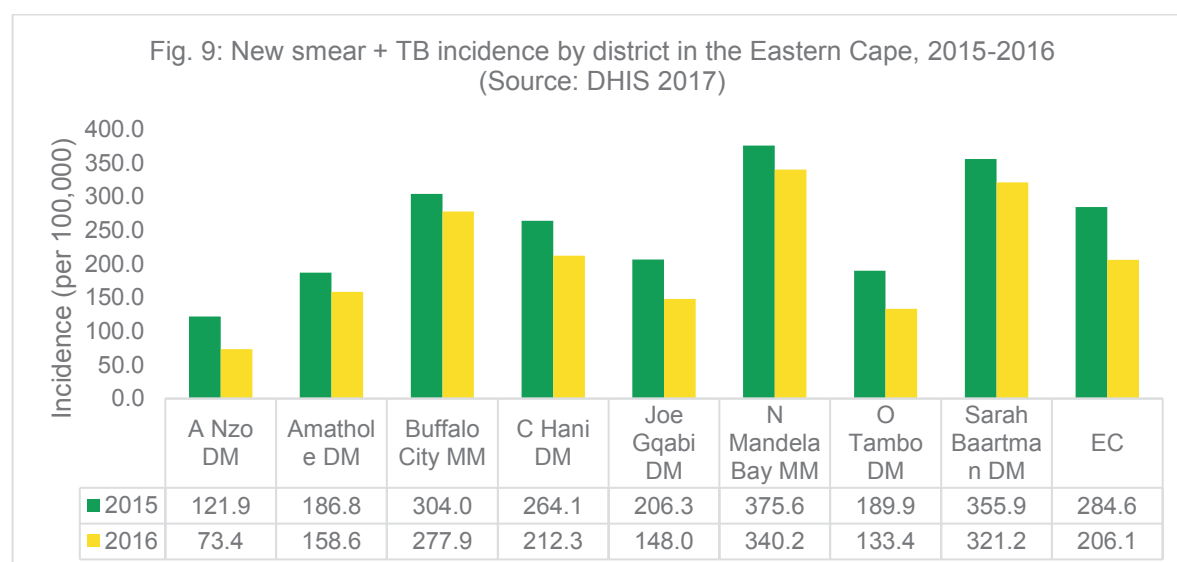
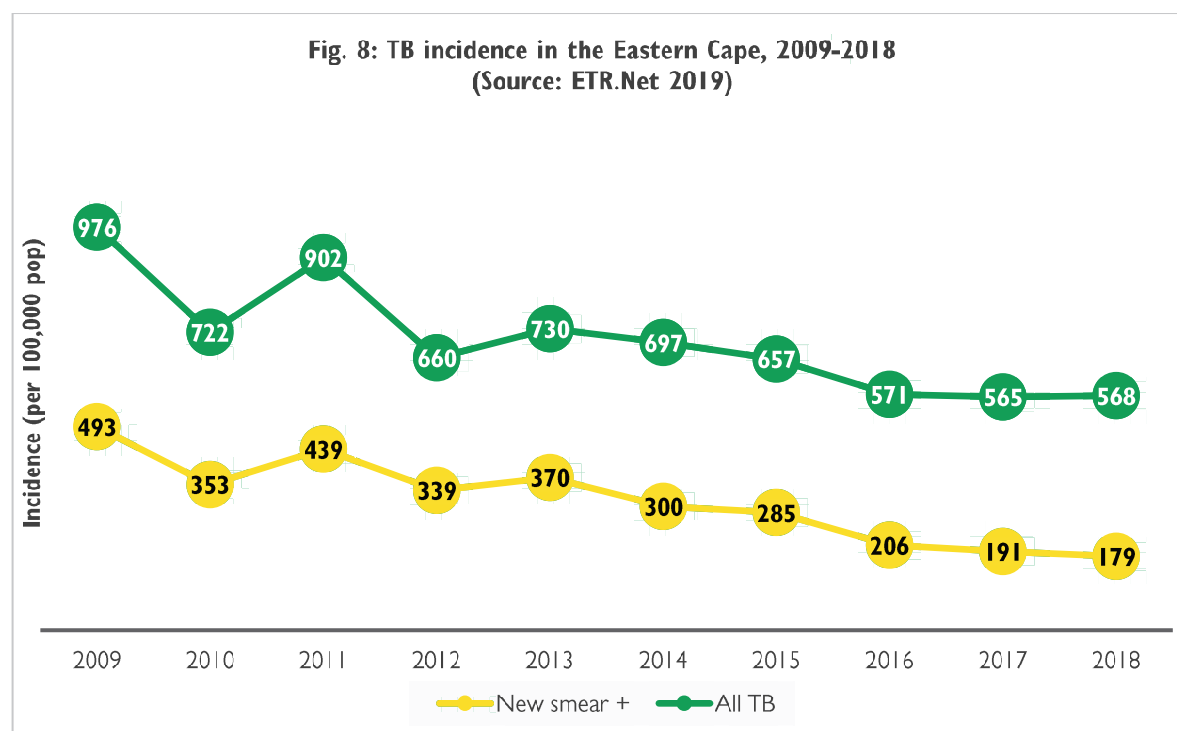


Fig.7 Top 10 underlying causes of deaths among females (StatsSA 2018)



Tuberculosis

The TB incidence has been decreasing in the Eastern Cape over the years. The Pulmonary TB new smear positive incidence rate was 493 per 100,000 in 2009 and, thereafter it gradually decreased to a lower rate of 206 per 100,000 in 2016. The distribution by districts has shown that the Nelson Mandela Metro remained with the highest incidence (340.2 per 100,000) with the lowest incidence (73.4 per 100,000) reported by Alfred Nzo district in 2016. All the districts have shown a decline in 2016 when compared against 2015.



HIV & AIDS

The table below suggests that HIV prevalence among pregnant women attending antenatal care in public health facilities continues to increase over the years in the Eastern Cape. The Buffalo City Metropolitan Health district reported the highest HIV prevalence of 38.8% in year 2017 and the lowest prevalence (29.7%) was observed in Nelson Mandela Metro.

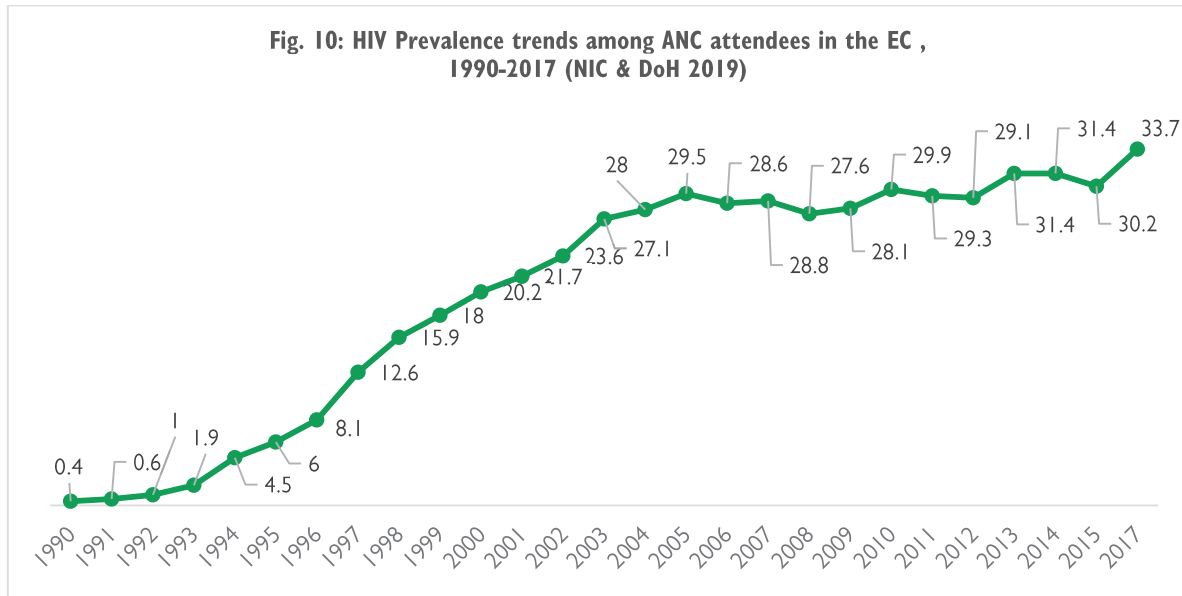
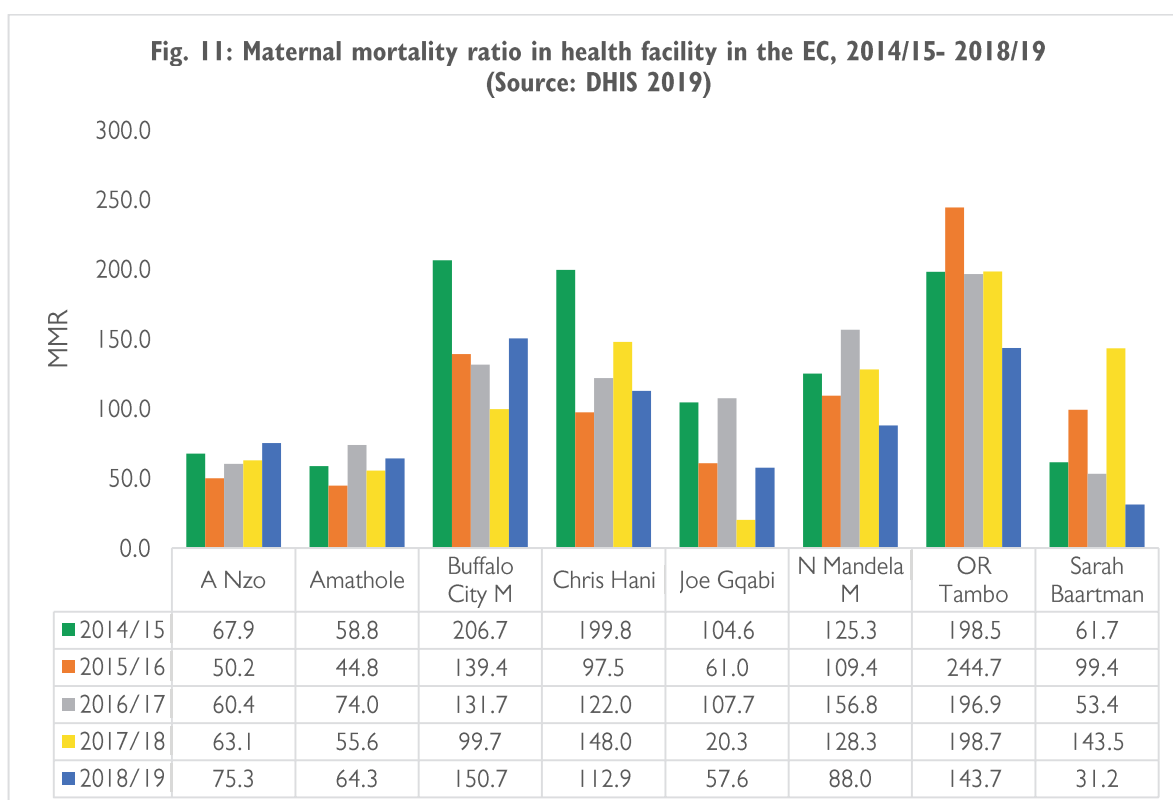


TABLE A9: HIV PREVALENCE AMONG ANC CLIENTS BY DISTRICT IN THE EC, 2013-2017 (SOURCE: DOH, ANTENATAL HIV SURVEY 2019)									
District	2013		2014		2015		2017		
	Prev (%)	95% CI	Prev (%)	95% CI	Prev (%)	95% CI	Prev (%)	95% CI	
A Nzo	25.3	20.5 - 30.9	30.1	20.5 - 30.9	26.6	20.5 - 30.9	31.6	28.1 - 35.3	
Amathole	35.3	31.4 - 39.4	29.0	24.8 - 34.6	28.3	23.2 - 34.2	31.4	27.2 - 36.0	
Buffalo City M	29.5	24.8 - 34.6	33.4	31.4 - 39.4	31.2	26.7 - 36.2	38.8	34.3 - 43.5	
Chris Hani	34.5	30.2 - 39.0	35.1	30.2 - 39.0	31.9	27.4 - 36.8	35.5	30.8 - 40.5	
Joe Gqabi	30.7	24.2 - 38.0	34.0	24.2 - 38.8	28.3	19.7 - 38.8	34.6	29.5 - 40.0	
N Mandela M	31.4	24.9 - 38.9	27.1	24.9 - 38.9	29.9	24.0 - 36.5	29.7	26.1 - 33.4	
OR Tambo	32.6	29.0 - 36.4	36.0	28.8 - 36.4	33.3	30.4 - 36.4	35.2	31.8 - 38.7	
Sarah Baartman	27.5	20.4 - 35.9	23.6	14.5 - 36.1	25.4	17.9 - 34.8	33.2	26.8 - 40.4	
EC	31.4	29.4 - 33.5	31.3	29.4 - 33.5	30.2	28.2 - 32.3	33.7	32.2 - 35.3	
Prev- HIV prevalence									
CI- Confidence Interval									

Child and Maternal Health

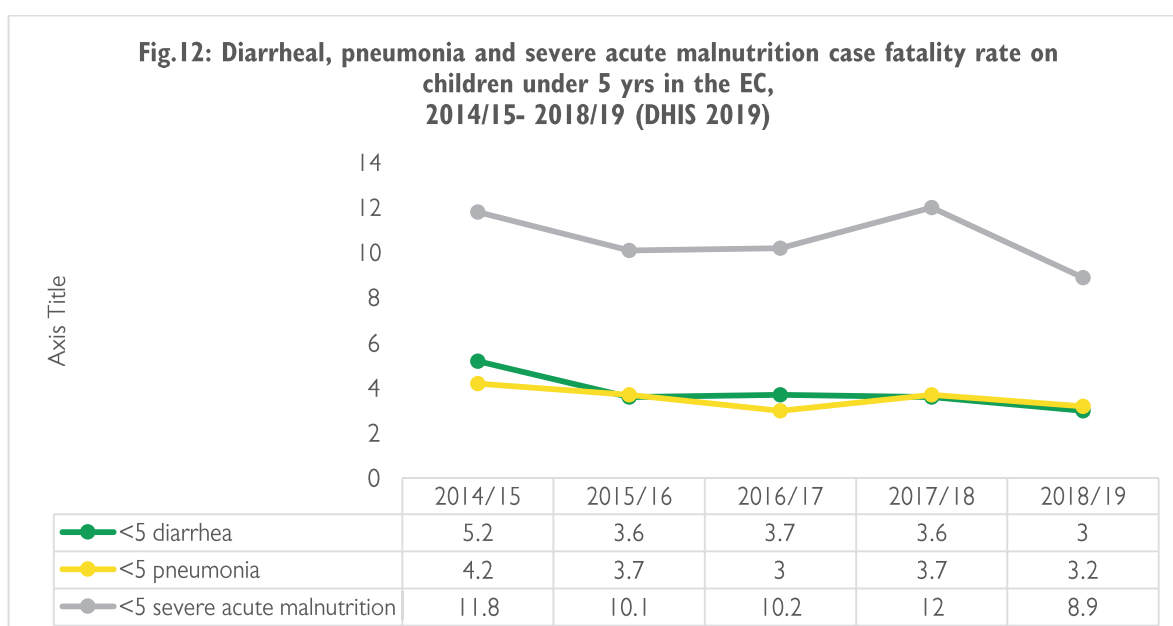
Maternal Mortality Ratio

Maternal mortality in health facilities was slightly going down in the province. Although OR Tambo district has shown a significant decline in 2018/19 it remains the most challenged area after Buffalo City Metro. Alfred Nzo district has steadily showing an increase in maternal mortality over the years since 2015/16. The lowest MMR was reported at Sarah Baartman in 2018/19.



Under-5 mortality

The case fatality rate due to diarrhoea, pneumonia, and severe acute malnutrition among children under 5 years has generally been showing decline in the province, which might be associated with the child health intervention programmes. It is only in 2016/17 wherein there was no decline in diarrhoea and severe acute malnutrition when compared against 2015/16 data. Deaths due severe acute malnutrition increased in 2017/18 and significantly dropped in 2018/19.



Non-Communicable Diseases

Communicable diseases (like Diabetes and Hypertension) are some of major causes of morbidity and mortality in the province. Diabetes incidence was lowest in Alfred Nzo. The incidence is fluctuating in districts over the years but remains below 3 per 1000 population in most of the districts. The hypertension incidence has been increasing in the province from 18.2 per 1000 population in 2013/14 to 21.8 per 1000 population in 2016/17. The Nelson Mandela Metro has been reporting the lowest rates of hypertension incidence in all the past three years except in 2016/17 wherein the lowest incidence (12 per 1000) was observed in Alfred Nzo district. Amathole and OR Tambo districts are generally challenged by non-communicable disease.

Fig. 13: Diabetes incidence in the E Cape, 2013/14 - 2016/17 (DHIS 2017)

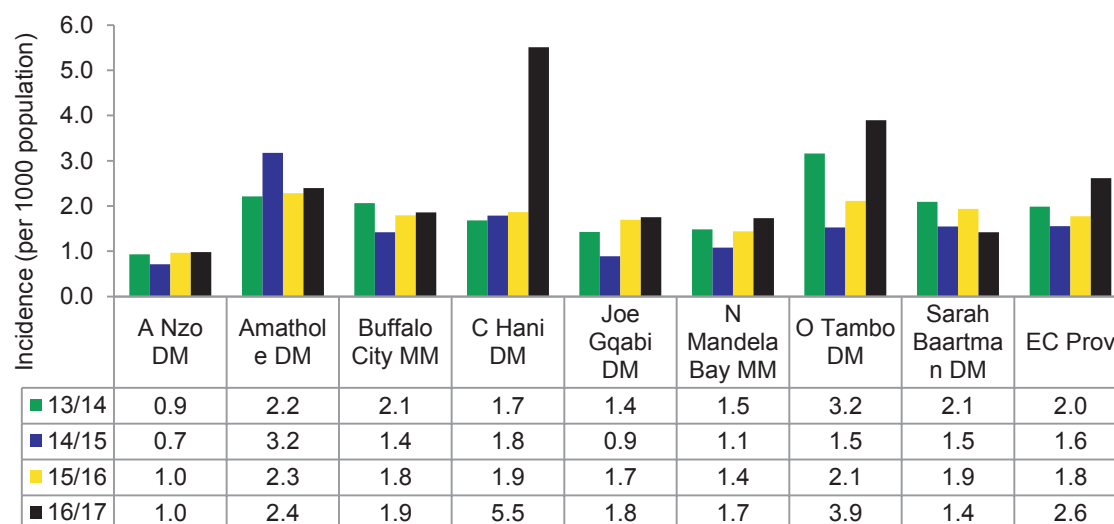
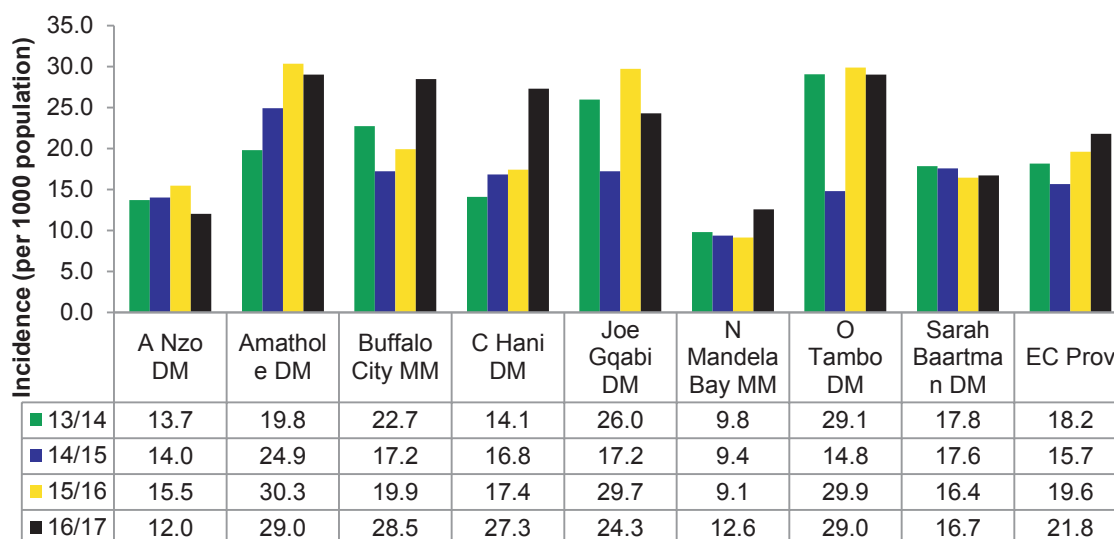


Fig.14: Hypertension incidence in E Cape, 2013/14 - 2016/17 (DHIS 2017)





PERFORMANCE INFORMATION

PERFORMANCE
INFORMATION BY
HEALTH PROGRAMME

PART B

PERFORMANCE INFORMATION BY PROGRAMME

METHODOLOGICAL CONSIDERATIONS

Data flow processes: District Health Management Information System (DHMIS) policy stipulates time lag of 45 days for data processes from the facility level to the national Department of Health (DOH). At the time of the quarterly report compilation, data for the third month is usually not ready and signed off by the Head of Department. As a result, the third month data is estimated by averaging the previous 3 months' data. The actual outputs for the third month are reported in the following report.

EC Population: Based on the Stats SA population estimates and the health facilities headcount, the Department of Health District Health Information System (DHIS) which is a national health information system, estimates the health facilities catchment population which is programmed in the systems to calculate population-based indicators. Due to rounding off, DHIS tend to have higher overall district and provincial population figures than those published by the Stats SA i.e. 6.52 million against 7.2 million in DHIS.

Interpretation of achieved targets: The department considers the planned target as the estimated figure and a future event and can only be achieved within a statistically acceptable range rather than at a point. Following this argument therefore, the Department decided on a margin of error of 5% at 95% confidence level of the planned target stipulated in the Annual Performance Plan as an acceptable range for target achievement. The interpretation therefore is that 95% of time the true output value will lie within 5% of the planned target.

Calculating Population-Based Indicators: In quarterly and half-year reports, population-based indicators that have denominator as the total population are annualised i.e. actual quarterly numerator output is multiplied by 4 (for the quarters) to align with the denominator that is an estimated annual population. Mid-year actual numerator outputs are multiplied by 2.



Province of the
EASTERN CAPE
HEALTH



PROGRAMME I

HEALTH ADMINISTRATION AND MANAGEMENT

PROGRAMME 1: HEALTH ADMINISTRATION AND MANAGEMENT

The Health Administration and Management programme comprises of two main components namely, **Administration**, the executive authority which lies with the office of the Member for Executive Council (MEC); and **Management** of the organisation which is primarily the function of the office of Superintendent General.

SUB-PROGRAMME 1.1 HEALTH ADMINISTRATION-OFFICE OF THE MEC

Sub-programme purpose

To provide political and strategic direction to the Department by focusing on transformation and change management.

Strategic objectives

- Strategic Leadership and accountability by 2019

PROGRESS AND ACHIEVEMENTS

Health programme support

- Hosted the Microsoft CEO during the launch of the e-triage solution and mobile health clinic at Qunu Village as part of the e-health strategies.
- Handing over of EMS replacement vehicles in Idutywa.
- Hosted the Prime Minister and delegation from Lower Saxony during their visit to Duncan Village Day Care Centre, where there was medical exchange on communicable diseases as part of the International Knowledge Transfer Programme on HIV/AIDS & STI prevention.
- Hosted the provincial International Nurses Day commemoration at Qutubeni village in Chris Hani District and linking the event with commemoration of the 100 years of Mama Albertina Sisulu.
- Officially opened the 120th anniversary celebrations for Victoria Hospital with a sod turning ceremony.

Leadership and Governance

- Hosted the Prime Minister and delegation from Lower Saxony during their visit to Duncan Village Day Care Centre, where there was medical exchange on communicable diseases as part of the International Knowledge Transfer Programme on HIV/AIDS & STI prevention.
- The Provincial Health Council (PHC): In a PHC meeting held in Port Elizabeth in September 2018.
- Participated in the provincial Lekgotla processes preparing for the 2019 MTEF in January and February 2019
- Hosted the Mental Health Review Board on 13 February 2019.
- Attended the statutory quarterly National Health Council on 01 March 2019.
- Presided over the quarterly Provincial Health Council on 26 March 2019.
- Commemorated the highly successful World TB Day on 28 March 2019 in collaboration with the Minister of Health in Mdantsane, Buffalo City Metro Health District.

Community Outreach

- Participated in a community outreach programme at Xhume Village in Chris Hani District.
- Led the Thuma Mina community outreach programme in Buffalo City Metro in February 2019.

Table BI.1 Performance against Annual Targets from 2018/19 Annual Performance Plan for Sub-Programme 1.1 Health administration

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
Strategic Leadership and accountability by 2019	Number of statutory documents tabled at Legislature	New indicator	6 statutory documents	6 statutory documents	8	8	0	Target achieved. These included 4 quarterly reports, Annual Performance Report, Annual Performance Plan; Service Delivery Improvement Plan and the MEC Policy Speech

Strategies to overcome areas of under performance

Changes to planned targets

There were no changes made to targets during the reporting period.

SUB-PROGRAMME 1.2 HEALTH MANAGEMENT

Sub-programme purpose

The purpose of the programme is to manage human, financial, information and infrastructure resources. This is where all the policy, strategic planning and development, coordination, monitoring and evaluation functions, including regulatory functions of the head office, are located.

The management component under the Superintendent General's supervision, is comprised of three clusters with their sub-components branches as listed below.

Finance Cluster

- Financial Management Services (FMS)
- Integrated Budget Planning and Expenditure Review (IBP)
- Supply Chain Management (SCM)

Corporate Services Cluster

- Information, Communication, and Technology (ICT)
- Human Resource Management (HRM)
- Human Resource Development (HRD)
- Corporate Services (CS)

Clinical Cluster

- District Health Services (DHS)
- Hospital Services Management (HSM)
- Communicable Diseases (CD)
- Health Programmes (HP)
- Clinical Support Services (CSS)

Branches reporting directly to the Office of the Superintendent General

- Strategy and Organizational Performance
- Infrastructure
- Internal Audit
- Quality Assurance

Strategic objectives

- 2.1: Unqualified audit opinion achieved by 2019
- 2.2: 100% of health facilities connected to web-DHIS through broadband by 2019

Table BI.2: Performance against Annual Targets from 2018/19 Annual Performance Plan for Sub-Programme 1.2 – Management

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
2.1: Unqualified audit opinion from Auditor General achieved by 2019	2.1.1 Audit opinion from Auditor General	Unqualified Audit	Unqualified Audit opinion	Unqualified Audit report	Unqualified Audit report			
	2.1.4 Level 3 MPAT	Level 3	Level 2.7	Level 2.8	Level 3 MPAT performance	Level 2.8	0.2	Target not achieved Areas of poor performance include: <ul style="list-style-type: none"> • Disposal & Asset management • Payment of suppliers • Disciplinary cases • PMDS SMS • OD • Integration Evaluation
2.2 100% of health facilities connected to web-DHIS through broadband by 2019	2.2.1 Percentage of Hospitals with broadband access	86.5%	97%	100%	100%	100%	0%	Target achieved
	Numerator: Total number of hospitals with minimum 2 Mbps connectivity	77	91	89	89	89	89	
	Denominator: Total number of hospitals	89	94	89	89	89	89	
	2.2.2 Percentage of fixed PHC facilities with broadband access	60.3%	65%	71%	100%	55%	-44.5%	Target not achieved due to delays by the Office of the Premier (OTP), the implementing agent for the broadband, which is
	Numerator: Total number of fixed PHC facilities with	466	503	551	772	428		

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
	minimum 1 Mbps connectivity							experiencing roll-out challenges with service provider.
	Denominator: Total number of fixed PHC facilities.	772	772	772	772	772		

* Four of the 772 clinics were not functional during 2018/19 however; all 772 PHC facilities must have broadband access

Strategies to overcome areas of under performance

- 2.1.4 Level 3 MPAT: MPAT improvement plans will be developed and implementation closely monitored
- 2.2.2 Percentage of fixed PHC facilities with broadband access:

Changes to planned targets

There were no changes made to targets during the reporting period

Linking performance with budgets

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
Sub programme									
1 OFFICE OF THE MEC	10,834	1,180	(951)	11,063	7,314	3,749	66.10%	6,089	4,078
2 MANAGEMENT	761,420	(1,180)	(29,839)	730,401	685,570	44,831	93.90%	592,862	583,402
	772,254	-	(30,790)	741,464	692,884	48,580	93.40%	598,951	587,480
Economic classification									
Current payments	721,679	-	(11,664)	710,015	679,357	30,658	95.70%	582,380	578,150
Compensation of employees	442,957	(11)	-	442,946	412,288	30,658	93.10%	388,891	388,891
Goods and services	278,722	(394)	(11,664)	266,664	266,664	-	100.00%	193,194	188,964
Interest and rent on land	-	405	-	405	405	-	100.00%	295	295
Transfers and subsidies	1,878	-	486	2,364	4,183	(1,819)	176.90%	3,226	3,226
Households	1,878	-	486	2,364	4,183	(1,819)	176.90%	3,226	3,226
Payments for capital assets	48,697	-	(19,612)	29,085	9,344	19,741	32.10%	13,345	6,104
Machinery and equipment	48,697	-	(19,612)	29,085	9,344	19,741	32.10%	13,345	6,104
Payment for financial assets	-	-	-	-	-	-	-	-	-
	772,254	-	(30,790)	741,464	692,884	48,580	93.40%	598,951	587,480
									11,471



PROGRAMME 2

DISTRICT HEALTH SERVICES

PROGRAMME 2: DISTRICT HEALTH SERVICES (DHS)

Programme purpose

To ensure the delivery of primary health care services through the implementation of the District Health System.

Programme Description

The District Health Service (DHS) programme is responsible for the management of health services in the eight (8) districts of the province. The services offered are mainly preventive and minor curative, maternal, child and women health and nutrition, HIV and AIDS, STI and TB (HAST), prevention and control of chronic diseases, public health / other community-based services such as waste management, and coroner services. These are offered through the following service delivery platforms: community Health Clinics, Community Health Centres (CHCs) and District Hospitals

Based on the current structure, the DHS programme is composed of nine sub-programmes, namely:

- 2.1 District Management
- 2.2 Community Health Clinics
- 2.3 Community Health Centres (CHCs)
- 2.4 Community-Based Services
- 2.5 Public Health / Other Community Based Services
- 2.6 HIV & AIDS, STI and TB (HAST) Control
- 2.7 Maternal, Child and Women's Health & Nutrition
- 2.8 Coroner Services
- 2.9 District Hospitals

Priorities for the next three years

- To implement the model for the delivery of health services in the Eastern Cape based on the re-engineering of primary health care (PHC) services
- To implement and strengthen NHI preparatory phase in the pilot district
- To prevent and reduce morbidity and mortality related to TB, HIV & AIDS and STIs
- To reduce perinatal, infant and child mortality and maternal mortality within the province
- To improve early detection and management of people with chronic conditions

Key interventions targeted by District Management Team to strengthen implementation in the Districts and enable implementation of District Health Plan

- Establish fast lanes to address long waiting times
- Strengthen implementation of Central Chronic Medicine Dispensing and Distribution (CCMDD)

Key interventions targeted by Provincial Head Office to support and build capacity in all Districts to enable implementation of their District Health Plan

Governance, Leadership & Management

- Strengthening of leadership and management of Primary Health Care facilities in the implementation of Ideal Clinic Realisation and Maintenance (ICRM) initiative by developing guidelines on integrated approach in PHC supervision through the District Perfect Permanent Team;
- Appointment of Operational Managers and development of an induction programme on facility management;
- Training of district trainers to fast track knowledge and skills for implementation of Integrated Clinical Service Management component of ICRM.
- Allocation of Infrastructure and medical equipment budget dedicated to prioritised gaps as identified by the district to reduce disease burden and attainment of Ideal clinic status.
- Facilitate community participation in health planning, provisioning and monitoring by appointment and training of health governance structures, clinic committees and District Health Council in curbing social determinants of health through inter-sectoral collaboration at local level.
- Provision of resources for effective management and improved service delivery e.g.; registers, patient records, etc

Quality Care

- Allocation of budget dedicated at prioritising the six priority areas for quality standards that includes staff values & attitudes, waiting times, patient safety, infection prevention & control, cleanliness, availability of medicines & supplies.
- Training on implementation of Patient Experience of Care and development of improvement plans to address dissatisfaction.

Health Information Management

- Institutionalise SOP's DHIS Policy.
- Strengthen effective management and use of Health Information by facilitating implementation of Health Patient Record System (HPRS).
- Appointment of administration clerks for records management and data capturers in high volume PHC facilities in collaboration with HRM.
- Monitoring system for the information management from data collection point to provincial level.

Referral System

- Strengthen Continuity of Care by ensuring smooth upward, downward and horizontal referrals.
- Facilitate review of district referral pathways and referral guidelines to take into consideration the NHI components i.e. RPHC, DCSTs, GP Contract, CCMDD, and Palliative Care to ensure effective referral system with financial risk protection for both the patient and the health service.

ICT

- Provide connectivity to all PHC facilities.

PHC Utilisation

- Development of a Provincial Communication and Marketing Strategy, to strengthen social mobilisation, appropriate packaging and delivery mode and media of health messages and service awareness by communities.
- The implementation of the strategy will create community awareness and utilisation of outreach services within the catchment area of the PHC facility, reducing facility congestion, improving appropriate usage of PHC facilities and resource allocation.

SUB-PROGRAMME 2.1-2.3 (DISTRICT MANAGEMENT, CLINICS, AND COMMUNITY HEALTH CENTRES)

- **Sub-Programme Purpose 2.1 District Management:**
The sub-programme manages the effectiveness and functionality as well as the coordination of health services referrals, supervision, evaluation and reporting as per provincial and national policies and requirement.
- **Sub-Programme Purpose 2.2 Clinics**
The sub-programme manages the provision of preventive, promotive, curative and rehabilitative care, including the implementation of priority programmes through accessible fixed clinics and mobile services in 26 sub-districts.
- **Sub-Programme Purpose 2.2 Community Health Centres (CHCs):**
The sub-programme renders 24-hour health services, maternal health at midwifery units and the provision of trauma services, as well as the integrated of community-based mental health services within the down referral system.

Strategic objectives

- 1.1 PHC utilization rate increased to 3 visits per person per year in all facilities by 2019
- 2.3 Health Facilities assessed for compliance with National Core Standards increased to more than 60% by 2019
- 2.4 Patient experience of care rate increased to more than 75% in health services by 2019

Progress and achievements

I. Ideal clinic realization and maintenance

The Ideal Clinic Realisation and Maintenance (ICRM) programme was initiated by the National Department of Health (NDoH) in July 2013 as a way of systematically improving the deficiencies in public Primary Health Care (PHC) facilities as well as to improve the quality of care provided. An Ideal Clinic (IC) is defined as a clinic with good infrastructure, adequate staff, adequate medicines and supplies, good administrative processes, and enough adequate bulk supplies. For a facility to obtain an Ideal Clinic status, the facility must be at a minimum score of 83% for elements weighted as Vital, 70% for elements weighted as Essential, and 70% for elements weighted as Important. The Province started implementation of Ideal clinic programme in the financial year 2015/16.

Table B2.1: Facilities achieving Ideal Clinic status by district, 2015/16 – 2018/19

District	Total # PHC facilities	# Facilities Achieved IC status over past four years					
		Total Ideal Clinics	% Ideal Clinics	2015/16	2016/17	2017/18	2018/19
Alfred Nzo	74	12	16%	0	2	2	8
Amathole	148	57	38%	3	25	15	14
Buffalo City	79	18	23%	0	2	6	10
Chris Hani	159	41	26%	1	24	9	7
Joe Gqabi	52	34	65%	4	17	9	4
NMBD	48	33	69%	3	13	5	12
Oliver Tambo	146	67	46%	2	34	14	17
Sarah Baartman	62	42	68%	2	24	4	12
Province	768	304	39%	15	141	64	84

*Four of the total 772 PHC facilities in the EC Province were non-functional during 2018/19 FY

PHC facilities that retained Ideal Status in the province increased by 12% from the 2017/18 financial year of 157 facilities (20%) to the 2018/19 financial year of 249 facilities (32%). Out of 39% (304) overall achievement over the past years, only 7% (55) lost the Ideal status mostly due to changes in facility management.

Table B2.2: Distribution of PHC facilities that achieved ideal clinic (IC) status by district, 2018/19.

District	# PHC facilities assessed 2018/19	# Facilities Achieved IC status	% facilities achieved against target	Average Performance score	Silver	Gold	Platinum
Eastern Cape	116	84	72%	79%	50	32	2
Alfred Nzo	13	8	61%	81%	6	1	1
Amathole	15	14	93%	81%	8	6	-
Buffalo City	19	10	52%	74%	7	3	-
Chris Hani	16	7	44%	72%	4	3	-
Joe Gqabi	9	4	44%	75%	2	2	-
NMBD	12	12	100%	84%	5	6	1
Oliver Tambo	20	17	85%	84%	8	9	-
Sarah Baartman	12	12	100%	79%	10	2	-

2. Improve leadership, management and governance

The provincial health governance structures, Provincial Health Council led by the MEC and the Provincial Advisory Committee, held meetings as prescribed in the NHA to strengthen oversight in the implementation of health policies. To improve oversight at facility level, Clinic Committees were approved by the honourable MEC for seven hundred and seven (707) 92% fixed PHC facilities (see Table below).

Table B2.3: Facilities with approved clinic committees

District	Total no of facilities	Facilities with approved clinic committees	% with approved clinic committees
Alfred Nzo	74	74	100%
Amathole	148	126	85%
BCM	79	69	87%
Chris Hani	159	156	98%
Joe Gqabi	52	45	87%
NMBM	48	48	100%
O.R. Tambo	146	141	96%
Sarah Baartman	62	48	77%
Province	768	707	92%

**Four of the total 772 PHC facilities in the EC Province were non-functional during 2018/19 FY*

Capacity building on leadership, management and good governance skills was conducted in six districts for operational managers and clinic supervisors and programme managers in Integrated Clinical Services Management as the key component for service delivery in the ICRM with a total of 226 managers trained and distributed as follows: Alfred Nzo = 40; Amathole = 35; Buffalo City Metro = 35; Chris Hani = 36; Joe Gqabi = 40 and O.R. Tambo = 40

Provincial District Management Team (PDMT) meetings were held to strengthen leadership and management of district health services as the pillar for the delivery of Primary Health Care in the eight districts.

5. Re-engineering of PHC

5.1 Strengthening outreach services

In total, there are 683 Ward-Based Primary Health Care Outreach Teams (WBPHCOTs) covering 681 Wards in the EC province (Table B2.4). Three hundred and thirty-six Enrolled Nurse (ENs) leaders were contracted to lead these WBPHCOTs. Contracts for 5002 CHWs were renewed and 84 vehicles hired for the HPV mop-up campaign.

- To detect early malnutrition, OR Tambo district procured 380 retractable measuring tapes for Community Health Workers for measuring babies' arm circumference.
- Two hundred and twenty-four carrier bags were procured for Community health workers to carry their equipment.
- To improve health screening, 92 Diagnostic Sets were distributed towards ward-based outreach team leaders.

Table B2.4: Distribution of Ward-Based Primary Health Care Outreach Teams by district

District	No of Facilities	No of Wards	No of WBOTs	No of OTLs ENs	No of P/Ns OTLs	No of CHWs
Alfred Nzo	74	127	89	30	-	498
Amathole	148	102	147	35	-	843
BCM	79	50	27	21	37	635
Chris Hani	159	75	150	59	141	969
Joe Gqabi	52	47	32	45	31	334
NMM	48	60	59	26	13	304
O.R. Tambo	146	146	151	95	-	1050
Sarah Baartman	62	74	28	25	-	364
Total	768	681	683	336	222	4997

*Four of the total 772 PHC facilities in the EC Province were non-functional during 2018/19 FY

5.2 Capacity building for outreach services

- To improve TB screening and early detection, OR Tambo district trained 40 CHWs on sputum collection
- In OR Tambo district, Emergency Medical Service (EMS) trainers trained 617 CHWs on basic life support (BLS).

6. Patient Experience of Care

Patient Experience of Care (PEC) is component 12 of the Ideal Clinic Realisation strategy. The PEC policy was introduced in 2017/18. It is implemented to afford patients opportunity to voice their experience of care and to guide service delivery improvement in an ideal clinic. PEC survey was conducted using the national electronic system for the first time during the second quarter of 2017/18 FY. During the 2018/19 FY, 660 (86%) PHC facilities conducted the PEC survey. A patient satisfaction rate of 80% was achieved for the Province, a 12% improvement from that of the previous FY. Distribution of patient satisfaction rate by district municipality is shown in Table B2.5.

It is envisaged that implementation of the appointment system in PHC facilities is likely to reduce patient waiting time and improve continuity of care. As part of the improvement plan and to improve patient experience of care, 1599 appointment books were procured and distributed to seven districts excluding O.R. Tambo. Experience thus far shows that patients are poor in honouring their appointments.

Table B2.5: Distribution of facilities conducting patient experience of care survey by district.

DISTRICT	Total no of facilities	% Facilities conducting PEC survey 2017/18	% Facilities conducting PEC survey 2018/19	Patient satisfaction rate 2017/18	Patient satisfaction rate 2018/19
Alfred Nzo	74	31%	98%	68%	81%
Amathole	148	48%	98%	81%	85.5%
Buffalo City	79	35%	93%	77%	76.9%
Chris Hani	159	11%	92%	74%	80.9%
Joe Gqabi	52	58%	84%	69%	77.1%
NMBHD	48	10%	65%	63%	73%
O.R. Tambo	146	54%	76%	65%	81.6%
Sara Baartman	62	31%	79%	81%	85%
PROVINCE	768	272 (35%)	660 (86%)	68%	80%

**Four of the total 772 PHC facilities in the EC Province were non-functional during 2018/19 FY*

7. HEALTH PATIENT REGISTRATION SYSTEM (HPRS)

The Health Patient Registration System (HPRS) is a component of the National Health Insurance (NHI) Information Systems that supports the tracking of utilisation of services and linkage to electronic health records to create a register of patients. Standardised patient folder and filing system is the building block towards ideal health patient registration system in PHC facilities. HPRS provides key information on demographic and epidemiological data which is important for health sector planning, decision making and improved service delivery. The system makes it possible to track patients at all levels of care to improve quality and continuity of care. To implement the NHI successfully, the department invested in capacity building, infrastructure and PHC stationery. By the end of FY under review, 5 556 006 patients were registered in the HPRS (Table B2.6).

Table B2.6: Patient registration on HPRS in PHC facilities distributed by health districts

DISTRICT	Total Registrations	Population	% Population registered
Alfred Nzo	824 312	866 646	95%
Amathole	831 549	972 188	86%
BCM	567 269	874 199	65%
Chris Hani	575 895	818 915	70%
Joe Gqabi	270 514	371 240	73%
NMBM	610 474	1 298 412	47%
OR Tambo	1 539 737	1 492 014	103%
Sara Baartman	336 256	522 720	64%
TOTAL	5 556 006	7 216 334	77%

Capacity building

The National Department of Health held a two-day engagement with both district and head office management to ensure seamless implementation of HPRS as a critical building block to NHI. This culminated in an intensive training for the nurses across all the districts. During FY 2018/19, a total of 250 nurses were trained on using HPRS stationery, the PHC retained patient cards and the different facility data collection tools to improve the quality and integrity of data.

Infrastructure

Mobile Bulk Filers were procured for 128 Primary Health Care facilities at a cost of R4,8 million.

HPRS Stationary

A total of 35 000 adult males and 85 000 adult females HPRS health records were procured and distributed to the districts.

Computers

Computers are being delivered to various PHC facilities by NDOH. All the consulting rooms must have computers to ensure that data input is done by the clinicians. This will improve data quality and ensure that all nurses are using technology to improve consistency in patient information and facilitate accurate health care outcomes

Challenges

HPRS is a vital tool in achieving registration patient for the department of Health by properly managing and analysing the information. However, there are implementation concerns that have been in the ECDOH departmental agenda since its early implementation and usage. To date the department is challenged by the same problems that are affecting the implementation of the system. These challenges are:

- Not enough Patient retained cards to cover the Eastern Cape Population
- No dedicated personnel (Administration clerk) employed to use the system as to benefit the value proposition.
- No stable internet connectivity so that the facilities could function online.
- Patients do not bring their identification documents for verification.
- Filling space and filling cabinets.
- Training funds for end-users training and Technical support staff.

Proposed Interventions include allocation of dedicated funds to ensure the implementation of the system throughout the EC Provincial facilities and to address the following areas of functionality:

- Document management to fast track the purchasing patient retained cards and installation of filing cabinets.
- ICT to provide a plan on how to improve the internet connectivity at our facilities.

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- Human Resource Management to have a funded recruitment plan for admin Clerks in support of HPRS.
 - HPRS trainings are to be included in an HRD Training plan.

SUB- PROGRAMME 2.1: DISTRICT MANAGEMENT

Sub-programme Purpose

The sub-programme manages the effectiveness, functionality and the coordination of health services, referral, supervision, evaluation and reporting as per provincial, national policies and requirements

Table B2.7: Performance against Annual Targets from 2018/19 Annual Performance Plan for DHS Sub-Programme 2.1

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
I.1 PHC utilization rate increased to 3 visits per person per year in all facilities by 2019	I.1.1 PHC utilisation rate – Total Numerator: SUM ([PHC headcount under 5 years] + [PHC headcount 5-9 years] + [PHC headcount 10-19 years] + [PHC headcount 20 years and older]) Denominator: Sum ([Population - Total])	2.7 18 207 610	2.7 18 096 847	2.3 16 418 041	2.8 17 991 126	2.3 16 605 569	-0.5	Target not achieved due to implementation of community-based interventions that take health service delivery closer to the people. These include WBO Ts, ISHP and CCMD

Strategies to overcome areas of under performance

- **PHC utilization rate:** Discussions are under way at the National DOH with considerations either to redefine it or to reduce target

Changes to planned targets

There were no changes made to targets during the reporting period.

SUB-PROGRAMME 2.2: CLINICS

Sub- Programme purpose

The sub-programme manages the provision of preventive, promotive, curative and rehabilitative care, including the implementation of priority health programmes through accessible fixed clinics, outreach services (reengineering of PHC services) and mobile services in 26 sub-districts.

Table B2.7: Performance against Annual Targets from 2018/19 Annual Performance Plan for DHS Sub-Programme 2.2

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
2.3 Health Facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.22 Ideal clinic status rate	New indicator	New indicator	New indicator	13.6%	11%	-2.6%	Target not achieved due to infrastructural requirements of facilities
	Numerator: SUM ([Ideal clinic status				100	80		
	Denominator: Fixed clinics				731	727		
2.4 Patient experience of care rate increased to more than 75% in health services by 2019	2.4.27 Complaints resolution within 25 working days rate	New indicator	New indicator	New indicator	85%	96%	11%	Target over achieved due to improved governance through clinic committees that is conducive to complaints response and redress.
	Numerator: Sum ([Complaints resolved within 25 working days])				2 661	2 378		
	Denominator: Sum ([Complaints resolved])				3 131	2 481		

Strategies to overcome areas of under performance

- Strengthen leadership and management in PHC facilities by appointment of operational managers for PHC facilities in the remaining facilities.
- Prioritise Ideal clinics for infrastructure improvement.

Changes to planned targets

There were no changes made to targets during the reporting period.

2.3 SUB-PROGRAMME: COMMUNITY HEALTH CENTRES (CHCS)

Sub- Programme purpose

The sub-programme manages the provision of preventive, promotive, curative and rehabilitative care, including the implementation of priority health programmes through accessible fixed clinics, outreach services (re-engineering of PHC services) and mobile services in 26 sub-districts.

Table B2.8: Performance against Annual Targets from 2018/19 Annual Performance Plan for DHS Sub-Programme 2.3

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
2.3 Health Facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.22 Ideal CHC status rate	New indicator	New indicator	New indicator	39%	9.8%	29.2%	The Ideal CHC framework is still under development at the NDOH. The four clinics were assessed based on the framework designed for clinics.
	Numerator: SUM ([Ideal clinic status])				16	4		
	Denominator: Fixed clinics				41	41		
2.4 Patient experience of care rate increased to more than 75% in health services by 2019	2.4.27 Complaints resolution within 25 working days rate	New indicator	New indicator	New indicator	85%	98.2%	13.2%	Target over achieved due to improved governance through clinic committees that is conducive to complaints response and redress.
	Numerator: Sum ([Complaints resolved within 25 working days])				651	537		
	Denominator: Sum ([Complaints resolved])				767	547		

Strategies to overcome areas of under performance

- Finalization of the Community Health Centre Ideal Framework for appropriate assessment outcomes and improvement plans.

Changes to planned targets

There were no changes made to targets during the reporting period.

SUB-PROGRAMME 2.4: COMMUNITY BASED SERVICES (NON-COMMUNICABLE DISEASES)

Sub-programme purpose

The Community-based Services sub-programme manages the implementation of the Community-based Health Services Framework. This includes:

- Implementation of disease-prevention strategies at a community level
- Promoting healthy lifestyles through health education and support
- Providing chronic, geriatric services and rehabilitation service
- Providing oral health services at a community level (including schools and old age homes)
- Strengthening the prevention of mental disorders, substance, drug, and alcohol abuse to reduce unnatural deaths
- Strengthening Traditional Health Services (THS)

Strategic objective

- 1.2 Screening coverage of chronic illnesses increased to more than a million by 2019

Key strategies implemented to achieve strategic objectives

- Centralized Chronic Medicine Dispensing and Distribution (CCMDD) strategy as part of the NHI programme to increase service coverage and provide chronic medication to people nearer where they live
- Establishing, registering and implementing adherence clubs to reduce long queues and improve waiting time in PHC facilities
- Active Aging programme in the form of Golden Games in collaboration with Department of Social Development (DSD) to prevent chronic disease and promote good health.
 - Long Term Domiciliary Oxygen Therapy (LTDOT)
 - Provision of in-reach and outreach eye care programme
 - An integrated implementation of influenza vaccine programme

Progress and achievements

Rehabilitation services for Long Term Domiciliary Oxygen Therapy (LTDOT):

This is oxygen treatment at home for patients with Chronic Obstructive Pulmonary Disease (COPD). The programme is supported through the RT 72 Contract, which was renewed nationally at the beginning of 2018 (RT 72 – 2018).

A total of 81 patients comprising of 77 adults and four school going children under 18 years with Chronic Obstructive Pulmonary Diseases (COPD) were registered on Long Term Domiciliary Oxygen Therapy (LTDOT) programme across the province. This programme is however, facing a challenge of shortage of pulmonologists who prescribe the treatment for these patients.

Chronic Diseases:

- The programme procured 5000 Adult Primary Care guidelines for all PHC facilities and hospital OPDs for nurses and supervisors to manage chronic patients including NCDs effectively. These were distributed to the sub-districts for PHC facilities and hospital OPDs.
- To further promote public awareness about NCDs, the programme distributed Information, Education and clinical material during the Thuma Mina (Cheka Impilo) outreach programme covering Asthma, Primary Eye Care, Stroke, Hypertension, Cancer, Epilepsy and Diabetes.
- Roche Company conducted diabetes training for WBOTs Community Health Workers and nurses in Chris Hani (Enoch Mgijima sub-district), Buffalo City and Amathole districts.
- The NCD directorate has facilitated workshop for development of provincial strategy for cancer control and management. The strategy document is currently under development.

Eye care services:

- To correct refractive errors, 2 783 out of the 4 851 patients on the waiting list (57%) were supplied with spectacles through in-reach and out-reach programmes. Brian Holden Vision Institute assisted in supplying readers and training of nurses on Primary Eye Care.
- Vision Mission project of Ster-Kinekor theatres assisted the programme in facilitating an outreach on eye care services for school children under the ISHP in Chris Hani and Joe Gqabi districts by providing prescribed spectacles.

- The programme facilitated eye health meeting with Queenstown Spec-Savers for discounted price for elderly people, which will be determined by the demand and free eye health services for school going children up to 12years, which include correction of refractive errors. Spec Savers agreed as per their policy to consult and prescribe spectacles for 2 children per day (10 children per week).
- Basic eye care equipment was procured and delivered to Victoria and Dr. Malizo Mpehle hospitals.
- A total of 2 493 patients received cataract surgery from various Regional and Tertiary hospitals in the Province.
- Grace Vision NGO is performing cataract surgery at Zithulele district hospital and a plan to increase their services to Butterworth and Victoria hospital is under negotiation with the department.

Geriatric services:

Annual participation of elderly people in Active Aging programme in the form of Golden Games in collaboration with Department of Social Development (DSD) is a strategy to prevent chronic disease and promote healthy life style. All districts participate in Golden Games.

Disease prevention interventions:

The Flu vaccine is mostly administered but not limited to pregnant women and patients with chronic illness. Utilisation of the flu vaccine increased from 93% in 2017/18 to 96.6% i.e. 96 665 doses out of 100 000 in 2018/19.

Mental Health Services:

Routine assessment of mental disorders amongst patients with TB, HIV&AIDS, chronic diseases, Antenatal care clients, post-natal mothers and family planning clients is performed at PHC facility level. There were 295 328 mental health client visits and 3.4% of these (9 988) were clients less than 18 years old. A total of 345 patients with mental disorders were registered on the CCMDD programme.

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Table B2.9: Performance against Annual Targets from 2018/19 Annual Performance Plan for Sub-Programme 2.4 Community Based Services (NCDs)

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
1.2 Screening coverage of chronic illnesses increased to more than a million by 2019	1.4.1 Clients 40 years and older screened for hypertension	2 876 902	3 618 120	1 915 398	1 476 740	1 972 192	495 452	Target over achieved.
	1.4.2 Clients 40 years and older screened for diabetes	2 286 342	3 351 442	2 140 599	1 484 812	2 491 684	1 006 872	<ul style="list-style-type: none"> The screening of NCDs is integrated in all health programmes screening.
	1.4.3 Mental Disorders screening rate	New indicator	New indicator	15%	10%	24%	14%	<ul style="list-style-type: none"> Thuma mina/ Cheka impilo programme through outreach services promote community awareness about the chronic disease.
	Numerator: PHC client screened for mental disorders			2 518 835	1 784 834	4 017 220		
	Denominator: PHC headcount under 5 years + PHC headcount 5 years and older			16 418 041	17 848 340	16 605 569		

Changes to planned targets

There were no changes made to targets during the reporting period.

SUB-PROGRAMME 2.5: OTHER COMMUNITY SERVICES

Sub-programme purpose

Other Community Services sub-programme manages the devolution of municipal health service from the Department of Health to the district municipalities and metros, (health care waste management and other hazardous substances control) and implements a port health strategy to control the spread of communicable diseases through ports of entry into the province.

Strategic objective

- 1.2 Screening coverage of chronic illnesses increased to more than a million by 2019

Key strategies implemented to achieve strategic objectives

- Assessment of health facilities in compliance with environmental health norms and standards
- Implementation of Waste Management Act with special emphasis on:
 - Training of waste generators and waste collectors on management of health care risk waste.
 - Implementation of waste manifest register for waste monitoring and management purposes
 - Establishment and strengthening of waste management governance structures
 - Strengthening health systems to comply with waste segregation and disposal regulations

Progress and achievements

Waste management

The EC DOH contracted the Compass Waste Services to assist facilities with the management of generated waste. All the facilities are managing well with the assistance of the Compass Waste Service provider. Based on the implementation of the programme, the following were the major achievements for the six months period under review:

- Assessment of Mthatha Regional and Greenville hospitals in line with the National health care risk waste audit tool in adherence with the national norms and standards on health care risk waste. The hospital achieved 69% which is good in terms of the scoring rating.
- Feedback of the outcome of the assessment of 3 hospitals (Tayler Bequest, St Patrick's and Greenville) in Alfred Nzo Health District in the District Management Team meeting. St Patrick's scored 76%, Greenville scored 66% which is good in terms of the score rating while Taylor Bequest scored 57% which is regarded as moderate in terms of the score rating.
- One-day session on health care risk waste was held in Majorie Parish TB Hospital in line with the revised tool of the national core standards.
- In preparation for the awarding of the new contract, 2 medical waste bid specification have been developed and approved. The bids have been advertised.
- Personal protective clothing (Safety Shoes and gloves) has been distributed to Chris Hani, Amathole, Sarah Baartman and Alfred Nzo Health Districts.

Governance

A Provincial Waste Management plan and Standard Operating Procedures were developed and approved by the executive management. The plan emphasizes the need for appointment of waste management officers in all hospitals to comply and meet the national health standards.

By end March 2019, 13 waste management committees were instituted and fully functional in all the hospitals in Alfred Nzo, Frere, Cecilia Makiwane, Frontier, Zithulele, Nelson Mandela Academic and Mthatha Regional hospitals. The head of institutions are responsible for the establishment and functioning of these committees.

Table B2. 10: Performance against Annual Targets from 2018/19 Annual Performance Plan for Sub-Programme 2.5 Disease Prevention and Control

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
100% Compliance with Waste Management Act by 2019	2.5.1 Percentage of hospitals complying with SANS waste disposal requirements	100%	100%	85%	85.3%	88.8%	3.5%	Target achieved within acceptable range of 81% - 89.6% (Refer to paragraph 4.1 methodological consideration)
	Numerator: Number hospitals that dispose waste in line with SANS 10248 regulation at a given reporting period.	852	89	76	76	79		
	Denominator: Number of hospitals during same time period	852	89	89	89	89		

Changes to planned targets

There were no changes made to targets during the reporting period.

SUB-PROGRAMME 2.6: HIV & AIDS, STI & TB (HAST) CONTROL

Sub-programme purpose

To control the spread of HIV infection, reduce and manage the impact of the disease to those infected and affected in line with PGDP goals, and to control the spread of TB, manage individuals infected with the disease and reduce the impact of the disease in the communities.

Key interventions targeted by District Management Team to strengthen implementation in the Districts and enable implementation of District Health Plan

- Provide continuous monitoring and monitoring of the facility performances, strengthening various intervention activities such as Treatment Retention Acceleration Plan (TRAP), Welcome Back Campaigns in prioritized facilities in order to improve patient retention and minimize Lost to follow up in line with the 90-90-90 strategy
- Work collaboratively with support partners and various stakeholders in the HIV/TB management response platforms to enhance improvement of the HIV and TB management outcomes.
- Scale up HIV and TB Testing Services (HTS), targeting various vulnerable population such as youth, men, pregnant women to improve case finding for TB and HIV.
- Implement Educate communities, families and primary care givers on importance of treatment adherence for ART patients to enhance treatment success and TB treatment completion
- Support facilities to improve efficiencies in use of patient management system in order to strengthen data management

Key interventions targeted by Provincial Head Office to support and build capacity in all Districts to enable implementation of their District Health Plan

- Strengthen data management
- Monitor and strengthen implementation of policies by providing resources
- Strengthen HIV prevention strategies through monitoring the availability of condoms, Test Kits and PEP Comfort Packs
- Increase access to ARV treatment and laboratory services
- Coordinate and support the districts to provide on-going care and support services through department funded Community Based Organisations (CBO) and Wardbased Outreach Teams (WBOTs) services
- Support districts to strengthen information management responsibilities through availability of IT equipment and human resources
- Capacity building through various programme based training and mentoring initiatives, facilitated by Regional Training Centre and support partners
- Provide continuous district monitoring and programme technical support assistance to ensure improvement programme performance
- Coordinate stakeholder engagements to strengthen collaboration of HIV management and support.

Strategic objectives:

- I.5: HIV infection rate reduced by 15% by 2019
- I.6: TB death rate reduced by 30% in 2019

Progress and achievements

Increasing programme awareness and education

- Procurement of media platform to enhance awareness and education on treatment adherence and defaulting: Media campaign and social mobilisation were intensified during the annually commemorated days and events such as World AIDS and World TB Days were conducted. This included provision of health screening activities (Chek'Impilo) during build-up campaign and on the day of the events.
- Introduction and implementation of the welcome back campaign using media platform and social mobilisation to assist encourage defaulting patients to come back to treatment. (POE – WTD programme, build up event report, Radio Talk schedule)

Facility support and Mentoring

- Facilities with high volumes and high number of TB and HIV patients are prioritised. Fifteen facilities per district are selected from NMBM, BCMM and OR Tambo whilst 10 facilities were selected in other districts.
- Conducted Treatment Retention Accelerations plans (TRAP) support visits to all the districts targeting the prioritised facilities, provided mentoring and on-site training of Operational Managers and Data Capturers to strengthen data management and reporting.
- In line with the TRAP initiative, the province working with OR Tambo District and District Supporting Partners in OR Tambo (THCA and CDC) implemented a February Frenzy initiative to strengthen and scale performance of six prioritised facilities (Mthatha Gateway, Ngangelizwe, Holy Cross Gateway, Flagstaff clinic, Tsolo and St Elizabeth Gateway). The initiative focused on mobilisation of resources and efforts from partners and the department to scale up performance of the prioritised facilities.

Improving community-based services

- Continued to secure 15 Vehicles through leasing under the Department of Transport and 17 Vehicles hired that were distributed to all local municipalities to assist with the community-based services, tracing of lost patients and distribution of condoms.
- In line with 90-90-90 strategies/Feb Frenzy strategy the department, working with the District Support Partners in OR Tambo initiated Community Based ART Initiation in the six prioritised facilities to scale up access to treatment and to ensure adherence to treatment through use of mobile clinic services
- Continued to support Traditional Customary Male Initiation with 35 hired vehicles for a period of 45 days and District Monitoring Teams to assist with transportation of the out-reach Monitoring Team during Summer Season initiation.

Increasing programme awareness and education

- Twelve radio slots were conducted in the following community radio stations: True FM, Vukani community radio, Mdantsane community radio, Forte FM and Nkqubela FM. The main purpose of the radio slots was to create more awareness on TB, TB HIV Co infection, Drug Resistant TB and importance of compliance.
- All districts embarked on door to door campaigns, following TB index cases. The purpose was to do contact screening, this resulted in 1114 house-holds visited, 1149 contacts screened. This resulted in 26 patients diagnosed and started on TB and 107 asymptomatic HIV positive patients started on TB Preventive Therapy.
- Three comprehensive Thumamina outreach campaigns led by the office of the MEC, were conducted in three districts (Buffalo City, Amathole and Nelson Mandela Metro). More awareness on TB and TB HIV was done. This was done in partnership with supporting partners.
- Outreach services for Buffalo City were assisted by the availability of the TB truck as public puller and increasing education.
- The department launched a partnership with the Taxi association in Mdantsane Highway, during this launch an awareness on TB disease was raised, during the day, political and religious leaders distributed pamphlets on TB disease. This was done in partnership with supporting partners.
- Department hosted a very successful National TB day Commemoration event. An estimated number of 10 000 community members were reached.
- In-service training for TB was done for the sector living with HIV.
- Public Private Partnership between Eastern Cape Department of Health and private doctors in partnership with Acquity Project was launched in Nelson Mandela and taxi rank.

Facility support and Mentoring

- Integrated and comprehensive facility visits with high volumes and high number of TB and HIV patients lost to follow up were conducted, the purpose was to provide mentoring and on-site training. Re orientation session on TB was conducted for high volume facilities in Nelson Mandela Metro and Alfred Nzo.

Improving community-based services

- Acquity Project has community care workers that are attached to private doctors' surgeries. They conduct door to door and TB screening of contacts to assist in finding the missing TB patients.
- Three comprehensive Thumamina outreach campaigns led by the office of the MEC, were conducted in three districts (Buffalo City, Amathole and Nelson Mandela Metro), thus bringing services closer to the communities. This was done in partnership with supporting partners.
- The department has availed 32 vehicles for the districts to assist in tracing of patients who are lost to follow up, for both TB and HIV. This resulted in 110 TB patients traced back to treatment.

TB management and control

- TB awareness and TB screening conducted at head office Payments Section, thus following TB index (contact tracing). Out of 51 employees, none were found to be positive. TB brochures distributed to all head office directorates as well as Call Centre.
- Through the assistance from Aquity Innovations (NGO under University Research Council) the department has strengthened partnership with 10 doctors in Nelson Mandela Metro. Each doctor is supported by two community care workers who do contact screening. Through the implementation of this intervention, 19 and two TB and HIV positive patients respectively who were lost to follow up, were found and linked back to care.

Table B2.11: Performance against Annual Targets from 2018/19 Annual Performance Plan for Sub-Programme 2.6 HIV & AIDS, STIs & TB control

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
1.5 HIV infection rate reduced by 50% by 2019	1.5.1 Client remain on ART end of month-total	361 166	394 410	452 072	500 317	493 879	-6 438	Target not achieved due to patients lost to follow up. Patients are regarded as lost to follow up when they do not collect treatment from facility for a period of 3 months. Whilst this may be the case, some of these patients collect treatment from other facilities for various reasons. The National DOH system HPRS, that is meant to address this problem and show that patients had collected treatment anywhere in the country is under development with only phase 1 (registration) that is currently implemented in facilities.
	1.5.2 TB/HIV co-infected client on ART rate	New indicator	97.3%	97%	95%	94.5%	-0.5%	Target achieved within the acceptable range of

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
	Numerator: TB/HIV co-infected client on ART		18 748	17 690	18 585	16 990		90.25% - 99.75% (Refer to paragraph 4.1 methodological consideration)
	Denominator: TB client known to be HIV positive		19 276	18 273	19 563	17 980		
	1.5.3 HIV test done – total	1 696 368	1 932 800	1 726 702	1 588 892	1 851 552	262 660	Target overachieved. • 26 community out-reach vehicles distributed in all Sub-districts. • Worked with supporting partners to scale up HTS. • Scaling up testing during annual commemorated days (WAD, First Thing First)
	1.5.4 Male Condoms distributed	New indicator	New indicator	61 256 400	103 074 048	73 672 416	-29 401 632	Target not achieved due to condom stock-out across the province as the suppliers delayed delivering condoms during quarter 4.
	1.5.6 Medical male circumcision – Total	10 029	56 859	60 835	29 374	47 345	17 971	Target over achieved due to illegal traditional circumcision which includes those done by unregistered

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
I.6 TB death rate reduced by 50% in 2019								initiation schools as well as circumcision of boys under 18 years as per policy. MMC= 11 396 TMC=35 949
	I.6.1 TB client 5 years and older start on treatment rate	New indicator	New indicator	109%	95%	101%	6%	Target over achieved due to inaccurate reporting. Reporting is not aligned with the indicator definition.
	Numerator: TB client 5 years and older start on treatment rate			29 956	25 137	33 179		
	Denominator: TB symptomatic client 5 years and older tested positive			27 473	26 460	32 864		
	I.6.2 TB client treatment success rate	83.7%	84.8%	86%	85%	80.3%	-4.7%	Target not achieved. Performance is affected by:
	Numerator: TB client successfully completed treatment	18 400	14 948	12 027	17 410	33 746		<ul style="list-style-type: none"> The high number of TB lost to follow up cases, reported in Sarah Baartman and Nelson Mandela.
	Denominator: TB client start on treatment	21 990	17 633	14 009	20 483	42 023		<ul style="list-style-type: none"> High death rate has been reported in Alfred Nzo.
	I.6.3 TB client lost to follow up rate	6.8%	7.1%	6.8%	5%	8.1%	3.1%	Target not achieved. Patients

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
	Numerator: TB client lost to follow up	1 500	1 252	3 031	1 024	3 384		are regarded as lost to follow up when they do not collect treatment from facility for a period of 3 months. Whilst this may be the case, some of these patients collect treatment from other facilities for various reasons.
	Denominator: TB client initiated on treatment	21 990	17 633	44 356	20 483	42 023		The National DOH system HPRS, that is meant to address this problem and show that patients had collected treatment anywhere in the country is under development with only phase 1 (registration) that is currently implemented in facilities.
	1.6.4 TB death rate	5.2%	5.3%	4.4%	5%	6.3%	1.3%	Target not achieved.
	Numerator: TB client died during treatment	1 140	936	614	1 024	2 668		• Contributing factors include high TB/HIV co-infection rate, reported in 2 districts, that is Joe Gqabi and Alfred Nzo
	Denominator: TB client start on treatment	21 990	17 633	14 009	20 483	42 023		

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
								(51.2% and 49% respectively) <ul style="list-style-type: none"> • Patient presenting late at health facility with advanced disease
	1.6.6 TB MDR treatment success rate	New indicator	49.7%	51%	50%	65.8%	15.8%	Target achieved due to introduction of new therapeutic agents (Bedaquiline, Linezolid, Clofazimine and Delamanid) and the introduction of a short regimen for managing MDR-TB patients 9 months' regimen
	Numerator: TB MDR client successfully complete treatment		823	930	1 097	557		
	Denominator: TB MDR confirmed client initiated on treatment		1 655	1 826	2 194	846		

Strategies to overcome areas of under performance

Indicator not achieved	Proposed intervention strategies
I.5.1 ART client remain on ART end of month -total	<ul style="list-style-type: none"> Continue to scale-up implementation of the 90-90-90 strategies, including scaling up of Frenzy/Siyenza initiatives (acceleration of treatment initiation, retention and reporting) in districts focusing on prioritized facilities. Scale up implementation of the Welcome Back Campaign strategy making use of the Social Mobilization, media platforms to strengthen patient treatment empowerment, adherence and minimize defaulters.
I.5.4 Male Condoms distributed	<ul style="list-style-type: none"> Work with suppliers to ensure continuous supply and distribution of condoms as per the ordered quantities. Increase buffer stock kept at provincial storage facilities. Continue to support districts to strengthen Primary Distribution Site reporting.
I.6.2 TB client treatment success rate	<ul style="list-style-type: none"> Close data monitoring of high volume facilities (TRAP). Continuous performance feedback to the districts. In-service training of clinicians and data capturers on data management and TB indicators.
I.6.3 TB client lost to follow up rate	<ul style="list-style-type: none"> Implement DOT in partnership with departmental partners in Sarah Baartman and Nelson Mandela for potential lost to follow up. Procurement of 8 additional vehicles for tracing of lost to follow up The department is in partnership with Umhlobo Wenene for educating public. DoH will intensify public education through radio slots on TB disease.
I.6.4 TB death rate	<ul style="list-style-type: none"> Monitoring implementation of LAM for very ill HIV positive patients, to promote early TB diagnosis and prompt treatment initiation. Intensify TB screening to prevent late presentation

Changes to planned targets

There were no changes made to targets during the reporting period.

2.7 MATERNAL, CHILD AND WOMEN'S HEALTH AND NUTRITION (MCWH&N)

Sub-programme purpose

To reduce mother, new-born and child mortality through strengthened maternal and child as well as nutrition health services across the Eastern Cape Province

Key Interventions targeted by District Management Team to strengthen implementation in the districts to enable implementation of District Health Plan

- Ensure availability of tracer medicines at all times
- Conduct cluster clinical audits and performance reviews
- Identify pregnant woman at house hold by WBOTS for early booking and referral
- Review planned patient transport for high risk clinics
- Establish and strengthen structured high – risk clinics for early detection and reduction of complications
- Capacitated doctors and nurses on ESMOE.

Key interventions targeted by the Provincial Head Office to support and build capacity in all districts to enable implementation of their districts health plans

- Capacity building of all operational managers on stock management and ordering
- Health Centers and OPDs must be encouraged to offer family planning even after hours
- To increase accessibility of family planning to school going children by creating health posts in close proximity to the schools
- District Clinical Specialists to assist in the implementation of the recommendations of the Perinatal Problem Identification Problem (PIIP) and Child Problem Identification Programme (CHIPP)
- Strengthen the functionality of Outreach Team (WOBTs)

Strategic objectives:

- 1.2 Screening coverage of chronic illnesses increased to more than a million by 2019
- 1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019
- 1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019
- 3.4 40% of Quintile 1&2 school screened by Integrated School Health (ISH) Teams in 2019

Progress and achievements

- **Maternal deaths** in facility have decreased and only districts with referral high level hospitals still experiencing challenges and not achieving target. Complications with caesarean section (CS) has been cited as a risk factor for maternal deaths. The EC DOH is clustering hospitals to perform CS a strategy that assist with resource sharing (staffing), presenting better access to transport and reducing distances to be travelled if these mothers were to be taken to a higher-level institution that may be further than the district hospitals in proximity. Implementation of DCSTs, interfacility obstetric ambulances and half-way houses form part of the strategy to reduce these deaths and address medico-legal challenges. Two hundred non-pneumatic anti-shock garments (NASG) were procured to manage obstetric haemorrhage in transit.
- **Cervical screening** policy prescribes three cervical smears at 10-year interval for women aged 30 and older. There is a significant improvement in cervical screening programme. This is because of the introduction of the liquid cytology technique which makes it easy to get adequate results. This technique addresses the challenges of smear inadequacy and high smear rejection rate by the laboratory when the conventional PAP smear method was used. All districts are performing well on cervical screening indicator due to the training that was conducted on cervical and breast cancer policy. Efforts to strengthen prevention and early detection of these cancers are underway. These include vaccinating school going young girls with HPV vaccine and campaigns on breast self-examination. The department is currently developing a provincial cancer strategy and a workshop in this regard was held in November 2018.
- **Prevention of Mother to Child Transmission** – The programme continues to perform well with significantly declining HIV infections rates amongst new-born babies. This is because of early initiation of HIV positive pregnant mothers on ART. Programme efforts need to be directed towards addressing and reducing teenage pregnancy.
- The target of **diarrhoea and pneumonia** case fatality rate of 5% was achieved due to IMCI care management training in all the districts. However, integrated planning with municipalities must be strengthened to address issues of water and sanitation. The programme should monitor and ensure adequate stock-levels of Rota virus and pneumonia vaccines in PHC facilities, to ensure continuous availability and access.

- **Severe Acute Malnutrition:** The target has been achieved. Specific targeting has been done whereby every admitted malnourished child is monitored and specific interventions done. Integrated training of community health workers from other departments e.g. Social Department, Agriculture, SASSA has been done for early identification of malnutrition using mid-upper arm circumference tape (MUAC). There is also continuous availability of clinical feeds in all hospitals to manage malnourished children. The programme procured 1 000 stadiometers for all facilities to monitor linear growth.
- To address the Auditor General's finding of misclassification of deaths due to SAM, every death of a child under age five is audited to promote more accurate classification and minimize misclassification, thereby reducing high rate of deaths due to severe acute malnutrition.
- The OR Tambo district however, is still experiencing problem of malnutrition. This is due to a challenge of high teenage pregnancy, use of traditional medicines on babies and late health seeking behaviour which results in children/ babies dying within 24 hours of admission. Focus is given to Sexual Reproductive Health and education.
- A Nzo district has been contributing significant numbers to neonatal deaths in facility indicator. A neonatologist/ paediatrician and two neonatologist nurses were appointed at A Nzo and these conducted trainings and mentoring to other professional staff. Outreach services were conducted by neonatologists, neonatal nurse through external funding from Discovery, LINC and AAP in the EC most rural districts including OR Tambo, Alfred Nzo and Joe Gqabi Districts. Regional hospitals have shown a decrease in neonatal mortality with introduction of continuous positive airway pressure (CPAP). The target of neonatal deaths in facility was subsequently achieved.
- There are 18 hospitals with full functional neonatal wards/ units in the province. Others are providing low level of care as a result, the fully functional hospitals are overcrowded which leads to infections due to limited admission space. The achievement of a 40-bedded neonatal unit at NMAH is a commendable intervention; more units are required to ease overcrowding.

Table B2.12: Performance against Annual Targets from 2018/19 Annual Performance Plan for Sub-Programme 2.7 MCWH

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.7.1 Antenatal 1 st visit before 20 weeks rate	59.7%	63.8%	65%	68%	61.7%	-6.3%	Target not achieved. This is due to late presentation of pregnant women at facility
	Numerator: Antenatal 1 st visit before 20 weeks	65 053	67 292	70 962	68 556	75 710		
	Denominator: Antenatal 1 st visit 20 weeks or late + Antenatal 1 st visit before 20 weeks	108 895	105 472	109 447	105 472	122 773		
	1.7.2 Mother post-natal visit within 6 days rate	58.2%	60%	63%	63%	67.1%	4.1%	<ul style="list-style-type: none"> Target over achieved due to linkage of deliveries to Ward-based Outreach Teams for tracking. Automatically regenerated morning connect messages are sent as a reminder for post-natal care.
	Numerator: Mother post-natal visit within 6 days after delivery	61 800	59 497	63 752	62 762	70 331		
	Denominator: Delivery in facility total	106 244	99 623	100 759	99 623	104 827		
	1.7.3 Antenatal client start on ART rate	94%	93.3%	86.6%	95%	93.4%	1.6%	Target achieved within the acceptable range 90.25% – 99.75% (Refer to paragraph 4.1 methodological consideration)
	Numerator: Antenatal client start on ART	19 122	16 581	12 985	16 883	12 171		
	Denominator: Antenatal client known HIV positive but NOT on ART at 1 st visit + Antenatal client HIV 1 st	20 370	17 772	14 997	17 772	13 025		

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
.8 Child Mortality Reduced to less than 34 per 1000 population by 2019	test positive + Antenatal client HIV re-test positive							
	1.8.1 Infant 1st PCR test positive around 10 weeks rate	1.7%	1.6%	1.2%	<1.4%	1.0%	-0.4%	Target achieved.
	Numerator: Infant PCR test positive around 10 weeks	351	214	244	190	218		
	Denominator: Infant PCR test around 10 weeks	20 166	13 584	20 084	13 584	21 343		
	1.8.2 Immunisation under 1-year coverage	86.1%	78.6%	69%	87%	71.9%	-15.1%	Target not achieved, due to:
	Numerator: Immunised fully under 1 year new (annualised)	118 192	103 575	111 191	141 147	117 114		<ul style="list-style-type: none"> • Interruption of vaccines because of national stock out of BCG, Polio vaccines and TD vaccines.
	Denominator: Female under 1 + Male under 1	137 328	131 801	162 370	162 238	162 773		<ul style="list-style-type: none"> • Renovations at Mthatha Depot affect stock management. • Some facilities do not have vaccine compliant refrigerators as a result not enough stock is taken in.
	1.8.3 Measles 2 nd dose coverage	81%	91.6%	66%	72%	64.9%	-7.1%	Target not achieved due to:
	Numerator: Measles 2 nd dose (annualised)	114 371	125 914	109 211	119 800	107 475		<ul style="list-style-type: none"> • Interruption of vaccines because of national stock out of BCG, Polio vaccines and TD vaccines.
	Denominator: Female 1 year + Male 1 year	141 882	137 503	166 530	166 389	165 446		

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
								<ul style="list-style-type: none"> Renovations at Mthatha Depot affect stock management Some facilities do not have vaccine compliant refrigerators as a result not enough stock is taken in.
	1.8.5 Diarrhoea case fatality under 5 years rate	3.6%	3.7%	3.6%	3.5%	3.0%	-0.5%	Target over achieved due to IMCI care management training conducted in all EC districts.
	Numerator: Diarrhoea death under 5 years	256	212	125	200	127		
	Denominator: Diarrhoea separation under 5 years	7 032	5 727	3 491	5 727	4 196		
	1.8.6 Pneumonia case fatality under 5 years rate	3.7%	3%	3.7%	3.5%	3.2%	-0.3%	Target over achieved due to IMCI care management training conducted in all EC districts.
	Numerator: Pneumonia death under 5 years	257	188	144	218	147		
	Denominator: Pneumonia separation under 5 years	7 012	6 232	3 909	6 232	4 564		
	1.8.7 Severe acute malnutrition case fatality under 5 years rate	10.1%	10.2%	12%	9%	8.9%	-0.1%	Target achieved within the acceptable range 8.55% – 9.45% (Refer to paragraph 4.1 methodological consideration)
	Numerator: Severe acute malnutrition deaths under 5 years	284	226	161	199	131		
	Denominator: Severe acute malnutrition (SAM) in facility under 5 years	2 819	2 221	1 363	2 221	1 464		
3.4 40% of Quintile 1&2 school screened by	3.4.2 School Grade 1 – learners screened	40 531	33 854	46 710	39 441	32 505	-6 936	Target not achieved. <ul style="list-style-type: none"> Temporal staff that assist with this

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
Integrated School Health (ISH) Teams in 2019								<ul style="list-style-type: none"> service were contracted late Shortage of transport for outreach; vehicles to assist with this service were hired late alongside the contract workers
	3.4.3 School Grade 8 learners screened	12 586	18 801	26 646	25 615	17 236	-8 379	<ul style="list-style-type: none"> Target not achieved. Temporal staff that assist with this service were contracted late Shortage of transport for outreach; vehicles to assist with this service were hired late alongside the contract workers
1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.7.6 Delivery in 10 to 19 years in facility	New indicator	New indicator	15 474	10%	16.4%	6.4%	Target not achieved. The NDOH changed the definition of this indicator in 2017/18 from monitoring under 18s to monitoring under 19 year olds delivering in facility. The EC DOH did not change the target that was initially set to monitor under 18-year-old women.
	Numerator: Delivery 10-14 years in facility + Delivery 15 – 19 years in facility			15 474	10 624	17 167		
	Denominator: Delivery in facility total			100 759	106 243	104 827		
	1.7.4 Couple year protection rate (int.)	53.6%	54.6%	49%	65%	53.7%	-11.3%	

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
1.2 Screening coverage of chronic illnesses increased to more than a million by 2019	Numerator: Oral pill/15 + Medroxyprogesterone injection/4 + Norethisterone enanthate injection /6 + IUCD inserted* 4.5 + Male condoms distributed /120 + Sterilisation- male*10 + Sterilisation -female *10 + Female condoms distributed /120 + Sub-dermal implant inserted *2.5 Denominator: Female 15-44 years + Female 45- 49 years	955 064	980 539	916 626	1 218 312	1 020 122		Target not achieved due to poor recording of contraceptive methods.
	1.2.4 Cervical cancer screening coverage 30 years and older	57.4%	60.9%	60.3%	63%	72.3%	9.3%	
	Numerator: Cervical cancer screening 30 years and older	85 017	91 936	92 782	96 375	107 616		
	Denominator: (Female 30-34 years + Female 35- 39 years + Female 40-44 years + Female 45 years and older)/10	147 556	150 874	153 842	152 977	148 844		
1.8 Child Mortality Reduced to less than 34 per 1000 population by 2019	1.8.10 Human Papilloma Virus Vaccine 1 st dose	65 761	64 592	57 286	50 972	48 265	2 707	Target not achieved.
	1.8.11 Human Papilloma Virus Vaccine 2 nd dose	New indicator	New indicator	44 637	57 123	36 689	-20 434	<ul style="list-style-type: none"> Temporal staff that assist with this service were contracted late Shortage of transport for

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
1.7 Maternal Mortality Ratio Reduced to less than 100 per 100 000 population by 2019	1.8.8 Vitamin A dose 12-59 months coverage	63.5%	62%	53%	65%	54.9%	-10.1%	outreach; vehicles to assist with this service were hired late alongside the contract workers
	Numerator: Vitamin A dose 12-59 months	741 185	710 182	722 793	884 730	740 339		Target not achieved. Vitamin A is mainly administered at ECDCs and there is under-reporting due to
	Denominator: Population 12-59 months *2	1 168 102	1 145 395	1 362 340	1 361 124	1 347 170		absence of standardized data collection tools used to collect data for this indicator
	1.8.9 Neonatal death in facility rate	12.8/1 000	10.8/1 000	14/1 000	12/1 000	12.5/1 000	0.5/1 000	Target achieved within the acceptable range
	Numerator: Inpatient death 0-7 days + Inpatient death 8 – 28 days	1 370	1 098	1 390	1 218	1 311		11.4% - 12.6% (Refer to paragraph 4.1 methodological consideration)
	Denominator: Live birth in facility	107 214	101 468	100 803	101 468	104 655		
	1.7.5 Maternal mortality in facility ratio	135.2/100 000	135/100 000	128/100 000	120/100 000	106/100 000	-14/100 000	Target overachieved due to:
	Numerator: Maternal death in facility	145	137	138	122	118		• The training on ESMOE provided to master trainers who support and train health care workers in facilities. This covers management of hypertension in pregnancy.
	Denominator: Live birth in facility + Born alive before arrival at facility	107 214	101 468	107 595	101 468	111 229		• High rate of initiation of HIV

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
								positive pregnant mothers on ART

Strategies to overcome areas of under performance

Indicator not achieved		Proposed intervention strategies						
1. Antenatal 1st visit before 20 weeks' rate		<p>All sexually active women at child bearing age should make sure that they get tested for pregnancy.</p> <p>Health care promotion should be done to educate at early development stages.</p> <ul style="list-style-type: none"> 12 Vehicles are to be hired and will be distributed at the end of second month to districts that are not achieving the target. Utilisation of Media platform to enhance awareness and educate communities on the importance of Vaccination. Support & encourage General Health Programme's managers to trace children that have defaulted within the period while they meet NIDS definition. Continuous district monitoring and technical support assistance through facility visit. 5. Address the issue of Denominator with Executive Management. 						
2. Immunisation under 1-year coverage		<ul style="list-style-type: none"> 1.12 Vehicles are to be hired and will be distributed at the end of second month to districts that are not achieving the target. Utilisation of Media platform to enhance awareness and educate communities on the importance of Vaccination. Support & encourage General Health Programme's managers to trace children that have defaulted within the period while they meet NIDS definition. Continuous district monitoring and technical support assistance through facility visit. 5. Address the issue of Denominator with Executive Management. 						
3. Measles 2 nd dose coverage		<ul style="list-style-type: none"> The programme procured and distributed mid-upper-arm circumference tapes for early identification of malnutrition and classification. Districts to intensify the education of mothers and care givers on the 5 pillars for growth and development and the danger signs as per new Road to Health Book. 1000 Stadiometers were procured and distributed to districts to monitor linear growth of children above 24 months and provide appropriate interventions for growth faltering children. Strong collaboration with the Department of Social Development for targeted social relief intervention for families with malnourished children who are food insecure. Severe Acute Malnutrition (SAM) admissions and all SAM deaths are audited to institute improvement plans in hospitals affected. Integrated planning with other government departments and municipalities must be strengthened to address issues of water and sanitation. Integrated trainings of community health workers on malnutrition screening using Mid Upper Arm Circumference tapes (muac) and other child health issues for active case finding when going to communities. Nutrition supplementation of malnourished children with appropriate feeds. 						
4. Severe acute malnutrition case fatality rate								
5. School Grade I – leaners screened								

Indicator not achieved	Proposed intervention strategies
6. School Grade 8 – learners screened	The programme needs to rethink its strategy and focus more on learner screening during the first three quarters of the calendar year.
7. Delivery in 10 to 19 years in facility	Strengthen family planning through health promotion intervention and integrated school health programme.
8. Couple year protection rate (int.)	Health service providers at facilities will be trained on how to calculate this indicator as well as recording of its data. Continuous monitoring of contraceptives will be done for their availability at facilities.
9. Vitamin A dose 12-59 months' coverage	Harmonise the data collection tools so that all ECD centres and every outreach team have appropriate registers for recording to improve of data collection.
10. Human Papilloma Virus Vaccine 1 st dose	

Changes to planned targets

There were no changes made to targets during the reporting period.

2.8 SUB-PROGRAMME: CORONER SERVICES

Sub-programme purpose

- To strengthen the capacity and functionality of forensic pathology institutions within the province and facilitate access to forensic pathology services at all material times
- The coroner Services sub-programme renders forensic pathology services in order to establish the circumstances and causes surrounding unnatural deaths

Key interventions implemented to achieve strategic objectives

- **Forensic Pathology Operations:** The Provincial Intervention Task Team appointed by the Office of the Superintendent General has done assessment of operations at Mthatha Forensic Pathology Laboratory, the turn-around strategies are being implemented.

Strategic objectives:

- 1.9 Post-mortems conducted within 72 hours increased to 95% by 2019

Progress and achievements

Human Resource

Officials work standby continuously for two or more consecutive weeks over and above normal working hours that at times lead to more than 30% of overtime. Non-payment and delays in the payment of accruals and overtime had led to go-slows by the forensic personnel. In addressing this issue, PE and Queenstown Region managed to pay accruals and overtime up to date. Reduction of go-slows and threats to engage in go-slow have been decreased in the past three months.

To improve knowledge about government policies, thereby enhancing cooperation amongst staff members, Mthatha Region has trained four of its officials on labour relations as the beginning of an intervention strategy.

Adelaide has been operating as a dissecting facility. Bodies were transported to Grahamstown for post mortem examination due to shortage of medical staff. A sessional doctor has been appointed and assumed duties with effect from 01 Sept 2018. Services are currently running smoothly with much anticipation on improved post mortem turn-around time.

Four East London facilities have been provided with security personnel as from 01 Sept 2018 to 01 March 2019. Security and proper preservation for production of objective results is maintained.

Security

Twelve (12) burglaries have been committed at New Brighton Forensic Laboratory in 2017/18 financial year. Restraining device like razor wire was put in place but perpetrators went through it. Maximum security is now being put in place. Palisade fencing has been installed at New Brighton as a deterrent measure to continued burglary and theft.

At Mthatha Region, security tender was awarded for a period of eighteen months with effect from October 2018. This contract is going to cover five facilities namely Mthatha, Lusikisiki, Bizana, Mt Frere and Mt Fletcher.

Wellness and OHS

Infection control and prevention is one of paramount requirements for effective operations in the forensic pathology sector. In implementing this requirement, Mthatha region has conducted health screening and immunisation to officials in May and June 2018 and East London regional staff were vaccinated.

The institution is currently engulfed with high volume of bodies that are unknown and unclaimed (paupers). Several presentations were made in the Provincial Health Council and the Environmental Health Practitioners to highlight the burden of paupers in the forensic sites and pleading assistance of municipalities to bury these bodies. All paupers were buried at Bizana facility, Amathole DM and Buffalo City Metro.

Uniform is one of the critical needs for Forensic Pathology Officer who are collecting different types of bodies at different stages of decomposition. It has been noted that it will be imperative for these officials to have and wear uniform. EL and Port Elizabeth Region officials have been supplied with uniform. All personnel will be encouraged to wear it at work continuously and is a good reflection of the image of the department.

Infrastructure

Infrastructural support needs to be improved regarding maintenance of buildings as well as repairs of vehicles and fridges.

Operations and Infrastructure

Alarms system and electrical fence have been installed at New Brighton Mortuary. This mortuary has previously been engulfed by high rate of burglary. An order for installation burglar bars in the doors and windows has been granted.

Mthatha region has buried 20 unclaimed and unidentified bodied as paupers at KSD Municipality.

Support services

Queenstown Region has completed recruitment process for Queenstown General Assistant to assume duties on the 01 April 2019.

Queenstown region has concluded a Memorandum of Understanding (MOU) to utilise services of Expanded Public Works Programme (EPWP) to render gardening services twice a week.

One Clinical Manager has been appointed at Mt Frere Forensic Pathology Laboratory.

East London Region has appointed General Assistants at Bhisho and Adelaide Holding facilities as well as Sessional Doctor at Woodbrook and permanent doctor at Mdantsane.

Table B2.13 Performance against Annual Targets from 2018/19 Annual Performance Plan for Sub-Programme 2.8 Coroner Services

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
1.9 Post-mortems conducted within 72 hours increased to 95% by 2019	1.9.1 Percentage of post-mortem performed within 72 hours	93%	94%	94%	95%	95%	0%	Target Achieved
	Numerator: Number of cold bodied with post-mortem performed within 72 hrs. of receipt of body	10 017	8 391	9732	8 465	10 159		
	Denominator: Total number of cold bodies received from SAPS (expressed as percentage)	10 811	8 911	10322	8 911	10 673		

Strategies to overcome areas of under performance

Changes to planned targets

There were no changes made to targets during the reporting period.

SUB-PROGRAMME 2.9 DISTRICT HOSPITALS

Sub-programme purpose

To provide comprehensive and quality district hospital services to the people of the Eastern Cape Province.

Key Interventions targeted by the District Management Team to strengthen implementation in the Districts and enable implementation of District Health Plan

- Recruitment and retention of doctors and nurses in district hospitals especially those in rural areas
- In service training on monitoring of foetal Health on admission during labour
- Monitor Vital signs every 4 hours e.g. blood pressures, pulse and temperature
- Review planned patients Transport for high risk clinics
- Revive in-reach and Outreach Programme to support district hospitals

Key interventions targeted by the Provincial Head Office to support and build capacity in all Districts to enable implementation of their District Health Plans

- To Facilitate the implementation of National Core Standards assessment in district hospitals by collating National Core Standards Assessments, analyses report and provide feedback to district hospitals
- Allocation of community service, post community service health professionals and bursary holders to all hospitals focusing mainly in rural areas
- To encourage district hospitals to constantly engage perinatal meetings
- To request budget in order to procure medical equipment that is needed in District Hospitals
- Upgrading security services in district hospitals through the installation of comprehensive security solutions (cameras and access control).

Interventions implemented to achieve strategic objectives

- Conduct support visits to underperforming district hospitals.
- Procure patient's clothing e.g. Pyjamas, nighties for district hospitals so as to improve quality.
- Liaise with infrastructure Chief Directorate to allocate maintenance budget to each district hospital in order to maintain the facility and equipment.
- Allocated Capital budget to District Offices so as to procure capital items for District Hospitals.
- To strengthen security in District Hospitals, five (5) district hospitals have been allocated funds to install comprehensive security system i.e. CCTV cameras. Those hospitals are Glen Grey, Andries Vosloo, Grey, Madzikane ka Zulu and Victoria.

Strategic objectives:

- 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019
- 2.4 Patient satisfaction rate increased to more than 75% health services by 2019
- 1.10 80% of Hospitals meeting national efficiency targets by 2019

Progress and achievements

National Core Standards (NCS):

In fulfilling its strategic and legislative imperatives, the Office of Standards Compliance developed the National Core Standards for Health Establishments in South Africa, which will assist in setting the benchmark of quality care against which delivery of services can be monitored. Quality is getting the best results possible within the available resources (Policy on Quality in Health Care for South Africa, National Department of Health, April 2007). The main purpose of the National Core Standards is to:

- Develop a common definition of quality care which should be found in all health establishments in South Africa, as a guide to the public and to managers and staff at all levels;
- Establish a benchmark against which health establishments can be assessed, gaps identified and strengths appraised;
- Provide for the national certification of compliance of health establishments with mandatory standards.

As an effort to gauge level of care, health facilities are required to perform self-assessment every year. Areas that do not perform well are required to develop, implement and monitor quality improvement plans (QIPs) as corrective measure.

In the EC province, 22 of 66 district hospitals have achieved 75% or more on NCS self-assessment. Contributing factors towards this achievement included procurement of 270 basic beds with mattresses for five hospitals from Amathole district i.e Butterworth 100, Madwaleni 100, Adelaide 10, Victoria 40 and Cathcart 20 as well as procurement of linen for 42 district hospitals.

Security Services:

The Department has started a process of installing **Comprehensive Security System (cameras)** in five District Hospitals namely Victoria, Grey, Glen Grey, Andries Vosloo and Madzikane ka-Zulu hospitals. The process is at BAC stage.

Governance:

The Department consulted the stakeholders in all but two districts namely Amathole district and BCM, through workshops towards developing a hospital board constitution and code of conduct. It is ideal to have full functional district hospital boards in our district hospitals, however, only 33 of the 66 district hospitals have fully functional hospital boards hence the development of hospital board constitution by districts.

Currently district hospitals are recruiting and appointing health professionals and managers in the management positions. However, health professionals are not easily retained due to the rurality of the province with most district hospitals situated in the deep rural areas. This results in shortage of doctors in these hospitals with consequent high referral to upper level of care.

Infrastructure and maintenance:

Capital and maintenance budget has been decentralized to District Offices with a view of procuring and maintaining medical equipment. The challenge experienced is that district hospitals do not have Artisan foreman's positions. As a result, there is no cadre responsible for physical, machinery and medical equipment maintenance; this function is entrusted to general assistant in most district hospitals.

Table B2.14: Performance against Annual Targets from 2018/19 Annual Performance Plan for Sub-Programme 2.9 District Hospitals

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.1 Hospital achieved 75% and more on National Core Standards (NCS) self-assessment rate	New indicator	New indicator	39.3%	27%	33.3%	6.3%	
	Numerator: SUM ([Hospital achieved 75% and more on National Core Standards self-assessment])			26	18	22		Target over achieved due to strengthening of leadership and governance systems through NCS and hospital board meetings
	Denominator: SUM ([Hospitals conducted National Core Standards self-assessment])			66	66	66		
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.1 Average length of stay	5.1 days	5 days	4.9 days	4.8 days	4.7 days	- 0.1 day	Target achieved within the acceptable range 4.56 – 5.04 days (Refer to paragraph 4.1 methodological consideration)
	Numerator: Sum ([Inpatient days total x 1]) + ([Day patient total x 0.5])	1 264 514	1 226 237	1 211 494		1 218 528		
	Denominator: SUM ([inpatient deaths-total]) + ([inpatient discharges-total]) + ([inpatient transfers out-total])	248 542	245 478	245 723		257 017		

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
	I.10.6 Inpatient bed utilization rate	57.2%	56%	55%	66%	55%	-11%	Target not achieved This is due to shortage of doctors, clinical and support services staff particularly in small district hospitals resulting in frequent transfer to next level of care.
	Numerator: Inpatient days total x 1) + ((Day patient total x 0.5))	1 264 514	1 226 237	1 211 494	1 189 972	1 218 528		
	Denominator: Usable (Inpatient beds * 30.42) available	2 209 313	2 188 445	2 213 238	1 802 989	2 221 268		
	I.10.12 Expenditure per patient day equivalent (PDE)	R3 317	R3 346	R2 528	R2 950	R2 680.2	-R269.8	
	Numerator: SUM ([Expenditure - total])	R5 943 461 304	R4 607 444 194	R4 314 006 000		R 4 656 199 394		
	Denominator: Sum ([Inpatient days total x 1]) + ([Day patient total x 0.5]) + ([OPD headcount not referred new x 0.333333]) + SUM([OPD headcount referred new x 0.3333333]) + ([OPD headcount follow-up x 0.3333333]) + ([Emergency headcount - total x 0.3333333])	1 789 108	1 735 819	1 706 448		1 737 289		Target not achieved This is due to low inpatient days in most previous provincially aided hospitals that do not render full district hospital services, with resultant high referral to other hospitals
	2.4.26 Complaint resolution within 25 working days rate	99.6%	90.5%	98%	85%	99%	14%	Target overachieved due to strengthening of
	2.4 Patient satisfaction rate increased to more							

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
than 75% health services by 2019								leadership and governance systems because of NCS which has led to improved compliance with complaints management policy
	Numerator: SUM ([Complaint resolved within 25 working days])	3 301	2 914	2 886	2 736	2 074		
	Denominator: SUM ([Complaint resolved])	2 314	3 219	2 950	3 219	2 097		

Strategies to overcome areas of under performance

- Prioritise the appointment of doctors and other health professionals in all district hospitals with vacancies.
- To visit all hospitals with low/ high efficiency indicators e.g. ALOS; BUR; C/ PDE in terms of creating awareness to the challenge and seek ways of overcoming it.
- Continue to support under-performing District Hospitals and monitor progress.
- All district hospitals that have scored less than 50% on National Core Standards to be visited and supported on any challenges that are the cause of poor performance e.g. equipment.
- Prioritize the rationalization of health care services by the department so as to facilitate equitable allocation of resources.

Changes to planned targets

There were no changes made to targets during the reporting period.

Linking performance with budgets

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	Variance
Sub programme										
1DISTRICT MANAGEMENT	906,533	82,531	14,867	1,003,932	973,747	30,185	97.00%	893,924	881,476	12,448
2COMMUNITY HEALTH CLINICS	2,348,727	156,395	94,778	2,599,900	2,636,946	(37,046)	101.40%	2,408,551	2,420,417	(11,866)
3COMMUNITY HEALTH CENTRES	1,257,622	(112,385)	(5,000)	1,140,237	1,135,530	4,707	99.60%	943,047	948,991	(5,944)
4COMMUNITY BASED SERVICES	590,991	(12,824)	(9,938)	568,229	569,552	(1,323)	100.20%	519,501	524,720	(5,219)
5OTHER COMMUNITY SERVICES	65,765	26	-	65,791	65,016	775	98.80%	87,273	81,360	5,913
6HIV/AIDS	2,105,798	-	-	2,105,798	2,089,536	16,262	99.20%	2,055,413	2,045,769	9,644
7NUTRITION	43,532	(3,604)	-	39,928	32,333	7,595	81.00%	37,098	24,872	12,226
8CORONER SERVICES	106,377	8,442	(6,700)	108,119	109,401	(1,282)	101.20%	107,091	100,885	6,206
9DISTRICT HOSPITALS	4,746,555	(118,580)	72,771	4,700,745	5,167,739	(466,994)	109.90%	4,309,101	4,314,006	(4,905)
	12,171,900	-	160,778	12,332,679	12,779,800	(447,121)	103.60%	11,360,999	11,342,496	18,503
Economic classification										
Current payments	12,001,371	(2,090)	107,437	12,106,718	12,098,714	8,004	99.90%	11,027,742	11,038,627	(10,885)
Compensation of employees	8,757,110	(132,084)	-	8,625,026	8,579,777	45,249	99.50%	7,809,397	7,809,396	1
Goods and services	3,244,261	129,959	87,132	3,461,352	3,513,624	(52,272)	101.50%	3,217,024	3,227,910	(10,886)
Interest and rent on land	-	36	20,304	20,340	5,313	15,027	26.10%	1,321	1,321	-
Transfers and subsidies	64,322	2,090	53,342	119,754	568,015	(448,261)	474.30%	189,355	182,610	6,745
Provinces and municipalities	1,200	-	1	1,201	3,091	(1,890)	257.40%	4,181	313	3,868
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-	-
Non-profit institutions	19,570	-	-	19,570	17,566	2,004	89.80%	10,152	7,278	2,874
Households	43,552	2,090	53,341	98,983	547,358	(448,375)	553.00%	175,022	175,019	3
Payments for capital assets	106,207	-	-	106,207	100,733	5,474	94.80%	143,902	121,259	22,643
Machinery and equipment	106,207	-	-	106,207	100,733	5,474	94.80%	143,902	121,259	22,643
Payment for financial assets	-	-	-	-	12,338	(12,338)	-	-	-	-
	12,171,900	-	160,778	12,332,679	12,779,800	(447,121)	103.60%	11,360,999	11,342,496	18,503



Province of the
EASTERN CAPE
HEALTH



PROGRAMME 3

EMERGENCY MEDICAL SERVICES & PATIENT TRANSPORT SERVICES

PROGRAMME 3: EMERGENCY MEDICAL SERVICES

Programme purpose

To render an efficient, effective and professional emergency medical services as well as planned patient transport services including disaster management services to the citizens of the Eastern Cape Province.

Priority for the next three years

Improve call taking and dispatching ability by rolling out the computerised call taking and dispatching system strengthening EMS services for inter Hospital, XDR/MDR and Maternity transfers.

Strategic objectives

3.6 Proportion of EMS response time improved to 85% by 2019

Progress and achievements

The department operates the emergency medical services for pre-hospital and interfacility transfer service. There are 84 EMS stations around the province (Table 3.1), located in various local municipal areas. These stations are located in close proximity to hospitals and the communities they service. Below is a tabulated distribution of the EMS stations around the province.

Table B3.1: Distribution of EMS stations by district, EC Province

District	Number of EMS stations	Number of Vehicles
Alfred Nzo	8	64
Amathole	10	59
Buffalo City Metro	3	42
Chris Hani	15	64
Joe Gqabi	11	44
Nelson Mandela Metro	3	43
OR Tambo	11	74
Sarah Baartman	23	57
Province	84	447

The EMS stations are also complemented by various satellite stations, also located closer to communities but with a fewer resource complement (vehicles and personnel).

During this financial year, the department has seen an increase in number of calls received by our control rooms. A total of 465 804 calls were received in the various categories. The demand for EMS service continues to exceed the available number of resources.

Human Resource Development: The EMS component is faced with a serious staff shortage for optimal service delivery. To address this challenge, the department has made significant investments in improving the skills of EMS personnel. This is part of the department's strategy to strengthen the skills of the EMS especially in rural areas. There are currently 1,775 basic life support (BLS) practitioners and 637 qualified intermediate life support (ILS) practitioners. There remains a shortage of advanced life support practitioners which are critical in the provision of quality EMS according to the new Emergency Medical Services regulations (2017). The EMS College has trained 30 BLS candidates and upgraded them to ILS. There are 26 candidates currently funded to undergo the bachelor in emergency medical care (BEMC) qualification at the Nelson Mandela University. Three employees obtained a qualification in BEMC and were placed in OR Tambo and Sarah Baartman district. Eight rescue technicians successfully completed the rescue technician course at the EMS College. This course equips the EMS practitioner with the rescue skills necessary when attending certain kind of incidences which include motor vehicle accident.

EMS Fleet: The province has 447 ambulances (see Table B3.1) for the delivery of pre-hospital and interfacility transfer service. The availability of operational ambulances has been on average at 75% due to factors such as long lead times for repairs and staff shortage. The department continues to work with Government Fleet Management Services, a trading entity of the provincial Department of Transport to shorten the lead time for repairs, and also replacement of old and damaged vehicles.

The department also runs a planned patient transport vehicles (PTV) service which moves patients from level 1 health facilities to tertiary hospitals for specialised care. During the 2018/19 financial year, a total of 143,638 clients were transported by

the PTV service in the province. The demand for these services is very high in districts such as Joe Gqabi, Sarah Baartman and Alfred Nzo as they refer to tertiary and regional Hospitals outside of these districts.

Aeromedical Services: Three helicopters are still in use by the ECDOH to respond to emergencies throughout the Eastern Cape Province. A new contract is in the final procurement processes.

Call taking and Recording: The department has improved call taking and recording at the various EMS control centres in the province. The push to talk (PTT), a hand held mobile device is used to connect the control rooms and the crews on the ambulances. This has improved the call taking and hence the communication between crews and the control rooms. The process to procure an electronic call taking system is underway and is expected to be completed in the next financial year (2019/2020)

Community Interactions: The province has been faced with a few incidents of attacks to EMS crews in certain areas around the province. The attacks tend to affect the response times to the communities and at times prevent the ambulances from reaching the communities that need the service. The department continues to work closely with the South African Police Service (SAPS) and community leaders to protect and prevent the crews from being attacked when responding to calls. The department also plans to engage in a mass community mobilization initiative to educate the communities about the importance of protecting the EMS crews when responding to calls in the community. This initiative will also focus on discouraging the communities from making prank (hoax) calls which waste the limited EMS resources in the province.

Table B3.2: Performance against Annual Targets from 2018/19 Annual Performance Plan for Programme 3 EMS

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
3.6 Proportion of EMS response time improved to 85% by 2019	3.6.1 EMS PI urban response under 15 minutes rate	55%	41%	31%	50%	32.2%	-17.8%	Target not met. Demand of ambulances exceeds the supply. About 50% of available 447 ambulances are rostered per shift due to various factors e.g. service and repairs.
	Numerator: EMS PI urban response under 15 minutes	17 210	14 285	13 617	17 527	13 574		
	Denominator: EMS PI urban calls	31 370	35 054	43 138	35 054	42 126		
	3.6.2 EMS PI rural response under 40 minutes rate.	47.3%	58%	56.2%	60%	51.4%	-8.6%	Target not met. Demand of ambulances exceeds the supply. About 50% of available 447 ambulances are rostered per shift due to various factors e.g. service and repairs.
	Numerator: EMS PI rural response under 40 minutes	38 951	57 946	50 118	60 060	48 542		
	Denominator: EMS PI rural calls	82 294	100 101	89 109	100 101	94 501		
	3.6.3 EMS inter facility transfer rate	29.4%	34%	30%	30%	33.3%	3.3%	Target not met. The number of IT's is mainly influenced by transferring patterns

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
								within the districts. Improved coordination of IHT's between medical institutions needs to take place.
	Numerator: EMS inter-facility transfer	185 727	207 027	188 316	185 488	154 911		
	Denominator: EMS clients total	631 369	618 295	618 409	618 295	465 804		

Strategies to overcome areas of under performance

Indicator not achieved	Proposed intervention strategy
3.6.1 EMS P1 urban response under 15 minutes rate	Increase the number of rostered ambulances
3.6.2 EMS P1 rural response under 40 minutes rate	Increase the number of rostered ambulances
3.6.3 EMS inter-facility transfer rate	Improve coordination of Inter Facility Transfers

Changes to planned targets

There were no changes made to targets during the reporting period.

Linking performance with budgets

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
Sub programme									
1 EMERGENCY TRANSPORT	1,223,820	(79,868)	(74,253)	1,069,699	1,031,914	37,785	96.50%	1,042,817	1,041,871
2 PLANNED PATIENT TRANSPORT	125,915	79,868	(1,726)	204,056	241,179	(37,123)	118.20%	237,216	237,216
	1,349,735	-	(75,979)	1,273,756	1,273,093	663	99.90%	1,280,033	1,279,087
									946
Economic classification									
Current payments	1,227,222	-	(73,162)	1,154,060	1,171,266	(17,206)	101.50%	1,115,422	1,115,425
Compensation of employees	922,436	-	-	922,436	971,943	(49,507)	105.40%	933,626	933,626
Goods and services	304,786	-	(73,162)	231,624	199,323	32,301	86.10%	181,796	181,799
Transfers and subsidies	4,079	-	(301)	3,778	3,778	-	100.00%	3,049	2,100
Households	4,079	-	(301)	3,778	3,778	-	100.00%	3,049	2,100
Payments for capital assets	118,434	-	(2,516)	115,918	98,049	17,869	84.60%	161,562	161,562
Machinery and equipment	118,434	-	(2,516)	115,918	98,049	17,869	84.60%	161,562	161,562
Payment for financial assets	-	-	-	-	-	-	-	-	-
	1,349,735	-	(75,979)	1,273,756	1,273,093	663	99.90%	1,280,033	1,279,087
									946



PROGRAMME 4

PROVINCIAL HOSPITAL SERVICES

PROGRAMME 4: PROVINCIAL HOSPITAL SERVICES (REGIONAL AND SPECIALISED)

Programme purpose

To provide cost-effective, good quality secondary hospital services and specialised services, which include psychiatry and TB Hospital services

Sub-programme 4.1

General (Regional) Hospital Services: Rendering of hospital services as a general specialist level and providing a platform for research and the training of health workers.

- Cecilia Makiwane
- Frontier
- St Elizabeth
- Dora Nginza
- Mthatha

Sub-programme 4.2

TB Hospital Services: To convert current tuberculosis Hospital into strategically placed centres of excellence in which a small percentage of percentage of patients may undergo Hospitalization under the conditions that allow for isolation during the intensive phase of treatment, as well as the application of the standard multi drug resistant (MDR) protocols.

- Jose Pearson
- Nkqubela
- Majorie Parish
- Winter Berg
- Osmond
- Khotsong
- Empilweni
- Themba

Sub-programme 4.3

Psychiatric Mental Hospital Services: Rendering a specialised Psychiatric Hospital service for people with mental illness and intellectual disability and providing a platform for training of health workers and research.

- Elizabeth Donkin Psychiatric Hospital
- Komani psychiatric Hospital
- Tower psychiatric Hospital – provide long-term
- Cecilia Makiwane Hospital acute psychiatric Unit
- Holy Cross Hospital acute psychiatric unit
- Mthatha Regional Hospital acute psychiatric Unit
- Dora Ngiza hospital – 72 hour observation Unit plus

SUB- PROGRAMME 4.1: GENERAL (REGIONAL) HOSPITAL SERVICES.

Strategic objectives:

- 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019
- 2.4 Patient satisfaction rate increased to more than 75% health services by 2019
- 1.10 80% of Hospitals meeting national efficiency targets by 2019
- 1.3 NCD coverage increased to 1300/1000 000 through management of chronic illnesses by 2019

Progress and achievements

Improving Access to Regional Hospital Care

All three regions have improved access to regional hospital care in response to the burden of disease experienced in that region:

Eastern Region

Mthatha Regional Hospital (MRH) has been expanded beyond a Family Medicine department to include the following services: obstetrics and gynaecology; paediatrics that boasts a new modern neonatal unit; anaesthetics to support the growing surgical department.

Frontier Regional Hospital (FRH) now provides the full basket of regional hospital services

The opening of the state -of-the-art Cecilia Makiwane Hospital (CMH) by His Excellency Mr Ramaphosa heralded the improved patient experience of care in modern facilities. The final remaining disciplines of surgery and orthopaedics was initiated and strengthened so that surgical services are now available 24/7 and orthopaedic operations have now commenced with twice weekly theatre slates. Other new services include day theatre that improves both access to care as well as efficiency of care; and a six-chair renal dialysis unit in response to the burden of non-communicable diseases.

However, CMH is not only a regional hospital with improved access to quality healthcare, but it is also a veritable symbol of excellence, as it is a heritage centre for the first black professional nurse in Africa. A museum, Cecilia Makiwane statue and amphitheatre pays tribute to the proud history of our province. The site is now used as the provincial oath taking graduation site for all nurse training institutions in the province, inspiring many new nurses that graduate from our College each year.

Western Region

The capability of Dora Nginza Hospital (DNH) to meet the demand for paediatric critical care was increased significantly with the neonatal unit expanded from 16 to 26 beds and the Paediatric ICU from 4 to 8 beds. As the burden of paediatric disease shifts in the EC Province, sub-specialists have been trained at DNH to provide care in the highly specialised areas of paediatric oncology, paediatric surgery and neonatology. Some of these graduates have been appointed at the NMAH to improve access to these sub-specialities in the OR Tambo region.

Towards Patient-Centred Quality of Healthcare

All five regional hospital facilities have completed annual NCS assessments. There have improvements in meeting the minimum facility healthcare standards in the regional hospitals (see table 4.1). The average overall NCS assessment score for all regional hospitals for 2018/19 was 81% - this is 10% higher than the preceding year.

Table B4.1 Regional hospitals National Core Standards assessment score, 2018/19

Hospital	Results 2017/18	Results 2018/19	Variance
Cecilia Makiwane	62	86	24
Dora Nginza	74	75	1
Frontier	71	92	21
Mthatha Regional	72	78	6
St Elizabeth	74	72	2
Average NCS Overall Score	71	81	10

The only hospital that showed a 2% decrease is the St Elizabeth's Hospital which saw a drop-in score for two main areas – leadership and Infection Prevention and Control (IPC). Within the same year, following this assessment, an interim CEO and

the permanent nursing manager were appointed to provide senior direction with respect to quality of care. Measures have been implemented to address the IPC matters and an improvement is anticipated in the upcoming assessment.

Patient Satisfaction

All regional hospitals conducted Annual Patient Satisfaction surveys. The average Satisfaction rate score was 73% (2% below the target) with Frontier Hospital receiving the best rating from our communities. The main issues/ complaints raised that contribute to the satisfaction score are inappropriate staff attitudes and long waiting times.

Table B4.2: Patient Satisfaction Rate in Regional Hospitals, 2018/19

Survey Rate	TARGET	SURVEY RATE	Satisfaction rate	Variance	EXPLANATION OF VARIANCE
Cecelia Makiwane	75%	100%	68%	-7%	All have low score on access to care based on patients perceptions
Dora Nginza	75%	100%	62%	-13%	
Frontier	75%	100%	88%	13%	
St Elizabeth	75%	100%	72%	-3%	
EC Province	75%	100%	73%	-2%	

To address the staff attitude challenge, the Department has selected change agents across seven out of eight Districts to be trained on implementing the principles of Batho Pele at facilities. Amathole District change agent training workshop will be completed during the first quarter of the next financial year 2019/2020.

The waiting times challenges relate to waiting for patient folders at Admissions as well as non-urgent patients having to wait whilst urgent and emergency patients are prioritised in Casualties. The Department has embarked on the rollout of an in-house Hospital Management System (HMS) which aims to have an electronic record for all hospital in- and out-patients, with a unique HPRS number. In the interim facilities have embarked on registry clean-ups and strengthening of the document management at facilities.

Patient Complaints Resolution

The Department has improved its responsiveness to patient complaints. Whilst targeting ensuring that 85% of complaints are resolved within the national standard of 25 days, regional hospitals have resolved an average of 97% of complaints within 25 days (see table 4.3)

Table B4.3: Complaints received and resolved by Regional hospitals, 2018/19

Regional Hospitals	Total # of Complaints resolved within 25 days	# of Complaints Resolved within 25 working day in 2018/19				
		Total received	# Resolved	2018/19 Rate	Variance	Explanation of Variance
Mthatha General	85%	83	78	94%	+	
Cecelia Makiwane	85%	86	81	94%	+	
Dora Nginza	85%	110	110	100%	+	
Frontier	85%	105	105	100%	+	
St Elizabeth	85%	272	268	98%	+	
Province	85%	656	642	97%	+12%	Target Achieved

Table B4.4: Performance against Annual Targets from 2018/19 Annual Performance Plan for Sub-Programme 4.1 Regional Hospitals

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.2 Hospital achieved 75% and more on National Core Standards self-assessment rate	New indicator	New indicator	80%	100%	80%	-20%	Average 81% for all five-regional hospital NCS overall score (10% higher than preceding year).
	Numerator: SUM ([Hospital achieved 75% and more on National Core Standards self-assessment])			4	5	4		St Elisabeth RH scored 72% - two areas resulted in this: leadership and IPC. This has since been corrected with appointment of interim CEO and Nursing Manager who are driving the QI initiatives.
	Denominator: SUM([Hospitals conducted National Core Standards self-assessment])			5	5	5		
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.2 Average length of stay	5.5 days	5.5 days	5.8 days	5 days	5.8 days	0.8 day	Increased Burden of Disease
	Numerator: Sum ([Inpatient days total x 1]) + ([Day patient total x 0.5])	532 879	516 669	528 803		538 565		• Saving more paediatric small neonates of Low Birth Weight; this means longer hospitalization until they are ready for discharge.
	Denominator: SUM([inpatient deaths-total]) + ([inpatient discharges-total]) + ([inpatient transfers out-total])	96 601	93 854	90 823		93 429		• NCD in patients from poor socio-economic circumstances means that patients have complex co-morbidities that require longer hospitalization and rehabilitation • Communicable diseases (TB and HIV) are also associated with NCD co-morbidity requiring longer hospitalization

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
	1.10.7 Inpatient bed utilization rate Numerator: Sum ((Inpatient days total x 11) + ((Day patient total x 0.5)) Denominator: Usable (Inpatient beds * 30.42) available	67% 532 879	64% 516 669	68% 528 803	75% 434 808	71% 538 565	-4% 	There was an improvement in BUR of 3% compared to the preceding year. CMH (62%) – number of beds approved 540 in the new hospital but calculation still reflects denominator of 760 beds St Elisabeth (68-76%) varies according to the presenting burden of disease.
	1.3.1 Cataract surgery rate (uninsured population) Numerator: Cataract surgery total Denominator: Uninsured Population	New indicator	913/1 000 000	718/1 000 000	1 300/1 000 000	633/1000 000	-667.6/ 1 000 000	Targeted numbers of cataract procedures not achieved as the capability built up was compromised in the Eastern Region (programme coordinator resigned) and at the Sawubona Centre (one of the two ophthalmologists had resigned).
1.3 NCD coverage increased to 1300/1000 000 through management of chronic illnesses by 2019				4 527 6 307 194		4 112 6 494 701		The decentralised approach to have medical officers trained and performing cataract procedures at district hospital did not take off as it was difficult to incentivize MOs to join the programme. Strategic partnership with established NGO and planning of cataract camps underway to try and catch up to the target by close of 2020.
	1.10.13 Expenditure per patient day equivalent (PDE) Numerator: SUM ([Expenditure - total])	R1 705	R1 895	R3 349	R3 089	R3 282.6	R193.6	The variance is because of three main reasons:
		R1 334 118 955	R1 443 819 430	R2 562 280 184		R2 564 214 317		

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
	Denominator: Sum ([Inpatient days total x 1]) + ([Day patient total x 0.5]) + ([OPD headcount not referred new x 0.333333]) + SUM([OPD headcount referred new x 0.333333]) + ([OPD headcount follow-up x 0.333333]) + ([Emergency headcount - total x 0.333333])	783 601	761 808	765 164		781 146		<ul style="list-style-type: none"> New and expanded regional hospital services (refer to above) Impact of medico legal claim settlements The increase in cost of providing care <p>The Department paid R240million to settle historical claims in the 2018/19.</p> <p>The increase in burden of trauma and injuries and NCD means that more key cost drivers had to be deployed in providing care for diseases of lifestyle and for polytrauma patients - NHLS, SANBS, implants, pharmaceuticals and surgical supplies.</p>
2.4 Patient satisfaction rate increased to more than 75% health services by 2019	2.4.29 complaint resolution within 25 working days Numerator: Total number of complaints resolved within 25 days Denominator: Total number of complaints resolved	99.2% 619	92% 551	98% 666	85% 481	97.8% 633	12.8%	Responsiveness to complaints has improved with 85% Target Exceeded by 12%
		624	600	678	567	647		

Strategies to overcome areas of under performance

Improving Access to Care

- Eastern Region – Maternal and Child Health focused outreach support visits to district hospitals for maternal health care
- Central Region – CMH and Frontier developing orthopaedic, surgical and trauma services in the region
- Western Region – Dora Nginza maternal and child health cardiac and critical care focus

Improving Quality of Care

- Implement Quality Improvement Plans to improve compliance with NCS in respective hospitals
- Improving patient safety and better experience of care by improving clinical governance i.e. implementing Patient Safety Incidence reporting; conducting IPC global survey annually and complaints management;
- Reduce cost of care – implementation of medico legal strategy; SCM Improvement strategies to strengthen strategic sourcing of key goods and services

Changes to planned targets

There were no changes made to targets during the reporting period.

SUB- PROGRAMME 4.2: SPECIALISED TB HOSPITALS

Strategic objectives:

- 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019
- 2.4 Patient satisfaction rate increased to more than 75% health services by 2019
- 1.10 80% of Hospitals meeting national efficiency targets by 2019

Key Interventions Implemented to Achieve Strategic Objectives

- The department started with the implementation of the injection free regimen in all the MDR Decentralised sites. Implementing this strategy meant that more patients will convert early. Early conversion contributes to reduction in the Bed Utilisation rate in the TB Hospitals that are admitting MDR TB patients.
- Re opening of paediatric ward at Jose Pearson. This was done to improve quality of care provided for children with drug resistant TB. This initiative led to the launch of Buddy system in Jose Pearson, a strategy done in collaboration with the University Research Council to provide child friendly DR TB services.
- Processes to re-open the paediatric ward in Nkqubela were started in the previous 6 months. Some of these processes includes the appointment of additional staff (3 Operational Managers, 4 Professional nurses, 5 Enrolled Nurses and 5 Enrolled Nursing Assistants) This will also improve management of children with Drug Resistant TB

Progress and achievements

- **Human Resources:** Two doctors were appointed at Jose Pearson hospital contributing to improving quality of care for drug resistant-TB patients.
- **Security:** Installation of CCTV cameras was done at Nkqubela as part of improving safety for the patients and staff.
- **Improving quality of care:** A paediatric ward was re-opened at Jose Pearson TB hospital in October 2018 to improve quality of care for children with drug resistant TB. This achievement is attributed to the partnership forged between the TB programme and the University Research Council (URC), a TB support partner in MBM that provided resources to make the wards child friendly.
- **Infrastructure:** Khotsong TB hospital is under construction as a means to improve TB infection, prevention and control.

Table B4.5: Performance against Annual targets for Specialized TB Hospitals Sub –programme 4.2 for 2018/19

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.3 Hospital achieved 75% and more on National Core Standards self-assessment rate	New indicator	New indicator	50%	100%	50%	-50%	Target was not achieved due to infrastructural challenges i.e. <ul style="list-style-type: none"> • Wards not having piped oxygen • TB hospitals not having adequate facilities to isolate different TB strains
	Numerator: SUM ([Hospital achieved 75% and more on National Core Standards self-assessment])			5	10	5		
	Denominator: SUM([Hospitals conducted National Core Standards self-assessment])			10	10	10		
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.3 Average length of stay	94.2 days	Not measured	77 days	90 days	72.9 days	-17.1 days	Target achieved. Reduction in length of stay is due to the introduction of the nine months' regimen and new therapeutic agents, resulting in early culture conversion, which allows for shorter stay, and patients down referred, for further management to PHC facilities, communities and supporting partners.
	Numerator: Sum ([Inpatient days total x 1]) + ([Day patient total x 0.5])	326 478		262 129		234 189		
	Denominator: SUM([inpatient deaths-total]) + ([inpatient discharges-total]) + ([inpatient transfers out-total])	3 466		3 149		3 213		
	1.10.8 Inpatient bed utilization rate	60.3%	Not measured	50%	71%	45%	-26%	Target not achieved due to: <ul style="list-style-type: none"> • The implementation of MDR-TB Decentralization
	Numerator: Sum ([Inpatient days	326 478		262 129	291 532	234 189		

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
	total x 11) + ((Day patient total x 0.5))	541 658		522 798	410 609	524 563		model, which allows patients, who are clinically stable to receive ambulatory care.
	Denominator: Inpatient bed days (Inpatient beds * 30.42) available							<ul style="list-style-type: none"> The introduction of the nine months' regimen and new therapeutic agents, resulting in early culture conversion, which allows for shorter stay, and patients down referred, for further management to PHC facilities, communities and supporting partners.
	1.10.14 Expenditure per patient day equivalent (PDE)	R5 737	Not measured	RI 626	RI 800	RI 707.6	-R92	Target not achieved due to the implementation of the MDR-TB decentralisation model, which has improved access to MDR-TB management and this has resulted in improved case finding and prompt initiation of treatment, with very few patients requiring admission hence the low Bed Utilisation rate for TB hospitals.
	Numerator: Total Expenditure	RI 919 021 956		RI 101 948 416		R410 644 098		
	Denominator: Patient Day Equivalent (PDE) as defined above	334 502		66 594		240 474		
	2.4.30 complaint resolution within 25 working days	100%	94.3%	100%	84.7%	100%	15.3%	
	Numerator: Total number of complaints resolved within 25 days	138	150	107	128	68		Target achieved. The achievement is mainly due to development of quality improvement plans by TB hospitals post self-assessment for the National Core standards
2.4 Patient satisfaction rate increased to more than 75% health services by 2019	Denominator: Total number of complaints resolved	138	150	107	151	68		

Strategies to overcome areas of under performance

Indicator not achieved	Proposed intervention strategy
Hospitals achieved 75% and more on National Core Standards	<ul style="list-style-type: none"> • TB directorate will continue to work with Quality Assurance directorate to improve National Core Standards. • To engage infrastructure to assist with the installation of piped oxygen • Development of QIPs and close monitoring of their implementation
Inpatient bed utilisation rate	<ul style="list-style-type: none"> • The department will commission Khotsoeng TB hospital to admit more patients • Department is in the process of rationalizing some hospitals

Changes to planned targets

There were no changes made to targets during the reporting period.

SUB- PROGRAMME 4.3: SPECIALISED PSYCHIATRIC HOSPITALS

Strategic objectives:

- 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019
- 2.4 Patient satisfaction rate increased to more than 75% health services by 2019

Key Interventions Implemented to Achieve Strategic Objectives

- Establish single Directorate for Mental Health – The strategy has assisted with planning, evaluation and monitoring of mental health services for PHC, DHS and Tertiary levels.
- Developed Mental Health Strategic plan and submitted for costing and approval – The strategic plan is assisting in prioritizing and achieving the main objectives of the programme.
- Conducted District Mental Health Summits for Joe Gqabi & Chris Hani, Nelson Mandela Metro & Sarah Baartman and Amathole & BCM.

Progress and achievements

Improve Access to care

- a) Increased capability to provide care
 - Two specialist Registrars completed their training and registered with HPCSA- both have been appointed at EL MHU and Dora Nginza MHU
- b) Improved mental health infrastructure to increase access to mental healthcare services:
 - Eastern Region – New project for St Barnabas MHU is on track for planned completion in 2019/20
 - Central Region – Completed renovation of Ward 15 to expand number of admissions by additional 30 State patients at Komani Hospital
 - Western Region – PE provincial Mental Unit has an additional new 40 bedded acute unit being built; Awarded contract to establish new OPD for Elizabeth Donkin and work commenced
- c) Started outreach to Correctional Services to review State Patients awaiting admission to psychiatric hospitals. East London and King Williams Town correctional facilities were visited and a total of 34 State patients were reviewed and admitted to Komani Hospital (reduced backlog by 35% to 62 State patients awaiting admission at the close of the financial year).

Improve Quality of Care (patient experience of care and patient safety)

Two of the three psychiatric facilities conducted NCS assessments with an average overall NCS score of 81% (above the target of 75%).

Hospital	Results 2018/19
Elizabeth Donkin	86
Tower	76
Komani	Not done
Average Overall Score for Psychiatric Hospitals	81

Komani Hospital did not replace the QA manager who had opted to go back into FTE clinical post. Filling the QA post has proven difficult as nurses forgo the benefits associated with clinical practice. Nonetheless, the Komani QA manager's post was filled in December 2018 and the institution is preparing to conduct the annual self-assessment

Patient Experience of Care

Infrastructure projects for improving the mental health service delivery infrastructure were awarded and are in progress:

- Tower Hospital renovation to ensuring compliance of 8 seclusion rooms; painting of kitchen to improve IPC of food preparation; and improving the water system reticulation to promote an uninterrupted supply of water to patient care areas
- Komani – procured additional water tanks to ensure water supply for patients, mitigating against the risk of drought
- Elizabeth Donkin repaired the seclusion and ablution areas
- Renovation of EL MHU (painting and fencing)

Reduction of waiting times for Forensic Observation (from 10 months to 7 month) and State Patients (23 months to 22 months through the outreach programme (see above)

Strengthen Clinical Governance

a) **Strengthened Oversight**

Three Mental Health Review Boards for the three regions have been appointed effective 1st April 2018. All were orientated and trained on their terms of reference and roles and responsibilities in ensuring compliance with the Mental Health Act. These Boards conducted monitoring and support visits to EDH, Komani, Tower, and Mthatha MHU. Recommendations of the Boards are then implemented at the respective institutions.

Conducted Mental Health training for CEOs, Clinical Managers and District Managers (OR Tambo and Alfred Districts) – Compliance with MHCA, 72 Hour Observations in July 2018.

b) **Clinical Professional Development**

- Conducted training of medical officers and PHC nurses for Chris Hani x 30 and Amathole and Buffalo City 25 on Mental Health and Substance Abuse.
- Forensic Mental Health Training Workshop for Medical Officers and PHC nurses for Alfred Nzo and OR Tambo x (48)
- 3 Day training workshop for medical officers and professional nurses working under 72 Hour Listed Facilities 88 personnel attended the workshops for the eight districts
- Support visits for Mthatha Regional Hospital and Nelson Mandela Academic Hospital – Re compliance to Mental Health Care Act – Role of CEOs as Head of Health Establishments.

c) **Improved Capability to Render Mental Health Care through strategic appointments**

Table B4.6: Performance against Annual Targets from 2018/19 Annual Performance Plan Sub-Programme 4.3 Specialized Psychiatry Hospitals

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.4 Hospital achieved 75% and more on National Core Standards self-assessment rate	New indicator	New indicator	100%	100%	67%	-33%	Two out of three hospitals conducted NCS assessments with an average overall score of 81% (ED = 86%; Tower 76%). The QA manager at Komani hospital was appointed in December 2018 and is preparing for the NCS assessment in 2019/20.
	Numerator: SUM ([Hospital achieved 75% and more on National Core Standards self-assessment])			3	3	2		
	Denominator: SUM([Hospitals conducted National Core Standards self-assessment])			3	3	3		
2.4 Patient satisfaction rate increased to more than 75% health services by 2019	2.4.3.1 Compliant resolution within 25 working days rate	100%	95%	100%	90%	100%	10%	Target achieved
	Numerator: Total number of complaints resolved within 25 days	68	53	73	70	51		
	Denominator: Total number of complaints resolved	68	56	73	78	51		

Strategies to overcome areas of under performance

Quality of care:

- reducing waiting times of patients in District hospitals for acute admissions to our psychiatric services by expanding our capacity to provide acute admissions of patients at Regional Hospitals (PE Provincial; Libode; CMH)
- increase compliance with Mental Health Act through collaboration with Mental Health Review Board and implementing corrective measures for identified shortfalls

Changes to planned targets

There were no changes made to targets during the reporting period.

Linking performance with budgets

Programme 4: PROVINCIAL HOSPITALS 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
Sub programme									
1 GENERAL (REGIONAL) HOSPITALS	2,867,183	8,531	(6,145)	2,869,569	2,954,759	(85,190)	103.00%	2,682,567	2,685,261
2 TB HOSPITALS	383,229	(6,559)	(30,000)	346,670	349,112	(2,442)	100.70%	306,793	303,673
3 PSYCHIATRIC MENTAL HOSPITALS	716,943	(1,972)	(166,101)	548,871	531,680	17,191	96.90%	500,436	499,427
	3,967,355	-	(202,246)	3,765,109	3,835,551	(70,442)	101.90%	3,489,796	3,488,361
									1,435
Economic classification									
Current payments	3,922,691	(2,699)	(241,633)	3,678,359	3,536,052	142,307	96.10%	3,210,745	3,209,342
Compensation of employees	2,986,943	(492)	(212,342)	2,774,109	2,762,095	12,014	99.60%	2,511,849	2,511,845
Goods and services	935,748	(5,291)	(29,291)	901,166	770,873	130,293	85.50%	696,725	695,326
Interest and rent on land	-	3,084	-	3,084	3,084	-	100.00%	2,171	2,171
Transfers and subsidies	18,013	2,213	7,000	27,226	275,990	(248,764)	1013.70%	254,792	266,501
Households	18,013	2,213	7,000	27,226	275,990	(248,764)	1013.70%	254,792	266,501
Payments for capital assets	26,651	486	32,387	59,524	23,509	36,015	39.50%	24,259	12,518
Buildings and other fixed structures	-	486	-	486	486	-	100.00%	-	-
Machinery and equipment	26,651	-	32,387	59,038	23,023	36,015	39.00%	24,259	12,518
Payment for financial assets	-	-	-	-	-	-	-	-	-
	3,967,355	-	(202,246)	3,765,109	3,835,551	(70,442)	101.90%	3,489,796	3,488,361
									1,435



Province of the
EASTERN CAPE
HEALTH



PROGRAMME 5

CENTRAL AND TERTIARY HOSPITAL SERVICES

PROGRAMME 5: CENTRAL & TERTIARY HOSPITAL

Sub – programme 5.1 purpose for Central Hospitals

To strengthen and continuously develop the modern tertiary services platform to adequate levels in order to be responsive to the demands of the specialist service needs of the community of the Eastern Cape Province. There are two tertiary Hospitals and one central Hospital in the Eastern Cape

Sub-programme

- Central Hospital
- Nelson Mandela Academic Hospital

Strategic objectives:

- 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019
- 2.4 Patient satisfaction rate increased to more than 75% health services by 2019
- 1.10 80% of Hospitals meeting national efficiency targets by 2019

Progress and Achievements

Improved Access to Care

NMAH realised the development of new services in response to the changing burden of disease. With respect to Non-Communicable Diseases (NCD), the Department has strengthened Cardiology services in this region with the installation of a state of the art catheterization laboratory. The cathlab service is now being ramped up to decrease the need to refer out all cardiology patients.

To address the burden of cancers, the appointment of an Oncologist at NMAH has already paid dividends with more patients being able to receive chemotherapy treatment closer to home in Mthatha, and decreasing the number of referrals having to go to Frere hospital in East London. This programme is augmented by improved community awareness campaigns in attempt to identify people with cancer early on so that appropriate interventions can be implemented sooner.

With respect to Trauma and Injuries, the appointment of an Orthopaedic Head of Department has improved clinical governance to the extent that the team has decreased waiting times for orthopaedic procedures in OR Tambo and Alfred Nzo Districts from 6 months to less than a month.

To improve Maternal Woman, Child and Adolescent Health services, there are three key interventions that were implemented:

- NMAH has a state of the art Neonatal unit which has expanded the number of beds with neonates that can be supported and treated from 26 to 40
- A Cochlear Implant service has been established with a three-year-old being the 1st recipient of this new service
- A penile reconstruction service is being developed in collaboration with Gauteng Department of Health for the victims of botched circumcisions. This is a very important programme to restore the dignity of young adolescent men

Progress Towards Patient-Centred Quality of Care

All facilities in the programme completed the annual Patient Satisfaction Surveys. The overall score was 81%, six percent higher than the target (see table below).

	Target	Satisfaction Rate 2018/19	Variance	Explanation of Variance
NMAH	75	80	5	

The responsiveness to complaints raised has also improved with an average of 98% of complaints resolved within 25 days, 13% higher than the target (see table below).

Total # Complaints resolved within 25 days	Total received	# Resolved	2018/19 Rate	Variance Explanation of Variance
Nelson Mandela Central	85%	273	273	100% +

Compliance with NCS

Two out of the three facilities were assessed for compliance with the minimum NCS for SA health facilities (see table below).

	Target	NCS Score 2018/19	Variance	Explanation of Variance
NMAH	75	79%	4	Target Achieved

Table 5.1: Performance against Annual Targets from 2018/19 Annual Performance Plan for Sub-programme 5.1 Central Hospital

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.5 Hospital achieved 75% and more on National Core Standards self-assessment rate	New indicator	New indicator	100%	100%	100%	0%	Target has been achieved. NMAH scored NCS score of 79%
	Numerator: SUM ([Hospital achieved 75% and more on National Core Standards self-assessment])			1	1	1		
	Denominator: SUM([Hospitals conducted National Core Standards self-assessment])			1	1	1		
1.10 80% of Hospitals meeting national efficiency targets by 2019	1.10.4 Average length of stay	8.2 days	11.1 days	9 days	6 days	8.8 days	2.8 days	Spinal injury and poly-trauma orthopaedic patients, burns as well as the neonatal low birth weight patients are the main contributors to the prolonged ALOS
	Numerator: Inpatient days total+ 1/2 Day patient	178 278	229 968	218 522		228 857		
	Denominator: Inpatient separations (inpatient deaths+	21 763	20 644	24 340		25 943		

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
	Inpatient discharges+ Inpatient transfers (out)							
	I.10.10 Inpatient bed utilization rate	89.7%	83.9%	79%	75%	82.7%	7.7%	Pressure is being experienced with a high number of referrals for advanced obstetric care as well as the changing burden of diseases of lifestyle requiring admission for cardiovascular and co-morbidity illnesses. No district hospital in Mthatha area places pressure on available beds.
	Numerator: Inpatient days total+ ½ Day patient	178 278	229 968	218 522		228 857		
	Denominator: Inpatient bed days * (Inpatient beds * 30.42) available	198 703.4	274 145	274 145		276 700		
	I.10.16 Expenditure per patient day equivalent (PDE)	R3 737	R3 948	R3 472	R4 247	R4 104.6	-R142.4	The variance is as a result of three main reasons: a) New and expanded regional hospital services (refer to above)

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
								<p>b) Impact of medico legal claim settlements</p> <p>c) The increase in cost of providing care</p> <p>The Department paid R21 million to settle historical claims in the 2018/19.</p> <p>The increase in burden of trauma and injuries and NCD like cancer means that more key cost drivers had to be deployed in providing care for diseases of lifestyle, oncology and for poly-trauma patients - NHLS, SANBS, implants, pharmaceuticals and surgical supplies.</p>
	Numerator: Total Expenditure	RI 116 628 534	RI 199 771 779	RI 149 556 604		1 272 497 686		
	Denominator: Patient Day Equivalent (PDE) as defined above	298 789	303 874	331 066		310 019		
2.4 Patient satisfaction rate increased to more	2.4.32 Complaint resolution within 25 working days rate	100%	100%	98%	80%	100%	20%	Target exceeded because of strategic focus on clinical

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
than 75% health services by 2019								governance and improving responsiveness to community needs
	Numerator: Total number of complaints resolved within 25 days	479	406	218	291	319		
	Denominator: Total number of complaints resolved	479	407	223	364	319		

Strategies to overcome areas of under performance

The focus will remain a Continuous Quality Improvement approach, building on this year's initiatives to improve access to quality healthcare in the EC Province.

Improving Access to Care

- Developing oncology and cardiac services further

Improving Quality of Care

- Implement Quality Improvement Plans to improve compliance with NCS
- Improving patient safety and better experience of care by improving clinical governance i.e. implementing Patient Safety Incidence reporting; conducting IPC global survey annually; complaints management
- Reduce cost of care – implementation of medico legal strategy; SCM Improvement strategies to strengthen strategic sourcing of key goods and services

Strengthening management of Medico-legal (ML) Claims through: a) Implementation of standard operating procedure for ML case management to mitigate against the impact of claims settlements on available budget

Changes to planned targets

There were no changes made to targets during the reporting period.

SUB-PROGRAMME 5.2 PURPOSE FOR TERTIARY HOSPITALS SERVICES

To strengthen and continuously develop the modern tertiary services platform to adequate levels to be responsive to the demands of the specialist service needs of the community of the Eastern Cape Province. There are two tertiary Hospitals and one central Hospital in the Eastern Cape.

Sub-programmes

- Tertiary Hospitals

Strategic objectives

- 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019
- 2.4 Patient satisfaction rate increased to more than 75% health services by 2019
- 1.10 80% of Hospitals meeting national efficiency targets by 2019

Key Interventions Implemented to Achieve Objectives

- Patient-Centred Care strategy, deploying a CQI approach, focused on improving clinical governance at Frere Hospital so that there is a sustained lower crude death rate and lower morbidity rates
- Consolidating Tertiary services for Western region for better coordination of care and cost-efficiencies - PE Provincial Hospital Mental Health Unit now under construction so that psychiatric patients from Livingstone Accident & Emergency Unit can be managed in an appropriate unit.

Progress and Achievements

Frere Tertiary Hospital

Frere Tertiary hospital has implemented a turnaround programme with several innovations that has culminated in Frere receiving accolades nationally and internationally for overall quality improvement. During 2018/19, Frere Hospital received the International Hospital Federation's Dr Kwang Tae Kim Grand Merit award for organisation-wide quality improvement. Frere was one of only 27 finalists from over 250 entries, both public and private sector, and the only finalist from the African continent. The services in this year and over a five-year period, have measurably saved more lives, improved its reputation and patient experience of care and introduced efficiencies of care:

- 21% reduction in Crude Death Rate – 4,5 compared to baseline 5,7 and 4,7 in 2017/18
- 43% reduction in maternal deaths – 8 compared to baseline 14 and 10 in 2017/18
- 60% reduction in overall nosocomial infection rates – 1,7 compared to 4,3%
- 38% reduction in patient falls – 35 falls compared to baseline 56 and 42 in 2017/18

The patient satisfaction scores and performance are illustrated below.

Livingstone Tertiary Hospital

To address the burden of NCD, Livingstone Tertiary Hospital has focused on three interventions:

- a) Commissioning a new cardiac catheterisation lab. The high end, latest technology was delivered to the hospital on the 24 March 2019. The enabling works to accommodate the new technology at PE Provincial is in process of being commissioned
- b) A state of the art Nuclear Medicine SPECT-CT/ Gamma Camera has been purchased to strengthen the measuring of how well a patient's organs are functioning – this is an important diagnostic tool and will improve our ability to diagnose and treat oncology patients
- c) A 72 hours Mental Health Unit is being developed at PE Provincial Hospital to reduce the overcrowding being experienced at Dora Nginza Hospital and for acute patients at LTH

To strengthen MWCH services, an electrophysiology service for both adults and pediatrics has been introduced with the facility now boasting the accolade of being the first Pediatric Electro-physiology service in the country

Progress Towards Patient-Centred Quality of Care

Patient Satisfaction

All facilities in the programme completed the annual Patient Satisfaction Surveys. The overall score was 81%, six percent higher than the target (see table below).

	Target	Satisfaction Rate 2018/19	Variance	Explanation of Variance
Frere	75	81	6	
Livingstone	75	81	6	
Average Score		81	6	Target Achieved

The responsiveness to complaints raised has also improved with an average of 98% of complaints resolved within 25 days, 13% higher than the target (see table below).

Total # Complaints resolved within 25 days	Total received	# Resolved	2018/19 Rate	Variance Explanation of Variance
Frere Tertiary	85%	92	91	99% +
Livingston Tertiary +Provincial	85%	167	159	95% +
Province	85%	351	250	97% 12% Target Achieved

Compliance with NCS

The two tertiary hospitals were assessed for compliance with the minimum NCS for SA health facilities by the OHSC (see table below).

	Target	NCS Score 2018/19	Variance	Explanation of Variance
Frere	75	65%	-10	External Assessment by OHSC confirmed patient and staff experience of care and patient record reviews scores were good (Over 85 %); but the score for documentation compliance was extremely low (47%). A complaint was raised with the OHSC in this regard.
Livingstone	75	68%	-10	Documentation compliance and patient record reviews were the challenge.
Average Score		81	6	Target Achieved

Table 5.2: Performance against Annual Targets from 2018/19 Annual Performance Plan for Sub-programme 5.2 Tertiary Hospitals

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.6 Hospital achieved 75% and more on National Core Standards self-assessment rate	New indicator	New indicator	100%	100%	0%	-100%	
	Numerator: SUM (If Hospital achieved 75% and more on National Core Standards self-assessment)			2	2	0		
	Denominator: SUM (If Hospitals conducted National Core Standards self-assessment)			2	2	2		
	1.10.5 Average length of stay	5.8 days	5.7 days	6 days	6 days	4.8 days	-1.2 days	
1.10 80% of Hospitals meeting national efficiency targets by	Numerator: Inpatient days total+ 1/2 Day patient	456 638	452 728	464 215		494 150		High turnover of patients experienced in both facilities with pressure on surgical, medical and orthopaedic beds.
	Denominator: Inpatient separations (inpatient deaths+ Inpatient discharges+ Inpatient transfers out)	78 179	78 785	77 788		103 326		
	1.10.1 Inpatient bed utilization rate	75.6%	74.8%	77%	75%	77%	2%	High turnover of patients experienced in both facilities with
	Numerator: Inpatient days	456 638	452 728	464 215	455 143	494 150		

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
	total+ ½ Day patient							pressure on surgical, medical and orthopaedic beds.
	Denominator: Inpatient bed days (Inpatient beds * 30.42) available	604 202	605 236	605 236	606 858	642 105		
	1.10.17 Expenditure per patient day equivalent (PDE)	R3 412	R3 357	R3 303	R 3 878	R3 605	-R273	The PDE in the 2018/19 was lower due to the following measures:
	Numerator: Total Expenditure	R2 472 198 238	R2 394 478 879	R2 320 617 980		2 619 821 691		a) The correction of personnel expenditure to the correct programme
	Denominator: Patient Day Equivalent (PDE) as defined above	724 500	713 300	702 512		726 713		b) The introduction of cost-saving initiatives (eg NHLS Gate-keeping; controls for use of blood products; digitisation of radiology services) is bearing fruit. However, the settlement of medico-legal claims is an opportunity cost and is squeezing funds available for actual tertiary care delivery.
2.4 Patient satisfaction rate increased to more	2.4.33 Complaint resolution within 25 working days rate	100%	95%	95%	85%	99%	14%	Target exceeded Strategic focus on responding to

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
than 75% health services by 2019	Numerator: Total number of complaints resolved within 25 days	231	228	227	198	249		complaints as a proxy indicator for improving responsiveness to community needs and concerns is paying dividends.
	Denominator: Total number of complaints resolved	231	240	292	233	252		

Strategies to overcome areas of under performance

Improving Access to Care

- Frere Tertiary Hospital, Central Region – Developing orthopaedic, surgical and trauma , stroke and cardiac care in the region;
- Livingstone Tertiary Hospital Western Region – strengthening of cardiac and critical care; as well as paediatric specialty care

Improving Quality of Care

Implement Quality Improvement Plans to improve compliance with NCS in respective hospitals. Compliance with documentation has been challenging contributing to the two facilities not achieving the 75% score.

- OHSC will be conducting a workshop with OHSC auditors & the Department to ensure a consistent understanding of the appropriate documentation expected.
- In addition, an approach of standardisation of the relevant policy documents will be followed; and a system of ensuring regular updates are readily accessible electronically is being developed for the year ahead.
- Improving patient safety and better experience of care by improving clinical governance i.e. implementing Patient Safety Incidence reporting; conducting IPC global survey annually; complaints management;
- Reduce cost of care – implementation of medico legal strategy; SCM Improvement strategies to strengthen strategic sourcing of key goods and services

Strengthening management of Medico-legal (ML) Claims through: a) Implementation of standard operating procedure for ML case management to mitigate against the impact of claims settlements on available budget

Changes to planned targets

There were no changes made to targets during the reporting period.

SUB- PROGRAMME 5.3 SPECIALISED (PSYCHIATRIC) TERTIARY HOSPITAL

Sub-programme purpose

To strengthen and continuously develop the modern tertiary services platform to adequate levels to be responsive to the demands of the specialist service needs of the community of the Eastern Cape Province. There is one Specialised Tertiary Hospital in the Eastern Cape Province.

Specialised Tertiary Hospital

- Fort England (specialized psychiatric hospital)

Strategic objectives:

- 2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019
- 2.4 Patient satisfaction rate increased to more than 75% health services by 2019

Key Interventions Implemented to Achieve Strategic Objectives

- Improving patient experience through QI infrastructure projects
- Strengthening clinical governance by improving our capability to provide tertiary psychiatric services – education, training and recruitment; better coordination of care

Progress and Achievements

Improving Quality of Tertiary Forensic Care

Infrastructure: Maximum Security renovations is on track for completion in the first quarter of next financial year. This will allow the separation of 20-bedded forensic observation unit from State patients whom have already been certified as State patients and require maximum security. Also completed renovations for offices for nursing manager and area management.

Strengthening Clinical Governance

Strengthening Clinical Governance

HR- education, training & recruitment

- Appointment of additional psychiatrist who had completed specialist training bringing the total specialist complement to six psychiatrists; the other graduate was appointed at Dora Ngiza Hospital; with the third graduates allocated to East London CMH.
- Provided Journal club & ongoing training to registrars, forensic mental staff to deliver Maximum Security Services and Forensic Observations for State Patients.
- Provided fully equipped library in collaboration with WSU for registrar training

Better Coordination of Care

- Conducted weekly Multi – Disciplinary rounds for assessment of the patients and to empower registrars, medical students and nurses
- Conduct weekly Panel and monthly Single panel observations referred by courts for Forensic Assessment.
- Conduct monthly Clinical Audits

Table 5.3: Performance against Annual Targets from 2018/19 Annual Performance Plan for Sub-programme 5.3 Specialised Tertiary Hospital

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
2.3: Health facilities assessed for compliance with National Core Standards increased to more than 60% by 2019	2.3.7 Hospital achieved 75% and more on National Core Standards self-assessment rate	New indicator	New indicator	100%	100%	100%	0%	
	Numerator: SUM ([Hospital achieved 75% and more on National Core Standards self-assessment])			1		1		Target achieved.
	Denominator: SUM([Hospitals conducted National Core Standards self-assessment])			1		1		
2.4 Patient satisfaction rate increased to more than 75% health services by 2019	2.4.34 Complaint resolution within 25 working days rate	New indicator	48%	100%	80%	100%	20%	
	Numerator: Total number of complaints resolved within 25 days		24	40	20	31		Target achieved.
	Denominator: Total number of complaints resolved		50	40	25	31		

Strategies to overcome areas of under performance

Strengthening of clinical governance:

Quality of care: a) reducing waiting times for observation patients by expanding outreach programme b) increase compliance with Mental Health Act through collaboration with Mental Health Review Board and implementing corrective measures for identified shortfalls

Changes to planned targets

There were no changes made to targets during the reporting period.

Linking performance with budgets

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
Sub programme									
1 CENTRAL HOSPITAL SERVICES	1,134,949	4,000	29,766	1,168,715	1,249,007	(80,292)	106.90%	1,087,777	1,084,905
2 PROVINCIAL TERTIARY SERVICES	2,375,750	(4,000)	163,067	2,534,817	2,500,145	34,672	98.60%	2,391,218	2,386,168
	3,510,699	-	192,833	3,703,532	3,749,152	(45,620)	101.20%	3,478,995	3,471,073
									7,922
Economic classification									
Current payments	3,384,174	-	192,833	3,577,007	3,606,700	(29,693)	100.80%	3,334,629	3,331,701
Compensation of employees	2,381,774	-	(1)	2,381,773	2,643,838	(262,065)	111.00%	2,375,155	2,375,151
Goods and services	1,002,400	(269)	192,835	1,194,965	962,592	232,373	80.60%	959,174	956,250
Interest and rent on land	-	269	-	269	270	(1)	100.20%	300	300
Transfers and subsidies	17,900	-	-	17,900	40,901	(23,001)	228.50%	81,281	81,281
Households	17,900	-	-	17,900	40,901	(23,001)	228.50%	81,281	81,281
Payments for capital assets	108,625	-	-	108,625	101,551	7,074	93.50%	63,085	58,091
Buildings and other fixed structures	3,000	-	-	3,000	152	2,848	5.10%	-	-
Machinery and equipment	105,625	-	-	105,625	101,399	4,226	96.00%	63,085	58,091
Payment for financial assets	-	-	-	-	-	-	-	-	-
	3,510,699	-	192,833	3,703,532	3,749,152	(45,620)	101.20%	3,478,995	3,471,073
									7,922



Province of the
EASTERN CAPE
HEALTH



PROGRAMME 6

HEALTH SCIENCES AND TRAINING

PROGRAMME 6. HEALTH SCIENCES AND TRAINING (HST)

Programme purpose

To develop a capable health workforce for the Eastern Cape provincial health system as part of a quality people value stream.

Strategic objectives:

- 2.6 First year Health Professionals students receiving bursaries by 2019

Progress and achievements

1. Training and development of new health care professionals

During the financial year 2018/19, the Department continued with the support of students pursuing various Health Science and Allied studies throughout South Africa and in Cuba. The EC DOH supported a total of 767 bursars, 487 of these were in South Africa academic institutions and 280 were in Cuba. Twelve percent of these bursaries (**79**) were awarded for the first time in 2018 (see Table B6.1). Fifty- six students, of which 33 were for medicine were awarded bursaries.

Bursaries awarded to 1st Year Medical Students: Of the total 79 new bursaries awarded during 2018/19, 55 were awarded for the first time to medical doctors (i.e. 1st year students) whilst 24 were awarded to other clinical fields (Table B6.1).

1st Year Nursing Students: A total of 350 first year nursing students were awarded bursaries in 2018. The department managed to recruit 350 of which 100 was funded through HWSETA and these students started in February 2018 and were paid allowances throughout the 2018/19 financial year.

Table B6.1: DOH awarded bursaries distributed by field of study, 2018/19 intake (including MEC intervention programme)

QUALIFICATION	New Intake 2017	New Intake 2018	Existing Bursars	Total 2018 supported by DOH
Medicine	97	56	258	314
Medicine (Cuban Programme)	0	0	280	280
Dental Science	0	3	0	3
Optometry	0	1	0	1
Orthotists & Prosthesis	6	1	16	17
Pharmacy	3	5	19	24
Physiotherapy	0	1	0	1
Dentistry	0	2	5	7
Dietetics	0	1	3	4
Clinical Psychology	0	1	0	1
Clinical Associates	11	1	11	12
Occupational Therapy	0	1	0	1
Emergency Care	1	1	2	2
Dental Assistant	0	2	0	2
Dental Technology	0	1	0	1
Speech Therapy	1	0	0	1
Pharmacy Tech Support	0	0	2	2
Radiography	0	0	60	60
Forensic Science	0	1	0	1
Biomedical Science	0	2	0	2
Nursing Bursaries	0	0	32	32
Total for Bursaries		79	688	767
Total for Nursing (Lilitha)	351	350	1283	1633
GRAND TOTAL	471	429	1971	2400

NB: The new intake for 2019 was effected in 4th Quarter of 2018/19 but the Financial Implications fall in the new Financial Year 2019/20

2. Youth programmes – Internship and other mentorship programmes

2.1 Learnership and Internship Programme for the Youth

The Department runs various Learnerships to benefit youth coming from disadvantaged areas; this improves the socio-economic status of the unemployed youth as they get both specialised professional skills and a stipend. The youth related programmes implemented by the DOH has benefited a total of 803 young people in 2018, and these have gained professional skills as Professional Nurses, Artisan and Pharmacy assistants. Graduate interns have gained more experience and have entered the labour market with requisite skills.

2.1.1 Pharmacy Assistants: 120 unemployed youth were put on the pharmacy assistant programme during 2018/19 FY. To date the department has created a pool of 374 youth on Pharmacy Learnership Basic, of which 147 have already qualified and have since been absorbed as Basic Learner Assistants from the cohort who started in 2015

2.1.2 From the total of 374, the department will be enrolling 130 Learner Basic Pharmacy Assistants for the Post Basic Pharmacy Assistants pharmacy programme as per the requirement of the Pharmacy Council with effect from 1st June 2019. This cadre will be able to work on their own in clinics without supervision.

2.1.3 Infrastructural support: For the maintenance of public health facilities (clinics and hospitals), the department trained 47 unemployed youth as artisans in plumbing, electrical, and painting & décor. These artisans had been absorbed into the system and are placed in various hospitals for maintenance. They will be involved in training of about 300 more artisans for maintenance of hospitals during 2019/20 Financial year.

Table B.6.2: Youth Related Programmes summarised in accordance with the term of government

PORT ON YOUTH PROGRAMMES IMPLEMENTED BY THE DEPARTMENT WITH EFFECT FROM 2013/14 FINANCIAL YEAR UP TO 2017/18 FINANCIAL YEARS: MEC'S POLICY SPEECH PREPARATION

CATEGORY	DETAILS	2013/14 FY			2014/15 FY			2015/16 FY			2016/17 FY			2017/18 FY			2018/19 FY		
		TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE
INTERNS	Departmental Interns (Skills Levy Funding)	364	114	250	565	173	392	366	100	266	423	122	301	473	140	333	473	140	333
	Clinical Interns funded through HWSETA	0	0	0	81	26	55	27	13	14	0	0	0	0	0	0	0	0	0
	Health Promotion Interns funded through HWSETA	0	0	0	0	0	0	62	13	49	20	8	12	0	0	0	0	0	0
	Social Work Interns funded through HWSETA	0	0	0	0	0	0	0	0	0	17	3	14	25	3	22	25	3	22
	INTERNSHIP PROGRAMME TOTALS	364	114	250	646	199	447	455	126	329	460	433	327	498	143	355	423	124	299
TVET EXPERIENTIAL LEARNERS	TVET Experiential Training Programme (HWSETA Funds)	0	0	0	0	0	0	0	0	0	200	41	159	537	101	436	48	10	38
PHARMACY ASSISTANTS	Learner Basic Pharmacy Assistants (HWSETA Funds)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Diploma in General Nursing: Bridging Learnership (HWSETA Funding)	74	18	56	143	35	108	74	18	56	80	21	59	79	11	68	79	11	68
	Certificate in Enrolled Nursing Assistant Learnership (HWSETA Funding)	98	9	89	30	10	20	0	0	0	0	0	0	0	0	0	0	0	0
	Certificate in Enrolled Nursing (HWSETA Funding)	200	53	147	198	51	147	0	0	0	0	0	0	0	0	0	0	0	0
	Post Basic Diploma in Midwifery Nursing Science:	0	0	0	0	0	0	12	3	9	80	0	0	72	6	66	0	0	0
	Post Basic Diploma in Child Nursing Science	0	0	0	0	0	0	14	2	12	16	3	13	20	5	15	0	0	0
	Post Basic Diploma in Theatre Nursing Science	0	0	0	0	0	0	12	1	11	11	2	9	11	3	8	0	0	0
	Post Basic Diploma in Primary Health Care	0	0	0	0	0	0	16	3	13	24	5	19	23	7	16	0	0	0
	Diploma in intensive care unit	0	0	0	0	0	0	9	1	8	7	1	6	12	2	10	0	0	0
	Orthopaedic Nursing	0	0	0	0	0	0	18	4	14	23	17	6	8	2	6	0	0	0
	Ophthalmology	0	0	0	0	0	0	9	2	7	9	2	7	5	1	4	0	0	0
	NURSING LEARNERSHIPS TOTAL	372	80	292	371	96	275	164	34	130	250	51	119	230	37	193	79	11	68
ARTISAN LEARNERSHIP	Artisan Learnership (Carpentry and Plumbing)				12	12	0							35	23	12	0	0	0
	Artisan Learnership (Electrical)													12	4	8	0	0	0
	ARTISAN LEARNERSHIP TOTALS	0	0	0	12	12	0	0	0	0	0	0	0	47	27	20	0	0	0
ARTISAN DEVELOPMENT	Electrical	0	0	0	0	0	0	0	0	0	11	5	6	0	0	0	0	0	0
	Carpenters	0	0	0	0	0	0	0	0	0	21	13	8	11	10	1	11	10	1
	Painters & Décor	0	0	0	0	0	0	0	0	0	10	6	4	0	0	0	0	0	0
	Plumbers	0	0	0	0	0	0	0	0	0	18	10	8	19	13	6	19	13	6
	ARTISAN APPRENTICES TOTALS	0	0	0	0	0	0	0	0	0	60	34	26	30	23	7	30	23	7
TOTAL OF YOUTH PROGRAMS IMPLEMENTED BY ECDH		736	194	542	1179	379	801	843	255	588	1194	354	760	1565	425	1140	803	262	541

3 EMS College of Education:

Through the EMS College of Education, last intake for BAAs was in July 2016 with a total enrolment of 21 and 18 passed. During 2018/19 there was no further intake as the programme was discontinued on the 1st February 2018. These BAAs are now working as Basic Ambulance Assistants in the department and are further developed as Emergency Rescue and Paramedics to assist the department to cope with the growing need of clinically trained ambulance practitioners (Table B6.3).

Table B 6.3: Learnership at the EMS College

CATEGORY	DETAILS	2014_15 FY	2015_16 FY	2016_2017 FY	2017_18 FY	2018_19 FY
Basic Ambulance Assistance	No. of Emergency Care Practitioners enrolled	0	39	20	48	50
Intermediate Life Support	No. of Emergency Care Practitioners enrolled	48	79	44	0	0
Vehicle Rescue	No. of Emergency Care Practitioners enrolled	24	26	0	0	0
High Angle Rescue	No. of Emergency Care Practitioners enrolled	36		0	0	0
Fire Search and Rescue	No. of Emergency Care Practitioners enrolled	0	0	5	0	0
Advanced Rescue Technician	No. of Emergency Care Practitioners enrolled	0	0	0	16	16
Emergency Medical Dispatch	No. of Emergency Care Practitioners enrolled	19	19	0	15	
CPD Sessions	Number of personnel attended	1344	733	1640	2843	409
First Aid	No. of personnel & community members attended	415	358	52	0	20
Bachelor of Emergency Medical Care Degree	Number of Emergency Care Practitioners enrolled at Nelson Mandela University	15	2	8	0	5
Emergency Care Technicians	Number of Emergency Care Practitioners enrolled @ CPUT / DUT	12	5	6	0	0
Masters in Health	Number of Emergency Care Practitioners enrolled for a Masters Degree	0	1	2	0	0
		1913	1262	1777	2922	500

4. High Level Training Programmes especially for woman managers to ensure they ascend to SMS

HRD generic training has complied with the skills development act by ensuring that every year the employees are trained in various categories and these include various informal and formal trainings that cut across non-clinical and clinical programmes. In line with the Women in Leadership programme, HRD has identified women in categories to be developed by offering them bursaries so that they can obtain formal qualifications which will assist them to apply for management positions at all levels of government.

Table B 6.4: Distribution of staff trained by field of study, 2018/19 FY

NO	PROGRAMME	INSTITUTION	ACADEMIC YEAR	DURATION	PROGRESS	NO. OF WOMEN
1	Higher Certificate in Public Admin	UFH	2017	1 Year	Studying	10
2	Adv. Certificate in Public Admin	UFH	2017	1 Year	Studying	4
3	Adv. Project Management	UFH	2017	5 Days	Completed	27
4	Certificate in Health & Safety	Execuprime	2017	5 Days	Completed	130
5	Aselph Masters Programme in Leadership	UFH	2017	2 Years	Studying	17
6	Aselph Masters Programme in Leadership	UFH	2016	2 Years	Studying	12
7	Aselph Masters Programme in Leadership	UFH	2014	2 Years	Completed	24
8	Aselph Advanced Diploma Programme in Leadership	Pretoria University	2015	2 Years	Completed	5
9	National Diploma in Public Management	Buffalo City TVET College	2018	3 years	2 ND Year	29
10	Information System	Damelin	2018	1 Year	Completed	1
11	Post Graduate and Masters Programme	University of Fort Hare	2018	1 Year	Completed	78
12	Bachelor of Commerce in supply Chain	Mancosa	2018	3 Years	2 ND Year	9
13	B Cur Hons (Adv. PHC), B Tech Diagnostic, Clinical Nursing Science, Adv. Midwifery	Nelson Mandela University	2018	3 Years	2 ND Year	20
14	Adv. Diploma: Science in Health Service Man	North West University	2018	2 Years	Completed	4
15	Diploma in HRM, and Dip Finance	Oxbridge	2018	3 Years	2 ND Year	4
16	B Com	Regent Business College	2018	3 years	2 ND Year	32
17	Advanced Diploma Primary Health Care	UFS	2018	2 Years	Completed	2
18	Advance HRM	UNISA	2018	3 Years	2 ND Year	8
19	B - Cur nursing administration & education	University of Pretoria	2018	3 Years	2 ND Year	2
20	Bachelor Commerce Law	University of South Africa	2018	3 Years	2 ND Year	3
21	Masters in Nursing in Trauma and Emergency	University of Witwatersrand	2018	3 Years	2 ND Year	1
22	B Tech in HRM, and Public Admin	WSU	2018	3 Years	2 ND Year	6
TOTALS						421

Registrar Programme

27 Registrars successfully completed their training and are specialists in the fields shown in Table B6.5 below.

Table B6.5: Distribution of registrar's hospital and field of study

Institution	Field of study	Number completing end of 2018/19 FY
Frere hospital	Dermatology	1
	Anaesthesia	3
	Medicine	3
	Obstets & Gynae	2
	Paeds	4
	Paediatric surgery	2
	Sub-total	15
Livingstone hospital	Obstets & Gynae	1
	Sub-total	1
Nelson Mandela Academic Hospital	Orthopaedics	1
	Dermatology	1
	Sub-total	2
Fort England	Psychiatry	1
	Total	19

5. WORKPLACE SKILLS PLAN

During the FY 2018/19, 13 490 of the total 42 284 DOH employees (31,9%) were trained on formal training programmes (pivotal) comprising of skills on HRM, HRD, Finance, Supply Chain, Records Management, call centre management, mortuary management, and information systems (Table B6.6).

Table B6.6: Training provided for the period 1 April 2018 and 31 March 2019

Occupational category	Gender	Number of employees as at 1 April 2018	Training provided within the reporting period			
			Learner-ship	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	537	0	80	162	242
	Male	826	0	52	100	152
Professionals	Female	1 1884	0	1941	4800	6741
	Male	2587	0	248	1000	1248
Technicians and associate professionals	Female	8737	0	2000	97	2097
	Male	3884	0	500	63	563
Clerks	Female	2602	0	700	179	879
	Male	1049	0	209	80	289
Service and sales workers	Female	3465	0	499	31	530
	Male	1249	0	102	20	122
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	18	8	0	0	8
	Male	108	9	0	0	9
Plant and machine operators and assemblers	Female	17	3	0	0	3
	Male	333	12	0	0	12
Elementary occupations	Female	3416	0	398	75	473
	Male	1572	0	102	20	122
Sub Total	Female	30 965	0	0	0	0
	Male	11 319	0	0	0	0
Total		42 284	0	0	0	13490

The Lilitha Nursing College of Education implements Learnerships for Nursing programmes especially the 4 Year Diploma nursing programmes for the unemployed youth. On completion, these graduates are absorbed into the system as community service Professional Nurses, and thereafter appointed on permanent basis.

LILITHA NURSING COLLEGE

Governance

- College Council and Senate are the highest governance structures. That are fully functional with scheduled meetings for all the quarters, and subcommittee reports presented by the following committees: EXCO, Audit, Finance, Policy Formulation and Transformation, and Human Resource;
- Closing out report for the German International Zusammenarbeit (GIZ) for Adolescent and Youth Friendly Service (AYFS) curriculum integration at pre-service education and training level.
- Curriculum integration at pre-service education and training level include:
 - Establishment of the global approach to the provision of evidence-based adolescent health and development training and education for pre- and in-service health care providers during curriculum development process.
 - Development of a guide to integrate core competencies for adolescent health and development in the pre and in-service current learning material.
 - Capacity building of teaching personnel (Lecturers) on teaching methodologies re Adolescent and Youth Friendly Services.
 - Ensuring that all content on AYFS as being integrated into all academic programmes i.e. PHC, Maternal and Child programmes meets global, national, regional and society needs and expectations.
- Establish benchmarks for continuous quality improvement and the progression of adolescent and health development training and education.

Strengthening Quality Assurance and Research development:

- Ethics committee established with university representation by the Senate and chaired by an ECDoH academic for college research activities.
- Proposal for official establishment of the college research ethics committee for LCoN students research activities submitted to Senate.
- Surveys on student satisfaction, employee satisfaction done and analysed, clinical services college product satisfaction done in a Regional Hospital.

Health systems strengthening projects:

- Facilitating Clinical Nursing Practice project with the Provincial three Higher Education institutions (WSU, UFH and NMU) ITECH SA and NDoH for the improvement of both pre and in-service training for both curriculum integration and practice performance improvement for nurses in practice as well, project consisted of two phases i.e.
- Content development of the following priority areas:
 - Adult Patient Care,
 - Child Nursing,
 - Maternal and Child Health,
 - Mental Illness,

Piloting of the model was done at OR Tambo District through Lilitha College Sub Campus (Dr Malizo Mpehle) by both DCSTs and college personnel, and moderation and through Knowledge translation Unit, and pilot on 2017/18 Community Service Nurse Practitioners was done in OR Tambo District with great impact on practice improvement environment as confirmed by the evaluation report. Evaluation and research reports can be accessed from the Quality and Research Unit of Lilitha College.

- Curriculum development and reviews for new nursing programmes:
 - Higher Certificate: Level 5.
 - Diploma in Nursing: Level 6.
 - Advanced Diploma in Midwifery: Level 7 – submitted to SANC and CHE awaiting accreditation visit from the two statutory bodies.
- **Clinical Skills Simulation laboratories:** 83% (21/25) including current renovation at Mthatha main and Midlands sub campuses.
- **Computer laboratories:** 67% (17/25) established at main and some of the sub campuses in the province.
- **Library and ICT services:** 54% (14/25) is partnering with WSU at all WSU deaneries in the ECDoH facilities for college students to access WIFI and other connections.
- **Support to Ideal Clinic Realisation:** 16 academics were trained as trainers in Basic Life support programmes to support the PHC reengineering in the teaching and learning platform for the realisation of the Ideal Clinic requirements.

Table B6.7: Specialist Nurse Academic Programmes offered at Lilitha College Campuses:

DISTRICT	CAMPUS	ACCREDITATION STATUS	SPECIALITY PROGRAMMES OFFERED	CAPACITY / INTAKE/ YEAR	OPERATIONAL STATUS
Amathole and Buffalo City	East London	Centralised Model	Child Nursing Science: R212	20 Students/ intake/ year	Active
			Operating Theatre: R212	20 Students/ intake/ year	Active
			Intensive Care/ Critical Care: R212	20 Students/ intake/ year	Active
			Clinical Health Assessment, Treatment and Care: R 48	20 Students/ intake/ year	Active
			Advanced Midwifery and Neonatal Care: R212	20 Students/ intake/ year	Active
OR Tambo and Alfred Nzo	Mthatha	Centralised Model	Advanced Midwifery and Neonatal Care: R212	25 Students/ intake/ year	Active
Chris Hani and Joe Gqabi	Queenstown	Decentralised (DEPAM)	Orthopaedic Nursing Science: R212	20 Students/ intake/ year	Active
			Advanced Midwifery and Neonatal Care (Decentralized model): R212	20 Students/ intake/ year	Active
			Ophthalmology Nursing Science: R212	10 Students/ intake/ year	Active
NMM and Sarah Baartman	Port Elizabeth	Centralised Model	Clinical Health Assessment, Treatment and Care: R 48	20 Students/ intake/ year	Awaiting SANC
			Advanced Midwifery and Neonatal Care: R212	20 Students/ intake/ year	Active
			Clinical Health Assessment, Treatment and Care: R 48	20 Students/ intake/ year	Awaiting SANC

Table B6.8: Number of graduates produced (all categories of nursing students combined) and overall pass rate at Lilitha Nursing College distributed by year of study (passed the examinations)

Campus	Year 1 (ENA, EN, 4D, BC, MID, PGDs)	year 2 (EN, 4D, BC)	year 3 (4D)	year 4 (4D)	Total	Overall pass rate
EL	155/305	105/161	78/97	65/66	403/629	64%
Mthatha	142/209	166/191	77/83	95/95	480/578	83%
PE	135/185	167/187	58/71	81/86	441/529	83%
Queenstown	150/186	181/197	76/77	118/118	525/578	91%
Lusikisiki	103/129	110/128	63/68	69/69	345/394	88%
Total No	685/1014	729/864	352/396	428/434	2194/2708	81%

ENROLMENT: 2017/18: ALL ACADEMIC PROGRAMMES:

Table B6.9: Enrolment at Lilitha Nursing College distributed by study course and year level

Category	1 st year (Planned intake)	1 st year (Actual intake)	2 nd year	3 rd year	4 th year	Total
PN	550	454	445	401	434	1734
Bridging	260	173	288	-	-	461
Post basic	200	130	-	-	-	130
Midwifery	200	79	-	-	-	79
EN	Nil	Programme phased out in view of the upcoming New Nursing Academic Programmes				
ENA	Nil	Programme phased out in view of the upcoming New Nursing Academic Programmes				
Other	Nil	Nil	-	--	-	-
Total	1210	836	733	401	434	2 404

REGIONAL TRAINING CENTRE

Function

- Develop, monitor and evaluate implementation of policies and guidelines relating to Clinical and HR skills development
- Facilitate and coordinate training of health workers and community health workers in HAST, MNCWH, Integrated Nutrition, PHC and RPHC, NCD, Health Promotion and Clinical Support Services
- Provide ongoing clinical mentoring through selected nodal sites
- Ensure accurate and reliable clinical outcomes

Programme performance

- All RTC targets were overachieved because RTC received funds from other sources other than the HIV and AIDS Conditional Grant. Funds were received from the Equitable Share and PEPFAR Partners supporting the ECDOH.

Table B6.10: Clinical Training for Professional and Non-professional Health Care Workers

Data Element	Target	Actual	Percentage	Variance
No of Doctors trained on HIV/AIDS, TB, STIs and other chronic diseases	120	320	267%	+200
No of Nurses trained on HIV/AIDS, TB, STIs and other chronic diseases	1200	5108	426%	+3908
No of Non-professional trained on HIV/AIDS, TB, STIs and other chronic diseases	600	1844	307%	+1244

Remedial Action

The RTC is responsible for all Clinical Trainings in the Province. Its budget is from different funding sources. There is a need to differentiate trainings according to the source of funding to avoiding double reporting the same numbers to the different funding streams.

Best Practices:

- Virtual RTC Offices attached to Regional Hospitals with experienced clinicians supporting trainings and outreach to catchment facilities.
- Setting up systems for the Induction Programme for Com Serve Nurses with NDOH HRD and ITECH.
- Piloting the WBPHCOT Programme for rural provinces.
- Integration of PEPFAR Trainers with DOH Trainers strategy has been adopted by NDOH
- Trainings like ETAT in EC noticed by NDOH as the cause for improvement in clinical outcomes. Provinces encouraged to start institutionalizing the ETAT training.
- Piloting a community based programme through learning best practices from SA Cuban trained Doctors

CHALLENGES

- Staffing and Offices for the Regional Training Centre.
- Separation of funding streams to differentiate Conditional Grant, Donor Funding and Equitable Share Funding of the RTC.

Table B6.11: Performance against Annual Targets from 2018/19 Annual Performance Plan for Programme 6 Health Sciences and Training

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
2.6 First year Health Professionals receiving for first year bursaries by 2019	2.6.1 Number of bursaries awarded for first year medicine students	20	13	97	10	55	45	The excess was a result of the MEC intervention to the students who were facing a risk of financial exclusions from academic institutions
	2.6.2 Number of bursaries awarded for first year nursing students	894	350	351	350	350	0	Target achieved

STRATEGIES TO OVERCOME AREAS OF UNDER PERFORMANCE

- Both basic and post basic intakes are complemented by the number of nurses granted permission to study further and upgrade their nursing qualifications.
- Introduction of the new nursing qualifications i.e. Higher Certificate in Auxiliary Nursing which is a one Year Programme to start in 2019/20 depending on the Council of Higher Education and South African Nursing Council accreditation approvals.

Lilitha College of Nursing expenditure contribution:

Implementation of the reviewed Provincial nursing student Funding Model for college Nursing students with minimal challenges as there were no identified protest action from the college institutions for the year under review regarding funding for nursing students, the system has improved financial performance of Programme 6;

Resourcing college campuses with teaching models, teaching and learning material ie Study Guides and Practical workbooks, Branded Test Books for formative assessments to support academic function of the college at institutional level ie main and sub campuses;

Changes to planned targets

There were no changes made to targets during the reporting period

Linking performance with budgets

Programme 6: HEALTH SCIENCES & 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	Variance
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
Sub programme										
1 NURSING TRAINING COLLEGES	326,390	62	(7,352)	319,100	288,232	30,868	90.30%	283,051	276,980	6,071
2 EMS TRAINING COLLEGE	15,521	(62)	(2,885)	12,573	10,939	1,634	87.00%	18,825	13,873	4,952
3 BURSARIES	175,621	-	(4,430)	171,191	147,216	23,975	86.00%	141,750	141,117	633
4 OTHER TRAINING	362,981	-	(28,929)	334,052	330,148	3,904	98.80%	301,689	295,722	5,967
	880,512	-	(43,595)	836,918	776,535	60,383	92.80%	745,315	727,692	17,623
Economic classification										
Current payments	686,503	-	(43,594)	642,909	611,253	31,656	95.10%	568,364	562,753	5,611
Compensation of employees	552,722	-	(1,266)	551,456	519,800	31,656	94.30%	471,447	468,511	2,936
Goods and services	133,781	-	(42,328)	91,453	91,453	-	100.00%	96,917	94,242	2,675
Transfers and subsidies	182,636	-	-	182,636	158,770	23,866	86.90%	153,526	153,526	-
Departmental agencies and accounts	11,856	-	-	11,856	11,856	-	100.00%	11,013	11,013	-
Households	170,780	-	-	170,780	146,914	23,866	86.00%	142,513	142,513	-
Payments for capital assets	11,373	-	-	11,373	6,512	4,861	57.30%	23,425	11,413	12,012
Machinery and equipment	11,373	-	-	11,373	6,512	4,861	57.30%	23,425	11,413	12,012
Payment for financial assets	-	-	-	-	-	-	-	-	-	-
	880,512	-	(43,595)	836,918	776,535	60,383	92.80%	745,315	727,692	17,623



Province of the
EASTERN CAPE
HEALTH



PROGRAMME 7

HEALTH CARE SUPPORT SERVICES

PROGRAMME 7: HEALTH CARE SUPPORT SERVICES (HCSS)

Programme purpose

To render quality, effective and efficient transversal health (orthotic & prosthetic, rehabilitation, laboratory, social work services and radiological services) and pharmaceutical services to the communities of the Eastern Cape. Health Care Support Services consist of two sub-programmes: Transversal Health Services and Pharmaceutical Services.

Transversal Health Services consists of:

- The orthotic & prosthetic (O&P) services sub-programme, which has three existing O&P centres that are at different levels of staffing and different level of functionality in terms of equipment and infrastructure. The centres are based within the three Hospitals namely the PE Provincial Hospital, in East London at Frere Hospital, and in Mthatha at Bedford Orthopaedic Hospital. The prescriptions received from medical professionals and the referrals especially from the outreach programme determine the need for the service.
- Rehabilitation, laboratory, social work and radiological services are rendered at all Hospitals and/or community health centres.

Pharmaceutical Services is responsible for

- Coordination of the full spectrum of the Pharmaceutical Management Framework including drug selection, supply, distribution and utilization.
- Pharmaceutical standards development and monitoring for health facilities and the two medical depots are coordinated under this programme.

Strategic objectives:

- I.11 95% of clients eligible for assistive devices provided with wheelchairs, hearing aids, prostheses & orthoses by 2019
- I.12 90% availability of essential drugs in all health facilities by 2019

Key Strategies Implemented to Achieve Objectives

- Stock visibility system
- Central chronic medicines dispensing and distribution
- Framework and strategy for disability and rehabilitation services in South Africa

Progress report and achievements

Rehabilitation and Disability Services

The programme has managed to exceed the amended planned target of 60% for hearing aids during the financial year. This achievement can be attributed to various initiatives aimed at improving access to audiology services. Audiologists in the OR Tambo district conducted community outreaches to provide screening and supply of hearing aids. The hearing aid devices were readily available as some stock was carried forward from the previous financial year. Eleven (11) community service audiologists were placed at various health facilities to support the TB programme in the management of ototoxicity, a side effect of the drug resistant TB treatment. Deaf awareness month activities were conducted in September at Nessie Knight Hospital where 48 clients were screened by two audiologists from Nelson Mandela Academic hospital and Zithulele Hospital. Thirty-three patients were referred to NMAH for further management and three of them were for the ENT specialist intervention.

The department has fitted cochlear implants to two clients at the Nelson Mandela Academic Hospital. This was the first time that this procedure is performed at the NMAH. Three clients were fitted with cochlear implants at the Frere Hospital and Livingstone Hospital. Two clients received replacement cochlear implant devices. The implants and spectacles issued are very important especially for children in the school going age, as correction of hearing and sight defects can impact their learning ability positively. The department is committed to partnering with other stakeholders to make this service and devices available widely to many eligible children of the Eastern Cape.

All regional and tertiary hospitals have the full complement of rehabilitation service professionals, which include occupational therapy, physiotherapy, speech therapy and audiology. A new speech and audiology unit has been established at the Mthatha Regional Hospital. This is an additional site in the OR Tambo district since these services are also available at the Nelson Mandela Academic Hospital. A total of 48 therapists (physiotherapist and occupational therapists) were trained on basic

wheelchair seating, while another 16 were trained on intermediate level wheelchair seating. The skill gained by these therapists will assist in ensuring that all clients issued with wheelchairs have been assessed and are given the appropriate wheelchair for their condition. The following walking aids were issued to eligible clients during the financial year:

Table B7.1: Type of walking aids supplied to clients, 2018/19

Item Description	Number supplied
Crutches	10,510
Walking sticks	1,544
Walking frames	3,129
Quadropods	929
Rollators	67

The department runs a multi-disciplinary cerebral palsy clinic at the Cecelia Makiwane Hospital, NMAH and Frere hospital, within the rehabilitation department. These clinics are currently seeing 184 cerebral palsy clients who are referred from in-patient departments and nearby health facilities. These are important clinics for the department in that they provide cost-effective rehabilitation services for children with cerebral palsy, including those whom the Courts have deemed eligible for State supported care. Frere and CMH currently offers the full package of care (physiotherapists, occupational therapists, speech and audio therapist, dietician, and social workers). The clinic works closely with the hospital's orthopaedic department and paediatricians. The cerebral palsy services are also available in various district hospitals around the OR Tambo district, supported by Malamulele Onward, a non-governmental organization supporting children living with cerebral palsy.

Radiological Services

As part of increasing access to radiology services, strengthening capability to meet demand and promoting cost-efficiency gains, the Department implemented three strategies:

- As part of the digitization of radiography equipment in the province. Installation of 5 new digital x-ray machines at the Nelson Mandela Academic Hospital, Dora Nginza Hospital, Uitenhage hospital, and Hewu hospital. X-ray machines were also installed at Joubertina Hospital and Indwe Hospital.
- The procurement of the picture archiving communication system (PACS) was completed in the fourth quarter. The PACS will be implemented in the following financial year. Once implemented, the system will improve access to x-ray results and reports for faster diagnosis of patients; and introduce savings as X-rays will no longer need to be printed as they will be stored and accessed electronically.
- Awarded bursaries to 58 eligible students to pursue a qualification in radiography, ultra-sonography, and nuclear medicines. This will improve the capacity

Laboratory Services

The department works with the National Health Laboratory Services (NHLS) in the provision of laboratory diagnostic services. The NHLS has introduced the electronic gate keeping to achieve efficiency in the laboratory environment. This system is currently being implemented in all health facilities and has proven to significantly reduce wastage in laboratory services. On average, the department has made a saving of R450,823 per month on laboratory testing (equivalent to R5,409 million per annum). The department is developing various standard operating procedures and policies to standardise the laboratory requisition in the different levels of care, and also to guide in the provision of point of care testing. A blood and laboratory user's committee (BLUC) was established at the NMAH which developed a blood management policy that saw a 40% reduction in blood usage within the hospital. This committee will be expanded to other tertiary and regional hospitals in the next financial year.

Availability of Medicines

The department is implementing the electronic stock visibility system (SVS) to track availability of essential medicines at clinics around the Province. The system is tracking the availability of antiretroviral, TB medicines, vaccines and medicines for chronic diseases. The reports are collected weekly and submitted using the handheld mobile device supplied to all clinics.

Table B7.2: Performance on medicines availability: Stock Visibility System

Indicator	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Overall Medicine Availability	62%	67%	66%	83%
Reporting Compliance	62%	67%	66%	64%
	62%	67%	66%	74%

The Department implemented an intervention that cleaned up the SVS database, trained users of the system and appointed champions to monitor and ensure accurate reporting. Users of the SVS have been trained on the basics of operating the

devices and on analysing information on the system. Managers have been given access to the web-based software which collates all data and present it per facility, local area and district level. The information on the web portal can be used to make decision on stock redistribution, and determining quantity to order. This intervention resulted in an 83% overall medicine availability by the end of the financial year in those facilities that were reporting on the SVS.

The OR Tambo (48%) and Chris Hani Districts (48%) scored low on compliance compared to the 85% (Alfred Nzo), 91% BCM and 100% compliance for Sarah Baartman (see figure below). The plan for the two districts is to appoint District pharmacists to coordinate pharmaceutical services at clinics and ensure reporting on the SVS.

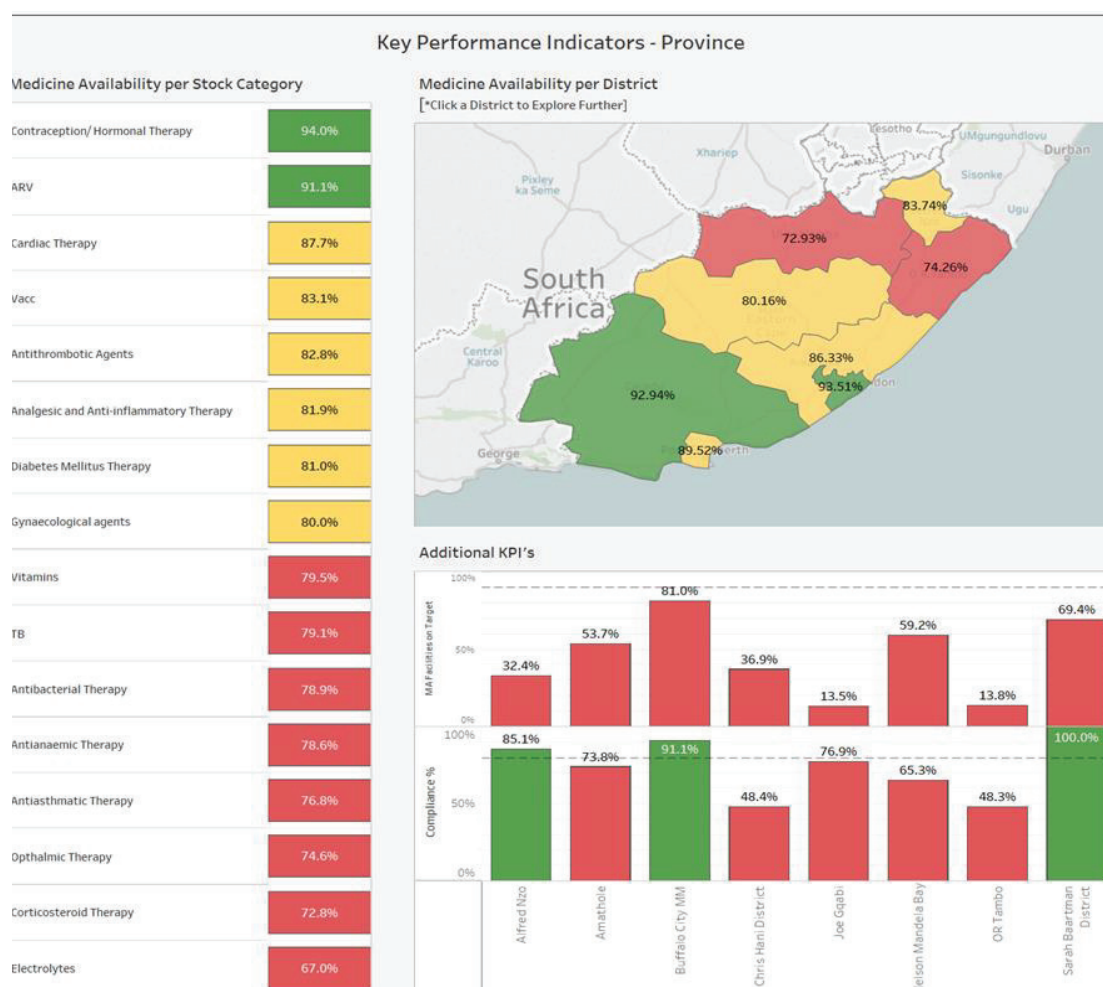


Figure 7.1: District Performance on medicine availability reporting

The average reporting rate during the year was 64% (n=767) by the end of the financial year, whilst the average availability of essential medicines is at 83%. The medicine availability is below the annual target of 90% during the reporting period. The availability of antiretroviral medicines for the treatment of HIV has been consistently above 90% during the reporting period. The department is concerned about the availability of TB medicines and vaccines which have been at 79,1% and 83,1% respectively. These TB medicines were available at facilities; however, the availability score was affected by the different package sizes that were originally being tracked in the SVS. This has now been amended to track the availability of one package size for TB medicines - this will make the future tracking of TB medicines more accurate.

The challenges of poor medicines availability were reported mainly in the districts that are supported by the Mthatha Depot in the eastern region of the province. There were also a couple of medicines that were out of stock or low stock levels nationally due to supplier challenges. These medicines include oral rehydration salts, and vaccines (BCG and Diptheria/Tetanus). The department is engaging with the National department of health on options to continue to have access to the vaccines, while a provincial contract is being established for a certain basket of essential medicines that are not on contract.

Access to Essential Medicines

The department has introduced the central chronic medicines dispensing and distribution programme (CCMDD), which is one of the interventions to ensure access to life saving medicines by communities around the province. The province is working with a third-party distribution company, DSV Healthcare to dispense and distribute medicines for collection at various locations that are convenient to the clients.

Indicator	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of patients enrolled	235,065	203,614	219,595	231,318

The programme has slowly increased the number of patients enrolled since the beginning of the year. There was however a sharp decline in number of patients enrolled between quarter 1 and quarter 2. This was attributed to a data quality review that was conducted as the programme was being transferred from Pharmacy Direct as a service provider to DSV Healthcare. A large number of dormant patients were removed from the database.

The department also took the opportunity of the new service provider to also conduct an audit of the external pick points. All external pick-up points were reassessed for contracting with the new service provider. There were 39 external pick up points under Laser Courier Services whose contract came to an end in this financial year and were therefore closed down. These pick up points were located in the OR Tambo district. The department has worked with local partners such as Health Systems Trust (HST) to assess and identify new pick up points. Also through the partnership with HST and NDOH, the province has trained 569 health workers on the CMDD programme. The training topics included orientation on the CCMDD programme, assessment of external pick up point, and the various standard operating procedures.

Rational Use of Medicines

The department has established a provincial pharmacy and therapeutics committee (PPTC), which is a structure established to input on policy to promote rational medicine use. The committee held 4 meetings during the past financial year to inform policy on access to and rational use of medicines. The committee has members who include medical doctors and specialist doctors, pharmacists from around the province. The committee works with the institutional pharmacy and therapeutics committees (PTC) at hospitals.

In the alignment with the national strategic framework to manage antimicrobial resistance, the department has establishment a provincial antimicrobial stewardship (AMS) committee. This is a multidisciplinary team that drives interventions to promote rational prescribing of antibiotics and reduce the emergence of antimicrobial resistance.

Pharmaceutical Depots

The province operates two pharmaceutical depots, in Mthatha and Port Elizabeth. These are the central facilities that are responsible for the procurement, warehousing and distribution of essential medicines and surgical sundries to all health facilities in the province. The two depots have achieved an average of 76 % medicine availability during the financial year. This is below the target of 90%. The reason behind the under-performance is the long procurement lead time for certain items that are not on national contract, and also the unavailability of certain products from suppliers. The department will initiate a process to establish provincial contracts for some of the essential medicines and supplies that are not on contract.

UMthatha Pharmaceutical Depot has been undergoing major renovations which began in the previous financial year. The construction work was expected to be completed in the 3rd quarter of the financial year but this target date wasn't met due to structural integrity issues that were identified, leading to a prolonged period for certain engineering works. The depot has been performing below the optimal levels due to this refurbishment work. The department is making significant investments to ensure that the depot operates optimally and also it is a state of the art facility to service the communities of the eastern region. An additional pharmacist and 4 pharmacist assistants were employed to support the Mthatha depot operations. A temporary warehouse structure has been leased to serve as an overflow facility for stock.

Table 7.3: Performance against Annual Targets from 2018/19 Annual Performance Plan for Programme 7 Health Care Support Services

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
1.11 95% of clients eligible for assistive devices provided with wheelchairs, hearing aids, prostheses & orthoses by 2019	1.1.1.1 Percentage of eligible applicants supplied with wheelchairs	92.5%	88%	53%	50%	21%	-29%	Target not achieved. Rise in non-communicable diseases, injury and trauma cases has increased demand for assistive devices. The long turnaround time for deliveries of these devices also affects the department's ability to supply wheelchairs on time to eligible clients.
	Numerator: Number of clients supplied with wheelchairs during a reporting period	8 061	2 523	1 537	2 755	1 156		
	Denominator: Total clients applied and on waiting list to receive wheelchairs during the same period	8 715	2 863	2 890	5 510	5 510		
	1.1.1.2 Percentage of eligible clients supplied with hearing aids	173%	81%	44%	60%	75.3%	15.3%	Target over achieved.
	Numerator: Number of clients supplied with hearing aids during a reporting period	5 405	2 110	1 427	1 500	1 883		<ul style="list-style-type: none"> The department placed 11 community service audiologists to improve access to this service. An outreach was conducted by a team of audiologists in the OR Tambo district to expand access to audiology screening services.
	Denominator: Total clients applied and on waiting list to receive hearing aids during the same period	3 130	2 592	3 211	2 500	2 500		
	1.1.1.3 Percentage of eligible applicants supplied with prostheses	73.3%	71%	23.4%	30%	15.7%	-14.3%	Target not achieved. The suppliers of these items obtain their material from foreign markets. This has led to a long

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
	Numerator: Number of clients supplied with prosthesis during a reporting period	9 331	1 287	483	639	335		lead time of fulfilling orders as the contract was only awarded in the 3rd quarter of 2017/18 and therefore the suppliers had not built a pipeline of stock locally.
	Denominator: Total clients applied and on waiting list to receive prosthesis during the same period	12 733	1 812	2 064	2 131	2 131		
	1.11.4 Percentage of eligible applicants supplied with orthoses	168%	96.4%	501.7%	60%	91.6%	31.6%	Target over achieved. Increased access is due to:
	Numerator: Number of clients supplied with orthoses during a reporting period	28 028	23 848	8 800	5 568	8 509		<ul style="list-style-type: none"> The programme using the stock which is readily available off the shelves. The Thuma Mina campaign conducted in the Buffalo City metro The establishment of the outreach service in Cecilia Makiwane Hospital by the Frere Hospital
1.12 90% availability of essential drugs in all health facilities by 2019	Denominator: Total clients applied and on waiting list to receive orthoses during the same period	16 672	24 744	1 754	9 280	9 280		
	1.12.1 Percentage of order fulfilment of essential drugs at the depots.	84%	84%	84%	90%	75.5%	-14.5%	Target not achieved. The construction work at the Mthatha depot reduced its stock holding due to restricted storage space for medicines and surgical sundries.
	Numerator: Number of order fulfilled completely	366 124	366 124	649 999	576 075	472 310		
	Denominator: Number of orders received	435 864	435 664	772 662	640 084	625 709		

Strategic Objectives	Performance Indicator	Actual achievement 2015/16	Actual achievement 2016/17	Actual achievement 2017/18	Annual Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviation
	1.12.3 Essential medicines stock-out rate at the depots	New indicator	New indicator	New indicator	<5%	25%	20%	Target not achieved due to poor performance by the suppliers. Certain items were out of stock for most part of the financial year; these include BCG and Diphtheria/Tetanus for the expanded immunization programme (EPI).
	Numerator: Number of essential medicines out of stock				< 3	15		
	Denominator: Total number of essential medicines				60	60		

Strategies to overcome areas of under performance

Meeting Demand for Assistive Devices

- Quantify the demand (backlog and future needs) adjusted for the changing burden of disease b) Review budget allocations to identify opportunities to increase allocations for assistive devices
- There are plans to consider partnering with other organization working in this health field to address issues of rehabilitation.
- A project was initiated to assess TB patients for hearing loss which may be due to medicines used in the treatment of drug resistant TB.

Improving Cost-efficiency of Care

- Establish Blood and Laboratory Committees at all Regional, Tertiary and Central facilities to ensure implementation of proper clinical protocols and ensure cost-effective utilisation of SANBS and NHL services
- Ensuring Cost-Effective utilisation of medicines through the rollout of Rx solution system to manage the inventory of medicines at facility level.
- The department has taken a decision to relocate the surgical sundries store to PE Depot while a temporary warehouse has been leased to provide additional space for essential medicines in Mthatha. The construction project is expected to be completed in the 2nd quarter of the next financial year.
- The department is working with the National department to address issues of vaccine availability, and also establish provincial contracts for some of the essential medicines.

Changes to planned targets

There were no changes made to targets during the reporting period.

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	Variance
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	R'000
Sub programme										
1 ORTHOTIC & PROSTHETIC SERVICES	55,107	(2,780)	(6,040)	46,287	39,316	6,971	84.90%	36,434	36,270	164
2 MEDICINE TRADING ACCOUNT	71,444	2,780	(4,084)	70,140	70,744	(604)	100.90%	63,947	63,728	219
	126,551	-	(10,124)	116,427	110,060	6,367	94.50%	100,381	99,998	383
Economic classification										
Current payments	125,549	-	(10,040)	115,509	109,832	5,677	95.10%	99,397	99,397	-
Compensation of employees	64,767	-	-	64,767	60,148	4,619	92.90%	52,707	52,707	-
Goods and services	60,782	-	(10,040)	50,742	49,684	1,058	97.90%	46,690	46,690	-
Interest and rent on land	-	-	-	-	-	-	-	-	-	-
Transfers and subsidies	100	-	(84)	16	16	-	100.20%	92	34	58
Households	100	-	(84)	16	16	-	100.20%	92	34	58
Payments for capital assets	902	-	-	902	212	690	23.50%	892	567	325
Machinery and equipment	902	-	-	902	212	690	23.50%	892	567	325
Payment for financial assets	-	-	-	-	-	-	-	-	-	-
	126,551	-	(10,124)	116,427	110,060	6,367	94.50%	100,381	99,998	383



PROGRAMME 8

HEALTH FACILITIES MANAGEMENT

PROGRAMME 8: HEALTH FACILITIES MANAGEMENT (HFM)

PROGRAMME PURPOSE

- To improve access to health care services through provision of new health facilities, upgrading and revitalisation, as well as maintenance of existing facilities, including the provision of appropriate health care equipment.

The programme consists of four sub-programmes:

- Community Health Facilities
- District Hospital Services
- Provincial Hospital services
- Other facilities

POLICY PRIORITIES OF THE PROGRAMME

- Repairs and maintenance clinics, hospitals, forensic pathology services units, emergency medical services
- Provision of suitable accommodation for health professionals
- Availability of appropriate medical equipment (Health Technology), including provision of medical gas points
- Eradication of mud, unsafe and inappropriate structures
- Maintenance of plant, equipment and machinery (laundry, kitchen, mortuary equipment and ventilation system)
- Provision of infrastructure support services (water, electricity, lifts and sewerage)
- Capacitation of the Infrastructure Unit
- Safeguarding patients' safety and general infrastructure (security in the form of guard houses and fencing)

Strategic goals being addressed:

Strategic goal 2: Improved quality of care

KEY STRATEGIES IMPLEMENTED TO ACHIEVE STRATEGIC OBJECTIVES

The key strategies that are implemented in order to achieve service delivery targets are as follows:

- Internal capacity building of the built environment specialist. This is giving the space to the department to be less reliant on the use of the Implementing Agents.
- Adoption of Framework Contracts for procurement and maintenance of medical equipment
- Decentralisation of day to day maintenance related work to facilities
- Delivery approach has shifted from building new infrastructure and now focuses on maintaining the existing stock.
- Use of external engineers used to provide services that are specialist in nature and or the department has not yet built internal capacity
- In order to speed up project procurement processes, internal built environment specialist are playing a crucial role particularly at the Bid Specification and Bid Evaluation levels, respectively.
- Building of internal capacity, especially at the facility level for purposes of carrying out day to day maintenance work. This process is on-going, and it is envisaged that it will reach maturity in the next two financial years.

PROGRESS AND ACHIEVEMENTS

Infrastructure Delivery

The department completed 18 projects during the 2018/19 financial year (see Table 1).

TABLE B8.1: Projects completed during 2018/19 Financial Year

	Name of Project	Status	Amathole District	Scope of Works
1	Madwaleni Hospital Nursing Accommodation	Completed		Renovations of the Liliitha nursing college building and other nursing residences.
2	Madwaleni Gateway Clinic	Completed		Provision of primary health care services – complete package
3	Tower Hospital	Completed		Upgrading of Seclusion rooms
4	Hamburg Clinic	Completed		New replacement clinic
	Total		4	
	OR Tambo			
5	Nelson Mandela Academic Hospital - Neonatal ICU and High Care Upgrade	Completed		Provision of ICU and High Care for the Neo nates
6	Fencing & Guardhouses OR Tambo Project I	Completed		Installation of new fencing as specified at seven facilities in OR Tambo District, namely: Baziya CHC, Mjika Clinic, Mthatha Gateway Clinic, Qunu Clinic, St Barnabas Hospital, Mbalisweni Clinic, & Qumbu CHC.
7	Tabase Clinic – New Replacement Clinic	Completed		Replacement of Clinic building
	Total		3	
	Joe Gqabi District			
8	Fencing and Guardhouses St Michales, Esilindini, Herschel, Maletswai, Hilton, Mzamomhle	Completed		Erection Fencing and Guardhouses
9	Maclear Hospital – Repairs, Maintenance and Roof Replacement to the existing hospital	Completed		Maintenance and Roof Replacement to the existing hospital
	Total		2	
	Chris Hani District			
10	Mahlubini Clinic	Completed		Replacement of mud structure clinic
11	Zabasa Clinic	Completed		Replacement of mud structure clinic
12	Isikhoba	Completed		Replacement of mud structure clinic
13	Qebe	Completed		Replacement of mud structure clinic
14	Nkwenkwana	Completed		Replacement of mud structure clinic
	Total		5	
	Nelson Mandela Bay Metro			
15	Nelson Mandela Metro EMS Base	Completed		New EMS District Head Quarters
	Total		1	
	Sarah Baartman District			

	Name of Project	Status	Scope of Works
I6	Fencing & Guardhouses in NMB & SB 0098	Completed	Construction of Fencing and Guardhouses at Middle Terrace Clinic, Vera Barford Clinic, Sundays Valley Hospital in Sarah Baartman District and various facilities in NMB Metro
Total		1	
Buffalo City Metro			
I7	Fencing & Guardhouses Amathole & BCM Project 2	Completed	Construction of new fencing & guardhouses at 3 health facilities in Amathole DM and BC Metro area
I8	Nontyatyambo CHC - Replacement of HVAC	Completed	Nontyatyambo CHC – Additional ventilation in the main waiting area and replacement / maintenance of HVAC in the remainder of the CHC
Total		2	

Table B8.2: Performance against annual targets for Health Facilities Management 2018/19 financial year

Strategic objectives	Performance Indicator	Actual achievement 2017/18	Planned Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviations
2.7 Health facilities refurbished to comply with the National norms and standards by 2019	2.7.1 Number of health facilities that have undergone major and refurbishment in NHI Pilot District	6	4	3	1	Accommodation units in Nessie Knight Hospital not completed on time due to delays on site.
	2.7.2 Number of health facilities that have undergone minor refurbishment in NHI Pilot District	90	90	3276	3186	Minor maintenance carried out through Sakhawo Call Centre. A number of 3276 were received and resolved. These calls were related to minor electro mechanical repairs in the OR Tambo district
	2.7.3 Number of health facilities that have undergone major refurbishment outside NHI pilot District (excluding facilities in NHI Pilot District)	4	7	15	8	Eight more projects were completed outside NHI area. These include facilities in Amathole, Alfred Nzo, Chris Hani, Buffalo City Metro, Joe Gqabi, Nelson Mandela Metro and Sarah Baartman.
	2.7.4 Number of health facilities that have undergone minor refurbishment outside	17	17	30 000	2 983	The high volume of calls is caused by non-availability of framework contracts in respect of the electrical-

Strategic objectives	Performance Indicator	Actual achievement 2017/18	Planned Target 2018/19	Actual achievement 2018/19	Deviation from planned target to actual achievement 2018/19	Comment on deviations
	NHI pilot District (excluding facilities in NHI Pilot District)					mechanical plant, equipment and machinery. The type of work under taken in nature is that of general repairs and maintenance. A total of thirty thousand (30 000) calls were resolved in all districts outside NHI district

Strategies to overcome areas of under performance

Changes to planned targets

There were no changes made to targets during the reporting period.

Linking performance with budgets

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
Sub programme									
1 COMMUNITY HEALTH FACILITIES	181,252	-	(15,950)	165,302	106,070	59,232	64.20%	151,438	155,394
2 EMERGENCY MEDICAL RESCUE SERVICES	-	136	-	136	136	-	100.00%	265	281
3 DISTRICT HOSPITAL SERVICES	630,953	(60,956)	13,322	583,319	661,090	(77,771)	113.30%	760,786	752,511
4 PROVINCIAL HOSPITAL SERVICES	361,105	61,417	3,163	425,685	412,773	12,912	97.00%	289,416	289,282
5 OTHER FACILITIES	71,260	(597)	8,588	79,251	73,227	6,024	92.40%	78,228	77,046
	1,244,570	-	9,122	1,253,692	1,253,296	396	100.00%	1,280,133	1,274,514
									5,619
Economic classification									
Current payments	265,683	-	19,371	285,054	306,023	(20,969)	107.40%	401,798	409,705
Compensation of employees	29,796	-	-	29,796	29,103	693	97.70%	16,992	16,844
Goods and services	235,887	-	19,371	255,258	256,616	(1,358)	100.50%	384,806	392,861
Interest and rent on land	-	-	-	-	20,304	(20,304)	-	-	-
Transfers and subsidies	-	-	11	11	11	-	103.80%	67	67
Households	-	-	11	11	11	-	103.80%	67	67
Payments for capital assets	978,887	-	(10,259)	968,628	947,262	21,366	97.80%	878,268	864,742
Buildings and other fixed structures	872,234	39,946	-	912,180	911,812	368	100.00%	646,701	637,152
Machinery and equipment	106,653	(39,946)	(10,259)	56,448	35,450	20,998	62.80%	231,567	227,590
Payment for financial assets	-	-	-	-	-	-	-	-	-
	1,244,570	-	9,122	1,253,692	1,253,296	396	100.00%	1,280,133	1,274,514
									5,619

5. TRANSFER PAYMENTS

5.1 Transfer payments to public entities

The department does not make transfers to public entities.

5.2 Transfer payments to all organisations other than public entities

The department utilises various institutions, government entities, universities, technicians and community based organisations as vehicles to deliver services. The nature of services to be rendered and the relationship with these organisations is governed by Service Level Agreements. During the year under review, the department transferred R1,051,663 million to the transferees detailed in the table below, for the period 1 April 2018 to 31 March 2019. Details on these transfer payments are also given in "Grants Paid to Munics" in note 40 to the annual report, as well as Annexures IA, IB, and IG respectively of the Annual Financial Statements section.

Funds were transferred to various universities and technicians for the provision of health sciences, training & development, to hospices for palliative care, non-profit organisations for home based care, municipalities for the devolution of environmental health, the settlement of medico legal claims against the Department and the settlement of leave gratuities (Annexure IG).

The department monitored these institutions / entities to ensure that the allocated funds were spent as planned and detailed in the Service Level Agreements. The Department obtained assurance from each entity that received a transfer, that the entity implements effective, efficient and transparent financial management and internal control systems, as required by TR 18.3.1 (c).

NAME OF TRANSFEREE	TYPE OF ORGANISATION	PURPOSE FOR WHICH FUNDS WERE USED	DID THE DEPT COMPLY WITH S38(1)(I) OF PFMA	AMOUNT TRANSFERRED R'000	AMOUNT SPENT R'000
BLUE CRANE HOSPICE ASSOC T/CUR	HOSPICE	PALLIATIVE CARE	YES	500	500
CAMDEBOO HOSPICE T/CUR	HOSPICE	PALLIATIVE CARE	YES	590	590
CARE MINISTRY	NPO	HOME BASED CARE (HBC)	YES	500	500
CARING HANDS HBCC T/CUR	NPO	HOME BASED CARE (HBC)	YES	500	500
EBHENEZER HOME COMM BASED CARE	NPO	HOME BASED CARE (HBC)	YES	320	320
EMPILISWENI HIV/AIDS & ORPHANS	NPO	HOME BASED CARE (HBC)	YES	350	350
FAITH AND HOPE INTEGRATE AIDS PROGRAMME	NPO	HOME BASED CARE (HBC)	YES	330	330
GOOD SHEPHERD HOSPICE	HOSPICE	HOME BASED CARE (HBC)	YES	200	200
GRAHAMSTOWN HOSPIC NO/PRJ S/A T/CU	HOSPICE	HOME BASED CARE (HBC)	YES	810	810
HERSCHEL COMM EMPOW& UPLIFT T/CU	NPO	HOME BASED CARE (HBC)	YES	500	500
ILITHA COMMUNITY PSYCHOLOGY SERV	NPO	HOME BASED CARE (HBC)	YES	320	320
JABEZ AIDS HEALTH CENTER	NPO	HOME BASED CARE (HBC)	YES	390	390
KEISKAMMA TRUST	NPO	HOME BASED CARE (HBC)	YES	320	320
KHANYISANI HIV/AIDS AWARENESS	NPO	HOME BASED CARE (HBC)	YES	330	330
KWANOMZAMO HOME BASED COM T/CUR	NPO	HOME BASED CARE (HBC)	YES	250	250
LADY GREY COMM EMPOW& UPLIF T/CU	NPO	HOME BASED CARE (HBC)	YES	500	500

NAME OF TRANSFEREE	TYPE OF ORGANISATION	PURPOSE FOR WHICH FUNDS WERE USED	DID THE DEPT COMPLY WITH S38(1)(I) OF PFMA	AMOUNT TRANSFERRED R'000	AMOUNT SPENT R'000
LESEDI HOSPICE MUSONG T/CUR	HOSPICE	HOME BASED CARE (HBC)	YES	350	350
MANGUZELA THANDANI HOME BASED	NPO	HOME BASED CARE (HBC)	YES	300	300
MASABELANE EDUCATION 4 LIFE GROUP	NPO	HOME BASED CARE (HBC)	YES	300	300
MASANGANE HIV/AIDS PRGM T/CUR	NPO	HOME BASED CARE (HBC)	YES	365	365
MASIPHILISANE HOME BASED CARE	NPO	HOME BASED CARE (HBC)	YES	500	500
MFESANE INGELYFDE VERENING	NPO	HOME BASED CARE (HBC)	YES	500	500
MPUMAKAPA MULTI PURPO EDUCATION	NPO	HOME BASED CARE (HBC)	YES	300	300
MZAMOMHLE BCBC PROJECTS	NPO	HOME BASED CARE (HBC)	YES	330	330
NCEDULUNTU HOME BASED CARE T/CUR	NPO	HOME BASED CARE (HBC)	YES	300	300
NDONGA HCBC	NPO	HOME BASED CARE (HBC)	YES	350	350
NEVER GIVE UP SUPPORT GROUP	NPO	HOME BASED CARE (HBC)	YES	300	300
NYWARA HOME BASED CARE	NPO	HOME BASED CARE (HBC)	YES	330	330
PORT ST JOHNS CREATIVE YOUNG WOMEN GROUP	NPO	HOME BASED CARE (HBC)	YES	300	300
SAKHIMPILO HOME BASED CARE PROJECT	NPO	HOME BASED CARE (HBC)	YES	340	340
SINAKO WELLNESS & DEVELOP ORG	NPO	HOME BASED CARE (HBC)	YES	340	340
SINETHEMBA HOME BASED CARE	NPO	HOME BASED CARE (HBC)	YES	300	300
SINOTHANDO HOME OF SAFETY	NPO	HOME BASED CARE (HBC)	YES	300	300
SIYAKHANA HBC	NPO	HOME BASED CARE (HBC)	YES	350	350
SIYAKHANYISA HIV/AIDS SUPPORT GROUP	NPO	HOME BASED CARE (HBC)	YES	340	340
SIYAPHILA HBC	NPO	HOME BASED CARE (HBC)	YES	350	350
SIZANENGUQU HOME COMM BASED CARE	NPO	HOME BASED CARE (HBC)	YES	340	340
SOPHAKAMA COMM BASED DEVELOPMENT	NPO	HOME BASED CARE (HBC)	YES	300	300
SOPHUMELELA CLINIC INCORPORATED	NPO	HOME BASED CARE (HBC)	YES	330	330
ST BERNARDS HOSPICE	HOSPICE	PALLIATIVE CARE	YES	1,000	1,000
ST FRANCIS HOSPICE N/PRJ S/A T/CU	HOSPICE	PALLIATIVE CARE	YES	1,000	1,000
UBUNTU CARE & DEVELOPMENT	NPO	HOME BASED CARE (HBC)	YES	150	150
UKHAMBIA PROJECTS	NPO	HOME BASED CARE (HBC)	YES	170	170
VUKUZENZELE COMM DEV ORG	NPO	HOME BASED CARE (HBC)	YES	330	330
YIZANI HOME BASED CARE T/CUR	NPO	HOME BASED CARE (HBC)	YES	390	390
HWSETA	SETA	SKILLS LEVY	YES	11,856	11,856
AMATHOLE DISTRICT	LOCAL GOVERNMENT	ENVIRONMENTAL HEALTH DEVOLUTION	YES	1,902	1,902
NELSON MANDELA METRO	LOCAL GOVERNMENT	ENVIRONMENTAL HEALTH DEVOLUTION	YES	1,189	1,189
H/H Empl s/Ben:Leave Gratuity	NATURAL PERSONS	LEAVE GRATUITY	YES	76,457	76,457

NAME OF TRANSFEREE	TYPE OF ORGANISATION	PURPOSE FOR WHICH FUNDS WERE USED	DID THE DEPT COMPLY WITH S38(1)(I) OF PFMA	AMOUNT TRANSFERRED R'000	AMOUNT SPENT R'000
H/H Claims against state (Cash)	NATURAL PERSONS	MEDICO-LEGAL CLAIMS	YES	797,434	797,434
H/H: Bursaries (Non-Employee)	NATURAL PERSONS	BURSARIES TO NON-EMPLOYEES	YES	145,260	145,260
TOTAL				1,051,663	1,051,663

R 2,005 million of the amount budgeted for during the year under review was not transferred by year end and a roll over was applied for in the equitable share and conditional grant rollovers.

6. CONDITIONAL GRANTS

6.1 Conditional grants and earmarked funds paid

No conditional grants were paid by the department.

6.2 Conditional grants and earmarked funds received

The Department spent R3,988 billion (99.8%) of its adjusted conditional grant allocation of R3,995 billion and under spent by R6,875 million. R6 million of this has been requested to be rolled over to the 2019/20 financial year.

The tables below detail the conditional grants and ear marked funds received during for the period 1 April 2018 to 31 March 2019.

*HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	Support provinces to fund service costs associated with clinical training and supervision of health science trainees on the public service platform.
Expected outputs of the grant	Support and strengthen the undergraduate and post graduate teaching and training (undergraduate students, registrars, expanded specialists, and teaching infrastructure in target provinces)
Actual outputs achieved	<p>Number of Registrars appointed as per Business Plan: 43, which were only replacements as there was no funding for new appointment. Registrars who completed training: 19 Clinical Training Coordinators in support of the clinical teaching: 1 Coordinator appointed in East London (Frere) for Audio & Speech – for the training and mentoring of students. The incumbent has since resigned. Continued with the appointment of Medical Officers / Preceptors for health science students on the platform at District and Regional Hospitals at Settlers, Malizo Mpehle, and Cecilia Makiwane Hospitals. In the process of appointing preceptors also for Madzikane ka-Zulu, All Saints, Butterworths, Dora Nginza. The delays in the appointment is due to HR recruitment and selection processes at head office.</p> <p>Support and strengthen the grant administration: 6 HPTDG Administration Officers are continuing with the daily management of the Grant in the province.</p> <p>Support the training of Postgraduates on the public health service platform as per statutory requirements by continued support of 8 Doctor of Pharmacy students at Livingstone, Frere, Cecilia Makiwane and Nelson Mandela hospitals;</p> <p>Strengthening of Joint Clinical Teaching and Clinical Training capacity on the public Health service platform through recruitment and retention Medical Specialists and Cubans at Nelson Mandela Academic hospital and Walter Sisulu University.</p>
Amount per amended DORA (R'000)	R239,707
Rollover	R7,165
Amount received (R'000)	R242,392
Reasons if amount as per DORA was not received	Full amount received
Amount spent by the department (R'000)	R242,191
Reasons for the funds unspent by the entity	R201 thousand – Delays in the supply and delivery of specialised medical equipment at the benefiting facilities within the Health Professions Training and Development Grant led to the under expenditure of the stated amount.
Reasons for deviations on performance	<p>Aimed for appointment of 2 Preceptors for Speech & Audio and 1 Coordinator at both CMH and Frere, ended up with only 1 Coordinator (who also resigned) due to inability to attract suitable candidates;</p> <p>Medical Officers / Preceptors: delays in the recruitment and selection processes at head office led to the unit inability to appoint at All Saints, Madzikane ka-Zulu, Butterworths and Dora Nginza hospitals;</p> <p>Machinery & Equipment where delays in the delivery of equipment due to some of it being ordered from overseas, coincided with shortages of cash-flow at the end of the financial year.</p>

*HEALTH PROFESSIONS TRAINING AND DEVELOPMENT GRANT	
Department who transferred the grant	Health (Vote 16)
Measures taken to improve performance	Better planning and intense follow up on service delivery units where the conditional grant funding gets spent.
Monitoring mechanism by the receiving department	Adherence to reporting requirements of DORA, including inter alia In-Year-Monitoring reporting and monitoring processes, monthly certification of predetermined objectives, ongoing reviews by National Department Grant Managers (support visits by NDOH). Institutional quarterly visits by Provincial HPTD Office.

COMPREHENSIVE HIV/AIDS & TB GRANT:	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	To enable the health sector to develop and implement an effective response to HIV and AIDS and Tuberculosis; to fund Community Outreach Services; prevention and protection of health workers of exposure to hazards in the workplace.
Expected outputs of the grant	Number of individuals counselled and tested, number of MMC conducted, Number of new patients initiated on ART.
Actual outputs achieved	Strengthen health system in order to support HIV programme and TB
Amount per amended DORA (R'000)	R2,098,633
Rollover	R7,165
Amount received (R'000)	R2,105,798
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R2,103,651
Reasons for the funds unspent by the entity	R2,147 -Transfers to CBOs withheld due to non-compliance with prescribed SCM requirements.
Reasons for deviations on performance	Challenges with data collection tool for TB screening
Measures taken to improve performance	TB screening has now been included in the NIDS and will collected electronically
Monitoring mechanism by the receiving department	Adherence to reporting requirements of DORA, including inter alia In Year Monitoring Reporting and monitoring processes, monthly certification of financial returns, quarterly certification of predetermined objectives, ongoing reviews with National Department Grant Managers.

*NATIONAL TERTIARY SERVICES GRANT	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	Ensure provision of tertiary health services in South Africa, to compensate tertiary facilities for the additional costs associated with provision of these services
Expected outputs of the grant	Provision of designated central and national tertiary services in 4 facilities as per Service Level Agreement between the Province (ECDoH) and the National Department of Health (NDoH) Focusing on the following targeted health information indicators: <ul style="list-style-type: none"> • Number of inpatient separations • Number of day patient separations • Number of outpatients first attendances • Number of outpatient follow-up attendances • Number of inpatient days • Average length of stay by facility (tertiary) • Bed utilisation rate by facility (all levels of care)
Actual outputs achieved	The grant was utilised to maintain and develop 44 tertiary services across the province: <ul style="list-style-type: none"> • 35 Services at Nelson Mandela Academic Hospital • 40 Tertiary Services at Livingstone Hospital • 40 Tertiary Services at Frere Hospital • 1 Tertiary Service at Fort England Specialised Psychiatric Hospital Notable outputs would also include: Development of a Cath-lab at Nelson Mandela Academic Hospital Procurement of Gamma Camera for Livingstone Hospital Procurement of Gastro Intestinal Tract Unit for Livingstone Hospital

*NATIONAL TERTIARY SERVICES GRANT	
Department who transferred the grant	Health (Vote 16)
	Procurement of 2 digital X-Rays and Stacks for Frere and Nelson Mandela Hospitals Procurement of 5 Mobile X-Rays Frere and Nelson Mandela Hospitals Enhanced the CCTV system for the Fort England Psychiatric Maximum Security Facility
Amount per amended DORA (R'000)	R942,650
Rollover	R2,094
Amount received (R'000)	R944,744
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R940,727
Reasons for the funds unspent by the entity (R'000)	R4,017 - The grant spent slightly below expected target mainly due to capital commitment savings, which have since been requested for rollover in the next financial year. The slight underspend refers to minor medical and allied equipment that could not be procured due to delays in the bid processes. The equipment refers to Radiation and Radiation Oncology equipment. The goods and services saving was used to offset the COE overspend per current payments cash flow.
Reasons for deviations on performance	The service load is more than the available resources resulting in more patients being serviced, with an impact on the equitable share budget. The tertiary services platform has been developing over the past +5 years, whilst the NTSG fund has not grown to cater for this development.
Measures taken to improve performance	<p>The current measures have been employed to improve performance:</p> <ul style="list-style-type: none"> ✓ Meetings with NDOH coordinators for guidance and strategic direction. ✓ Technical Support from Provincial Treasury. ✓ Contribute towards the Supply Chain Management reform within the province ✓ Improved procurement planning in particular formulation of specifications and formation of the Provincial HTEC Committee. ✓ The grants present opportunities to strengthen sustainable outreach to reduce the high inflow of primary healthcare patients. <p>Foster collaboration with other provinces in order to leverage those facilities that have training capacity to absorb and redirect services through partnerships with other provincial institutions, particularly through the coastal provinces approach.</p>
Monitoring mechanism by the receiving department	<p>The NTSG Programme is monitored by a provincial task team. The frequency of the monitoring of the grant at the facilities is as follows:</p> <ul style="list-style-type: none"> • Monthly: Submission of Grant IYM Reports and Patient Activity DHIS Reports • Quarterly: Submission of the Quarterly Financial and Non-Financial Performance Reports • Quarterly: Through either support visits or combined support meetings • Annually: Through the submission of the Annual Performance Evaluation Report • The grant is monitored by the benefiting hospitals by means of the following methods: • Monthly: Submission of Grant IYM Reports and Patient Activity DHIS Reports • Quarterly: Submission of the Quarterly Financial and Non-Financial Performance Reports

*HEALTH FACILITY REVITALISATION GRANT	
Department who transferred the grant	Health (Vote 16)
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	Number of new facilities completed Number of facilities maintained Number of facilities upgraded, and renovated Number of facilities commissioned
Actual outputs achieved	<p>The following capital projects were completed:</p> <ul style="list-style-type: none"> • Cloete Joubert Hospital - Repairs and Maintenance • Isilimela Water Treatment Plant • Mlamli Water and Sanitation • Empilisweni Water and Sanitation • St Lucy's Hospital - Phase I <p>The following capital projects were at practical completion stage:</p> <ul style="list-style-type: none"> • EMS District HQ: Port Elizabeth • Madwaleni Gateway Clinic • Madwaleni Hospital - Refurbishment of Nurses Home • Renovation and upgrades to neonatal ICU for Nelson Mandela Central Hospital • Mahlubini Clinic – Modular Buildings <p>The following capital projects were at works completion stage:</p> <ul style="list-style-type: none"> • Cecilia Makiwane Hospital – Phase 4C • Frontier Hospital – CAS/OPD • Ngcizela Clinic • RSDP – Tikitiki Clinic • St Patricks Hospital – CAS/OPD
Amount per amended DORA (R'000)	R652,071
Rollover	R12,499
Amount received (R'000)	R664,570
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R664,570
Reasons for the funds unspent by the entity	N/A
Reasons for deviations on performance	Same as above
Measures taken to improve performance	<p>The department has now henceforth packaged its projects in small medium programme of works. These are much easier to procure and implement.</p> <p>These work packages will be implemented internally and this reduces dependency on the use of Implementing Agents.</p> <p>For this purpose, infrastructure procurement committees have been established as well as a panel of contractors also established. Furthermore, the department is a process of completing having framework contracts for all the required medical equipment.</p>
Monitoring mechanism by the receiving department	All projects, included those funded are looked after by the departmental team of engineering professionals. On a monthly basis, these professionals conduct project site visit. Thereafter, they produce monthly financial and non-financial reports.

EPWP INCENTIVE SOCIAL CLUSTER GRANT:	
Department who transferred the grant	Public Works (Vote 7)
Purpose of the grant	To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with the Expanded Public Works Programme guidelines: road maintenance and the maintenance of buildings; low traffic volume roads and rural roads; other economic and social infrastructure; tourism and cultural industries; sustainable land based livelihoods; waste management
Expected outputs of the grant	Improve the quality of life of unemployed people through job creation
Actual outputs achieved	Payment of the stipend for Community Care Health Workers across the various districts in the province.
Amount per amended DORA (R'000)	R1,455
Amount received (R'000)	R1,455
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R1,455
Reasons for the funds unspent by the entity	Amount spent in full
Reasons for deviations on performance	Amount spent in full
Measures taken to improve performance	Amount spent in full
Monitoring mechanism by the receiving department	Adherence to reporting requirements of DORA, including inter alia In Year Monitoring Reporting and monitoring processes, monthly certification of financial returns, quarterly certification of predetermined objectives, ongoing reviews with National Department Grant Managers.

EXPANDED PUBLIC WORKS PROGRAMME INCENTIVE	
Department who transferred the grant	Public Works (Vote 7)
Purpose of the grant	To incentivise provincial departments to expand work creation efforts through the use of labour intensive delivery methods in the following identified focus areas, in compliance with the Expanded Public Works Programme guidelines: <ul style="list-style-type: none"> • road maintenance and the maintenance of buildings; • low traffic volume roads and rural roads; • other economic and social infrastructure; • tourism and cultural industries; • sustainable land based livelihoods; • waste management
Expected outputs of the grant	Number of people employed and receiving income through the EPWP Increased average duration of the work opportunities created
Actual outputs achieved	44 Young professionals were provided with work opportunities as follows: <ul style="list-style-type: none"> • 32 Young professionals were given working opportunity in the area of clinical engineering (medical equipment maintenance). These were placed in various health facilities in the Province. • 8 young professionals were given work opportunities in the area of food preparations for patients in various hospitals. • 3 young professionals with Public Administration and Office Administration training were given with work opportunities to work in the Provincial Head office of the Infrastructure Unit. • 1 young professional was provided with work opportunity in the area of data capture.
Amount per amended DORA (R'000)	R2,225
Amount received (R'000)	R2,225
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	R1,717
Reasons for the funds unspent by the entity	R508 thousand

EXPANDED PUBLIC WORKS PROGRAMME INCENTIVE	
Department who transferred the grant	Public Works (Vote 7)
Reasons for deviations on performance	N/A
Measures taken to improve performance	N/A
Monitoring mechanism by the receiving department	Monthly reports are received on the payment and progress in respect of the on job training opportunities provided to young people.

HUMAN PAPILLOMA VACCINE GRANT	
Department who transferred the grant	Health (Vote 16)
Purpose of the grant	To enable the health sector to prevent cervical cancer by making available Human Papillomavirus vaccination for grade four school girls in all public and special schools
Expected outputs of the grant	An estimated 67 000 learners are to be vaccinated across the Province
Actual outputs achieved	1 st dose 48,265 learners
Actual outputs achieved	2 nd dose 36,689 learners
Amount per amended DORA (R'000)	33,471
Amount received (R'000)	33,471
Reasons if amount as per DORA was not received	N/A
Amount spent by the department (R'000)	33,469
Reasons for the funds unspent by the entity	N/A
Reasons for deviations on performance	Temporary staff contracted late. Shortage of transport for outreach. Vehicles to assist arrived late alongside the contract workers
Measures taken to improve performance	To strengthen data collection and quality the teams will be provided with registers and vaccination cards. The institutionalisation of the existing Health systems for data capturing will be further strengthened where district and provincial information system unit will take over the process of data collection and reporting.
Monitoring mechanism by the receiving department	Joint Monitoring and Evaluation teams will be established between the Department and Department of Education across all levels.

7. DONOR FUNDS

Donor Funds Received

The Eastern Cape Department of Health received R 1,226 million of direct Donor Funding. Details of the donors can be viewed in Section E, Annexure 11. The Department also received indirect Donor support from various Funding Organisation such as Global Fund, German Fund and Presidential Emergency Programme Funds for AIDS Relief (PEPFAR) through funding agencies: USAID and CDC, which is channelled through Grant Recipients (NGOs). The Grant Recipients provide technical support (TA) and Direct Service Delivery (DSD) through various cadres who are deployed to assist and support health facilities to improve HIV and TB performance indicators in line with the national 90-90-90 targets strategies.

The table below details the donor funds received during for the period 01 April 2018 to 31 March 2019

Name of donor	National Department of Health	European Union	Office of the Premier	Industrial Development Zone - Medical research	Tirelo Bosh	Methodist Church of South Africa	Kitchner Sifile Trust
Full amount of the funding	4,732	2,113	39	779	391	11	1,110
Period of the commitment	2018/19	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Purpose of the funding	computer equipment received in kind	improved operational efficiency	improved operational efficiency	Research	Occupational therapy improvements at Frere hospital	Patient safety	improved operational efficiency
Expected outputs	improved operational efficiency	improved operational efficiency	improved operational efficiency	Medical evidence	improved operational efficiency	Patient safety	Purchase of medical equipment
Actual outputs achieved	Achieved	Not achieved yet	Not achieved yet	Not achieved yet	Achieved	Not achieved yet	Not achieved yet
Amount received (R'000)	4,732	2,113	39	779	391	11	1,110
Amount spent by the department (R'000)	all used	-	-	-	346	-	-
Reasons for the funds unspent	all used	Mandate clarity	Mandate clarity	Medical protocols	Balance to be surrendered	Cause search	Procurement in progress
Monitoring mechanism by the donor	Part of Movable assets	Steering committee	Steering committee	Steering committee	Steering committee	Steering committee	Infrastructure committee

8. CAPITAL INVESTMENT

8.1 Capital investment, maintenance and asset management plan

The National Health Council resolved that the National Core Standards will be followed in every province, health district and public health facility. Private health facilities are also encouraged to adopt the Core Standards, as all health facilities will soon have to meet regulated standards.

The Department's budget allocation is aligned to the Departmental Strategic Goal 2: Improved quality of Care by addressing the following four departmental infrastructure priorities, as located in the Annual Performance Plan of the Department, listed below;

- To facilitate and provide infrastructure support in terms of the upgrading of the existing structures for health services delivery, as well as other organisational building requirements.
- To facilitate general maintenance in all spheres of the organisation
- To facilitate the provision of essential equipment in health facilities
- To ensure the implementation of PGDP requirements by engaging SMME contractors in health facilities management projects.

The objectives are established in order to meet the National Core Standards domain 7 of Facilities & Infrastructure, which covers the requirements for clean, safe and secure physical infrastructure (buildings, plant and machinery, equipment) and functional, well-managed hotel services (i.e. patients' food, linen and laundry and hygiene and cleanliness).

Due to the inherent nature of construction projects, these processes are time dependent which talks to cash flows. In the high-risk industry, delays are inherent and have a negative effect on expenditure which is confined within defined time frames.

The unit has consistently demonstrated delivery potential with expenditure averaging of 98%. In the 2018/ 19 Financial year, the department has been confronted with a slight decline of approximately 1% in the overall expenditure on infrastructure.

The reason for this decline in expenditure could be the result of a change in the delivery model where the department from 2018-19 Financial Year, firstly reduced over reliance on Implementing Agents by implementing most of the projects internally. Secondly the Department reprioritized delivery of infrastructure from replacement and upgrades to renovations and reconfiguration of existing facilities, refurbishment of plant and machinery and purchasing of health technology equipment to have a high impact on health care service delivery and reducing medical-legal related matters resulting from inadequate infrastructure. Such a decline is expected where there is such a great shift in the delivery model.

With the appointment of industry leaders and sector leaders, the unit has surpassed the Implementing Agent's knowledge base. As such, there are significant economies to be enjoyed by utilizing internal resources. The savings generated could therefore be utilised to service the existing backlogs that is currently self-perpetuating. It is expected that increase expenditure trends will pick up from 2018-19 financial year onwards.

The Department compiled an infrastructure SCM policy aligned to the new Standard for Infrastructure Procurement and Delivery Management (SIPDM) with clear delegations. This SCM policy became effective 1 April 2017. The infrastructure SCM policy also streamlined the Documentation Committee and Evaluation Committee for infrastructure to be separated from those of general goods and services. This will improve a great deal the procurement turnaround time and the involvement of built environment professionals will ensure that the tender documents are in line with the technical and statutory requirements of the infrastructure delivery sector.

Governance structures within the unit are being implemented, with the introduction of the Value Management/ Engineering committee and the Variation Order Committee, will make sure that value for money is achieved. While these, in some areas, have led to a longer timeline within planning, are proving significant gains in the delivery timeline with overall project acceleration. Future systems and policies require streamlining to mitigate this initial slowdown to maintain project activity. Online platforms, ICT and software networking need to be utilised to speed up delivery.

The capacitation of the infrastructure unit cannot be underestimated. The ability for the unit to deliver is intrinsically linked to its human capital. During the 2018/2019 financial year, the department suffered the loss of some staff members, including the Chief Director, as well as, the Director of Planning. Currently there are thirty-three (33) registered professionals within the unit.

Key Challenges in infrastructure delivery

- In terms of programme management, there are glaring challenges namely:
 - Poor capacity of the Implementing Agents both, CDC and DRPW. The capacity and role of DRPW in the province. It is only when DRPW is capacitated that the province will begin to benefit.
 - Limited capacity of contractors, as there are only a few Grade 7 to 9 contractors within the province to implement complex health projects- to counter act this the department established a data base of contractors with the aim of introducing a capacity building programme for contractors.
 - Though there is a significant improvement in the reporting i.e. PMIS, IRM, IYM the Programme management systems that are not aligned resulting in manual population of data. The lack of administration staff exacerbates this problem. The usage of PMIS has been taken as a priority since this will increase information integrity.
 - Slow government procurement process that could take to more than six months, this has posed challenges on meeting the turnaround time. To mitigate this the department has set up a separate Documentation Committee and Evaluation Committee that only focus on infrastructure, this will enhance the procurement of infrastructure projects
 - Poor developed infrastructure in terms of road network to remote areas limiting accessibility to monitor projects. This is a challenge beyond the Department's control and liaison with the Department of Roads and Public Works has been encouraged to alleviate the problem. The engagement of GIS specialist will assist a lot in this regard. With the assistance of a GIS specialist the department will be able to map out all facilities where bulk services and road network are a challenge so that solutions are developed for such facilities.
- In terms of project management there are key glaring challenges namely:
 - Termination of contracts due to poor performance
 - Delays in Eskom to provide bulk services in certain areas, this delay project completion and hand over to end users.
 - Scope Change due to omission of items during design and at tender stage, this results in variation orders during implementation. To mitigate this the Department has now set up a Value Management/Engineering team that reviews designs from outsourced consultants
 - Inadequate budget, work order value allocation and delayed submission of invoices by IA that usually leads to accruals. The issue is being discussed with SCM department to ensure that orders are created once to avoid

- issues many orders against one infrastructure contract. The introduction of Term contracts will also assist to reduce this administrative burden of issuing orders all the time on maintenance projects
- Inadequate change control/ project variations between ECDOH, DRPW and CDC resulted in project completion delays. To mitigate this the department are in the process to set up a Variation Order Committee that will meet to review and manage Variation orders. The intention is to have this up and running within the first quarter of the 2018/19 financial year.

Approved Maintenance Policy

The policy is currently being finalized and approval is anticipated in the first quarter of the 2019/20 financial year. The policy makes provision for the following:

- A collaborative working relationship with the Department Public Works, the Custodian of State Assets
- A transition from a dependency on outsourced Facilities Maintenance Management Services to in-sourced Facilities Maintenance Management.
- The Implementation of the Decentralized Facilities Maintenance Management Model.

Building and Infrastructure Projects under Construction (2018/19 Financial Year)

NR	DISTRICT	NO OF PROJECTS	NAME OF PROJECT
1	Amathole	5	Victoria Hospital – Upgrade of Doctors Accommodation Fencing and Guardhouses – Phase 1 Fencing and Guardhouses – Phase 2 Tower Hospital – Refurbishing Water and Fire Reticulation Network Willowvale CHC – Refurbishment of Staff Housing and Minor Improvements to the Hospital
2.	Sarah Baartman	4	Fencing and Guardhouses – Phase 1 Fencing and Guardhouses – Phase 2 Bhongweni Clinic – Upgrading KwaNonzwakazi Clinic – Upgrading
3	Nelson Mandela Metro	3	PE Provincial – Renovations of Wards for use of Psychiatric Ward Elizabeth Donkin Psychiatric Hospital- Provision of Prefab Buildings for OPD EMS PE Training College – Construction of New College
4.	Chris Hani	8	All Saints Hosp – Phase 1 – Upgrade of Student Nurses Accommodation and Gateway Clinic All Saints Hosp- Phase 2 – Upgrade of Doctors Housing Cradock Hospital – Roof Replacement and Refurbishment of Hospital Mjanyana Hospital – Upgrade of OPD and external Works Qebe Clinic – New Clinic Nkwenkwana Clinic – New Clinic Isikhoba Clinic – New Clinic Wilhem Stahl – Renovations to existing staff accommodations
5.	Joe Gqabi	5	Ndofela Clinic – Upgrading Steynsburg Hospital – Pharmacy Upgrade Empilisweni Hospital - Phase 1: Doctors Housing Upgrade Empilisweni Hospital – Phase 2: Doctors Housing Upgrade Maclear Hospital – Repairs and Renovations
6.	OR Tambo	10	St Elizabeth Hospital – New Peads, Laundry and Lilitha College Nessie Knight Hospital - Jpgrade of Housing Nessie Knight Hospital – Upgrade of Main Hospital Flagstaff CHC – Phase 2: New CHC Fencing and Guardhouses – Phase 1 St Barnabas Hospital – New Psychiatric Wards and Renovations Khambi Clinic – New Replacement Clinic Canzibe Hospital – Upgrading of the Hospital Nelson Mandela Academic Hospital – Fencing Mthatha General – Upgrade of Depot and Nurses Homes
7.	Buffalo City Metro	8	Fencing and Guardhouses – Phase 1 Fencing and Guardhouses – Phase 2 Fencing and Guardhouses – Amathole: Phase 1 Fencing and Guardhouses – Amathole: Phase 2 Lilitha College – Renovations to Office Building Nontyatyambo CHC – Improvements to Ventilation Nkqubela TB Hospital – Minor Repairs and Renovations

NR	DISTRICT	NO OF PROJECTS	NAME OF PROJECT
			Bhisho Hospital – Repairs and Renovations
8.	Alfred Nzo	6	Khutsong Hospital – New Replacement Facility Sipetu Hospital – Upgrading of Main Hospital Nyaniso CHC – Construction of New Facility Meje CHC – Construction of New Facility Mpindweni Clinic – Construction of a New Facility Fencing and Guardhouses – Phase I

Building and Infrastructure Projects in Planning (2018/19 Financial Year)

NR	DISTRICT	NO OF PROJECTS	NAME OF PROJECT
1.	Amathole	8	SS Gida Hospital - Refurbishment, Tafalofefe Hospital –Provision of prefabricated gateway clinic, Tafalofefe Hospital – Upgrade of water treatment works, Butterworth Hospital - Upgrade of water reticulation, Butterworth Hospital – Upgrade of staff accommodation, Madwaleni Hospital - Upgrade of Maternity wards, Theatre, CSSD, Paediatrics wards, Tanga Clinic – Refurbishment, Seymour clinic – Refurbishment
2.	Sarah Baartman	13	Kwanonqubela Clinic upgrade, NG Dlukula & Virginia Shumane - clinics upgrade, PZ Meyer Hospital Ward renovation, Sundays valley CHC upgrade, Aberdeen Hospital renovations, Midland Hospital Male Ward renovations, Upgrade of mortuaries, Margerie Parkes Hospital – Nurse call upgrade, Kroonvale Clinic upgrade, Midland Hospital doctors housing upgrade, Andries Vosloo Hospital roof replacement, Humansdorp Hospital Guard house upgrade, Misgund Clinic upgrade
3.	Nelson Mandela Metro	18	Livingstone Hospital – renovations to Cath Lab room and CSSD, Renovations to various clinics phase 1, Renovations to various clinics phase 2, Gqebera CHC renovations, Laetitia Bam CHC renovations, West End Clinic renovations, Livingstone Hospital Cardiac unit upgrade, Livingstone Hospital M Block upgrade, Livingstone Hospital OPD upgrade, Livingstone Hospital High Care and ICU upgrade, PE Medical Depot upgrade, Nelson Mandela Mortuaries upgrade, Dora Nginza Hospital OPD upgrade, Uitenhage Nurses Home upgrade, PE Provincial Hospital Nurses Home Upgrade, Uitenhage MOU upgrade, Kwazakhele MOU upgrade, PE Central Clinic MOU Upgrade, Livingstone ICU upgrade.
4.	Chris Hani	10	Frontier Hospital – upgrade of doctors housing, Electrification and water connections, Elliot Hospital Phase 1 – Refurbishment and roof replacement, Elliot Hospital Phase 2 – Upgrade of OPD and wards, Mjanyana Hospital – Upgrade of Doctors housing, Cofimvaba Hospital Phase I – Upgrade of doctors housing and renovations to hospital, Komani Psychiatric Hospital – Upgrade of Ward 15 and Fransbury Clinic, Indwe Hospital – proposal for a new hospital, Lower Didimane Clinic – upgrade of the clinic, Upgrade of mortuaries.

NR	DISTRICT	NO OF PROJECTS	NAME OF PROJECT
5.	Joe Gqabi	9	Taylor Bequest hospital (Elundini sub-district) - Phase 1: New Doctors housing, Taylor Bequest hospital - Phase 2: Health Professional housing, Lady Grey Hospital - Upgrade, Ugie Clinic - Upgrade, Maclear Clinic - Upgrade, Tembisa Clinic - Upgrade, Aliwal North Hospital – Maternity upgrade, Aliwal North Hospital – Laundry and Kitchen upgrade, Maclear Hospital - Upgrade of Theatres and clinical areas.
6.	OR Tambo	14	Cwele Clinic - Replacement of Clinic, Electrifications and water connections, Mthatha General Hospital – Renovations and refurbishment to clinical areas and support buildings, Bedford Orthopaedics Hospital – Repairs and renovations, Nelson Mandela Academic Hospital – New Oncology Centre Nelson Mandela Academic Hospital – Repairs and renovations Isilimela Hospital - Phase 1: Health professional accommodation Fencing and Guardhouses – Phase 2 Flagstaff Clinic – Repairs and provision of temporary clinic. Bumbane Clinic – Completion contract to existing facility Ngangelizwe Clinic – Provision of prefab structures Dr. Malizo Mpehle and Zithulele Hospital - Phase 1: Relocatable health professional accommodation (Cuban Doctor Accommodation) St Barnabas and Holy Cross Hospital - Phase 2: Relocatable health professional accommodation (Cuban Doctor Accommodation) St Elizabeth Hospital – Health professional accommodation
7.	Buffalo City Metro	7	Grey Hospital – Renovations to housing, Bhisho Theatre - HVAC improvements, Nontyatambo CHC – Minor renovations, Empilweni Gompo CHC – Minor renovations, Cecelia Makiwane Hospital – Reconfiguration of the existing hospital into a Level I Hospital, Frere Hospital – Refurbishment of Orthopaedics, Frere Hospital – Refurbishment of the Maternity Unit.
8.	Alfred Nzo	5	Greenville Hospital – Prefabricated park homes, Electrification and water connections, Ntabankulu CHC – Renovations, Maluti Clinic – Renovations. Tayler Bequest Hospital – Upgrade of Maternity and Pharmacy.

Maintenance Management of Infrastructure and buildings

- The Maintenance Management of Facilities and infrastructure, machinery and equipment is currently partly outsourced to a facilities management services provider. This is an interim arrangement which comes to an end in January 2020.
- During the 2018/2019 FY the Call Centre received 34666 calls for maintenance assistance. Maintenance contractors responded to and closed 33276 calls. 1390 calls for assistance are in the process of being closed out.

	2018/ 2019			2017/ 2018				
	No. Projects of (31 March 2019)	Final Budget Appropriation	Actual Expenditure (March 2019)	(over)/under Expenditure	No. Projects of (31 March 2018)	Final Budget Appropriation	Actual Expenditure (March 2018)	(over)/under Expenditure
PROJECT STATUS AS PER IRM								
Project Initiation	23	9 838	8 067	1 771	16	-	-	-
Pre - Feasibility	17	-	443	-443	1	9 642	9 283	359
Feasibility	84	29 025	11 797	17 227	21	99 085	82 032	17 053
Design	70	27 023	11 976	15 047	58	12 622	43 111	-30 490
Tender	123	39 485	7 588	31 897	99	18 515	32 179	-13 663
Site Handed - Over to Contractor	23	128 287	132 056	-3 769	21	158 376	161 520	-3 144
Construction 1% - 25%	17	190 595	226 864	-36 269	18	105 041	67 992	37 050
Construction 26% - 50%	9	173 417	210 532	-37 114	10	71 857	62 561	9 296
Construction 51% - 75%	13	317 589	385 021	-67 432	10	90 342	129 068	-38 726
Construction 76% - 99%	37	214 522	200 113	14 409	43	558 950	567 946	-8 996
Practical Completion (100%)	13	62 011	58 021	3 990	13	116 547	78 822	37 724
Final Completion	5	1 900	818	1 082	2	921	-	921
Other - Packaged Ongoing Project	2	60 000	-	60 000	2	38 237	40 001	-1 763
Total	436	1 253 692	1 253 296	396	314	1 280 133	1 274 514	5 619



Province of the
EASTERN CAPE
HEALTH



PART C

GOVERNANCE

Part C: Governance

I. Introduction

The Department pledges its commitment to Good Corporate Governance practices and at all times endeavours to support those processes that contribute towards strengthening good governance. The Department aspires at all times to conduct its activities with integrity by applying appropriate corporate governance principles across the various units.

To support this, the department has an independent and functioning Audit Committee, a Risk Management Committee, Internal Audit and other internal committees, structures and sub-structures that ensure compliance with applicable governance and regularity requirements. The Governance Framework also provides for a structure that is clear, and has the appropriate allocation and segregation of responsibilities. The Audit and Risk Management Committees play that critical role in ensuring good corporate governance.

While the Department believes that the level of compliance with appropriate governance requirements is satisfactory, it recognizes that it must continuously improve its processes and procedures to ensure effective good governance of finances and resources.

2. Risk Management

Risk Management Policy Framework and Strategy

The Department's risk management processes are premised on the approved Risk Management Policy/ Framework which covers the department's objectives in respect of Risk Management and also outlines its risk management processes. Accordingly, the Accounting Officer takes responsibility for risk management as outlined in the National Treasury Public Sector Risk Management Framework and the PFMA. The Director: Risk Management Services is the appointed risk champion for the Department.

The Department uses Enterprise-wide Risk Management (ERM) which is a formal and systematic response to all key risks. The implementation of the ERM approach ensures that management fully understands all critical risks and how they can be proactively managed. The management of risk has been operationalized and embedded in the work- plans of senior management to ensure an integrated system of risk management. Furthermore, the Department also has an approved Risk Management Charter which clearly outlines the responsibility of members and is updated on an annual basis.

Progress on Risk Management

For the year under review, the Risk Management Unit embarked on training of key personnel at targeted health facilities who have been under-performing in terms of assessment by Office of Health Standards Compliance. The training covered both Ethics and Risk Management.

Risk reflected in the Departmental risk register were reviewed and updated on a quarterly basis with new emerging risks. A Portfolio of Evidence (PoE) was gathered by management in relation to mitigating strategies implemented to address material risks. The adequacy of the gathered PoE was evaluated by the Risk Management Committee on a quarterly basis and monitoring on an ongoing basis.

Risk Management Committee (RMC)

The Department has an appointed RMC, which functions in terms of an approved RMC Charter that is reviewed on an annual basis. All the scheduled Risk Committee meetings sat as required in order to review the plans and activities of the Risk Management Unit (RMU). An independent Chairperson was appointed and ensured that the Audit Committee was updated on critical issues identified and progress was made in mitigating identified risks.

The activities of Risk Management were reviewed by Provincial Treasury on a quarterly basis and positive feedback was received in this regard. Risk Management was also assessed by the Department of Performance Monitoring and Evaluation through the MPAT process and obtained a score of 4 out of 4, and the unit was instrumental in assisting other units to improve their scores. The proficiency of the unit has also been noted and appreciated by the Treasury as they approached the unit to assist other provincial departments in facilitating their Strategic Risk Assessment workshops.

For 2019/20 year, the unit will continue to focus on more risk training for targeted hospitals that have been poorly rated by the Office of Health Standards Compliance (OHSC). In addition, Risk Management training is scheduled for the two Medical depots as well as an assessment of the contract's management of the Infrastructure contracts.

3. Fraud and Corruption

The Eastern Cape Government adopted an anti-corruption strategy which confirms the province's zero tolerance towards fraud and corruption activities. Flowing from this strategy, the Department has then developed its Fraud Prevention Policy and Implementation Plan.

The Department has also adopted various channels for reporting fraud and corruption and these are detailed in the departmental Fraud Prevention Plan. Each allegation received is recorded in a sequentially numbered case register, which is then used to report progress made on investigating these cases on quarterly basis to the Office of the Premier, The Public Service Commissioner, The ECDOH Audit Committee and the ECDOH Risk Management Committee.

Upon completion of a forensic investigation, once the occurrence of Fraud and corruption is confirmed the relevant employee(s) who have been identified to have participated in such acts are subjected to internal disciplinary processes and where a prima facie evidence of criminal conduct is confirmed, criminal cases are registered with the South African Police Services. The Department has appointed a panel of fourteen highly experienced forensic investigating firms on a 3 years' contract basis to augment the capacity of 3 permanently employed officials to conduct its investigations into fraud and corruption complex allegations.

During the year under review progress on fraud and corruption cases was as follows:

NO.	DESCRIPTION	Financial Year	Financial Year
		2017/2018	2018/2019
1.	Carried over from previous Financial Year		35
	Cases received during the year under review	107	11
	TOTAL CASES (Opening)	107	46
	Status of Cases		
	- Fraud and corruption cases finalized	52	30
	- Referred to SAPS	02	07
	- Referred to Labour	01	02
	- Investigation completed (finalizing report)	14	08
	- Not fraud related	03	02
	2. Cases still under investigation	35	5
	TOTAL CASES (Closing)	107	66

On a quarterly basis, the Fraud Management Unit (FMU) participated in the quarterly case review meetings conducted by the Office of the Premier and all completed cases were forwarded to the Public Service Commission (PSC). The unit was also assessed by the President's Office through the MPAT process and obtained a score of 3 out of 4.

In the 2019/2020 financial year, the Fraud Management Unit will continue to monitor the speedy implementation of recommendations from the investigation reports. In the roll-out of its Fraud Prevention Plan, the unit will also be working closely with the Risk Management Unit, Internal Audit Unit and Quality Assurance units to ensure effective and seamless management of Fraud Risk in the department.

4. Minimising Conflict of Interest

The department adheres to the Code of Conduct for Public Servants, Public Service Regulations and all DPSA guidelines and directives. The following steps have been taken to ensure minimum exposure to conflict of interest;

- All designated employees are encouraged to disclose their interests as per the MPSA determination and measures, all SMS members have been compliant.
- Sample of disclosures is reviewed to ensure truthfulness
- Treasury supplies the department quarterly with data of all employees who are registered in the Central Supplier Database. These employees are encouraged to remove their names/companies from the CSD.
- Applications for employees to do remunerative work outside the public service are also scrutinised for compliance.
- All cases of employees who have traded with the state have been referred to Labour Relations for further processing.

5. Code of Conduct

Code of Conduct is one of the pillars of the public service to ensure professional and ethical public servants. It is a foundation for good governance and professional conduct as enshrined in Chapter 10 the Constitution. In line with the Public Service Regulations, the department has designated an Ethics Officer. Awareness about the provisions of the Code has been done and this is also part of the Compulsory Induction Programme (CIP). Whilst the department ensures that the Code is adhered to, thus promoting good governance, employees who fail to adhere to the Code are dealt with in line with Disciplinary Code

and Procedure. The issues of good governance and adherence to the Code of Conduct are compulsory agenda items in the RMC, AC and Consequence Management Committee.

6. Health Safety and Environmental Issues

The department endeavours to work within its available resource parameters to improve the level of legal compliance with health and safety standards. Amongst others, the following achievements were made:

- The Occupation Health Standards (OHS) policy has been reviewed and being implemented to address areas of non-conformance at Health facilities;
- A Medical Surveillance Protocol has been developed;
- The Employee Wellness Programme has partnered with Quality Health Care Assurance Services Unit to monitor implementation of the National Core Standards prioritizing the OR Tambo District as the pilot for NHI;

Rapid Response teams /sub-teams to are implemented to resolve or accelerate implementation of OHS solutions at Health facilities; and the Department is working with National Department of Health on the development of a comprehensive Occupational Health System aligned to PHC re-engineering and the NHI Policy framework.

The Department has a legal requirement of complying with the National Environmental Management Act (NEMA), Act no 107 of 1998. The compliance is required in various aspects of environmental management areas which include the following: hazardous substances management, water resource management, sanitation and hygiene, port health services, outbreak response and preparedness and malaria and vector control. All these aspects are covered in the environmental management plan (EMP) which is the legislated authority in compliance with the NEMA in line with the NDOH but provinces and their municipalities are the main implementers of the environmental management functions in the department. The department has made some strides in complying with NEMA. In this regard, all the water services authorities (WSA) have water sampling points including public health facilities where water samples are collected on a monthly basis and water quality reports are reported in terms of the Port Health Services. In the year under review, Port Health Services were transferred to NDOH in terms of a function shift. The department, however continues to work with the municipalities and metro in implementing the health and hygiene strategy.

7. Portfolio Committees

During the year under review, the Portfolio Committee on Health met on the following dates to consider the following key reports:

- | | |
|--|---|
| • 12 th and 13 th April 2018 | Consideration of the 2018/19 Budget Vote |
| • 03 rd May 2018 | Consideration of the 2018/19 Budget Vote |
| • 30 th Oct 2018 | Consideration of 2017/18 Annual Report & 2018/19 Half Year Oversight Report |
| • 02 nd Nov 2018 | Consideration of 2017/18 Annual Report & 2018/19 Half Year Oversight Report |
| • 22 nd Nov 2018 | Consideration of 2017/18 Annual Report & 2018/19 Half Year Oversight Report |

The department responded to all other matters raised by the Committee and all reports were dealt with in full. In the year under review, the department focused on ensuring the timely submission of reports and responses to the Committee, resulting in improved relations with this and other oversight structures.

8. SCOPA Resolutions

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)																
(a)	Irregular Expenditure	(a) Effective and appropriate steps were not taken to prevent irregular expenditure amounting to R255,6 million, as disclosed in note 25 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and Treasury Regulation 9.1.1. The majority of the irregular expenditure was caused by extensions to contracts that exceeded the thresholds prescribed by the National Treasury. This is a recurring finding.	<p>(a) The 2 major categories of irregular expenditure incurred by the department in 2017/18 relate to the incorrect interpretation of Treasury Instruction Note 3 of 2016/17 as well as non-compliance with section 43(2) of the PFMA.</p> <p>The department has then put in place the following adjustment to the control measures in order to resolve and prevent re-occurrence of irregular expenditure;</p> <p>i) Conclusion of valid contracts as well as fast tracking the process of condoning expenditure incurred during the period when these contracts had not been awarded. A submission in this regard was sent to the Treasury and the department is continuously engaging with the Treasury to get the expenditure condoned. The following is the status of new contracts for the services that were affected by the irregular expenditure above.</p>	No																
			<p>Progress status:</p> <table><thead><tr><th>COMMODITY</th><th>PROGRESS</th></tr></thead><tbody><tr><td>Cleaning services</td><td>Valid contracts established.</td></tr><tr><td>Gardening services</td><td>Valid contracts established.</td></tr><tr><td>Catering services</td><td>Valid contracts established.</td></tr><tr><td>Laundry services</td><td>Valid contract not yet concluded; the bid is under evaluation – NMAH.</td></tr><tr><td>Travel and Accommodation service</td><td>Valid contracts have been established</td></tr><tr><td>Maintenance</td><td>There is no irregular procurement. Procurement done through quotations from CSD and bids are under evaluation.</td></tr><tr><td>Physical security</td><td>Valid contracts have been established for the various districts and facilities, and the following areas are still in progress; OR Tambo (IBAC) St Elizabeth (bid evaluation phase) Fort England (bid re-advertisement) Joe Gaqabi (bid evaluation phase)</td></tr></tbody></table>	COMMODITY	PROGRESS	Cleaning services	Valid contracts established.	Gardening services	Valid contracts established.	Catering services	Valid contracts established.	Laundry services	Valid contract not yet concluded; the bid is under evaluation – NMAH.	Travel and Accommodation service	Valid contracts have been established	Maintenance	There is no irregular procurement. Procurement done through quotations from CSD and bids are under evaluation.	Physical security	Valid contracts have been established for the various districts and facilities, and the following areas are still in progress; OR Tambo (IBAC) St Elizabeth (bid evaluation phase) Fort England (bid re-advertisement) Joe Gaqabi (bid evaluation phase)	
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			<p>ii) Amendment of SCM delegations to decentralise functions to districts/facilities, for timely renewal of contracts. The amended delegations were signed on 16 August 2017.</p> <p>iii) Establishment of contracts utilising districts structures has commenced and ongoing HO support is being provided at the facilities.</p>		
Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)	
			<p>iv) A Cross Functional Sourcing Teams approach has been adopted to avoid delays through SCM bid committees</p> <p>v) Training plan has been developed and implementation has commenced to capacitate districts and facilities.</p> <p>vi) SCM Risk and Compliance has been co-opted into contract management processes to proactively manage risks.</p> <p>vii) SCM Forums have been revived to discuss Policy issues and avoid misinterpretation issues in the future. The first SCM provincial forum was held on 02-03 August 2018 and will take place quarterly thereafter</p> <p>The recommendation of the SCOPA is acknowledged and the department has ensured that Member of the Executive Committee has been apprised of the emphasis of matter items on the 2017/18 audit report and the department's plans and progress in dealing with these items.</p>		
(b)	Contract Management	(b) The Department's contract management capacity was found lacking by the Auditor-General and is the major contributor to this year's irregular expenditure.	<p>(b) The recommendation of SCOPA is acknowledged and the following measures will be implemented to strengthen the contracts management function in the department:</p> <p>(i) Filling of vacant posts at contract management and these are planned for 2019/20.</p> <p>(ii) Rolling out of training on contracts management</p> <p>(iii) Implement an electronic contracts management register which will trigger timeous (12 months) notice for advertising new contracts.</p>	No	
(c)	Fruitless & Wasteful Expenditure	(c) Effective steps were not taken to prevent fruitless and wasteful expenditure amounting to R1,3 million, as disclosed in note 26 to the annual financial statements, as required by section 38(1)(c)(ii) of the PFMA and Treasury Regulation 9.1.1. The majority of the fruitless and wasteful expenditure was	<p>(c) The recommendation of SCOPA is acknowledged. Of the total fruitless and wasteful expenditure balance of R998 thousand incurred in 2017/18, 59% relates to vehicle damages which are investigated by the Transport Misconduct Committee and 41% relates to interest levied for late payment of service providers because of budgetary constraints caused by the impact of unfunded medico-legal claims.</p> <p>The department endeavours to investigate all vehicle damages and has set up a Transport Misconduct Committee to investigate instances of vehicle damages. The department however experiences challenges with full recovery of vehicle damage payments because of the</p>	No	

		caused by interest incurred on late and overdue payments related to the pay-out of medical legal claims. This is a recurring finding.	Constitutional Court ruling that the employer cannot deduct monies owed by the employee without the consent of the said employee. In this regard, the department is exploring options to mitigate this risk. With regards to the medico legal strategy, the department continues to monitor progress on the implementation of the strategy. As part of the implementation of the strategy, the department is continuously engaging with the Treasury and Office of the Premier for a permanent solution to fund medico legal claims in order to allow the department's voted funds to be solely used to deliver on the department's plans and objectives.	
(d)	Payments not made within 30 days	(d) Payments were not made within 30 days or an agreed period after receipt of an invoice as required by Treasury Regulation 8.2.3. This is a recurring finding.	(d) The department had considered the proposal of SCOPA and in its first budget submission for 2019/20, top sliced R500 million from across its programmes in order to provide for medico legal settlements. This was aimed at bringing credibility in the budget process and to mitigate against the fluctuations that are caused by the medico legal claims settlements. However, Treasury did not approve the top slicing sighting that the department cannot budget for court orders as they are unauthorised expenditure. The department is still in negotiations with the Treasury to find a permanent solution for the funding of medico legal settlements.	No

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
(e)	Contract Management	(e) Contracts were extended or modified without the approval of a properly delegated authority, as required by Section 44 of the PFMA and Treasury Regulation 8.1 and 8.2. This is a recurring finding.	(e) The recommendation of SCOPA is acknowledged. The SCM unit will be embarking on training roadshows for districts whenever there are new circulars and guidelines issued by the Provincial Treasury.	No
(f)	Misstatements of Financial Statements	(f) The financial statements were not prepared to reflect a fair state of affairs within the Department as required by Section 40(3) (a) of the PFMA.	(f) The recommendation of SCOPA is noted. The department rectified all the material misstatements to the financial statements with the result that the financial statements were not qualified in this regard. The Internal Audit unit also audits interim financial statements in order to identify any material misstatements and have these corrected before year end.	No
(g)	Consequence Management	(g) The Department has displayed no appetite to institute disciplinary measures against employees who have been found to have transgressed any and all applicable legislation.	(g) The department has appointed a Deputy Director for the unit and the incumbent assumed duty in January 2019. The position of the Assistant Director is underway (shortlisting is completed) and the appointment is expected to be made by end of February 2019.	Yes
(h)	Contingent Liability	(h) Disclosed in note 20 to the financial statements is a contingent liability of R16, 7 billion the settlement of which is uncertain due to the timing and amount of the settlement. The payments in respect of the contingent liability are unfunded and may have a negative impact on the financial sustainability of the department. This is recurring findings.	(h) The recommendation of SCOPA is noted. The maternal and child health recommendations form part of the Audit Improvement Plan which has been incorporated into the Integrated Audit Improvement Strategy (IAIS).	No

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
(i)	Policies and Procedures	(i) Policies and procedures were not consistently understood throughout the department and were not drafted with sufficient emphasis on the roles of monitoring and the isolation of responsibilities. The inconsistent understanding and implementation of policies and procedures relating to job responsibilities by some officials at the facilities and districts throughout the province resulted in the repeat performance information and compliance findings raised during the audit.	<p>(i) The recommendation of SCOPA is noted. Departmental HRM Policies are developed through a consultative process within the task team of the Chamber of the PHSDSBC which comprises both employer and organised labour representatives. Following this rigorous process of interrogating process of policy development, the policies are endorsed by the chamber, and thereafter approved by the Superintendent General. All policies that have been approved are communicated in the following manner:</p> <ul style="list-style-type: none"> (i) A circular is issued to all facilities / institutions through the District Managers, Chief Executive Officers and Senior HR Managers (ii) The policies are presented in the HR Forum to HR Practitioners representing the District Offices, Regional, Tertiary and Central Hospitals. This forum meets quarterly. (iii) The policies are presented to the Senior Managers in the HR Cluster. This cluster meets quarterly. (iv) The policies are work-shopped to the employees in the various District Offices, Regional, Tertiary and Central Hospitals. <p>The department is reviewing its policies and in this process will ensure that they are free of ambiguity and are also clear on the individual's respective roles and responsibilities.</p>	No
(j)	Non achievable action plans set by monitoring and evaluations	(j) Senior management from the monitoring and evaluation unit, responsible for the performance reporting of the department, did not create a specific and achievable action plan to improve the reporting on performance objectives to resolve previously reported findings. Whilst there was a comprehensive action plan for financial and performance reporting, the plan failed to resolve targeted issues.	<p>(j) The finding of SCOPA is acknowledged. An action template was developed by the M&E Unit and is actioned as outlined below:</p> <ul style="list-style-type: none"> i. The Department (Strategic Planning unit) has developed an APO improvement plan that is monitored by Provincial Treasury, through the office of Chief Director: Financial Management Services. ii. The findings around the reporting on performance information as raised by the Auditor General are continuously been addressed. These are done through the institutionalization of: <ul style="list-style-type: none"> • DHIMS Policy: To provide audited facilities with an overarching DHIMS policy pronouncements and data management expectations at all health level of care. • Standard Operating Procedures: Facilities are taken through data management roles and responsibilities for all personnel. This includes expected performance data responsibilities for Facility Managers/ CEO's, Information Officers, Data Capturers, Clerks etc. 	No

		This was due to the lack of commitment of all officials to the implemented processes, which resulted in material findings on performance information and compliance.	<ul style="list-style-type: none"> • Data Collection Tools Provision and standardisation: Facilities are taken through the NIDS aligned data collection tools and how they need to be completed • Web-DHIS trainings: Districts and information personnel are workshopped on the system used for the capturing and reporting of performance information • Use of information for management: The course is presented to programs and other personnel on the importance of information and how it can be used for decision making and management. 	
			<p>The Department is working to strengthen IT functionality by ensuring that clinics, hospitals, sub-districts and districts have sufficient connectivity/data bundles for data management responsibilities. The broadband connectivity project championed by OTP is also not progressing as fast and comprehensive as was initially envisioned.</p> <p>Findings pertaining to submission of portfolio of evidence:</p> <p>(iii) The M&E directorate designed a template for collection of evidence and this template guides the programme managers on the evidence required from them based on their qualitative report submissions. Since the first quarter report, M&E managers keep files for various health programmes that contain the supporting evidence.</p> <p>Findings pertaining to discrepancies in the Annual Performance Report:</p> <p>(iv) The finding on discrepancies between the 2017/18 Annual Performance Plan and the Annual Report were noted and actioned during 2018/19 FY.</p> <p>(v) Facilities are being prepared for National Core Standards assessment all times to sustain performance:</p> <p>(vi) By end December 2018, all hospitals had conducted self-assessment on National Core Standards and had developed quality improvement plans. The Frere hospital was assessed by the National DOH.</p> <p>Finding on movement of beds:</p> <p>(vii) Movement of patient beds is to be monitored on quarterly basis and facilities to update asset registers on quarterly basis. The department is planning to procure in the new financial year a facility tracking system that will be a control mechanism to track beds between hospital wards to update asset register easily.</p>	

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
			(viii) The Team from Information Management and Systems Directorate has been part of the Clustered Districts Audit Visits driven by Financial Management Chief Directorate where team makes presentation and educate district, hospitals, clinics management teams about their role of health information, which is part of APO.	
(k)	No effective records Management system	(k) The Department did not have an effective records management system to reliably account for the disclosed performance reporting. As a result, the department still had a challenge with the supply of documentation to support its reported performance.	(k) The recommendation of SCOPA is acknowledged and the department will provide the Committee with an update on a quarterly basis. The department is exploring an option of outsourcing the archiving of all inactive records. A study has been commissioned to assess the volumes and resource requirements, the results of which will inform what goes into the specification for offsite storage archiving and digitization. Decanting /decongestion of records rooms and all other spaces as well as Insourcing or Outsourcing taking cognisance of the implications for each will be considered.	No
(l)	Poor monitoring process	(l) The Department's compliance monitoring process was not effective in the implementation and monitoring of controls to ensure compliance with laws and regulations. This contributed to the repeat compliance findings in the current year.	(l) The Accounting Officer implements consequence management in the department and for the year under review, and reporting in this regard was done through the Financial Misconduct Committee which sat on the following dates during the 2017/18 year: 31 May 2017 12 October 2017 22 February 2018 27 March 2018 During the year under review the Financial Misconduct Committee which was later changes to a Consequence Management Committee chaired by the Accounting Officer sat on the following dates: 30 May 2018 22 August 2018 26 September 2018	Yes

Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)																																																															
			<p>14 December 2018</p> <p>Investigations of irregular expenditure are ongoing and cases for disciplinary action are referred to Employee Relations as soon as liable officials are identified.</p> <p>Employee Relations Unit initiates investigations on the financial misconduct cases referred through the Financial Misconduct Committee. The unit facilitates appointment of investigation officers (employer representatives) by the institutions from which the act of misconduct is alleged to have taken place. In the year under review 7 cases have been investigated by the unit. In a report tabled to the Consequence Management Committee of 22 December 2018, the statistics regarding consequence management is as follows:</p>																																																																
			<table><thead><tr><th colspan="4">FINANCIAL MISCONDUCT STATS -NOVEMBER 2018</th></tr><tr><th rowspan="2">DESCRIPTION</th><th>IRREGULAR</th><th>FRUITLESS</th><th>TOTAL</th></tr><tr><th>No of cases</th><th>No of cases</th><th></th></tr></thead><tbody><tr><td>Opening number of cases - October 2018</td><td>87</td><td>82</td><td>169</td></tr><tr><td>Add: Cases for October 2018</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Total cases -2018/19</td><td>87</td><td>83</td><td>170</td></tr><tr><td>Less:</td><td></td><td></td><td></td></tr><tr><td>No of cases Transferred for Recovery</td><td>0</td><td>14</td><td>14</td></tr><tr><td>No of cases referred to TMC</td><td>0</td><td>19</td><td>19</td></tr><tr><td>No official liable and condoned or awaiting condonation</td><td>3</td><td>10</td><td>13</td></tr><tr><td>No of cases withdrawn as invalid</td><td>15</td><td>0</td><td>15</td></tr><tr><td>No of cases with finalised disciplinary process</td><td>40</td><td>1</td><td>41</td></tr><tr><td>No of cases with pending disciplinary process</td><td>7</td><td>0</td><td>7</td></tr><tr><td>Cases not finalised by Employee Relations</td><td>6</td><td>0</td><td>6</td></tr><tr><td>Total cases Under Investigation-31 October 2018</td><td>16</td><td>39</td><td>55</td></tr><tr><td>Average days per case</td><td>769</td><td>835</td><td>802</td></tr></tbody></table>	FINANCIAL MISCONDUCT STATS -NOVEMBER 2018				DESCRIPTION	IRREGULAR	FRUITLESS	TOTAL	No of cases	No of cases		Opening number of cases - October 2018	87	82	169	Add: Cases for October 2018	0	1	1	Total cases -2018/19	87	83	170	Less:				No of cases Transferred for Recovery	0	14	14	No of cases referred to TMC	0	19	19	No official liable and condoned or awaiting condonation	3	10	13	No of cases withdrawn as invalid	15	0	15	No of cases with finalised disciplinary process	40	1	41	No of cases with pending disciplinary process	7	0	7	Cases not finalised by Employee Relations	6	0	6	Total cases Under Investigation-31 October 2018	16	39	55	Average days per case	769	835	802	
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Resolution No.	Subject	Details	Response by the department	Resolved (Yes/No)
(m)	Poor implementation of Audit Committee and Internal audit recommendations	(m) The effectiveness of the audit committee and internal audit unit was negatively affected by management's poor response to recommendations for improvements, as evidenced by the findings on the performance report and compliance with applicable laws and regulations.	(m) The recommendation of SCOPA is acknowledged. The department is now including the Internal Audit findings as well as the external audit findings in its Audit Improvement plan so as to ensure that these are followed up and reported on during the quarterly Audit Committee meetings.	No

9. Prior modifications to audit reports

The 2017/18 audit outcome did not include any qualifications and was an unqualified audit opinion. The Auditor General raised 13 non-compliance items as detailed in the below table.

The mechanism put in place by the Accounting Officer to resolve the matters reported by the AGSA in the previous financial year was to develop the Integrated Audit Improvement Strategy (IAIS). This strategy was premised on three pillars namely Reporting, Accountability and Consequence Management.

The IAIS had the following main components; to implement the contents of the Terms of Reference of the SMS Moderation Committee, the Self-Assessment Tool (SAT) required by our Internal Auditors and to be submitted to AGSA, SCOPA recommendations, Audit Improvement Plans (AIP) required by Provincial Treasury, implement the Actions Plans contained on the Financial Management Maturity Model (FMCMM) required by Provincial Treasury, preparation and management of Annual and Interim Financial Statements (IFS) Plans and Risk management, processes and submissions, Document and Records Management and Human Resources Management. The results of the 2018/19 IAIS is depicted in the table below:

No	Nature of qualification, disclaimer, adverse opinion and matters of noncompliance	Repeat Finding from PY?	Progress made in clearing / resolving the matter
	Non-compliance items identified by AG		
1	Effective and appropriate steps were not taken to prevent irregular expenditure	Yes	Controls have improved, the matter had however not been cleared by the end of 2018/19
2	Effective steps were not taken to prevent fruitless and wasteful expenditure	Yes	Controls have improved, the matter had however not been cleared by the end of 2018/19
3	Payments were not made within 30 days	Yes	Controls have improved, the matter had however not been cleared by the end of 2018/19
4	Bid documentation for the procurement of commodities designated for local content and production did not stipulate the minimum threshold for local production and content	No	Controls have improved, the matter had however not been cleared by the end of 2018/19
5	Commodities designated for local content and production were procured from suppliers who did not submit a declaration on local production and content	No	Controls were implemented and there was no such finding for 2018/19
6	Commodities designated for local content and production were procured from suppliers who did not meet the prescribed minimum threshold for local production and content	No	Controls were implemented and there was no such finding for 2018/19
7	Contracts were extended or modified without the approval of a properly delegated authority	Yes	Controls have improved, the matter had however not been cleared by the end of 2018/19
8	Disciplinary steps were not taken against some of the officials who had incurred or permitted irregular expenditure,	No	Controls were implemented and there was no such finding for 2018/19
9	Disciplinary steps were not taken against some of the officials who had incurred or permitted fruitless and wasteful expenditure	No	Controls have improved, the matter had however not been cleared by the end of 2018/19
10	Some of the losses resulting from fruitless and wasteful expenditure were not recovered from the liable persons	No	Controls were implemented and there was no such finding for 2018/19
11	I was unable to obtain sufficient appropriate audit evidence that investigations were conducted into all allegations of financial misconduct committed by officials	No	Controls have improved, the matter had however not been cleared by the end of 2018/19
12	Disciplinary hearings were not held for confirmed cases of financial misconduct committed by some of the officials	No	Controls were implemented and there was no such finding for 2018/19
13	I was unable to obtain sufficient appropriate audit evidence that confirmed cases of improper conduct in the supply chain management system that constituted a crime were reported to the SAPS	No	Controls have improved, the matter had however not been cleared by the end of 2018/19

10. Internal Control Unit

Internal Control Unit

1. The Internal Control Unit (also known as Pre-Audit Section) seeks to improve operational efficiency and effectiveness through ensuring compliance with the PFMA and Treasury regulations in all financial transactions. In addition to this, it is here to prevent irregular, fruitless and wasteful and unauthorised expenditure in line with the Policy adopted by the department in the 2015/16 financial year. The pre-audit function is performed at HO, districts offices and central hospitals including district ones
2. The Unit at HO is also responsible for investigation of financial misconduct allegations/ cases emanating from non-compliance with financial legislation which result in the incurrence of irregular expenditure and fruitless and wasteful expenditure.
3. A Consequence Management Committee (CMC) was established during the financial year as a governance structure chaired by the Accounting Officer. The Consequence Management Committee replaced the Financial Misconduct Committee, which previously dealt with financial misconduct allegations/cases only. The CMC is now responsible for assessment of causes of financial misconduct including other misconducts, determine level of investigation to be conducted and recommend appropriate disciplinary steps to be taken. When allegations/ cases of financial misconduct in particular have been identified these are recorded in a register and letters in terms of Treasury Regulation 4.1.1 are issued to the responsible managers to initiate investigations into the allegations/cases.
4. During the financial year 2018/19, the Unit investigated 119 cases (transactions) of irregular expenditure (2017/18:435 cases) and 124 cases (transactions) of fruitless and wasteful expenditure (2017/18:159). About 95(69 condoned and 26 invalid) cases (transactions) of irregular expenditure and 39 cases of fruitless and wasteful expenditure were resolved during the year with disciplinary action in the form of written warning letters issued against 6 employees for the irregular expenditure cases by the end of the financial year.
5. The table below summarises progress on financial misconduct cases relating to irregular expenditure during the financial year:

Description	No of officials	No of transactions
Disciplinary action initiated	3	9
Written warning issued	6	55
No official liable	2	2
Official left department	2	3
Sub-total	13	69
Cases awaiting Condonation by Provincial Treasury	0	4
Cases not confirmed as irregular(Invalid)	0	26
Cases under investigation	15	24
Total	28	123

6. Financial Misconduct Quarterly Registers were submitted to Provincial Treasury and annual report submitted to the Public Service Commission in terms of section 85(1) of the PFMA read with TR4.3.1 for the year ended 31 March 2019.
7. Through regular sitting of the Consequence Management Committee during the 2019/20 financial year, the department will ensure the prompt finalisation of the pending disciplinary cases and oversee that appropriate sanctions are issued to those who transgress the PFMA.
8. The Internal Control Unit is working hand in hand with SCM's Inventory and Logistics Directorate, Risk Management Directorate and Internal Auditors and will continue to provide much needed capacity to officials of the department on procurement legislation and procedures with the aim of curbing the prevalent findings of irregular and fruitless and wasteful expenditure.

11 INTERNAL AUDIT AND AUDIT COMMITTEES

INTERNAL AUDIT

Internal Audit is established as an independent, objective assurance and consulting activity designed to add value and improve the Departments' effectiveness. It helps provide assurance to stakeholders that the Department adheres to good corporate governance practices by evaluating the effectiveness of risk management, control and governance processes.

To ensure independence and sufficient objectivity of the Internal Audit Unit, as well as assure that the Department's objectives are accomplished, Internal Audit operates unimpeded by management, reporting administratively to the Superintendent General while it reports functionally to the Audit Committee. Internal Audit has unrestricted access to all records and employees of the Department, including the Member of Executive Council, Superintendent General, Members of the Audit Committee as well as Executive and Top Management. Following all audits conducted, as and when necessary, Internal Audit recommends improvements in the systems of internal control and accounting practices based on audit plans that take cognisance of the relative degrees of risk of each function or aspect of the department. The function operates as an independent appraisal function to examine and evaluate the Department's procedures, systems and processes (including internal controls, disclosure procedures and information systems), to ensure that these are functioning effectively.

Internal Audit operates according to an approved Internal Audit Charter. The Charter is prepared in accordance with King IV recommendations and Standards set by the Institute of Internal Auditors. The Charter is presented annually to the Audit Committee for consideration and approval.

The Unit has conducted its activities in terms of an approved Internal Audit Plan, with the majority of the activities being assurance reviews. In total, 29 reviews were planned and, as at year-end, the audit plan was substantially completed. The plan was developed based on a risk assessment process, which was conducted with management of the Department. The scope, timing of activities and sites visited were agreed with management prior to the commencement of the audits. The plan received the endorsement of the Audit Committee.

The activities of Internal Audit spanned across all sections and programmes of the Department. This included Finance, Human Resources, Strategic Planning, Health Care Services and Information Technology.

Detailed Internal Audit Reports have been issued to Executive and Top Management on all Internal Audit projects completed with summaries of the reports being provided to the Audit Committee at meetings of the Committee. Management has accepted the recommendations made by Internal Audit and are committed to implementing them.

Based on the scope of assignments conducted, Internal Audit is of the view that the systems of financial internal control possess a sound basis for the development of reliable financial statements.

A detailed report comprising the membership and details of the functioning of the Audit Committee during the period under review is included in the section dealing with the Audit Committee.

12 Audit Committee Report

Introduction

We are pleased to present our report for the financial year ended 31 March 2019.

Committee members and meetings

The Committee was appointed by the Executive Authority in concurrence with the Accounting Officer.

The Committee is composed of the following members:

Name	Qualifications	Internal or external	If internal, position in the department	Date appointed
Ms Ingrid Kriel (Chairperson)	CA (SA)	External	N/A	1 April 2018
Ms Loren Smith	CA (SA), RA	External	N/A	1 April 2018
Ms Refiloe Kwela	CA (SA)	External	N/A	1 April 2018
Dr Thobekile Mjekevu	MBChB	External	N/A	1 April 2018
Mr Vuyolwethu Tshangana	B Proc; LLM	External	N/A	1 April 2018

The Audit Committee was established in accordance with section 38(1) (a) (ii) and 77 of the PFMA. The Audit Committee Charter requires that the committee is composed of a minimum of three and a maximum of five members, the majority of whom should be from outside public service and should be non-executive members.

Throughout the year under review, the Committee operated in terms of an approved Audit Committee Charter, which was the Committees' approved terms of reference. The Committee comprises of five members, none of whom are employed by the Department.

As and when the need arose, the Audit Committee held meetings with the Accounting Officer, Senior Management, Internal Audit Function and External Auditors, collectively and individually, on matters related to governance, internal control and risk. The Committee also had a meeting with the Honourable MEC to report on governance, internal control, risk, performance, other financial information and other relevant matters concerning the Department.

The following is a schedule of meetings attended by the committee members for the year ended 31 March 2019:

Member	18/05/2018	25/05/2018	27/07/2018	19/10/2018	16/11/2018	22/02/2018	15/03/2019	28/03/2019
Ms. Ingrid Kriel (Chairperson)	✓	✓	✓	✓	✓	✓	✓	✓
Ms Loren Smith	✓	✓	✓	✓	✓	✓	✓	✓
Ms. Refiloe Kwela	✓	x	✓	✓	✓	✓	✓	✓
Dr Thobekile Mjekevu	✓	x	✓	✓	✓	✓	✓	x
Mr Vuyolwethu Tshangana	✓	✓	✓	✓	✓	✓	x	✓

Key

✓ = Present
x = Apology

Audit Committee Responsibility

The Audit Committee has adopted an appropriate formal term of reference as its Audit Committee Charter, in line with sections 76 (4) d) and 77 of the PFMA and read with Treasury Regulation 3.1.8.

The Audit Committee is responsible for ensuring that trust and integrity are maintained over departmental reporting. This is done by monitoring the efficiency of internal controls and the effectiveness of the internal audit function. The Committee is satisfied that, in respect of the financial year under review, it conducted its affairs and discharged its duties and responsibilities in accordance with its terms of reference.

Duties and responsibilities

The Audit Committee is responsible for the following:

External Auditors

- Reviewing the scope and results of the external audit function, its cost-effectiveness, as well as the independence and objectivity of the external auditors; and
- Reporting to the Department and the Auditor-General where a report implicates any member(s) or the Accounting Officer in fraud, corruption or gross negligence.

Internal Audit

- Confirming/Approving the Internal Audit Charter and Internal Audit Plan;
- Recommending the Audit Committee Charter to the Accounting Officer for approval;
- Ensuring the responsiveness of the Internal Audit coverage plan to the outcome of risk assessment and the three year rolling plan;
- Ensuring the effectiveness of the internal audit function and its adherence to the approved annual operational plan;
- Reviewing the reports of Internal Audit detailing their concerns from audits conducted and the appropriateness of responses from management; and
- Monitoring the activities of the internal audit function, including its annual work programme, coordination with the external auditors, the reports of significant recommendations and the responses of management to these recommendations.

Financial Statements, accounting practices and other financial matters

- Reviewing the Annual Financial Statements and Performance Information prior to submission for the annual audit and approval by the Superintendent General;
- Commenting and advising on the going concern status of the Department and the quality and reliability of monthly in year and monitoring reports submitted to Provincial Treasury;
- Reviewing reports and advising on measures to ensure the effectiveness of the internal control systems;
- Reviewing management reports to obtain assurance on adequacy, reliability and accuracy of the financial information provided to management and other users of such information;
- Providing advice on any accounting and auditing concerns identified as a result of internal and external audits; and
- Evaluate measure in place to ensure the Department's compliance with legal and regulatory provisions.

The Audit Committee is further responsible for:

- Communicating any concerns, it deems necessary to the Executive Authority and the Auditor General;
- Encouraging communication between, senior and executive management, Internal Audit, Health Portfolio Committee and the Auditor General.

We believe that we have complied with our responsibilities for the year under review.

Effectiveness of Internal Control

The Committee has amongst other things, reviewed the following:

The Committee has amongst other things, reviewed the following:

- The appropriateness of financial reporting to ensure fair and balanced reporting is achieved. The Committee reviewed submissions and presentations by management on the results, significant financial transactions, critical accounting judgements and assumptions, as well as views by both Provincial Treasury and the Auditor General on key audit matters and internal auditors on key financial and other controls;
- Effectiveness of internal financial control systems;
- Effectiveness of the internal audit function;
- Risk areas of the Departments' operations covered in the scope of internal and external audits;
- Adequacy, reliability and accuracy of financial information and accounting practices provided by management for users of such information;
- Accounting and auditing concerns identified by internal and external audits;
- Compliance with legal and regulatory provisions;
- Activities of the internal audit function, including its annual work programme;
- The Departments' cooperation with external auditors;
- Reports of significant findings and the responses of management to specific recommendations; and
- Independence and objectivity of both the internal and external auditors.

In line with the PFMA and recommendations from King IV Report on Corporate Governance, Internal Audit provides the Audit Committee and management with assurance that the internal controls are appropriate and effective. This is achieved by using a risk based internal audit methodology as well as the identification of corrective actions and suggested enhancements to the controls and processes.

While the controls around managing and reporting on performance information remain an issue, the Audit Committee acknowledges the efforts put in place by management to strengthen internal controls and the recent appointment of the General Manager: Strategy & Organisational Performance. Connectivity remained a key challenge throughout the year, however, the Audit Committee has noted and appreciated the interactions the Department has had with the Office of the Premier to ensure connectivity is prioritised for the Departments' 800 health facilities.

The various reports of the Internal Auditors and representations made by Executive Management have indicated that significant efforts are being made by management to improve the control environment. However, there are still significant findings which have not yet been resolved. We therefore report that the systems of internal control, during the financial reporting period under review, were not satisfactory.

The Audit Committee remains concerned regarding the effect of these Medico Legal matters on the financial viability of the Department. The lack of decision making by both Provincial and National Treasury regarding the budgeting for and funding of Medico Legal claims has prevented the Department from adequately budgeting for these claims. The Department has had to reduce expenditure on essential items and withhold payments to suppliers, which has contributed to the payables and accruals of R3 billion owing at year end. Without decisions being made at this strategic level, the Department is not able to operate effectively and provide a quality health service to the citizens of the Eastern Cape.

The overdraft facility of R490 million enabled the Department to settle some of its obligations to suppliers, this has resulted in the Department incurring unauthorised expenditure of R510 million, as disclosed in the Annual Financial Statements. It is also uncertain as to whether this unauthorised expenditure will be approved with funding or if it will simply result in a reduction in the cash flow for the 2019/20 financial year, placing further financial constraints on the Department.

Furthermore, the Department does not have adequate systems in place for the management of accruals and accounts payable. Additional manual processes performed at year end revealed accounts payable, which had not been adequately recorded and reported throughout the year. It was also not clear as to how these funds were committed without the budget being available and the extent to which the systems allowed for this to happen. As disclosed in the Annual Financial Statements, accruals and payables not recognised total R3.325 billion (2017/18: R2.325 billion) as at year end, despite a R490 million facility provided by Provincial Treasury to settle outstanding payments to suppliers.

The Audit Committee has made the following recommendations to the strategic leadership of the Department:

- A medico legal strategy comprising of inputs and representation from clinical services, corporate services and legal services is to be implemented, monitored and reported on monthly at every Executive & Top Management Meeting and Quarterly at meetings of the Audit Committee to ensure there is traction and improvement in processes that pertain to managing patient safety incidences.
- The consultations with regard to approval and implementation of the new organogram are concluded and implementation takes effect.
- Critical posts, particularly in areas that are flooded with medical negligence matters, are filled speedily.
- Document management is automated speedily and archiving processes are improved.
- Performance management is improved to ensure sustainable outcomes in the management of and reporting on performance information.
- Significant effort and resources are put in place to further enhance the control improvements to ensure a clean audit result is realised.
- For the next year, controls are improved further in terms of both adequacy and effectiveness.

As mandated by the Audit Committee, Internal Audit has:

- Developed a Three Year Strategic and Annual Operational Plan;
- Conducted audits to test the effectiveness of key controls identified and agreed to with management;
- Evaluated risk management and governance processes;
- Reported to the Audit Committee on its performance against the annual operational plan;
- Appraised the Audit Committee on its performance against the quality assurance and improvement program;
- Responded to management requests to provide assurance on requests made pertaining to particular processes;
- Conducted follow up audits and reported to the Audit Committee on the progress made by management towards implementing remedial actions recommended by Internal Audit; and
- Developed and implemented a quality assurance and improvement program.

In-Year Monitoring and Monthly/Quarterly Report

The Department has reported monthly and quarterly to Provincial and National Treasury, as is required by the PFMA. The Audit Committee has reviewed the reports of Executive Management and is satisfied with the systems put in place by the Department relating to budget management and the timely reporting on the results thereof to the Member of Executive Council and Provincial Treasury.

The Department is reliant upon archaic systems which do not support the control environment. The lack of automated systems has hindered the Departments' ability to respond to the risk environment with the necessary agility. This has prevented the Department from providing accurate and complete reports, within the required timeframes, to the Audit Committee. The effectiveness of the Committee has been compromised as a result.

Internal Audit Function

The Committee has considered the effectiveness of the Internal Audit Function and adherence to the annual internal audit plan and are satisfied that the Internal Audit Function is operating effectively and that it has addressed the risks pertinent to the Department in its audits. The Internal Audit function has adhered to the approved Internal Audit plans and has completed the 2018/19 Annual Internal Audit Plan as approved by the Audit Committee.

We have met with Internal Audit during the year to ensure that the function is executed effectively and objectively from management.

We are similarly satisfied with the content and quality of quarterly reports prepared and issued by the internal auditors of the Department during the year under review.

In 2018/19, the Department continued the process of ensuring that critical internal audit vacancies are filled. This process culminated in the appointment of the Senior Manager Internal Audit and an additional Audit Manager. The department further put in place a process to capacitate the unit with four additional auditors. The process is on track and we expect that the auditors will be appointed early in the new financial year.

The Audit Committee expects these initiatives to contribute to the Internal Audit Function becoming more efficient, more responsive to challenges and better able to provide audit reports of improved quality to management and the Audit Committee.

Staff of the Internal Audit Function have undergone intensive training to enhance their skills. The Audit Committee supports the direction that the Internal Audit Function has taken to provide the necessary skills and agility required for the function to respond quickly and effectively to the demands for internal audit across the Department's different locations.

The Committee is concerned at the lack of Information Technology (IT) and Clinical Capacity within the Unit. The Committee has thus advised the Department to consider supporting Internal Audit with co-sourced capacity to ensure these critical business processes find space in the internal plan of 2019/20.

The Audit Committee is satisfied that the Internal Audit Function maintains an effective internal quality and assurance program that covers all aspects of the Internal Audit Activity. In line with the assessment conducted by the Institute of Internal Auditors and concluded on the 19th January 2017, a "generally conforms" rating can be applied to the internal audit work and the term "Conforms with the Standards for the Professional Practice of Internal Auditing" may be used by the function.

The Committee will continue to monitor measures put in place by the Department to ensure maintenance of quality standards, sufficient audit coverage and adequate provision of skills and capacity to conduct the audit reviews.

Risk Management Function

The committee assists in ensuring that the Department implements effective policies and plans for risk management. These policies and plans are intended to enhance the Department's ability to achieve its strategic objectives. The Risk Management Function ensures that identified risks are monitored and appropriate measures are implemented to manage these.

The Audit Committee has monitored the activities of the Risk Management Function through representation of the Committee at Quarterly meetings of the Risk Committee. The Chairperson of the Risk Committee is a standing invitee at meetings of the Audit Committee. The Chief Audit Executive is similarly a standing invitee at meetings of the Risk Committee.

The Committee has considered the functioning of the risk unit and is satisfied that the unit possessed the necessary experience and skill to fulfil its role during the period under review.

Finance Function

The Committee has noted the performance of the Chief Financial Officer and are satisfied that he had the necessary experience and expertise to fulfil this role during the period under review. The Committee has similarly noted and satisfied itself of the appropriateness of the expertise and experience of the Finance Function, including adequacy of resources deployed to this function.

The Committee is also satisfied with the measures put in place to ensure a seamless transition following the transfer of the Chief Financial Officer to the Western Cape Department of Health in March 2019.

Internal Financial Controls

The Committee has:

- Reviewed the reports provided by Internal Audit on the reviews conducted on systems of Internal Controls.
- Engaged management to obtain assurance about the impact of medico legal claims and their impact on the financial health of the Department and have been satisfied with the interaction the Department has had with Provincial Treasury pertaining to its going concern, the overdraft facility granted and the use thereof.
- Reviewed the accounting treatment of medico legal claims in the financial statements of the department and are satisfied with the accounting treatment thereof.
- Reviewed fraud and whistleblowing reports including appropriateness of the actions with regards thereto.
- Performed certain high level technical reviews and provided advise and judgment on the accounting treatment and disclosure of certain key transactions

The Committee has similarly received and reviewed reports of the external auditors on their concerns arising from their interactions with the Department and has considered the appropriateness of responses and action plans from management.

Although certain weakness in internal financial controls have been reported by Internal Audit in their reports, the Committee does not consider these control weaknesses to have resulted in actual material financial loss, fraud, or material errors.

Based on its assessment, the Committee is of the view that the Departments 'system of Internal Controls, Internal Audit and Risk Management are effective and that the financial controls form a sound and reliable basis for preparation of reliable financial statements.

Evaluation of Annual Financial Statements

The Audit Committee has reviewed the format, content and statutory requirements for compliance pertaining to the preparation of the Annual Report. The committee has also reviewed and commented on the alignment and description of indicators to make sure they are measurable and relate to services provided by the Department.

The Committee is satisfied that the Annual Report is prepared in terms of the PFMA, Treasury Regulations and other related regulatory requirements for reporting performance. The Committee recommends that the performance report be submitted together with the annual financial statements to the auditor for auditing.

Auditor General South Africa

The Audit Committee has met with the Auditor General to ensure that there is common understanding between the Committee, Auditor General and the Department.

Conclusion

The Committee concurs with, accepts the report of the Auditor General South Africa on the annual financial statements, and are of the opinion that the annual financial statements should be accepted and read together with the report of the Auditor General.

The Committee will continue to monitor processes to ensure plans are developed and implemented to ensure an improved result going forward.



Ms. Ingrid Kriel CA (SA)
Chairperson of the Audit Committee
Eastern Cape Department of Health
31 July 2019



PART D

HUMAN RESOURCE MANAGEMENT

3. HUMAN RESOURCES MANAGEMENT

Introduction

The information contained in this part of the annual report has been prescribed by the Minister for the Public Service and Administration for all departments in the public service

The status of human resources in the department

During the period under review, the Department employed 40 909 employees in a permanent capacity and of which more than 60% are health professionals. In terms of the employment equity profile of the Department there are 109 persons with disability and 50.5 per cent of senior management positions are held by females.

The Chief Directorate: IHRM provided integration of human resource management services and practices to line functionaries. The plans relative to Human Resources Management, Organizational Development and Human Resources Development are in alignment and integrated. The strategies applied include the Annual Recruitment Plan, the Human Resources Plan, the Bursary Scheme, the Health Professionals Training Grant Business Plan and the Annual Intake Plan for Community and Post-Community Service Employees.

Organisational Development:

The Department continued with the process of reviewing the organisational structure, the Department has revised the Organizational Structure to align with an improved Service Delivery Model, which has its emphasis on the Primary Health Care (PHC) approach.

The department effected organizational structure changes with the aim of strengthening both District Health Services and Hospital Services. This has been done through the creation of two posts of Deputy Directors - General viz DDG: District Health Management Services and DDG: Hospital and Clinical Support Management Services as well as eight (8) posts of Chief Directors District Management. The implementation of the above will enhance decentralisation of services to the district at large and will also encourage delayering of functions and thus improve on service delivery.

Recruitment:

Recruitment, selection and appointment functions were effectively managed through the approved Annual Recruitment Plan (ARP), to ensure achievement of the strategic and service delivery objectives of the department.

The Department's ARP, is informed by staffing analysis and human resources plan, prioritised the appointment of Post-Community Service Medical Officers, Allied Health Professionals and Professional Nurses, Operational Managers (PHC), Pharmacy Assistants, staffing of thirteen (13) newly built clinics and capacitation of identified forty six (46) Clinics with Professional Nurses. During the year under review the department continued with the implementation of the medico legal strategy which focused on recruitment in the maternity services and reproductive health services, with emphasis on the twenty six (26) identified hospitals in the province. The medico legal strategy focused on strengthening of targeted facilities through appointment of administrative support, midwives, professional nurses and doctors.

Performance Management and Development

The Department has continued to institutionalise performance culture to enhance alignment between individual and organisational performance for attainment of Annual Performance Plan deliverables. The department continued to implement measures to monitor regular individual performance assessment and reviews.

The Department implemented employee development interventions and embarked as part of its Youth Developmental Programmes on development of unemployed youth through Learnerships, Traineeships and Internships in order to build a pool of well capacitated workforce.

The Department actively empowers women amongst others through **formal qualification and targeted training and development interventions:**

- Bursaries for internal staff (70 % women) and (30% male)
- Transversal training programmes (83% women) and (17% male)
- Women in Leadership Empowerment programme (Average 76% women) and (24% male)

Employee Wellness Programme

The EWP is aligned with the Public Service 4 pillar model and offers case intervention for psychosocial issues/ occupational health and injuries on duty, health screening, health and wellness promotion, sport and fitness programmes as well as capacity development for managers on dealing with employee issues.

During the year under review the department has, through the EWP, achieved the following:

- Up scaled health screening and testing with 902 employees tested for HIV, 4202 for TB and non- Communicable diseases. Employees with high health risk levels were referred for treatment and counselling.
- Counselling services including trauma debriefing were offered to 1484 employees including 87 PILIR cases to mitigate the negative impact of sick absenteeism.
- 4 Employee Wellness policies were reviewed, approved and implemented
- 47 training workshops were conducted reaching 1351 supervisors and shop stewards
- A total of 23 078 employees were reached by various Employee Wellness services

Challenges faced by the department and ongoing human resource plans /goals

Whilst the department is managing reasonably well, variables such as the national shortage of health professionals, provincial budget cuts and the rural nature of the province makes it challenging to attract and retain health professionals. Despite the introduction of the OSD, nodal and rural allowances and competitive remuneration packages it remains difficult to recruit health professionals, and particularly in the rural and remote parts of the province.

The HR Plan will continue to inform the recruitment strategies. However, the ARP budget is not sufficient to cater for department recruitment needs as there are still budget pressures that require the department to meet its basic service delivery needs.

The department aims to accelerate employment of People with Disabilities. The revised EE Plan addresses identification of posts that will be designated for People with Disability, and a revised HR Plan will further reflect on designated posts.

The EWP continues to be dependent on internal and external partners to deliver services. Future plans include contracting an Employee Wellness external service provider to deliver professional counselling services to high risk groups such as Emergency Medical Services and Forensic Pathology. This project will explore the feasibility of a co-sourced, combination model for Employee Wellness.

3.1 Personnel related expenditure

The following tables summarise the final audited personnel related expenditure by programme and by salary bands. In particular, it provides an indication of the following:

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

Table D3.1.1 Personnel expenditure by programme for the period 1 April 2018 and 31 March 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)
Administration	695 037	414 377	0	0	60	439
Assets & Liabilities	0	0	0	0	0	0
Central Hospital Services	4 047 632	2 951 375	0	0	73	454
District Health Services	12 721 082	8 593 237	0	0	68	288
Emergency Medical Service	1 273 158	972 009	0	0	76	372
Health Care and Support Services	1 110 046	60 148	0	0	55	315
Health Facilities Management	1 255 521	29 104	0	0	2	247
Health Science & Training	774 981	509 039	0	0	66	157
Medsas Supplies	2 394 667	0	0	0	0	0

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)
Provincial Hospital Services	3 559 659	2 470 771	0	0	69	359
Total	26 831 783	16 000 060	0	0	60	318

Table D3.1.2 Personnel costs by salary band for the period 1 April 2018 and 31 March 2019

Salary band	Personnel expenditure (R'000)	% of total personnel cost	No. of employees	Average personnel cost per employee (R'000)
Lower skilled (Levels 1-2)	820 360	5	5 445	150 663
Skilled (level 3-5)	3 588 171	22	15 424	232 636
Highly skilled production (levels 6-8)	4 098 048	25	11 186	366 355
Highly skilled supervision (levels 9-12)	5 939 263	37	7 393	803 363
Senior and Top management (levels 13-16)	121 987	1	102	1 195 951
Other Categories	15 403	10	37 215	16 203 213
Total	16 108 133	99	319 746	16 203 213

Table D3.1.3 Salaries, Overtime, Home Owners Allowance and Medical Aid by programme for the period 1 April 2018 and 31 March 2019

Programme	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of personnel costs	Amount (R'000)	Overtime as a % of personnel costs	Amount (R'000)	HOA as a % of personnel costs	Amount (R'000)	Medical aid as a % of personnel costs
PRG1: Administration	352 310	82	2 600	1	11 561	3	14 736	3
PRG2: District Health Services	7 091 769	81	180 575	2	295 462	3	354 236	4
PRG3: Emergency Medical Services	744 280	76	66 496	7	37 419	4	58 829	6
PRG4: Provincial Hospital Service	2 169 665	78	189 188	7	83 490	3	113 637	4
PRG5: Central Hospital Services	2 051 103	76	256 611	10	66 914	3	95 353	4
PRG6: Health Sciences & Training	411 104	79	52 247	10	7 922	1.50	9 011	2
PRG7: Health Care Support Services	49 153	81	196	0	2 506	4	2 720	5
PRG8: Health Facilities Management	27 500	90	0	0	605	2	163	1
Total	12 896 884	80	747 913	5	505 879	3	648 687	4

Table D3.1.4 Salaries, Overtime, Home Owners Allowance and Medical Aid by salary band for the period 1 April 2018 and 31 March 2019

Salary band	Salaries		Overtime		Home Owners Allowance		Medical Aid	
	Amount (R'000)	Salaries as a % of person-nel costs	Amount (R'000)	Overtime as a % of person-nel costs	Amount (R'000)	HOA as a % of person-nel costs	Amount (R'000)	Medical aid as a % of person-nel costs
Skilled (level 1-2)	610 437	74	4 901	1	69 957	9	57 531	7
Skilled (level 3-5)	2 736 926	76	74 968	2	208 257	6	244 697	7
Highly skilled production (levels 6-8)	3 315 793	81	53 628	1	133 685	3	214 833	5
Highly skilled supervision (levels 9-12)	4 747 681	80	460 851	8	90 508	2	129 691	2
Senior management (level 13-16)	107 570	84	478	0	2 350	2	1 051	1
Other Categories	1 378 476	731	153 086	27	1 123	14	883	
Total	12 896 884	80	747 912	5	505 879	3	648 687	

3.2 Employment and Vacancies

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

The following tables summarise the number of posts on the establishment, the number of employees, the vacancy rate, and whether there are any staff that are additional to the establishment.

This information is presented in terms of three key variables:

- programme
- salary band
- Critical occupations (see definition in notes below).

Departments have identified critical occupations that need to be monitored. In terms of current regulations, it is possible to create a post on the establishment that can be occupied by more than one employee.

Therefore, the vacancy rate reflects the percentage of posts that are not filled.

Table D3.2.1 Employment and vacancies by programme as on 31 March 2019

Programme	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
PRG1: Administration, Permanent	885	703	21	7
PRG2: District Health Services, Permanent	27 810	24 182	13	750
PRG3: Emergency Medical Services, Permanent	2 843	2 610	8	0
PRG4: Provincial Hospital Service, Permanent	8 317	7 168	14	92
PRG5: Central Hospital Services, Permanent	7 194	6 053	16	50
PRG6: Health Sciences & Training, Permanent	695	606	13	0
PRG7: Health Care Support Services, Permanent	231	178	23	1
PRG8: Health Facilities Management, Permanent	30	19	37	1
Total	48 005	41 519	14	901

Table D3.2.2 Employment and vacancies by salary band as on 31 March 2018

Salary band	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
Lower skilled (1-2)	6 129	5 445	11	53
Skilled (3-5)	17 215	15 424	10	113
Highly skilled production (6-8)	13 061	11 186	14	130
Highly skilled supervision (9-12)	9 503	7 393	22	40
Senior management (13-16)	128	102	20	1
Total	46 036	39 550	14	337

Table D3.2.3 Employment and vacancies by critical occupations as on 31 March 2018

Critical occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
ADMINISTRATIVE RELATED, Permanent	608	517	15	9
AGRICULTURE RELATED, Permanent	2	2	0	0
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC., Permanent	226	162	28	0
AMBULANCE AND RELATED WORKERS, Permanent	2 741	2 518	8	0
ARCHITECTS TOWN AND TRAFFIC PLANNERS, Permanent	4	3	25	0
ARTISAN PROJECT AND RELATED SUPERINTENDENTS, Permanent	13	11	15	0
AUXILIARY AND RELATED WORKERS, Permanent	817	650	20	5
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE. TECHN. Permanent	1	1	0	0
BOILER AND RELATED OPERATORS, Permanent	54	48	11	0
BUILDING AND OTHER PROPERTY CARETAKERS, Permanent	109	98	10	1
BUS AND HEAVY VEHICLE DRIVERS, Permanent	20	19	5	0
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS, Permanent	2	2	0	0
CASHIERS TELLERS AND RELATED CLERKS, Permanent	1	1	0	0
CHEMISTS, Permanent	49	49	0	0
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC., Permanent	5 034	4 530	10	77
CLIENT INFORM CLERKS(SWITCHB RECEIPT INFORM CLERKS), Permanent	217	197	9	0
COMMUNITY DEVELOPMENT WORKERS, Permanent	1	1	0	0
COMPOSITORS TYPESETTERS & RELATED PRINTING WORKERS, Permanent	1	1	0	0
COMPUTER PROGRAMMERS., Permanent	2	0	100	0
CONSERVATION LABOURERS, Permanent	12	12	0	0
DENTAL PRACTITIONERS, Permanent	194	159	19	2
DENTAL SPECIALISTS, Permanent	1	0	100	0
DENTAL TECHNICIANS, Permanent		5	38	5.00
DENTAL THERAPY, Permanent	22	17	23	0
DIETICIANS AND NUTRITIONISTS, Permanent	166	130	22	1
DIPLOMATS, Permanent	2	2	0	0
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS, Permanent	5	5	0	0
EMERGENCY SERVICES RELATED, Permanent	41	40	2	0
ENGINEERING SCIENCES RELATED, Permanent	3	3	0	1
ENGINEERS AND RELATED PROFESSIONALS, Permanent	26	20	23	0

Critical occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
ENVIRONMENTAL HEALTH, Permanent	26	24	8	1
FARM HANDS AND LABOURERS, Permanent	16	16	0	0
FINANCE AND ECONOMICS RELATED, Permanent	183	146	20	1
FINANCIAL AND RELATED PROFESSIONALS, Permanent	86	61	29	1
FINANCIAL CLERKS AND CREDIT CONTROLLERS, Permanent	387	341	12	0
FIRE FIGHTING AND RELATED WORKERS, Permanent	1	1	0	0
FOOD SERVICES AIDS AND WAITERS, Permanent	719	631	12	3
FOOD SERVICES WORKERS, Permanent	5	5	0	0
HANDYMEN, Permanent	1	1	0	0
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER, Permanent	18	14	22	0
HEALTH SCIENCES RELATED, Permanent	515	474	8	2
HOME-BASED PERSONAL CARE WORKERS, Permanent	1	1	0	0
HOUSEHOLD AND LAUNDRY WORKERS, Permanent	932	856	8	11
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED, Permanent	7	4	43	0
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS, Permanent	25	23	8	0
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF, Permanent	63	50	21	0
HUMAN RESOURCES CLERKS, Permanent	306	263	14	2
HUMAN RESOURCES RELATED, Permanent	259	209	19	0
INFORMATION TECHNOLOGY RELATED, Permanent	17	16	6	0
INSPECTORS OF APPRENTICES WORKS AND VEHICLES, Permanent	4	3	25	0
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN, Permanent	36	29	19	0
LEGAL RELATED, Permanent	5	2	60	0
LIBRARIANS AND RELATED PROFESSIONALS, Permanent	2	2	0	0
LIBRARY MAIL AND RELATED CLERKS, Permanent	78	67	14	0
LIFE SCIENCES RELATED, Permanent	3	0	100	0
LIGHT VEHICLE DRIVERS, Permanent	204	182	11	3
LOGISTICAL SUPPORT PERSONNEL, Permanent	124	87	30	0
MATERIAL-RECORDING AND TRANSPORT CLERKS, Permanent	229	175	24	1
MECHANICAL ENGINEERING THECHNICIANS, Permanent	3	3	0	1
MEDICAL PRACTITIONERS, Permanent	2 319	1 870	19	43
MEDICAL PRACTITIONERS, Temporary	250	250	0	7
MEDICAL RESEARCH AND RELATED PROFESSIONALS, Permanent	5	4	20	0
MEDICAL SPECIALISTS, Permanent	399	199	50	0
MEDICAL TECHNICIANS/TECHNOLOGISTS, Permanent	52	30	42	0
MESSENGERS PORTERS AND DELIVERERS, Permanent	845	740	12	6
MIDDLE MANAGERS, Permanent	1	1	0	0
MOTOR VEHICLE DRIVERS, Permanent	44	36	18	3
NURSING ASSISTANTS, Permanent	5 902	5 393	9	28
OCCUPATIONAL THERAPY, Permanent	223	149	33	0
OPTOMETRISTS AND OPTICIANS, Permanent	11	6	46	0

Critical occupation	Number of posts on approved establishment	Number of posts filled	Vacancy Rate	Number of employees additional to the establishment
ORAL HYGIENE, Permanent	32	21	35	0
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS, Permanent	1 648	1 404	15	27
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS, Permanent	409	371	9	6
OTHER INFORMATION TECHNOLOGY PERSONNEL., Permanent	103	84	18	0
OTHER OCCUPATIONS, Permanent	94	94	0	1
PHARMACEUTICAL ASSISTANTS, Permanent	17	16	6	0
PHARMACISTS, Permanent	1 040	854	18	37
PHYSIOTHERAPY, Permanent	237	169	29	6
PRINTING AND RELATED MACHINE OPERATORS, Permanent	1	1	0	0
PROBATION WORKERS, Permanent	1	1	0	0
PROFESSIONAL NURSE, Permanent	1	1	0	0
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS, Permanent	96	69	28	1
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE, Permanent	1	1	0	0
RADIOGRAPHY, Permanent	495	392	21	5
RISK MANAGEMENT AND SECURITY SERVICES, Permanent	6	3	50	0
ROAD WORKERS, Permanent	1	1	0	0
SAFETY HEALTH AND QUALITY INSPECTORS, Permanent	22	15	32	0
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS, Permanent	1 309	1 196	9	2
SECURITY GUARDS, Permanent	28	20	29	1
SECURITY OFFICERS, Permanent	2	2	0	0
SENIOR MANAGERS, Permanent	143	116	19	0
SHOEMAKERS, Permanent	3	3	0	0
SOCIAL SCIENCES RELATED, Permanent	4	4	0	0
SOCIAL SCIENCES SUPPLEMENTARY WORKERS, Permanent	3	3	0	0
SOCIAL WORK AND RELATED PROFESSIONALS, Permanent	138	125	9	0
SPEECH THERAPY AND AUDIOLOGY, Permanent	92	60	35	0
STAFF NURSES AND PUPIL NURSES, Permanent	3 693	3 353	9	27
STUDENT NURSE, Permanent	3	2	33	0
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS, Permanent	31	19	39	0
TRADE LABOURERS, Permanent	241	199	17	1
TRADE RELATED, Permanent	2	2	0	0
Total	48 005	41 519	14	901

3.3 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 D3.3.1 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
Director-General/ Head of Department	1	1	100	0	0
Salary Level 16	0	0	0	0	0
Salary Level 15	4	3	75	1	25
Salary Level 14	18	16	88	2	11
Salary Level 13	90	86	95	4	4
8	113	106	93	7	6

Table D3.3.2 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
Director-General/ Head of Department	1	1	100	0	0
Salary Level 16	0	0	0	0	0
Salary Level 15	3	2	67	1	33
Salary Level 14	18	15	83	3	7
Salary Level 13	90	86	95	4	5
Total	112	104	93	8	7

Table D3.3.3 Advertising and filling of SMS posts for the period 1 April 2018 and 31 March 2019

SMS Level	Advertising	Filling of Posts	
	Number of vacancies per level advertised in 6 months of becoming vacant	Number of vacancies per level filled in 6 months of becoming vacant	Number of vacancies per level not filled in 6 months but filled in 12 months
Director-General/ Head of Department	0	0	0
Salary Level 16	0	0	0
Salary Level 15	1	0	1
Salary Level 14	0	0	0
Salary Level 13	7	4	3
Total	8	4	4

Table D3.3.4 Reasons for not having complied with the filling of funded vacant SMS - Advertised within 6 months and filled within 12 months after becoming vacant for the period 1 April 2018 and 31 March 2019

Reasons for vacancies not advertised within six months
Not applicable

Reasons for vacancies not filled within twelve months
Not applicable

Table D3.3.5 Disciplinary steps taken for not complying with the prescribed timeframes for filling SMS posts within 12 months for the period 1 April 2018 and 31 March 2019

Reasons for vacancies not advertised within six months
Nobody could be held responsible since no vacant and funded posts were not filled.

Reasons for vacancies not filled within six months

Nobody could be held responsible since no vacant and funded posts were not filled.

3.4 Job Evaluation

Within a nationally determined framework, executing authorities may evaluate or re-evaluate any job in his or her organisation. In terms of the Regulations all vacancies on salary levels 9 and higher must be evaluated before they are filled. The following table summarises the number of jobs that were evaluated during the year under review. The table also provides statistics on the number of posts that were upgraded or downgraded.

Table D3.4.1 Job Evaluation by Salary band for the period 1 April 2018 and 31 March 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)	6 129	0	0	4	100	0	0
Skilled (Levels 3-5)	17 215	0	0	16	50	1	100
Highly skilled production (Levels 6-8)	1	0	0	20	65	1	100
Highly skilled supervision (Levels 9-12)	9 503	0	0	18	89	0	0
Senior Management Service Band A	103	0	0	2	100	0	0
Senior Management Service Band B	17	0	0	0	0	0	0
Senior Management Service Band C	7	0	0	0	0	0	0
Senior Management Service Band D	1	0	0	0	0	0	0
Other Categories	1 969	0	0	1	100	0	0
Total	48 005	0	0	61	72	2	100

The following table provides a summary of the number of employees whose positions were upgraded due to their post being upgraded. The number of employees might differ from the number of posts upgraded since not all employees are automatically absorbed into the new posts and some of the posts upgraded could also be vacant.

Table D3.4.2 Profile of employees whose positions were upgraded due to their posts being upgraded for the period 1 April 2018 and 31 March 2019

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
Total	0	0	0	0	0

Employees with a disability

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

Table D3.4.3 Employees with salary levels higher than those determined by job evaluation by occupation for the period 1 April 2018 and 31 March 2019

Occupation	Number of employees	Job evaluation level	Remuneration level	Reason for deviation
0	0	0	0	0
0	0	0	0	0
0	0	0	0	0
Total number of employees whose salaries exceeded the level determined by the evaluation				0
Percentage of total employed				0

No employees were job evaluated and found to be above levels that were determined
The following table summarises the beneficiaries of the above in terms of race, gender, and disability.

Table D3.4.4 Profile of employees who have salary levels higher than those determined by job evaluation for the period 1 April 2018 and 31 March 2019

Gender	African	Asian	Coloured	White	Total
Female	0	0	0	0	0
Male	0	0	0	0	0
Total	0	0	0	0	0

Employees with a disability	0	0	0	0	0
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No employees were job evaluated and found to be above levels that were determined

Total number of Employees whose salaries exceeded the grades determine by job evaluation	0
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3.5 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 (see definition in notes below).

Table D3.5.1 Annual turnover rates by salary band for the period 1 April 2018 and 31 March 2019

Salary band	Number of employees at beginning of period- 1 April 2018	Appointments and transfers into the department	Terminations and transfers out of the department	Turnover rate
Lower skilled (Levels 1-2)	5 061	745	185	4
Skilled (Levels3-5)	15 147	1 062	611	4
Highly skilled production (Levels 6-8)	10 947	979	770	7
Highly skilled supervision (Levels 9-12)	7409	474	592	8
Senior Management Service Bands A	85	2	5	6
Senior Management Service Bands B	15	0	1	7
Senior Management Service Bands C	7	0	2	29
Senior Management Service Bands D	1	0	0	0
Contracts	1 789	1 542	1 298	73
Total	40 461	4 804	3 464	9

Table D3.5.2 Annual turnover rates by critical occupation for the period 1 April 2018 and 31 March 2019

Occupation	Employment at Beginning of Period	Appointm ents	Terminat ions	Turnover Rate
ADMINISTRATIVE RELATED Permanent	539.00	15.00	40.00	7.40
AGRICULTURE RELATED Permanent	2.00	0.00	0.00	0.00
ALL ARTISANS IN THE BUILDING METAL MACHINERY ETC. Permanent	160.00	12.00	13.00	8.10
AMBULANCE AND RELATED WORKERS Permanent	2 560.00	7.00	54.00	2.10

Occupation	Employment at Beginning of Period	Appointm ents	Terminat ions	Turnover Rate
ARCHITECTS TOWN AND TRAFFIC PLANNERS Permanent	3.00	0.00	0.00	0.00
ARTISAN PROJECT AND RELATED SUPERINTENDENTS Permanent	11.00	1.00	1.00	9.10
AUXILIARY AND RELATED WORKERS Permanent	676.00	24.00	49.00	7.20
BIOCHEMISTRY PHARMACOL. ZOOLOGY & LIFE SCIE.TECHNI Permanent	1.00	0.00	0.00	0.00
BOILER AND RELATED OPERATORS Permanent	46.00	4.00	1.00	2.20
BUILDING AND OTHER PROPERTY CARETAKERS Permanent	102.00	9.00	9.00	8.80
BUS AND HEAVY VEHICLE DRIVERS Permanent	19.00	1.00	1.00	5.30
CARTOGRAPHIC SURVEYING AND RELATED TECHNICIANS Permanent	2.00	0.00	0.00	0.00
CASHIERS TELLERS AND RELATED CLERKS Permanent	1.00	0.00	0.00	0.00
CHEMISTS Permanent	50.00	0.00	1.00	2.00
CLEANERS IN OFFICES WORKSHOPS HOSPITALS ETC. Permanent	4 334.00	485.00	240.00	5.50
CLIENT INFORM CLERKS (SWITCHB RECEIPT INFORM CLERKS) Permanent	191.00	20.00	11.00	5.80
COMMUNICATION AND INFORMATION RELATED Permanent	53.00	1.00	4.00	7.50
COMMUNITY DEVELOPMENT WORKERS Permanent	1.00	0.00	0.00	0.00
COMPOSITORS TYPESETTERS & RELATED PRINTING WORKERS Permanent	1.00	0.00	0.00	0.00
CONSERVATION LABOURERS Permanent	13.00	0.00	1.00	7.70
DENTAL PRACTITIONERS Permanent	142.00	32.00	24.00	16.90
DENTAL PRACTITIONERS Temporary	4.00	12.00	2.00	50.00
DENTAL TECHNICIANS Permanent	5.00	2.00	0.00	0.00
DENTAL THERAPY Permanent	17.00	0.00	1.00	5.90
DIETICIANS AND NUTRITIONISTS Permanent	117.00	39.00	25.00	21.40
DIPLOMATS Permanent	2.00	0.00	0.00	0.00
ELECTRICAL AND ELECTRONICS ENGINEERING TECHNICIANS Permanent	5.00	0.00	0.00	0.00
EMERGENCY SERVICES RELATED Permanent	28.00	14.00	1.00	3.60
ENGINEERING SCIENCES RELATED Permanent	3.00	0.00	0.00	0.00
ENGINEERS AND RELATED PROFESSIONALS Permanent	23.00	0.00	3.00	13.00
ENVIRONMENTAL HEALTH Permanent	24.00	2.00	2.00	8.30
FARM HANDS AND LABOURERS Permanent	16.00	0.00	0.00	0.00
FINANCE AND ECONOMICS RELATED Permanent	144.00	4.00	5.00	3.50
FINANCIAL AND RELATED PROFESSIONALS Permanent	61.00	2.00	1.00	1.60
FINANCIAL CLERKS AND CREDIT CONTROLLERS Permanent	315.00	29.00	13.00	4.10
FIRE FIGHTING AND RELATED WORKERS Permanent	1.00	0.00	0.00	0.00
FOOD SERVICES AIDS AND WAITERS Permanent	624.00	49.00	41.00	6.60
FOOD SERVICES WORKERS Permanent	5.00	0.00	0.00	0.00
HANDYMEN Permanent	1.00	0.00	0.00	0.00
HEAD OF DEPARTMENT/CHIEF EXECUTIVE OFFICER Permanent	14.00	1.00	1.00	7.10
HEALTH SCIENCES RELATED Permanent	511.00	3.00	39.00	7.60
HOME-BASED PERSONAL CARE WORKERS Permanent	1.00	0.00	0.00	0.00
HOUSEHOLD AND LAUNDRY WORKERS Permanent	821.00	88.00	45.00	5.50
HOUSEHOLD FOOD AND LAUNDRY SERVICES RELATED Permanent	3.00	0.00	0.00	0.00
HOUSEKEEPERS LAUNDRY AND RELATED WORKERS Permanent	24.00	0.00	2.00	8.30
HUMAN RESOURCES & ORGANISAT DEVELOPM & RELATE PROF Permanent	50.00	0.00	3.00	6.00
HUMAN RESOURCES CLERKS Permanent	257.00	19.00	13.00	5.10
HUMAN RESOURCES RELATED Permanent	217.00	6.00	16.00	7.40
INFORMATION TECHNOLOGY RELATED Permanent	14.00	1.00	0.00	0.00

Occupation	Employment at Beginning of Period	Appointm ents	Terminat ions	Turnover Rate
INSPECTORS OF APPRENTICES WORKS AND VEHICLES Permanent	3.00	0.00	0.00	0.00
LANGUAGE PRACTITIONERS INTERPRETERS & OTHER COMMUN Permanent	31.00	0.00	2.00	6.50
LEGAL RELATED Permanent	2.00	0.00	0.00	0.00
LIBRARIANS AND RELATED PROFESSIONALS Permanent	2.00	0.00	0.00	0.00
LIBRARY MAIL AND RELATED CLERKS Permanent	66.00	5.00	4.00	6.10
LIFE SCIENCES RELATED Permanent	2.00	0.00	2.00	100.00
LIGHT VEHICLE DRIVERS Permanent	187.00	4.00	7.00	3.70
LOGISTICAL SUPPORT PERSONNEL Permanent	68.00	15.00	5.00	7.40
MATERIAL-RECORDING AND TRANSPORT CLERKS Permanent	170.00	18.00	9.00	5.30
MECHANICAL ENGINEERING THECHNICIANS Permanent	3.00	0.00	0.00	0.00
MEDICAL PRACTITIONERS Permanent	1 725.00	645.00	470.00	27.20
MEDICAL PRACTITIONERS Temporary	210.00	252.00	182.00	86.70
MEDICAL RESEARCH AND RELATED PROFESSIONALS Permanent	1.00	2.00	0.00	0.00
MEDICAL SPECIALISTS Permanent	159.00	34.00	14.00	8.80
MEDICAL SPECIALISTS Temporary	21.00	15.00	17.00	81.00
MEDICAL TECHNICIANS/TECHNOLOGISTS Permanent	33.00	3.00	6.00	18.20
MEDICAL TECHNICIANS/TECHNOLOGISTS Temporary	1.00	0.00	1.00	100.00
MESSENGERS PORTERS AND DELIVERERS Permanent	684.00	110.00	36.00	5.30
MIDDLE MANAGERS Permanent	1.00	0.00	0.00	0.00
MOTOR VEHICLE DRIVERS Permanent	41.00	0.00	4.00	9.80
NURSING ASSISTANTS Permanent	5 277.00	457.00	242.00	4.60
OCCUPATIONAL THERAPY Permanent	135.00	61.00	47.00	34.80
OCCUPATIONAL THERAPY Temporary	1.00	0.00	0.00	0.00
OPTOMETRISTS AND OPTICIANS Permanent	8.00	1.00	2.00	25.00
ORAL HYGIENE Permanent	21.00	0.00	0.00	0.00
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS Permanent	1 345.00	99.00	42.00	3.10
OTHER ADMINISTRAT & RELATED CLERKS AND ORGANISERS Temporary	1.00	0.00	1.00	100.00
OTHER ADMINISTRATIVE POLICY AND RELATED OFFICERS Permanent	387.00	12.00	29.00	7.50
OTHER INFORMATION TECHNOLOGY PERSONNEL. Permanent	67.00	20.00	4.00	6.00
OTHER OCCUPATIONS Permanent	108.00	2.00	12.00	11.10
PHARMACEUTICAL ASSISTANTS Permanent	19.00	0.00	2.00	10.50
PHARMACISTS Permanent	744.00	260.00	152.00	20.40
PHARMACISTS Temporary	4.00	4.00	4.00	100.00
PHARMACOLOGISTS PATHOLOGISTS & RELATED PROFESSIONA Permanent	1.00	0.00	0.00	0.00
PHYSICISTS Permanent	5.00	1.00	0.00	0.00
PHYSIOTHERAPY Permanent	147.00	65.00	42.00	28.60
PRINTING AND RELATED MACHINE OPERATORS Permanent	1.00	0.00	0.00	0.00
PROBATION WORKERS Permanent	1.00	0.00	0.00	0.00
PROFESSIONAL NURSE Permanent	11 065.00	1 424.00	1 159.00	10.50
PROFESSIONAL NURSE Temporary	1.00	0.00	1.00	100.00
PSYCHOLOGISTS AND VOCATIONAL COUNSELLORS Permanent	62.00	19.00	12.00	19.40
QUANTITY SURVEYORS & RELA PROF NOT CLASS ELSEWHERE Permanent	1.00	2.00	2.00	200.00
RADIOGRAPHY Permanent	383.00	56.00	45.00	11.70
RISK MANAGEMENT AND SECURITY SERVICES Permanent	3.00	0.00	0.00	0.00
ROAD WORKERS Permanent	1.00	0.00	0.00	0.00

Occupation	Employment at Beginning of Period	Appointm ents	Terminat ions	Turnover Rate
SAFETY HEALTH AND QUALITY INSPECTORS Permanent	18.00	0.00	3.00	16.70
SECRETARIES & OTHER KEYBOARD OPERATING CLERKS Permanent	1 206.00	32.00	33.00	2.70
SECURITY GUARDS Permanent	25.00	0.00	4.00	16.00
SECURITY OFFICERS Permanent	2.00	0.00	0.00	0.00
SENIOR MANAGERS Permanent	125.00	7.00	16.00	12.80
SHOEMAKERS Permanent	3.00	0.00	0.00	0.00
SOCIAL SCIENCES RELATED Permanent	4.00	0.00	0.00	0.00
SOCIAL SCIENCES SUPPLEMENTARY WORKERS Permanent	3.00	0.00	0.00	0.00
SOCIAL WORK AND RELATED PROFESSIONALS Permanent	120.00	9.00	5.00	4.20
SPEECH THERAPY AND AUDIOLOGY Permanent	48.00	29.00	16.00	33.30
STAFF NURSES AND PUPIL NURSES Permanent	3 275.00	233.00	150.00	4.60
STUDENT NURSE Permanent	3.00	0.00	0.00	0.00
SUPPLEMENTARY DIAGNOSTIC RADIOGRAPHERS Permanent	22.00	0.00	3.00	13.60
TRADE LABOURERS Permanent	193.00	17.00	9.00	4.70
TRADE RELATED Permanent	2.00	0.00	0.00	0.00
TOTAL	40 461.00	4 804.00	3 464.00	8.60

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

Table D3.5.3 Reasons why staff left the department for the period 1 April 2018 and 31 March 2019

Termination Type	Number	% of Total Resignations
Death	235	7
Resignation	1144	33
Expiry of contract	1211	35
Dismissal – operational changes	0	0
Dismissal – misconduct	53	2
Dismissal – inefficiency	0	0
Discharged due to ill-health	46	2
Retirement	771	22
Transfer to other Public Service Departments	2	0
Other	2	0
Total	3 464	100
Total number of employees who left as a % of total employment	3 464	8.56

Table D3.5.4 Promotions by critical occupation for the period 1 April 2018 and 31 March 2019

Occupation	Employees 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 progression as a % of employees by occupation
Administrative related	539.00	3.00	0.60	366.00	67.90
Agriculture related	2.00	0.00	0.00	0.00	0.00
All artisans in the building metal machinery etc.	160.00	1.00	0.60	86.00	53.80
Ambulance and related workers	2 560.00	12.00	0.50	1 455.00	56.80
Architects town and traffic planners	3.00	0.00	0.00	0.00	0.00
Artisan project and related superintendents	11.00	0.00	0.00	7.00	63.60
Auxiliary and related workers	676.00	2.00	0.30	415.00	61.40
Biochemistry Pharmacol. Zoology & Life ScieTechni	1.00	0.00	0.00	0.00	0.00
Boiler and related operators	46.00	0.00	0.00	30.00	65.20
Building and other property caretakers	102.00	0.00	0.00	57.00	55.90

Occupation	Employees 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 progression as a % of employees by occupation
Bus and heavy vehicle drivers	19.00	0.00	0.00	13.00	68.40
Cartographic surveying and related technicians	2.00	0.00	0.00	0.00	0.00
Cashiers tellers and related clerks	1.00	0.00	0.00	0.00	0.00
Chemists	50.00	0.00	0.00	41.00	82.00
Cleaners in offices workshops hospitals etc.	4 334.00	5.00	0.10	2 314.00	53.40
Client inform clerks (switch receipt inform clerks)	191.00	1.00	0.50	131.00	68.60
Communication and information related	53.00	0.00	0.00	41.00	77.40
Community development workers	1.00	0.00	0.00	0.00	0.00
Compositors typesetters & related printing workers	1.00	0.00	0.00	0.00	0.00
Conservation labourers	13.00	0.00	0.00	9.00	69.20
Dental practitioners	146.00	0.00	0.00	62.00	42.50
Dental technicians	5.00	0.00	0.00	4.00	80.00
Dental therapy	17.00	0.00	0.00	10.00	58.80
Dieticians and nutritionists	117.00	0.00	0.00	48.00	41.00
Diplomats	2.00	0.00	0.00	2.00	100.00
Electrical and electronics engineering technicians	5.00	0.00	0.00	2.00	40.00
Emergency services related	28.00	0.00	0.00	15.00	53.60
Engineering sciences related	3.00	0.00	0.00	1.00	33.30
Engineers and related professionals	23.00	0.00	0.00	5.00	21.70
Environmental health	24.00	0.00	0.00	16.00	66.70
Farm hands and labourers	16.00	0.00	0.00	9.00	56.30
Finance and economics related	144.00	4.00	2.80	115.00	79.90
Financial and related professionals	61.00	1.00	1.60	46.00	75.40
Financial clerks and credit controllers	315.00	15.00	4.80	253.00	80.30
Firefighting and related workers	1.00	0.00	0.00	0.00	0.00
Food services aids and waiters	624.00	5.00	0.80	378.00	60.60
Food services workers	5.00	0.00	0.00	3.00	60.00
Handymen	1.00	0.00	0.00	1.00	100.00
Head of department/chief executive officer	14.00	0.00	0.00	9.00	64.30
Health sciences related	511.00	6.00	1.20	186.00	36.40
Home-based personal care workers	1.00	0.00	0.00	0.00	0.00
Household and laundry workers	821.00	9.00	1.10	466.00	56.80
Household food and laundry services related	3.00	1.00	33.30	3.00	100.00
Housekeepers laundry and related workers	24.00	0.00	0.00	20.00	83.30
Human resources & organisation development & relate prof	50.00	2.00	4.00	34.00	68.00
Human resources clerks	257.00	3.00	1.20	199.00	77.40
Human resources related	217.00	4.00	1.80	141.00	65.00
Information technology related	14.00	1.00	7.10	8.00	57.10
Inspectors of apprentices works and vehicles	3.00	0.00	0.00	0.00	0.00
Language practitioners' interpreters & other communicators	31.00	0.00	0.00	26.00	83.90
Legal related	2.00	0.00	0.00	1.00	50.00
Librarians and related professionals	2.00	0.00	0.00	2.00	100.00
Library mail and related clerks	66.00	2.00	3.00	46.00	69.70
Life sciences related	2.00	0.00	0.00	0.00	0.00
Light vehicle drivers	187.00	2.00	1.10	137.00	73.30
Logistical support personnel	68.00	13.00	19.10	45.00	66.20
Material-recording and transport clerks	170.00	1.00	0.60	130.00	76.50

Occupation	Employees 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 progression as a % of employees by occupation
Mechanical engineering thechnicians	3.00	0.00	0.00	0.00	0.00
Medical practitioners	1 935.00	23.00	1.20	445.00	23.00
Medical research and related professionals	1.00	0.00	0.00	0.00	0.00
Medical specialists	180.00	7.00	3.90	63.00	35.00
Medical technicians/ technologists	34.00	1.00	2.90	22.00	64.70
Messengers porters and deliverers	684.00	7.00	1.00	402.00	58.80
Middle managers	1.00	0.00	0.00	1.00	100.00
Motor vehicle drivers	41.00	0.00	0.00	30.00	73.20
Nursing assistants	5 277.00	2.00	0.00	788.00	14.90
Occupational therapy	136.00	0.00	0.00	41.00	30.10
Optometrists and opticians	8.00	0.00	0.00	1.00	12.50
Oral hygiene	21.00	0.00	0.00	14.00	66.70
Other administration & related clerks and organisers	1 346.00	13.00	1.00	1 032.00	76.70
Other administrative policy and related officers	387.00	4.00	1.00	240.00	62.00
Other information technology personnel.	67.00	1.00	1.50	51.00	76.10
Other occupations	108.00	0.00	0.00	55.00	50.90
Pharmaceutical assistants	19.00	0.00	0.00	10.00	52.60
Pharmacists	748.00	0.00	0.00	266.00	35.60
Pharmacologists pathologists & related professional	1.00	0.00	0.00	1.00	100.00
Physicists	5.00	0.00	0.00	3.00	60.00
Physiotherapy	147.00	1.00	0.70	40.00	27.20
Printing and related machine operators	1.00	0.00	0.00	1.00	100.00
Probation workers	1.00	0.00	0.00	0.00	0.00
Professional nurse	11 066.00	221.00	2.00	1 592.00	14.40
Psychologists and vocational counsellors	62.00	0.00	0.00	32.00	51.60
Quantity surveyors & rela prof not class elsewhere	1.00	0.00	0.00	0.00	0.00
Radiography	383.00	2.00	0.50	189.00	49.30
Risk management and security services	3.00	0.00	0.00	3.00	100.00
Road workers	1.00	0.00	0.00	1.00	100.00
Safety health and quality inspectors	18.00	0.00	0.00	14.00	77.80
Secretaries & other keyboard operating clerks	1 206.00	1.00	0.10	868.00	72.00
Security guards	25.00	0.00	0.00	12.00	48.00
Security officers	2.00	0.00	0.00	1.00	50.00
Senior managers	125.00	1.00	0.80	70.00	56.00
Shoemakers	3.00	0.00	0.00	3.00	100.00
Social sciences related	4.00	0.00	0.00	3.00	75.00
Social sciences supplementary workers	3.00	0.00	0.00	1.00	33.30
Social work and related professionals	120.00	1.00	0.80	33.00	27.50
Speech therapy and audiology	48.00	2.00	4.20	8.00	16.70
Staff nurses and pupil nurses	3 275.00	23.00	0.70	409.00	12.50
Student nurse	3.00	0.00	0.00	0.00	0.00
Supplementary diagnostic radiographers	22.00	0.00	0.00	14.00	63.60
Trade labourers	193.00	0.00	0.00	100.00	51.80
Trade related	2.00	0.00	0.00	1.00	50.00
Total	40 461.00	403.00	1.00	14 248.00	35.20

Table D3.5.5 Promotions by salary band for the period 1 April 2018 and 31 March 2019

Salary Band	Employees 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 progression as a % of employees by salary bands
Lower skilled (Levels 1-2)	5 774	1	0	2490	49
Skilled (Levels 3- 5)	15 147	72	1	6239	41
Highly skilled production (Levels 6-8)	11 237	157	2	3287	80
Highly skilled supervision (Levels 9-12)	8 189	172	2	2175	65
Senior Management (Level 13-16)	114	1	1	57	69
Total	40 461	403	1	14 248	35

3.6 Employment Equity

Table D3.6.1 Total number of employees (including employees with disabilities) in each of the following occupational categories as on 31 March 2019

Occupational category	Male			White	Female			Total	
	African	Coloured	Indian		African	Coloured	Indian		White
Legislators, senior officials and managers	52	1	1	2	63	6	2	7	134
Professionals	1341	130	130	376	2134	252	99	463	4925
Technicians and associate professionals	2077	140	2	49	9692	1304	25	487	13776
Clerks	907	66	1	14	2457	142	3	48	3638
Service and sales workers	2709	267	6	76	7611	541	2	138	11350
Skilled agriculture and fishery workers	2355	130	1	29	4337	253	0	35	7140
Craft and related trades workers	127	14	1	17	23	0	0	0	182
Plant and machine operators and assemblers	253	19	0	5	8	2	0	0	287
Elementary occupations	24	2	0	0	59	1	0	1	87
Total	9845	769	142	568	26384	2501	131	1179	41519
Employees with disabilities	43	4	0	4	40	4	0	7	102

Table D3.6.2 Total number of employees (including employees with disabilities) in each of the following occupational bands as on 31 March 2019

Occupational band	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
Top Management	1	0	0	1	2	1	0	1	6
Senior Management	42	2	2	5	40	2	1	2	96
Professionally qualified and experienced specialists and mid-management	1 213	138	92	255	4 600	603	72	420	7 384
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	1 999	247	9	79	7 324	1 064	24	39	11 185
Semi-skilled and discretionary decision making	4 144	267	2	56	10 281	578	4	92	15 424
Unskilled and defined decision making	1 851	84	0	12	3 345	148	0	5	5 445
Other categories	595	31	37	160	792	105	30	219	1 969
Total	9 845	769	142	68	26 384	2 501	131	1 179	41 519

Table D3.6.3 Recruitment for the period 1 April 2018 to 31 March 2019

Occupational band	Male			White	Female			Total
	African	Coloured	Indian		African	Coloured	Indian	
Top Management	2	0	0	0	0	0	0	2
Senior Management	2	0	0	0	0	0	0	0
Professionally qualified and experienced specialists and mid-management	100	8	12	33	253	17	5	44
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	246	10	1	2	624	63	6	27
Semi-skilled and discretionary decision making	235	5	0	0	796	25	0	1
Unskilled and defined decision making	276	5	0	1	458	5	0	0
Other Categories	487	21	22	105	652	75	17	163
Total	1 347	49	35	141	2 783	185	28	236
								4 804

Table D3.6.4 Promotions for the period 1 April 2018 to 31 March 2019

Occupational band	Male			Female				Total	
	African	Coloured	Indian	White	African	Coloured	Indian		White
Top Management	0	0	0	0	1	0	0	1	2
Senior Management	22	1	1	3	25	1	1	1	55
Professionally qualified and experienced specialists and mid-management	462	63	43	95	1 174	200	30	166	2 233
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	677	98	6	33	2 091	353	5	182	3 445
Semi-skilled and discretionary decision making	2 161	170	1	37	3 624	267	2	49	6 311
Unskilled and defined decision making	803	44	0	7	1 547	71	0	4	2 476
Other Categories	38	4	6	14	25	11	5	26	129
Total	38	4	6	14	25	11	5	26	129
Employees with disabilities	21	4	0	3	22	2	0	2	54

Table D3.6.5 Terminations for the period 1 April 2018 to 31 March 2019

Occupational band	Male			White	Female			Total	
	African	Coloured	Indian		African	Coloured	Indian		White
Top Management	1	0	0	0	1	0	0	0	2
Senior Management	3	0	0	0	0	2	1	0	6
Professionally qualified and experienced specialists and mid-management	72	11	8	20	384	43	3	51	592
Skilled technical and academically qualified workers, junior management, supervisors, foreman and superintendents	146	14	0	7	473	77	1	52	770
Semi-skilled and discretionary decision making	189	11	0	3	378	19	0	11	611
Unskilled and defined decision making	86	4	0	0	89	7	0	0	186
Other Categories	370	19	17	88	559	76	20	148	1297
Total	867	59	25	119	1 885	223	24	262	3 464
Employees with Disabilities	3	1	0	0	2	2	0	1	9

Table D3.6.6 Disciplinary action for the period 1 April 2018 to 31 March 2019

Disciplinary action	Male				Female				Total
	African	Coloured	Indian	White	African	Coloured	Indian	White	
	132	2	2	2	44	0	0	0	
									182

Table D3.6.7 Skills development for the period 1 April 2018 to 31 March 2019

Occupational category	Male			White	Female			Total	
	African	Coloured	Indian		African	Coloured	Indian		White
Legislators, senior officials and managers	171	14	5	18	307	22	1	9	547
Professionals	1 199	73	24	43	5 987	755	16	305	8 402
Technicians and associate professionals	721	16	0	10	2 291	110	0	17	3 165
Clerks	333	12	0	0	1 003	32	0	11	1 391
Service and sales workers	131	11	0	0	549	28	0	7	726
Skilled agriculture and fishery workers	13	2	0	0	9	0	0	0	24
Craft and related trades workers	0	0	0	0	0	0	0	0	0
Plant and machine operators and assemblers	19	1	0	0	7	0	0	0	27
Elementary occupations	221	4	0	0	594	40	0	2	861
Total	2808	133	29	71	10747	987	17	351	15143
Employees with disabilities	2	0	0	0	4	0	0	0	6

3.7 Signing of Performance Agreements by SMS Members

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

Table D3.7.1 Signing of Performance Agreements by SMS members as on 31 May 2019

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
Director-General/ Head of Department		1	1	100
Salary Level 16		0	0	0
Salary Level 15		7	6	85
Salary Level 14		15	15	100
Salary Level 13		99	96	95
Total		122	118	96

Table D3.7.2 Reasons for not having concluded Performance agreements for all SMS members as on 31 March 2019

Reasons
Two reasons for not concluding the performance agreements are the following:
Officials who exited by resignation and contract expiry
Transition from one position to another

Table D3.7.3 Disciplinary steps taken against SMS members for not having concluded Performance agreements as on 31 March 2019

Reasons
They were served with warning letters

3.8 Performance Rewards

To encourage good performance, the department has granted the following performance rewards during the year under review. The information is presented in terms of race, gender, disability, salary bands and critical occupations (see definition in notes below).

Table D3.8.1 Performance Rewards by race, gender and disability for the period 1 April 2018 to 31 March 2019

Race and Gender	Beneficiary Profile			Cost	
	Number of beneficiaries	Number of employees	% of total within group	Cost (R'000)	Average cost per employee
African					
Male	0	26 344	0	0	0
Female	0	9 802	0	0	0
Asian					
Male	0	131	0	0	0
Female	0	142	0	0	0
Coloured					
Male	1	2 497	0	12	12 210
Female	0	765	0	0	0
White					
Male	0	1 172	0	0	0
Female	0	564	0	0	0
Total	1	41 519	0	12	12 210
Employees with a disability	0	102	0	0	0

Table D3.8.2 Performance Rewards by salary band for personnel below Senior Management Service for the period 1 April 2019 to 31 March 2019

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	
Lower Skilled (Levels 1-2)	1	5 450	0	12	12 210	1
Skilled (level 3-5)	0	15 457	0	0	0	0
Highly skilled production (level 6-8)	0	11 874	0	0	0	0
Highly skilled supervision (level 9-12)	0	8257	0	0	0	0
Other categories	0	374	0	0	0	0
Total	1	41 412	0	12	12 210	1

Table D3.8.3 Performance Rewards by critical occupation for the period 1 April 2018 to 31 March 2019

Critical Occupations	Beneficiary Profile			Cost (R'000)	Average Cost per Beneficiary (R)
	Number of Beneficiaries	Total Employment	% of Total with occupation		
Financial Clerks and Credit Controllers	0	341	0	0	0
Household Food and Laundry Services Related	0	4	0	0	0
Human Resources Clerks	0	263	0	0	0
Security Officers	0	2	0	0	0
Household and Laundry Workers	0	856	0	0	0
Oral Hygiene	0	21	0	0	0
Messengers Porters and Deliverers	0	740	0	0	0
Human Resources & Organisational Development & Relate Prof	0	50	0	0	0
All Artisans in The Building Metal Machinery Etc.	0	162	0	0	0
Risk Management and Security Services	0	3	0	0	0
Biochemistry Pharmacology, Zoology & Life Science. Technical	0	1	0	0	0
Safety Health and Quality Inspectors	0	15	0	0	0
Boiler and Related Operators	0	48	0	0	0
Social Sciences Related	0	4	0	0	0
Finance and Economics Related	0	146	0	0	0
Logistical Support Personnel	0	87	0	0	0
Food Services Workers	0	5	0	0	0
Chemists	0	49	0	0	0
Optometrists and Opticians	0	6	0	0	0
Other Administrators & Related Clerks and Organisers	0	1 404	0	0	0
Housekeepers Laundry and Related Workers	0	23	0	0	0
Auxiliary and Related Workers	0	650	0	0	0
Other Occupations	0	94	0	0	0
Legal Related	0	2	0	0	0
Financial and Related Professionals	0	61	0	0	0
Probation Workers	0	1	0	0	0
Building and Other Property Caretakers	0	98	0	0	0
Occupational Therapy	0	149	0	0	0
Home-Based Personal Care Workers	0	1	0	0	0
Medical Technicians/Technologists	0	30	0	0	0
Emergency Services Related	0	40	0	0	0
Radiography	0	392	0	0	0
Diplomats	0	2	0	0	0
Architects Town and Traffic Planners	0	3	0	0	0
Social Sciences Supplementary Workers	0	3	0	0	0
Administrative Related	0	517	0	0	0
Communication and Information Related	0	50	0	0	0
Secretaries & Other Keyboard Operating Clerks	0	1 196	0	0	0
Physicists	0	6	0	0	0
Cleaners in Offices Workshops Hospitals Etc.	0	4 530	0	0	0

Critical Occupations	Beneficiary Profile			Cost (R'000)	Average Cost per Beneficiary (R)
	Number of Beneficiaries	Total Employment	% of Total with occupation		
Library Mail and Related Clerks	0	67	0	0	0
Human Resources Related	0	20	0	0	0
Dental Practitioners	0	159	0	0	0
Ambulance and Related Workers	0	2 518	0	0	0
Pharmaceutical Assistants	0	16	0	0	0
Student Nurse	0	2	0	0	0
Printing and Related Machine Operators	0	1	0	0	0
Cashiers Tellers and Related Clerks	0	1	0	0	0
Head of Department/ Chief Executive Officer	0	14	0	0	0
Trade Labourers	0	199	0	0	0
Environmental Health	0	24	0	0	0
Physiotherapy	0	169	0	0	0
Language Practitioners Interpreters & Other Communication	0	29	0	0	0
Social Work and Related Professionals	0	125	0	0	0
Medical Practitioners	0	2 120	0	0	0
Cartographic Surveying and Related Technicians	0	2	0	0	0
Handymen	0	1	0	0	0
Road Workers	0	1	0	0	0
Material-Recording and Transport Clerks	0	175	0	0	0
Farm Hands and Labourers	0	16	0	0	0
Psychologists and Vocational Counsellors	0	69	0	0	0
Compositors Typesetters & Related Printing Workers	0	1	0	0	0
Dieticians and Nutritionists	0	130	0	0	0
Other Administrative Policy and Related Officers	0	371	0	0	0
Artisan Project and Related Superintendents	0	11	0	0	0
Fire Fighting and Related Workers	0	1	0	0	0
Inspectors of Apprentices Works and Vehicles	0	3	0	0	0
Professional Nurse	0	11 295	0	0	0
Bus and Heavy Vehicle Drivers	0	19	0	0	0
Medical Research and Related Professionals	0	4	0	0	0
Senior Managers	0	116	0	0	0
Client Inform Clerks (Switchboard Reception Inform Clerks)	0	197	0	0	0
Speech Therapy and Audiology	0	60	0	0	0
Pharmacists	0	854	0	0	0
Engineers and Related Professionals	0	20	0	0	0
Middle Managers	0	1	0	0	0
Trade Related	0	2	0	0	0
Other Information Technology Personnel.	0	84	0	0	0
Dental Therapy	0	17	0	0	0
Light Vehicle Drivers	0	182	0	0	0
Electrical and Electronics Engineering Technicians	0	5	0	0	0
Engineering Sciences Related	0	3	0	0	0
Medical Specialists	0	199	0	0	0
Motor Vehicle Drivers	0	36	0	0	0
Dental Technicians	0	5	0	0	0
Security Guards	0	20	0	0	0
Health Sciences Related	0	474	0	0	0
Food Services Aids and Waiters	0	631	0	0	0
Nursing Assistants	0	5 393	0	0	0
Conservation Labourers	0	12	0	0	0
Quantity Surveyors & Related Prof not Class Elsewhere	0	1	0	0	0
Mechanical Engineering Technicians	0	3	0	0	0
Pharmacologists Pathologists & Related Professionals	0	1	0	0	0
Supplementary Diagnostic Radiographers	0	19	0	0	0
Community Development Workers	0	1	0	0	0
Information Technology Related	0	16	0	0	0
Librarians and Related Professionals	0	2	0	0	0
Shoemakers	0	3	0	0	0

Critical Occupations	Beneficiary Profile			Cost (R'000)	Average Cost per Beneficiary (R)
	Number of Beneficiaries	Total Employment	% of Total with occupation		
Agriculture Related	0	2	0	0	0
Staff Nurses and Pupil Nurses	0	3 353	0	0	0
Total	1	41 519	0	0	0

Table D3.8.4 Performance related rewards (cash bonus), by salary band for Senior Management Service for the period 1 April 2018 to 31 March 2019

Salary band	Beneficiary Profile			Cost		Total cost as a % of the total personnel expenditure
	Number of beneficiaries	Number of employees	% of total within salary bands	Total Cost (R'000)	Average cost per employee	
Band A	0	86	0	0	0	100 100
Band B	0	14	0	0	0	20 048
Band C	0	5	0	0	0	10 480
Band D	0	2	0	0	0	4 484
Total	0	107	0	0	0	135 3

3.9 Foreign Workers

The tables below summarise the employment of foreign nationals in the department in terms of salary band and major occupation.

Table D3.9.1 foreign workers by salary band for the period 1 April 2018 and 31 March 2019

Salary band	01 April 2018		31 March 2019		Change	
	Number	% of total	Number	% of total	Number	% Change
Lower skilled	3	1	2	1	1	5
Highly skilled production (Level 6-8)	26	8	28	8	2	11
Highly skilled supervision (Level 9-12)	283	86	302	87	19	68
Senior Management Contract (Level 13-16)	3	1	1	0	2	11
Other categories	14	4	15	4	1	5
Total	329	100	348	100	19	100

Table D3.9.2 foreign workers by major occupation for the period 1 April 2018 and 31 March 2019

Major occupation	01 April 2018		31 March 2019		Change	
	Number	% of total	Number	% of total	Number	% Change
Administrative office workers	4	1	3	1	-1	- 5
Information technology personnel	1	0	0	0	-1	- 5
Professionals and managers	322	98	344	99	22	115
Service workers	1	0	1	0	0	0
Technicians and associated professionals	1	0	0	0	-1	- 5
TOTAL	329	100	348	100	19	100

3.10 Leave utilisation

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

Table D3.10.1 Sick leave for the period 1 January 2018 to 31 December 2018

Salary band	Total days	% Days with Medical certification	Number of Employees using sick leave	% of total employees using sick leave	Average days per employee	Estimated Cost (R'000)
Lower Skills (Level 1-2)	22 479	82	3 157	12	7	11 968
Skilled (levels 3-5)	72 827	84	10 144	37	7	56 201
Highly skilled production (levels 6-8)	58 172	81	8 022	29	7	75 913
Highly skilled supervision (levels 9-12)	37 392	82	5 165	19	7	94 899
Top and Senior management (levels 13-16)	241	79	45	0	5	995
Other Categories	4 038	0	904	0	17	5 502
Total	195 242	82	27 445	100	7	245 690

Table D3.10.2 Disability leave (temporary and permanent) for the period 1 January 2018 to 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)
Lower skilled (Levels 1-2)	5 861	100	194	12	30	3 163
Skilled (Levels 3-5)	16 246	100	528	33	31	12 543
Highly skilled production (Levels 6-8)	82	100	8	1	10	87
Highly skilled supervision (Levels 9-12)	10 803	100	317	20	34	25 713
Senior management (Levels 13-16)	9	100	2	0	5	35
Other Categories	250	300	13	0	114	331
Total	51 039	100	1 597	100	32	65 357

The table below summarises the utilisation of annual leave. The wage agreement concluded with trade unions in the PSCBC in 2000 requires management of annual leave to prevent high levels of accrued leave being paid at the time of termination of service.

Table D3.10.3 Annual Leave for the period 1 January 2018 to 31 December 2018

Salary band	Total days taken	Average days per employee	Number of Employees using annual leave
Lower skilled (Levels 1-2)	106 823	21	5 055
Skilled (Levels 3-5)	326 685	22	15 101
Highly skilled production (Levels 6-8)	250 447	23	11 036
Highly skilled supervision (Levels 9-12)	181 665	24	7 538
Senior management (Levels 13-16)	2 260	22	105
Other Categories	22 531	109	1 652
Total	890 411	22	40 487

Table D3.10.4 Capped leave for the period 1 January 2018 to 31 December 2018

Salary band	Total days of capped leave taken	Average capped leave per employee as on 31 March 2019	Average number of days taken per employee	Number of Employees using capped leave
Lower skilled (Levels 1-2)	16	2	63	8
Skilled Levels 3-5)	244	4	56	64
Highly skilled production (Levels 6-8)	698	5	73	140
Highly skilled supervision (Levels 9-12)	1 000	6	78	180
Senior management (Levels 13-16)	14	3	88	5
Other Categories	0	0	315	0
Total	1 972	5	71	397

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

Table D3.10.5 Leave pay-outs for the period 1 April 2018 and 31 March 2019

Reason	Total amount (R'000)	Number of employees	Average per employee (R'000)
Leave payout for 2018/19 due to non-utilisation of leave for the previous cycle	0	0	0
Capped leave payouts on termination of service for 2018/19	5052	48	105250
Current leave payout on termination of service for 2018/19	2839	127	20 026
Total	7891	175	125 6

3.11 HIV/AIDS & Health Promotion Programmes

Table D3.11.1 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
<p>Employees working directly with bodily fluids or patients: All Clinical, Clinical Support, Emergency Medical Services, Forensics, Maintenance, Laundry</p>	<p>Continuous Training on HIV/AIDS & TB; and other chronic conditions. Health Risk Assessments (GEMS screenings on wellness days). Medical Surveillance at Staff Health Clinics (even though HIV testing is optional). Standard/Universal Precautions for infection control, Needle Prick protocol</p> <p>Post Exposure Prophylaxis, Protective Barriers /Equipment and Personal Protective clothing – clothing, gloves, masks, and eye wear, etc. Counselling services HIV/AIDS & TB Management in the workplace Policy. Compensation of Occupational Injuries and Diseases programme for incidents.</p>
<p>Staff Refuse Collectors and General Assistants at medical service delivery points are at high risk of exposure to HIV, TB and other communicable diseases through direct contact with infected patients, body parts and body fluids.</p> <p>The mode of infection includes cuts, needle pricks, handling of infected body parts and fluids and soiled linen and utensils, breathing infected air.</p>	<p>Other interventions include:</p> <ol style="list-style-type: none"> Staff training on infection control and standard / universal precautions Warning signage Reporting and investigation of occupational exposures Education on sharps disposal. <p>Monitoring proper use of Personal Protective Clothing and equipment</p>

Table D3.11.2 Details of Health Promotion and HIV/AIDS Programmes (tick the applicable boxes and provide the required information)

Question	Yes	No	Details, if yes
1. Has the department designated a member of the SMS to implement the provisions contained in Part VI E of Chapter I of the Public Service Regulations, 2001? If so, provide her/his name and position.	Yes		Ms T. Govender: Senior Manager- Employee Wellness
2. Does the department have a dedicated unit or has it designated specific staff members to promote the health and well-being of your employees? If so, indicate the number of employees who are involved in this task and the annual budget that is available for this purpose.	Yes		The EW Unit has 28 designated personnel: 14 at District and Hospital Complexes and 9 at Head Office (including COID unit). Annual operational budget: R260 000 COIDA Budget 1,510,000.00
3. Has the department introduced an Employee Assistance or Health Promotion Programme for your employees? If so, indicate the key elements/services of this Programme.	Yes		Employee assistance and health promotion are integrated into four Employee Wellness Sub-programmes. These areas aligned to the DPSA Framework and includes: HIV & AIDS and TB workplace, Health and Productivity, SHERQ and Wellness Management. The core services includes: Case Management and counselling 1. Prevention and education: basic health risk assessments, HIV counselling and testing, TB screening, sports & recreation, Health calendar events, Life Skills(including financial), presentations, workshops and distribution of information on various wellness topics. 2. Management Training and Advice, 3. EW Programme Promotion Monitoring and Evaluation
4. Has the department established (a) committee(s) as contemplated in Part VI E.5 (e) of Chapter I of the Public Service Regulations, 2001? If so, please provide the names of the members of the committee and the stakeholder(s) that they represent.		No	The department has not yet established the Provincial OHS Committee but has focused on building and strengthening OHS Structures at Health Facility Level.
5. Has the department reviewed its employment policies and practices to ensure that these do not unfairly discriminate against employees on the basis of their HIV status? If so, list the employment policies/practices so reviewed.	Yes		All HR policies have been reviewed and comply with the required principles
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		The Department has implemented Case management counselling services and addresses stigma and discrimination through all Prevention, Education Programmes and training programmes
7. Does the department encourage its employees to undergo Voluntary Counselling and Testing? If so, list the results that you have you achieved.	Yes		The EWP has enlisted the assistance of GEMS to conduct HCT. 42 HCT sessions were held and 488 employees tested for HIV. Individual HCT is conducted at Staff Health Clinics within Health Facilities. Employees tested HIV positive and were referred to GEMS HIV Management Programme and offered services by

Question	Yes	No	Details, if yes
			Occupational Health Services and the Employee Assistance Programme. 87 PEP administered and 3711 employees were tested for TB.
8. Has the department developed measures/indicators to monitor & evaluate the impact of its health promotion programme? If so, list these measures/indicators.	Yes		The current measure is health risk assessments (voluntary screening and testing) which is conducted at events with GEMS and at facility level through Staff Health services so that employees can monitor their own health status. Indicators include the number of HCT sessions, number, of employees screened and tested, number of education and prevention sessions as well as the number of training sessions held with employees, supervisors and shop stewards.

3.12 Labour Relations

Table D3.12.1 Collective agreements for the period 1 April 2018 and 31 March 2019

Subject matter	Date
None	
Total number of Collective agreements	None

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

Table D3.12.2 Misconduct and disciplinary hearings finalised for the period 1 April 2018 and 31 March 2019

Outcomes of disciplinary hearings	Number	% of total
Correctional counselling	0	0
Verbal warning	0	0
Written warning	49	27
Final written warning	60	33
Suspended without pay	27	15
Fine	0	0
Demotion	2	1
Dismissal	24	14
Not guilty	20	10
Case withdrawn	0	0
Total	182	100
Total number of Disciplinary hearings finalised		182

Table D3.12.3 Types of misconduct addressed at disciplinary hearings for the period 1 April 2018 and 31 March 2019

Type of misconduct	Number	% of total
Absent from work without reason or permission	15	50
Assault/attempts or threatens to assault a person	2	7
Conduct self in improper/unacceptable manner	1	3
Disrespect/abusive or insolent behaviour	1	3
Fails to carry out order or instruction	1	3
Falsifies records or any documents	1	3
Possesses or wrongfully uses property of state	2	7
Prejudices administration of organisation or dept	6	20
Steals bribes or commits fraud	1	3
Total	30	100

Table D3.12.4 Grievances logged for the period 1 April 2018 and 31 March 2019

Grievances	Number	% of Total
Number of grievances resolved	6	32
Number of grievances not resolved	13	68
Total number of grievances lodged	19	100

Table D3.12.5 Disputes logged with Councils for the period 1 April 2018 and 31 March 2019

Disputes	Number	% of Total
Number of disputes upheld	14	7
Number of disputes dismissed	26	14
Total number of disputes lodged	192	21

Table D3.12.6 Strike actions for the period 1 April 2018 and 31 March 2019

Total number of persons working days lost	0
Total costs working days lost	0
Amount recovered as a result of no work no pay (R'000)	0

Table D3.12.7 Precautionary suspensions for the period 1 April 2018 and 31 March 2019

Number of people suspended	13
Number of people whose suspension exceeded 30 days	13
Average number of days suspended	90
Cost of suspension(R'000)	3 909 160

3.13 Skills development

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

Table D3.13.1 Training needs identified for the period 1 April 2018 and 31 March 2019

Occupational category	Gender	Number of employees as at 1 April 2018	Training needs identified at start of the reporting period			
			Learnerships	Skills Programmes & other short courses	Other forms of training	Total
Legislators, senior officials and managers	Female	537	0	240	456	696
	Male	826	0	85	233	318
Professionals	Female	11 884	0	1 120	5 223	6 343
	Male	2 587	0	328	1 855	2 183
Technicians and associate professionals	Female	8 737	0	900	1 998	2 898
	Male	3 884	0	334	723	1 057
Clerks	Female	2 602	0	5 027	1 620	6 647
	Male	1 049	0	1 643	677	2 320
Service and sales workers	Female	3 465	0	258	1 136	1 394
	Male	1 249	0	173	772	945
Skilled agriculture and fishery workers	Female	0	0	0	0	0
	Male	0	0	0	0	0
Craft and related trades workers	Female	18	3	0	13	16
	Male	108	14	0	30	44
Plant and machine operators and assemblers	Female	17	2	0	44	46
	Male	333	13	0	103	116
Elementary occupations	Female	3 416	0	76	692	768
	Male	1 572	0	73	424	497
Sub Total	Female	30 965	0	0	0	0
	Male	11 319	0	0	0	0
Total		42 284	0	0	0	26 288

Table D3.13.2 Training provided for the period 1 April 2018 and 31 March 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	537	0	80	259	339
	Male	826	0	52	156	208
Professionals	Female	11 884	0	1 941	5 122	7 063
	Male	2 587	0	248	1 091	1 339
Technicians and associate professionals	Female	8 737	0	2 000	418	2 418
	Male	3 884	0	500	247	747
Clerks	Female	2 602	0	700	346	1 046
	Male	1 049	0	209	136	345
Service and sales workers	Female	3 450	0	499	85	584
	Male	1 229	0	102	40	142
Skilled agriculture and fishery workers	Female	15	0	9	0	9
	Male	20	0	15	0	15
Craft and related trades workers	Female	18	0	0	0	0
	Male	108	0	0	0	0
Plant and machine operators and assemblers	Female	17	7	0	0	7
	Male	333	20	0	0	20
Elementary occupations	Female	3 416	0	398	238	636
	Male	1 572	0	102	123	225
Sub Total	Female	30 965	0	0	0	12 102
	Male	11 319	0	0	0	3 041
Total		42 284	0	0	0	15 143

3.14 Injury on duty

The following tables provide basic information on injury on duty.

Table D3.14.1 Injury on duty for the period 1 April 2018 to 31 March 2019

Nature of injury on duty	Number	% of total
Required basic medical attention only	37	97
Temporary Total Disablement	0	0
Permanent Disablement	0	0
Fatal	1	3
Total	38	100

3.15. Utilisation of Consultants

The following tables relates information on the utilisation of consultants in the department.

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 D3.15.1 Report on consultant appointments using appropriated funds for the period 1 April 2018 to 31 March 2019

Project title	Total number of consultants that worked on project	Duration (work days)	Contract value in Rand
Appointment of a Panel of Forensic investigators to provide Forensic investigation Capacity in support of the Fraud Management Unit for the Eastern Cape Department of Health for period of thirty-six (36) months	Panel of 7 service providers, namely; 1. Bowman Gilfillan/Smith Tabatha 2. Nexus Forensic Services (Pty) Ltd 3. Rakoma & Associates Inc 4. Open Water Advanced Risk Solutions (Pty) Ltd 5. Pooven Chetty & Associates t/a Umnotho Business Consulting 6. Phumlani Mkhize and Associates (Pty) Ltd Ubuntu Business Advisory and Consulting (Pty) Ltd	36 months	Rate based contract
The supply of specialised legal services for a period of 2 years	Norton Rose Fulbright South Africa Inc and Smith Tabata Attorneys Consortium	24 months	R58,416,336.00

Total number of projects	Total individual consultants	Total duration Work days	Total contract value in Rand
1	85	36 months	Rate based
1	21	24 months	58,416,336.00

Table D3.15.2 Analysis of consultant appointments using appropriated funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2018 to 31 March 2019

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
Appointment of a Panel of Forensic investigators to provide Forensic investigation Capacity in support of the Fraud Management Unit for the Eastern Cape Department of Health for period of thirty-six (36) months	<ol style="list-style-type: none"> 18.49% & 51% black owned respectively - Bowman Gilfillan/Smith Tabatha 51% - Nexus Forensic Services (Pty) Ltd 94% - Rakoma & Associates Inc 51% black owned - Open Water Advanced Risk Solutions (Pty) Ltd 100% black owned - Pooven Chetty & Associates t/a Umnotho Business Consulting 100% - Phumlani Mkhize and Associates (Pty) Ltd 100% - Ubuntu Business Advisory and Consulting (Pty) Ltd 	<ol style="list-style-type: none"> 18.49% & 51% black owned respectively - Bowman Gilfillan/Smith Tabatha 51% - Nexus Forensic Services (Pty) Ltd 94% - Rakoma & Associates Inc 51% - Open Water Advanced Risk Solutions (Pty) Ltd 100% black owned - Pooven Chetty & Associates t/a Umnotho Business Consulting 100% - Phumlani Mkhize and Associates (Pty) Ltd 100% - Ubuntu Business Advisory and Consulting (Pty) Ltd 	<ol style="list-style-type: none"> 20 key consultants - Bowman Gilfillan/Smith Tabatha 18 key consultants - Nexus Forensic Services (Pty) Ltd 8 key consultants - Rakoma & Associates Inc 5 key consultants - Open Water Advanced Risk Solutions (Pty) Ltd 6 key consultants - Pooven Chetty & Associates t/a Umnotho Business Consulting 9 key consultants - Phumlani Mkhize and Associates (Pty) Ltd 19 key consultants - Ubuntu Business Advisory and Consulting (Pty) Ltd
The supply of specialised legal services for a period of 2 years	Norton Rose Fulbright South Africa Inc and Smith Tabata Attorneys Consortium 32% black owned	32% black owned	21 key consultants

Table D3.15.3 Report on consultant appointments using Donor funds for the period 1 April 2018 to 31 March 2019

Project title	Total Number of consultants that worked on project	Duration (Work days)	Donor and contract value in Rand
0	0	0	0
0	0	0	0

Total number of projects	Total individual consultants	Total duration Work days	Total contract value in Rand
0	0	0	0
0	0	0	0

Table D3.15.4 Analysis of consultant appointments using Donor funds, in terms of Historically Disadvantaged Individuals (HDIs) for the period 1 April 2018 to 31 March 2019

Project title	Percentage ownership by HDI groups	Percentage management by HDI groups	Number of consultants from HDI groups that work on the project
0	0	0	0
0	0	0	0

3.16 Severance Packages

Table D3.16.1 Granting of employee initiated severance packages for the period 1 April 1 April 2018 to 31 March 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 department
Lower skilled (Levels 1-2)	0	0	0	0
Skilled Levels 3-5)	0	0	0	0
Highly skilled production (Levels 6-8)	0	0	0	0
Highly skilled supervision (Levels 9-12)	0	0	0	0
Senior management (Levels 13-16)	0	0	0	0
Total	0	0	0	0



PART E

ANNUAL FINANCIAL STATEMENTS



Province of the
EASTERN CAPE
HEALTH



REPORT OF THE AUDITOR GENERAL

Report of the auditor-general to the Eastern Cape Legislature on vote no. 3: 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 261 to 389, 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 the 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 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 cash flows for the year then ended in accordance with the Modified Cash Standards (MCS) as prescribed by National Treasury and the requirements of the Public Finance Management Act of South Africa, 1999 (Act no. 1 of 1999) (PFMA) and the Division of Revenue Act of South Africa (Act no. 1 of 2018) (Dora).

Basis for qualified opinion

Contingent liabilities

3. The department did not properly account for contingent liabilities, as required by the MCS, chapter 14, *Provisions and Contingents*. The register that supported this disclosure in the financial statements was not adequately maintained. Differences were identified between the source documentation and the register provided for the audit. Consequently the contingent liabilities as disclosed in note 21 to the financial statements was understated by R488,8 million.

Context for the opinion

4. 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.
5. 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*, parts 1 and 3 of the International Ethics Standards Board for Accountants' *International Code of Ethics for Professional Accountants (including International Independence Standards)* (IESBA codes) 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.
6. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my qualified opinion.

Material uncertainty relating to going concern

7. I draw attention to the matter below. My opinion is not modified in respect of this matter.
8. As disclosed in note 21, the materialisation of the medico legal claims contingent liability, which is unfunded, is a significant risk to the financial sustainability of the department. The steps taken by management to address this risk and to ensure the financial sustainability of the department are also detailed in this note

Emphasis of matter

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

Bank overdraft

10. The department was in an overdraft position of R459,8 million as disclosed in note 17 to the financial statements.

Other matter

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

Unaudited supplementary information

12. The supplementary information set out on pages 390 to 408 does not form part of the financial statements and is presented as additional information. I have not audited these schedules and, accordingly I do not express an opinion on them.

Responsibilities of the accounting officer for the financial statements

13. The accounting officer is responsible for the preparation and fair presentation of the financial statements in accordance with the MCS as prescribed by the National Treasury and the requirements of the PFMA, 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.
14. In preparing the financial statements, the accounting officer is responsible for assessing the Department of Health's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the appropriate governance structure either intends to liquidate the department or to cease operations, or has no realistic alternative but to do so.

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

15. 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.
16. A further description of my responsibilities for the audit of the financial statements is included in the annexure to this auditor's report.

Report on the audit of the annual performance report

Introduction and scope

17. In accordance with the Public Audit Act of South Africa, 2004 (Act no. 25 of 2004) (PAA) and the general notice issued in terms thereof, I have a responsibility to report material findings on the reported performance information against predetermined objectives for selected programmes presented in the annual performance report. I performed procedures to identify findings but not to gather evidence to express assurance.
18. My procedures address the reported performance information, which must be based on the approved performance planning documents of the department. I have not evaluated the completeness and appropriateness of the performance indicators included in the planning documents. My procedures also did not extend to any disclosures or assertions relating to planned performance strategies and information in respect of future periods that may be included as part of the reported performance information. Accordingly, my findings do not extend to these matters.
19. I evaluated the usefulness and reliability of the reported performance information in accordance with the criteria developed from the performance management and reporting framework, as defined in the general notice, for the following selected programmes presented in the annual performance report of the department for the year ended 31 March 2019:

Programmes	Pages in the annual performance report
Programme 2 – district health services	64 – 108
Programme 5 – central and tertiary hospital	131 – 146

20. 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.

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

Programme 2 – district health services

Various indicators

22. I was unable to obtain sufficient appropriate audit evidence for the reported achievements of 20 out of the 29 material performance 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 for the indicators listed below:

Indicator number	Indicator description	Number of indicators
1.1.1	PHC utilisation rate	1
1.10.6	Inpatient bed utilisation rate	1
1.5.3/1.5.4/1.5.6/1.6.2/1.6.4	HIV and TB related indicators	5
1.2.4/1.7.2/1.7.4/1.8.1/1.8.2/1.8.5/1.8.6/1.8.7/1.8.9/1.8.10/1.8.11/3.4.2/3.4.3	Maternal health related indicators	13

Various indicators

23. The department did not have an adequate record keeping system to enable reliable reporting on the 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 with 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 achievement by alternative means. Consequently, I was unable to determine whether any further adjustments were required to the reported achievements of the indicators listed below:

Indicator Description	Reported Achievement	Audited value
Client remain on ART end of month – total	493 879	531 187
Maternal mortality in facility rate	106/100 000	85/100 000

Programme 5 – central and tertiary hospital

Indicator 1.10.10: Tertiary hospital services inpatient bed utilisation rate

24. The reported achievements of *indicator 1.10.10: Tertiary hospital services inpatient bed utilisation rate* with a planned target of 75% and a reported achievement of 77% were not reliable as the department did not have an adequate performance management system to maintain records to enable reliable reporting on the achievement of these 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 achievements. Based on the supporting evidence that was provided, the achievement of the indicator was different to the reported achievement in the annual performance report. I was unable to further confirm the reported achievement by alternative means. In addition, I was unable to confirm the reason for the variance between the planned target and the achievement reported in the annual performance report. Consequently, I was unable to determine whether any further adjustments were required to the reported achievement..

Indicator 1.10.10 Central hospitals inpatient bed utilisation rate

25. The reported achievement for *indicator 1.10.10 Central hospitals inpatient bed utilisation rate* reported in the annual performance report was 82.7% However, the supporting evidence provided did not agree to the reported achievement and indicated an achievement of 52%. The reason for the variance between the planned target and the reported achievement was also not explained in the annual performance report.

Indicator 2.3.6: Hospital achieved 75% and more on the National Core Standards self-assessment rate

26. The reason for the variance between the planned target and reported achievement for *indicator 2.3.6: Hospital achieved 75% and more on the National Core Standards self- assessment rate* with a planned target of 100% and a reported achievement of 0% was not reported on in the annual performance report.

Other matters

27. I draw attention to the matters below.

Achievement of planned targets

28. Refer to the annual performance report on pages 57 to 174 for information on the achievement of planned targets for the year and explanations provided for the under/ 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 22 to 26 of this report.

Adjustment of material misstatements

29. I identified material misstatements in the annual performance report submitted for auditing. These material misstatements were on the reported performance information of programme 2: district health services. 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.

Introduction and scope

30. 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.
31. The material findings on compliance with specific matters in key legislation are as follows:

Annual financial statements

32. 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

Strategic planning

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

Expenditure management

34. Effective and appropriate steps were not taken to prevent unauthorised expenditure of R569,4 million, disclosed in note 11 to the financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The unauthorised expenditure disclosed in the financial statements arose as a result of overspending of the department's vote and main divisions within the vote.
35. Effective and appropriate steps were not taken to prevent irregular expenditure of R295,6 million, disclosed in note 27 to the financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the irregular expenditure was caused by contract extensions that exceeded the thresholds prescribed by National Treasury and quotations to which the application of the preferential procurement regulations were incorrect applied.
36. Effective steps were not taken to prevent fruitless and wasteful expenditure of R1,2 million, disclosed in note 28 to the financial statements, as required by section 38(1)(c)(ii) of the PFMA and treasury regulation 9.1.1. The majority of the fruitless and wasteful expenditure was caused by interest incurred on late and overdue payments.
37. Payments were not made within 30 days or an agreed period after receipt of an invoice, as required by treasury regulation 8.2.3.

Procurement and contract management

- 38. The preference point system was not applied in some procurement of goods and services equal to and above R30 000 as required by section 2(a) of the Preferential Procurement Policy Framework Act, 2000 (Act no. 05 of 2000) (PPPFA) and treasury regulation 16A6.3(b).
- 39. Some quotations were awarded to bidders based on preference points that were not allocated in accordance with the requirements of the PPPFA and its regulations
- 40. Some bid documentation for procuring commodities designated for local content and production, did not stipulate the minimum threshold for local production and content as required by the 2017 preferential procurement regulation 8(2). Similar non-compliance was also reported in the previous year.
- 41. Some 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.

Consequence management

- 42. I was unable to obtain sufficient appropriate audit evidence that disciplinary steps were taken against officials who had incurred fruitless and wasteful expenditure as required by section 38(1)(h)(iii) of the PFMA. This was because proper and complete records were not maintained as evidence to support the investigations into fruitless and wasteful expenditure.
- 43. Investigations were not conducted into all allegations of financial misconduct committed by some officials, as required by treasury regulation 4.1.1.
- 44. Allegations of theft or fraud that exceeded R100 000 were not reported to the South African Police Services, as required by section 34(1) of the Prevention and Combating of Corrupt Activities Act, 2004 (Act no. 12 of 2004).

Other information

- 45. 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.
- 46. 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.
- 47. 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.
- 48. If, based on the work I have performed on the other information obtained prior to the date of this auditor's report, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

Internal control deficiencies

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

- Policies and procedures were not consistently implemented throughout the department. The lack of implementation of policies and procedures relating to job responsibilities by some officials at facilities and districts resulted in repeat performance information and non-compliance findings raised.
- Senior management created a specific and achievable action plan to improve the reporting on performance information and resolve previously reported findings on non-compliance, however the plan failed to resolve the targeted issues as all officials were not committed to implementing the plan.
- The disclosure items included in the notes to the financial statements were not reconciled throughout the financial period and were prepared as part of the financial statements preparation process. This limited the reviews that the department performed on its financial statements and contributed to the material misstatements identified.
- The department did not have an effective records management system in place to reliably account for its performance information. As a result, the department still had a challenge with the submission of documentation to support their reported performance.
- The department's compliance monitoring processes were not effective to ensure compliance with applicable laws and regulations. This contributed to the repeat non-compliance findings reported.

Auditor General

East London

31 July 2019



AUDITOR - GENERAL
SOUTH AFRICA

Auditing to build public confidence

Annexure – Auditor-general's responsibility for the audit

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

Financial statements

2. In addition to my responsibility for the audit of the financial statements as described in this auditor's report, I also:
 - identify and assess the risks of material misstatement of the financial statements whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control
 - obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the department's internal control
 - evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the accounting officer
 - conclude on the appropriateness of the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements. I also conclude, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Department 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.



ANNUAL FINANCIAL STATEMENTS

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

APPROPRIATION STATEMENT	263
NOTES TO THE APPROPRIATION STATEMENT	319
STATEMENT OF FINANCIAL PERFORMANCE	324
STATEMENT OF FINANCIAL POSITION	326
STATEMENT OF CHANGES IN NET ASSETS	327
CASH FLOW STATEMENT	328
ACCOUNTING POLICIES	329
NOTES TO THE ANNUAL FINANCIAL STATEMENTS	334
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS	390

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Appropriation per programme		2018/19						2017/18		
Voted funds and Direct charges	Programme	Adjusted Appropriation	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
	1 Administration	772,254	-	(30,790)	741,464	692,884	48,580	93.4%	598,951	587,480
	2 District Health Services	12,171,900	-	160,778	12,332,679	12,779,800	(447,121)	103.6%	11,360,999	11,342,496
	3 Emergency Medical Services	1,349,735	-	(75,979)	1,273,756	1,273,093	663	99.9%	1,280,033	1,279,087
	4 Provincial Hospital Services	3,967,355	-	(202,246)	3,765,109	3,835,551	(70,442)	101.9%	3,489,796	3,488,361
	5 Central Hospital Services	3,510,699	-	192,833	3,703,532	3,749,152	(45,620)	101.2%	3,478,995	3,471,073
	6 Health Sciences and Training	880,512	-	(43,595)	836,918	776,535	60,383	92.8%	745,315	727,692
	7 Health Care Support Services	126,551	-	(10,124)	116,427	110,060	6,367	94.5%	100,381	99,998
	8 Health Facilities Management	1,244,570	-	9,122	1,253,692	1,253,296	396	100.0%	1,280,133	1,274,514
	Programme sub total	24,023,576	-	-	24,023,577	24,470,371	(446,794)	101.9%	22,334,603	22,270,701
	Statutory Appropriation	1,948	-	-	1,948	1,948	-	100.0%	1,978	1,978
	Member of Executive Council salary	1,948	-	-	1,948	1,948	-	100.0%	1,978	1,978
	TOTAL	24,025,524	-	-	24,025,525	24,472,319	(446,794)	101.9%	22,336,581	22,272,679

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Appropriation per programme							2017/18		
Voted funds and Direct charges	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
Reconciliation with Statement of Financial Performance									
Add:									
Departmental receipts				-				-	
NRF Receipts				-				-	
Aid assistance				1,227				500	
Actual amounts per Statement of Financial Performance (Total Revenue)				24,026,752				22,337,081	
Add:					346				1,733
Aid assistance									1,046
Prior year unauthorised expenditure approved without funding									
Actual amounts per Statement of Financial Performance Expenditure					24,472,665				22,275,458

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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
Current payments	22,336,820	(4,789)	(60,453)	22,271,578	22,121,145	150,433	99.3%	20,342,455	20,347,078
Compensation of employees	16,140,453	(132,587)	(213,609)	15,794,257	15,980,940	(186,683)	101.2%	14,562,042	14,558,949
Salaries and wages	14,253,673	(139,352)	(221,482)	13,892,839	14,068,072	(175,233)	101.3%	12,825,423	12,823,217
Social contributions	1,886,780	6,765	7,873	1,901,418	1,912,868	(11,450)	100.6%	1,736,619	1,735,732
Goods and services	6,196,367	124,004	132,852	6,453,223	6,110,829	342,394	94.7%	5,776,326	5,784,042
Administrative fees	3,763	(136)	-	3,627	2,216	1,411	61.1%	3,229	2,564
Advertising	11,286	-	(777)	10,509	3,683	6,826	35.0%	2,752	2,342
Minor assets	44,977	(394)	(1,800)	42,782	24,941	17,841	58.3%	34,812	23,747
Audit costs: External	24,088	-	-	24,088	23,563	525	97.8%	23,096	23,096
Bursaries: Employees	8,545	-	(3,000)	5,545	15,041	(9,496)	271.3%	13,301	13,003
Catering: Departmental activities	3,557	-	-	3,557	2,275	1,282	64.0%	3,124	1,751
Communication (G&S)	119,790	1,268	(13,317)	107,741	117,706	(9,965)	109.2%	87,449	85,765
Computer services	81,858	-	-	81,858	87,549	(5,691)	107.0%	65,226	65,062
Consultants: Business and advisory services	104,579	-	-	104,579	135,840	(31,261)	129.9%	84,085	82,089
Laboratory services	806,315	(5,277)	34,701	835,739	736,578	99,161	88.1%	635,293	634,132
Legal services	38,551	-	-	38,551	46,294	(7,743)	120.1%	44,452	44,452
Contractors	398,219	-	(28,455)	369,764	280,169	89,595	75.8%	153,642	149,369
Agency and support / outsourced services	335,164	(3,483)	(20,001)	311,680	245,282	66,398	78.7%	242,193	237,501
Entertainment	5	-	-	5	2	3	40.0%	-	-
Fleet services (including government motor transport)	232,228	1,048	(56,155)	177,121	183,586	(6,465)	103.7%	190,164	189,934
Inventory: Clothing material and accessories	6,321	-	-	6,321	7,711	(1,390)	122.0%	14,980	14,913
Inventory: Food and food supplies	170,076	(3,604)	-	166,472	150,333	16,139	90.3%	134,102	130,727
Inventory: Fuel, oil and gas	73,769	64	-	73,833	59,644	14,189	80.8%	54,739	54,624
Inventory: Materials and supplies	19,960	4,617	20,000	44,577	47,264	(2,687)	106.0%	33,283	33,146
Inventory: Medical supplies	846,888	(49)	50,507	897,345	773,273	124,072	86.2%	681,286	680,540
Inventory: Medicine	1,626,822	115,303	62,730	1,804,855	1,672,326	132,529	92.7%	1,993,487	2,007,542
Inventory: Other supplies	28,047	-	14,730	42,777	60,783	(18,006)	142.1%	56,081	55,877

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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
Consumable supplies		103,882	-	(4,685)	99,197	103,027	(3,830)	103.9%	101,092	98,186
Consumable: Stationery, printing and office supplies		71,908	-	(1,571)	70,338	72,328	(1,990)	102.8%	39,464	37,762
Operating leases		113,389	(190)	8,800	121,999	115,958	6,041	95.0%	96,833	89,033
Property payments		685,522	24,786	94,067	804,375	954,494	(150,119)	118.7%	809,932	843,792
Transport provided: Departmental activity		2,536	-	-	2,536	1,530	1,006	60.3%	2,092	1,466
Travel and subsistence		152,190	(9,949)	(4,391)	137,850	118,809	19,041	86.2%	98,429	107,625
Training and development		27,708	-	(16,819)	10,889	21,469	(10,580)	197.2%	13,325	12,410
Operating payments		50,476	-	(1,525)	48,951	43,949	5,002	89.8%	62,558	60,911
Venues and facilities		3,496	-	(186)	3,310	2,443	867	73.8%	1,505	404
Rental and hiring		451	-	-	451	763	(312)	169.2%	319	276
Interest and rent on land		-	3,794	20,304	24,098	29,376	(5,278)	121.9%	4,087	4,087
Interest (Incl. interest on unitary payments (PPP))		-	3,794	20,304	24,098	29,376	(5,278)	121.9%	3,306	3,306
Rent on land		-	-	-	-	-	-	-	781	781
Transfers and subsidies		288,928	4,303	60,453	353,684	1,051,664	(697,980)	297.3%	685,388	689,345
Provinces and municipalities		1,200	-	-	1,201	3,091	(1,890)	257.4%	4,181	313
Municipalities		1,200	-	-	1,201	3,091	(1,890)	257.4%	4,181	313
Municipal bank accounts		-	-	-	-	-	-	-	4,181	313
Municipal agencies and funds		1,200	-	-	1,201	3,091	(1,890)	257.4%	-	-
Departmental agencies and accounts		11,856	-	-	11,856	11,856	-	100.0%	11,013	11,013
Departmental agencies (non-business entities)		11,856	-	-	11,856	11,856	-	100.0%	11,013	11,013
Higher education institutions		-	-	-	-	-	-	-	-	-
Foreign governments and international organisations		-	-	-	-	-	-	-	-	-
Public corporations and private enterprises		-	-	-	-	-	-	-	-	-
Non-profit institutions		19,570	-	-	19,570	17,566	2,004	89.8%	10,152	7,278
Households		256,302	4,303	60,452	321,057	1,019,151	(698,094)	317.4%	660,042	670,741
Social benefits		88,348	(446)	(2,355)	85,547	76,416	9,131	89.3%	108,515	107,508
Other transfers to households		167,954	4,749	62,807	235,510	942,735	(707,225)	400.3%	551,527	563,233

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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
Payments for capital assets	1,399,776	486	-	1,400,262	1,287,172	113,090	91.9%	1,308,738	1,236,256
Buildings and other fixed structures	875,234	40,432	-	915,666	912,450	3,216	99.6%	646,701	637,152
Buildings	875,234	40,432	-	915,666	912,450	3,216	99.6%	646,701	637,152
Machinery and equipment	524,542	(39,946)	-	484,596	374,722	109,874	77.3%	662,037	599,104
Transport equipment	168,534	10,059	(257)	178,336	165,164	13,172	92.6%	251,969	241,458
Other machinery and equipment	356,008	(50,005)	257	306,260	209,558	96,702	68.4%	410,068	357,646
Payment for financial assets	-	-	-	-	12,338	(12,338)	-	-	-
	24,025,524	-	-	24,025,525	24,472,319	(446,794)	101.9%	22,336,581	22,272,679

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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	
Sub programme		R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000	
1 Office of the MEC		10,834	1,180	(951)	11,063	7,314	3,749	66.1%	6,089	4,078	
2 Management		761,420	(1,180)	(29,839)	730,401	685,570	44,831	93.9%	592,862	583,402	
		772,254	-	(30,790)	741,464	692,884	48,580	93.4%	598,951	587,480	
Economic classification											
Current payments		721,679	-	(11,664)	710,015	679,357	30,658	95.7%	582,380	578,150	
Compensation of employees		442,957	(11)	-	442,946	412,288	30,658	93.1%	388,891	388,891	
Salaries and wages		391,308	(11)	-	391,297	361,772	29,525	92.5%	341,592	341,592	
Social contributions		51,649	-	-	51,649	50,516	1,133	97.8%	47,299	47,299	
Goods and services		278,722	(394)	(11,664)	266,664	266,664	(0)	100.0%	193,194	188,964	
Administrative fees		337	-	-	337	148	189	43.9%	361	361	
Advertising		1,081	-	-	1,081	531	550	49.1%	222	222	
Minor assets		1,378	(394)	-	984	300	684	30.5%	3,879	75	
Audit costs: External		24,088	-	-	24,088	23,563	525	97.8%	22,740	22,740	
Bursaries: Employees		3	-	-	3	71	(68)	2366.7%	4	4	
Catering: Departmental activities		983	-	-	983	627	356	63.8%	531	531	
Communication (G&S)		46,282	-	(9,317)	36,965	36,198	767	97.9%	16,731	16,731	
Computer services		78,669	-	-	78,669	74,283	4,386	94.4%	57,425	57,425	
Consultants: Business and advisory services		28,623	-	-	28,623	37,856	(9,233)	132.3%	10,420	9,994	
Legal services		38,381	-	-	38,381	46,294	(7,913)	120.6%	44,452	44,452	
Contractors		85	-	-	85	31	54	36.5%	523	523	

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Programme 1: Administration

	2018/19					2017/18			
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Agency and support / outsourced services	25	-	-	25	-	25	-	3	3
Fleet services (including government motor transport)	11,168	-	-	11,168	5,221	5,947	46.7%	5,252	5,252
Inventory: Food and food supplies	182	-	-	182	68	114	37.4%	63	63
Inventory: Materials and supplies	496	-	-	496	5,005	(4,509)	1009.1%	3,171	3,171
Inventory: Medical supplies	40	-	-	40	7	33	17.5%	9	9
Inventory: Other supplies	607	-	-	607	659	(52)	108.6%	172	172
Consumable supplies	2,522	-	-	2,522	957	1,565	37.9%	4,619	4,619
Consumable: Stationery, printing and office supplies	11,464	-	(1,407)	10,057	8,524	1,533	84.8%	2,487	2,487
Operating leases	4,190	-	-	4,190	3,073	1,117	73.3%	3,106	3,106
Property payments	1,905	-	-	1,905	1,009	896	53.0%	1,040	1,040
Travel and subsistence	23,489	-	(940)	22,549	19,966	2,583	88.5%	15,028	15,028
Training and development	500	-	-	500	595	(95)	119.0%	164	164
Operating payments	1,893	-	-	1,893	1,470	423	77.7%	635	635
Venues and facilities	331	-	-	331	208	123	62.8%	157	157
Interest and rent on land	-	405	-	405	405	0	100.0%	295	295
Interest (Incl. interest on unitary payments (PPP))	-	405	-	405	405	0	100.0%	295	295
Transfers and subsidies	1,878	-	486	2,364	4,183	(1,819)	176.9%	3,226	3,226
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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
Households	1,878	-	486	2,364	4,183	(1,819)	176.9%	3,226	3,226
Social benefits	1,948	-	486	2,434	3,828	(1,394)	157.3%	3,235	3,235
Other transfers to households	(70)	-	-	(70)	355	(425)	(507.1%)	(9)	(9)
Payments for capital assets	48,697	-	(19,612)	29,085	9,344	19,741	32.1%	13,345	6,104
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	48,697	-	(19,612)	29,085	9,344	19,741	32.1%	13,345	6,104
Transport equipment	(1)	-	-	(1)	4,870	(4,871)	(487000.0%)	6,777	5,029
Other machinery and equipment	48,698	-	(19,612)	29,086	4,474	24,612	15.4%	6,568	1,075
Payment for financial assets	-	-	-	-	-	-	-	-	-
	772,254	-	(30,790)	741,464	692,884	48,580	93.4%	598,951	587,480

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 1.1: Office of the MEC

	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
Current payments	8,421	1,180	(940)	8,661	6,252	2,409	72.2%	4,078	4,078
Compensation of employees	3,531	1,180	-	4,711	4,714	(3)	100.1%	3,001	3,001
Goods and services	4,890	-	(940)	3,950	1,538	2,412	38.9%	1,077	1,077
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	70	-	(11)	59	41	18	69.2%	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	70	-	(11)	59	41	18	69.2%	-	-
Payments for capital assets	2,343	-	-	2,343	1,021	1,322	43.6%	2,011	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	2,343	-	-	2,343	1,021	1,322	43.6%	2,011	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	10,834	1,180	(951)	11,063	7,314	3,749	66.1%	6,089	4,078

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Sub-programme: I.2: 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
Economic classification									
Current payments	713,258	(1,180)	(10,723)	701,354	673,105	28,249	96.0%	578,302	574,072
Compensation of employees	439,426	(1,191)	-	438,235	407,574	30,661	93.0%	385,890	385,890
Goods and services	273,832	(394)	(10,723)	262,714	265,126	(2,412)	100.9%	192,117	187,887
Interest and rent on land	-	405	-	405	405	0	100.0%	295	295
Transfers and subsidies	1,808	-	497	2,305	4,142	(1,837)	179.7%	3,226	3,226
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,808	-	497	2,305	4,142	(1,837)	179.7%	3,226	3,226
Payments for capital assets	46,354	-	(19,612)	26,742	8,323	18,419	31.1%	11,334	6,104
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	46,354	-	(19,612)	26,742	8,323	18,419	31.1%	11,334	6,104
Payment for financial assets									
Total	761,420	(1,180)	(29,839)	730,401	685,570	44,831	93.9%	592,862	583,402

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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
Sub programme									
1 District Management	906,533	82,531	14,867	1,003,932	973,747	30,185	97.0%	893,924	881,476
2 Community Health Clinics	2,348,727	156,395	94,778	2,599,900	2,636,946	(37,046)	101.4%	2,408,551	2,420,417
3 Community Health Centres	1,257,622	(112,385)	(5,000)	1,140,237	1,135,530	4,707	99.6%	943,047	948,991
4 Community Based Services	590,991	(12,824)	(9,938)	568,229	569,552	(1,323)	100.2%	519,501	524,720
5 Other Community Services	65,765	26	-	65,791	65,016	775	98.8%	87,273	81,360
6 Hiv/Aids	2,105,798	-	-	2,105,798	2,089,536	16,262	99.2%	2,055,413	2,045,769
7 Nutrition	43,532	(3,604)	-	39,928	32,333	7,595	81.0%	37,098	24,872
8 Coroner Services	106,377	8,442	(6,700)	108,119	109,401	(1,282)	101.2%	107,091	100,885
9 District Hospitals	4,746,555	(118,580)	72,771	4,700,745	5,167,739	(466,994)	109.9%	4,309,101	4,314,006
	12,171,900	0	160,778	12,332,679	12,779,800	(447,121)	103.6%	11,360,999	11,342,496
Economic classification									
Current payments	12,001,371	(2,090)	107,437	12,106,718	12,098,714	8,004	99.9%	11,027,742	11,038,627
Compensation of employees	8,757,110	(132,084)	0	8,625,026	8,579,777	45,249	99.5%	7,809,397	7,809,396
Salaries and wages	7,689,435	(97,646)	(26,000)	7,565,789	7,518,808	46,981	99.4%	6,847,657	6,847,656
Social contributions	1,067,675	(34,438)	26,000	1,059,237	1,060,969	(1,732)	100.2%	961,740	961,740
Goods and services	3,244,261	129,959	87,132	3,461,352	3,513,624	(52,272)	101.5%	3,217,024	3,227,910
Administrative fees	816	-	-	816	336	480	41.2%	747	211
Advertising	8,575	-	-	8,575	2,832	5,743	33.0%	2,392	2,062
Minor assets	28,552	-	(1,500)	27,052	13,947	13,105	51.6%	13,784	6,523
Bursaries: Employees	-	-	-	-	339	(339)	-	33	33
Catering: Departmental activities	2,300	-	-	2,300	1,409	891	61.3%	1,843	390
Communication (G&S)	32,195	-	-	32,195	46,081	(13,886)	143.1%	40,120	38,616
Computer services	2,949	-	-	2,949	7,230	(4,281)	245.2%	2,380	2,216
Consultants: Business and advisory services	73,766	-	-	73,766	96,792	(23,026)	131.2%	36,680	35,110

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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	558,360	(5,277)	-	553,083	529,307	23,776	95.7%	481,419	480,402
Contractors	14,688	-	-	14,688	(2,680)	17,368	(18.2%)	4,237	3,085
Agency and support / outsourced services	99,262	(2,849)	-	96,413	75,462	20,951	78.3%	61,951	57,487
Fleet services (including government motor transport)	26,196	1,048	17,407	44,651	54,157	(9,506)	121.3%	57,697	57,467
Inventory: Clothing material and accessories	2,424	-	-	2,424	2,963	(539)	122.2%	1,194	1,194
Inventory: Food and food supplies	93,096	(3,604)	-	89,492	68,216	21,276	76.2%	62,405	59,105
Inventory: Fuel, oil and gas	11,338	64	-	11,402	8,281	3,121	72.6%	5,532	5,422
Inventory: Materials and supplies	9,610	4,617	-	14,227	8,906	5,321	62.6%	15,382	15,369
Inventory: Medical supplies	320,744	(106)	9,947	330,585	246,199	84,386	74.5%	215,484	214,756
Inventory: Medicine	1,331,646	121,228	44,474	1,497,349	1,608,099	(110,750)	107.4%	1,661,921	1,675,981
Inventory: Other supplies	17,961	-	-	17,961	18,666	(705)	103.9%	10,270	10,227
Consumable supplies	52,698	-	-	52,698	61,262	(8,564)	116.3%	50,918	48,141
Consumable: Stationery, printing and office supplies	37,544	-	-	37,544	41,162	(3,618)	109.6%	21,155	19,682
Operating leases	22,156	-	-	22,156	20,432	1,724	92.2%	23,379	15,815
Property payments	390,272	24,786	18,304	433,362	517,385	(84,023)	119.4%	348,352	375,462
Transport provided: Departmental activity	1,655	-	-	1,655	754	901	45.6%	1,160	534
Travel and subsistence	81,164	(9,949)	(1,500)	69,715	61,669	8,046	88.5%	55,187	64,367
Training and development	356	-	-	356	-	356	-	884	-
Operating payments	21,377	-	-	21,377	22,094	(717)	103.4%	38,910	37,771
Venues and facilities	2,226	-	-	2,226	1,561	665	70.1%	1,348	247
Rental and hiring	335	-	-	335	763	(428)	227.8%	260	235
Interest and rent on land	-	36	20,304	20,340	5,313	15,027	26.1%	1,321	1,321
Interest (Incl. interest on unitary payments (PPP))	-	36	20,304	20,340	5,313	15,027	26.1%	1,321	1,321
Transfers and subsidies	64,322	2,090	53,342	119,754	568,015	(448,261)	474.3%	189,355	182,610
Provinces and municipalities	1,200	-	1	1,201	3,091	(1,890)	257.4%	4,181	313
Municipalities	1,200	-	1	1,201	3,091	(1,890)	257.4%	4,181	313
Municipal bank accounts	-	-	-	-	-	-	-	4,181	313

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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
Municipal agencies and funds	1,200	-	-	1,201	3,091	(1,890)	257.4%	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	19,570	-	-	19,570	17,566	2,004	89.8%	10,152	7,278
Households	43,552	2,090	53,341	98,983	547,358	(448,375)	553.0%	175,022	175,019
Social benefits	44,728	2,090	(2,540)	44,278	43,171	1,107	97.5%	70,258	70,258
Other transfers to households	(1,176)	-	55,881	54,705	504,187	(449,482)	921.7%	104,764	104,761
Payments for capital assets	106,207	-	-	106,207	100,733	5,474	94.8%	143,902	121,259
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	106,207	-	-	106,207	100,733	5,474	94.8%	143,902	121,259
Transport equipment	51,145	9,001	-	60,146	55,598	4,548	92.4%	81,141	76,302
Other machinery and equipment	55,062	(9,001)	-	46,061	45,135	926	98.0%	62,761	44,957
Payment for financial assets	-	-	-	-	12,338	(12,338)	-	-	-
	12,171,900	0	160,778	12,332,679	12,779,800	(447,121)	103.6%	11,360,999	11,342,496

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Sub-programme: 2.1: District 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
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	833,795	72,870	17,407	924,072	902,220	21,852	97.6%	804,748	792,300
Compensation of employees	703,721	71,823	-	775,544	766,926	8,618	98.9%	678,167	678,318
Goods and services	130,074	1,048	17,407	148,529	135,294	13,235	91.1%	126,581	113,982
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	32,948	660	(2,540)	31,068	30,840	228	99.3%	38,398	38,398
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	32,948	660	(2,540)	31,068	30,840	228	99.3%	38,398	38,398
Payments for capital assets	39,790	9,001	-	48,791	40,687	8,104	83.4%	50,778	50,778
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	39,790	9,001	-	48,791	40,687	8,104	83.4%	50,778	50,778
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	906,533	82,531	14,867	1,003,932	973,747	30,185	97.0%	893,924	881,476

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 2.2: Community Health Clinics

	2018/19						2017/18		
	Adjusted Appropriation of Funds	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2,340,479	165,396	94,778	2,600,653	2,633,300	(32,647)	101.3%	2,395,645	2,410,355
Compensation of employees	1,712,653	-	30,000	1,742,653	1,751,826	(9,173)	100.5%	1,562,741	1,562,741
Goods and services	627,826	165,396	64,778	858,000	881,474	(23,474)	102.7%	832,904	847,614
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1,161	-	-	1,161	1,623	(462)	139.8%	6,085	6,085
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,161	-	-	1,161	1,623	(462)	139.8%	6,085	6,085
Payments for capital assets	7,087	(9,001)	-	(1,914)	2,023	(3,937)	(105.7%)	6,821	3,977
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	7,087	(9,001)	-	(1,914)	2,023	(3,937)	(105.7%)	6,821	3,977
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	2,348,727	156,395	94,778	2,599,900	2,636,946	(37,046)	101.4%	2,408,551	2,420,417

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 2.3: Community Health Centres

	2018/19						2017/18		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Economic classification									
Current payments	1,253,298	(112,385)	(5,000)	1,135,913	1,129,432	6,481	99.4%	921,505	928,745
Compensation of employees	1,026,151	(72,870)	(5,000)	948,281	942,345	5,936	99.4%	741,569	741,569
Goods and services	227,147	(39,550)	-	187,597	187,051	546	99.7%	179,936	187,176
Interest and rent on land	-	36	-	36	36	(0)	101.3%	-	-
Transfers and subsidies	-	-	-	-	1,493	(1,493)	-	16,219	16,219
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	1,493	(1,493)	-	16,219	16,219
Payments for capital assets	4,324	-	-	4,324	4,605	(281)	106.5%	5,323	4,027
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	4,324	-	-	4,324	4,605	(281)	106.5%	5,323	4,027
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	1,257,622	(112,385)	(5,000)	1,140,237	1,135,530	4,707	99.6%	943,047	948,991

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 2.4: Community Based Services

	2018/19						2017/18		
	Adjusted Appropriation of Funds R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Economic classification									
Current payments	579,107	(12,824)	(9,939)	556,344	538,502	17,842	96.8%	501,298	510,385
Compensation of employees	470,649	(2,874)	(9,939)	457,836	433,952	23,884	94.8%	418,407	418,407
Goods and services	108,458	(9,949)	-	98,509	104,550	(6,041)	106.1%	82,891	91,978
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1,200	-	1	1,201	3,472	(2,271)	289.1%	5,305	1,437
Provinces and municipalities	1,200	-	1	1,201	3,091	(1,890)	257.4%	4,181	313
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	381	(381)	-	1,124	1,124
Payments for capital assets	10,684	-	-	10,684	15,240	(4,556)	142.6%	12,898	12,898
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	10,684	-	-	10,684	15,240	(4,556)	142.6%	12,898	12,898
Payment for financial assets	-	-	-	-	12,338	(12,338)	-	-	-
Total	590,991	(12,824)	(9,938)	568,229	569,552	(1,323)	100.2%	519,501	524,720

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 2.5: Other Community 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
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	63,921	26	-	63,947	64,332	(385)	100.6%	83,571	78,559
Compensation of employees	53,014	2,874	-	55,888	55,902	(14)	100.0%	69,700	69,700
Goods and services	10,907	(2,849)	-	8,058	8,430	(372)	104.6%	13,871	8,859
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	1,844	-	-	1,844	684	1,160	37.1%	3,702	2,801
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,844	-	-	1,844	684	1,160	37.1%	3,702	2,801
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	65,765	26	-	65,791	65,016	775	98.8%	87,273	81,360

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 2.6: Hiv/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
Current payments	2,076,966	(106)	-	2,076,860	2,062,932	13,928	99.3%	2,032,379	2,025,609
Compensation of employees	616,954	-	-	616,954	605,536	11,418	98.1%	719,836	719,684
Goods and services	1,460,012	(106)	-	1,459,906	1,457,396	2,510	99.8%	1,312,543	1,305,925
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	19,594	106	-	19,700	17,672	2,028	89.7%	10,499	7,625
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	19,570	-	-	19,570	17,566	2,004	89.8%	10,152	7,278
Households	24	106	-	130	106	24	81.8%	347	347
Payments for capital assets	9,238	-	-	9,238	8,932	306	96.7%	12,535	12,535
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	9,238	-	-	9,238	8,932	306	96.7%	12,535	12,535
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	2,105,798	-	-	2,105,798	2,089,536	16,262	99.2%	2,055,413	2,045,769

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

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
Current payments	38,823	(3,604)	-	35,219	31,622	3,597	89.8%	32,184	24,836
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	38,823	(3,604)	-	35,219	31,622	3,597	89.8%	32,184	24,836
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	36	36
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	36	36
Payments for capital assets	4,709	-	-	4,709	711	3,998	15.1%	4,878	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	4,709	-	-	4,709	711	3,998	15.1%	4,878	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	43,532	(3,604)	-	39,928	32,333	7,595	81.0%	37,098	24,872

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 2.8: Coroner 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
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	102,166	8,442	(6,700)	103,908	103,164	744	99.3%	99,473	93,267
Compensation of employees	79,474	8,377	-	87,851	87,853	(2)	100.0%	81,025	81,025
Goods and services	22,692	64	(6,700)	16,056	15,311	745	95.4%	18,448	12,242
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	4,211	-	-	4,211	6,237	(2,026)	148.1%	7,618	7,618
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	4,211	-	-	4,211	6,237	(2,026)	148.1%	7,618	7,618
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	106,377	8,442	(6,700)	108,119	109,401	(1,282)	101.2%	107,091	100,885

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 2.9: District Hospitals

	2018/19						2017/18		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Economic classification									
Current payments	4,712,816	(119,905)	16,890	4,609,801	4,633,210	(23,409)	100.5%	4,156,939	4,174,571
Compensation of employees	4,094,494	(139,414)	(15,061)	3,940,019	3,935,437	4,582	99.9%	3,537,952	3,537,952
Goods and services	618,322	19,509	11,647	649,478	692,496	(43,018)	106.6%	617,666	635,298
Interest and rent on land	-	-	20,304	20,304	5,277	15,027	26.0%	1,321	1,321
Transfers and subsidies	9,419	1,324	55,881	66,624	512,915	(446,291)	769.9%	112,813	112,810
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	9,419	1,324	55,881	66,624	512,915	(446,291)	769.9%	112,813	112,810
Payments for capital assets	24,320	-	-	24,320	21,614	2,706	88.9%	39,349	26,625
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	24,320	-	-	24,320	21,614	2,706	88.9%	39,349	26,625
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	4,746,555	(118,580)	72,771	4,700,745	5,167,739	(466,994)	109.9%	4,309,101	4,314,006

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 Emergency Transport	1,223,820	(79,868)	(74,253)	1,069,699	1,031,914	37,785	96.5%	1,042,817
2 Planned Patient Transport	125,915	79,868	(1,726)	204,056	241,179	(37,123)	118.2%	237,216
	1,349,735	-	(75,979)	1,273,756	1,273,093	663	99.9%	1,280,033
								1,279,087
Economic classification								
Current payments	1,227,222	-	(73,162)	1,154,060	1,171,266	(17,206)	101.5%	1,115,422
Compensation of employees	922,436	-	-	922,436	971,943	(49,507)	105.4%	933,626
Salaries and wages	827,511	(16,216)	9,344	820,639	848,278	(27,639)	103.4%	820,650
Social contributions	94,925	16,216	(9,344)	101,797	123,665	(21,868)	121.5%	112,976
Goods and services	304,786	-	(73,162)	231,624	199,323	32,301	86.1%	181,796
Advertising	(0)	-	-	(0)	-	(0)	-	-
Minor assets	6,853	-	-	6,853	1,098	5,755	16.0%	676
Catering: Departmental activities	-	-	-	-	4	(4)	-	72
Communication (G&S)	8,284	-	-	8,284	10,859	(2,575)	131.1%	7,279
Contractors	4,930	-	-	4,930	3,511	1,419	71.2%	114
Agency and support / outsourced services	2,358	-	-	2,358	156	2,202	6.6%	813
Entertainment	5	-	-	5	-	5	-	-
Fleet services (including government motor transport)	183,784	-	(73,162)	110,622	116,528	(5,906)	105.3%	118,994
Inventory: Clothing material and accessories	2,560	-	-	2,560	2,152	408	84.1%	12,664
Inventory: Food and food supplies	391	-	-	391	142	249	36.3%	20
Inventory: Fuel, oil and gas	11,334	-	-	11,334	63	11,271	0.6%	463
Inventory: Materials and supplies	-	-	-	-	110	(110)	-	174
Inventory: Medical supplies	13,394	-	-	13,394	6,392	7,002	47.7%	4,495
Inventory: Medicine	11	-	-	11	653	(642)	5936.4%	583
Inventory: Other supplies	-	-	-	-	441	(441)	-	2,647

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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
Consumable supplies	4,817	-	-	4,817	2,340	2,477	48.6%	494	494
Consumable: Stationery, printing and office supplies	4,514	-	-	4,514	2,296	2,218	50.9%	1,323	1,323
Operating leases	44,941	-	-	44,941	31,752	13,189	70.7%	18,465	18,465
Property payments	14,221	-	-	14,221	14,872	(651)	104.6%	7,644	7,644
Transport provided: Departmental activity	212	-	-	212	-	212	-	-	-
Travel and subsistence	2,177	-	-	2,177	5,894	(3,717)	270.7%	4,624	4,624
Operating payments	-	-	-	-	60	(60)	-	252	252
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	4,079	-	(301)	3,778	3,778	(0)	100.0%	3,049	2,100
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	4,079	-	(301)	3,778	3,778	(0)	100.0%	3,049	2,100
Social benefits	4,079	-	(301)	3,778	3,778	(0)	100.0%	3,049	2,100
Payments for capital assets	118,434	-	(2,516)	115,918	98,049	17,869	84.6%	161,562	161,562
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	118,434	-	(2,516)	115,918	98,049	17,869	84.6%	161,562	161,562
Transport equipment	108,760	-	(257)	108,503	95,343	13,160	87.9%	147,503	147,503
Other machinery and equipment	9,674	-	(2,259)	7,415	2,706	4,709	36.5%	14,059	14,059
Payment for financial assets	-	-	-	-	-	-	-	-	-
	1,349,735	-	(75,979)	1,273,756	1,273,093	663	99.9%	1,280,033	1,279,087

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 3.1: Emergency Transport

	2018/19						2017/18		
	Adjusted Appropriation of Funds	Shifting of Funds	Virement	Final Appropriation	Actual Expenditure	Variance	Expenditure as % of final appropriation	Final Appropriation	Actual Expenditure
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1,118,531	(79,868)	(71,871)	966,793	944,524	22,269	97.7%	922,703	922,706
Compensation of employees	871,743	(79,868)	(9,296)	782,579	791,863	(9,284)	101.2%	768,173	768,173
Goods and services	246,788	-	(62,575)	184,213	152,661	31,552	82.9%	154,530	154,533
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	4,079	-	(301)	3,778	3,778	(0)	100.0%	3,049	2,100
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	4,079	-	(301)	3,778	3,778	(0)	100.0%	3,049	2,100
Payments for capital assets	101,210	-	(2,081)	99,129	83,612	15,517	84.3%	117,065	117,065
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	101,210	-	(2,081)	99,129	83,612	15,517	84.3%	117,065	117,065
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	1,223,820	(79,868)	(74,253)	1,069,699	1,031,914	37,785	96.5%	1,042,817	1,041,871

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 3.2: Planned Patient Transport

	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
Current payments	108,691	79,868	(1,291)	187,267	226,742	(39,475)	121.1%	192,719	192,719
Compensation of employees	50,693	79,868	9,296	139,857	180,080	(40,223)	128.8%	165,453	165,453
Goods and services	57,998	-	(10,588)	47,410	46,662	748	98.4%	27,266	27,266
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	17,224	-	(435)	16,789	14,437	2,352	86.0%	44,497	44,497
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	17,224	-	(435)	16,789	14,437	2,352	86.0%	44,497	44,497
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	125,915	79,868	(1,726)	204,056	241,179	(37,123)	118.2%	237,216	237,216

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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
Sub programme										
1	General (Regional) Hospitals	2,867,183	8,531	(6,145)	2,869,569	2,954,759	(85,190)	103.0%	2,682,567	2,685,261
2	TB Hospitals	383,229	(6,559)	(30,000)	346,670	349,112	(2,442)	100.7%	306,793	303,673
3	Psychiatric Mental Hospitals	716,943	(1,972)	(166,101)	548,871	531,680	17,191	96.9%	500,436	499,427
		3,967,355	(0)	(202,246)	3,765,109	3,835,551	(70,442)	101.9%	3,489,796	3,488,361
Economic classification										
Current payments		3,922,691	(2,699)	(241,633)	3,678,359	3,536,052	142,307	96.1%	3,210,745	3,209,342
Compensation of employees		2,986,943	(492)	(212,342)	2,774,109	2,762,095	12,014	99.6%	2,511,849	2,511,845
Salaries and wages		2,686,893	-	(212,342)	2,474,551	2,457,117	17,434	99.3%	2,205,974	2,205,970
Social contributions		300,050	(492)	-	299,558	304,978	(5,420)	101.8%	305,875	305,875
Goods and services		935,748	(5,291)	(29,291)	901,166	770,873	130,293	85.5%	696,725	695,326
Administrative fees		130	-	-	130	57	73	43.8%	109	20
Advertising		0	-	-	0	1	(1)	354.9%	1	1
Minor assets		3,357	-	-	3,357	1,674	1,683	49.9%	1,863	1,863
Bursaries: Employees		-	-	-	-	114	(114)	-	7	7
Catering: Departmental activities		-	-	-	-	59	(59)	-	31	111
Communication (G&S)		8,298	1,268	-	9,566	8,558	1,008	89.5%	7,962	7,962
Computer services		0	-	-	0	1,688	(1,688)	878251.8%	1,462	1,462
Consultants: Business and advisory services		1,041	-	-	1,041	350	691	33.6%	15	15
Laboratory services		143,418	-	25,587	169,005	99,907	69,098	59.1%	51,812	52,128
Contractors		31,204	-	-	31,204	4,311	26,893	13.8%	3,880	3,855
Agency and support / outsourced services		158,541	(634)	(20,001)	137,906	124,767	13,139	90.5%	121,497	121,409
Entertainment		-	-	-	-	2	(2)	-	-	-
Fleet services (including government motor transport)		5,284	-	-	5,284	4,092	1,192	77.4%	4,536	4,536
Inventory: Clothing material and accessories		1,268	-	-	1,268	2,247	(979)	177.2%	426	426

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Programme 4: Provincial Hospital Services	2018/19						2017/18		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Inventory: Food and food supplies	44,568	-	-	44,568	50,877	(6,309)	114.2%	43,129	43,054
Inventory: Fuel, oil and gas	16,434	-	-	16,434	13,570	2,864	82.6%	18,747	18,747
Inventory: Materials and supplies	3,493	-	-	3,493	4,709	(1,216)	134.8%	2,525	2,525
Inventory: Medical supplies	149,169	-	-	149,169	143,655	5,514	96.3%	94,499	94,481
Inventory: Medicine	196,084	(5,925)	(34,877)	155,282	23,087	132,195	14.9%	153,603	153,603
Inventory: Other supplies	3,368	-	-	3,368	18,794	(15,426)	558.0%	13,369	13,326
Consumable supplies	21,441	-	-	21,441	19,208	2,233	89.6%	16,473	16,428
Consumable: Stationery, printing and office supplies	5,806	-	-	5,806	9,082	(3,276)	156.4%	4,893	4,842
Operating leases	10,421	-	-	10,421	21,573	(11,152)	207.0%	15,696	15,687
Property payments	113,201	-	-	113,201	211,664	(98,463)	187.0%	135,329	134,041
Transport provided: Departmental activity	568	-	-	568	651	(83)	114.6%	340	340
Travel and subsistence	9,754	-	-	9,754	4,971	4,783	51.0%	3,110	3,110
Training and development	-	-	-	-	219	(219)	-	265	265
Operating payments	8,694	-	-	8,694	986	7,708	11.3%	1,087	1,041
Venues and facilities	90	-	-	90	-	90	-	-	-
Rental and hiring	116	-	-	116	-	116	-	58	41
Interest and rent on land	-	3,084	-	3,084	3,084	(0)	100.0%	2,171	2,171
Interest (Incl. interest on unitary payments (PPP))	-	3,084	-	3,084	3,084	(0)	100.0%	1,390	1,390
Rent on land	-	-	-	-	-	-	-	781	781
Transfers and subsidies	18,013	2,213	7,000	27,226	275,990	(248,764)	1013.7%	254,792	266,501
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	18,013	2,213	7,000	27,226	275,990	(248,764)	1013.7%	254,792	266,501

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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
Social benefits	18,013	-	-	18,013	13,267	4,746	73.7%	16,361	16,361
Other transfers to households	-	2,213	7,000	9,213	262,723	(253,510)	2851.7%	238,431	250,140
Payments for capital assets	26,651	486	32,387	59,524	23,509	36,015	39.5%	24,259	12,518
Buildings and other fixed structures	-	486	-	486	486	-	100.0%	-	-
Buildings	-	486	-	486	486	-	100.0%	-	-
Machinery and equipment	26,651	-	32,387	59,038	23,023	36,015	39.0%	24,259	12,518
Transport equipment	7,148	(2,056)	-	5,092	4,651	441	91.3%	8,012	6,666
Other machinery and equipment	19,503	2,056	32,387	53,946	18,372	35,574	34.1%	16,247	5,852
Payment for financial assets	-	-	-	-	-	-	-	-	-
	3,967,355	(0)	(202,246)	3,765,109	3,835,551	(70,442)	101.9%	3,489,796	3,488,361

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 4.1: General (Regional) Hospitals

	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
Current payments	2,834,915	3,084	(45,532)	2,792,467	2,665,907	126,560	95.5%	2,414,730	2,414,059
Compensation of employees	2,230,096	-	(46,241)	2,183,855	2,156,954	26,901	98.8%	1,950,752	1,950,745
Goods and services	604,819	-	709	605,528	505,869	99,659	83.5%	461,807	461,143
Interest and rent on land	-	3,084	-	3,084	3,084	(0)	100.0%	2,171	2,171
Transfers and subsidies	16,797	4,961	7,000	28,758	275,382	(246,624)	957.6%	254,015	265,724
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	16,797	4,961	7,000	28,758	275,382	(246,624)	957.6%	254,015	265,724
Payments for capital assets	15,471	486	32,387	48,344	13,470	34,874	27.9%	13,822	5,478
Buildings and other fixed structures	-	486	-	486	486	-	100.0%	-	-
Machinery and equipment	15,471	-	32,387	47,858	12,984	34,874	27.1%	13,822	5,478
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	2,867,183	8,531	(6,145)	2,869,569	2,954,759	(85,190)	103.0%	2,682,567	2,685,261

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 4.2: TB Hospitals

	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
Current payments	374,321	(6,559)	(30,000)	337,762	341,765	(4,003)	101.2%	299,185	298,915
Compensation of employees	248,272	-	-	248,272	263,159	(14,887)	106.0%	233,829	233,829
Goods and services	126,049	(6,559)	(30,000)	89,490	78,606	10,884	87.8%	65,356	65,086
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1,216	-	-	1,216	353	863	29.0%	330	330
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,216	-	-	1,216	353	863	29.0%	330	330
Payments for capital assets	7,692	-	-	7,692	6,994	698	90.9%	7,278	4,428
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	7,692	-	-	7,692	6,994	698	90.9%	7,278	4,428
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	383,229	(6,559)	(30,000)	346,670	349,112	(2,442)	100.7%	306,793	303,673

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 4.3: Psychiatric Mental Hospitals

	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
Current payments	713,455	776	(166,101)	548,130	528,380	19,750	96.4%	496,830	496,368
Compensation of employees	508,575	(492)	(166,101)	341,982	341,982	0	100.0%	327,268	327,271
Goods and services	204,880	1,268	-	206,148	186,398	19,750	90.4%	169,562	169,097
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	(2,748)	-	(2,748)	255	(3,003)	(9.3%)	447	447
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	(2,748)	-	(2,748)	255	(3,003)	(9.3%)	447	447
Payments for capital assets	3,488	-	-	3,488	3,045	443	87.3%	3,159	2,612
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	3,488	-	-	3,488	3,045	443	87.3%	3,159	2,612
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	716,943	(1,972)	(166,101)	548,871	531,680	17,191	96.9%	500,436	499,427

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 Central Hospital Services	1,134,949	4,000	29,766	1,168,715	1,249,007	(80,292)	106.9%	1,087,777
2 Provincial Tertiary Services	2,375,750	(4,000)	163,067	2,534,817	2,500,145	34,672	98.6%	2,391,218
	3,510,699	-	192,833	3,703,532	3,749,152	(45,620)	101.2%	3,478,995
								3,471,073
Economic classification								
Current payments	3,384,174	-	192,833	3,577,007	3,606,700	(29,693)	100.8%	3,334,629
Compensation of employees	2,381,774	-	(1)	2,381,773	2,643,838	(262,065)	111.0%	2,375,155
Salaries and wages	2,087,872	-	7,515	2,095,387	2,320,479	(225,092)	110.7%	2,112,647
Social contributions	293,902	-	(7,516)	286,386	323,359	(36,973)	112.9%	262,508
Goods and services	1,002,400	(269)	192,835	1,194,965	962,592	232,373	80.6%	959,174
Administrative fees	-	-	-	-	4	(4)	-	21
Advertising	-	-	-	-	91	(91)	-	44
Minor assets	121	-	-	121	3,049	(2,928)	2519.8%	2,797
Bursaries: Employees	-	-	-	-	239	(239)	-	-
Catering: Departmental activities	74	-	-	74	72	2	97.3%	48
Communication (G&S)	11,460	-	-	11,460	13,367	(1,907)	116.6%	12,903
Computer services	100	-	-	100	3,067	(2,967)	3067.0%	2,551
Consultants: Business and advisory services	250	-	-	250	-	250	-	24
Laboratory services	104,537	-	9,114	113,651	106,998	6,653	94.1%	101,602
Contractors	137,947	-	(30,354)	107,593	53,245	54,348	49.5%	33,785
Agency and support / outsourced services	55,037	-	-	55,037	34,772	20,265	63.2%	30,349
Fleet services (including government motor transport)	2,309	-	-	2,309	1,953	356	84.6%	1,741
Inventory: Clothing material and accessories	-	-	-	-	322	(322)	-	54
Inventory: Food and food supplies	31,725	-	-	31,725	31,024	701	97.8%	28,485
Inventory: Fuel, oil and gas	34,554	-	-	34,554	37,689	(3,135)	109.1%	29,958

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Programme 5: Central Hospital Services	2018/19						2017/18		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Inventory: Materials and supplies	6,361	-	-	6,361	8,969	(2,608)	141.0%	3,394	3,394
Inventory: Medical supplies	333,013	(80)	45,600	378,533	348,849	29,684	92.2%	329,263	329,263
Inventory: Medicine	99,081	-	53,133	152,214	40,475	111,739	26.6%	177,372	177,372
Inventory: Other supplies	-	-	16,000	16,000	21,620	(5,620)	135.1%	13,795	13,795
Consumable supplies	5,572	-	8,000	13,572	14,816	(1,244)	109.2%	18,228	18,228
Consumable: Stationery, printing and office supplies	10,784	-	-	10,784	7,821	2,963	72.5%	6,575	6,575
Operating leases	29,068	(190)	9,000	37,878	37,166	712	98.1%	33,742	33,742
Property payments	133,186	-	82,342	215,528	192,177	23,351	89.2%	128,654	128,654
Transport provided: Departmental activity	101	-	-	101	125	(24)	123.8%	62	62
Travel and subsistence	5,614	-	-	5,614	3,553	2,061	63.3%	2,707	2,707
Training and development	-	-	-	-	67	(67)	-	-	-
Operating payments	1,506	-	-	1,506	1,062	444	70.5%	1,020	1,020
Interest and rent on land	-	269	-	269	270	(1)	100.2%	300	300
Interest (Incl. interest on unitary payments (PPP))	-	269	-	269	270	(1)	100.2%	300	300
Transfers and subsidies	17,900	-	-	17,900	40,901	(23,001)	228.5%	81,281	81,281
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	17,900	-	-	17,900	40,901	(23,001)	228.5%	81,281	81,281
Social benefits	17,900	(2,536)	-	15,364	10,692	4,672	69.6%	12,911	12,911
Other transfers to households	-	2,536	-	2,536	30,209	(27,673)	1191.2%	68,370	68,370
Payments for capital assets	108,625	(0)	-	108,625	101,551	7,074	93.5%	63,085	58,091
Buildings and other fixed structures	3,000	-	-	3,000	152	2,848	5.1%	-	-
Buildings	3,000	-	-	3,000	152	2,848	5.1%	-	-

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Programme 5: Central Hospital Services

	2018/19						2017/18		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Machinery and equipment	105,625	(0)	-	105,625	101,399	4,226	96.0%	63,085	58,091
Transport equipment	-	3,099	-	3,099	3,098	1	100.0%	3,749	3,749
Other machinery and equipment	105,625	(3,099)	-	102,526	98,301	4,225	95.9%	59,336	54,342
Payment for financial assets	-	-	-	-	-	-	-	-	-
	3,510,699	(0)	192,833	3,703,532	3,749,152	(45,620)	101.2%	3,478,995	3,471,073

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 5.1: 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
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	1,103,768	-	29,766	1,133,534	1,193,318	(59,784)	105.3%	1,029,645	1,026,773
Compensation of employees	783,955	-	(422)	783,533	905,691	(122,158)	115.6%	733,009	733,005
Goods and services	319,813	(80)	30,189	349,922	287,547	62,375	82.2%	296,342	293,474
Interest and rent on land	-	80	-	80	80	(0)	100.5%	294	294
Transfers and subsidies	8,700	-	-	8,700	25,705	(17,005)	295.5%	39,523	39,523
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	8,700	-	-	8,700	25,705	(17,005)	295.5%	39,523	39,523
Payments for capital assets	22,481	4,000	-	26,481	29,984	(3,503)	113.2%	18,609	18,609
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	22,481	4,000	-	26,481	29,984	(3,503)	113.2%	18,609	18,609
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	1,134,949	4,000	29,766	1,168,715	1,249,007	(80,292)	106.9%	1,087,777	1,084,905

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 5.2: Provincial Tertiary 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
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	2,280,406	-	163,067	2,443,473	2,413,382	30,091	98.8%	2,304,984	2,304,928
Compensation of employees	1,597,819	-	421	1,598,240	1,738,147	(139,907)	108.8%	1,642,146	1,642,146
Goods and services	682,587	(190)	162,646	845,043	675,045	169,998	79.9%	662,832	662,776
Interest and rent on land	-	190	-	190	190	(0)	100.1%	6	6
Transfers and subsidies	9,200	-	-	9,200	15,196	(5,996)	165.2%	41,758	41,758
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	9,200	-	-	9,200	15,196	(5,996)	165.2%	41,758	41,758
Payments for capital assets	86,144	(4,000)	-	82,144	71,567	10,577	87.1%	44,476	39,482
Buildings and other fixed structures	3,000	-	-	3,000	152	2,848	5.1%	-	-
Machinery and equipment	83,144	(4,000)	-	79,144	71,415	7,729	90.2%	44,476	39,482
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	2,375,750	(4,000)	163,067	2,534,817	2,500,145	34,672	98.6%	2,391,218	2,386,168

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

		2018/19						2017/18		
		Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation %	Final Appropriation R'000	Actual Expenditure R'000
Programme 6: Health Sciences and Training										
Sub programme										
1 Nursing Training Colleges		326,390	62	(7,352)	319,100	288,232	30,868	90.3%	283,051	276,980
2 EMS Training College		15,521	(62)	(2,885)	12,573	10,939	1,634	87.0%	18,825	13,873
3 Bursaries		175,621	-	(4,430)	171,191	147,216	23,975	86.0%	141,750	141,117
4 Other Training		362,981	-	(28,929)	334,052	330,148	3,904	98.8%	301,689	295,722
		880,512	-	(43,595)	836,918	776,535	60,383	92.8%	745,315	727,692
Economic classification										
Current payments		686,503	-	(43,594)	642,909	611,253	31,656	95.1%	568,364	562,753
Compensation of employees		552,722	-	(1,266)	551,456	519,800	31,656	94.3%	471,447	468,511
Salaries and wages		481,695	(22,699)	0	458,996	479,892	(20,896)	104.6%	434,426	431,490
Social contributions		71,027	22,699	(1,267)	92,459	39,908	52,551	43.2%	37,021	37,021
Goods and services		133,781	-	(42,328)	91,453	91,453	0	100.0%	96,917	94,242
Administrative fees		1,760	-	-	1,760	1,671	89	94.9%	1,977	1,937
Advertising		1,090	-	(777)	313	228	85	72.8%	80	-
Minor assets		3,660	-	-	3,660	1,094	2,566	29.9%	608	608
Audit costs: External		-	-	-	-	-	-	-	356	356
Bursaries: Employees		8,542	-	(3,000)	5,542	14,278	(8,736)	257.6%	13,257	12,959
Catering: Departmental activities		200	-	-	200	100	100	50.0%	599	599
Communication (G&S)		4,884	-	-	4,884	1,824	3,060	37.3%	1,665	1,485
Computer services		-	-	-	-	53	(53)	-	-	-
Consultants: Business and advisory services		899	-	-	899	842	57	93.7%	648	648
Laboratory services		-	-	-	-	-	-	-	460	-
Contractors		2,589	-	-	2,589	80	2,509	3.1%	621	449
Agency and support / outsourced services		17,134	-	-	17,134	10,125	7,009	59.1%	27,580	27,440
Fleet services (including government motor transport)		2,763	-	-	2,763	1,591	1,172	57.6%	1,811	1,811

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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
Inventory: Clothing material and accessories	69	-	-	69	27	42	39.1%	590	520
Inventory: Food and food supplies	114	-	-	114	6	108	5.3%	-	-
Inventory: Fuel, oil and gas	43	-	-	43	4	39	9.3%	10	5
Inventory: Materials and supplies	-	-	-	-	291	(291)	-	1,283	1,159
Inventory: Medical supplies	4,505	-	-	4,505	6,130	(1,625)	136.1%	5,861	5,861
Inventory: Medicine	-	-	-	-	12	(12)	-	8	3
Inventory: Other supplies	5,535	-	(1,270)	4,265	560	3,705	13.1%	808	690
Consumable supplies	13,449	-	(12,685)	764	2,274	(1,510)	297.7%	1,118	1,034
Consumable: Stationery, printing and office supplies	698	-	(164)	534	1,963	(1,429)	367.8%	2,273	2,095
Operating leases	1,416	-	(200)	1,216	1,110	106	91.3%	1,533	1,307
Property payments	12,138	-	(3,751)	8,387	8,642	(255)	103.0%	5,433	5,433
Transport provided: Departmental activity	-	-	-	-	-	-	-	525	525
Travel and subsistence	24,287	-	(1,951)	22,336	19,204	3,132	86.0%	14,984	14,984
Training and development	22,647	-	(16,819)	5,828	18,575	(12,747)	318.7%	11,968	11,937
Operating payments	4,508	-	(1,525)	2,983	95	2,888	3.2%	860	397
Venues and facilities	849	-	(186)	663	674	(11)	101.7%	-	-
Rental and hiring	-	-	-	-	-	-	-	1	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	182,636	-	(0)	182,636	158,770	23,866	86.9%	153,526	153,526
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	11,856	-	-	11,856	11,856	-	100.0%	11,013	11,013
Departmental agencies (non-business entities)	11,856	-	-	11,856	11,856	-	100.0%	11,013	11,013
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	170,780	-	(0)	170,780	146,914	23,866	86.0%	142,513	142,513

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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
Social benefits	1,580	-	73	1,653	1,653	0	100.0%	2,542	2,542
Other transfers to households	169,200	-	(74)	169,126	145,261	23,865	85.9%	139,971	139,971
Payments for capital assets	11,373	-	-	11,373	6,512	4,861	57.3%	23,425	11,413
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	11,373	-	-	11,373	6,512	4,861	57.3%	23,425	11,413
Transport equipment	905	-	-	905	1,545	(640)	170.7%	4,448	2,195
Other machinery and equipment	10,468	-	-	10,468	4,967	5,501	47.4%	18,977	9,218
Payment for financial assets	-	-	-	-	-	-	-	-	-
	880,512	-	(43,595)	836,918	776,535	60,383	92.8%	745,315	727,692

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 6.1: Nursing Training Colleges

	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
Current payments	324,412	-	(7,352)	317,060	284,993	32,067	89.9%	275,045	270,387
Compensation of employees	289,097	-	(99)	288,998	256,918	32,080	88.9%	249,091	246,155
Goods and services	35,315	-	(7,253)	28,062	28,075	(13)	100.0%	25,954	24,232
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	1,500	62	-	1,562	1,561	1	99.9%	2,293	2,293
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	1,500	62	-	1,562	1,561	1	99.9%	2,293	2,293
Payments for capital assets	478	-	-	478	1,678	(1,200)	351.0%	5,713	4,300
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	478	-	-	478	1,678	(1,200)	351.0%	5,713	4,300
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	326,390	62	(7,352)	319,100	288,232	30,868	90.3%	283,051	276,980

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Sub-programme: 6.2: EMS Training College	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
Economic classification									
Current payments	14,432	-	(2,885)	11,547	10,709	838	92.7%	13,052	12,791
Compensation of employees	7,971	-	-	7,971	7,135	836	89.5%	7,741	7,741
Goods and services	6,461	-	(2,885)	3,576	3,574	2	100.0%	5,311	5,050
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	80	(62)	-	18	11	7	62.3%	94	94
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	80	(62)	-	18	11	7	62.3%	94	94
Payments for capital assets	1,009	-	-	1,009	219	790	21.7%	5,679	988
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	1,009	-	-	1,009	219	790	21.7%	5,679	988
Payment for financial assets									
Total	15,521	(62)	(2,885)	12,573	10,939	1,634	87.0%	18,825	13,873

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 6.3: Bursaries

	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
Current payments	6,311	-	(4,356)	1,955	1,955	-	100.0%	1,745	1,112
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	6,311	-	(4,356)	1,955	1,955	-	100.0%	1,745	1,112
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	169,200	-	(74)	169,126	145,261	23,865	85.9%	140,005	140,005
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	169,200	-	(74)	169,126	145,261	23,865	85.9%	140,005	140,005
Payments for capital assets	110	-	-	110	-	110	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	110	-	-	110	-	110	-	-	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	175,621	-	(4,430)	171,191	147,216	23,975	86.0%	141,750	141,117

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 6.4: Other 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
Economic classification									
Current payments	341,349	-	(29,002)	312,347	313,596	(1,249)	100.4%	278,522	278,463
Compensation of employees	255,654	-	(1,168)	254,486	255,747	(1,261)	100.5%	214,615	214,615
Goods and services	85,695	-	(27,834)	57,861	57,849	12	100.0%	63,907	63,848
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	11,856	-	73	11,929	11,937	(8)	100.1%	11,134	11,134
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	11,856	-	-	11,856	11,856	-	100.0%	11,013	11,013
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	73	73	81	(8)	110.3%	121	121
Payments for capital assets	9,776	-	-	9,776	4,615	5,161	47.2%	12,033	6,125
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	9,776	-	-	9,776	4,615	5,161	47.2%	12,033	6,125
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	362,981	-	(28,929)	334,052	330,148	3,904	98.8%	301,689	295,722

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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
Sub programme									
	55,107	(2,780)	(6,040)	46,287	39,316	6,971	84.9%	36,434	36,270
	71,444	2,780	(4,084)	70,140	70,744	(604)	100.9%	63,947	63,728
	126,551	-	(10,124)	116,427	110,060	6,367	94.5%	100,381	99,998
Economic classification									
	125,549	-	(10,040)	115,509	109,832	5,677	95.1%	99,397	99,397
	64,767	-	-	64,767	60,148	4,619	92.9%	52,707	52,707
	57,215	(2,780)	-	54,435	51,866	2,569	95.3%	45,421	45,421
	7,552	2,780	-	10,332	8,282	2,050	80.2%	7,286	7,286
	60,782	-	(10,040)	50,742	49,684	1,058	97.9%	46,690	46,690
	-	-	-	-	-	-	-	5	5
	914	-	(300)	614	71	543	11.6%	70	70
	7,445	-	(4,000)	3,445	819	2,626	23.8%	789	789
	(0)	-	-	(0)	1,228	(1,228)	(571694.6%)	1,408	1,408
	484	-	-	484	84	400	17.4%	137	137
	2,807	-	-	2,807	-	2,807	-	-	-
	721	-	(400)	321	44	277	13.7%	107	107
	-	-	-	-	-	-	-	52	52
	66	-	-	66	37	29	56.5%	29	29
	-	-	-	-	28	(28)	-	33	33
	26,023	-	(5,040)	20,983	19,772	1,211	94.2%	17,763	17,763
	5	-	-	5	43	(38)	860.0%	113	113
	2,316	-	-	2,316	1,871	445	80.8%	1,522	1,522
	1,051	-	-	1,051	1,169	(118)	111.3%	490	490
	1,197	-	-	1,197	852	345	71.2%	911	911

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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
Property payments	3,399	-	(300)	3,099	4,373	(1,274)	141.1%	2,573	2,573
Travel and subsistence	2,338	-	-	2,338	1,156	1,182	49.4%	943	943
Training and development	-	-	-	-	127	(127)	-	44	44
Operating payments	12,018	-	-	12,018	18,010	(5,992)	149.9%	19,701	19,701
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	100	-	(84)	16	16	(0)	100.2%	92	34
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	100	-	(84)	16	16	(0)	100.2%	92	34
Social benefits	100	-	(84)	16	16	(0)	100.2%	92	34
Payments for capital assets	902	-	-	902	212	690	23.5%	892	567
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	902	-	-	902	212	690	23.5%	892	567
Transport equipment	577	15	-	592	59	533	10.0%	339	14
Other machinery and equipment	325	(15)	-	310	153	157	49.3%	553	553
Payment for financial assets	-	-	-	-	-	-	-	-	-
	126,551	-	(10,124)	116,427	110,060	6,367	94.5%	100,381	99,998

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 7.1: Orthotic & Prosthetic 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
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	54,525	(2,780)	(6,040)	45,705	39,204	6,501	85.8%	36,137	36,137
Compensation of employees	25,477	(2,780)	-	22,697	18,078	4,619	79.6%	17,208	17,208
Goods and services	29,048	-	(6,040)	23,008	21,126	1,882	91.8%	18,929	18,929
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	7	7
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	7	7
Payments for capital assets	582	-	-	582	112	470	19.2%	290	126
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	582	-	-	582	112	470	19.2%	290	126
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	55,107	(2,780)	(6,040)	46,287	39,316	6,971	84.9%	36,434	36,270

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 7.2: Medicine Trading Account

	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
Current payments	71,024	2,780	(4,000)	69,804	70,628	(824)	101.2%	63,260	63,260
Compensation of employees	39,290	2,780	-	42,070	42,070	(0)	100.0%	35,499	35,499
Goods and services	31,734	-	(4,000)	27,734	28,558	(824)	103.0%	27,761	27,761
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	100	-	(84)	16	16	(0)	100.2%	85	27
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	100	-	(84)	16	16	(0)	100.2%	85	27
Payments for capital assets	320	-	-	320	100	220	31.3%	602	441
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	320	-	-	320	100	220	31.3%	602	441
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	71,444	2,780	(4,084)	70,140	70,744	(604)	100.9%	63,947	63,728

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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
	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000
Sub programme								
1 Community Health Facilities	181,252	-	(15,950)	165,302	106,070	59,232	64.2%	151,438
2 Emergency Medical Rescue Services	-	136	-	136	136	(0)	100.0%	265
3 District Hospital Services	630,953	(60,956)	13,322	583,319	661,090	(77,771)	113.3%	760,786
4 Provincial Hospital Services	361,105	61,417	3,163	425,685	412,773	12,912	97.0%	289,416
5 Other Facilities	71,260	(597)	8,588	79,251	73,227	6,024	92.4%	78,228
	1,244,570	(0)	9,122	1,253,692	1,253,296	396	100.0%	1,280,133
								1,274,514
Economic classification								
Current payments	265,683	-	19,371	285,054	306,023	(20,969)	107.4%	401,798
Compensation of employees	29,796	-	-	29,796	29,103	693	97.7%	16,992
Salaries and wages	29,796	-	-	29,796	27,912	1,884	93.7%	15,960
Social contributions	-	-	-	-	1,191	(1,191)	-	1,032
Goods and services	235,887	-	19,371	255,258	256,616	(1,358)	100.5%	384,806
Administrative fees	720	(136)	-	584	-	584	-	14
Advertising	540	-	-	540	-	540	-	8
Minor assets	142	-	-	142	3,708	(3,566)	2611.3%	11,135
Catering: Departmental activities	-	-	-	-	4	(4)	-	-
Communication (G&S)	942	-	-	942	-	942	-	-
Computer services	140	-	-	140	-	140	-	-
Consultants: Business and advisory services	-	-	-	-	-	-	-	-
Laboratory services	-	-	-	-	366	(366)	-	36,298
Legal services	170	-	-	170	-	170	-	-
Contractors	206,292	-	1,899	208,191	221,587	(13,396)	106.4%	110,345
Fleet services (including government motor transport)	3	-	-	3	-	3	-	26
Inventory: Materials and supplies	-	-	20,000	20,000	19,246	754	96.2%	7,321
Inventory: Medical supplies	-	136	-	136	2,269	(2,133)	1669.1%	13,912

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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
Inventory: Other supplies	571	-	-	571	-	571	-	14,907	14,907
Consumable supplies	1,067	-	-	1,067	299	768	28.0%	7,720	7,720
Consumable: Stationery, printing and office supplies	48	-	-	48	311	(263)	647.9%	268	268
Operating leases	-	-	-	-	-	-	-	1	-
Property payments	17,200	-	(2,528)	14,672	4,372	10,300	29.8%	180,907	188,945
Transport provided: Departmental activity	-	-	-	-	-	-	-	5	5
Travel and subsistence	3,367	-	-	3,367	2,396	971	71.2%	1,846	1,862
Training and development	4,205	-	-	4,205	1,886	2,319	44.9%	-	-
Operating payments	480	-	-	480	172	308	35.8%	93	94
Interest and rent on land	-	-	-	-	20,304	(20,304)	-	-	-
Interest (Incl. interest on unitary payments (PPP))	-	-	-	-	20,304	(20,304)	-	-	-
Transfers and subsidies	-	-	11	11	11	(0)	103.8%	67	67
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	11	11	11	(0)	103.8%	67	67
Social benefits	-	-	11	11	11	(0)	103.8%	67	67
Payments for capital assets	978,887	(0)	(10,259)	968,628	947,262	21,366	97.8%	878,268	864,742
Buildings and other fixed structures	872,234	39,946	-	912,180	911,812	368	100.0%	646,701	637,152
Buildings	872,234	39,946	-	912,180	911,812	368	100.0%	646,701	637,152
Machinery and equipment	106,653	(39,946)	(10,259)	56,448	35,450	20,998	62.8%	231,567	227,590
Other machinery and equipment	106,653	(39,946)	(10,259)	56,448	35,450	20,998	62.8%	231,567	227,590
Payment for financial assets	-	-	-	-	-	-	-	-	-
	1,244,570	(0)	9,122	1,253,692	1,253,296	396	100.0%	1,280,133	1,274,514

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

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	2017/18			
								Final Appropriation	Actual Expenditure		
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000		
Current payments	24,425	-	(2,528)	21,897	3,688	18,209	16.8%	15,111	15,111		
Compensation of employees	-	-	-	-	-	-	-	107	107		
Goods and services	24,425	-	(2,528)	21,897	3,688	18,209	16.8%	15,004	15,004		
Interest and rent on land	-	-	-	-	-	-	-	-	-		
Transfers and subsidies	-	-	-	-	-	-	-	-	-		
Provinces and municipalities	-	-	-	-	-	-	-	-	-		
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-		
Higher education institutions	-	-	-	-	-	-	-	-	-		
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-		
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-		
Non-profit institutions	-	-	-	-	-	-	-	-	-		
Households	-	-	-	-	-	-	-	-	-		
Payments for capital assets	156,827	-	(13,422)	143,405	102,382	41,023	71.4%	136,327	140,283		
Buildings and other fixed structures	141,300	-	-	141,300	100,277	41,023	71.0%	121,278	126,214		
Machinery and equipment	15,527	-	(13,422)	2,105	2,105	-	100.0%	15,049	14,069		
Payment for financial assets	-	-	-	-	-	-	-	-	-		
Total	181,252	-	(15,950)	165,302	106,070	59,232	64.2%	151,438	155,394		

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 8.2: Emergency Medical Rescue 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
Economic classification									
Current payments	-	136	-	136	136	(0)	100.0%	248	264
Compensation of employees	-	-	-	-	-	-	-	171	170
Goods and services	-	136	-	136	136	(0)	100.0%	77	94
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	17	17
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	17	17
Payments for capital assets	-	-	-	-	-	-	-	-	-
Buildings and other fixed structures	-	-	-	-	-	-	-	-	-
Machinery and equipment	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	-	136	-	136	136	(0)	100.0%	265	281

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 8.3: District Hospital Services

	2018/19						2017/18		
	Adjusted Appropriation R'000	Shifting of Funds R'000	Virement R'000	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Expenditure as % of final appropriation	Final Appropriation R'000	Actual Expenditure R'000
Economic classification									
Current payments	200,462	8,123	13,311	221,896	267,167	(45,271)	120.4%	320,442	320,479
Compensation of employees	-	8,123	-	8,123	8,122	-	100.0%	7,712	7,712
Goods and services	200,462	-	13,311	213,773	238,741	(24,968)	111.7%	312,730	312,767
Interest and rent on land	-	-	-	-	20,304	(20,304)	-	-	-
Transfers and subsidies	-	-	11	11	11	(0)	103.8%	37	37
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	11	11	11	(0)	103.8%	37	37
Payments for capital assets	430,491	(69,079)	-	361,412	393,912	(32,500)	109.0%	440,307	431,995
Buildings and other fixed structures	379,230	(41,117)	-	338,113	361,681	(23,568)	107.0%	270,076	264,761
Machinery and equipment	51,261	(27,962)	-	23,299	32,231	(8,932)	138.3%	170,231	167,234
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	630,953	(60,956)	13,322	583,319	661,090	(77,771)	113.3%	760,786	752,511

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3

APPROPRIATION STATEMENT
for the year ended 31 March 2019

Sub-programme: 8.4: 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
Economic classification	R'000	R'000	R'000	R'000	R'000	R'000	%	R'000	R'000
Current payments	40,796	(8,259)	-	32,537	25,645	6,892	78.8%	73,505	73,371
Compensation of employees	29,796	(8,123)	-	21,673	20,981	692	96.8%	9,002	8,855
Goods and services	11,000	(136)	-	10,864	4,664	6,200	42.9%	64,503	64,516
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	13	13
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	13	13
Payments for capital assets	320,309	69,676	3,163	393,148	387,128	6,020	98.5%	215,898	215,898
Buildings and other fixed structures	293,309	76,345	-	369,654	386,742	(17,088)	104.6%	169,611	169,611
Machinery and equipment	27,000	(6,669)	3,163	23,494	386	23,108	1.6%	46,287	46,287
Payment for financial assets	-	-	-	-	-	-	-	-	-
Total	361,105	61,417	3,163	425,685	412,773	12,912	97.0%	289,416	289,282

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**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
Current payments	-	-	8,588	8,588	9,387	(799)	109.3%	(7,508)	480
Compensation of employees	-	-	-	-	-	-	-	-	-
Goods and services	-	-	8,588	8,588	9,387	(799)	109.3%	(7,508)	480
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Provinces and municipalities	-	-	-	-	-	-	-	-	-
Departmental agencies and accounts	-	-	-	-	-	-	-	-	-
Higher education institutions	-	-	-	-	-	-	-	-	-
Foreign governments and international organisations	-	-	-	-	-	-	-	-	-
Public corporations and private enterprises	-	-	-	-	-	-	-	-	-
Non-profit institutions	-	-	-	-	-	-	-	-	-
Households	-	-	-	-	-	-	-	-	-
Payments for capital assets	71,260	(597)	-	70,663	63,840	6,823	90.3%	85,736	76,566
Buildings and other fixed structures	58,395	4,718	-	63,113	63,112	1	100.0%	85,736	76,566
Machinery and equipment	12,865	(5,315)	-	7,550	728	6,822	9.6%	-	-
Payment for financial assets				-		-	-	-	-
Total	71,260	(597)	8,588	79,251	73,227	6,024	92.4%	78,228	77,046

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Direct charges

	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
Sub programme									
Member of Executive Council salary	1,948	-	-	1,948	1,948	-	100.0%	1,978	1,978
	1,948	-	-	1,948	1,948	-	100.0%	1,978	1,978
Economic classification									
Current payments	1,948	-	-	1,948	1,948	-	100.0%	1,978	1,978
Compensation of employees	1,948	-	-	1,948	1,948	-	100.0%	1,978	1,978
Salaries and wages	1,948	-	-	1,948	1,948	-	100.0%	1,096	1,978
Social contributions	-	-	-	-	-	-	-	882	-
Goods and services	-	-	-	-	-	-	-	-	-
Interest and rent on land	-	-	-	-	-	-	-	-	-
Transfers and subsidies	-	-	-	-	-	-	-	-	-
Payments for capital assets	-	-	-	-	-	-	-	-	-
Payment for financial assets	-	-	-	-	-	-	-	-	-
	1,948	-	-	1,948	1,948	-	100.0%	1,978	1,978

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**NOTES TO 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 the note on Transfers and subsidies, disclosure notes and Annexure I (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 I (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:

Administration

Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
R'000	R'000	R'000	%

741,464 692,884 48,580 6.55%

The net underspend of R48,580 million in the programme, primarily vesting in compensation of employees, arose as a result of the settlement of medico legal claims settled by the department.

A net amount of R30.7 million was adjusted from the programme, through the application of virements to programmes 2 & 4 in order to primarily fund medico legal claim settlements incurred by those programmes.

District Health Services

12,332,679 12,779,800 -447,121 -3.63%

The net overspend of R447,121 million net of funds shifts and virements is primarily attributable to the settlement of medico legal claims which are unbudgeted.

A net amount of R160.7 million was adjusted into the programme from programmes 1,3 and 6 through the application of virements in order to primarily fund unbudgeted medico legal claim settlements incurred in the current financial year as well ongoing goods and services pressures experienced in the district management and community health clinics sub programmes.

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
R'000	R'000	R'000	%

Emergency Medical Services

	1,273,756	1,273,093	663	0.05%
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The net underspending of R663 thousand is primarily in respect of machinery and equipment.

A net amount of R75.9 million was adjusted from the programme through the application of virements in favour of the clinical branch programmes in order to fund unbudgeted medico-legal claim settlements incurred by them in the current financial year.

Provincial Hospital Services

	3,765,109	3,835,551	-70,442	-1.87%
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The net overspend of R70.442 million, after funds shifts and virements, is attributable to the settlement of unbudgeted medico legal claims.

A net amount of R202.2 million was adjusted from the programme through the application of virements in favour of programme 5, in order to align the net combined programmes' compensation of employee's budget, wherein expenditure had been distorted between the two clinical programmes, having arisen through unmatched and aligned link codes between Persal and BAS.

Central Hospital Services

	3,703,532	3,749,152	-45,620	-1.23%
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The net overspend of R45.620 million is attributable to the settlement of unbudgeted medico legal claims.

A net amount of R192.8 million was adjusted into the programme from several other programmes through the application of virements in order to fund inter alia the alignment of the net combined compensation of employees spend within programmes 4 and 5, wherein expenditure had been distorted between the two clinical programmes, having arisen through unmatched and aligned link codes between Persal and BAS.

Health Science and Training

	836,918	776,535	60,383	7.21%
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The net underspend of R60,383 million in the programme, primarily vesting in outstanding transfers due in respect of the South African Bursary Programme compensation of employees, arose as a result of the settlement of unbudgeted medico legal claims by the department.

A net amount of R43.5 million was adjusted from the programme through the application of virements in favour of programmes 2 and 4 in order to fund unbudgeted medico-legal claim settlements incurred in the current financial year.

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2019**

Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
R'000	R'000	R'000	%

Health Care and Support Services

	116,427	110,060	6,367	5.47%
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The net underspend of R6.367 million, is represented primarily within current payments of the medical depots in order to fund unbudgeted medico-legal claim settlements incurred in the current financial year.

A net amount of R10.1 million was adjusted from the programme through the application of virements in favour of programmes 2 and 4 in order to fund unbudgeted medico-legal claim settlements incurred in the current financial year.

Health Facilities Management

	1,253,692	1,253,296	396	0.03%
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The programme underspent by a net amount of R396 thousand.

A net amount of R9.1 million was adjusted into the programme through the application of virements.

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2019**

4.2 Per economic classification:

	Final Appropriation R'000	Actual Expenditure R'000	Variance R'000	Variance as a % of Final Approp. %
Current expenditure				
Compensation of employees	15,794,257	15,980,940	(186,683)	-1.18%
Goods and services	6,453,223	6,110,829	342,394	5.31%
Interest and rent on land	24,098	29,376	(5,278)	-21.90%
Transfers and subsidies				
Provinces and municipalities	1,201	3,091	(1,890)	-157.37%
Departmental agencies and accounts	11,856	11,856	-	0.00%
Non-profit institutions	19,570	17,566	2,004	10.24%
Households	321,057	1,019,151	(698,094)	-217.44%
Payments for capital assets				
Buildings and other fixed structures	915,666	912,450	3,216	0.35%
Machinery and equipment	484,596	374,722	109,874	22.67%

Compensation of Employees (CoE): overspent by a net amount of R186.683 million, after the application of approved funds shifts and virements to goods and services primarily in programmes 2, 3 and 5.

The compensation of employee's budget, wherein expenditure had been distorted between clinical programmes 4 and 5, arose through unmatched and aligned link codes between Persal and BAS. The net over expenditure of R49 million programme 3 arose from the settlement of shift allowances.

Goods and Services: underspent by a net amount of R342,394 million in order to fund unbudgeted medico-legal claim settlements incurred in the current financial year.

Transfers and Subsidies: overspent by a net amount of R698.094 million, primarily attributable to the residual settlement by the department of unbudgeted medico legal claims in the current financial year.

Payments for Capital Assets: underspent by a net amount of R109.874 million, in order to fund unbudgeted medico-legal claim settlements incurred in the current financial year.

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**NOTES TO THE APPROPRIATION STATEMENT
for the year ended 31 March 2019**

4.3 Per conditional grant

	Final Appropriation	Actual Expenditure	Variance	Variance as a % of Final Approp.
	R'000	R'000	R'000	%
National Tertiary Services grant	944,744	940,727	4,017	0.43%
Health Professions Training and Development grant	242,392	242,191	201	0.08%
HIV/ AIDS grant	2,105,798	2,103,651	2,147	0.10%
Health Facility Revitalisation grant	664,570	664,570	-	0.00%
Expanded Public Works Programme Integrated	2,225	1,717	508	22.83%
Expanded Public Works Programme Social Sector	1,455	1,455	-	0.00%
Human Papillomavirus Vaccine Grant	33,471	33,469	2	0.01%
TOTAL	3,994,655	3,987,780	6,875	0.00%

Conditional Grants have spent at an overall level of 99.9%, reflecting a net under expenditure of R6.875 million.

Of the underspend above, application for conditional grant rollovers have been made in respect of the National Tertiary Services Conditional Grant for R4.1 million and the HIV,AIDS and TB Conditional Grant for R1.9 million.

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
REVENUE			
Annual appropriation	1	24,023,577	22,334,603
Statutory appropriation	2	1,948	1,978
Departmental revenue	3	-	-
Aid assistance	4	1,227	500
TOTAL REVENUE		24,026,752	22,337,081
EXPENDITURE			
Current expenditure			
Compensation of employees	5	15,980,936	14,558,946
Goods and services	6	6,110,824	5,784,042
Interest and rent on land	7	29,375	4,086
Aid assistance	4	346	1,733
Total current expenditure		22,121,481	20,348,807
Transfers and subsidies			
Transfers and subsidies	9	1,051,663	689,346
Total transfers and subsidies		1,051,663	689,346
Expenditure for capital assets			
Tangible assets	10	1,287,183	1,236,259
Intangible assets	10	-	-
Total expenditure for capital assets		1,287,183	1,236,259
Unauthorised expenditure approved without funding		-	1,046
Payments for financial assets	8	12,338	-
TOTAL EXPENDITURE		24,472,665	22,275,458
SURPLUS/(DEFICIT) FOR THE YEAR		(445,913)	61,623

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

STATEMENT OF FINANCIAL PERFORMANCE
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
Reconciliation of Net Surplus/(Deficit) for the year			
Voted Funds		(446,794)	62,856
Annual appropriation		(453,669)	33,764
Conditional grants		6,875	29,092
Departmental revenue and NRF Receipts	16	-	-
Aid assistance	4	881	(1,233)
SURPLUS/(DEFICIT) FOR THE YEAR		(445,913)	61,623

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**STATEMENT OF FINANCIAL POSITION
as at 31 March 2019**

	Note	2018/19 R'000	2017/18 R'000
ASSETS			
Current Assets		814,780	276,539
Unauthorised expenditure	11	648,647	79,297
Cash and cash equivalents	12	17	38,898
Prepayments and advances	13	-	2,250
Receivables	14	166,116	156,094
Non-Current Assets		3,011	3,399
Receivables	14	3,011	3,399
TOTAL ASSETS		817,791	279,938
LIABILITIES			
Current Liabilities		708,634	184,156
Voted funds to be surrendered to the Revenue Fund	15	201,853	142,153
Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund	16	29,469	19,817
Bank overdraft	17	459,845	-
Payables	18	13,369	18,969
Aid assistance unutilised	4	4,098	3,217
TOTAL LIABILITIES		708,634	184,156
NET ASSETS		109,157	95,782
Represented by:			
Recoverable revenue		109,157	95,782
TOTAL		109,157	95,782

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

STATEMENT OF CHANGES IN NET ASSETS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
Recoverable revenue			
Opening balance		95,782	69,740
Transfers		13,375	26,042
Debts revised		(733)	(1,030)
Debts recovered (included in departmental receipts)		(3,125)	(1,775)
Debts raised		17,233	28,847
Closing balance		109,157	95,782

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**CASH FLOW STATEMENT
for the year ended 31 March 2019**

	Note	2018/19 R'000	2017/18 R'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts		24,246,252	22,550,060
Annual appropriated funds received	1.1	24,023,577	22,334,603
Statutory appropriated funds received	2	1,948	1,978
Departmental revenue received	3	218,937	212,581
Interest received	3.2	563	398
Aid assistance received	4	1,227	500
Net (increase)/ decrease in working capital		(582,334)	(41,257)
Surrendered to Revenue Fund		(272,704)	(355,286)
Surrendered to RDP Fund/Donor		-	(154)
Current payments		(21,522,756)	(20,345,767)
Interest paid	7	(29,375)	(4,086)
Payments for financial assets		(12,338)	-
Transfers and subsidies paid		(1,051,663)	(689,346)
Net cash flow available from operating activities	19	775,082	1,114,164
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for capital assets	10	(1,287,183)	(1,236,259)
Proceeds from sale of capital assets	3.3	-	397
Net cash flows from investing activities		(1,287,183)	(1,235,862)
CASH FLOWS FROM FINANCING ACTIVITIES			
Increase/ (decrease) in net assets		13,375	26,042
Net cash flows from financing activities		13,375	26,042
Net increase/ (decrease) in cash and cash equivalents		(498,726)	(95,656)
Cash and cash equivalents at beginning of period		38,898	134,554
Cash and cash equivalents at end of period	20	(459,828)	38,898

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ACCOUNTING POLICIES
for the year ended 31 March 2019**

Summary of significant accounting policies

The financial statements have been prepared in accordance with the following policies, which have been applied consistently in all material aspects, unless otherwise indicated. Management has concluded that the financial statements present fairly the department's primary and secondary information.

The historical cost convention has been used, except where otherwise indicated. Management has used assessments and estimates in preparing the annual financial statements. These are based on the best information available at the time of preparation.

Where appropriate and meaningful, additional information has been disclosed to enhance the usefulness of the financial statements and to comply with the statutory requirements of the Public Finance Management Act (PFMA), Act 1 of 1999 (as amended by Act 29 of 1999), and the Treasury Regulations issued in terms of the PFMA and the annual Division of Revenue Act.

1	Basis of preparation The financial statements have been prepared in accordance with the Modified Cash Standard.
2	Going concern The financial statements have been prepared on a going concern basis.
3	Presentation currency Amounts have been presented in the currency of the South African Rand (R) which is also the functional currency of the department.
4	Rounding Unless otherwise stated financial figures have been rounded to the nearest one thousand Rand (R'000).
5	Foreign currency translation Cash flows arising from foreign currency transactions are translated into South African Rands using the spot exchange rates prevailing at the date of payment / receipt.
6	Comparative information
6.1	Prior period comparative information Prior period comparative information has been presented in the current year's financial statements. Where necessary figures included in the prior period financial statements have been reclassified to ensure that the format in which the information is presented is consistent with the format of the current year's financial statements.
6.2	Current year comparison with budget A comparison between the approved, final budget and actual amounts for each programme and economic classification is included in the appropriation statement.
7	Revenue
7.1	Appropriated funds Appropriated funds comprise of departmental allocations as well as direct charges against the revenue fund (i.e. statutory appropriation). Appropriated funds are recognised in the statement of financial performance on the date the appropriation becomes effective. Adjustments made in terms of the adjustments budget process are recognised in the statement of financial performance on the date the adjustments become effective. The net amount of any appropriated funds due to / from the relevant revenue fund at the reporting date is recognised as a payable / receivable in the statement of financial position.
7.2	Departmental revenue Departmental revenue is recognised in the statement of financial performance when received and is subsequently paid into the relevant revenue fund, unless stated otherwise. Any amount owing to the relevant revenue fund at the reporting date is recognised as a payable in the statement of financial position.
7.3	Accrued departmental revenue Accruals in respect of departmental revenue (excluding tax revenue) are recorded in the notes to the financial statements when: <ul style="list-style-type: none"> it is probable that the economic benefits or service potential associated with the transaction will flow to the department; and the amount of revenue can be measured reliably. The accrued revenue is measured at the fair value of the consideration receivable. Accrued tax revenue (and related interest and / penalties) is measured at amounts receivable from collecting agents. Write-offs are made according to the department's debt write-off policy.
8	Expenditure
8.1	Compensation of employees
8.1.1	Salaries and wages

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ACCOUNTING POLICIES
for the year ended 31 March 2019**

	Salaries and wages are recognised in the statement of financial performance on the date of payment.
8.1.2	Social contributions Social contributions made by the department in respect of current employees are recognised in the statement of financial performance on the date of payment. Social contributions made by the department in respect of ex-employees are classified as transfers to households in the statement of financial performance on the date of payment.
8.2	Other expenditure Other expenditure (such as goods and services, transfers and subsidies and payments for capital assets) is recognised in the statement of financial performance on the date of payment. The expense is classified as a capital expense if the total consideration paid is more than the capitalisation threshold.
8.3	Accruals and payables not recognised Accruals and payables not recognised are recorded in the notes to the financial statements when the goods are received or, in the case of services, when they are rendered to the department or in the case of transfers and subsidies when they are due and payable. Accruals and payables not recognised are measured at cost.
8.4	Leases
8.4.1	Operating leases Operating lease payments made during the reporting period are recognised as current expenditure in the statement of financial performance on the date of payment. The operating lease commitments are recorded in the notes to the financial statements.
8.4.2	Finance leases Finance lease payments made during the reporting period are recognised as capital expenditure in the statement of financial performance on the date of payment. The finance lease commitments are recorded in the notes to the financial statements and are not apportioned between the capital and interest portions. Finance lease assets acquired at the end of the lease term are recorded and measured at the lower of: <ul style="list-style-type: none"> • cost, being the fair value of the asset; or • the sum of the minimum lease payments made, including any payments made to acquire ownership at the end of the lease term, excluding interest.
8.5.1	Interest and rent on land Interest and rental payments are recognised as an expense in the statement of financial performance when the final authorisation for payment is effected on the system (by no later than 31 March of each year). This item excludes rental for the use of buildings or other fixed structures. If it is not possible to distinguish between payment for the use of land and the fixed structures on it, the whole amount is recorded under goods and services.
9	Aid Assistance
9.1	Aid assistance received 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. 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.
9.2	Aid assistance paid 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.
10	Cash and cash equivalents 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.
11	Prepayments and advances 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.
12	Loans and receivables Loans and receivables are recognised in the statement of financial position at cost plus accrued interest, where interest is charged, less amounts already settled or written-off. Write-offs are made according to the department's write-off policy. Due to the uncertainty of the recovery date of receivables the department classifies only those receivables as non-current for which there is a formal agreement to that effect. The remaining receivables are deemed to be current as they are expected to be realised within 12 months.
13	Investments

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ACCOUNTING POLICIES
for the year ended 31 March 2019**

	Investments are recognised in the statement of financial position at cost.
14	Financial assets
14.1	<p>Financial assets (not covered elsewhere)</p> <p>A financial asset is recognised initially at its cost plus transaction costs that are directly attributable to the acquisition or issue of the financial.</p> <p>At the reporting date, a department shall measure its financial assets at cost, less amounts already settled or written-off, except for recognised loans and receivables, which are measured at cost plus accrued interest, where interest is charged, less amounts already settled or written-off.</p>
14.2	<p>Impairment of financial assets</p> <p>Where there is an indication of impairment of a financial asset, an estimation of the reduction in the recorded carrying value, to reflect the best estimate of the amount of the future economic benefits expected to be received from that asset, is recorded in the notes to the financial statements.</p>
15	<p>Payables</p> <p>Payables are recognised in the statement of financial position at cost.</p>
16	Capital Assets
16.1	<p>Immovable capital assets</p> <p>Immovable capital assets are initially recorded in the notes to the financial statements at cost. Immovable capital assets acquired through a non-exchange transaction are measured at fair value as at the date of acquisition. Where the cost of immovable capital assets cannot be determined reliably, the immovable capital assets are measured at fair value for recording in the asset register. Immovable capital 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. Additional information on immovable assets not reflected in the assets register is provided in the notes to financial statements.</p>
16.2	<p>Movable capital assets</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>
16.3	<p>Intangible assets</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>
17	Provisions and Contingents
17.1	<p>Provisions</p> <p>Provisions are recorded in the notes to the financial statements when there is a present legal or constructive obligation to forfeit economic benefits as a result of events in the past and it is probable that an outflow of resources embodying economic benefits or service potential will be required to settle the obligation and a reliable estimate of the obligation can be made. The provision is measured as the best estimate of the funds required to settle the present obligation at the reporting date.</p>
17.2	<p>Employee benefits</p> <p>Short-term employee benefits that give rise to a present legal or constructive obligation are disclosed in the disclosure notes to the financial statements. These amounts are not recognised in the statement of financial performance or the statement of financial position.</p>
17.3	<p>Contingent liabilities</p> <p>Contingent liabilities are recorded in the notes to the financial statements when there is a possible obligation that arises from past events, and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not within the control of the department or when there is a present obligation that is not recognised because it is not probable that an outflow of resources will be required to settle the obligation or the amount of the obligation cannot be measured reliably.</p>

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ACCOUNTING POLICIES
for the year ended 31 March 2019**

17.4	Contingent assets 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.
17.5	Commitments 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.
18	Unauthorised expenditure Unauthorised expenditure is recognised in the statement of financial position until such time as the expenditure is either: <ul style="list-style-type: none"> • approved by Parliament or the Provincial Legislature with funding and the related funds are received; or • approved by Parliament or the Provincial Legislature without funding and is written off against the appropriation in the statement of financial performance, provided sufficient savings are available; or • transferred to receivables for recovery. Unauthorised expenditure is measured at the amount of the confirmed unauthorised expenditure.
19	Fruitless and wasteful expenditure 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.
20	Irregular expenditure 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 therefore 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.
21	Changes in accounting policies, accounting estimates and errors Changes in accounting policies that are effected by management have been applied retrospectively in accordance with MCS requirements, except to the extent that it is impracticable to determine the period-specific effects or the cumulative effect of the change in policy. In such instances the department shall restate the opening balances of assets, liabilities and net assets for the earliest period for which retrospective restatement is practicable. 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.
22	Events after the reporting date 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.
23	Principal-Agent arrangements The department is party to a principal-agent arrangement for building of immovable properties. In terms of the arrangement the department is the principal and is responsible for oversight and financing the projects. All related revenues, expenditures, assets and liabilities have been recognised or recorded in terms of the relevant policies listed herein. Additional disclosures have been provided in the notes to the financial statements where appropriate.
24	Departures from the MCS requirements Management has concluded that the financial statements present fairly the department's primary and secondary information. The department complied with the Standard except where it has departed from a requirement to achieve fair presentation. The requirement from which the department has departed, the nature of the departure and the reason for departure will be presented in the notes to the financial statements if necessary.
25	Capitalisation reserve

**EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3**

**ACCOUNTING POLICIES
for the year ended 31 March 2019**

	The capitalisation reserve comprises of financial assets and/or liabilities originating in a prior reporting period, but which are recognised in the statement of financial position for the first time in the current reporting period. Amounts are recognised in the capitalisation reserves when identified in the current period and are transferred to the National/Provincial Revenue Fund when the underlying asset is disposed and the related funds are received.
26	Recoverable revenue Amounts are recognised as recoverable revenue when a payment made in a previous financial year becomes recoverable from a debtor in the current financial year. Amounts are either transferred to the National/Provincial Revenue Fund when recovered or are transferred to the statement of financial performance when written-off.
27	Related party transactions 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's portfolio are recorded in the notes to the financial statements when the transaction is not at arm's length.
28	Key management personnel Key management members are those persons having the authority and responsibility for planning, directing and controlling the activities of the department. In the department all officials from level 14 and above are deemed to be key management personnel. The number of individuals and their full compensation is recorded in the notes to the financial statements.
29	Inventories (Effective from date determined in a Treasury Instruction) At the date of acquisition, inventories are recorded at cost price in the notes to the financial statements Where inventories are acquired as part of a non-exchange transaction, the cost of inventory is its fair value at the date of acquisition. 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. Subsequent measurement of the cost of inventory is determined on the weighted average basis.
30	Public-Private Partnerships 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. 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.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

EXPLANATORY NOTES

I Annual Appropriation

Included are funds appropriated in terms of the Appropriation Act (and the Adjustments Appropriation Act) for the Department.

	2018/19			2017/18	
	Final Appropriation R'000	Actual Funds Received R'000	Funds not requested/ not received R'000	Final Appropriation R'000	Appropriation Received R'000
Programmes					
Pr1 Health Administration	772,255	772,255	-	598,951	598,951
Pr2 District Health Services	12,171,900	12,171,900	-	11,360,999	11,360,999
Pr3 Emergency Medical Services	1,349,735	1,349,735	-	1,280,033	1,280,033
Pr4 Provincial Hospital Services	3,967,355	3,967,355	-	3,489,796	3,489,796
Pr5 Central Hospital Services	3,510,699	3,510,699	-	3,478,995	3,478,995
Pr6 Health Science & Training	880,512	880,512	-	745,315	745,315
Pr7 Health Care & Support Services	126,551	126,551	-	100,381	100,381
Pr8 Health Facilities Management	1,244,570	1,244,570	-	1,280,133	1,280,133
Total	24,023,577	24,023,577	-	22,334,603	22,334,603

Funds are requested in order to pay for the planned activities of the department.

The Notes to the Appropriation Statement give variance explanations per programme and the recourse to be taken. Roll overs for the unrequested funds have been applied for from Provincial Treasury.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

		2018/19 R'000	2017/18 R'000
1.2 Conditional grants			
Total grants received	39	3,994,655	3,834,687

2 Statutory Appropriation

Member of executive committee		1,948	1,978
Total		1,948	1,978
Actual Statutory Appropriation received		1,948	1,978

3 Departmental Revenue

Sales of goods and services other than capital assets	3.1	209,250	191,996
Interest, dividends and rent on land	3.2	563	398
Sales of capital assets	3.3	-	397
Transactions in financial assets and liabilities	3.4	9,687	20,585
Total revenue collected		219,500	213,376
Less: Own revenue included in appropriation	16	219,500	213,376
Departmental revenue collected		-	-

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

		2018/19 R'000	2017/18 R'000
3.1 Sales of goods and services other than capital assets	3		
Sales of goods and services produced by the department		209,023	191,832
Sales by market establishment		25,310	19,714
Administrative fees		4,817	3,179
Other sales		178,896	168,939
Sales of scrap, waste and other used current goods		227	164
Total		209,250	191,996
3.2 Interest, dividends and rent on land	3		
Interest		563	398
Rent on land		-	-
Total		563	398
3.3 Sales of capital assets	3		
Tangible assets			
Machinery and equipment		-	397
		-	397
3.4 Transactions in financial assets and liabilities	3		
Receivables		4,294	2,985
Stale cheques written back		33	18
Other Receipts including Recoverable Revenue		5,360	17,582
Total		9,687	20,585

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
4 Aid Assistance			
Opening Balance		3,217	4,604
Transferred from statement of financial performance		881	(1,233)
Transferred to/from retained funds		-	-
Paid during the year		-	(154)
Closing Balance		4,098	3,217
4.1 Analysis of balance by source			
Aid assistance from RDP		-	-
Aid assistance from other sources		4,098	3,217
Closing Balance		4,098	3,217
4.2 Analysis of balance			
Aid assistance unutilised		4,098	3,217
Aid assistance repayable		-	-
Closing Balance		4,098	3,217
4.4 Aid assistance expenditure per economic classification			
Current		346	1,733
Capital		-	-
Transfers and subsidies		-	-
Total aid assistance expenditure		346	1,733

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
5 Compensation of Employees			
5.1 Salaries and wages			
Basic salary		10,179,839	9,268,571
Performance award		6,864	4,690
Service Based		15,940	14,115
Compensative/circumstantial		2,095,999	1,912,594
Periodic payments		7,309	12,301
Other non-pensionable allowances		1,762,117	1,610,945
Total		14,068,068	12,823,216
5.2 Social Contributions			
Employer contributions			
Pension		1,260,092	1,140,352
Medical		649,637	592,429
UIF		64	18
Bargaining council		3,075	2,931
Total		1,912,868	1,735,730
Total compensation of employees		15,980,936	14,558,946
 Average number of employees		 48,407	 50,122

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
6 Goods and services			
Administrative fees		2,215	2,403
Advertising		3,684	2,507
Minor assets	6.1	24,936	23,752
Bursaries (employees)		15,042	13,360
Catering		2,277	1,748
Communication		117,710	85,763
Computer services	6.2	87,550	65,058
Consultants: Business and advisory services		135,838	82,084
Laboratory services		736,583	634,132
Legal services		46,294	44,452
Contractors		280,165	149,367
Agency and support / outsourced services		245,281	237,502
Entertainment		2	-
Audit cost – external	6.3	23,564	22,739
Fleet services		183,592	189,932
Inventory	6.4	2,771,313	2,977,371
Consumables	6.5	175,351	135,949
Operating leases		115,962	89,037
Property payments	6.6	954,496	843,789
Rental and hiring		764	276
Transport provided as part of the departmental activities		1,530	943
Travel and subsistence	6.7	118,807	108,155
Venues and facilities		2,442	406
Training and development		21,469	12,378
Other operating expenditure	6.8	43,957	60,939
Total		6,110,824	5,784,042

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
6.1 Minor assets	6		
Tangible assets		24,936	23,752
Machinery and equipment	35	24,936	23,752
Intangible assets		-	-
Patents, licences, copyright, brand names, trademarks		-	-
Total		24,936	23,752
6.2 Computer services	6		
SITA computer services		37,866	21,386
External computer service providers		49,684	43,672
Total		87,550	65,058
6.3 Audit cost – external	6		
Regularity audits		23,564	22,739
Total		23,564	22,739
6.4 Inventory	6		
Clothing material and accessories		7,708	14,912
		-	-
Food and food supplies		150,332	130,723
Fuel, oil and gas		59,642	54,622
Learning and teaching support material		-	-
Materials and supplies		108,036	89,020
Medical supplies		773,274	680,549
Medicine		1,672,321	2,007,545
Medsas inventory interface		-	-
Other supplies		-	-
Total		2,771,313	2,977,371

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
6.5 Consumables	6		
Consumable supplies		103,021	98,154
Uniform and clothing		61,016	58,951
Household supplies		34,047	30,920
Building material and supplies		-	-
Communication accessories		296	1
IT consumables		4,619	6,915
Other consumables		3,043	1,367
Stationery, printing and office supplies		72,330	37,795
Total		175,351	135,949
6.6 Property payments	6		
Municipal services		349,335	267,622
Property maintenance and repairs		84,726	202,397
Other		520,435	373,770
Total		954,496	843,789
6.7 Travel and subsistence	6		
		118,807	108,155
Local		118,399	107,942
Foreign		408	213
Total		118,807	108,155
6.8 Other operating expenditure	6		
Professional bodies, membership and subscription fees		230	215
Resettlement costs		3,590	2,530
Other		40,137	58,194
Total		43,957	60,939

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
7 Interest and Rent on Land			
Interest paid		29,375	4,086
Total		29,375	4,086

Included in the above 2018/19 figure is an amount of R 20 304 264 which was paid in terms of the tribunal arbitration award in favour of the Coega Development Corporation.

8 Payments for financial assets			
Debts written off	8.1	12,338	-
Total		12,338	-

8.1 Debts written off	8		
Nature of debts written off			
Other debt written off -		12,338	-
Irrecoverable debt from National Department of Health			
Total debt written off		12,338	-

The above debt arose through expenditure by the province on the indirect HPV grant, managed by the National Department of Health for which funding has not been availed.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
9 Transfers and Subsidies			
Provinces and municipalities	ANNEXURE 1A	3,091	313
Departmental agencies and accounts	ANNEXURE 1B	29,421	18,291
Non-profit institutions		-	-
Households	ANNEXURE 1G	1,019,151	670,742
Total		1,051,663	689,346
10 Expenditure for capital assets			
10.1 Tangible assets		1,287,183	1,236,259
Buildings and other fixed structures	37	912,453	637,152
Machinery and equipment	34	374,730	599,107
Intangible assets		-	-
Software	36	-	-
Total		1,287,183	1,236,259

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

10.2 Analysis of funds utilised to acquire capital assets - 2018/19

	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible assets	1,287,183	-	1,287,183
Buildings and other fixed structures	912,453	-	912,453
Machinery and equipment	374,730	-	374,730
Intangible assets	-	-	-
Software	-	-	-
Intangible assets	-	-	-
Software	-	-	-
Total	1,287,183	-	1,287,183

10.3 Analysis of funds utilised to acquire capital assets - 2017/18

	Voted Funds R'000	Aid assistance R'000	TOTAL R'000
Tangible assets	1,236,259	-	1,236,259
Buildings and other fixed structures	637,152	-	637,152
Machinery and equipment	599,107	-	599,107
Intangible assets	-	-	-
Software	-	-	-
Total	1,236,259	-	1,236,259

**10.4 Finance lease expenditure included in
Expenditure for capital assets**

	2018/19 R'000	2017/18 R'000
Tangible assets	164,263	241,463
Machinery and equipment	164,263	241,463
Total	164,263	241,463

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
II Unauthorised Expenditure			
II.1 Reconciliation of unauthorised expenditure			
Opening balance		79,297	1,046
Unauthorised expenditure - discovered in the current year		569,350	79,297
Less: Amounts approved by Parliament/Legislature with funding		-	-
Less: Amounts approved by Parliament/Legislature without funding and written off in the Statement of Financial Performance		-	(1,046)
Current		-	(1,046)
Unauthorised expenditure awaiting authorisation / written off		648,647	79,297
II.2 Analysis of unauthorised expenditure awaiting authorisation per economic classification			
Current		-	-
Capital		-	-
Transfers and subsidies		648,647	79,297
Total		648,647	79,297
II.3 Analysis of unauthorised expenditure awaiting authorisation per type			
Unauthorised expenditure relating to overspending of the vote or a main division within the vote		648,647	79,297
Total		648,647	79,297

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

11.4 Details of unauthorised expenditure - current year

Incident	Disciplinary steps taken/criminal proceedings	2018/19 R'000
Overspending programmes due to settlement of medico legal claims through court orders	Assessed by State Attorney	569,350
Total		569,350

**2017/18
R'000**

11.5 Prior period error relating to Unauthorised expenditure

Relating to 2017/18	79,297
Virements exceeding 8% restated from irregular to unauthorised expenditure	79,297

Virements exceeding 8% were disclosed as irregular expenditure in the prior year. Further consultation during 2018/19 from Provincial treasury and the Auditor General required these virements to be disclosed as Unauthorised expenditure. Refer Note 33.3.

For the year under review, the Department incurred overspending of R446,794 million at the Vote level and R569,350 million at the Programmes level. The R 569,350 million is made up of R447,121 million (Prg 2), R70,442 million (Prg 4) and R45,620 million (Prg 5) adjusted for underspending of the conditional grants within those programmes.

The unauthorised expenditure has primarily arisen through the settlement of unbudgeted medico legal claims by the department of R797,434 million in the current financial year, mitigated by the reprioritisation of the department's budget through the shifting and virement of funds in terms of Treasury Regulations 6.3 and Sections 43 and 76(3) of the PFMA.

The provincial treasury approved an excess on the department's PMG facility of up to R490 million in February 2019 as a result of cash flow challenges in sustaining the payment of creditors given the quantum of the court ordered medical legal settlements in the current financial year.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
12 Cash and Cash Equivalents			
Consolidated Paymaster General Account		-	38,890
Cash receipts		17	8
Disbursements			
Total		17	38,898

The provincial treasury approved an excess facility on the department's Paymaster General Account of up to R490 million in February 2019. The balance on this facility at year end is disclosed in Note 17.

13 Prepayments and Advances

Staff advances		-	-
Travel and subsistence		-	-
Advances paid (Not expensed)	13.1	-	2,250
		-	2,250

	Note	Balance as at April 2018 R'000	Less: Amount expensed in current year R'000	Add: Current Year advances R'000	Balance as at 31 March 2019 R'000
13.1 Advances paid (Not expensed)	13				
National departments	Annex8A	2,250	(2,250)	-	-
		2,250	(2,250)	-	-

	Note	Balance as at April 2017 R'000	Less: Amount expensed in current year R'000	Add: Current Year advances R'000	Balance as at 31 March 2018 R'000
Advances paid (Not expensed)	13				
National departments	Annex8A	2,250	-	-	2,250
		2,250	-	-	2,250

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19		Total	2017/18		Total
		Current	Non-current		Current	Non-current	
		R'000	R'000	R'000	R'000	R'000	R'000
I4 Receivables							
Claims recoverable	I4.1/Ann 4	781	-	781	13,612	-	13,612
Trade receivables	I4.2	1,427	-	1,427	1,431	-	1,431
Recoverable expenditure	I4.3	5,266	-	5,266	1,997	-	1,997
Staff debt	I4.4	10,579	3,011	13,590	13,283	3,399	16,682
Fruitless and wasteful expenditure	I4.5	238	-	238	144	-	144
Other debtors	I4.6	147,825	-	147,825	125,627	-	125,627
Total		166,116	3,011	169,127	156,094	3,399	159,493

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
14.1 Claims recoverable	14		
National departments		133	12,472
Provincial departments		648	1,140
Total		781	13,612
14.2 Trade receivables	14		
Suppliers		1,427	1,431
Total		1,427	1,431
14.3 Recoverable expenditure (disallowance accounts)	14		
Dishonoured Cheques		473	466
Salary rebates		4,793	1,531
Total		5,266	1,997

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

		2018/19 R'000	2017/18 R'000
14.4 Staff debt	14		
Salary Debt		13,590	16,682
Total		13,590	16,682
14.5 Fruitless and wasteful expenditure	14		
Opening balance		144	586
Less amounts recovered		-	(781)
Less amounts written off		-	-
Transfers from note 28 Fruitless and Wasteful expenditure		86	339
Interest		8	-
Total		238	144
14.6 Other debtors	14		
Medsas debtors		325	54
Ex-Employees		140,506	118,835
Breach of contract - Bursary holders		6,994	6,494
Tax debt		-	244
Total		147,825	125,627
14.7 Impairment of receivables			
Estimate of impairment of receivables		122,674	107,218
Total		122,674	107,218

It is the department's policy to impair all receivables, other than debts held by current employees that are older than 1 year.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
15 Voted Funds to be Surrendered to the Revenue Fund			
Opening balance		142,153	142,092
Transfer from statement of financial performance		(446,794)	62,856
Add: Unauthorised expenditure for current year		569,350	79,297
Voted funds not requested/not received	1.1	-	-
Paid during the year		(62,856)	(142,092)
Closing balance		201,853	142,153

	2017/18 R'000
15.1 Prior period error relating to Voted Funds to be Surrendered	
Relating to 2017/18	79,297
Restatement of unauthorised expenditure	79,297

Refer to note 33 for further details.

16 Departmental revenue and NRF Receipts to be surrendered to the Revenue Fund			
Opening balance		19,817	19,635
Transfer from Statement of Financial Performance		-	-
Own revenue included in appropriation	3	219,500	213,376
Paid during the year		(209,848)	(213,194)
Closing balance		29,469	19,817

17 Bank Overdraft			
Consolidated Paymaster General Account		459,845	-
Total		459,845	-

The provincial treasury approved an excess facility on the department's Paymaster General Account of up to R490 million in February 2019.

18 Payables - current			
Amounts owing to other entities	Annex 5	-	-
Advances received	18.1	9,679	16,873
Clearing accounts	18.2	3,690	2,096
Total		13,369	18,969

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
18.1 Advances received			
Public entities	18 Annex 8B	9,679	16,873
Total		9,679	16,873
18.2 Clearing accounts	18		
Salary finance and other institutions		3,681	1,166
Pension recoverable		9	930
Total		3,690	2,096
19 Net cash flow available from operating activities			
Net surplus/(deficit) as per Statement of Financial Performance		(445,913)	61,623
Add back non cash/cash movements not deemed operating activities		1,220,995	1,052,541
(Increase)/decrease in receivables – current		(9,634)	(45,083)
(Increase)/decrease in prepayments and advances		2,250	-
(Increase)/decrease in other current assets		-	1,046
Increase/(decrease) in payables – current		(5,600)	2,780
Proceeds from sale of capital assets		-	-
Proceeds from sale of investments		-	-
(Increase)/decrease in other financial assets		-	-
Expenditure on capital assets		1,287,183	1,236,259
Surrenders to Revenue Fund		(272,704)	(355,286)
Surrenders to RDP Fund/Donor		-	(154)
Voted funds not requested/not received		-	-
Own revenue included in appropriation		219,500	212,979
Other non-cash items		-	-
Net cash flow generated by operating activities		775,082	1,114,164
20 Reconciliation of cash and cash equivalents for cash flow purposes			
Consolidated Paymaster General account		(459,845)	38,890
Cash receipts		17	8
Total		(459,828)	38,898

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

			2018/19 R'000	2017/18 R'000
	Note			
21 Contingent liabilities and contingent assets				
21.1 Contingent liabilities				
Liable to	Nature			
Housing loan guarantees	Employees	Annex 3A	2,926	2,931
Claims against the department		Annex 3B	29,052,620	24,193,619
Other interdepartmental payables		Annex 5	499	460
Other		Annex 3B	-	129,581
Total			29,056,045	24,326,591
21.2 Contingent assets				
Nature of contingent asset				
OSD			887	887
Total			887	887

Claims against the department

Claims against the department mainly consist of Medico legal claims. These claims are at various stages within the legal process. The possible final value of the claims is dependent on many uncertain variables that are not under the control of the department. These variables could result in large fluctuations in the values. Further details are included under Annexure 3B.

The department has identified and disclosed possible duplicate claims in the above amount that have been made on behalf of the same plaintiff but either by different attorneys or by registering different cases. The department only derecognizes these claims when they are withdrawn by either the plaintiff or the courts.

Financial sustainability

The medico-legal claims in the department of health have continued to rise and put pressure on its budget baselines, wherein the delivery and sustainability of the public health system in the province is materially threatened. Indeed, the sustainability of the sector nationally is materially threatened.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

Claims totalling R2.23 billion have been settled within the period 1 April 2014 to 12 July 2019, the settlement of which is unbudgeted, unfunded and not sustainable, posing a serious threat to the provincial fiscus as well as to the department's creditors.

The value of medico legal claims settled by the department grew from R75.6 million in 2014/15 to R797.1 million in 2018/19.

The department's accruals and payables grew from R2,324 billion in 2017/18 to R3,304 billion in 2018/19, represented primarily by the material growth in the medico legal claim settlements and state attorney accounts owing at year end, mitigated by an approved 'excess financing facility' of R490 million availed in February 2019.

These accruals and payables then represent a first charge against the ensuing financial year's budget allocation, causing equitable share cash depletion models to arise primarily in the goods & services and capex areas by the end of the eighth month of the financial year.

The Department has seen rapid increases in medico negligence claims in recent years. The current contingent liabilities of claims against the department amount to approximately R28 billion at 31 March 2019 in comparison to R24.2 billion at 31 March 2018. This exceeds the current annual appropriation to the department.

Working with Provincial and National Treasury as well as the Office of the Premier, measures will be continued to be pursued that seek to contain the impact of the medico-legal claims on the current baseline of the Department. These measures, amongst others, will include pursuing the enactment of the State Liability Amendment Bill through the national process.

HROPT

Relating to HROPT, during the current year, affected employees have had R100 per month deducted from their salaries and this amounted to R0,447 million in the current year. This amount has been included in revenue and paid over to the revenue fund. If all affected staff resign or are dismissed, the full amount of HROPT owing becomes receivable by the department (R391,309 million). If all affected staff pay their R100 until they retire, the department will recover R8,5 million. If affected staff die, none of the outstanding balances receivable by the department. Due to the uncertainty relating to the combination of the above scenarios, the value of the contingent asset relating to HROPT payments is between nil and R391,309 million. The present value of the R8,5 million has been included in Staff debt per note 14 above.

Walter Sisulu University Health Professions Training and Development Fund

As reported in the prior year, the Department observed non-compliance by Walter Sisulu University (WSU) with the material requirements of transfer payments funding provided by the Department of Health being ring fenced and governed by legislation including the Division of Revenue Act, Public Finance Management Act and Treasury Regulations.

In the current year, the Department and WSU continued in a joint project to reconcile the University's Health Professions Training and Development Fund Account in order to conclude the requirements of Sections 38(i) J&K of the Public Finance Management Act, as amended.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

Included in the year end accruals of the Department is an amount of R 83,489 million owed to WSU for reimbursement of expenditure incurred in support of the Joint Staff Establishment as well as the Operations of the Provincial Health Resource Centres.

A request for a credit note of R 94,042 million from WSU is currently awaited by the Department, which would have the effect of reducing the amount of the recorded year end accrual.

Coega Development Corporation

In the current financial year, the Coega Development Corporation (CDC) submitted a letter of demand for R155,146 million to the Department, which was followed by court action in January 2018.

Based on the claim review performed by the department, the department tendered to settle their claim in the amount R24,562 million, which was not accepted and the matter eventually went to the High Court.

In the spirit of co-operative governance, the department recommended that the outstanding matters be resolved outside the court process, through the appointment of an Arbitration Tribunal, which was accepted by CDC and formalised between the two parties in June 2018.

The Arbitration Tribunal deemed the 2019 Service Level Agreement between the parties to be applicable and remaining as sole valid agreement. An award of R175,450 million was made in favour of CDC.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
22 Commitments			
Current expenditure		1,833,344	1,084,193
Approved and contracted		1,833,344	1,084,193
Approved but not yet contracted		-	-
Capital Expenditure		2,042,495	2,161,154
Approved and contracted		2,042,495	2,041,438
Approved but not yet contracted		-	119,716
Total Commitments		3,875,839	3,245,347

Commitments at 31 March 2019 that exceed one year amount to R 1,657 billion.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

			2018/19 R'000	2017/18 R'000
23 Accruals and payables not recognised				
23.1 Accruals				
Listed by economic classification	30 days	30+ days	Total	Total
Goods and services	256,795	-	256,795	357,988
Transfers and subsidies	35,199	-	35,199	123,365
Capital assets	100,580	-	100,580	51,182
Total	392,574	-	392,574	532,535
 Listed by programme level			R'000	R'000
Pr1 Health Administration			48,169	56,765
Pr2 District Health Services			98,494	173,480
Pr3 Emergency Medical Services			42,750	17,674
Pr4 Provincial Hospital Services			28,415	136,071
Pr5 Central Hospital Services			21,202	22,106
Pr6 Health Science and Training			35,794	44,301
Pr7 Health Care and Support Services			193	16
Pr8 Health Facilities Development and Maintenance			117,557	82,122
Total			392,574	532,535

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

			2018/19 R'000	2017/18 R'000
23.2 Payables not recognised				
Listed by economic classification	30 days	30+ days	Total	Total
Goods and services	972,483	1,266,754	2,239,237	1,670,362
Transfers and subsidies	502,164	16,651	518,815	102,843
Capital assets	141,335	12,323	153,658	19,186
Total	1,615,982	1,295,728	2,911,710	1,792,391
Listed by programme level			R'000	R'000
Pr1 Health Administration			505,172	332,256
Pr2 District Health Services			557,533	443,795
Pr3 Emergency Medical Services			75,393	22,801
Pr4 Provincial Hospital Services			548,238	326,584
Pr5 Central Hospital Services			102,318	75,165
Pr6 Health Science and Training			87,080	14,596
Pr7 Health Care and Support Services			887,808	496,489
Pr8 Health Facilities Development and Maintenance			148,168	80,705
Total			2,911,710	1,792,391
Confirmed balances with departments		Annex 5	576,809	338,969
Total			576,809	338,969
24 Employee benefits				
Leave entitlement			606,362	547,189
Service bonus (Thirteenth cheque)			410,406	375,528
Performance awards			-	-
Capped leave commitments			533,110	572,897
Other			161,493	178,352
Total			1,711,371	1,673,966

Negative leave days are included in the Leave entitlement and Capped leave balances above and relate to the value of overdrawn leave as at 31 March 2019 which will be recovered from future monthly leave credits earned. The value of this leave is R14,8 million (2018: R16,1 million).

Included under Other are HR accruals. Only claims validated as at 31 March 2019 have been included in this balance.

At this stage the department is not able to reliably measure the long term portion of the long service awards.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

Lease commitments

**25.1 Finance leases expenditure
2018/19**

	Motor Vehicles R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	117,075	14,353	131,428
Later than 1 year and not later than 5 years	112,531	11,202	123,733
Later than five years	-	-	-
Total lease commitments	229,606	25,555	255,161

2017/18

	Motor Vehicles R'000	Machinery and equipment R'000	Total R'000
Not later than 1 year	128,134	17,622	145,756
Later than 1 year and not later than 5 years	94,080	7,049	101,129
Later than five years	-	-	-
Total lease commitments	222,214	24,671	246,885
LESS: finance costs	-	-	-
Total present value of lease liabilities	222,214	24,671	246,885

The department entered into an agreement with Government Fleet Management Services, a trading entity, of the Department of Transport for the provision of Fleet Services to the Department. The agreement commenced on 1 March 2012 and shall continue for an indefinite period. The Department may cancel the agreement at any time by giving GFMS 3 months notice and returning the vehicles to GFMS".

In terms of Clause 4.1 of the agreement, ownership of the vehicles will remain vested in GFMS and will not be transferred to the departments at the end of the lease term."

During the year under review, the Department had the free use of buildings from the Department of Roads and Public Works.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
26 Receivables for departmental revenue			
Sales of goods and services other than capital assets		225,015	202,303
Total		225,015	202,303
26.1 Analysis of receivables for departmental revenue			
Opening balance		202,303	205,771
Less: Amounts received		(162,501)	(157,078)
Add: Amounts recognised		264,793	202,248
Less: Amounts written-off/reversed as irrecoverable		(79,580)	(48,638)
Closing balance		225,015	202,303
26.2 Receivables for department revenue written off			
Nature of losses			
Patient debt		79,580	48,638
Total		79,580	48,638
26.3 Impairment of accrued departmental revenue			
Estimate of impairment of accrued departmental revenue		149,404	153,620
Total		149,404	153,620

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
27 Irregular expenditure			
27.1 Reconciliation of irregular expenditure			
Opening balance		203,147	35,233
Prior period error	27.4	-	(437)
As restated		203,147	34,796
Add: Irregular expenditure - relating to prior year	27.2	13,104	11,081
Add: Irregular expenditure - relating to current year	27.2	295,570	176,117
Less: Prior year amounts condoned	27.3	(201,983)	(18,791)
Less: Current year amounts condoned	27.3	(228,483)	(56)
Less: Amounts recoverable (not condoned)		-	-
Less: Amounts not recoverable (not condoned)		-	-
Irregular expenditure awaiting condonation		81,355	203,147
Analysis of awaiting condonation per age classification			
Current year		67,084	176,061
Prior years		14,271	27,086
Total		81,355	203,147

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

		2018/19 R'000
27.2 Details of irregular expenditure identified current year		
Incident	Disciplinary steps taken/criminal proceedings	
Non-compliance with SCM procedures	Written warning and disciplinary steps	295,570
Non-compliance with SCM procedures prior year	Disciplinary stages	13,104
		308,674
27.3 Details of irregular expenditure condoned		
Incident	Condoned by (condoning authority)	
Non-compliance SCM procedures	Bid adjudication committee	2,337
Non-compliance SCM procedures	Provincial Treasury	428,129
		430,466
27.4 Irregular expenditure - prior year error		
Relating to prior to 2017/18 (affecting the opening balance)		(437)
Invalid irregular expenditure relating to the opening balance	a)	(437)
Relating to 2017/18		
Irregular expenditure - relating to current year	a)	(132)
Virements exceeding 8% restated from irregular to unauthorised expenditure	b)	(79,297)
		(79,866)
a)	During the current year the department found invalid irregular expenditure previously incorrectly included in the opening balance of 2017/18 and the current year for 2017/18. The total invalid irregular expenditure found was R 569 thousand. The prior year opening balance is reduced by R 437 thousand and the irregular expenditure relating to the current year for 2017/18 is reduced by R 132 thousand to include only confirmed valid irregular expenditure items.	
b)	Virements exceeding 8% were disclosed as irregular expenditure in the prior year. Further consultation during 2018/19 from Provincial treasury and the Auditor General required these virements to be disclosed as Unauthorised expenditure.	

Refer to note 33.1 for further details.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	Note	2018/19 R'000	2017/18 R'000
28 Fruitless and wasteful expenditure			
28.1 Reconciliation of fruitless and wasteful expenditure			
Opening balance		3,362	11,400
Prior period error		-	(257)
As restated		3,362	11,143
Fruitless and wasteful expenditure – relating to prior year		-	250
Fruitless and wasteful expenditure – relating to current year	28.3	1,224	998
Less: Amounts resolved		(1,051)	(8,690)
Less: Amounts transferred to receivables for recovery	14.5	(86)	(339)
Fruitless and wasteful expenditure awaiting condonement		3,449	3,362
28.2 Analysis of awaiting condonement per economic classification			
Current		3,449	3,214
Capital		-	148
Total		3,449	3,362

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

28.3 Analysis of Current Year's Fruitless and wasteful expenditure

Incident	Disciplinary steps taken/criminal proceedings	2018/19 R'000
Damages	Recovery and Disciplinary stages	696
Interest	Write off and Disciplinary stages	444
Penalties	Disciplinary stages	-
Other	Write off and Disciplinary stages	84
Total		1,224

28.4 Prior period error relating to fruitless and wasteful expenditure

Nature of prior period error	(257)
Invalid fruitless expenditure for periods prior to 2017/18 discovered in the 2018/19 year	(257)

During the current year the department found invalid fruitless and wasteful expenditure previously incorrectly included in the opening balance of 2017/18. The total invalid fruitless and wasteful found was R 257 thousand. The prior year opening balance is reduced by R 257 thousand to include only confirmed valid fruitless and wasteful expenditure items. Refer to note 33.2 for further details.

28. Details of fruitless and wasteful expenditure under investigation (not in the main note)

5

Incident

Damages cases where personal liability due to lack of reasonable care has not been established yet by state attorney	1,958,573
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EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

29 Related parties

29.1 Related parties of the Department of Health Eastern Cape:

Departments: Office of the Premier, Provincial Legislature, Department of Health, Department of Social Development and Special Programmes, Department of Roads and Public Works, Department of Education, Department of Local Government and Traditional Affairs, Department of Rural Development and Agrarian Reform, Department of Economic Development, Environmental Affairs and Tourism, Department of Transport, Department of Human Settlements, Provincial Planning and Treasury, Department of Sport, Recreation, Arts and Culture and the Department of Safety and Liaison.

Provincial Public Entities: Eastern Cape Arts Council, Eastern Cape Gambling and Betting Board, Eastern Cape Liquor Board, Eastern Cape Parks and Tourism Agency, Eastern Cape Rural Development Agency and the Eastern Cape Socio-Economic Consultative Council.

Provincial Government Business Enterprises: East London Industrial Development Zone Corporation, Eastern Cape Development Corporation, and Mayibuye Transport Corporation.

29.2 Related party transactions

During the year under review, the Department had free use of buildings from the Department of Roads and Public Works.

	<i>No. of Individuals</i>	2018/19 R'000	2017/18 R'000
30 Key management personnel			
Political office bearer	1	1,948	1,978
Officials:			
Level 15 to 16	8	12,320	13,269
Level 14	16	18,999	17,374
Total		33,267	32,621

31 Public Private Partnerships

Contract fee paid	99,144	76,874
Fixed component	91,362	69,126
Indexed component	7,782	7,748

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

Humansdorp Hospital Co-Location PPP

Contract Fee Paid:

	2018/19 R'000	2017/18 R'000
Fixed Component:		
Waste Management	351	282
Estate Maintenance and Engineering	1 418	1 140
Cleaning	2 006	1 613
Gardens	500	402
Laundry	662	532
Security	769	618
Personnel services (Reception Services)	697	560
Personnel services (She coordinator)	232	187
Less: Offset Services	(940)	(787)
Subtotal	5 695	4 547
Indexed Component		
Current Expenditure	2 952	2 270
Goods and Services		
Catering Services	1 841	1 400
Other Costs	1 111	870
Control Total	8 647	6 817

The Eastern Cape Department of Health recognised the potential for the establishment of a private facility in partnership with the existing Humansdorp district hospital, as well as the need to optimally use the available resources at the hospital and allow the development and expansion of the hospital by the private sector.

A Public Private Partnership, as regulated by the Treasury Regulations to the Public Finance Management Act, No 1 of 1999 was concluded. The agreement started on 27 June 2003 to 30 June 2023 with Metro Star Hospital Life Healthcare Ltd (previously Afrox Healthcare Ltd).

Terms of the agreement / Obligations to acquire or build items of property, plant and equipment / other rights and obligations (e.g. major overhauls)

The Project embarked on by the Concessionaire through the conclusion of the agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and the construction of a thirty bed private facility, 3 bed high care bed unit, the enlarging of the current Humansdorp hospital entrance and administration area for use by both Parties as well as enlarging of the casualty and outpatient ward including two consulting rooms and a dentist room, the building and/or upgrading of two new operating theatres, a new CSSD, a new radiology unit, a new laboratory and the refurbishment and upgrade of the existing Humansdorp hospital

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

The Concessionaire further provides maintenance and facility management services to the Humansdorp hospital in return for the payment of service payments to the Concessionaire by the Provincial Government.

Nature and extent of rights to use specified assets

As described above.

Obligations to provide or rights to expect provision of services

The Provincial Government has granted to the Concessionaire, the exclusive right during the Concession Period to use and operate the project facilities, carry out operations to combine the different strengths of both government and private sector for the more efficient utilization of government resources, add on existing resources through private sector investment, improve maintenance of existing resources through the creation of income generating activities for the benefit of both the Concessionaire and the Department and further as provided for in terms of the Agreement: Included is the construction and installation of additional project facilities (including the installation of furniture, equipment, fixtures and fittings, as the case may be) strictly in accordance with the design documents and construction requirements.

Obligation to deliver or rights to receive specified assets at the end of the concession period

The Concessionaire has, and will have, no title, ownership, limited ownership, lien, or leasehold rights or any other rights of title with regard to the existing project facilities which vest and shall remain to vest in the Provincial Government, for the duration of the agreement, as well as after expiry or earlier termination thereof.

The Department will become owner of all movable additional project facilities with effect from expiry or earlier termination of this agreement and the Department shall become owner of all immovable additional project facilities and additional project facilities which are in any way affixed to the concession area or improvements thereon (such as fixtures, fittings and equipment) as soon as the same are affixed, but excluding such equipment and furniture which are listed and excluded from additional project facilities as defined.

Renewal and termination options

The agreement will automatically be terminated on expiry of the twenty – one year concession period, unless terminated earlier in accordance with the provisions of the agreement.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

Co-Location PPP: Port Alfred & Settlers Hospitals in Port Alfred and Grahamstown

Contract Fee Paid:

	2018/19 R'000	2017/18 R'000
Contract Fee paid		
Unitary fee	85 667	64 580
Current expenditure		
Goods and services	4 830	5 478
CSSD Consumables -Port Alfred	85	57
Additional security guard – Port Alfred	2	-
Nursing Services - Port Alfred	481	-
Patients-Overflow	33	-
Overtime	-	5
Utilities Port Alfred	-	54
Utilities Settlers	-	89
Non-liquid gasses - Settlers	327	328
Non-liquid Gasses - Port Alfred	118	146
Photostat copies - Port Alfred	65	58
Photostat copies - Settlers	122	100
Radiology Service - Port Alfred	829	1 127
Radiology Service - Settlers	992	1 127
Telephone Recovery - Port Alfred	174	142
Water & Electricity - Port Alfred	608	932
Water & Electricity - Settlers	996	1 313
TOTAL	90 497	70 057

Description of the arrangement

The concession agreement (15 year contract to May 2022) was signed on the 7 May 2007 and incorporates the Port Alfred and Settlers District Hospitals.

It incorporates the financing, design, upgrade and refurbishment of the facilities and provision of operational and associated services including hard and soft facilities management and life-cycle maintenance, refreshment and replacement of selected equipment (including medical equipment, medical instrumentation and durables), IM&T and furniture at the above-named hospitals together with the co-location of private hospital facilities to be operated by the Private Party, all in terms of a Public Private Partnership, as regulated by the Treasury Regulations to the Public Finance Management Act, No 1 of 1999, as amended.

Terms of the agreement / Obligations to acquire or build items of property, plant and equipment / other rights and obligations (e.g. major overhauls)

The Project embarked on by the Concessionaire through the conclusion of this Agreement, involved the granting of Concession Rights by the Provincial Government to the Concessionaire against the payment of variable concession fees and 30 private beds, private pharmacy, private administration, two Private consulting rooms, 60 public beds, public outpatients facility, public pharmacy, public administration, shared facilities for labour ward, maternity ward, radiology, casualty, theatres, CSSD, kitchen & staff facilities, mortuary, stores, linen areas and plant and workshop areas, the refurbishment and upgrading of existing facilities at the Port Alfred and Settlers Hospitals.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

Nature and extent of rights to use specified assets

As described above.

Obligations to provide or rights to expect provision of services

The Provincial Government has granted to the Concessionaire, the exclusive right during the Concession Period to use and operate the project facilities, carry out operations to combine the different strengths of both government and private sector for the more efficient utilization of government resources, add on existing resources through private sector investment; and improve maintenance of existing resources through the creation of income generating activities for the benefit of both the Concessionaire and the Department.

Furthermore as provided for in terms of the agreement, to construct and install the additional project facilities (including the installation of furniture, equipment, fixtures and fittings, as the case may be) strictly in accordance with the design documents and construction requirements; generate, charge and collect revenues from the operation and management of the project facilities during the concession period, use the concession area and project facilities for the purposes of the project, whether exclusively or jointly with the Provincial Government; and provide the Services to the Provincial Government against payment of Service Payments in accordance with the Payment Mechanism by the Provincial Government.

Obligation to deliver or rights to receive specified assets at the end of the concession period

The rights of use of the project site and facilities afforded to the private party do not confer or be deemed to confer upon the private party a right of ownership, mortgage, pledge, lien, a lease, a licence or any other security interest or right of limited ownership in the project site or any of the facilities other than rights of way for purposes of performing the project deliverables. Title to the project site and facilities, including all improvements thereto, shall at all times vest in the institution without encumbrance.

The private party will upon expiry or early termination of this agreement, subject to the provisions of the agreement, hand over the facilities (including the private facilities) to the institution free of any encumbrance or of any liabilities or debt, and shall not, save as provided for in the agreement, be entitled to payment of any amounts in connection therewith.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

	2018/19 R'000	2017/18 R'000
32 Agent-principal arrangements		
32.1 Department acting as the principal		
Fees paid to Coega development corporation	23,230	1,992
	23,230	1,992

Coega Development Corporation is an implementing agent for the department of health for infrastructure related projects. Coega, as having the required technical skills, is required to provide implementing agent services as agreed to in the Service Delivery Agreement between the two parties. These include the procurement of services, management of projects and reporting back on the progress. The department's responsibility is to provide the funding required for the implementation of the infrastructure projects and remains politically accountable for the programme. During the current year the department and Coega Development Corporation have been following an arbitration process relating to the fees charged, refer to Note 21.2 for more details.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

33 Prior period errors		Amount bef error correction R'000	2017/18 Prior period error R'000	Restated amount R'000
	Note			
33.1 Correction of prior period error				
Irregular Expenditure				
Opening balance reduced by	27.4 a)	35,233	(437)	34,796
Add: Irregular expenditure - relating to current year	27.4 a)	255,546	(132)	255,414
Add: Irregular expenditure - relating to current year	27.4 b)	255,414	(79,297)	176,117

Net effect	290,779	(79,866)	34,796
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- a) Through further investigations it was found that previously recorded irregular expenditure was not irregular. Irregular expenditure had to be reduced accordingly.
- b) Virements exceeding 8% were disclosed as irregular expenditure in the prior year. Further consultation during 2018/19 from Provincial treasury and the Auditor General required these virements to be disclosed as Unauthorised expenditure. Refer note 33.3 also.

33.2 Correction of prior period error				
Fruitless and wasteful expenditure				
Opening balance reduced due to	28	11,400	(257)	11,143
invalid fruitless and wasteful expenditure identified				

Net effect	11,400	(257)	11,143
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Through further investigations it was found that previously recorded fruitless and wasteful expenditure was not fruitless and wasteful. Fruitless and wasteful expenditure had to be reduced accordingly

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

			2017/18	
	Note	Amount bef error correction R'000	Prior period error R'000	Restated amount R'000
33.3 Correction of prior period error				
Unauthorised expenditure				
Unauthorised expenditure misstated as irregular expenditure relating to virements over 8%	11 & 27	-	79,297	79,297
Net effect		-	79,297	79,297

Virements exceeding 8% were disclosed as irregular expenditure in the prior year. Further consultation during 2018/19 from Provincial treasury and the Auditor General required these virements to be disclosed as Unauthorised expenditure.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

34 Movable Tangible Capital Assets

MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Opening balance R'000	Value adjustments R'000	Additions R'000	Disposals R'000	Closing balance R'000
MACHINERY AND EQUIPMENT	2,466,566	-	207,480	8,492	2,665,554
Transport assets	108,057	-	902	-	108,959
Computer equipment	159,103	-	19,379	568	177,914
Furniture and office equipment	104,367	-	5,563	95	109,835
Other machinery and equipment	2,095,039	-	181,636	7,829	2,268,846
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	2,466,566	-	207,480	8,492	2,665,554

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:

Machinery and equipment

Number
Value
R'000

356 10,873

Assets are under investigation because assets purchased first have to be verified, validated and numbered at the facility before they are recorded in the Fixed Asset Register. The Fixed Asset Register is continuously updated for those assets that have been validated.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

34.1 ADDITIONS TO MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED
Movable Tangible Capital Assets

	Cash	Non-cash	(Capital work-in-progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year	Total
	R'000	R'000	R'000	R'000	R'000
MACHINERY AND EQUIPMENT	367,011	4,732	(164,263)	-	207,480
Transport assets	165,165	-	(164,263)	-	902
Computer equipment	14,647	4,732	-	-	19,379
Furniture and office equipment	5,563	-	-	-	5,563
Other machinery and equipment	181,636	-	-	-	181,636
TOTAL	367,011	4,732	(164,263)	-	207,480

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

34.2 DISPOSALS OF MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED

Movable Tangible Capital Assets

	Sold for cash R'000	Transfer out or destroyed or scrapped R'000	Total disposals R'000	Cash received Actual R'000
MACHINERY AND EQUIPMENT				
Transport assets	-	8,492	8,492	-
Computer equipment	-	-	-	-
Furniture and office equipment	-	568	568	-
Other machinery and equipment	-	95	95	-
	-	7,829	7,829	-
TOTAL	-	8,492	8,492	-

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

34.3 MOVEMENT IN MOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Prior period error R'000	Additions R'000	Disposals R'000	Closing balance R'000
MACHINERY AND EQUIPMENT	2,098,460	-	372,536	4,430	2,466,566
Transport assets	109,062	-	-	1,005	108,057
Computer equipment	112,611	-	46,975	483	159,103
Furniture and office equipment	93,043	-	11,750	426	104,367
Other machinery and equipment	1,783,744	-	313,811	2,516	2,095,039
TOTAL MOVABLE TANGIBLE CAPITAL ASSETS	2,098,460	-	372,536	4,430	2,466,566

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

35.1 MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019

	Machinery and equipment R'000	Total R'000
Opening balance	543,965	543,965
Additions	20,692	20,692
Disposals	1,102	1,102
TOTAL MINOR ASSETS	563,555	563,555

	Machinery and equipment	Total
Number of R1 minor assets	14,401	14,401
Number of minor assets at cost	460,614	460,614
TOTAL NUMBER OF MINOR ASSETS	475,015	475,015

Minor Capital Assets under investigation

Included in the above total of the minor capital assets per the asset register are assets that are under investigation:
Machinery and equipment

Number	Value R'000
1,649	3,471

Assets are under investigation because assets purchased first have to be verified, validated and numbered at the facility before they are recorded in the Fixed Asset Register. The Fixed Asset Register is continuously updated for those assets that have been validated.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

35.2 Minor assets
MOVEMENT IN MINOR ASSETS PER THE ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018

	Machinery and equipment R'000	Total R'000
Opening balance	522,093	522,093
Prior period error	-	-
Additions	23,540	23,540
Disposals	1,668	1,668
TOTAL MINOR ASSETS	543,965	543,965

	Machinery and equipment	Total
Number of R1 minor assets	14,401	14,401
Number of minor assets at cost	445,711	445,711
TOTAL NUMBER OF MINOR ASSETS	460,112	460,112

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

36	MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019					
	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000		
Computer Software	1,549	-	-	1,549		
TOTAL INTANGIBLE CAPITAL ASSETS		1,549	-	1,549		
36.1	ADDITIONS TO INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019					
	Cash	Non-cash	(Development work-in-progress current costs)	Received current, not paid (Paid current year, received prior year	Total	
	R'000	R'000	R'000	R'000	R'000	
Computer Software	-	-	-	-	-	
TOTAL ADDITIONS TO INTANGIBLE CAPITAL ASSETS		-	-	-	-	

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

36.2	DISPOSALS OF INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2019	Sold for cash	Transfer out or destroyed or scrapped	Total disposals	Cash received Actual
		R'000	R'000	R'000	R'000
	Computer Software	-	-	-	-
	TOTAL DISPOSAL OF INTANGIBLE CAPITAL ASSETS	-	-	-	-

36.3	MOVEMENT IN INTANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED 31 MARCH 2018	Opening balance	Additions	Disposals	Closing balance
		R'000	R'000	R'000	R'000
	Computer Software	-	-	-	-
	TOTAL INTANGIBLE CAPITAL ASSETS	-	-	-	-

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

37 Immovable Tangible Capital Assets
MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED
31 MARCH 2019

	Opening balance	Additions	Disposals	Closing balance
	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	4,112,423	247,097	-	4,359,520
Dwellings	-	-	-	-
Non-residential buildings	4,112,423	247,097	-	4,359,520
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	4,112,423	247,097	-	4,359,520

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

Additions

37.1 ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED
Immovable Tangible Capital Assets

	Cash	Non-cash	(Capital work-in-progress current costs and finance lease payments)	Received current, not paid (Paid current year, received prior year)	Total
	R'000	R'000	R'000	R'000	R'000
BUILDINGS AND OTHER FIXED STRUCTURES	912,453	224,529	(889,885)	-	247,097
Dwellings	-	-	-	-	-
Non-residential buildings	912,453	224,529	(889,885)	-	247,097
Other fixed structures	-	-	-	-	-
TOTAL ADDITIONS TO IMMOVABLE TANGIBLE CAPITAL ASSETS	912,453	224,529	(889,885)	-	247,097

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

Movement for 2017/18
37.2 MOVEMENT IN IMMOVABLE TANGIBLE CAPITAL ASSETS PER ASSET REGISTER FOR THE YEAR ENDED
31 MARCH 2018

	Opening balance R'000	Additions R'000	Disposals R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES	2,755,831	1,356,592	-	
Dwellings	-	-	-	-
Non-residential buildings	2,755,831	1,356,592	-	4,112,423
Other fixed structures	-	-	-	-
TOTAL IMMOVABLE TANGIBLE CAPITAL ASSETS	2,755,831	1,356,592	-	4,112,423

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

37.3 Assets subjected to transfer in terms of S42 of the PFMA 2018/19

	No of Assets	Value of Assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES		
Dwellings	5	209,181
Non-residential buildings	5	209,181
Other fixed structures		
TOTAL	5	209,181

37.4 Assets subjected to transfer in terms of S42 of the PFMA 2017/18

	No of Assets	Value of Assets R'000
BUILDINGS AND OTHER FIXED STRUCTURES		
Dwellings	5	209,181
Non-residential buildings	5	209,181
Other fixed structures		
TOTAL	5	209,181

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

37.5 Capital Work-in-progress
CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2019

	Note	Opening Balance 1 April 2018	Current Year WIP	Ready for use (Assets to the AR) / Contracts terminated	Closing Balance 31 March 2019
		R'000	R'000	R'000	R'000
Buildings and other fixed structures		1,566,682	889,885	(224,529)	2,232,038
Machinery and equipment		-	-	-	-
Intangible assets		-	-	-	-
TOTAL		1,566,682	889,885	(224,529)	2,232,038

Annexure 7

Age analysis on ongoing projects

	Number of projects		2018/19 Total R'000
	Planned, construction not started	Planned, construction started	
0 to 1 year	-	4	124,091
1 to 3 year(s)	130	49	1,628,899
3 to 5 years	-	13	273,468
Longer than 5 years	3	9	205,580
TOTAL	134	75	2,232,038

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

Accruals and payables not recognised relating to Capital WIP

Amounts relating to progress certificates received but not paid at year end and therefore not included in capital work-in-progress	2018/19 R'000	2017/18 R'000
Total	207,766 207,766	20,533 20,533

37.6 CAPITAL WORK-IN-PROGRESS AS AT 31 MARCH 2018

	Note	Opening Balance 1 April 2017 R'000	Current Year WIP R'000	Ready for use (Assets to the AR) / Contracts terminated R'000	Closing Balance 31 March 2018 R'000
Buildings and other fixed structures		2,286,122	580,824	(1,300,264)	1,566,682
Machinery and equipment		-	-	-	-
Intangible assets	Annexure 7	-	-	-	-
TOTAL		2,286,122	580,824	(1,300,264)	1,566,682

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

Age analysis on ongoing projects

	Number of projects		2017/18 Total R'000
	Planned, construction not started	Planned, construction started	
0 to 1 year	109	19	194,618
1 to 3 year(s)	21	14	857,864
3 to 5 years	-	13	314,328
Longer than 5 years	3	4	199,872
TOTAL	133	50	1,566,682

38. Events after reporting date

38.1 Adjusting events after reporting date

No adjusting events after the reporting date were identified by management that would affect the operations of the department or the results of those operations significantly.

38.2 Non-adjusting events after reporting date

No non-adjusting events after the reporting date were identified by management that would affect the operations of the department or the results of those operations significantly.

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

39 STATEMENT OF CONDITIONAL GRANTS RECEIVED

NAME OF DEPARTMENT	2018/19					2017/18		
	GRANT ALLOCATION			SPENT			Division of Revenue Act	Amount spent by dept
	Division of Revenue Act / Prov Grants	Roll Overs	Other Adj	Total Available	Amount received by dept	Amount spent by dept		
	R'000	R'000	R'000	R'000	R'000	R'000	R'000	R'000
National Tertiary Services grant	942,650	2,094	-	944,744	944,744	940,727	895,782	893,688
Health Professions Training and Development grant	239,707	2,685	-	242,392	242,392	242,191	229,367	226,652
HIV / AIDS grant	2,098,633	7,165	-	2,105,798	2,105,798	2,103,651	2,050,454	2,042,315
Health Facility Revitalisation grant	652,071	12,499	-	664,570	664,570	664,570	652,422	636,286
EPWVP Integrated	2,225	-	-	2,225	2,225	1,717	2,000	1,992
EPWVP incentive social cluster	1,455	-	-	1,455	1,455	1,455	4,662	4,662
Human Papillomavirus Vaccine Grant	33,471	-	-	33,471	33,471	33,469	-	-
	3,970,212	24,443	-	3,994,655	3,994,655	3,987,780	3,834,687	3,805,595

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
NOTES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

40 STATEMENT OF CONDITIONAL/UNCONDITIONAL GRANTS PAID TO MUNICIPALITIES		2018/19					
NAME OF MUNICIPALITY	Division of Revenue Act	GRANT ALLOCATION			TRANSFER		
		Roll Overs	Adjustments	Total Available	Actual Transfer	Funds Withheld	Re-allocations by National Treasury or National Department
	R'000	R'000	R'000	R'000	R'000	R'000	R'000
AMATHOLE DISTRICT	-	-	-	-	1,902	-	-
BUFFALO CITY METRO	-	-	-	-	-	-	-
NELSON MANDELA METRO	1,200	-	-	1,200	1,189	-	-
ALFRED NZO DISTRICT	-	-	-	-	-	-	-
JOE QQABI DISTRICT	-	-	-	-	-	-	-
CHRIS HANI DISTRICT	-	-	-	-	-	-	-
OR TAMBO DISTRICT	-	-	-	-	-	-	-
	1,200	-	-	1,200	3,091	-	-

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

Annexure 1A										
STATEMENT OF CONDITIONAL GRANTS AND OTHER TRANSFERS TO MUNICIPALITIES										
NAME OF MUNICIPALITY	GRANT ALLOCATION			2018/19			SPENT			2017/18
	DoRA and other transfers	Total Available	R'000	Actual Transfer	R'000	Funds Withheld	Amount received by Municipality	R'000	% of available funds spent by municipality	Division of Revenue Act
Amathole District	-	-	-	1,902	1,902	-	-	1,902	-	1,615
Buffalo City Metro	-	-	-	-	-	-	-	-	-	-
Nelson Mandela Metro	1,200	1,200	1,200	1,189	1,189	-	-	1,189	-	2,566
Alfred Nzo District	-	-	-	-	-	-	-	-	-	313
Joe Gqabi District	-	-	-	-	-	-	-	-	-	-
Chris Hani District	-	-	-	-	-	-	-	-	-	-
OR Tambo District	-	-	-	-	-	-	-	-	-	-
	1,200	1,200	1,200	3,091	3,091	-	-	3,091	-	4,181
										313

for the year ended 31 March 2019

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS

DEPARTMENT/AGENCY/ACCOUNT	2018/19						2017/18
	TRANSFER ALLOCATION			TRANSFER			
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	Appropriation Act R'000
BLUE CRANE HOSPICE ASSOCIATIO	500	-	-	500	500	100%	500
CAMDEBOO HOSPICE	590	-	-	590	590	100%	295
CARE MINISTRY	500	-	-	500	500	100%	250
CARING HANDS HBCC	500	-	-	500	500	100%	500
EBHENEZER HOME COMM BASED CARE	320	-	-	320	320	100%	160
EMPLISWENI HIV/AIDS & ORPHANS	350	-	-	350	350	100%	175
FAITH & HOPE INTERGR AIDS PROGR	330	-	-	330	330	100%	165
GOOD SHEPHERD HOSPICE	400	-	-	400	200	50%	200
GRAHAMSTOWN HOSPICE	810	-	-	810	810	100%	405
HERCHEL COMM EMPOW & UPLIFT	500	-	-	500	500	100%	250
IKHWEZI WOMENS SUPPORT CENTER	-	-	(330)	-	-	-	165
ILITHA COMMUNITY PSYCHOLOGY SERV	320	-	-	320	320	100%	160

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

ANNEXURE 1B

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS (CONTINUED)

DEPARTMENT/AGENCY/ACCOUNT	2018/19						2017/18
	TRANSFER ALLOCATION			TRANSFER			
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	Appropriation Act R'000
JABEZ AIDS HEALTH CENTER	390	-	-	390	390	100%	195
KEISKAMMA TRUST	320	-	-	320	320	100%	160
KHANYISANI HIV/AIDS AWARENESS	660	165	165	660	330	50%	165
KWA NOMZAMO HOME BASED COMM	250	125	(125)	250	250	100%	125
LADY GREY COMM EMPOW & UPLIFT	500	-	-	500	500	100%	250
LESEDI HOSPICE	350	175	(175)	350	350	100%	175
MANGUZELA THANDANANI HOME BASED	300	150	(150)	300	300	100%	150
MASABELANE EDUCATION 4 LIFE GROW	300	150	(150)	300	300	100%	150
MASANGANE HIV/AIDS PROGRAMMEM	365	182	(182)	365	365	100%	183

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

ANNEXURE 1B

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS (CONTINUED)

		2018/19				2017/18	
DEPARTMENT/AGENCY/ACCOUNT	TRANSFER ALLOCATION			TRANSFER			
	Adjusted appropriation	Roll Overs	Adjustments	Total Available	Actual Transfer	Available funds transferred	
	R'000	R'000	R'000	R'000	R'000	%	
MASIPHILISANE HOME BASED CARE	500	250	(250)	500	500	100%	249
MATATIELE ADVICE CENTRE T/CUR				-	-		150
MFESANE INGELYFDE VERENING	500	250	(250)	500	500	100%	545
MPUMAKAPA MULTI PURPO							
EDUCATION	615	150	165	615	300	49%	150
MZAMOMHLE BCBC PROJECTS	330	-	-	330	330	100%	165
NCEDULUNTU HOME BASED CARE	300	-	-	300	300	100%	150
NDONGA HCBC	350	-	-	350	350	100%	175
NEVER GIVE UP SUPP GROUP-DIMBAZA	350	-	-	350	300	86%	175
NYWARA HOME BASED CARE	660	165	165	660	330	50%	150
PORT ST JOHNS CREAT YOUNG WOM							
GR	300	-	-	300	300	100%	150
SAKHIMPILO HOME BASED CARE PROJ	340	-	-	340	340	100%	170
SINAKO WELLNESS & DEVELOP ORG	340	-	-	340	340	100%	170

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

ANNEXURE 1B

STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS (CONTINUED)

DEPARTMENT/AGENCY/ACCOUNT	2018/19						2017/18
	TRANSFER ALLOCATION			TRANSFER			
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	Appropriation Act R'000
SINETHEMBA HOME BASED CARE	300	-	-	300	300	100%	-
SINOTHANDO HOME OF SAFETY	600	150	150	600	300	50%	150
SIYAKHANA HBC	350	-	-	350	350	100%	175
SIYAKHANYISA HIV/AIDS SUPPORT GR	340	-	-	340	340	100%	170
SIYAPHILA HBC	350	-	-	350	350	100%	175
SIZANENGUQU HOME COMM BASED CARE	320	-	-	320	340	106%	160
SOPHAKAMA COMM BASED DEVELOPMENT	300	300	-	300	300	100%	300
SOPHUMELELA CLINIC INCORPORATED	660	165	165	660	330	50%	165
ST BERNARDS HOSPICE	1,000	-	-	1,000	1,000	100%	500
ST FRANCIS HOSPICE	1,000	-	-	1,000	1,000	100%	500
UBUNTU CARE & DEVELOPMENT	150	-	(150)	150	150	100%	150
UKHAMBIA PROJECTS	340	-	-	340	170	50%	170

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

ANNEXURE 1B
STATEMENT OF TRANSFERS TO DEPARTMENTAL AGENCIES AND ACCOUNTS (CONTINUED)

DEPARTMENT/AGENCY/ACCOUNT	2018/19						2017/18
	TRANSFER ALLOCATION			TRANSFER			
	Adjusted appropriation R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	Available funds transferred %	Appropriation Act R'000
VUKUZENZELE COMM DEV ORG	330	-	-	330	330	100%	165
YIZANI HOME BASED CARE	390	195	(195)	390	390	100%	195
HWSETA	11,856			11,856	11,856	100%	11,013
	31,426	2,572	(1,147)	31,426	29,421	99%	21,165

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

ANNEXURE 1G
STATEMENT OF TRANSFERS TO HOUSEHOLDS

	2018/19				2017/18	
	TRANSFER ALLOCATION			EXPENDITURE		
	Adjusted appropriation Act R'000	Roll Overs R'000	Adjustments R'000	Total Available R'000	Actual Transfer R'000	% of Available funds transferred %
HOUSEHOLDS						
Transfers						
Districts	61,552	-	-	61,552	547,358	889%
Clinical H/Comp	435,374	-	-	435,374	316,891	73%
Other	6,057	-	-	6,057	154,902	2557%
Total	502,983	-	-	502,983	1,019,151	660,042

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

ANNEXURE 1H
STATEMENT OF GIFTS, DONATIONS AND SPONSORSHIPS RECEIVED

NAME OF ORGANISATION Received in kind	NATURE OF GIFT, DONATION OR SPONSORSHIP	2018/19	2017/18
		R'000	R'000
Donald Woods Foundation	Office Furniture	-	1
Medhold	Theatre Equipment	-	9
Med-El Implant	Cochlear Implants	-	488
Mercedes Benz SA EVP	Jungle gym for the ward's playground	-	30
Medtronic	Bone Anchored Hearing Aid	-	54
National Department of Health	Computer Equipment	4,732	32,605
TOTAL		4,732	33,187

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

**ANNEXURE II
STATEMENT OF AID ASSISTANCE RECEIVED**

NAME OF DONOR	PURPOSE	2017/18				
		OPENING BALANCE R'000	REVENUE R'000	EXPENDITURE R'000	PAID BACK ON/ BY 31 MAR R'000	CLOSING BALANCE R'000
Received in cash						
European Union		2,113	-	-	-	2,113
Office of the Premier		39	-	-	-	39
HW SETA		-	-	-	-	-
IDZ		779	-	-	-	779
Tirelo Boshia		275	116	346	-	45
Methodist Church of South Africa		11	-	-	-	11
Kitchner Sifile Trust		-	1,110	-	-	1,110
TOTAL		3,217	1,226	346	-	4,097

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

ANNEXURE 3A
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2019 - LOCAL
Guarantee in respect of Housing

GUARANTOR INSTITUTION	Original guaranteed capital amount	Opening balance 1 April 2018	Guarantees draw downs during the year	Guaranteed repayments/ cancelled/ reduced/ released during the year	Revaluations	Closing balance 31 March 2019	Guaranteed interest for year ended 31 March 2018	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	-	145	-	-	-	145	-	-
Standard Bank	-	462	-	-	-	462	-	-
Nedbank	-	315	-	-	-	315	-	-
Nedbank LTD (NBS)	-	169	-	-	-	169	-	-
FNB (Firststrand)	-	912	-	-	-	912	-	-
FNB (Saambou Bank)	-	151	-	-	-	151	-	-
Peoples Bank (FBC FID)	-	108	-	-	-	108	-	-
GBS Mutual	-	34	-	-	-	34	-	-

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

ANNEXURE 3A (CONTINUED)
STATEMENT OF FINANCIAL GUARANTEES ISSUED AS AT 31 MARCH 2019 - LOCAL (CONTINUED)
Guarantee in respect of Housing

GUARANTOR INSTITUTION	original guaranteed capital amount R'000	Opening balance 1 April 2018 R'000	Guarantees draw downs during the year R'000	Guaranteed repayments/ cancelled/ reduced/ released during the year R'000	Revaluations R'000	Closing balance 31 March 2019 R'000	Guaranteed interest for year ended 31 March 2018 R'000	Realised losses not recoverable i.e. claims paid out R'000
Southnet Financial Services	-	10	(10)	-	-	-	-	-
Old Mutual (Nedbank)	-	460	-	-	-	460	-	-
Investec	-	57	-	-	-	57	-	-
Unique Finance	-	108	-	-	-	108	-	-
SA Home Loans P	-	-	5	-	-	5	-	-
	-	2,931	(5)	-	-	2,926	-	-

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

**ANNEXURE 4
CLAIMS RECOVERABLE**

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
Department						
Department of Public Works EC	158	48	-	-	158	48
Department of Rural Development EC	-	-	17	28	17	28
Department of Sports, Arts and Culture EC	-	-	-	36	-	36
Department of Education	-	-	25	-	25	-
Department of Social Development	15	-	-	-	15	-
COGTA	-	-	66	-	66	-
National Department of Correctional Services	-	-	60	-	60	-
National Department of Health	-	-	31	12,338	31	12,338
National Department Planning, Monitoring and Evaluation	-	134	-	-	-	134
National Department of Home Affairs	-	-	42	-	42	-
Department of Health KZN	155	526	-	-	155	526
Department of Health Gauteng	-	-	33	155	33	155
Department of Health WC	-	74	72	-	72	74
Department of Health Office of the Premier	-	-	30	-	30	-
Department of Health FS	-	177	-	-	-	177
Department of Health NC	-	-	77	77	77	77
Department of Health Mpumalanga	-	19	-	-	-	19
Total	328	978	453	12,634	781	13,612

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

ANNEXURE 5
INTER-GOVERNMENT PAYABLES

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
DEPARTMENTS						
Current						
EC Office of the Premier	-	-	499	303	499	303
EC: Provincial Treasury	2	-	-	-	2	-
EC: Social Development	-	75	-	-	-	75
EC: Public Works	722	-	-	24	722	24
EC: Human Settlement	320	-	-	-	320	-
EC: Department of Transport	173,903	80,928	-	-	173,903	80,928
National Department of Justice	401,785	257,966	-	-	401,785	257,966
EC COGTA	47	-	-	-	47	-
EC: Department of Water and Sanitation	23	-	-	-	23	-
Health Gauteng	-	-	-	15	-	15
WC Health	-	-	-	65	-	65
Health KZN	7	-	-	-	7	-
Health Mpumalanga	-	-	-	-	-	-
South African Police Services	-	-	-	53	-	53
Total	576,809	338,969	499	460	577,308	339,429

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

**ANNEXURE 6
INVENTORY**

	Note	2018/19		2017/18	
		Quantity	R'000	Quantity	R'000
Inventory					
Opening balance		-	495,852	-	469,338
Add/(Less): Adjustments to prior year balances		-	-	-	557
Add: Additions/Purchases - Cash	6.4	-	2,771,313	-	2,977,371
Add: Additions - Non-cash		-	30,318	-	4,165
(Less): Disposals		-	(4,284)	-	(18,044)
(Less): Issues		-	(2,624,530)	-	(2,937,535)
Add/(Less): Adjustments		-	-	-	-
Closing balance		-	668,669	-	495,852

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

ANNEXURE 7A				
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
BUILDINGS AND OTHER FIXED STRUCTURES				
Dwellings	1,566,682	889,885	(224,529)	2,232,038
Non-residential buildings	1,566,682	889,885	(224,529)	2,232,038
Other fixed structures	-	-	-	-
TOTAL	1,566,682	889,885	(224,529)	2,232,038

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

ANNEXURE 7A

Movement in Capital Work-in-Progress (continued)

MOVEMENT IN CAPITAL WORK-IN-PROGRESS FOR THE YEAR ENDED 31 MARCH 2018

	Opening balance R'000	Current Year Capital WIP R'000	Completed Assets R'000	Closing balance R'000
BUILDINGS AND OTHER FIXED STRUCTURES				
Dwellings	2,286,122	580,824	(1,300,264)	1,566,682
Non-residential buildings	-	-	-	-
Other fixed structures	2,286,122	580,824	(1,300,264)	1,566,682
TOTAL	2,286,122	580,824	(1,300,264)	1,566,682

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

ANNEXURE 8A
INTER-ENTITY ADVANCES PAID (note 12)

ENTITY	Confirmed balance outstanding		Unconfirmed balance outstanding		Total	
	31/03/2019 R'000	31/03/2018 R'000	31/03/2019 R'000	31/03/2018 R'000	31/03/2019 R'000	31/03/2018 R'000
NATIONAL DEPARTMENTS						
Current						
National Department of Health	-	2,250	-	-	-	2,250
Total	-	2,250	-	-	-	2,250

EASTERN CAPE DEPARTMENT OF HEALTH
VOTE 3
ANNEXURES TO THE ANNUAL FINANCIAL STATEMENTS
for the year ended 31 March 2019

ANNEXURE 8B
INTER-ENTITY ADVANCES RECEIVED (note 16)

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
PUBLIC ENTITIES						
Current						
Health & Welfare						
Sector Education Training Authority (SETA)	9,679	16,873	-	-	9,679	16,873
Total	9,679	16,873	-	-	9,679	16,873
Current	9,679	16,873	-	-	9,679	16,873
Non-current	-	-	-	-	-	-



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